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One of the dominant stereotypes of churches in Africa is that they are conservative, rigid, and unwilling to contribute toward sexual and reproductive health rights (SRHR). In particular, church leaders have been cast as stifling women and girls’ SRHR (Horn 2009). Although the definition of SRHR remains contentious, the concept can be “understood as the right for all, whether young or old, women, men or transgender, straight, gay, lesbian, or bisexual, HIV positive or negative, to make choices regarding their own sexuality and reproduction, providing these respect the rights of others to bodily integrity” (Oranje et al. 2011:2). In an informative review of the literature, Joanne Mantell and a group of her colleagues (2011) have identified four major areas of contestation over SRHR between religious leaders and secular groups in sub-Saharan Africa. These are (1) the right to sexual autonomy, (2) the right to HIV and AIDS risk-reduction information, (3) the right to reproductive autonomy, and (4) the right
to freedom from stigma and sexual-orientation and gender discrimination. Churches are presented as resisting the full exercise and enjoyment of SRHR, especially for women and girls. Thus,

some SRHR issues—provision of safe abortion, provision of SRH information and services to adolescents, sexual orientation and identities (Lesbian, Gay, Bisexual, Trans-gender, and Intersex), access to SRH services by people living with HIV . . . , and sexual violence against women and girls—remain controversial in most countries. The controversies arise from their contradiction with certain cultural, religious and individual beliefs, norms and values. (Oranje et al. 2011:2)

While we concede that in some instances church leaders in Africa have been slow to embrace SRHR, there is need to acknowledge their strategic location. Religious leaders are well placed to contribute toward “life in abundance” (John 10:10). Thus,

Religious beliefs and practices are among the most deeply rooted dimensions of cultures, and movements for human rights are more effective when they gain the support of religious authorities and mobilize the resources of religious organizations. In contemporary sub-Saharan Africa, despite the prevalent assumptions by commentators outside of Africa that both indigenous and religions are patriarchal and that Islam in particular is hostile to women’s rights, religious leaders are also playing a positive role in the cultural transformation that the realization of gender justice entails. (Abusharaf 2011:134–35)

Cognizant of the strategic position that church leaders in Africa occupy in relation to the struggle for SRHR, more effective and engaging approaches are needed. While the quest for justice should neither be delayed nor compromised (Chitando and Chirongoma 2013), there are some lessons that HIV has availed which must be embraced in promoting SRHR with churches in Africa.

First, many churches are open to change and transformation within the institutions and communities. The notion that church
leaders are fixed in their ways and ideologically opposed to change is itself an ideological fixation that needs to be challenged. As the response to HIV has demonstrated, church leaders are quite capable of transforming harmful cultural practices, death-dealing theologies, and oppressive systems into helpful practices, life-giving theologies, and liberative systems. Within a decade, the church in Africa witnessed a seismic shift in theological responses to HIV and AIDS. Although some problematic dimensions do remain, we can confidently assert that African church leaders now articulate sex-positive theologies in the context of HIV and AIDS.

Second, couching the theme of SRHR exclusively in human-rights terms is likely to delay progress in Africa. What is required is an engagement which utilizes the language and idiom of religion and theology. This is predominantly due to the sensibilities around human rights amongst the African political and religious elite. There is a deep-seated conviction that when the West makes references to human rights, the net result is to portray Africa and Africans as backward, unsophisticated, and in need of tutelage. There is, therefore, an urgent need for sensitivity if greater progress is to be achieved. We are persuaded that it is more effective to approach the theme from a decidedly theological perspective if religious leaders are to be motivated to join. As Gunilla Hallonsten (2013:101) argues, “theology may promote justice and equality, building on the conviction that all people are created equal, with dignity, to live their lives in abundance.”

Third, and related to the foregoing, the Circle of Concerned African Women Theologians (the Circle) has been consistent in addressing theology and SRHR issues for many years now. It would be folly to assume that SRHR is an entirely new theme on the African religious-studies and theological agenda. The Circle has addressed SRHR issues, though it has not always employed the terminology. It has called for women’s sexuality to be celebrated, challenged the overemphasis on reproduction, and extolled the right for women to have autonomy over their bodies (Chitando 2009). Consequently, Circle publications that reflect an interest in SRHR issues must receive greater attention and circulation as churches seek to provide effective responses. In this regard, the Circle must continue to play a more active role in addressing SRHR issues in Africa.
Fourth, it is vital for African church leaders to approach the theme of homosexuality with the same level of sensitivity, creativity, and empathy that they mobilized when they responded to HIV and AIDS. On their part, African activists will need to have sober and patient conversations and dialogues with church leaders. Although dialogue has been gaining momentum in some parts of the continent, scaling up such efforts will be necessary. In particular, many gay men in Africa are forced to marry and raise families due to social pressure. The expectation that almost every man should be married and have children is a real challenge in terms of SRHR for homosexuals in Africa. Furthermore, access to accurate information and the debates around whether homosexuality is indigenous to Africa remain as major barriers. Efforts to anchor the debate in African idiom (Matebeni 2014) can contribute toward more effective interactions between religious leaders and activists in Africa.

Fifth, as with HIV and AIDS, theological institutions must invest in research, publication, and teaching on SRHR. Whereas there is now an established body of literature comprising African theological reflections on HIV and AIDS, there will be need for African theological reflections on SRHR. These reflections will equip theological educators and learners in Africa to appreciate the significance of addressing SRHR. They will highlight the need to address human sexuality comprehensively, acknowledge the need to regard sexuality beyond reproduction (Maticka-Tyndale et al. 2007), and provide insights into African issues relating to SRHR. African theological institutions must play a leading role in reflecting on SRHR in the region. This will include publishing Contextual Bible Studies (CBS) on passages that relate to SRHR, providing guidelines for dialogues on sexual diversity with religious leaders, promoting cross-generational conversations on SRHR, and other strategies.

The Chapters in This Volume

This volume addresses most of the critical issues relating to African churches and their responses to SRHR. In particular, it pays attention
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to women, youth, and people living with disability. In the opening chapter, Lilly Phiri and Sokfa Francis John examine the potential of the Association of Catholic Tertiary Students’ (ACTS) identity document to address SRHR among young people in South Africa. While they acknowledge the importance of the initiative, they contend that more needs to be done to ensure that SRHR issues for young people are tackled in a more holistic manner. In chapter 2, Bongi Moyo builds upon the interest in young people by inviting churches to utilize new media technologies extensively in order to reach youth. She observes that young people are struggling to access accurate information relating to SRHR and that churches can address this need by appropriating new media technologies. Taking advantage of the opportunities, she argues, will result in a more “connected church.”

Women’s SRHR feature prominently in research and publication from within the region. In chapter 3, Kuzipa Nalwamba challenges African churches to embrace more liberating and progressive interpretations of women’s sexuality. Having outlined some problematic approaches to women’s sexuality, she invites churches to take up a prophetic role in addressing SRHR, use the pulpit effectively, and engage in life-giving biblical hermeneutics. In chapter 4, Tapiwa Praise Mapuranga draws attention to the cohort that is often marginalized, namely, older women. She discusses the sexuality of older women, questioning the tendency to assume that they cease to be sexually active, and calls upon churches to pay particular attention to their SRHR. In chapter 5, Jessie Fubara-Manuel addresses the issue of churches and the SRHR of women with disability. She describes the marginalization that women with disability experience in general, as well as how churches in Africa have struggled with the sexuality of women with disability in particular. Employing an empathetic literary approach, she reiterates the point that women with disability are created in God’s image and must therefore be treated with respect. In chapter 6, Sophia Chirongoma summarizes key presentations on SRHR at consultations held in 2013 and 2014 within the region. The Circle of Concerned African Women Theologians and the World Young Women’s Christian Association have emerged as key strategic groups promoting women’s SRHR. Chirongoma highlights issues regarding the rights of children and sex workers. She calls for dialogue with religious leaders
and the promotion of CBS to ensure that churches in Africa promote SRHR. In chapter 7, Maxwell Mukova and Fainos Mangena discuss how women in an African Initiated/Instituted Church in Zimbabwe negotiate their SRHR in the face of patriarchy. The chapter places emphasis on women’s agency and how women deploy various strategies to promote life in the face of life-denying beliefs and practices.

Reflecting the growing openness and realism regarding sex and sexuality in African church settings, in chapter 8 Canisius Mwandayi focuses on masturbation. Cognizant of the tendency to criticize masturbation by men on the basis of the biblical account that describes Onan’s fate (Gen. 38:1-10), Mwandayi engages in an analysis of this specific passage. He proposes that it must be read within its own historical and cultural context. He also discusses masturbation by men and women within the Shona cultural context of Zimbabwe and describes different attitudes toward the phenomenon. In conclusion, Mwandayi encourages churches in Africa to facilitate more open discussions on sexuality. In chapter 9, Lilian Siwila discusses male involvement in promoting SRHR in the United Church of Zambia. Siwila provides a historical account of the Marriage Guidance Programme of the United Church of Zambia. She critiques the assumption that men are “naturally knowledgeable” when it comes to sex and sexuality. Siwila contends that traditional ceremonies can be utilized to promote male involvement and contribute toward the attainment of SRHR. Prevailing notions of masculinity must be deconstructed and more progressive interpretations of what it means to be a man must be promoted. In the last chapter, Ayoko Bahun Wilson and Godson Lawson focus on churches and homosexuality in Togo. They highlight the stigma and discrimination that homosexuals in Togo face in general and call upon churches to cultivate empathy and provide safe spaces to homosexuals.

References


10. Called to Be Courageous: Churches and Sexual Minorities

Ayoko Bahun Wilson and Godson Lawson

It would be superfluous to say, after 30 years of responding to HIV infection, that AIDS is not a total social fact (see Mauss 2007). Initially considered to be a simple problem of public health, HIV has come to affect all sectors of society, including human rights, demographics, religious and cultural practices, as well as issues of communal solidarity.

For many social scientists, the HIV epidemic with its multiple facets is truly a social disturbance. HIV has imposed new demands on men and women in their intimacy and sexual practices. It has also challenged religious institutions, particularly churches, to expand their scope of theological action in their quest to spread the good news to the world. The different themes of World AIDS days adequately demonstrate mutations and the many challenges posed by the threat of HIV to humanity. From themes such as “breaking the silence,” “women and AIDS,” “leadership,” and “universal access and
human rights,” the international community came to “zero: zero new HIV infections, zero discrimination, zero AIDS-related deaths.” This theme highlights the urgent need to pay attention to key populations and sexual minorities, namely sex workers, injection drug users, and homosexuals—all which represent a new field of complex and difficult analysis to address in the context of Africa vis-à-vis HIV infection. Will the church be brave enough to tackle these challenges without losing some of the values it has held for so long?

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**Sexual Minorities and HIV in Togo**

The existence of sexual minorities and homosexual practice is not new in Togo. It is a practice that is as old as the world and that is observable in the evolution of Togolese society. In conversations with the older generation, it has been established that homosexuality has existed in communities. The concern among sexual minorities today in Togo is that HIV infection reveals the fact that the practice of homosexuality is rampant, since sexual minorities are more vulnerable and exposed.

The latest surveys of the USAID/Project Search in Togo show how it is urgent to focus on this new field of action if we are to achieve the three zero objectives of UNAIDS. According to these surveys, the number of men who have sex with men (MSM) among men from 15 to 49 years old is estimated at 27,978 in Togo; they outnumber sex professionals, whose numbers are estimated at 14,033. The surveys also reveal that 50 percent of MSM acknowledge having had sex with a woman. Others live in families with children in order to meet cultural and societal demands.

At the community level, MSM in Togo are actively involved in various social activities in their community and are in positions of responsibility within these groups. More than 70 percent say they are active in musical, cultural, religious, and sports associations. About 90 percent report not having had the feeling of being excluded by their families because of homosexuality. Just over 98 percent say they have not lost employment, and 91.5 percent say they go to health services because they are not afraid of being discovered. Regarding access to
care and treatment, approximately 83 percent confirm that they have had no difficulties in accessing health care; and about 96 percent of MSM say they have never heard gossip on the part of health professionals and care providers. On security issues, just over 96 percent say they have not felt refusal of protection by the police because of homosexuality and almost 90 percent in Lome say they have never been arrested in their lives.\(^1\)

In the past five years, the actions in favour of MSM in Togo have essentially been peer education, mass awareness (toward attitude change), promotion of VCT, and the use of means of protection against and management of sexually transmitted infections (STIs). It can therefore be seen that preventing HIV infection begins by reaching out to the MSM. Nevertheless, the gender identity of MSM remains problematic since most of them are also sexually involved with women. These men are a bridge between the highest-risk group and the general population. While the structures of prevention and care at the official level have made efforts to include all categories of Togolese people, there are irreducible niches of stigma and discrimination. As a matter of fact, because of stigma and discrimination toward MSM, many say they have not shared their sexual orientation with members of their family. Therefore, their meeting places are often private parties, bars, and private homes. We need to address stigma and discrimination and provide quality health services in order to contribute to the prevention of HIV.

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The Life of MSM in Religious Communities in Togo

In an article published after investigations on the issue of MSM and HIV in Togo, the newspaper *Focus–Infos* concluded with these words about religious institutions: “Decidedly, homosexuality and religion

\(^1\) The information provided here is largely based on the document entitled “Examen des facteurs sociaux et structurels associés aux comportements à risque liés au VIH et la prévalence au sein des Populations à Risque Plus Elevé (MARPs) au Togo,” 2013.
do not mix. This is the least we can say given the positions expressed by religious leaders” (Focus–Infos 2013).

When some pastors learned that MSM were to receive support in the context of universal access, they changed their pre-planned preaching and, for at least three months, focused on biblical texts condemning homosexuality. This created great discomfort in some communities, to the point that the suggestion boxes of these parishes were flooded with messages calling for restraint on the part of pastors. One of these pastors, having taken note of such suggestions, returned the following Sunday and declared before the congregation that he had the confirmation that there were MSM in his community and that he was officially declaring war on them (ibid.).

While not all church leaders have the same opinion vis-à-vis MSM, it is important to take, just for the purpose of analysis, the case of the pastor “at war with” MSM as an ideal type for the knowledge of ulterior motives/stereotyping. From testimonies of MSM, it is clear that religious institutions are seen as the places characterized by high stigma and discrimination. They systematically apply double punishment to homosexuals. Many of those whose practice is known are constantly subjected to gossip, verbal abuse, and fear of rejection from their families and communities. The bravest who continue to attend their churches live in constant fear of being unmasked and handed over by the reverend to “Satan,” to whom they allegedly belong.

Some churches have become spaces for the anathematization of MSM. It goes without saying that the phenomenon of self-stigma and self-devaluation is very pronounced among MSM in such communities. Many MSM feel that religious communities are not supportive. This leads to suicidal tendencies amongst them, as they feel ostracized and condemned.

Since its origins and in its evolution, sexuality remains a sticking point for the credibility of the church. With churches and pastors buttressing the ideas that sexuality is exclusively for the purpose of procreation, that men and women have different roles, and that gender difference is central, it becomes difficult to expand the field and understand current social changes. Many churches in Africa willingly adopt the positions of the church from the period of
inquisitions to address the issue of gays and HIV. We no longer hesitate, like St Thomas Aquinas (1225–1274), to say that MSM are heretics and as such should be excommunicated from their communities. We seem to be witnessing the early hours of the fight against HIV, when the deployment of ecclesial harmatology was more focused on a systematic attack on means of prevention and on people living with HIV, instead of attacking the virus itself. The outcry today, as observed from some governments in Africa as well as from churches, reflects a sense of fear coupled with insecurity, since the majority of religious institutions in Africa are not prepared to provide contextual answers to new social change brought about by HIV infection.

Faced with these challenges, churches are unable to respond effectively to homosexuality. But modern anthropology teaches us that the human beings in question are not only homosexual. They have other dimensions; they are rich in gifts and abilities that can be translated into very deep and rewarding commitments to human society and to the individuals themselves. It is therefore dangerous to judge homosexuals only according to the sexual component or to lock them into a contemptuous or caricatured category. Regardless of sexual orientation, everyone is loved by God and has a future in God. The salvific plan of Jesus Christ applies, perhaps even more, to persons who lives with difficulties in integrating their sexuality (see Simard n.d.). The call remains accessible even within the affective and relational boundaries. Homosexual persons living moreover with HIV must find acceptance and hope and support in the Christian community. They expect from other members an attitude which recognizes them in their dignity as children of God. They expect that the church will tell them of the unconditional love of God. This theological approach calls the church to break taboos by taking a courageous step in these times of great distress to those who are in danger of discrimination (see Sartre 1947).
In the current situation, where the response to HIV has evolved into an encouragement of homophobia with the use of some biblical verses taken out of context, the church must have the courage to address in serenity the issue of HIV and sexual minorities who live in situations of distress. The courage here does not fit into the Platonic schema of the four virtues, where courage is equated with fear (Platon 2008:287, 289). It cannot be assimilated to any military bravery or understanding of the Greek word *adréia* (ἀνδρεία), “reflecting the notion of manhood.” It is essentially a disposition of the heart as a noble organ, home of the deep inner life of moral personality. It inspires strength of heart that manifests itself in difficult situations that require one to make a decision that saves. The courage of the church in these conditions therefore calls for it to act within a state of constant fidelity to the faith in its mission to protect and save lives. To do this, the church is called to contextual and current choices based on biblical characters and models to bring new strategies to find answers to new challenges of HIV.

*The model of Philip the deacon: Acts 8:26-40*

This passage from the book of Acts is most often used to illustrate one of the mandates of the church, which is the mission and obligation of the early church to go out of Jerusalem and share the good news of Jesus Christ. When looking at the characters of the text, however, their function and their social and religious status, one quickly realizes that the story also calls for breaking barriers while inviting people from the outskirts of the Christian faith, regardless of their rank, to integrate in the new economy of salvation as defined by Jesus.

The identities that the evangelist Luke gives the neophyte candidate, in this instance for baptism, are very revealing.

1. The man in question is an eunuch, certainly an important social status but physiologically disqualified from accessing the services and rituals, especially the assemblies and priesthoods, as outlined in the Mosaic law: “He whose testicles have been
crushed, the urethra cut, would not enter the congregation of the Lord” (Deut. 2:1-23); “Every man who hath any blemish, let him not approach to offer the bread of his God: a blind, lame man with a flat nose or an elongated member” (Lev. 21:20-21).

The prophet Isaiah had in his time attempted to restore the eunuchs in their rights by stating, “The eunuch does not say: Behold I am a dry tree! For thus saith the Lord: To the eunuchs who keep my Sabbaths, who choose what pleases me and hold fast my covenant, I will give in my house and within my walls a place and a name better than son and girls; I will give them an everlasting name, that shall not perish” (Is. 56:3-7). Isaiah’s prophecy already reflected his awareness of the discrimination and stigma that were applied to eunuchs by showing compassion and calling for greater tolerance and openness.

2. The man in question is therefore a non-Jewish Ethiopian whom modern historiography has assimilated to Kushite tribes or inhabitants of the city of Meroe. Because of their bravery and fearlessness toward mercenaries in the wars in the region, they were considered as formidable enemies to the armies of Israel and their God. They suffered from the prying eyes of the Israelites and Sartre’s concept of otherness (Sarte 1970:15-24). It goes without saying that the two people will live permanently in reciprocal contempt and fear since they are hell to each other.

3. The place where the scene took place is called in Greek eremos (ἐρήμος), which reflects the reality of the desert. While a geographical location, it also refers to a situation where people are left abandoned, deprived of the assistance and protection of others, especially of friends and of relationships. In this text, the desert can be understood as a time and a theological theme that calls for solidarity of each to his brother or sister; a meeting and experience place in the manifestation of salvation given to all in Jesus Christ, a best place of mission. The consequences of HIV infection have created, without a doubt, many deserts in the church, where men and women live in a bruised, imprescriptible desert, unaided, prostrate on the bank of despair, and without
hope. The courage of the church in integrating the concerns of sexual minorities can only happen through the following sound approaches:

a. *Restoring communication.* This approach will improve the image of the communities, which will be more attentive, while the comprehensive method and the restoration of communication will strengthen relationships between all strata in the defense of common interests. It will provide an opportunity to take down the existing partition to reduce stigma and discrimination against sexual minorities. It requires the virtues of simplicity, the ability to listen to others, trust in oneself and others, and the desire to work together against the common enemy, which is HIV. The restoration of communication will rid the religious communities of all doctrinal and cultural slag, particularly arrogance. Briefly, this is to create an open and generous community.

b. *Otherness: a source of wealth.* As Albert Jakubowicz says: “The atmosphere participates in several envelopes that dress, constrain and protect the individual” (Jakubowicz 1996; see also Boudon 1973). Sexual minorities use their perception of the social environment as “well-being or not ease,” as a reference point to which they must adapt if they are not to be subjected to gossip, rumours, and social stigma. They identify values, weigh them, assert their determination, or exclude themselves from them. In most cases, the individual comes to the same result: misunderstanding. Taking into consideration the positive values of otherness helps to provide opportunities for adaptation and social integration of sexual minorities in the churches because, beyond sexual difference or sexual orientation, its purpose is to bring sexual minorities in their openness to others and to the other, in his or her relations with all other humans (Simard n.d.). The relentless pursuit of the meaning² of each individual who, in addition, is in a position of vulnerability and HIV infection requires

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² The ideas developed here are inspired largely by Mana (2006).
the church to embrace an ethic that takes full account of the specific person, with his or her values, life plans, hopes, and actual capabilities. This does not exclude the ethical problem of the relationship between the principles and actions. It is, in other words, an ethic that takes account of the whole person.3

c. Visit social deserts. There are now many communities of frustrated people living in solitude and waiting to be recognized simply as human beings. These people sometimes leave churches and feel abandoned and ostracized. Like Philip the deacon, churches are called to seek and find within themselves these arid places in the different constituted groups. So long as people continue to hide their worlds from each other, they can only despise and live in a ghetto mentality detrimental to the entire community.

d. The creation of specialized listening centres and chaplaincies. From all diaconal activities, listening centres and chaplaincies occupy a strategic place in churches. However, it is clear that among all these chaplaincies, only a few are actually functional, such as chaplaincies at educational institutions (schools and universities), hospitals, and detention centres. The multifaceted nature of HIV infection calls for the creation of real structures to meet the spiritual, religious, and social needs of sexual minorities, especially in the areas of access to care and treatment. These chaplaincies also serve as family mediation space for insertion, counselling, and support. The leaders of these centres must be men and women who are discreet about the issues of MSM groups. The confidentiality must be strict to avoid exposing sexual minorities.

Conclusion

No doubt, HIV infection is at the heart of the church in Africa today. It grows like an octopus whose ramifications are difficult to control, posing new challenges to society, culture, and especially the faith of the church. This requires a great deal of courage from religious institutions to meet these challenges, particularly with regard to stigma and discrimination against sexual minorities in situations of infection, who seem to be left stranded without possibility of psychosocial support. But the gospel sends us to heal the broken heart, to preach deliverance to the captives, and recovery to the blind, to set the oppressed free! What we must not forget is that lesbian, gay, bisexual, and transgender individuals are part of so many families, and are part of the human family, the family of God, and, of course, the African family. The church must hear their cries rising increasingly and act with justice and compassion to ensure that their sexual and reproductive health rights are upheld.

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