

MAINSTREAMING HIV AND AIDS
IN THEOLOGICAL EDUCATION:
Experiences and Explorations

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INTRODUCTION

Theological Education in the Heat of Battle: Mainstreaming HIV and AIDS
Ezra Chitando

The HIV and AIDS pandemic has precipitated considerable reflections within African theology. In particular, scholars in Southern and East Africa have sought to provide helpful thoughts on the significance of the pandemic, and the need for faith communities to invest their assets in meeting the challenge (see Frederiks 2008). This is a welcome development as the field has been neglected for a long time. However, much more remains to be accomplished as many theological themes have not been examined. In addition, scholars in Anglophone West Africa, as well as the Francophone and Lusophone regions, are yet to contribute to the discourse in a more engaged way.

The Ecumenical HIV and AIDS Initiative in Africa (EHAIA), a project of the World Council of Churches (WCC), has played a leading role in the transformation of theological thinking on HIV. With Musa W. Dube as its first theology consultant, EHAIA has been facilitating the mainstreaming of HIV in theological programmes. The book, *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Programmes* (Dube 2003) has been used widely in theological institutions and university departments of theology and religious studies and faculties of theology. It represents a breakthrough in the quest to ensure that graduates of African theological institutions become effective agents of change in the time of HIV. This volume seeks to build on Dube's *HIV/AIDS and the Curriculum* by examining the achievements of theological institutions in mainstreaming HIV and AIDS in theological programmes, as well as exploring the incorporation of HIV and AIDS within different courses.

EHAIA's emphasis on the need to ensure that the HIV pandemic features prominently in the curricula of theological institutions in Africa has been complemented by the growing realization of the role of faith-based organizations (FBOs) in the struggle against the pandemic. Although religious bodies were regarded as a stumbling block in the early phase of the pandemic, they have proceeded to demonstrate their relevance since the late 1990s. Religious organizations have played a major role in prevention, care, treatment and support programmes.

Equipping graduates of theological institutions to become more conversant with HIV and AIDS issues facilitates their effective leadership and participation in efforts to address the pandemic. A number of researchers have drawn attention to the active involvement of faith-based organizations in response to HIV and AIDS. Sue Parry

(2003), EHAIA Regional Coordinator for Southern Africa, has examined this theme. Edward C. Green (2003) has focused on the contribution of faith-based organizations to prevention efforts. A desk review by Georges Tiendrebeogo and Michael Buykx (2004) highlights the contribution of faith-based organizations to prevention and impact mitigation. *Faith in Action: Examining the Role of Faith-Based Organisations in Addressing HIV/AIDS* focuses on the same theme (Woldehanna 2005). It is therefore critical for theological institutions in Africa to empower their students to address HIV and AIDS so that they can contribute to the efforts of faith-based organizations to mitigate the impact of the pandemic. Trained and competent graduates can provide effective leadership in the time of HIV.

The quest to ensure that graduates of African theological institutions become aware of HIV and AIDS during their training emerges from the realization that education should address the existential reality of the learner. This has been a major issue in the development of African theology. Critics charge that in most instances, students are exposed to issues that are not directly related to their daily struggles. Writing in the context of South Africa, Vivian Msomi argues that the first priority in African theological education must be Africanization. He continues:

Second, centres of theological learning in Africa, whether they are seminaries, universities, etc., must clearly reflect that they are in the continent. It hurts many of us in South Africa that frequently these centres operate as if they were in Europe or North America. The issues at the top of our African agendas must occupy the top spots on the curricula agendas of our African educational institutions. That is the way of sound education. Yes, there is universality in knowledge and in the gospel, but genuine universality does not turn people into zombies who appreciate only the creative efforts of others but remain spectators themselves (1988:202).

Msomi is right to insist on the need for contextual relevance. Theological education in Africa needs to address the HIV pandemic if it is to remain relevant and useful. Administrators and lecturers at centres of theological learning in Africa must ensure that their graduates possess the requisite knowledge and skills to respond effectively to the challenges posed by HIV. Guided by their context, they must allow their students and themselves to learn more about the pandemic, and how to mobilize communities to mitigate its impact. The notion of education as a tool of emancipation for the oppressed must guide pedagogy in the era of HIV. Consequently, teaching and learning must go together. Lecturers and students must be humble and accept that they are all permanent learners in the wake of the fast-changing nature of HIV and AIDS.

Msoni's compatriot, Desmond Tutu, has argued that there has been a trend where Christians in non-Western contexts have found that they "possessed answers, and splendid answers at that, but answers to questions that nobody in their home contexts were asking, or apt to ask," (Tutu 1983:107) and calls for contextual theologies. The impact of HIV and AIDS in Africa necessitates the emergence of theologies that speak to this reality. As Charles Villa-Vicencio (1992:40) argues, a theology that fails to address the realities faced by (ordinary) people is a false theology. HIV challenges African theology to become authentic and engage with the African cry (see Ela 1986).

Theological education in contemporary Africa takes place against the backdrop of disease, pain, suffering and death. There is need for creativity to ensure that teachers and students develop relevant theologies that meet the needs of the time. As they strive to make sense of the chaos that has been authored by the HIV pandemic, African theological educators have an opportunity to generate deep and powerful reflections. There is a need to appreciate the manifold opportunities that exist in the transition from crisis to *kairos*. It requires a lot of creativity to produce quality theological reflections in a time of crisis. Nonetheless, according to Tutu:

[And] we note that some of the best theologies have come not usually from the undisturbed peace of a Don's study or his speculations in a university seminar or seminary lecture hall, but they have been hammered out on the anvil of adversity, as it were in the heat of battle or soon thereafter. They have been occasional in the technical sense that they were occasioned by some specific setting, trying to deal with a specific set of questions (1983:106).

I have adopted Tutu's phrase as the title for this introduction as it captures the context in which theological education in Africa is taking place. Engaging in theological education in the era of HIV is to undertake theological reflections "*in the heat of battle*". Lecturers and learners find themselves struggling with an existential reality that is characterized by death and hopelessness. It is within this context that they have opportunities to process theologies that "have been hammered out on the anvil of adversity".

EHAIA has sought to promote theological education "in the heat of battle". Since 2002, it has sought to mobilize churches, theological institutions and religious leaders to be actively involved in the response to HIV. The Plan of Action that brought EHAIA into being identifies the revision or creation of new curricula for theological institutions or seminaries to integrate HIV and AIDS as a key strategy in the transformation of churches in the time of HIV (WCC 2002:8). The overall goal has been to ensure

that those who leave theological institutions and universities to serve in the wider community are adequately equipped to meet the challenges posed by HIV.

The concept of “mainstreaming” HIV and AIDS in theological programmes has gained a lot of currency. While the concept has its background in the pedagogical debates in the 1960s relating to the need to end the isolation of children with disabilities by bringing them into regular classroom contexts (hence “mainstreaming”), in contemporary times it has become more nuanced. Essentially, it refers to the quest or endeavour to ensure that the HIV pandemic occupies centre stage in an organization or institution. In the particular case of theological education, mainstreaming implies that theological institutions or departments of theology and religious studies deliberately focus on the HIV pandemic in their teaching, research and extra-curricula activities. Tokenism and making passing references to HIV and AIDS do not constitute mainstreaming! In short, *mainstreaming is the deliberate, focused and systematic placing of HIV at the core of an institution’s academic programmes.*

Mainstreaming HIV in theological programmes entails that the pandemic is at the core of the institution’s vision, academic programmes and activities. EHAIA promotes the adoption and implementation of policies that “respect the rights, promote the dignity, and ensure care and support” (WCC 2002:11) for people living with or affected by HIV. These policies spell out the centrality of HIV and AIDS to an institution’s policy and planning, personnel issues, training as well as impact on the larger community. Mainstreaming HIV in theological programmes implies that an institution recognizes the severity of the pandemic and addresses it in teaching and research. According to Dube, it is necessary for everyone to take the HIV pandemic seriously. She writes:

This means that HIV/AIDS is everybody’s business. Each individual, institution, community, religion, department, sector, ministry, discipline and, indeed, each nation must address the following questions in the struggle against HIV/AIDS:

- How am I affected by HIV/AIDS?
- How am I part of the problem (aiding the spread or lack of quality care)?
- How can I become part of the solution (arresting the spread of HIV/AIDS) and aiding the provision of quality care? (Dube 2003b:vii-viii).

There are a number of concepts that have been utilized alongside that of mainstreaming. While each one of them has a peculiar slant to it, they must be understood within the larger context of ensuring that students and staff have enhanced their

capacity to respond effectively to the HIV pandemic. These concepts include “integrating”, “incorporating”, “fusing” and “diffusing” HIV in theological programmes. Curriculum specialists would be keen to isolate the processes that differentiate one concept from the other. However, the central concern is to equip students to make effective interventions in the struggle against the pandemic. “Mainstreaming” has enjoyed greater currency as it draws attention to the need to place HIV at the centre of an institution’s life.

It is gratifying to note that the mainstreaming of HIV in theological programmes is gaining momentum (Chitando 2007a:66). Although much more remains to be accomplished, there is a need to acknowledge that there have been notable gains in this direction. In particular, church-run or affiliated theological institutions have been more effective in including HIV and AIDS in their programmes. On the other hand, departments of theology and religious studies in publicly-funded universities have been slower in responding to the HIV pandemic. The latter are often encumbered by seemingly greater institutional bureaucracies and pedagogical conservatism (Chitando 2007b). In fact, there is the need for a publication that addresses the challenges facing publicly-funded institutions in their quest to become “HIV competent”.

There have been a number of possibilities that have emerged regarding taking HIV and AIDS seriously in theological programmes. Some institutions now offer post-graduate programmes that are devoted to examining the various aspects related to the HIV pandemic. The mounting of a specific course on HIV and counselling is also a growing trend. Such a course is often taught by an “HIV and AIDS specialist” or different lecturers have the opportunity to share their experiences and ideas with students. In other instances, individual lecturers have integrated HIV and AIDS in existing courses. This is a popular option as it does not necessarily require departments to go through the often challenging process of introducing new courses.

Some theological institutions and departments of theology and religious studies have also responded to the HIV pandemic by encouraging students to write essays, projects, dissertations and theses on aspects of the pandemic. Some candidates are undertaking doctoral studies in the area of theology and the HIV pandemic. It is unfortunate that most of these creative projects have not reached a wider audience through publication.

Conferences and workshops on HIV and AIDS have also encouraged research and publication on related themes. While the prospects for publishing in many African countries are not encouraging, it is gratifying to note that some lecturers have defied the odds and have produced valuable material on theology/religious studies and the HIV pandemic.

The chapters in this book emerge from the experiences outlined above. The contributors, who are drawn from diverse African contexts as well as areas of specialization, have contributed to “experiences and explorations” in the mainstreaming of HIV and AIDS in theological programmes. The book revolves around the contention that the need exists to share experiences that have been accumulated along the way. However, since many areas have not been tackled, there is ample scope for exploration. This book complements *HIV/AIDS and the Curriculum* by assessing the progress that has been attained in the mainstreaming of HIV and AIDS in theological programmes. It also carries forward the idea of experimenting with different topics or themes.

As some African institutions have covered appreciable ground in the incorporation of HIV in theological programmes, it is necessary to engage in stock-taking. There is a need to acknowledge that valuable experience has been attained in refocusing theological education to address HIV and AIDS, and to share the lessons learnt. How much ground has been covered in the quest to include HIV and AIDS in theological programmes? Have “centres of excellence” emerged in the region? What are some of the key achievements and challenges in this field? Can enabling and constraining factors be identified? How can areas like the study of African Indigenous Religions, Religion and Gender, as well as Youth and Development include HIV and AIDS in their purview? These and other related questions guided the contributors to the chapters in this book.

The book is divided into two sections. Section A has a historical focus. Chapters in this section seek to highlight achievements and challenges in theological institutions’ engagement with the HIV pandemic. The chapters spread out in a concentric ring. Chapter one by Maryann Mwangi focuses on the experiences of St Paul’s University in Kenya. It is a theological institution that has an impressive record in responding to the HIV pandemic. Mwangi describes the achievements of the institution in this area, alongside examining the pedagogy that informs the approach that has been adopted. In chapter two Rosinah Gabaitse analyzes the progress made by the department of theology and religious studies in a publicly funded university in Botswana. She outlines the history of the department’s engagement with HIV and AIDS and proposes areas for enhancing the department’s response. Thus, the first two chapters focus on two different institutions that have played a leading role in addressing HIV and AIDS in their curricula. These institutions must serve as a source of inspiration to many others on the continent and beyond. By juxtaposing chapters focusing on a theological institution and a publicly-funded department of theology and religious

studies, the book seeks to explode the sharp demarcation between theology and religious studies in the era of HIV and AIDS.

Chapter three moves away from individual institutions to focus on the experiences in mainstreaming HIV and AIDS of institutions affiliated to a particular brand of Christianity in one country. In this chapter, Joseph Muyangata examines the achievements and challenges of Evangelical colleges in responding to the HIV pandemic. It is an important contribution as it shows that efforts to mainstream HIV in theological programmes have not been limited to theological institutions from the Protestant and Catholic traditions. In chapter four, Lovemore Togarasei interrogates the use of the Bible by scholars who have sought to utilize it in the struggle against the pandemic. While acknowledging the creativity that has characterized this enterprise, Togarasei pleads for the emergence of scientific criteria to ensure the attainment of high academic standards. Togarasei's chapter is a valuable contribution to the emerging discourse on appropriating the Bible in the time of HIV and AIDS. The chapters by Muyangata and Togarasei cover a wider geographical span and address critical themes.

Chapter five by Ezra Chitando and Rosinah Gabaitse reviews the contribution of Musa W. Dube to the African churches' approach to HIV and AIDS. While focusing on a particular individual, it locates her within the context of her continent-wide effort to convert churches to the struggle against HIV and AIDS. In chapter six Chitando assesses the contribution of EHAIA to the mainstreaming of HIV in theological programmes in Africa. There is considerable overlap between these chapters since Dube was a notable personality in EHAIA's drive to ensure that theological institutions take the HIV pandemic seriously. Overall, section A seeks to highlight the ground that has been covered in the engagement with HIV by theological colleges and departments of theology and religious studies.

Section B of the book illustrates the scope that remains for experimenting with the inclusion of HIV and AIDS in various courses in theology and religious studies. Chapter seven by Susan Mbula Kilonzo explores the inclusion of HIV and AIDS in teaching Youth, Gender and Development. This is a significant intervention as Africa is a "young continent" that is seeking to attain economic development. The HIV pandemic threatens young people and is a major challenge to development. Kilonzo provides useful details on approaches to the pandemic in institutions of higher learning in Kenya, as well as the justification for addressing HIV in religious studies programmes. It is a strategic essay that bridges the "looking back" and "going forward" themes of this book. Chapter eight by Sussy Gumo Kurgat draws attention to the need to ensure that the course on African Indigenous Religions addresses the

pandemic. Chapter nine by Chitando addresses the same theme, but focuses on the silence, shame and secrecy that have made it so difficult to tackle HIV and AIDS in Africa. These two chapters confirm the centrality of African Indigenous religions to life in Africa, and call upon scholars to include HIV and AIDS in their teaching of the course.

In chapter ten Kennedy Onkwere revisits the theme of including HIV and AIDS in teaching Christian ethics. This is a major concern as this crucial course is often sidelined in some institutions. Chapter eleven by Togarasei and Chitando examines the theme of teaching Religion and Gender in the context of HIV and AIDS. They contend that the course is strategically placed to transform attitudes towards gender in the student body and the larger community. The chapter echoes some of the themes noted by Kilonzo in chapter six. In chapter twelve, Nyambura Njoroge focuses on the urgent need to address violence and war in theological education. This is a critical theme that must feature in theological training in Africa. Njoroge's chapter reminds us of the vicious context within which theological education takes place. It is therefore crucial for theological educators in Africa to communicate effective strategies to stop the carnage that has continued to characterize many parts of the continent. Only then will women, children and men enjoy abundant life in Africa.

This book, therefore, seeks to provide an indication of the progress that has been attained in the quest to mainstream HIV and AIDS in theological education in Africa. It also offers further insights into how important areas that have been overlooked, such as African Indigenous Religions, violence against women and children, as well as youth and development, can reflect the reality of HIV and AIDS. In the immediate future, there will be the need to assess the responses of Catholic theological institutions to the HIV pandemic. Other researchers must examine the progress attained in mainstreaming HIV and AIDS within particular countries and regions. Studies on African theology and the HIV pandemic would clarify the scope and opportunities available in this specific field. In addition, there is a need to explore the integration of important issues like masculinities, disability, treatment literacy and others within theological reflections on the HIV pandemic. Consequently, one can safely conclude that there is unlimited scope for reflections on theological education/religious studies and HIV in Africa.

From the chapters in this book and the collective experience of EHAIA (through the project coordinator, regional coordinators, theology consultants, regional reference groups and the international reference group), it is possible to identify factors that facilitate the mainstreaming of HIV and AIDS. The following factors provide

an enabling environment for an institution to take HIV and AIDS seriously in its teaching, research and community outreach activities:

- The presence of “inspired individuals” who have the passion and commitment to pursue the HIV and AIDS agenda.
- Visionary leadership that does not frustrate those who seek to transform the curriculum to address HIV and AIDS.
- Institutional support for teaching and research on HIV and AIDS through the adoption and implementation of policies that address the pandemic.
- Collaboration between the local institution and external partners that provide technical support.
- Satisfactory levels of staff retention to ensure continuity, sustainability and quality control.
- Networking and exposure of staff through workshops, conferences and visits to other institutions that are addressing HIV and AIDS.
- A culture of research, publication, debate and community involvement.
- Women’s active participation and leadership in academic and institutional matters.
- The presence of youthful and emerging lecturers and administrators who are open to new ideas, methodologies and experimentation.
- The availability of resource materials on theology/religious studies and gender, the HIV pandemic and related themes (library, Internet, donations, etc).

That theological institutions in Africa must take the HIV pandemic seriously is now almost a truism, although many lecturers and administrators are yet to be converted to this cause. This book is both an affirmation of the ground covered in addressing HIV and AIDS, and a challenge for continued creativity in this area. As theological education in Africa takes place “*in the heat of battle*,” it must equip lecturers and students to become valuable resources in the response to HIV and AIDS.

SECTION A EXPERIENCES

CHAPTER 1

COMMUNITY TRANSFORMATION:

A Case Study of St Paul's Life Long Learning (SPILL),
Master of Arts/Post Graduate Diploma in Community
Care and HIV & AIDS Programme

*Maryann Mwangi BA, MA Sociology
Programme Coordinator,
Masters/PGD in Community Care and HIV & AIDS Programme*

Introduction

The magnitude of HIV and AIDS in Africa is alarming. For instance, in Kenya alone, 2.2 million people are infected by the HI virus which has also left thousands orphaned and widowed. Consequently, the church in Africa hosts the largest numbers of people living with and affected by HIV in the world. It is in this light that the church is challenged to respond to the devastating suffering of the masses. This can be done through dialogue and collaboration between individuals, community groups and health care providers. Further, there is a need to be in constant interaction with the government, international agencies and other interested parties, in order to pursue common goals affecting humanity. Programmes that focus on cultural and psycho-social issues faced by people living with HIV have demonstrated having a major impact in responding to the epidemic (Jackson 2002).

This chapter focuses on the achievements of St Paul's University in responding to the HIV epidemic. It recognizes the leading role of the institution in the mainstreaming of HIV and AIDS in theological programmes in Africa. After providing a background to the institution, the chapter describes the focus and structure of the Master of Arts/Post Graduate Diploma in Community Care and HIV and AIDS programme. It outlines why the church needs to grapple with the HIV epidemic and assesses the impact of the programme on the larger community. The chapter outlines some of the lessons learnt from the programme. In conclusion, the chapter calls upon other theological institutions in Africa to work towards community transformation in the time of HIV and AIDS.

Background

St Paul's Divinity School, now St Paul's University, was founded as an Anglican training institution by the Church Missionary Society (now the Church Mission Society) in 1903. The school was initially located in Freretown, Mombasa and provided both secular and religious educational programmes with the intention of training an indigenous church leadership for the area which became Kenya. In 1930 the school changed its name to St Paul's Theological College and remained an Anglican institution until 1948 when the Anglican Church of Kenya invited the Presbyterian Church of East Africa and the Methodist Church of Kenya to participate in a joint theological training enterprise for the benefit of the three churches.

In 1973, the ecumenical nature of the college was broadened further by the admission of the Reformed Church of East Africa into the partnership. The University is supported by the four partner denominations and the National Council of Churches

of Kenya (NCCCK) which became a fifth partner in the ownership and management of the institution in 1995.

St Paul's has a long-standing reputation in the African context for offering high quality educational programmes in theological education for the training of pastors, theologians and Christian workers. Almost all of the present church leadership of the mainline Protestant denominations in Kenya has received training at or through the college. This includes bishops, archbishops, moderators and general secretaries of the churches (Onyango 2003).

It is with this background of providing Christian-based higher education and responding to the issues and needs of the church and community that St Paul's decided to provide a response to the challenges brought about by HIV and AIDS. In the year 2000, St Paul's University, then known as St Paul's United Theological College and MAP International (Medical Assistance Programme) developed a curriculum for students in HIV and AIDS. The course was named *Christian Response to HIV/AIDS: Knowledge for Intervention*. The course was designed to build the capacity for the Kenyan church in the response to HIV and AIDS. This curriculum has been published, disseminated and made available to several colleges affiliated to St Paul's. These include St Andrew's College, Kabare, Kenya and Bishop Allison Theological College, Arua, Uganda, just to name a few, as well as in several other colleges in Africa.

In the subsequent years, several workshops sponsored by the World Council of Churches (WCC) have been held at Jumuia Country and Conference Home in Limuru, Kenya to train theologians and other tutors from various colleges in Africa on *Mainstreaming Gender in Theological Studies* as well as *Mainstreaming HIV&AIDS in Theological Studies*. These have seen lecturers in their respective colleges introduce or reinforce the two issues of gender and HIV and AIDS.

In 2003, St Paul's opened its doors to students in a Post Graduate Diploma/Masters in Pastoral Care and HIV/AIDS, later renamed MA in Community Care & HIV & AIDS. The programme emerged with the intention of responding to the immediate need of assisting the African church in the response to HIV and AIDS. Additionally, the programme aims at resourcing the churches and NGOs in Kenya with people trained in medical, pastoral, spiritual and social dimensions in dealing effectively and skilfully with HIV and AIDS (Validation Document 2002).

A task force of various theologians and professionals was instituted in 2000 to write a curriculum for the course which commenced in 2003 with the first cohort admitted

at St Paul's. The students came from various professions like pastors, health workers, counsellors, teachers, social workers, community developers and others.

This was perceived as critical for Christian theology which has at times unintentionally operated in such a way as to reinforce stigma and to increase the likelihood of discrimination (UNAIDS 2005). Taking all these into consideration, the curriculum diversified its scope to an extent of understanding theology in the context of HIV and AIDS. It should be noted that theology has often been successful in challenging society's injustices and bringing about social and political transformation.

Focus of the Programme

The focus of the Community Care and HIV and AIDS Programme is to make a distinct Christian contribution to addressing the AIDS pandemic through providing:

- Love and care for those living with HIV.
- Love and care to those bereaved by AIDS.
- Distinctive Christian contribution to preventing the spread of HIV.
- Teachings centred on faithfulness in marriage, abstinence and other family values.
- Emotional and prayerful support for both people living with AIDS and their carers.

Structure of the Programme

The students are required to recruit a group of 20-25 members in the community living with or affected by HIV and AIDS. This constitutes the "base group". The base group members are supposed to be in regular contact. They should provide emotional, practical and prayerful support to people caring for those living with and affected by HIV and AIDS. These base groups are perceived as the vehicles through which community transformation takes place. They receive preventive education so that their own vulnerability is greatly reduced. They are also taught how to provide care and support for those living with and affected by HIV and AIDS.

The Church and Community Transformation

In its response to human need, the church has provided a framework for many Christians as they relate to their faith and Christian mission in sharing God's love with poor people. The overall goal of the Masters Programme is geared towards community

transformation which is a process by which a community develops capacities that allow the community to actualize its true potential. This transformation should be seen in the light of the mission and mandate of the church that comes from the gospel.

The church therefore should be in the forefront in the response to HIV and AIDS for the following reasons.

- It has a long history of presence, proclamation and persuasion.
- It has well-developed structures.
- It is self-sustaining.
- It has a captive loyal audience that meets every week.
- It has a predictable leadership.
- It cuts across geographical, ethnic, national, gender and other barriers.
- It has grassroots support and understands the language at the grassroots level.
- It has the Bible, a manual with tested and proven effectiveness in changing behaviour and morals.
- It gives hope beyond the grave (see Chitando 2007:6-18).

The Programme at a Glance

The Post Graduate Diploma/Masters Programme is delivered through distributed learning. As of October 2007, the student population stood at 115, covering all provinces of Kenya. The programme is unique as it uses the reflective practice mode and action research through distributed learning. It uses a participatory learning/research process where the community is actively engaged in providing some solutions to their problems.

Reflective practice here refers to reflection-in-action as the responses that skilful practitioners bring to their practice. This reflection consists of strategies of action, understanding of phenomena, and ways of framing the situations encountered in day-to-day experience. This reflection-in-action may take the form of problem solving, theory building or re-appreciation of the situation (Schon 1987).

Institutions that use the reflective practice promote continuous learning and growth for all; they continuously involve themselves in examination of beliefs, practice, actions and plans for future action. The learning process in reflective practice begins with the examination of an individual's own actions contrasting the actions to the ideal of the practice. The process results in behavioural changes that improve professional perfor-

mance. For example, a student who is a pastor shared in class that initially he thought that people living with HIV were sinners and that this was their punishment from God. Since joining the programme he has changed this stigmatizing attitude and reflected upon his ministry and how he can improve on it. This confirms the effectiveness of the approach.

The programme aims at cultivating capacity to reflect **in** action (while doing something) and **on** action (after one has done it) as an important aspect of professional training. Schon (1987) differentiates between “single-loop” and “double-loop” learning. For our purposes, single-loop learning is where performance is evaluated through reflection and then corrected or improved. In double-loop learning, the whole activity is part of a larger cycle in which the reflection takes place on the fact of engaging in the activity and the assumptions implicit in it.

This is enhanced by action research whereby the students not only research on a problem in the field but introduce interventions which provide a solution to the problem at hand. The programme applies these approaches by ensuring that students get immersed in the struggles of the communities they live in. Learning does not take place in the abstract setting of a classroom or library: students get out into the community to experience at first hand what members of the community undergo. Together, the student and the community join hands to find solutions to the challenges.

The Impact of the Programme

Through the programme the students, who are also HIV and AIDS practitioners, have been able to improve their practice by using reflective practice and action research. They have been able to impact on around 30,000 people who are living with and affected by HIV and AIDS. This has been possible through the base group participation using the multiplier effect that generates community transformation. Members of the base groups that have been trained by the students have gone on to train others, resulting in a notable increase in community consciousness around HIV and AIDS.

Some of the groups of people that have benefited from this programme include orphans and vulnerable children, people living with HIV and AIDS, widows, single mothers, sex workers, and children on the streets, among others. The following section provides statistics relating to the growth and impact of community transformation groups that have emerged as a result of the activities of students enrolled in the programme.

'BASE GROUPS'

YEARS	Community Transformation Groups	
2003	21 groups	494 members or 23 per group
2004	28 groups	584 members or 21 per group
2005	21 groups	460 members or 22 per group
2006	32 groups	704 Members or 22 per group
2007	26 Groups	520 members or 20 per group

That is 79 currently active Community Transformation Groups in 79 communities distributed throughout Kenya. (Excluding the 2003 and 2004 intakes who have graduated from the Programme. A few groups from these two intakes are still active).

On average each member has

- 2 dependent natural children 0-18
- 1 dependent other child 0-18

Of the Base Group members

- 65% are married
- 6% are widowed/widowered
- 21% are single
- 8% are divorced/separated

59 (out of a possible 70) of the base groups gave detailed returns in August 2005 of those impacted and cared for by members of the group.

THEY REPORTED IMPACTING OR CARING

Voluntarily for

4,884 persons infected by HIV/AIDS

7,327 family members affected by HIV/AIDS

As a part of the professional work of the member:

5,699 persons infected by HIV/AIDS

11,503 family members affected by HIV/AIDS

Out of every 100 Base Group members there are on average

10 openly HIV+ persons

9 persons thought to be HIV+

That is 19% of the membership.

Christian Micro Economic Development (CMED)

Having examined the growth of the base groups, as well as outlining their impact on the community, this section focuses on the programme's efforts to increase the community's economic resources. It has become increasingly clear that poverty drives the HIV epidemic. Theological education must find ways of motivating local communities to become economically stable.

In Africa, HIV is largely associated with lack of resources, economic powerlessness and unequal distribution of power based on gender. African women theologians have drawn attention to the economic challenges that African women in particular face (Phiri and Nadar 2006). One cannot therefore be effective at the community level without introducing income-generating projects for the infected and affected. This programme has increased the community's access to resources at the local level by enhancing their technical and organizational skills. For example, Esther Ng'ang'a, Esther Nderitu and Muthoni Gachanja, Justus Waturu, Rev. J.B. Mwangi and Rev. Isaac Muringih, Rev. Isaac Mbitu, Dorothy Njeru, Dionisia Giciku among others, all Masters students from the 2003, 2004 & 2005 cohort, have established income-generating projects for women in their base groups respectively. These women have been taught skills in making beaded works, leather sandals, quilts, woven shawls,

clothes, energy-saving stoves, etc. All these products are then sold and part of the profits ploughed back to the group for further investment and growth.

Another student, Rt. Rev. Charles Gaikia discovered through research that his diocese was not doing enough for widows. Widows in the African set-up face barriers for them to remarry. They often lead lonely lives and are to a large extent forgotten. Bishop Gaikia has since started a programme for widows to take care of their spiritual, economic and psycho-social needs, therefore meeting one of the desired goals in action research which recommends introducing an intervention. These are but a few examples. A number of students have successful base groups that they have registered with the Ministry of Culture and Sports. A number have since been successful in writing proposals and have been funded to start income-generating projects to sustain themselves and their families.

This approach indicates that spiritual nourishment in itself is not adequate unless one addresses the economic, psycho-social needs of the people. Poverty is to a large extent responsible for fuelling the spread of HIV and these income-generating projects have given them a measure of economic independence and hope in life. The programme has also impacted on their families.

Base group members have also learned skills in organizational management, counselling, mapping, writing proposals, home-based care, facilitation, nutrition, making juice, herbal usage, bee-keeping, and dairy goat-rearing as a result of this programme. A number have been rehabilitated from their former lifestyles which would have made them more vulnerable to HIV. For instance, some youth who would otherwise have been idle and jobless have now some measure of economic independence as well as other marginalized groups like street families.

The following pictures are examples of base group activities coordinated by SPILL. The first picture (1) shows a display of indigenous and other kinds of vegetables. The vegetables' nutritional value is high and people living with HIV and AIDS are encouraged not only to use them for their meals but also to extract their juice. Examples of vegetable juices include cabbage, beetroot, carrot juice and others.

The second picture (2) shows Rev. Leonard Mbiti, a student of SPILL and Mr C. K. Kimani, a base group member, displaying honey from beehives. Honey has medicinal value and it is also used as a skin ointment. It can be used to sweeten juices like cabbage juice and herbal medicine. The honey is sold and the money ploughed back to the base group for economic sustainability.

An Overview of Lessons Learnt

Through the Master of Arts/Post Graduate Diploma in Community Care and HIV and AIDS, St Paul's University has gained a lot of experience in the area of incorporating HIV and AIDS in theological programmes. Some of the lessons learnt include:

1. Recruiting students with diverse professional backgrounds to undertake theological studies strengthens the programme.
2. Students enjoy going out in the community and they return energized.
3. Students' creativity and leadership is crucial in initiating interventions in the time of HIV and AIDS.
4. When theology students acquire additional skills, such as organizational management, counselling and others, they become more effective ministers.
5. Communities appreciate interacting with theology students and collaborate in finding solutions to their challenges.
6. Participatory methods facilitate community transformation in the time of HIV and AIDS.
7. Theological education is not a "once-and-for-all" activity but a life-long process.
8. Theological education in the era of HIV and AIDS must seek to empower the poor and marginalized in order to reduce their vulnerability.
9. Collaboration with external institutions and partners enhances the quality of academic programmes.

1)



2)



Conclusion

The impact of the Master of Arts/Post Graduate Diploma in Community Care and HIV and AIDS on the ground has been enormous as the programme has been able to reduce stigma and discrimination as well as the isolation experienced by some of the vulnerable groups. The programme has managed to give the communities and individuals most vulnerable to or affected by HIV and AIDS skills and innovative ideas necessary to do their work as effectively as possible.

The programme has further moved beyond “awareness raising” to providing services like community-based care through the base group members, thus addressing contextual issues that affect their particular community, mobilizing marginalized groups, as well as linking prevention and care through self-help projects for those living with HIV and affected by AIDS. It has further emphasized the involvement of people living with HIV and AIDS and establishing networks for them. The programme has broken the culture of silence and reduced stigma to the extent that a number of people living with HIV have been able to come out in the open to declare their status and most importantly, live positively. A number of people have also been able to visit Voluntary Counselling and Testing Centres (VCT) to know their status. This has been achieved by involving the community actively and encouraging them to the realization that they have the potential to make a difference and contribute greatly to combating HIV and AIDS in Africa. However, the programme has not been exhaustive and there is a need to increase the outreach to other parts of Africa.

Overall, St Paul’s University has played a leading role in the mainstreaming of HIV and AIDS in theological programmes in Africa. In line with its vision to provide relevant and high quality theological education in the time of HIV, the institution has sought to equip its students to respond effectively to the challenge. By promoting the immersion of students in the community, and encouraging action research, the institution has facilitated community transformation. The model adopted by St Paul’s University is relevant to theological institutions in other parts of Africa. If the struggle against poverty, disease and underdevelopment is to be won, there is a need to adopt new strategies. The challenge of HIV requires that theology students and communities of faith work together with God in creating “a new heaven and a new earth” (Revelation 21:1).

CHAPTER 2

SEARCHING FOR CONTEXTUAL RELEVANCE:

The Department of Theology and Religious Studies,
University of Botswana's Response to HIV and AIDS

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News of a new disease called AIDS hit Botswana in 1985 and at the time no one could have anticipated that the disease would affect humanity so drastically. The disease has shaken us and unsettled our belief systems, our faith, and our ways of knowing and doing things. It has shaken and unsettled our communities of faith, our education systems as well as our economic, cultural and social systems. It has forced us to interrogate how these systems can adjust in order to contain the spread of the virus and the prevention thereof. The past years have proven that the response towards HIV has forced us to re-examine each of our systems and organizations for much-needed answers to pressing questions of life and death. Botswana has been one of the countries hardest hit by HIV in Africa. It is out of the question for any institution not to have policies and strategies in place to respond to, curb and prevent the transmission of HIV. This essay is an assessment of the Theology and Religious Studies (henceforth TRS) department of the University of Botswana's response to the HIV epidemic.

In 2001, Moji Ruele wrote an assessment or evaluation on the efforts of the TRS department in responding to the fight against the spread of HIV and AIDS (Ruele 2001). His recommendations were to include HIV education as part of compulsory courses and to have a departmental committee that would be responsible for coming up with strategies on dealing with HIV-related issues, to solicit money designated especially for HIV/AIDS research and to offer exchange programmes with other universities where TRS staff members could exchange ideas about HIV. Since the time of Ruele's forward-looking article, much has been done and achieved by the department and by individual staff members through research and publications. The department has not yet introduced any course that is primarily focused on HIV. Even though the department has a research committee which deals with research in general, there is no departmental committee that specifically deals with HIV.

The TRS department is one of the departments that constitute the Faculty of Humanities in the University of Botswana. The University of Botswana, and the departments that make up the university, are funded by the government of Botswana. The TRS department, therefore, is – technically – a secular academic department. Even though Christianity is the dominant religion in Botswana, with approximately 80 percent of the population identifying themselves as Christian, the department of TRS offers courses on African traditional religions, Hinduism, Buddhism and philosophy in addition to standard courses in Christian theology. Most of the courses, though, touch on different themes in Christianity. The majority of the staff members, though not all, are themselves Christian. The majority of the TRS students are professing

Christians. The majority of the TRS graduates are teachers in secondary schools, though some go into church ministry.

The TRS department has links with Kgolagano College, which is a church-based theological institution that focuses specifically on training church leaders and ministers; it is not, however, an academic institution. Some members of the department have been asked by Kgolagano to volunteer, on a part-time basis, to teach at the college. There are some members who sit on the board of the college. The TRS department has not established links with other communities of faith.

One of the aims and objectives of the TRS department is to “stimulate research in the area of theology, religious studies and philosophy explaining how these dimensions affect the day to day life of the individual and the nation as a whole. The TRS mission is to be relevant to the prevailing social, economic, political, religious and moral circumstances of the nation.” (Student Book 2007/2008).

Notable Achievements of the TRS Department

It was Musa Dube who mobilized the TRS department to respond seriously to HIV and AIDS in 2000. She was the departmental seminar organizer at the time. She tells the story about how she wanted the TRS department to acknowledge that AIDS is a part of them in her article, “Preaching to the Converted: Unsettling the Christian Church” (Dube 2001). She says that she wanted to plan a seminar series on HIV and AIDS for a whole academic year. The seminars were to take place every two weeks. When she invited the members of the TRS department to support her in this, only three people agreed. The other members of the department thought that seminars were too long and would be boring, more so as they were going to focus on HIV. To encourage them to take HIV and AIDS seriously, Dube asked the editors of two journals, *Scriptura* and *Missionalia*, to consider publishing an issue of the journal with a special focus on HIV and AIDS. The editors agreed and that commitment convinced the TRS department members to support her and present papers at the seminars knowing that their work was going to be published in refereed journals. To that end, the department ran the seminars and ultimately the presentations were published in *Missionalia* 29 in 2001. Since then, the TRS as a department has displayed a sustained commitment to assisting, both individually and collectively, faith-based communities in their efforts to reduce the risk of HIV and AIDS in Botswana. Individual members of the department have conducted HIV research as well as guiding and supervising students’ theses and dissertations on various aspects of HIV research. Other members

are HIV and AIDS activists in the local community and in their communities of faith. As a department the research on HIV and AIDS is massive. Individual members have researched, published and are still writing and publishing books and articles on the various aspects of HIV and AIDS.

Notable Recent Achievements of the TRS Department

The department undertook a countrywide research on HIV and AIDS prevention among faith-based communities under the auspices of the *Ditumelo* project. *Ditumelo* is a Setswana word meaning faiths. The project started in 2005. The initial principal investigator was Kipton Jensen; and the project was funded by the Office of Research and Development (ORD) of the University of Botswana.¹ The department described the *Ditumelo* project as a “faith-health initiative”. The key question was: How can the communities of faith join forces with the public sector to fight HIV infection? The main aim of the project was to assist and empower leaders of faith communities and faith-based organizations to respond effectively to HIV. It also aimed at assessing the capacity of faith-based organizations to reduce the risk of HIV and to assist people living with HIV. To achieve the goals of the project, the department held three participatory workshops in Francistown, Gaborone and Selibi-Phikwe during which different faith leaders and representatives from churches, Baha’i faith, traditional leaders, and the Muslim women’s association attended. The faith leaders formed focus groups where they discussed their teachings on HIV prevention, reducing the risk of HIV transmission and the resources available to them as different communities of faith and how these resources could be harnessed and made useful in the fight against HIV and AIDS.

Faith-based organizations and communities of faith are playing and will continue to play a key role in the fight against HIV. They have structures and strategies for the prevention of HIV and the aim of the project was just to help them improve on them and make them available to other people who may not necessarily belong to their community. The project questions focused on issues of stigma, factors that contribute to the causes of HIV, modes of HIV transmission, people’s understanding of HIV and AIDS, what the faith leaders teach about HIV and AIDS and what they do as collective communities of faith to respond to HIV and AIDS.

¹ Each year members of the University of Botswana apply for research funds from this office. There are research funds available for all departments and individual members of the departments who want to do research on any topic.

The preliminary findings of the research raised several issues on HIV prevention: that the struggle against HIV and AIDS can be won if there is collaboration between faith-based communities, the civil sector and public health communities. All sectors, communities of faith and public health sector need to pull their resources together. The communities of faith need to join forces and resources to fight HIV; after all they agree on the need to respond to HIV. Almost all the religions encourage abstinence before marriage and faithfulness in marriage, and safer sex practices.

Following the preliminary study, a more substantial study was commissioned by BOTUSA/PEPFAR. This second study, which investigated many of the preliminary issues in greater depth, was led by Lovemore Togarasei. The research was held in seven health districts in Botswana: Otse, Ghanzi, Selibi-Phikwe, Serowe, Francistown and Gaborone. At the end of each district workshop, the research team held workshops that sought to empower the faith leaders' response to HIV. Among other activities, Musa Dube provided a training of trainers workshop to faith leaders on the use of her book *Africa Praying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy*² (Dube 2003). The workshop participants were empowered to know that they can use the pulpit, worship and sermons to debunk myths about HIV, to talk about stigma and prevention, and to collaborate with other faith communities as well as other sectors of the population.

On the basis of research conducted under the auspices of the *Ditumelo* project, a manuscript on the role of faith-based communities in HIV prevention is forthcoming; the editor of this manuscript is Lovemore Togarasei (2008). Beyond these book-length manuscripts, many academic articles, technical reports, and non-academic essays have been published by members of the department.

In 2004, the TRS department collaborated with the World Council of Churches by holding a training of trainers' workshop, in which teachers from secondary schools and church leaders came together to learn how to mainstream HIV into their teaching and into the worship space. The workshop's emphasis was on the role that every person, whether pastor or teacher, could and should play in the response to HIV. It was suggested that we are all infected and that we should develop ways of teaching that transform the lives of those infected with the virus; we should, moreover, develop a theology that affirms people who are living with HIV and who attend churches. In

² *AfricaPraying* is a book that was written by different African scholars and religious leaders in order to encourage and empower church leaders to use the pulpit and other church programmes to address the issue of HIV prevention, stigma, care and factors that fuel the spread of HIV and AIDS.

this workshop, participants were reminded that HIV affects us all, therefore we should not stigmatize other people who are already infected with the virus.

The department hosted the AASR conference in July 2007 focusing on the theme: "Health and Healing and the Study of Religions in Africa". About sixty scholars of religion, from Africa and beyond, came together to make presentations on different topics on health and healing. The majority of the presentations focused on HIV, from safer practices to the injustices that spread HIV and the social construction of HIV and AIDS.

In December 2007, the TRS department also collaborated with the Christian Union to hold a candle-lit service on AIDS day. The aim of the collaboration was for the department to stand in solidarity, engage with the students and the community as we look back to where we have come from and where we are going in our fight against HIV. Our very own Musa Dube gave a lecture on being an "HIV-Positive Church".

Departmental Books and Articles

Many articles and books have been written by members of the department on HIV and AIDS. It would be difficult to itemize exhaustively and provide synopses of the research conducted and presentations given by the TRS members.³ I will instead present a few of the more important, if not illustrative, academic publications. One of these books is *Grant me Justice! HIV/AIDS and Gender Readings of the Bible* edited by Musa Dube and Musimbi Kanyoro (2004). The essays in the book represent an effort by scholars of religion to deal with pressing issues such as gender inequality, stigma and other forms of injustice that drive the spread of HIV and AIDS. Malebogo Kgalemang (2004), one of the members of the department, wrote a chapter in this book; "John 9: Deconstructing the HIV/AIDS Stigma". Kgalemang provides a working definition of stigma and how it is constructed. She also discusses how the stigmatized person is herself a social construct and the product of cultures and religions. The stigma that surrounds HIV has been and remains significant, and many of those who are infected are perceived to be "guilty of promiscuity or sexual immorality". Kgalemang goes on to show that Jesus did not equate the blindness of the man he healed in John 9 with any sin, therefore showing that there is no direct relationship between sin and disease. In the same book, Musa Dube wrote a chapter, "*Talitha Cum!* A Postcolonial Feminist & HIV/AIDS Reading of Mark 5:21-43". Dube stresses that "postcolonial, feminist and HIV/AIDS

3 A more exhaustive literature review can be found in the forthcoming issue of BOLESWA.

struggles share many assumptions, questions, concerns and categories of reading the text and reading the world for liberation” (117). In this chapter Dube highlights that there is a relationship between patriarchy, colonization and the spread of HIV.

Another important book, which was edited by three members of the TRS department, James Amanze, Fidelis Nkomazana and Obed Kealotswe (2007) is called *Christian Ethics and HIV in Africa*. The book is a collection of essays by sixteen authors from thirteen countries in Africa and it focuses on the role that Christian ethics play in reducing the spread of HIV. It is a celebration of the efforts of church leaders and lay people in reducing the spread of the virus and the stigma that was initially attached to HIV. It seems the Christian church has come to recognize its own role in stigmatizing the disease and, in that way, perhaps, contributing to the risk of HIV. The book asks questions about the place and role of Christians in the response to HIV and if Christian ethics have any solutions to problems caused by HIV and AIDS. (9)

Students' Theses

The students in the TRS department have also conducted research on HIV and AIDS. Mareledi Seelo (2005), under the supervision of Dr Nkomazana, has written a thesis on *Integration of HIV/AIDS and Church programmes: A case study of African Independent Churches in Botswana*. The main focus of the thesis was to assess if the African Independent Churches openly talk about HIV in the pulpit during worship and if there are any funds and programmes that are set aside for the teaching of HIV and related issues. Seelo conducted her research on seven AICs; she interviewed the pastor and twelve members from each church. Seelo concluded that HIV is not taught nor mentioned in these churches, there are no programmes that specifically discuss sexuality and HIV. This thesis could be important for stakeholders to come up with strategies that will make church people realize that they too are affected by HIV and they could use the worship space to talk about it. Seelo reports that the bishops she interviewed made it very clear that they “do not have time to play” by discussing AIDS in the church. They said the government of Botswana is already spending huge sums of money in educating people about AIDS. It is not their place to do so. The conclusion of the thesis is alarming: if bishops and pastors can shy away from talking about sex and HIV, it means the churches are lagging behind in the response to HIV and AIDS. Yet according to another thesis by a student, Goitsemodimo Kenosi, supervised by Dr Kealotswe, *On How HIV/AIDS has affected the Churches in Botswana (2004)*, it is clear that church members are dying of AIDS in Botswana. The pastors she interviewed acknowledged that people from their churches are dying in large numbers and

they suspect that they may be dying of AIDS. Another project, by Botshelo Moilwa, entitled *Are church leaders playing any role in the fight against HIV/AIDS?* (2004) found that church leaders still find it very difficult to talk about sexuality and HIV. Some still equate HIV and AIDS with sin, especially sexual immorality, and this is the cause of the stigma attached to the disease. It follows then that church members who are infected with HIV cannot be open about their status for fear of being stigmatized. These dissertations show that the church as an institution is failing to affirm those affected by HIV.

Responses Towards HIV Around the University

The University of Botswana has a Centre for the Study of HIV and AIDS (CSHA), which was approved by the senate in November 2006. The aims and objectives of the centre are as follows;

- To advance research, teaching and outreach in the area of HIV and AIDS.
- To advance HIV and AIDS research, teaching and service that will impact on behaviour change.
- To develop capacity in the form of scholarship, mentoring and training in the area of HIV and AIDS.
- To provide support to local, regional and international agencies on HIV and AIDS-related issues.
- To serve as a data bank for HIV and AIDS information.

The centre is still in its infancy but we hope that in the future it will be able to help the TRS department incorporate HIV and AIDS in its teaching.

Weaknesses

Although the TRS department has scored some impressive results in its engagement with HIV and AIDS, the following challenges have emerged:

1. Inability to Engage with Faith Leaders, Translate our Research Findings and Assumptions into Readable Materials.

I am very much aware that the TRS department is an academic institution and there are debates on the extent to which scholars can be socially engaged. Bearing that in mind, I maintain that the TRS department must be socially engaged, especially when it comes to HIV and AIDS, an epidemic that threatens the very life of the communities

we inhabit, the communities that we serve. As already noted, members of the department have conducted a lot of HIV research, but translating those researches for public consumption is weak; our social engagement is weak. The researches conducted by the department generate good theories, assumptions and perceptions, we theorize but we do not translate those theories for communities of faith, faith-based organizations and the community at large. Our research findings and writings may not even reach or be heard by people outside the academy; they remain largely academic discourses. It is important for most of the stakeholders to have access to our theories and research findings on HIV and AIDS in order that these researches are meaningful. The department does not have mechanisms that allow for our research to go down to the grassroots. Leaders of communities of faith and the public do not, in many cases, have access to our research findings.

The department could interact more with faith leaders and faith-based organizations. The department could translate the research findings into readable materials that can be used by the communities of faith and people outside the halls of academia. The department could occasionally and more often train faith leaders on how to deconstruct stigma, how to use the church space to address adequately and aggressively various factors that lead to the increase of HIV infection. One of the aims and objectives of the department is to “...upgrade the knowledge and skills of teachers, ministers of religion, ordinary citizens and other public servants who may wish to acquire theological training through part-time or tailor-made study programmes...” The department could use this objective to push this agenda.

2. Inability to Engage with or Conduct Research within other Faiths other than Christianity

Most of the researches on HIV conducted by the TRS department focus on two religions, ATR and Christianity. The department focuses on the role that the church and Christians have played and continue to play in responding to HIV. Research on other religions that exist in Botswana is very weak and almost non-existent. This is alarming since Botswana is a multi-faith state.⁴ Research on how other religions respond to HIV needs to be conducted and efforts by other religions need to be celebrated as well. The preliminary findings of the Ditungelo project suggested that faith communities should join forces and collaborate with each other in order to win the struggle against HIV. Therefore, if there are researches on how other faith communities are engaged in the fight against HIV, the collaboration will be strengthened.

⁴ Other religions or faiths exist in Botswana: Islam, Bahai, Buddhism and Hinduism.

3. Inability to Mainstream HIV and AIDS Teaching in the Courses

The TRS department has not collectively and consciously decided to mainstream HIV and AIDS teaching into its courses. Some individual members of the department mainstream HIV and AIDS in their courses. But the success and failure of mainstreaming HIV cannot be adequately assessed if it is left to individuals, because there is no standard or yardstick to measure that success. Therefore it is important that we have a separate course on HIV and religion, with well structured methodologies and themes that will be informed by the researches we carry out on HIV and AIDS. I will discuss the vision of that course in the next section of this paper. Mainstreaming HIV in our teaching cannot be left to individuals: it should be a collective conscious decision by the TRS department.

4. The Absence of a Course on Religion and HIV

The focus of the course will be teaching the students about the social injustices that contribute to the high rates of HIV infection. We could also have a course that deals with, and specifically with, HIV. A lot of our graduates are better placed to address these issues since we produce mostly teachers and pastors. My suggestion is that we could introduce an academic long course on HIV and Religion which all TRS students could take. It could be made compulsory for all the students. We have always made courses core or compulsory at different levels; we can still do that with this particular course. The course could be taught by the different lecturers in the department, each focusing on their strengths and their area of research. The course's focus could be on HIV transmission, treatment and care and specifically on the variables that fuel the spread of HIV. Over the past years a lot of researchers both locally and internationally have discovered that HIV transmission does not thrive on its own; there are a lot of factors and variables that fuel the spread of the virus. It is an epidemic within other social epidemics. These social epidemics include but are not limited to poverty, gender inequality, class, race, the global economic status of countries, stigma and cultural construction of masculinities. Most societies, Botswana society included, contend with these issues on a daily basis.

5. Cultural Construction of Masculinities

Cultures construct masculinities differently. In Botswana men are constructed as aggressive, leaders, and risk takers. Some of my male friends told me that sometimes they deliberately have sex with women who are rumoured to be HIV positive to prove to their friends that they are real men, and real men take risks. They place themselves in harm's way in order to live up to the image of what the society perceives a real man

ought to be. Whether or not these claims are true is not the issue here; what is striking is that men actually think that they can demonstrate their “fearlessness” in such a reckless manner. It surfaces then that our construction of masculinity is dangerous and deadly, especially in the era of HIV. HIV has proven that taking risks by having unprotected sex in order to prove one’s manhood or masculinity is dangerous. It is important therefore that we carefully and consciously interrogate our construction of masculinities which fuel and encourage risky behaviour that may lead to the spread of HIV. Since many of our graduates are secondary school teachers, they are in an excellent position to teach their students at school about dangerous masculinities that can lead to the spread of HIV. Our graduates can offer the students ways of being a man to protect themselves and their partners from being infected with HIV. The course will offer and equip our students with ways of deconstructing the existing masculinities that fuel the spread of HIV. It will offer them alternative ways of being real men *and women*, ways that do not exacerbate the spread of HIV.

At the moment the TRS department has not done much to deconstruct and interrogate what it means to be a real man in our society in the era of HIV. In fact, the TRS department stands at the border of perpetuating the notion that men are leaders, aggressive and risk takers. We teach about western males and talk about their achievements in our corridors: Schleiermacher, Robert Moffat, Kant, etc. By so doing we reinforce the notion that the academy and the world outside the academy are dominated by male leaders. By teaching about these men, we perpetuate the otherness of women and how they can be dominated and subjugated. The unintended message that we send out to our male students is that they can go out there in the world and dominate the women, suppress their voices and initiatives. We continue as a department to construct masculinities of domination which have a lasting impact even as the students leave the university halls. Therefore we need to deconstruct the masculinities that inform them that they can dominate, control women’s bodies and their lives.

One of the students under the supervision of Dube has written a thesis which examines how the masculinities of the Book of Hosea may encourage violence among men in Botswana. The title of the dissertation was *Batswana men’s interpretation of Hosea 1-3: A case study of Africa Evangelical Church* (Berman 2007). The focus of the thesis was on how Batswana men may read and interpret the violence embedded in the book of Hosea and how their social location may influence their interpretation of a text that contains and perpetuates violence against women. The thesis explored how the Bible may be used to justify violence against women and how the interpretation of the marriage metaphor in Hosea encourages the construction of dangerous men, men

who violate women. This thesis was ground-breaking in that it questioned the role that some biblical narratives can play in encouraging violence against women, especially now that Botswana is experiencing an alarming number of women who are killed by their partners. These are commonly called “passion killings.” Passion killings are the worst and most brutal forms of violence against women and they show that the patriarchal construction of masculinities that the society is holding on to is deadly. Passion killings are “... a sign of patriarchal crisis and they render patriarchal norms outdated, useless and extremely dangerous. Frustrated males gasp desperately to possess and keep control of the female body by apportioning for themselves the right to take women’s lives”(Gabaitse 2006).⁵

6. Empowering Women to own their Sexuality

Closely related to and connected to the cultural construction of masculinities is the subordination of women’ sexuality within sexual relationships. Traditionally women are constructed to be passive when it comes to issues of sex and sexuality. “Women’s sexuality was determined by the socio-cultural norms which denied women control over their own sexuality. Women are not expected to refuse the sexual advances of their male partners.” (Women’s NGO Coalition 2005:25). Their reproductive powers do not belong to them, they belong to their partners who decide whether the couple uses a condom or not. Because of this they are not able to negotiate, influence and discuss safe sex in the home and this obviously makes them vulnerable to HIV infection. Women who insist on using condoms are subjected to violence and are thought to be promiscuous. Therefore it is only in affirming both women and men as equal sexual partners, deciding on when and how to have sex, that HIV infection rates can be reduced and prevention made possible. The course could highlight the implications that the subordination of women’ sexuality has on the spread of HIV.

7. Poverty

In Botswana there are a lot of people who live below the poverty datum line. It is a reality and a challenge that the country faces today. Women in particular are faced with adverse poverty and live below the poverty line (BIDPA 1997). Studies have indicated that women constitute the majority of the people classified as poor, and they are also the hardest hit by HIV infection, as both the infected and the affected in Botswana. Their low socio-economic status makes them vulnerable to HIV infec-

5 Rosinah Gabaitse, *Passion killings; Masculinities at a Crossroads*, 2006. Proposal submitted to the Office of Research and Development. (Unpublished paper)

tion (BIDPA 1999, 2000). Women are dependent upon men to provide for them; poor women are forced to barter sex in exchange for financial gain and this may further expose them to HIV infection. These women are further disempowered to decide when and how they may have sex. It is this dependency syndrome that makes women unable to negotiate safe sex with the fear of offending men and thus losing their source of material support. The course on religion and HIV can discuss economic structures that perpetuate poverty and make women vulnerable to infection.

8. Cultural Silence

The Setswana culture does not encourage open discussion about sex and sexuality between spouses, parents and children, between pastors and followers. This cultural silence plays a major part in the spread of the virus (Noor et al 1996).⁶ To this effect a lot of people are infected because there is no proper and open sex education. HIV must force us to break this culture of silence about sex and sexuality in order to break stigmas, to exercise care and prevent the virus from spreading. Church leaders, children and parents must openly talk about and discuss sexuality as it relates to HIV.

9. Violence Against Women

Violence against women is a reality for most Batswana women. It is a pervasive problem that also promotes the spread of HIV and makes women more vulnerable to HIV infection. The police statistics are alarming on the number of women who are raped every day and young girls who are defiled. These incidents of rape expose women and girls to HIV infection and place women on the receiving end of the HIV infection. Now the course on HIV and religion could focus on teaching the students about the vulnerability of the girl child and women towards HIV infection, such that upon graduation they are fully aware that violence against women exposes women and the girl child to HIV infection.

10. Researches on HIV Tend to Focus on the Present – How about the future?

The theology department is a department of today and tomorrow, yet our HIV and AIDS research focuses on today, on the present. As individuals and as a department, our research findings and writings have been too gloomy and too morbid. We tend to focus more on the gloomy present pains of HIV and AIDS infection. It seems we have lost hope of ever being an HIV and AIDS-free community. How do we begin to locate ourselves intellectually and socially as a department after HIV and AIDS?

6 K. Norr, S.D Tlou and B. McElmurry, "AIDS Awareness and Knowledge Among Batswana Women: Implications for Prevention Programme", *Health Care for Women International* 17:2, 1996, pp.133-48.

How are we going to deal with sexuality for example when there is no AIDS? At the moment we focus on morality, orphans, marriage and other issues in the era of HIV and AIDS. We do not teach or equip students, or even position ourselves, for life after HIV and AIDS. In one of the discussions I had with Dr Leslie Nthoi, a member of the TRS department, he commented that we fail to look “beyond the apocalypse”.⁷ He believes that as a department our courses, researches and writings on HIV should focus on helping the University of Botswana position itself to help the society develop socio-cultural structures that will sustain the community *after* AIDS. He said that it is highly possible that after HIV and AIDS men and women will become promiscuous, because there will not be any HIV to deter them from having multiple partners.

Conclusion

The TRS department has played an important role in addressing HIV and AIDS in its research and teaching. Members of staff have published widely on the topic, while staff seminars and projects by students have addressed the theme. Although it is a publicly-funded institution that places emphasis on “neutrality”, it has linked very well with the community and external partners in tackling the challenge of HIV and AIDS. The TRS department, however, needs to offer a specific course on religion and HIV, as well as to address some of the emerging issues around the pandemic. It has recorded some impressive results in its response to the pandemic, and must continue to utilize its resources to support the continent’s struggle for health and well-being.

7 Conversation with Dr Nthoi, April 2008, Gaborone, Botswana.

CHAPTER 3

MAINSTREAMING HIV AND AIDS IN THEOLOGICAL EDUCATION:

A Case of Evangelical Institutions in Malawi

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Background

In the past twenty-five years, the HIV epidemic has brought great devastation to Malawi and poses serious socio-economic and health problems within all the social boundaries. The first case was reported in 1985 and at the time of writing, at least 10 percent of the population is infected. Malawi has been struggling with HIV and AIDS for over 20 years now. Needless to say, this calls for serious attention from all religious sectors, including all the theological and pastoral institutions of evangelical churches. This chapter addresses the challenges of mainstreaming HIV and AIDS in the Evangelical/Charismatic seminaries and Bible schools. This chapter provides the first assessment of the responses of Evangelical academic institutions to the HIV epidemic in Malawi. It is fieldwork-based, assessing how Evangelical academic institutions have mainstreamed HIV and AIDS in their theological programmes. The chapter highlights methods used by Evangelicals in biblical studies in combating HIV and AIDS, highlighting strengths and weaknesses in their interpretations. Lastly, the chapter also highlights the training needs of Evangelical institutions and personnel in the area of integrating HIV and AIDS in theological programmes.

Introduction

Since the first official HIV and AIDS case was reported in Malawi in 1985, HIV and AIDS have posed extremely serious social, economic, health, moral and spiritual challenges. These challenges have been aggravated by the alarming rate at which the epidemic has spread in Malawi. The National AIDS Commission of Malawi estimates the HIV prevalence rate at 14.4 percent among the economically productive and those likely to get married and raise families between the ages of 15 and 49 years. Those aged between 15 and 24 are particularly singled out as being vulnerable to HIV. NAC estimates that almost half of all new infections are occurring among the youth. The epidemic in Malawi, as in other parts of Central and Southern Africa, has had a devastating impact (Ilfie 2006).

Data disaggregated by age and gender show that more females are infected between the ages of 15 and 29, whereas more males are infected in the 30 and above age groups. There are a small number of HIV cases among the 5 to 14 year olds. It has been proved that the main mode of HIV transmission in Malawi, as in most other African countries, is sexual intercourse (Jackson 2002).

HIV and AIDS have affected every sector of our society including the church. According to the National Statistical Office, about 85 percent of Malawians profess

to be Christians and are affiliated to various churches throughout the country. The church has however been slow to respond to the HIV epidemic. Now that the church has been hard hit by the reality that its members are equally vulnerable to HIV and AIDS, it is now bound to take an aggressive approach in the prevention of HIV transmission, mitigating its further impact in care and support for people living with HIV. The church is also therefore under an obligation to contribute holistically to the efforts aimed at disseminating information about, and reducing the impact of the epidemic (Sefu 2004).

It should be noted that HIV has become one of the biggest challenges ever to the church in Malawi on issues pertaining to interpretation of HIV and AIDS, theological understanding, ethical problems and not least, how to relate to the affected in everyday life and in the life of the church. The church compounded the problems by initially suggesting that the epidemic was a form of punishment from God. This interpretation led to stigma and discrimination against people living with HIV.

The church has realized that HIV issues demand a careful re-examination of every member in their Christian standing. Answers rising from questions such as: is there something new to learn? Are the old solutions being implemented? If so, have the solutions proved to be helpful to the affected or to the church as a whole? The puzzle rages on, hence the attempts made from different quarters that now embrace the pastoral and theological institutions in Malawi.

The church in collaboration with the government, in their efforts to mitigate the impact of the pandemic, has put in place several strategies. These include the formulation of the draft National HIV/AIDS Policy (NAP) and the 2004-2008 National Strategic framework (NSF) spearhead by the National AIDS Commission (NAC) (Sefu 2004).

Positive and Active Involvement in Mainstreaming HIV and AIDS by Evangelical Institutions in Malawi

Since the emergence of the epidemic in the mid-1980s, churches have struggled to respond effectively. Some of the key limitations include theological rigidity, failure to talk openly about sex and sexuality, and the challenge to ensure gender justice in the church (Chitando 2007). Efforts were undertaken to equip lecturers at theological institutions and church leaders to facilitate the church's active involvement in HIV and AIDS issues.

In 2003 (July 14-18), there was a workshop of instructors of pastoral and theological institutions in Malawi to discuss the challenge of HIV and AIDS and how HIV and AIDS-related issues could be mainstreamed into the curricula. In order to implement its resolutions, the workshop set up a Steering Committee drawn from among the participants. The Committee was charged with tasks whose findings are outlined and analyzed further in this chapter. World Relief, an independent Christian organization whose offices are located in Lilongwe, the central region of Malawi, provided the impetus for the workshop. The main goal of the workshop was to expose theological and pastoral training instructors drawn from key theological institutions in the country to issues around HIV and AIDS and methods of mainstreaming HIV/AIDS in various theological disciplines. The workshop was funded by the National AIDS Commission and was attended by twenty-seven instructors, from fifteen theological institutions (World Relief Malawi 2003).

Theological institutions affiliated to Evangelical churches in Malawi utilized the workshop to initiate discussions on mainstreaming HIV and AIDS in theological programmes. The Evangelicals in Malawi are those churches and para-church organizations that are registered under the Evangelical Association of Malawi. This is an umbrella body that includes Pentecostals and Charismatics in Malawi. Most of the pastoral and theological institutions in Malawi are Evangelical. This is an “emic” label as it is used by the members of these churches and institutions themselves

The chapter explores the progress the church has made through its pastoral and theological training instructors towards achieving its mandate in mainstreaming HIV and AIDS. It assesses the progress of the Steering Committee as it seeks to make a difference in the struggle against HIV and AIDS (Dube 2003: viii). It also reviews the conclusions drawn by the workshop for theological instructors and evaluates the progress by Evangelical institutions since July 2003.

Evangelical Theological Institutions in Malawi: an overview

It would require another paper to provide a detailed account of the development of theological institutions in Malawi. For the purposes of this chapter, that seeks to review their efforts in mainstreaming HIV and AIDS in theological programmes since 2003, I shall only draw attention to the major themes that have emerged in the history of theological education amongst Evangelical theological institutions.

It is important to note that Malawi, like most other African countries, is home to the Catholic Church, Protestants and Evangelicals. However, while Catholics and Protestants have historically invested in theological colleges, Evangelical churches have often lagged behind. This has been mainly due to the emphasis on personal experience and the notion of “the call” as qualifying an individual for the ministry. It is only recently that theological training has begun to receive emphasis in Evangelical churches.

Jesse N. K. Mugambi of Kenya has noted some of the key challenges facing Evangelical theological education in post-colonial Africa. These challenges apply to theological education in Malawi. According to him, theological training in Evangelical churches has tended to be limited to Bible schools and colleges, with low contextualization (Mugambi 2003:135). This is due to the theological conviction of one, universal gospel in Evangelical churches. Mugambi also identifies the prolonged stay of missionary personnel as hindering the growth of contextualization.

Mugambi argues that missionary agencies tend to maintain patronage and control of Evangelical institutions in Africa. This stifles creativity and independence to undertake reflections on pressing contextual issues. Mugambi rightly concludes that, “the maturation of theological training in Africa has still a long way to go” (2003:136). In Malawi, Evangelical institutions have sought to address these challenges by focusing on the HIV and AIDS challenge.

The workshop that was held in 2003 sought to raise awareness and challenge Evangelical institutions to address HIV in their teaching. Although Evangelical institutions faced some problems before the emergence of HIV and AIDS in the 1980s, it brought a crisis moment. There was need to train lecturers to mainstream HIV and AIDS. The following sections examine the ground covered by these Evangelical institutions in mainstreaming HIV and AIDS in their theological programmes.

Methodology

A questionnaire was used to collect data from the participants of the National Training of Trainers Workshop from 15 theological and church leaders’ training schools across the country. It focused on the curriculum and covered course synopsis, brief description of beneficiaries, methods of delivery, standard of proficiency, successes and challenges of course delivery. It was administered to all the participants. (Refer to Appendix 1 attached).

Results and Discussion

Progress Towards Mainstreaming HIV in Evangelical Institutions in Malawi

In order to assess the current status of each institution and the progress made in mainstreaming HIV and AIDS in the curriculum, participants were asked to provide information on the following issues:

1.1 Primary Purpose of the Institutions

Participants from the theological institutions gave different reasons for their existence. Primarily the following points surfaced:

- To train new ministerial pastors with a focus on congregational life;
- To equip pastoral graduates with biblically and culturally relevant curricula to be able to minister to the ongoing needs of the church and society in Malawi;
- To develop leaders who will develop others for the Kingdom of God;
- To provide in-service courses to ordained pastors;
- To offer theological insight to the church's lay training system;
- To help spread the gospel to near and further communities;
- To collaborate with the government in developing the country.

It is evident that the findings clearly show that the issue of HIV was very far away from being part of the areas of focus for the training institutions. Even with the advent of the HIV epidemic, it is clear that none of the institutions warranted it sufficiently to make it an appendage to the institution's existence. The "whole person" concept therefore is assumed to have somehow incorporated the issue HIV. The institutions failed to appreciate the fact that HIV is a relational issue that affects the self, others, the environment and God (Lee 1998:2).

1.2 Rationale for Integrating HIV and AIDS in Pastoral Training

Participants were asked to provide information on the rationale for integrating or mainstreaming HIV in pastoral training and the main points raised included the following:

- To make the students as well as the community aware of HIV and AIDS;
- To make the church fraternity aware that they are as vulnerable as everyone else in issues of HIV and AIDS;
- To demystify the HIV and AIDS issue;
- To prepare people to face the truth about HIV and AIDS;
- To involve the church fraternity at large in dealing with issues of HIV and AIDS.

The above responses reveal that although pastors would rather not be associated with issues related to HIV, they have been forced to deal with the harsh realities that have emerged from the epidemic. As they interact with their members, they have come face to face with the effects of the epidemic. This is why the responses clearly show the pastors' deep concerns. What was further unearthed was that in an attempt to respond positively to their flocks' needs, the pastors were also dealing with their own personal problems of the same magnitude. Inclusion of the HIV and AIDS curriculum therefore was also dealing directly with their problems. This confirms the view that the HIV and AIDS impact leaves nothing untouched.

1.3 Students' Profiles

Most of the students recruited for training in Evangelical theological institutions come from Southern African countries that include Malawi, Zambia, Mozambique, Zimbabwe and South Africa. Others come from other parts of Africa and the world. However, the majority of students are Malawians who, after training, continue their pastoral work within the country. Theological institutions recruit students from the ages of 18 to 70 years at different educational levels ranging from Standard Eight to Bachelor's degree level, though a degree is not a requirement. The question here is whether the absorption level will be the same and whether others – the less educated – are not overstretched. It is also not clear if there is an age cut-off point for eligibility for the training. This automatically means that the students vary in their understanding of theological issues in general.

Major denominations that send students for pastoral training include: the Church of Central African Presbyterian (CCAP), the Roman Catholic Church, Evangelicals, Pentecostals, and liberal interdenominational institutions. Qualification at graduation also ranges from certificate, diploma to degree levels. Most of the certificate level students are instructed in the local language, Chichewa; but the majority of students are taught in English.

1.4 Course Synopsis

Appendix 2 attached gives a summary of what different pastoral and theological institutions are teaching.

1.5 Course Impact and Successes

It was established that colleges that participated in the 2003 workshop, like the Catholic St Peter's Major Seminary, Wings of Eagle International Bible College and Zambezi College of Ministry to cite a few examples, are implementing HIV and AIDS training. Students at these institutions were quite keen to learn more about the HIV epidemic, and its implications for their ministry. It was noted that due to this interest, some students have established HIV and AIDS support ministries (i.e. home-based care centres, orphanages and day-care centres) in their local congregations. The same students are also involved in raising awareness, training and counselling on HIV in their local churches.

The Wings of Eagle International Bible College students usually go to Chikwawa where Eagle's Relief and Development Programme has some programmes in collaboration with the Evangelical Association of Malawi. They also go to Amalika Orphanage in Amalika, Thyolo, and work with the Chisomo Children's Club in Blantyre and many other places. It is clear that once the students' awareness has been ignited, they are keen to participate in programmes that seek to respond to HIV and AIDS.

It was also established that some institutions like Wings of Eagle International Bible College, Evangelical Bible College in Malawi, Good Samaritan Bible College and Zambezi College of Ministry designed short courses for pastors, lay leaders, and youth groups. It was interesting to note that efforts were being made towards resource mobilization, and that there was support and understanding of the church leadership who are strongly suggesting that HIV and AIDS should and must be an integral component of the training programme. According to the *Weekend Nation*, (16-17 December, 2006), a statement was issued valuing what these institutions and churches

have done so far: “These churches organize special trainings where Christian HIV and AIDS experts tackle issues about the epidemic from a Biblical perspective.” (Weekend Nation, 2006).

The review established that there were elements of behavioural change amongst the students and lecturers. This behavioural change can be attributed to the students’ literal encounters with the realities of the epidemic during their research projects. The students went into people’s homes to pray for people living with HIV, as well as undertaking visits to hospitals and institutions for people living with HIV. This enabled them to witness the impact of the epidemic at first hand. It can be safely concluded that most students’ attitudes regarding stigma and discrimination changed to compassion, love and passion for the sick and suffering. HIV and AIDS is no longer being interpreted as a punishment from God but rather as an epidemic that requires an effective response from Christians and other people of faith (Parry 2003).

From the foregoing paragraphs, it emerges that Evangelical institutions in Malawi have achieved some success in reflecting the reality of HIV and AIDS in their teaching since the national Training of Trainers workshop in 2003. Whereas previously most institutions did not refer to HIV and AIDS at all in their teaching, or did so only to condemn people living with HIV, there is now greater willingness to ensure that pastoral training takes HIV and AIDS seriously. Many students are undertaking projects that seek to mitigate the impact of HIV and AIDS, and to contribute towards prevention efforts. However, Evangelical institutions in Malawi face many challenges in their quest to address HIV and AIDS. The next section focuses on this theme.

Course Challenges

As Evangelical institutions seek to equip students to become effective in the time of HIV, a number of challenges have emerged. The following challenges were established:

- The complexity or magnitude of the challenge of HIV and AIDS has left most institutions with the conviction that the time allocated to the subject is too little. Most institutions allocated a minimum of an hour to a maximum of three hours. However, this varied from one institution to the other.
- Resources for implementing practical programmes such as home-based care were minimal if not completely unavailable. These practical programmes are important as they serve as a base for their students’ practical, researches and intern ministry services.

- There are no established feed-back systems with the community or grassroots. The monitoring systems on how the students impact on the communities are not in place. As a result, it is difficult to measure the impact of their HIV and AIDS interventions.
- Funds to implement effectively the HIV and AIDS curriculum are so limited that transport for students' outreaches is hampered and this is not made better by limited IEC materials;
- Some hardened pastors still believe that HIV and AIDS is a punishment from God on the unfaithful and so advocate that the affected families and communities and people living with HIV should be left to suffer the consequences;
- Resource persons involved in presenting HIV-related issues always think of monetary benefits/rewards whenever they are asked to share their knowledge and experience.

Progress made by the steering committee

Having examined the achievements and the challenges in the mainstreaming of HIV and AIDS by Evangelical institutions in Malawi, the chapter now proceeds to a discussion of the achievements of the Steering Committee that was set up to journey with theological institutions in their efforts to address the reality of HIV and AIDS.

2. Reviewing Courses and Policies

The Steering Committee (comprised of Rev. H. Longwe of the Baptist Theological Seminary as chairperson, Rev. C. Msangambe of Nkhoma Institute for Continued Theological Training, Pastor Joseph Muyangata of Wings of Eagle International Bible College, Rev. W. J. A. Muwalo of Zambezi Evangelical School of Ministry, and Rev. Samuel Daka of the Nazarene Theological College) was unable to review courses and policies because it did not have any finances for the activity. The Steering Committee tried to approach the same theological institutions for financial support but was unsuccessful. Theological institutions claimed they could hardly maintain their existing burdens and therefore they could not shoulder the additional burden of supporting the Steering Committee's curriculum review exercise.

2.1 Designing 1 to 3 Year Courses and Modules for Ministers, Sunday School and Youth Leaders

The study established that financial problems frustrated efforts to design courses and modules on HIV and AIDS for ministers, Sunday School and youth leaders. It was learnt that the Steering Committee members met once and resolved to use their private time and resources to try and design courses and modules as resolved by the workshop. As the other institutions got to know of this, they also severally came up with their own courses and modules. This resulted in a variety of uncoordinated approaches adopted by the institutions.

2.2 In-House Training for Students and Lecturers

The study established that the Steering Committee could not take up the challenge of facilitating trainings for both students and trainers of trainers since they were again handicapped because of the financial problems. Nevertheless, different institutions took up the challenge of sending some of their trainers for courses at institutions like the Ecumenical Counselling Centre (ECC), MACRO, Malawi Network of Aids Services Organization (MANASO) and National Aids Commission (NAC). Some institutions resorted to the in-house training programmes using their own identified qualified trainers, and others through exchange programmes with their sister schools.

2.3 Researching, Writing and Publishing on Theology and HIV

The study established that almost all the Pastoral and Theological institutions have become engaged in research and writing on theology and HIV. However, at the time of writing, none of the schools had taken up the challenge to publish any of their writings. They only wrote for their institutional purposes. On the other hand, some of the students are required to write long essays in their institutions, and some have reflected on HIV and AIDS. Most members of staff in almost all the institutions have attended seminars on HIV and AIDS.

The challenge of publishing on HIV and AIDS is related to the larger problem of publication within Evangelical (and other) theological institutions. It predates the theme of HIV and AIDS. However, although the Kachere Series that is devoted to publishing in theology and religious studies exists, there have been no monographs on HIV and AIDS to date. Key people in theological institutions in Malawi have not taken a keen interest in writing on HIV and AIDS. This is related to the misinterpretation of HIV and AIDS among lecturers and theologians.

2.4 Conducting Life Skills for Families

The study established that most institutions, without any help from the Steering Committee (since it was financially handicapped), through their intern students, church planters and field ministers conducted a number of life skills for families programmes. This is an important intervention that highlights the church's awareness of HIV and AIDS. It seeks to address issues related to HIV and AIDS prevention, care and support. It is heartening to note that institutions have utilized their own resources to conduct this programme.

2.5 Assessing Progress on the Integration and Implementation of the HIV and AIDS Curriculum in Theological Schools

The study established that the Steering Committee could not assess the progress on the integration and implementation of the HIV and AIDS curriculum in theological schools due to lack of funds. This led several schools to either fuse the HIV and AIDS programme with their already existing curriculum or teach it as a partial subject or a supplementary programme. Some institutions like Wings of Eagle International International Bible College however, designed their own curricula that require students to write examinations on aspects of HIV and AIDS.

2.6 Providing Technical Support and Encouragement to Teachers Implementing the Curriculum

The study established that the Steering Committee could not offer any formal technical support in terms of physical visits to the institutions. They however encouraged a number of institutions to kick-start their programmes by E-mail and through Internet discussion forums. In the final analysis, this was rather more a question of friendly encouragements and spiritual support than a formal programme. The original idea of the Steering Committee serving as a technical support group could not be realized.

2.7 Obtaining Reports on Curriculum Implementation in Theological Schools

The study established that the expected semester reports from each institution to the Steering Committee were unfruitful since the disbanding of the Steering Committee. Institutions only reported twice. Immediately after the workshop World Relief sent out an assessment form to all institutions. This form served to facilitate the reporting system. The Steering Committee received these reports. On the second occasion, the Steering

Committee (again, through World Relief), requested progress reports from individual institutions. However, only a few institutions were able to submit their reports.

The monitoring objectives were drawn up in order to act as indicators towards the achievement of the practicalities of the whole HIV and AIDS curriculum development process.

a) To assess progress on the integration and implementation of the HIV and AIDS curriculum in theological schools;

This objective was attempted but died a premature death. It was discovered that money that was initially allocated for this activity ran out during the initial stages of the activity. The Steering Committee attempted to raise funds from the concerned institutions but hit a brick-wall as the majority of these institutions claimed to be over-loaded with financial commitments. It was realized that the other institutions that had indicated that they could pledge funds, pledged too little to warrant continuing with the activity.

This is an indication that institutions were not ready to handle this HIV and AIDS challenge as their own programme. Instead they were taking it as secondary to their established curriculum and treating it as extra-curricula. Furthermore, most theological and pastoral institutions were of the impression that they were doing this on behalf of World Relief, and when World Relief pulled out due to lack of funds to do a follow up workshop, most institutions opted out of the project. World Relief struggled to continue with the project because the National AIDS Commission could not continue to fund them.

b) To provide technical support and encouragement to teachers implementing the curriculum;

Round trips aimed at meeting with the teachers and students and interacting with their activities were initially planned at three per annum starting in 2004. Since then however, only two were carried out, in 2005 and 2006. In 2004 nothing materialized due to lack of resources.

It was noted that the Steering Committee was eager to carry on with the assignment as is evidenced by the reports they continuously wrote and sent to members. It was learned that only a few institutions benefited from the starter packs that World Relief provided, hence most institutions that were willing to take up the responsibility of mainstreaming HIV and AIDS in their curricula were left at a disadvantage.

c) To obtain reports for curriculum implementation from the participating schools;

Of the 15 expected reports by World Relief Malawi, only 5 – 33 percent were received, leaving an outstanding figure of 10, i.e. 67 percent. According to the responses received, there is an indication that the time devoted to this activity did not demonstrate high levels of commitment.

2.8 Delivery Methodology

It was noted that the delivery methodology of the core courses included class work, group work/discussions, field visits, case studies, lectures, research, story telling and drama as recommended by the WCC (2001:29) under methods of teaching and assessment. External speakers from organizations such as the National Association of People Living with HIV/AIDS in Malawi (NAPHAM), and the National AIDS Commission were invited to make presentations.

Institutions ranked the lecture, group discussions and field practice as the most workable methods of teaching. The argument was that these methods were easily understood and kept the class awake, thereby bringing keenness to the acquisition of knowledge. It was further argued that these methods address and correct most of the misconceptions; theologically, scientifically, culturally and ethically. This was another major way of breaking the silence as well as allowing participatory learning in action. These methods also prompted a broader grasp of the scientific facts and their new views.

Conclusions and Recommendations

Mainstreaming HIV and AIDS in theological education is an issue that is not only unique to Malawi but typifies the contention that the church is consciously lacking in knowledge, counselling skills, financial resources and managerial skills, prophetic leadership, and networking amongst churches themselves, and with governments and NGOs. In general, mainstreaming HIV and AIDS in theological education in Malawi's Evangelical institutions still has a long way to go. Although there has been notable progress, numerous challenges have emerged, as the preceding sections illustrate.

The following recommendations are meant for those vested with the privilege/authority to influence change in ecumenical circles concerning the mainstreaming of HIV and AIDS in theological education in Malawi and those who may be interested to pursue the subject further or for academic purposes.

1. Theological institutions need to come up with data bases of material and human resources. This facilitates sharing and avoids duplication.
2. There should be a standard and comprehensive curriculum for all theological institutions in Malawi. This avoids compromising academic standards and ensures quality control.
3. Theological institutions need to extricate themselves from the dependency syndrome as they work towards the mainstreaming process. External support should not be allowed to substitute for institutional commitment.
4. The curriculum should have a clear monitoring and evaluation component that serves to keep track on progress and the impact of the training among serving pastors;
5. The curriculum should have a provision for further training for lecturers for sustainability purposes as gaps created by relocations, resignations, retirements and death are inevitable;
6. The theological institutions need to prepare pastors on professional counselling and care as they carry out their daily tasks;
7. Total commitment to the curriculum should be enforced by the policy makers within the theological institutions.

Appendix 1

Summary of Participants at the National Workshop, July 14-18, 2003

Theological Institution	Number of Participants
African Bible College	3
St Peters' Major Seminary	1
Zomba Theological College	2
Evangelical Bible College of Malawi	2
Wings of Eagle International Bible College	2
Final Hour Bible School –Pentecostals	1
Vision Bible Training Centre	1
Good Samaritan Bible College	2
Baptist Theological Seminary	2
Nkhoma Institute for Continued Theological Training	1
Ching'oma Theological College	2
Zambezi Evangelical School of Ministry	2
Free Methodist Bible School	1
Namikango Bible School	1
Nazarene Theological College	2

Data was further collected from the round trips of the training institutions to have interviews with the instructors and students.

Appendix 2
 Course Synopsis of Various Training Institutions

NAME OF INSTITUTION	COURSE TITLE:
<p>Josphat Mwale (NIFCOTT)</p>	<p>HIV/AIDS Ministry Course objectives:</p> <ul style="list-style-type: none"> • To equip new and old pastors with basic information on HIV/AIDS. • To enable students to gain skills in developing HIV/AIDS ministries in their parishes and training home-based care-givers. <p>Course outline</p> <ul style="list-style-type: none"> • Basic Information on HIV/AIDS • Theological understanding of HIV/AIDS • Churches’ role in the pandemic • Developing home-based care • HIV/AIDS and gender-related issues
<p>Nazarene Theological College</p>	<p>Bible/Theology & HIV/AIDS Ministry in HIV/AIDS context Course objectives:</p> <ul style="list-style-type: none"> • To equip students with knowledge & skills to minister in an HIV/AIDS context • To enable students to gain deeper insights on HIV/AIDS • To help students become partners in prevention, mitigation and the fight against HIV/AIDS <p>Course outline</p> <ul style="list-style-type: none"> • Bible and disease, healing, compassion & hope • Basic information on HIV/AIDS • Social factors promoting HIV/AIDS • Care & counselling of the infected and affected • Role of Christians and the church

NAME OF INSTITUTION	COURSE TITLE:
<p>Vision Bible Training Centre</p>	<p>Pastoral Counselling Course objectives:</p> <ul style="list-style-type: none"> • To equip leaders with information on HIV/AIDS • To provide hope to the clients with HIV/AIDS so that they see God's love as the answer. <p>Course outline</p> <ul style="list-style-type: none"> • Who is God? • God-man relationship • Man's sin and suffering • God's intervention in man's life • Hope through Jesus
<p>Namikango Bible School</p>	<p>Christianity & HIV/AIDS Course objectives:</p> <ul style="list-style-type: none"> • To equip students with information • To equip the church in the fight against HIV/AIDS <p>Course outline</p> <ul style="list-style-type: none"> • Basic information about HIV/AIDS • Role of the church • Individual's role
<p>Wings of Eagle International Bible College</p>	<ul style="list-style-type: none"> • Choosing Hope • Practice of working with the poor • Disease and Healing <p>Course objectives:</p> <ul style="list-style-type: none"> • To enable students to know and understand facts about HIV/AIDS • To build hope in teachers, students, affected and infected people • To equip students to reach out to the community. <p>Course outline</p> <ul style="list-style-type: none"> • Feelings and attitudes about AIDS • Facts about HIV/AIDS • HIV/AIDS counselling

NAME OF INSTITUTION	COURSE TITLE:
<p>Ching'oma Theological College</p>	<p>Facts about HIV/AIDS Course objectives:</p> <ul style="list-style-type: none"> • To equip learners and church workers with adequate knowledge and information about HIV/AIDS • To equip learners with knowledge & skills to develop & maintain positive reproductive health behaviour. • To assist learners to understand the role the church & community should play in the fight against HIV/AIDS <p>Course outline</p> <ul style="list-style-type: none"> • Define HIV/AIDS • Basic facts about HIV/AIDS
<p>Evangelical Bible College of Malawi Evangelical Bible College of Malawi</p>	<p>HIV/AIDS from a Christian Perspective Course objectives:</p> <ul style="list-style-type: none"> • Basic facts of HIV/AIDS • Impact of HIV/AIDS on individuals, families, church and all other communities • Solutions for combating HIV/AIDS <p>Course outline</p> <ul style="list-style-type: none"> • Epidemiology, background and natural history of HIV/AIDS • Impact of HIV/AIDS • Issues of human sexuality • Care & counselling of affected and infected people
<p>Good Samaritan Bible College</p>	<p>Human Sexuality, Culture, HIV and AIDS and the Church Course objectives: To equip students with basic information on HIV and AIDS and contemporary issues</p> <p>Course outline</p> <ul style="list-style-type: none"> • Defining human sexuality • Biblical view on human sexuality • Various cultural beliefs and practices • Christianity and other world religions • Transmission of HIV and its medical diagnosis

NAME OF INSTITUTION	COURSE TITLE:
Zambezi College of Ministry	HIV & AIDS Course objectives To equip pastors & church workers with adequate knowledge and information about HIV and AIDS, counselling and practical help for the infected. Course outline <ul style="list-style-type: none">• Human sexuality & HIV/AIDS• Biblical studies & HIV/AIDS• Theology in HIV and AIDS context• Counselling• Programme development

It should be noted that every institution is offering that which it deems necessary on HIV and AIDS-related topics and there is no standardized curriculum. This makes the delivery of HIV/AIDS topics disintegrated in approach and leaves one wondering whether the efforts being put in are yielding the expected results

CHAPTER 4

FIGHTING HIV AND AIDS WITH THE BIBLE:

Towards HIV and AIDS Biblical Criticism

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Introduction

From the time of the HIV and AIDS pandemic, African Christians and African scholars have sought answers about the disease from the Bible. While maintaining the belief that God is the creator and loves all people, Christians have also tried to make sense of the reality of suffering associated with HIV and AIDS. When the disease broke out, churches found answers in the biblical doctrine of rewards and punishments, particularly in the Deuteronomic theology that God rewards the obedient and punishes the disobedient. Thus HIV and AIDS were associated with sin and those living with HIV were seen as receiving their due “reward” for disobeying God. Christian scholars were, however, quick to expose the shortcomings of such a theology. To do so they interpreted the biblical texts to fight HIV and AIDS. Through works such as those of Musa Dube (2002), many theological institutions in Africa were challenged to mainstream HIV and AIDS in their curricula.

Although scholars are mainstreaming HIV and AIDS in their teaching and research, no attempt has been made to define the method that biblical scholars are using to interpret biblical texts. In this chapter, therefore, I discuss the possibility of talking of a method of biblical criticism that one can call “HIV and AIDS biblical criticism”. I do so with the knowledge that from its beginning in the 18th century, academic biblical scholarship has been carried out through the use of specific methods of interpretation. These methods have been scientifically defined; their scope, their strengths and their weaknesses have been clearly spelt out. For the benefit of those of us who use the Bible to fight HIV and AIDS, there is a need to define the method we are using. The chapter is divided into three sections. First, I discuss the place of the Bible in African Christianity and the initial reaction of the church to the outbreak of HIV and AIDS. In the second section I discuss the reactions of biblical scholars to the churches’ interpretation of the Bible to fight HIV and AIDS. Here I look at works of selected African biblical scholars, analyzing the way and methods they have used to interpret biblical texts in contexts of HIV and AIDS. In the last section I then suggest the possibility of talking of an HIV and AIDS method of biblical interpretation giving reasons why it is possible to talk of such a method.

HIV and AIDS, the Bible and African Christianity: initial reactions

Although HIV and AIDS were first recognized among gays in the United States of America in the early 1980s, it is the African continent that has been hardest hit by the pandemic. In fact HIV and AIDS’ devastating effects on the African continent, particularly sub-Saharan Africa, continue unabated. UNAIDS (2006) reports that

in 2006, 24.7 million people were living with HIV in sub-Saharan Africa. It further states that 2.8 million new HIV infections were reported and 2.1 million people died from AIDS in 2006.

It is possibly because of the devastating effects of the disease in Africa that one of the many myths associated with it is that it was developed by the white people to eradicate Africans. In fact the advent of the HIV pandemic posed questions not only to those in the medical fraternity, but in all the disciplines of human life. The religious community, as Musa Dube (2003:viii) correctly put it, "...was immediately confronted by the question of the origin of HIV/AIDS, the reason for the new epidemic, the suffering, the search for healing, and the meaning of life in an age of an incurable disease."

In the midst of this pandemic, African Christians, like they always do, turned to the Bible to seek answers. This is because the Bible plays a pivotal role in African Christianity. It is *the* book. It is read in times of joy and in times of sorrow. It is read to instruct children in moral issues. In fact the words of Gerald O. West (2003:vii) summarize the role of the Bible in African Christianity succinctly, "The Bible (in African Christianity) is meaning and powerful both opened and closed. For many ordinary readers, the Bible is both a sacred object 'of strange power' and a significant sacred text." West's voice is not a lone one as other African scholars (Sanneh 1989; Mbiti 2005:234-248) have also noted the centrality of the Bible in African Christianity.

Unfortunately the answers to the problem of HIV and AIDS that Christians initially found in the Bible fuelled instead of extinguishing the fire of the pandemic. Understanding that God is in control of whatever happens in the universe, they believed the disease was from God too. But since God is believed not to be associated with evil except when he has been angered, HIV has been seen as God's punishment of sexual perversion. The Bible (particularly the Old Testament/Hebrew Bible) was used to perpetuate this view. As HIV was and still is associated with the sexually immoral (gays and lesbians, prostitutes, promiscuous people), the Deuteronomist theology: obedience brings blessings while disobedience brings punishment (Deuteronomy 7:12-15) was underlined. Many other Old Testament passages associating disobedience and punishment, for example, Deuteronomy 26:16; 28:27-29; 1 Samuel 15:24-26; 16:14; Daniel 4:28, were used to sustain the view that HIV and AIDS is a punishment of sinners by God. Even New Testament passages like Luke 21:11, where there is prophecy of famines and pestilences as "signs of the times", were also used to "prove" the biblical basis of HIV and AIDS. I have mentioned above that these were unfortunate answers. This is because the answers fuelled the pandemic by adding stigma and discrimination to those already infected and affected by the pandemic. The disease became associated

with sin, unfaithfulness and in many societies was given condemnatory and discriminatory names (Mashiri, Tom and Mawomo, 2003). At this stage (beginning roughly more than ten years ago) biblical scholars emerged on the scene to expose the shortcomings of this theology.

HIV and AIDS, the Bible and Christianity: scholarly reactions

The “call” for African biblical scholars to engage HIV and AIDS in their task of interpreting the Bible came as a realization that the pandemic is not only a medical problem. It affects all aspects of human existence. The pandemic wreaked havoc in churches, industries, schools, nations’ development plans and economies, among women and children – in fact among all and sundry. These devastating effects of the disease therefore meant that no one could afford to continue doing “business as usual” (Dube 2002:57-68). Biblical scholars then started using the Bible to tackle HIV and AIDS from different angles: to fight stigma and discrimination, for care, for treatment and cure and for prevention. As the title of this chapter states, they began “fighting HIV and AIDS with the Bible”. Let me briefly discuss how selected scholars have used the Bible to fight the pandemic.

Fighting Stigma and Discrimination

One of the obstacles in the response to HIV and AIDS is stigma and discrimination (Weinreich and Benn, 2004:46). By definition, stigma is a mark of disgrace associated with a particular circumstance, quality or person (Pearsall, 2001:1826). Thus a person is stigmatized when rejected by others and blamed for his/her condition. Stigma works together with discrimination. Once someone is stigmatized, in most instances discrimination follows. Discrimination occurs when people do something or decide not to do something on the basis of their beliefs. The belief that HIV and AIDS is punishment for the immoral, as pointed out above, has led to the stigmatization of those infected and affected by the pandemic. Biblical scholars have therefore fought stigmatization and discrimination through biblical interpretation.

One biblical scholar who has interpreted the Bible to fight the stigma of HIV and AIDS and discrimination is Johanna Stiebert (2004:80-96). In an article in *Grant Me Justice: HIV/AIDS and Gender Readings of the Bible*, Stiebert looks at women’s sexuality and stigma in Genesis and the books of the prophets. She first observes that HIV and AIDS stigma is more profound than the stigma of many other diseases and illnesses, mainly because of its mode of infection, which is sexual contact. Because generally the Christian faith demonizes sex (Khathide, 2003:5, Amanze, 2006:28-47), the most

common mode of HIV transmission, the disease is stigmatized. After an exegesis of passages in Genesis and the books of the prophets from a feminist perspective, Stiebert observes that overall, texts in Genesis do not necessarily condemn female sexuality or associate it with stigma. She writes, "YHWH, in fact mandates sexual desire. Both women's enjoyment of sexual intercourse and their desire for children are (to some extent at least) taken for granted. The idea of women's sexuality being depraved, excessive or evil is not prominent" (2004:85). However, in the books of the prophets, she notes that, overall, women's sexuality is considered evil. Having shown the ambivalence of the Hebrew Bible (Old Testament) to female sexuality, Stiebert then cautions about the way biblical texts should be used in the context of HIV and AIDS. She says, "The Hebrew Bible contains both texts that hold scope for hope and optimism and texts that could contribute to exacerbating the situation in sub-Saharan Africa. Given this degree of internal diversity alongside the pressures exerted by the pandemic, I advocate that readers make the choice of promoting the former and recognize the harmful effects of the latter" (Stiebert 2004:82). Her major contribution therefore is to show that not all biblical texts view human (female) sexuality as evil.

Ezra Chitando and Lovemore Togarasei, in an unpublished paper entitled *Woman, where are they? John 7:53-8:11 and Stigma in contexts of HIV and AIDS*, also wrestle with the problem of stigma. Through an exegesis of the passage, they draw out several lessons on HIV and AIDS stigma for the church in Africa. First, they point out that the story shows how sinners, particularly adulterers and fornicators, were stigmatized by the Jews, many of whom were guilty of the same sins. They then observe that this reads like the way those living with HIV are treated in society and even in church today. Just as the woman was put in the midst of the Pharisees and the scribes (those who were stigmatizing her), people living with HIV become the talk of the village/locality. The story, however, seems to remind us that as we stigmatize people living with HIV, Jesus is asking us, "Who among you has not sinned?"

The second lesson they draw out from the text is about gender issues in HIV and AIDS stigmatization. The theme of gender inequality as a key factor that increases the vulnerability of women to HIV in sub-Saharan Africa needs to be underlined. Cultures have constructed differences between men and women, particularly in the roles they play in society. This attitude towards women was even more pronounced in Jewish society. No wonder, in John 7:53-8:11, only the woman suffered public humiliation. Even today it is not surprising then that a woman who is living with HIV suffers worse stigmatization than her male counterpart. Like the woman caught in adultery, women have been dragged before the public with the men who have infected them

remaining in the background. But also, as the community is hailing down words of stigma on these women, Jesus is busy writing down their own sins.¹ After writing Jesus raises his head and asks, “The one among you who is without sin, let him cast the first stone at her.”

The third lesson Chitando and Togarasei draw from the story of the woman caught in adultery is for the church leadership. The Pharisees and scribes were the religious leaders of Jesus’ time. They argue that some church leaders today still act like the Pharisees and the scribes in the text. Just as they took the woman to Jesus, accusing her of adultery, some church leaders put all their efforts into presenting to Jesus as sinners those living with HIV. Surely Jesus should be hiding his face from them in order not to embarrass them for their hypocrisy.² But instead, like the mature ones who were quick to realize the falsity of their position and so left first, church leaders should also be quick to realize the falsity of stigmatizing those living with HIV. They must be at the forefront to fight stigma.

The fourth lesson comes from the way Jesus showed solidarity with the adulteress. Consistent with his character throughout the gospels, Jesus showed solidarity with the marginalized and stigmatized woman. A lesson here is written in bold for those who continue to represent Jesus here on earth, that is, the church. People living with HIV are still people who need love, respect and care from others. Jesus did not look at the woman using the eyes of his culture. Beyond the woman he saw a human being created in the image of God. Chitando and Togarasei conclude that the same is true of people living with HIV. Just as Jesus did not abandon this adulteress in her hour of need, people with AIDS should not be abandoned. They need respect as people, in the same way Jesus addressed a sinner with dignity and respect.³

Malebogo Kgalemag (2004) also interprets John 9 in the light of HIV/AIDS stigma. She concludes that the passage is against associating sickness with sin.

For Prevention

The use of the Bible for prevention of HIV and AIDS is what the church is good at. The Deuteronomistic philosophy that God punishes those who break his laws is meant

1 This is one interpretation given to what Jesus wrote down when the Pharisees and the scribes asked his opinion on the stoning of the adulteress.

2 B. Lindars (1972) says that by bending down to write the second time, Jesus wanted to help the Pharisees and scribes by tactfully not looking at them in their embarrassment.

3 It should be noted that the Greek text of verse 10 has Jesus address the woman with the same courtesy as he used to the Samaritan woman (John 4:21), to Mary Magdalene (John 20:13) and to his own mother (John 2:4, 19:26).

to promote abstinence among those not married and fidelity among the married. It is probably because the church is good at promoting prevention (in the form of promoting abstinence and faithfulness) that very few biblical scholars have emphasized this in the fight against HIV and AIDS. Stiebert (2003:31), however, treats the subject of HIV prevention when she cites the Levitical laws which gave individuals the responsibility to not knowingly spread a disease to others. Such laws, for example, called for the isolation of those who were infected by leprosy. Also Chitando (2004:151-159) has addressed HIV prevention using Proverbs 31:10-31. Chitando makes a re-reading of the text arguing that being a “good wife” in this age of HIV and AIDS also means seeking knowledge about the pandemic. It means knowing one’s vulnerability to the pandemic. Noting that the good wife travels far and wide and comparing her to Zimbabwean cross-border women traders, Chitando calls men to reciprocate the good wife’s fidelity by also being faithful even when the good wife is away on business errands.

For Care

This is the area of HIV and AIDS which has received a lot of attention from scholars. Writing in the context of stigma, biblical scholars have emphasized the compassionate character of God to persuade Christians to be compassionate to those infected and affected by HIV and AIDS. In a forthcoming book, Dube interprets Luke 6:36, underlining the need for the church to be compassionate: “Be compassionate, just as your Father is compassionate” (Dube, forthcoming). Dube emphasizes that Jesus gave this as a command, as a must, thus the need to be compassionate is God’s commandment. In the same chapter, Dube also examines Matthew 25:31-46, highlighting the need for the church to provide care to the infected and affected. In interpreting this passage, she notes that the criterion to be used to divide those to be saved and those to be punished will be compassion. Those who have cared for the ill, the imprisoned, for the thirsty, for the naked and so on, will receive eternal life while those who showed no compassion will receive eternal punishment.

Chitando, in the article on Proverbs 31:10-31, also addresses the issue of care. He notes that in line with the ideals of a “good wife”, women have almost exclusively provided care for the sick individuals in the era of HIV and AIDS. He, however, goes further to deconstruct the gendered division of labour which assigns men responsibilities over resources while women bathe and feed the sick. He therefore recommends a reading of the passage which assigns men the responsibility also to take care of the ill. In his own words, “HIV/AIDS calls for a radical reinterpretation of what it means to be a virtuous woman” (Chitando, 2004:156).

For Hope

Having been in existence for close to three decades now and with no signs of subsiding, no discovery of cure, HIV and AIDS has brought hopelessness and despair. Jill Olivier (2006:97) is actually right to consider hopelessness and despair as the themes of HIV and AIDS. It is because of this that biblical scholars have also used biblical interpretation to address the theme of hope. One scholar who has addressed hope is Dorothy B.E.A. Akoto (2004:97-114). Akoto likens the effects of HIV and AIDS to Ezekiel's vision of a valley of dry bones (Ezekiel 37:1-14), "HIV/AIDS has dried up our bones as were the bones Ezekiel encountered in the valley." She notes that HIV and AIDS make our hope fade, leading people to ask, "Can these bones live?" Akoto concludes that it is only in the power of the hand, word and Spirit of Yahweh as displayed in Ezekiel that our hope can be revived. It is therefore the task of the church to revive the hope, to confess with conviction that the dry bones, as Ezekiel saw in his vision, will be joined together, enfolded and brought to life.

Towards HIV and AIDS Biblical Criticism

From the way biblical scholars have used the Bible to fight HIV and AIDS, as we have seen above, is it possible at this stage to talk of "HIV and AIDS biblical criticism"? If so, what does that method entail? The rest of this chapter will attempt to address these questions. The questions are necessary because those who have used the Bible to address HIV have not talked about an HIV and AIDS method of biblical criticism. However, throughout the history of biblical interpretation, specific methods have been used. The justification for the need for specific methods of biblical interpretation has been that the Bible can mean anything to anyone, and as Robert and John Barton (1998:13) say, "A Bible that can mean anything means nothing." Also elsewhere I write, "Given the fact that the New Testament (or the whole Bible) has power to generate new values, communities and understandings, and given that it can be used as a tool to oppress and liberate, to bless or to curse, to build or to destroy, proper interpretive tools become more than necessary" (Togarasei, forthcoming).

To answer the questions above, there is a need to begin by defining biblical criticism. Biblical criticism has been defined as the umbrella term which refers to different ways of reading the Bible in a bias-free or scientific way (Tate, 2006:40). There are various methods of reading the Bible that fall under biblical criticism. Johnson T.K. Lim (2002:2) is actually right when he says, "Like Joseph's coat of many colours, so are the interpretive theories ranging from pragmatic to abstract." Some of the methods are source criticism, redaction criticism, feminist criticism, post-colonial criticism, to

mention but a few. It is the use of such scientific methods to interpret the Bible that has, from the beginning of the critical study of the Bible, distinguished a biblical scholar from an ordinary/church/pulpit reader of the Bible. Does the interpretation of the Bible to fight HIV and AIDS followed by the above cited scholars, allow us, at this point in time, to talk of an “HIV and AIDS biblical criticism” in the same way we talk of source criticism or feminist biblical interpretation?

The question above is a very difficult one especially since those who have used the Bible to fight HIV and AIDS have not talked about it as a method of biblical criticism. They have not bothered about the issue possibly because of their activism, because of their social engagement. After all, the HIV and AIDS struggle has been described by others as a war and in war questions of methodology or the “right way” of doing things, questions of the appropriateness or the name of the tool used, are usually unnecessary. The aim is to defeat the enemy; whatever tool or method of fighting one uses. In fact, Osayande Obery Hendricks is probably right when he refers to socially engaged biblical scholarship (the one followed by the scholars reviewed above) as “guerilla exegesis” (1995:73-90). Guerilla exegetes are not concerned, as West says, “about the acclaim or claim of the academy” (2003:49). Rather they are concerned with the needs of their communities. This is exactly what the above named scholars have done. In her works reviewed above, Dube, the “grandmom” of HIV and the Bible, uses various methods: story telling, feminist criticism, post-colonialism, narrative criticism together with the historical-critical method to address issues of HIV and AIDS. Stiebert uses a semantic analysis of Hebrew terms while Malebogo Kgalemang uses deconstructionism. Chitando and Togarasei use the historical critical method and in interpreting Proverbs 31:10-31 Chitando uses the phenomenological and feminist approaches.

I, however, want to suggest the possibility of an “HIV and AIDS biblical criticism”. But before I examine the possibility of making reference to such a method, it is necessary for me to discuss what constitutes a method of biblical criticism. As we have seen above, Randolph Tate thinks of a method of biblical criticism as that which is scientific and free of bias. According to this definition then, HIV and AIDS biblical interpretation cannot be a scientific method as its aim is influencing a biased reading of the Bible: a reading for prevention, for care, etc. But Tate’s definition of “biblical method” is not sustainable for two reasons. First, it is a method tilted towards the historical critical method of biblical interpretation. It has thus been accused of a colonizing tendency, a view that there is only one way of seeing reality (Ukpong 2002:14, Dube 2004:50). Second, many methods of biblical criticism have a particular bias. It is impossible to be completely objective when it comes to biblical interpretation. This is

because, as J. A. Oladunjoye (2005:1-9) correctly observes, interpretation of scripture is always influenced by one's cultural background. Even the historical critical method that dominated biblical scholarship for almost two centuries has a bias towards the history of biblical texts and the development of such texts through time while literary methods of biblical criticism have a bias towards the final texts and readers' interaction with such texts (Haynes and McKenzie 1999:7). Even proponents of these supposedly bias-free methods were not themselves free from cultural influences in their biblical interpretations. The founding fathers of modern biblical interpretation were surely not completely objective. Herman Gunkel's form of critical reading of the Old Testament, for example, was surely influenced by German folklore (Tucker 1971). And as Dube (2004:39-62) correctly observes, even those who argued for a bias-free interpretation were themselves influenced by their ecclesiological, cultural and racial backgrounds and gender.

Methods of biblical criticism develop in particular contexts. Postcolonial biblical criticism, for example, arose in light of the role that the Bible played in the process of colonization (Sugirtharajah, 1998; Dube, 2000). Source criticism, redaction criticism and others also developed in a particular context; for example, the Enlightenment period, when emphasis was on reason not the supernatural. The same is true of HIV and AIDS biblical interpretation. As HIV and AIDS wreak havoc in our societies, there is surely need for a method of biblical criticism that responds to this existential reality. Our students in theological institutions and universities need training in methods of biblical studies that equip them to encounter the real world they are going to live and work in: a world where HIV and AIDS are fast wiping out communities. What then should that method entail?

Some Characteristics of a Method of Interpretation

I believe that if we are to advocate for an HIV and AIDS biblical interpretation, the method needs to be clearly defined, the procedure for its use clearly identified. This is because there should be a difference between the way a biblical scholar approaches the Bible and the way a practical theologian uses the Bible. The biblical scholar should contribute to the theoretical understanding of biblical texts while the theologian looks at the use of the Bible by communities of faith.

Also, a method of biblical interpretation does not work in isolation. Different methods complement each other and the HIV and AIDS method of interpretation should work in tandem with other methods of biblical interpretation. Here I am thinking mainly of the historical-critical methods. It is a fact that the Bible originated from Jewish-Graeco-Roman contexts and that such a context needs to be taken seriously if we are to under-

stand the biblical texts. It is from this understanding then that we can move on to see how the experiences of the people of the Bible can help us address similar or related situations such as we are experiencing today. I am against a reading of the Bible which takes the Bible as if it was written for the modern community.

Justin S. Ukpogon (2002:14) also gives three characteristics of a method of biblical interpretation. For him the first characteristic of a method is that it should embody a *procedure* along with a conceptual apparatus with its particular set of cultural and interpretative interests. Second, it should comprise *theoretical assumptions* about the meaning of texts, the nature and purpose of reading, and the world of the reader. Third, it should be *a child of a particular culture* and is founded on a particular conceptual frame of reference. How then do these characteristics of a method relate to HIV and AIDS biblical criticism?

HIV and AIDS Interpretation of the Bible

From the way it has been used by scholars cited above HIV and AIDS reading should be classified under contextual readings of the Bible. Contextual reading or contextualization (Tate 2006:74) is a reading/interpretation of the biblical texts that takes cognizance of the particular existential situations of the readers/interpreters. Thus HIV and AIDS interpretation should belong to other contextual Bible reading methods like black, liberation and feminist criticisms. Like all other contextual methods of biblical interpretation, the *procedure* for HIV and AIDS interpretation involves the identification of specific existential needs, the identification of biblical texts related to the existential needs and then the interpretation of the biblical texts to address the specific existential needs. This interpretation is not limited to one method but employs several methods, cognizant of the fact that biblical reading should be open-ended not exclusive. This is exactly how the scholars cited above have used the Bible to fight HIV and AIDS. For example, Chitando and Togarasei and Kgalemang identify first the problem of stigma in the fight against HIV and AIDS. They then approach texts on stigma in John, stigmatization of adulterers (John 7:53-8:11) and of sinners in general (John 9), and then interpret them to show that Jesus was against stigmatization. Also, like other contextual methods of interpretation, HIV and AIDS interpretation of the Bible's *theoretical assumption* is that biblical texts have no universal meaning. Meanings are developed from the context of the interpreter/reader. Thus the assumption is that the HIV and AIDS context in which African biblical scholars find themselves operating calls for an interpretation that addresses this existential reality. HIV and AIDS biblical interpretation then is *a child of this particular social context*. In a context where the Bible is held in high esteem, a method of biblical interpretation that addresses this pandemic is therefore necessary.

Conclusion

African scholars of the Bible have for the past more than ten years been interpreting the Bible to fight HIV and AIDS. They have used it for prevention, for care and giving hope. However, for all this period no attempt has been made to define the method they have been using. One reason could be that for long African scholars have been recipients of methods developed in the West. We have been mainly just consumers, not producers, of methods of biblical interpretation. With the growth of Christianity in Africa it is necessary for African scholars to come up with methods which are contextually relevant to African needs. Thus informed by the way other methods of biblical criticism have developed, this chapter has argued for an “HIV and AIDS method of biblical interpretation”. The chapter has justified the need for such a method, classifying it under contextual readings of the Bible and using some characteristics of a method of biblical interpretation.

CHAPTER 5

OTHER WAYS OF BEING A DIVINER-HEALER:

Musa W. Dube and the African
Church's Response to HIV and AIDS

Ezra Chitando EHAIA, University of Zimbabwe
Rosinah Gabartse, University of Botswana

Introduction

The study of African Christianity has been preoccupied with the achievements of male actors. This has prompted African women theologians to call for a shift towards herstories (Phiri, Govinden and Nadar 2002). However, the tendency has been to concentrate on charismatic women who are founders of African Independent/Indigenous/Initiated/Instituted Churches (AICs). While this is a positive development as it brings the achievements of such women to the fore, it runs the risk of overlooking the progress that African Christian women scholars have made in the academic arena. Rarely have young African Christian women been acknowledged for their academic achievements and leadership in addressing contemporary issues that affect the continent.

This article examines Musa W. Dube of Botswana's contribution to the religious response to HIV and AIDS in Africa. While locating Dube within the activities of the Circle of Concerned African Women Theologians (the Circle), it highlights her creativity and contribution to the transformation of the church's attitude and response to the epidemic. Dube has published widely on the theme of theology and the HIV epidemic. Consequently, this article does not pretend to exhaust all the themes that she has raised. Instead, it seeks to draw out some of the key issues that have preoccupied Dube's engagement with the HIV epidemic.

A Traveller with Many Gifts: historical background

Musa Wenkosi Dube-Thembo-Ekwakwa was born in 1964 in Chadibe Borolong in Botswana. She has one son named Aluta Modisaotsile. She is the seventh daughter of Mr and Mrs Agnes Tafa, Zimbabwean nationals who migrated to Botswana in the 1950s. During that time in Zimbabwe, the blacks were dispossessed of their land by the white settlers. According to Dube (2000a:153) her parents "had two choices: to remain in the area and become servants on the farms of white settlers, or to move to infertile and crowded lands that were allocated to black people. They chose the former." However, they realized that their choice restricted them because they had a very small piece of land where they could plough and rear cattle. Instead of becoming "landless," Dube's parents migrated to Botswana and settled in the Borolong area where Dube was born. Dube's life therefore represents a personal encounter with settler colonialism. This was to shape her analysis of globalization and uneven power relations between blacks and whites.

While a Methodist by affiliation, Dube is ecumenical in orientation. She attended primary and secondary schools in Botswana. She did her BA at the University of

Botswana and she double majored in Theology/Religious Studies and Environmental Science. Upon completion of her BA she was recruited by the Theology and Religious Studies department as a Staff Development Fellow. This position is reserved for students for students of skyrocketing brilliance; Dube came top of her class that year. In 1990 she read for her Masters at Durham University in the United Kingdom. She finished her PhD in 1997 at Vanderbilt University under the tutelage of Professor Fernando Segovia. At the time of writing, Dube is teaching biblical studies to undergraduate and graduate students at the University of Botswana.

Dube is actively involved in numerous academic bodies, among them the Circle, where she has served as chair for Biblical Studies research and publication. She also sits and serves as a board member for the World Council of Churches and the Society of Biblical Literature. Being a prolific writer, she is an editor of *PULA: Journal of African Studies* and she sits on editorial boards of other journals like *Equinox* and *Theologia Viatorum: Journal of Theology and Religion in Africa*. Dube has interacted with many departments of Religious Studies/faculties of Theology in Africa and beyond. Her contributions to the study of religion and the ecumenical movement in Africa are outstanding.

Dube has written extensively on HIV and AIDS stigma, gender inequality and on postcolonial feminist interpretations, where she interrogates western institutions and traditions which dominate African economies, scholarships, cultures and health sectors. However, this article concentrates on her engagement with the HIV epidemic in Africa.

“Jesus has AIDS”: Dube and the church’s response to the HIV epidemic in Africa

When the history of the church’s responses to the HIV epidemic in Africa come to be written, Dube’s name will feature prominently in the narrative(s). Although the Circle had paid attention to the marginalization of women in the religions of Africa, and had called on African women to arise (Oduyoye and Kanyoro 1992), Dube became the most active African Christian woman scholar to challenge churches in Africa to provide an effective response to the epidemic. She combined womanist activism with penetrating social analysis to lay bare the church’s paralysis in responding to the HIV epidemic. She sought to “unsettle” the church by highlighting the extent to which it was implicated in fuelling stigma and discrimination. Her article, “Preaching to the Converted: Unsettling the Christian Church” (Dube 2001c) remains one of the

most articulate exhortations to the church in Africa to regard the HIV epidemic as belonging to the very core of its mission. Dube's collected essays, *The HIV/AIDS Bible* (Dube forthcoming) confirm her position as one of the leading voices on the HIV epidemic and theology in Africa.

As the World Council of Churches' Ecumenical HIV/AIDS Initiative in Africa (EHAIA) Theology Consultant on HIV/AIDS and Mission in Africa, Dube played a major role in shaping theological thinking around HIV. It is important to point out that the church's earlier response to HIV (in the mid-1980s) was characterized by denial, indifference and condemnation (Dube 2003c:viii-ix). Although isolated individuals and churches might have provided support to people living with HIV, the general tendency was to regard the epidemic as God's message to an apostate generation. Alex de Waal captures this tendency when he writes:

From the very first days of the epidemic, AIDS was imbued with meaning. Driven equally by delight and disgust, conservative moralists rushed to declare that the virus manifested sin in all sorts of ways. People living with HIV and AIDS – and their partners and families – were marked out as sinful recipients of their just deserts from God. The epidemic itself was heralded as a harbinger of the apocalypse, a collective punishment from the Almighty, or a 'sin' against the cosmic order (de Waal 2006:14).

It was in a context saturated with stigma and discrimination that Dube sought to promote the WCC's progressive theological interpretation of the HIV epidemic. The WCC had, as early as 1987, called upon the church to live up to its identity as a healing community. Its study document, *Facing AIDS: The Challenge, the Churches' Response* (WCC 1997) provided valuable theological insights on the HIV epidemic. However, there had been very little progress in the churches' theological and practical response to HIV. The emergence of EHAIA in 2002, with Dube as a Theology Consultant, galvanized African churches to move HIV and AIDS up their agenda.

In her mobilization of African churches and the ecumenical movement to take the HIV epidemic seriously, Dube placed emphasis on the gender dimension. Acknowledging the feminization of the epidemic, Dube has illustrated that HIV in Africa carries a young woman's face. For her, gender inequality lies behind the rapid spread of the epidemic in sub-Saharan Africa. She has challenged patriarchy and all men who partake of the patriarchal dividend. In particular, she has called upon male church leaders to work towards the liberation of women. The vulnerability of African women to HIV is a result of stifling gender constructions, she avers. She debunks the 'ABC' mantra of prevention ('Abstain', 'Be faithful' and 'Condom use'), showing how gender

inequality renders women more vulnerable to the virus. It is necessary to cite her at considerable length:

This serious discrepancy in the distribution of power is our unmaking in the HIV/AIDS era. It is the fertile soil upon which the virus thrives. Women who have been constructed as powerless cannot insist on safer sex. They can hardly abstain, nor does faithfulness to their partners help. Men, who have been constructed to be fearless, brave and sometimes reckless, think it is manly when they refuse to admit that unprotected sex can lead to HIV/AIDS infection. Working within some cultures' allowance of extramarital affairs, many men continue to be unfaithful. In the end, no one wins. We all die: those with power and those without power. So what is the point of keeping such a gender construct? Who gains by it? (Dube 2003b: 88).

For Dube, the church should not assume that HIV and gender issues are "out there". No: *the church has AIDS*, and gender is at the heart of church dogma and practices. To shock the church out of its complacency, and building on the theme of solidarity with people living with HIV, Dube popularized the saying, "the church has AIDS" (Dube 2002b:539). Dube pushed the limits further when she averred that "Jesus Christ himself has AIDS, for the church is the body of Christ (1 Cor. 12:27)" (Dube 2002b:539). With creativity and penetrating insight, Dube interprets 1 Corinthians 13:26a, "If one member suffers, all suffer together" to mean that since people living with HIV are an integral part of the church, the church has HIV and AIDS (Dube 2005:16-17; 72).

The theme of the church living with HIV is echoed by Maria Cimperman who explains the title of her book, *When God's People Have HIV/AIDS*, thus, "I write because the people of God live with HIV/AIDS" (Cimperman 2005:xi). Dube built upon the concept of the church/world living with HIV to encourage the church to instigate a new epidemic of love and compassion. Relentlessly, she has challenged churches to recognize that stigma and discrimination against people living with HIV is sin and against the will of God. Being church in the era of HIV implies transforming churches into welcoming and hospitable spaces for people living with HIV, Dube argues.

In an endeavour to transform the church's attitudes towards the HIV epidemic, Dube edited the hugely popular, *AfricaPraying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy* (Dube 2003a). The book seeks to equip the church leadership and various groups (youth, women's and women's fellowship, and the laity) to provide effective responses to the epidemic. She explained the purpose of the book thus:

This handbook seeks to equip the church leaders/workers with strategies to break the silence and stigma surrounding HIV/AIDS; creating a compassionate and healing church. The handbook seeks also to provide church leaders/workers with tools that will release the full spiritual power, vision and values of the Christian faith, and enable the church to fight HIV/AIDS. It seeks to help the church leaders/workers by underlining how the Christian faith calls us to serve and heal God's world and people—healing bodies, relationships, institutions and structures, and our relationship with God. Given the newness of the epidemic and the overburdened church leader/worker, this handbook seeks to provide an accessible and user-friendly resource that could be readily used by church leaders/workers to break the silence and stigma, and to call the church to HIV/AIDS prevention, provision of quality care, and mitigation of the impact (Dube 2003a:ix).

AfricaPraying seeks to mainstream HIV in all aspects of church life. It illustrates how to address HIV during rites of passage like birthdays, weddings and death; services within the church calendar like Good Friday; general themes like compassion, as well as services for specific groups like children, youth and women. In line with Dube's concern with social factors that fuel the HIV epidemic, *AfricaPraying* also addresses themes like poverty, gender injustice, violence and others. Significantly, each entry is built around specific biblical passages.

Dube has demonstrated a keen interest in the Bible in Africa. She shares this aspect with many male theologians who have observed that the Bible occupies an important place in African Christianity. For her, the church in Africa must read the Bible while putting on the lenses of HIV and AIDS. With Musimbi Kanyoro, she co-edited the volume, *Grant Me Justice! HIV/AIDS & Gender Readings of the Bible* (Dube and Kanyoro 2004). Having edited the volume, *The Bible in Africa* with Gerald West (West and Dube 2000), Dube appreciates the importance of the Bible to African Christianity. However, she maintains that the HIV epidemic requires a re-reading of the Bible, as some passages might reinforce stigma and discrimination. Consequently, the era of HIV calls for “other ways of reading” the Bible (Dube 2001b).

Working within the EHAIA vision of building an “AIDS-competent” church, Dube contributed significantly to the transformation of theological thinking around HIV in Africa, and indeed globally. Her addresses at ecumenical gatherings, United Nations functions, theological conferences and other settings helped churches to move from denial to engagement. Her artistic talents, intellectual rigour and passion persuaded many church leaders to revise their interpretations of HIV as divine punishment for sin.

Dube emerged as a young African Christian woman leader in discourses on HIV and the church. Her achievements challenge the stereotypical presentation of “church leaders” as middle-aged men. She responded to Africa’s call for active engagement with the HIV epidemic and made a significant contribution to the transformation of the church’s attitude towards the epidemic. This was enhanced through her role in the mainstreaming of HIV and AIDS in theological training programmes.

Overcoming Theological Mediocrity:

Dube and the mainstreaming of HIV and AIDS in theological education

Dube’s contribution to the transformation of the church’s thinking on HIV and AIDS is discernible in her role in galvanizing theological institutions in Africa to integrate/mainstream HIV and AIDS in their programmes. She expanded the scope to include departments of religious studies in public universities. Coming from one such department herself, she was convinced that no discipline/department/sector could remain untouched by the epidemic (Dube 2003c:vii-viii). This holistic approach was quite significant, given the tension between theology and religious studies in Africa. In a sense, this is an old quarrel that spilled over to African shores from its European origins. Dube sought to transcend the artificial divide and encouraged theologians and scholars of religion to contribute to the struggle against HIV.

Dube’s “conversion” to the HIV struggle was a result of her existential situation. As a member of society, she witnessed the effects of HIV and AIDS on close relatives, friends and acquaintances. She was motivated to contribute to the struggle against the HIV epidemic by real life situations (Dube 2004a). It is these experiences that gave her a sense of urgency to tackle the HIV epidemic. Indeed, the sheer number of Training of Trainers (TOT) workshops – both regional and national – that she held across the continent testifies to her sense of mission. In a sense, Dube became a modern-day missionary: a missionary against HIV and AIDS! She took her gospel to theological institutions across Africa, calling for the conversion of students and lecturers.

Dube sought the resurrection of individuals and communities; from the death and paralysis wrought by stigma and discrimination to the life of compassion and acceptance of the reality of the HIV epidemic. Central to her crusade has been the conviction that theological colleges are strategically placed to transform the church’s thinking on HIV. Consequently, she sought to ensure that graduates of African theological institutions and departments of religious studies are adequately equipped to lead the response to HIV. Such was her conviction regarding the urgency of the situation that she wrote,

“The time for the integration of HIV/AIDS in our theological training programmes was yesterday!” (Dube 2001a:5).

Dube’s call for relevant theological education in the era of HIV and AIDS is consistent with trends in African theology. From its inception in the late 1940s, African theology has stridently argued that African issues should be at the centre of the theological task on the continent. Theological debates in Europe and North America should not be exported to Africa without taking cognizance of the African realities. Dube’s insistence that graduates of African theological institutions must be “AIDS competent” stems from this underlying conviction that independent Africa should have sufficient intellectual courage to chart its own destiny, and to address its own issues. Zimbabwean theologian Ambrose Mavingire Moyo writes:

The root cause of the crises of the ministry and Church in Africa most probably lies in the lack of a dynamic theological perspective on the part of the current Church leadership, in the application to Africa of theological responses to circumstances in Europe or America, and in persistent neo-colonialist missionary structures which were developed within the context or even in collaboration with secular colonialist regime(s) (Moyo 1990:45).

For Dube, the reality of HIV and AIDS in Africa necessitates theological maturity on the part of theologians and church leaders. In her addresses to lecturers in theological institutions, Dube noted that relying on theological trends in Europe and North America resulted in “half-baked” graduates who were not equipped to respond to African issues. The era of HIV demanded that African theologians rise to the occasion by presenting practical, life-saving solutions (Dube 2004c). This task could not be outsourced to outsiders, Dube argued. In addition, she maintained that African institutions could no longer afford to engage in abstract biblical studies. This theme is taken up by a fellow African woman biblical scholar, Modipoane Masenya who argues:

If churches, theological institutions, (and) Church organizations never in their histories felt persuaded and challenged to engage the message of the Bible with peoples’ life situations, the HIV/AIDS epidemic is challenging us to do so today. If we have never considered the negative impact of gender inequalities in our theologies and biblical hermeneutics, the advent of the HI virus challenges us to make such a commitment (Masenya 2005:25).

Dube took the issue of mainstreaming HIV and AIDS in theological programmes in Africa seriously. She provided academic leadership in this field, illustrating the mainstreaming of HIV and AIDS in her own field of biblical studies. For Dube, the

onus was upon every lecturer in theology and religious studies in Africa to examine their course content and find ways to include HIV and AIDS. Such an exercise would empower African researchers to realize that they could free themselves from Euro-American captivity. Dube's postcolonialism came to the fore while addressing the theme of theology and the HIV epidemic. African scholars had a right to chart their own intellectual destiny, she insisted.

Dube's commitment to the struggle against HIV in the field of curriculum transformation included examining how other courses like African Traditional Religions (she prefers the term African Indigenous Religions) could be harnessed. She is convinced that Christianity should overcome its feeling of superiority and co-operate with other religions. Dube (2006a: 148) calls for African scholars of religions to become "diviner-healers" in the response to HIV. She contends that the African practice of divining allows members of the community to come together to seek a common solution to their problems. Similarly, scholars of theology and religious studies in Africa must "divine" solutions to the HIV epidemic by probing how gender inequality, poverty, Africa's marginalization and other issues sponsor HIV and the attendant theologies of death.

Dube's contribution to the transformation of theological education in Africa in the wake of the HIV epidemic is not confined to residential training institutions. Dube presided over the writing of HIV and AIDS modules for Theological Education by Extension (TEE). Although she had left EHAIA/WCC, she continued to show her commitment to the cause by coordinating the production of the TEE modules on HIV and AIDS in 2005. The modules seek to extend coverage of HIV and AIDS in theological education to "the whole people of God". As Lucy K. Kithome (2003) had argued, formal theological education is elitist. Dube answered the challenge by promoting the mainstreaming of HIV in TEE. Although TEE faces many challenges, Dube sought to ensure that TEE graduates are equipped to respond to the HIV epidemic in an effective way.

While European traditions have been, and remain dominant in the study of African religions (Ludwig and Adogame 2004), Dube has regarded the HIV epidemic as an opportunity for African theologians and scholars of religion to assert their autonomy (Dube 2004c). This is consistent with her charge that colonialism and globalization have not and do not benefit Africans. From *Postcolonial Feminist Interpretation of the Bible* (Dube 2000b) to the *HIV/AIDS Bible* (Dube forthcoming), she has argued that African scholars have to critique European and North American hegemony in the academic, economic, cultural and political spheres. Drawing upon her own experi-

ence as a student in the UK and the USA, Dube (2000a:154) informs her readers that the bulk of what she learnt in these places was wonderful, but did not always have direct relevance to her Southern African context. The HIV epidemic offers a chance to African theologians to address their own challenges without paternalistic advice from outsiders, Dube avers.

As an active member of the Circle, Dube's pioneering role in the adoption of the HIV & AIDS Curriculum for Theological Institutions in Africa (WCC 2001) is noteworthy. Dube has challenged the Circle to publish on HIV and AIDS. The Circle has taken up this challenge, emerging as the most productive group of theologians writing on HIV and AIDS on the continent (Dube 2006b). Dube herself has been passionate about promoting African women's theology (Njoroge and Dube 2001), alongside calling for the mainstreaming of HIV and gender in theological programmes on the continent.

The mainstreaming of HIV and AIDS in African theological institutions has been progressing since Dube's intervention. Indeed, theological institutions in Asia have adopted the curriculum that Dube and others helped to formulate for African theological institutions. Her challenge to African theologians and scholars of religion to research and publish on HIV and AIDS has also elicited positive responses. A number of journals like *Missionalia* (29, 2, 2001) and the *Journal of Theology for Southern Africa* (125, 1 and 126, 2, 2006) have devoted special issues to the theme of HIV and AIDS. In addition, many lecturers in departments of theology and religious studies and theological institutions have published reflections on HIV and AIDS.

"For Such a Time as this" (Esther 4:14): Dube as an African Christian woman leader in the era of HIV

The theme of leadership in the response to the HIV epidemic has been recurrent. Effective leadership at various levels does and can make a difference. The theme for the World AIDS Day (1 December) for 2007 and 2008 is "leadership", being promoted under the slogan, "Stop AIDS. Keep the Promise". Similarly, the Young Women's Christian Association (YWCA)/International Community of Women living with HIV (ICW) International Women's Summit, July 4-7, 2007, in Nairobi, met under the theme, "Women's Leadership Making a Difference on HIV and AIDS". From the foregoing discussion, it is clear that Dube has emerged as a young African Christian woman who has mobilized churches, institutions and other faith communities to respond to the HIV epidemic. She has provided intellectual and practical leadership. In her assessment of Dube's work, Bridget Marie Monohan (2004:52) concludes that she is "an active realizer/motivator of real African social change."

Propelled by the conviction that the spirit of the Lord is upon her (Luke 4:18-19), Dube has felt empowered to challenge church leaders to journey with women in the era of HIV, and to banish stigma and discrimination. In the spirit of John the Baptist who dared to call the Pharisees and Sadducees a brood of vipers (Matthew 3:7), Dube has not hesitated to castigate church leaders for their sins of commission and omission in the era of HIV and AIDS (Dube 2004b). She has in turn challenged African women to discard the tag of victim and work for their own liberation. Dube has demonstrated leadership abilities by her capacity to work with professional as well as community-based women.

Two concepts that are key to Dube's recommendations concerning responses to the HIV epidemic are helpful in locating her own leadership. These are prophecy and divination. For Dube, prophecy plays a major role in mobilizing the Christian community to respond to the HIV epidemic. Prophecy entails confronting injustice, stigma and discrimination, poverty, exploitation and all forces of death. According to Dube (2003e:55), upholding the Christian identity implies engaging in prophetic action in the era of HIV. She has taken up this role effectively, proclaiming life in contexts of pain and death. Dube is therefore a contemporary prophet who calls upon society to repent and address the HIV epidemic effectively.

The second concept that Dube has utilized emerges from indigenous African culture. She applies the concept of divination in a refreshing way to indicate a new model of leadership in the era of HIV. Although she has put forward communal divination as a model for future interventions, it is important to indicate that Dube has already undertaken the divination. Public divination seeks to unravel the factors that sponsor HIV and AIDS and to secure appropriate healing of both relationships and the physical body (Dube 2006a:149-51). As a diviner-healer, Dube has described the various factors that increase vulnerability to HIV. She shattered the "us" and "them" dichotomy by demonstrating that the HIV epidemic affects the whole world. Her concept of the world living with HIV and AIDS underscores the need for global solidarity and action.

As a prophet(ess) and diviner-healer, Dube has also played a major role in advocacy. Dube has addressed major conferences and gatherings where she has urged the strong and the powerful to make effective responses to the HIV epidemic. In particular, she has called on the rich nations of the world to contribute to the treatment and prevention of HIV. Why should poor people die at a time when HIV should be manageable? Why do the rich countries overlook their responsibility to address global poverty? Why do men turn away when women remind them of their responsibilities? Why do

adults wish to silence children when issues of justice come up? Dube has called for a transformation of power. Power should be used to liberate, instead of continuing to oppress others, she argues.

Dube's advocacy role saw her place emphasis on the active participation of people living with HIV in HIV and AIDS programmes. She accepted the concept of the greater/meaningful participation of people living with HIV. The church should not claim to do theology on behalf of people living with HIV, she argues. Using the concept of compassion, she maintains that people living with HIV and AIDS (PLWHA) constitute the key resource in the development of a theology of compassion. Introducing her TEE module on "A Theology of Compassion in the HIV and AIDS Era", she writes:

The concept of PLWHA and the affected as agents is central to this module. The word **agent is therefore used to emphasize the active participation or role of PLWHA and the affected in the struggle against HIV&AIDS and its stigma.** Agency of PLWHA and the affected is vital to our articulation of a theology of compassion. That is, much as **compassion refers to solidarity with the suffering and seeking change with them**, the concept of agency of PLWHA and the affected emphasizes their centrality as active subjects in building and giving compassion. Their voices, stories and lived experience must be the foundation of a theology of compassion. Compassion, in other words, does not patronize, silence or replace PLWHA and the affected as active subjects in the struggle against HIV&AIDS and its stigma and discrimination. Compassion, rather, is empowering companionship. A theology of compassion is a theology of empowerment and liberation that fully recognizes the human dignity and initiative of the oppressed in working out their own salvation (Dube 2005:7. Emphasis original).

Relevant leadership in the era of HIV requires upholding the rights and dignity of people living with HIV. During her workshops and seminars, Dube insisted on the active and meaningful participation of people living with HIV. This strategy is helpful as it avoids the pitfall of speaking for people living with HIV. Dube's HIV and AIDS work is built around the contention that people living with HIV are best placed to articulate a theology of HIV. Solidarity with people living with HIV should not be an excuse for stifling the voices of people living with HIV.

Dube's profile and achievements confirm the assertion that women's leadership is making a difference in the struggle against HIV and AIDS. Although men continue to wield power in most sectors, African women like Dube have demonstrated that they are capable of influencing positive change. As a woman of faith, a scholar, an activist and

in other different roles, Dube has displayed remarkable leadership qualities. She is an embodiment of the Circle's distinctive way of facilitating leadership (Njoroge 2005).

A Remarkable Daughter of Africa: an overview of Dube's engagement with the HIV epidemic

The foregoing sections have provided details of Dube's contribution to the church's response to the HIV epidemic. She is a pioneer in seeking to transform the church's theology, retraining of church personnel in HIV, as well as providing effective leadership. Like many women founders of AICs, Dube is a charismatic figure. She is a compelling public speaker, dramatist and a very strong-willed individual. Her commitment to mentoring young African women scholars is unflinching. She has been keen to recruit as many activists to the HIV cause in Africa as possible. Below we highlight some of the areas where she has made a distinctive contribution in the context of HIV.

Ecumenism

The church in Africa is fragmented. Alongside the mainline churches and the AICs, a wave of Pentecostalism has swept across the continent. These different strands of Christianity in Africa have responded to the HIV epidemic, but often in isolation. Dube has challenged the African church's immaturity in relation to ecumenism. She has mobilized Christians from diverse theological backgrounds to respond to the HIV epidemic in Africa. In line with her contention that every person and institution should be involved in the struggle against the epidemic, she has transcended denominational boundaries. She represents a good example of ecumenism from below (Kobia 2003:146). While the male leadership of the church continues to pay lip service to ecumenism, Dube and other African women theologians are actively involved in bringing together believers from diverse backgrounds. Dube has read the HIV epidemic as an opportunity to promote cooperation across denominations.

Dube's HIV and AIDS work is also interfaith in outlook. She has shared the stage with religious leaders representing other faiths. These include Muslims, Jews, African traditionalists and others. Her plea to lecturers in departments of religious studies and theological institutions is that they must examine how their courses can be utilized to provide effective responses to HIV. Such courses might include Islam in Africa, Studies in World Religions and others. According to her, "HIV/AIDS calls the church to a wider ecumenism, which includes and embraces interfaith cooperation in the struggle against HIV/AIDS" (Dube 2002b:547). Of particular interest to her is the need to take the African cosmology seriously when addressing HIV and AIDS (Dube 2006a).

Dube's openness to different ways of being religious therefore allows her to accept that other religions can provide effective responses to the HIV epidemic. She subscribes to the view that, "people of faith and the organizations they support can be invaluable collaborators in the fight to eradicate HIV and AIDS" (Lux and Greenaway 2006:107).

Redefining Mission in the Era of HIV

While missiologists debate the meaning of mission in the contemporary period, Dube has charged that the church's mission is to proclaim life amidst the negative impact of HIV and AIDS. Mission for Dube implies wiping away tears from the faces of African women, integrating people living with HIV, and surrounding those affected by HIV with love and compassion. Dube regards the HIV epidemic as an opportunity for the church to truly become church: warm, hospitable and loving spaces where those who are heavy-laden find solace. According to her:

The church needs to realize that today Jesus Christ stands amongst the suffering saying, "Look at me, I have AIDS." In this HIV/AIDS era, the greatest theological challenge for Christian believers is to grasp that Jesus is the face of every individual who is suffering with HIV/AIDS or who is affected and threatened by this disease. Whenever and wherever a person is stigmatised, isolated and rejected because of their HIV/AIDS status, the church needs to grasp that Jesus himself is discriminated against and rejected. All those women, whose gender makes it impossible for them to protect themselves, the helpless widows and millions of orphans, represent Jesus crucified in our midst. Most importantly, they underline the call to proclaim resurrection from all the death dealing social shackles that have buried many (Dube 2002b:540).

For Dube, mission in the era of HIV and AIDS implies the church providing an effective and sustained response to the epidemic. Mission entails being HIV and AIDS competent, that is, being able to proclaim life amidst death. HIV competent churches are characterized by compassion and activism. They are "churches with loud voices" that press for the availability of antiretroviral drugs for all those who need them. They journey alongside marginalized groups such as sex workers, men who have sex with men and others. Dube is convinced that HIV offers an opportunity for the church to recover what it means to be church: a movement that accompanies people in vulnerable situations and reaches their places of pain. For Dube, mission in the era of HIV calls for "in-reach"; the church must begin by re-examining its theology and attitude towards people living with HIV, as well as the affected.

A Theology of Children

African Christian theology has grown significantly since its inception in the 1950s, with diverse themes benefiting from scholarly reflections. After the dominance by men in the early phase, African women theologians became particularly assertive in the 1990s. It is therefore accurate to observe that African theology has been adult-centred. Dube has challenged this trend by introducing the vulnerability of children in contexts of HIV and AIDS. Noting that the AIDS epidemic has resulted in a phenomenal increase in the number of orphans and vulnerable children in Southern Africa, Dube has called for a theology that takes children's rights and welfare seriously. Building on Mark 9:33-37 and Mark 10:13-16 in which Jesus is socially subversive by empowering children, Dube maintains that the HIV era calls for a theology that puts children at the centre. She writes:

We have then sufficient biblical basis to spur us to an activist-oriented theology of children's rights in the HIV/AIDS era. HIV/AIDS violates a child's basic human and God-given right; namely, the right to live. It violates their right to grow up as secure people (Dube 2002a:33).

Dube exploratory essay on a theology for children in the context of HIV provides a helpful starting point in this discourse. She lays the foundation for theological reflections on children in the era of HIV. As she has done with people living with HIV, it will be crucial for such a theological task to take children seriously. Too often, theologians have undertaken reflections on behalf of children. A theology of children in contexts of HIV in Africa must place children themselves at the centre.

Socially-Engaged Scholarship

Dube has been able to combine quality scholarship with activism in the field of HIV and AIDS in Africa. While the debate on whether scholars must be socially engaged continues (Cox 2006:225), Dube has demonstrated the value of harnessing the two strands. Her work shows that scholarship and activism are not mutually exclusive. Dube is equally at home in the lecture halls of prestigious universities and beneath the tree with AIC women in rural Botswana. She is willing to challenge patriarchy in metropolitan centres and within her university.

Given the gravity of the HIV epidemic, African scholars do not have the luxury of conducting research for the sake of research. Dube's socially-engaged scholarship provides a useful model. Scholars working in faculties of theology and departments of religious studies in Africa need to ensure that their research addresses people's lived experiences. Dube's work on HIV and AIDS in Africa demonstrates the value of socially-engaged scholarship and should inspire other scholars and activists.

The Power of Performance

Within her academic accomplishments, Dube has shown the power of performance in addressing HIV and AIDS. Cognizant of the reality that orality and liturgy are key to the African worldview, Dube's HIV and AIDS work responds to this reality. According to her:

Liturgy (prayers, songs, sermons & church rituals) is one aspect that can be used to build constructive understanding and response to HIV&AIDS. To build compassionate churches our sermons, prayers and songs should bring our churches to that point of saying, "We have AIDS"; we are a church living with HIV&AIDS (Dube 2005:74).

Dube's appropriation of drama, songs, poems and symbols in the struggle against HIV and AIDS in Africa is an important reminder of the centrality of oral theology to Africa. Dube herself has been dramatic in some of her presentations, sometimes addressing meetings barefoot to indicate prophetic action and urgency around HIV. A gripping play on HIV and AIDS stigma is probably more effective than a thick volume condemning stigma. Dube's storytelling method is effective in highlighting the complexities around the HIV epidemic. She has retrieved African orality and has made it a key part of the church's response to the HIV epidemic. This draws her closer to women prophetic founders of AICs.

Other Ways of Reading: an overview of critiques of Dube's HIV and AIDS work

Dube (2003c:xi) admits that her pioneering work (alongside that of others) on HIV and AIDS represents "dream" or "war" work that should not be canonized. Emmanuel Katongole (2005) appreciates Dube's contribution to the struggle against HIV and AIDS in Africa. However, he contends that she does not grant adequate space to the theological category of lament. Lovemore Togarasei (2007) also acknowledges the importance of rereading the Bible in the era of HIV and AIDS. He contends that Dube and other scholars who "fight HIV and AIDS with the Bible" have not articulated a concise and convincing methodology as to how this could be done.

Perhaps one of the sharpest critiques has come from the pen of Dube's colleague and compatriot, Obed Kealotswe, who charges that the "WCC's work" is elitist and does not integrate people living with HIV (Kealotswe 2007:24). However, this is an unfair criticism as we have demonstrated in the foregoing sections that Dube has placed emphasis on the meaningful/greater participation of people living with HIV.

Our own analysis of Dube's work on HIV and AIDS and theology in Africa persuades us that perhaps she has placed too much emphasis on structural factors that increase

vulnerability to HIV. While it remains critical to highlight the role of poverty, gender inequality and other factors, there is a danger of erasing the aspect of individual responsibility in contexts of HIV. However, this should not lead to stigma and discrimination. Individuals should not feel powerless against HIV; it is possible to adopt strategies that minimize vulnerability to HIV. Dube's work on HIV and AIDS focuses on structural issues and downplays personal responsibility.

Although Dube has always been open to the possibility of active male participation in the response to HIV (2006b:5), she has tended to focus on women's vulnerability to HIV. This is understandable, given the numerous factors that have sponsored covenants of death against African women. It is clear that the involvement of men will make HIV and AIDS programmes more effective. The empowerment of women must be accompanied by a transformation of masculinities if progress is to be achieved in the struggle against the epidemic.

Critiques of Dube's HIV and AIDS work do not undermine her sterling contribution to the field. In fact, some of the critiques (like not utilizing the category of lament or not reaching the "grassroots", as in Kealotswe's) are disputed by themes addressed in this narrative. Other critics charge that Dube is "too feminist" or "too radical" in her challenge to the churches of Africa. Such critics fail to appreciate her passion for the transformation of the continent. She is an advocate of gender justice and the inauguration of a new heaven and a new earth: one where women, children and men will enjoy abundant life.

Conclusion

The history of African Christianity has been characterized by a focus on charismatic women who initiated different movements across different historical epochs. Rarely have the intellectual achievements of African Christian women been the focus of discussion. There is a need to document and analyze the contribution of contemporary African Christian women to the growth and vitality of the faith on the continent. Dube's significant contribution to the church's response to the HIV epidemic merits attention. Her exuberance, scholarly output and commitment to a world without HIV and AIDS make her a notable figure in contemporary African Christianity. Dube (2004b) calls upon the church to instigate a conspiracy of hope. She is a diviner-healer who has sought the healing of her continent in the time of HIV. Given the contention that revolutionaries never retire, Mma Aluta (Dube 2003d:104) was prophetic when she named her son Aluta: for the struggle against HIV and AIDS continues.

CHAPTER 6

THE ECUMENICAL HIV AND AIDS INITIATIVE IN AFRICA (EHAIA) AND THE MAINSTREAMING OF HIV AND AIDS IN THEOLOGICAL PROGRAMMES

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Introduction

The HIV pandemic has emerged as a major challenge to development, especially in Africa. Alongside causing untold suffering and death, it has reversed the gains of independence in many countries in sub-Saharan Africa. After the initial denial and paralysis that characterized the first decade of the pandemic (mid-1980s-'90s), there have been concerted efforts to provide effective responses. Faith-based organizations have been able to shake off the initial lethargy and are now actively involved in the response to HIV and AIDS. According to Marshall and Keough:

Today, however, we are witnessing an extraordinary process of dialogue, debate, reflection, and action – church by church, mosque by mosque, and denomination by denomination – at community, national and international levels. Remarkable stories of dedicated, creative, and caring programs are taking shape – and, increasingly, a new and dynamic mosaic of partnerships is being formed, bringing skills and assets of different partners together to confront HIV/AIDS (Marshall and Keough 2004:98).

The Ecumenical HIV and AIDS Initiative in Africa (EHAIA) is one such creative programme that brings “different skills and assets of different partners together” to confront the HIV pandemic. EHAIA brings together the African churches, ecumenical organizations, northern churches and agencies, and the World Council of Churches (WCC). Having been set up in 2002, its major goal is to ensure the emergence of “HIV competent churches” in Africa. This has meant empowering African churches to be actively involved in prevention, care and support programmes. EHAIA has sought to ensure that churches in Africa and their institutions provide effective responses to the HIV pandemic. EHAIA’s main focus in Africa has been to transform negative theological interpretations of the pandemic and thereby release the churches’ collective energies towards responding to HIV. Through its project coordinator, regional coordinators and theology consultants, EHAIA has mobilized churches and theological institutions to provide leadership in the response to the pandemic.

EHAIA has deliberately networked with the African Network of Religious Leaders living with or personally affected by HIV and AIDS (ANERELA) and the Circle of Concerned African Women Theologians (the Circle). These groups have a major role to play in responding to the HIV pandemic in Africa and in shaping the theological response. Of particular importance to this chapter is EHAIA’s move to transform theological training in Africa in the wake of the HIV pandemic. The chapter examines EHAIA’s contribution to this quest. It highlights the achievements and challenges that have characterized the search for theological relevance in the era of HIV. Since

it requires a longer narrative to explore EHAIAs history and achievements in Africa, this chapter focuses on EHAIAs impact on the mainstreaming of HIV in theology and religious studies.

Business-as-usual in Unusual Times? Theological Education in Africa in the Face of HIV

“How can theological education in Africa be conducted in a “business-as-usual” manner when thousands and millions of Africans are dying of AIDS?”(Maluleke 2003:63). This question posed by the South African black theologian Tinyiko Sam Maluleke a number of years ago highlights the question of relevance that has plagued African theology since its emergence in the late 1950s. Studies on the history of African theology demonstrate that its practitioners have sought to address the pressing issues of the day. The project of inculturation endeavours to make Christianity relevant to the African context. However, when HIV appeared on the scene, African theologians were not readily available to meet the challenge. It is gratifying to note that the situation has since changed, although much still remains to be done.

There are a number of factors that can be put forward to explain why it has taken so long for the HIV pandemic to feature prominently in African theological education. To begin with, there is the whole question of whether in fact African theological education has been sufficiently decolonized to enable it to focus on pressing African issues. Ambrose Moyo (1990:45) contends that most African theological institutions remain in colonial bondage. They have not been able to break free and charter their own intellectual destiny.

Many African theologians and educators have argued that, like other disciplines, African theology has failed to articulate African issues in African idiom. It has been unable to break free from its Euro/American captivity. The worshipping of “excellence and standards” has prevented African scholars from pursuing issues that confront African communities. Consequently, many theological institutions in Africa have not been guided by their contexts in their teaching and research, but by the latest trends in Western Europe and North America. This has affected their response to the HIV pandemic. Basil Manning has argued that the life-setting of the poor should inform theological education in Africa. He writes:

Theological education should be contextual/situational; it should take as its point of departure the concrete conditions of the oppressed in their situation; it should focus

on the real life challenges and conflicts of the people; their concerns, needs, aspirations and dreams. Together with the learners we should consider and choose from real life situations themes for reflection/action (Manning 1990:72).

Second, as social beings, African theologians were influenced by the negative attitudes towards the HIV pandemic that were dominant in their communities. It has remained difficult for most people to accept that the HIV pandemic affects all of us, and not just a few people “out there”. There continues to be a lot of silence, secrecy and stigma surrounding HIV and AIDS. As Gideon Byamugisha, the founder of ANERELA has argued, there is a tendency to regard the HIV pandemic as belonging to “others”. He observes:

Because the disease was reported to have spread first among homosexuals, injecting drug users, commercial sex workers, and other people we label as “sexually promiscuous”, many of us still see HIV/AIDS as other people’s disease. It may not take long for an attentive hearer among our audiences to hear elements of prejudice, judgment and intolerance in some of our speeches, sermons and reactions, which unfortunately reflect and betray the misconceptions, prejudices and inaccuracies that still surround this pandemic (Byamugisha 2005:20).

Third, the HIV pandemic has been overwhelming in terms of its effects and fast-changing nature. The medical profession appeared to be the only one adequately placed to research and publish on the pandemic. African theologians might have felt that they were not equipped to reflect on HIV and AIDS. As a result, there were very few theological reflections on the pandemic up to the late 1990s. The realization that the HIV pandemic transcends the medical field has facilitated reflections from other disciplines. This has empowered a number of African theologians to begin writing on the HIV pandemic.

Fourth, the HIV pandemic appeared to reawaken colonial and condescending attitudes towards African Traditional Religions and cultures. The identification of harmful cultural practices that facilitated the spread of HIV forced African theologians on the defensive. They had defended African culture in the face of minimization by some missionaries (Chitando 2007a:61). African theologians had argued that African culture was an inestimable resource in the formation of African Christian identities. The HIV pandemic was forcing them to re-evaluate African cultures. This was particularly difficult for male African theologians.

To a very large extent therefore, African theological education did not reflect the reality of HIV in Africa during the early phase of the pandemic. However, there had

been earlier efforts by the Medical Assistance Programme (MAP) International who produced the module, *Choosing Hope* (MAP 1996). In 2000, MAP, with the assistance of the WCC and UNAIDS hosted a forum that laid the basis for the development of the HIV and AIDS curriculum for theological institutions in Africa. MAP has continued to play an important role in the transformation of theological education in Africa. The formation of EHAIA added urgency to the task of integrating HIV and AIDS in theological programmes in Africa. The following section examines EHAIA's contribution to the quest to ensure that graduates of theological institutions in Africa are equipped to respond to the pandemic.

Building HIV-Competent Theological Institutions in Africa: EHAIA's efforts

In the Plan of Action that led to the formation of EHAIA, African churches, among other actors, made the following commitment under "Education":

4. We will promote the revision or creation of new curricula for theological institutes or seminaries so that they support the aims of this Plan"(WCC 2002:8).

The task of mobilizing theological training institutions fell to Musa Dube, EHAIA's Theology Consultant. She travelled across Africa challenging church leaders and theologians to make the HIV pandemic a major part of the mission of the church. Dube encouraged theological institutions to place the HIV pandemic at the core of their activities. They could not afford to teach abstract concepts when their very own context demanded that they address the HIV pandemic, she argued. She challenged lecturers and administrators to invest in curriculum transformation in order to reflect the reality of HIV in their contexts. Dube's mission was to ensure that theological colleges in Africa became the first line of defence in facing HIV (see the chapter by Chitando and Gabaitse in this volume).

EHAIA has trained many theological educators across most parts of the continent on mainstreaming HIV and AIDS in theological programmes. The guiding philosophy has been to get maximum benefits from the multiplier effect. Strategic people from theological colleges have received training on various aspects of theology and the HIV pandemic during the Training of Trainers (TOTs) workshops. In turn, these individuals have gone back to their institutions to train others. As a result, many lecturers in theological colleges and university departments of theology and religious studies in Africa have obtained valuable information on how to address the HIV pandemic in their courses.

It must be reiterated that most resource persons who have been facilitators at EHAIA workshops and conferences on the mainstreaming of HIV and AIDS in theology and religious studies have had to read widely on the pandemic. Very few scholars in theology and religions in Africa have benefited from receiving lectures on the HIV pandemic. Scholars who have framed the discourse on HIV and AIDS and theology in Africa have been forced to be creative, and to teach themselves to master the issues. Writing about these earlier efforts, Dube concedes that they were largely exploratory in character. She notes:

The curriculum and these papers that were written to accompany it, therefore, represent creative, dream, virgin or war work, because for most of us who wrote them, whether on the Bible and HIV/AIDS or theology and HIV/AIDS, it was the very first time. Although some efforts have now been made to produce HIV/AIDS theological literature, at the time of writing these papers most of us had hardly any other theological works to refer to. Lastly, most if not all of us had no training on HIV/AIDS theology in our graduate schools (Dube 2003c:xi).

It was in this context that EHAIA placed emphasis on the production of materials on HIV and AIDS and theology. Interactions with lecturers at theological colleges in different parts of Africa brought out the issue of the critical shortage of resource materials as a major stumbling block in efforts to mainstream HIV and AIDS in theological programmes. In the following section, this chapter highlights areas where EHAIA has contributed to the HIV competence of theological colleges in Africa.

Publication of Resource Material on Theology and the HIV Pandemic

EHAIA has sought to address the glaring shortage of resource material on theology and the HIV pandemic in African theological institutions. This is a result of the realization that often institutions are hesitant to mount courses that deal with the HIV pandemic because of the lack of quality, up-to-date and sound material on the theme. EHAIA has endeavoured to play a leading role by producing such material. Dube's *HIV/AIDS and the Curriculum* (Dube 2003b) and Charles Klagba and C. B. Peter's *Into the Sunshine: Integrating HIV/AIDS into the Ethics Curriculum* (Klagba and Peter 2005) have assisted many lecturers in theological education in Africa. The chapters in these books focus on diverse themes and facilitate the incorporation of HIV and AIDS in various courses.

Dube's *AfricaPraying* (Dube 2003a) provides guidelines for preparing HIV and AIDS sensitive sermons and liturgy. *Listening with Love* (Igo 2005), a book on pastoral coun-

selling, is also helpful to lecturers engaged in theological education. These books equip lecturers and students with the relevant tools for developing liturgical materials and counselling in the era of HIV. They have been used widely in Africa and beyond. EHAIA has therefore contributed to the production and dissemination of theological resources on the HIV pandemic. This has supplemented the available material that tends to overlook the religious dimension.

In addition to specifically theological material on the HIV pandemic, EHAIA has also published valuable information on the activities of churches in their response to the pandemic. Sue Parry, EHAIA Regional Coordinator for Southern Africa, published *Responses of Faith-Based Organisations to HIV/AIDS in Southern Africa* (Parry 2003) at a time when very few authors thought of investigating the role of faith-based organizations in the struggle against the pandemic. Ezra Chitando's (2007a and b) *Living in Hope: African Churches and HIV/AIDS (Vol.1)* and *Acting in Hope: African Churches and HIV/AIDS (Vol.2)* challenge the churches in Africa to face the HIV pandemic with courage and resourcefulness. These books are also useful as resources on theological reflections on the pandemic. As I shall indicate below, EHAIA has produced valuable materials on HIV and AIDS for Theological Education by Extension (TEE). In addition, EHAIA has supported some publications on HIV and AIDS by the Circle as part of its collaboration with the Circle.

Promoting Research and Teaching on Theology/Religious Studies and the HIV Pandemic

EHAIA has galvanized African departments of religious studies and theological institutions to research and teach on various aspects of the HIV pandemic. Through training workshops, conferences and seminars, EHAIA has challenged lecturers and students to be actively involved in the production and dissemination of material on the HIV pandemic. This has equipped lecturers to integrate HIV and AIDS in their courses. It has been noted that lecturers feel more confident to embark on this exercise after they have attended workshops that avail them of the latest discussions on the theme.

EHAIA has supported seminars on the HIV pandemic at various theological institutions in sub-Saharan Africa. This has generated interest, and research on the topic has begun to flourish (Frederiks 2008). In some departments, students have submitted honours, graduate and postgraduate theses on theology and the HIV pandemic. Through the granting of modest financial support, EHAIA has enabled some institutions to take HIV and AIDS seriously in their teaching and research. Many members of staff and students have sought to be contextually relevant by addressing the HIV pandemic.

A number of theological institutions and departments of religious studies in Africa have taken up the challenge of tackling the HIV pandemic in their teaching. St Paul's University, in Limuru, Kenya has ensured that students who attend the institution receive quality information on the HIV pandemic. They are one of the leading institutions in the area of theology and HIV in Africa (see chapter one of this volume). The Department of Theology and Religious Studies at the University of Botswana has also addressed the HIV pandemic in its teaching and research (see chapter two in this volume). Other faculties of theology at Makumira, Tanzania and the School of Religion and Theology, University of KwaZulu-Natal, South Africa, now offer courses that reflect the reality of HIV and AIDS. Overall, there has been a notable increase in the number of theological institutions and departments of religious studies that are addressing the HIV pandemic in their teaching and research.

Facilitating the Exchange of Information and Ideas on Theology/ Religious Studies and the HIV Pandemic in Africa

As part of its method of operation, EHAIA has brought together lecturers, administrators and church leaders from various parts of Africa. This has facilitated a rich sharing of information, ideas and experiences on mainstreaming HIV and AIDS in theology and religious studies. EHAIA has held regional and national TOTs on the mainstreaming of HIV and AIDS in theology and religious studies. These have provided a platform for lecturers and administrators from different parts of the continent to meet and interact. With the collapse of regional theological organizations like the Association of Theological Institutions in Southern Africa (ATISCA) and others in the 1990s, EHAIA has offered alternative space and scope for interaction across national barriers.

EHAIA workshops, conferences and seminars have enabled lecturers in theological institutions and departments of religious studies to share experiences on progress and challenges in the mainstreaming of HIV in their programmes. For example, EHAIA co-sponsored the African Association for the Study of Religion (AASR)/International Association for the History of Religion (IAHR) conference on "Health, Healing and the Study of Religions in Africa", Gaborone, Botswana, 8-13 July 2007. The conference placed emphasis on taking HIV and AIDS seriously in teaching and research in religious studies and theology in Africa. Such conferences have helped to overcome the isolation that threatens most institutions in the region. In addition, EHAIA has supported key resource persons who are experienced in the mainstreaming of HIV in theological programmes to travel to other institutions to assist them in the exercise.

Supporting Ecumenical Theological Education in the Era of HIV

EHAIA operates ecumenically. It eschews denominationalism and narrow theological agendas. This has been motivated by the realization that the effects of HIV and AIDS transcend denomination or religious status. Consequently, EHAIA supports ecumenical theological education in the era of HIV. It has encouraged theological institutions to regard the HIV pandemic as an opportunity for the pooling of resources and overcoming ecumenical immaturity. EHAIA has persuaded theological institutions to work across denominational lines in the response to the HIV pandemic.

It has become clear that collaborative action is required if progress is to be attained in the response to the HIV pandemic. As a result, EHAIA has worked with theological institutions with diverse backgrounds. It has collaborated with Catholic theological institutions, colleges from the Protestant churches, as well as those from Pentecostal and African Indigenous churches. EHAIA therefore interacts with personnel from the different dimensions of African Christianity. This has allowed the emergence and circulation of new theological perspectives on the HIV pandemic in Africa.

EHAIA has challenged African theologians and scholars of religion to regard the HIV pandemic as an opportunity to enhance ecumenism on the continent. There is need for individuals and institutions to transcend their theological differences and work together in the response to devastation caused by AIDS. EHAIA has sought to promote this spirit by ensuring that participants at its conferences and seminars are drawn from diverse theological traditions. This has promoted mutual learning on theology and the HIV pandemic across denominational lines.

It is envisaged that the HIV pandemic will assist African theologians to grow ecumenically. In turn, this will promote ecumenical theological education on the continent. Ecumenical maturity entails recognizing that it is through a united front that churches and their institutions can provide more effective responses to the pandemic. EHAIA has endeavoured to contribute to the emergence of graduates who are ecumenically oriented, with the vision to promote collaborative action in the era of HIV and AIDS.

Pan-African Theological Education in the Time of HIV

Colonialism bequeathed the sad legacy of an Africa that is divided on linguistic grounds. Following the partitioning of Africa in the 1884-5 Berlin Conference, it is now common to refer to Anglophone, Francophone and Lusophone regions. Although each one of these regions has a distinctive history in the area of theological reflection, there is a growing realization that Africa needs to forge a united front if it is to influ-

ence global trends. In the specific case of the HIV pandemic, it is clear that the continent needs to share experiences and resources if it is to provide an effective response.

EHAIA's distinctive advantage in mobilizing churches and theological institutions is that it has a Pan-African approach and outlook. It has sought to meet the four major educational trends in contemporary Africa, emerging from the efforts of the Belgians, Portuguese, French and the English (Pobee 1990:56). EHAIA has theology consultants for the Anglophone and Francophone regions, and a theologically trained regional coordinator for the Lusophone region. It has regional coordinators in the different regions (Southern Africa, Eastern Africa, Central Africa, West Africa and Lusophone). As a result, EHAIA has promoted cross-regional sharing and learning in the area of mainstreaming HIV in theological programmes. EHAIA has emerged as one of the few projects/programmes that facilitate interaction across the different linguistic regions with the aim of meeting the challenge of HIV using theological resources.

Lecturers and administrators of theological institutions in the different linguistic regions have interacted at workshops, conferences and meetings that seek to address the HIV pandemic. This has alerted many participants to the need to invest heavily in forging a common African approach to pressing issues. EHAIA's Pan-African profile has greatly enhanced collaboration across the inherited linguistic divisions.

Transforming Theological Education by Extension (TEE)

EHAIA realizes that the majority of people who wish to undertake theological education are outside the residential theological training institutions. Furthermore, it seeks to ensure that those who left residential theological colleges before the introduction of HIV and AIDS in the curriculum also benefit from the new insights. Consequently, EHAIA has invested in transforming Theological Education by Extension (TEE) in the era of HIV. It shares the vision of democratizing theological education. According to Ross Kinsler who served on the Programme on Theological Education of the WCC, TEE seeks to grant access to theological education to "the whole people of God." It is necessary to cite him at considerable length. Thus:

The Theological Education by Extension movement began in the 1960s with the primary purpose of giving access to a much wider circle of clergy, laity, and ministerial candidates for theological education and ministry. More precisely, it affirmed that theological education should give priority to local leaders who demonstrate their calling and dedication through their service and should not require them to be uprooted from their diverse cultural contexts, extended families, economic base, and ecclesial communities and responsibilities. More fundamentally, it was founded upon the belief that ministry

is commended to the people of God through baptism and discipleship, not a profession or clerical class through schooling, credentials, and ordination. This movement soon demonstrated that large numbers of people, especially the natural leaders, women as well as men, who had been largely excluded from formal theological studies, can and will respond to the TEE challenge and pursue serious theological studies, largely at their own expense and under often difficult circumstances (Kinsler 2006:17).

EHAIA has produced modules on HIV and AIDS specifically for TEE. The underlying conviction is that this will effect the desired transformation of theological thinking regarding HIV at the grassroots. The modules address diverse themes, including African Indigenous Religions, Counselling, Theology of Compassion, Gender, Human Sexuality and other themes (Dube 2007). Efforts are being made to ensure that leaders of various church groups such as women's groups, Sunday School, youth and men's groups and others get access to the material. EHAIA has therefore prioritized the transformation of TEE in the era of HIV.

By supporting TEE, EHAIA seeks to overcome the worrying trend where graduates of theological institutions do not engage in studies or theological reflection after graduation. The material has been prepared in a manner that makes it equally attractive to those who have undergone theological training at residential colleges. Mainstreaming HIV in TEE goes a long way in ensuring that churches in Africa become more effective in addressing the challenges posed by the pandemic.

Facilitating the Voices of those Among us Living with HIV

EHAIA places emphasis on the meaningful and greater participation of people living with HIV (M/GIPA). Since its formation, it has argued that the views and feelings of those among us living with HIV must be paramount. In its struggle against stigma and discrimination, EHAIA has maintained that the visibility and active participation of people living with HIV is critical. There can be no progress in the response to the pandemic if people living with HIV remain invisible and inaudible. Relevant theological education in the era of HIV therefore entails taking the experiences of people living with HIV seriously.

EHAIA workshops, conferences, seminars and publications take the experiences and views of people living with HIV seriously. Indeed, there is a requirement that people living with HIV participate in various gatherings, and share their experiences. The voices of people living with HIV must be given priority in theological reflections on HIV. Through its collaboration with ANERELA, EHAIA has endeavoured to promote collaboration between African theologians and religious leaders living with HIV. The

overall goal is to ensure that people living with HIV can identify with theological reflections on the pandemic. There is a real danger that academic theologians produce abstract material that does not reflect the lived experiences of people living with HIV.

In the long run, it is hoped that those among us with HIV will produce theological reflections that will be utilized in theological education. While there is a risk of reinforcing an “us” and “them” dichotomy, it remains critical that those among us who have experienced what it means to live with HIV must provide the lead in reflecting on HIV. This is also in line with the growing emphasis on personal experience as a valuable resource in the theological task. Although there is ample scope for scholars from diverse disciplines to publish on the HIV pandemic, people living with HIV must be accorded top priority status.

EHAIA has promoted “positive voices” in theology and religious studies in Africa. Although a lot of work remains to be done in the area of promoting theological reflections by people living with HIV, appreciable ground has been covered. It is envisaged that ANERELA will facilitate the production of theological material on HIV. Theological institutions and public departments of religious studies will benefit from the appearance of such literature.

Collaborating with the Circle of Concerned African Women Theologians

If African theology emerged in the late 1950s and gained prominence in the 1960s and '70s through the publications of men, today the situation has changed dramatically. African women's theology is now African theology. Only the most biased of scholars would deny that African women have taken over theological production in Africa. After the inauguration of the Circle in 1989, African women theologians have emerged as the most productive strand of African theology. The Circle seeks to bring the voices of women in Africa to the theological platform (Kanyoro 2001:170).

EHAIA has recognized the strategic importance of the Circle to African theology. Consequently, it has formed a viable partnership with the Circle. EHAIA and the Circle have collaborated in organizing workshops, conferences and publications (see for example Klagba 2007). This collaboration has been across the Francophone, Lusophone and Anglophone regions. Furthermore, the Circle has devoted considerable energy to the production of theological literature on the HIV pandemic, unlike most male African theologians. As a result, the scope for close interaction between EHAIA and the Circle has been quite wide. EHAIA encourages theological institutions and departments of religious studies to use publications on HIV by members of the Circle.

The Circle has examined the impact of HIV on the health of African women, and has proceeded to probe the theological implications. It has effectively put women's issues firmly on the agenda of African theology. EHAIA has partnered with the Circle to insist on the mainstreaming of HIV and gender in theological education on the continent. Furthermore, both parties have challenged theological institutions to grant space to women as lecturers and administrators. It is disappointing to note that theological colleges and departments of religious studies continue to be staffed almost exclusively by men. This sustains the trend where men preside over nations (Muchemwa and Muponde 2007), communities, churches and families. EHAIA and the Circle continue to challenge theological institutions and departments of religious studies to achieve gender balance in the recruitment and retention of staff.

EHAIA has sought to ensure that women participate actively and meaningfully at the workshops, seminars and conferences that it organizes. This is to ensure the engendering of African theology. As with the participation of those among us with HIV, the presence of women brings new insights and perspectives. African theology and religious studies are enriched when they take African women's experiences into account, especially in the light of women's greater vulnerability to the HIV pandemic. It is no longer possible to relegate African women's theology to an appendix or a footnote.

The collaboration with the Circle has facilitated greater openness on sex and sexuality in theology and religious studies in Africa. Circle publications have courageously tackled the themes that male African theologians have not dwelt on. EHAIA's collaboration with the Circle has provided an opportunity for lecturers in theological institutions to reflect on sex and sexuality in the era of HIV. This is vital as there is an urgent need for openness and realism in facing the pandemic. The Circle has provided valuable leadership in reflecting on the HIV pandemic (Frederiks 2008:22).

Sharing the African Experience with Others

The curriculum designed to ensure that theological institutions in Africa equip their students to respond effectively to HIV has been well received in other parts of the world. It has been adapted in Asia where efforts to mainstream HIV and AIDS in theological education are gaining momentum. This is a refreshing example of South-South cooperation in the field of theological education. The Ecumenical Association of Third World Theologians (EATWOT), a body that brings together theologians from the Two-Thirds World, has sought to promote learning across cultures. The struggle against HIV and AIDS is also a struggle against poverty and dehumanization. The sharing of the HIV and AIDS curriculum for theological institutions reaffirms the commitment made by the Pan African Conference of Third World Theologians meeting in Accra, Ghana, 17-23 December 1977. Thus:

African theology concerns itself with bringing about the solidarity of Africans with black Americans, Asians, and Latin Americans who are also struggling for the realization of human communities in which the men and women of our time become the architects of their own destiny “(Pan African Conference of Third World Theologians 1979:184).

EHAIA's project coordinator, theology consultants and regional coordinators have shared their experiences in the mainstreaming of HIV in theological education in Africa at various international conferences and meetings that they have attended. These include the Ecumenical Pre-Conferences that preceded the International AIDS Conferences, as well as high-level meetings to which they have been invited. As a result, EHAIA's leadership in the transformation of theological education in the time of HIV has been acknowledged in different parts of the world.

EHAIA and the Mainstreaming of HIV in Theological Education in Africa: challenges

While EHAIA has been able to post impressive results within its short existence (2002-2008), there are a number of issues that require attention as the organization seeks to transform theological education in Africa in the era of HIV. It must be appreciated that some of the challenges are beyond EHAIA's sphere of influence. Challenges that are directly related to Africa's poverty and marginalization in the global economic systems fall into this category. Africa's book famine, the instability of institutions of higher learning and oppressive regimes all compromise the quality of theology and religious studies in Africa (Chitando 2008:112-13). The following section outlines

challenges that have emerged as EHAIA seeks to mobilize theological institutions in Africa to mainstream HIV in their programmes.

Institutional Rigidity

While there has been considerable progress, with many institutions reflecting the reality of HIV in their programmes, a good number of institutions have yet to mainstream HIV in their programmes. Historically, theological institutions have been conservative and tend to resist innovation. Many administrators were trained before the HIV pandemic became a critical issue and are yet to be persuaded that it must be prioritized in teaching and research. There is therefore a need to continue working with administrators and lecturers to appreciate the value of mainstreaming HIV in theological programmes.

Limited Publication of Resource Material

Although EHAIA has emerged as the leading producer of quality resource material on theological training and the HIV pandemic in Africa, a lot of work remains to be done in this area. HIV is a fast-moving and changing pandemic. There is an urgent need for scholars to produce materials that keep pace with these changes. A clear example is the availability of antiretroviral drugs that have made HIV a manageable disease. Courses on Ethics, for example, need to reflect this reality. However, the available texts were mainly published before this development.

If the mainstreaming of HIV in theological programmes is to remain academically credible, there is a need for the continuous publication of new material and revision of quality resources. Many lecturers are excited and willing to mount courses that reflect the reality of HIV. However, they are quickly discouraged when they discover that perhaps only two texts on the topic may be available locally. EHAIA must redouble its efforts in the area of publishing resource material on theology and the HIV pandemic in order to support lecturers and researchers who have been converted to the cause.

Addressing Emerging Issues on the HIV Pandemic

Related to the theme of HIV being a fast-moving pandemic is the need for EHAIA to work towards ensuring that theological education in Africa takes on board emerging issues. These include gender-based violence, disability, masculinities, leadership (Njoroge 2008), political literacy in the context of HIV (Chirambo 2008) and others. These themes are directly related to the HIV pandemic. Theological educators must be supported in their quest to attain knowledge of the latest issues in the response to the

pandemic. Exposure visits must be organized for lecturers to visit those institutions that have addressed emerging issues, alongside setting up regional “centres of excellence” where researchers can access the most up-to-date information on theology and the HIV pandemic.

Monitoring and Follow-up

In the first phase of EHAIA (2002-2007), the emphasis was on ensuring that the “gospel” of integrating HIV and AIDS in theological programmes was broadcast far and wide. The urgency of the matter meant that there was greater focus on ensuring that administrators and lecturers at theological institutions, faculties of theology and university departments of theology and religious studies were converted to the cause of reflecting HIV and AIDS in their programmes. As a result, there was limited time for monitoring and evaluation of progress attained in the mainstreaming of HIV and AIDS in theological programmes in Africa. This is understandable as in a “war” situation one hardly has time to undertake an evaluation.

As EHAIA continues to challenge theological institutions in Africa to address HIV and AIDS in their teaching and research, there is a need to invest in monitoring and evaluation, alongside undertaking follow-up TOTs in the various regions and countries. Such a process of accompaniment will ensure that those institutions that have taken up the challenge feel supported in their endeavours. Furthermore, this will enhance the quality of the programmes. Consequently, there is a need to pay equal attention to visits and regular interaction with institutions and individuals who are playing a major role in mainstreaming HIV and AIDS in African theological education.

Enhancing Collaboration with Organizations Addressing Similar Concerns

The church has often been likened to a “sleeping giant” that needs to awaken from a deep slumber and stem back the tide of HIV in Africa. During the last decade, there have been notable developments in the African churches’ engagement with HIV. A number of denominationally-based and ecumenical bodies devoted to the struggle against the pandemic have emerged. Others were in existence before the pandemic but have sought to provide effective responses. Many of these organizations do have the component of transforming theological education in the wake of the HIV pandemic. These include MAP, Churches United against HIV and AIDS (CUAHA), Pan African Christian AIDS Network (PACANET), Communion of Anglican Provinces in Africa (CAPA), Lutheran World Federation (LWF), the Organization of African Instituted Churches (OAIC) and others.

There is a need to continue collaborating closely with ecumenical bodies that share the vision of mainstreaming HIV in theological programmes in Africa. Some participants at EHAIA workshops have indicated that resource material from different church-related organizations needs to be harmonized. Developing the material jointly, as well as holding joint workshops will go a long way in allaying fears and suspicions. Standardizing theological education in the era of HIV remains a major challenge and collaboration with other organizations will be critical.

Conclusion

EHAIA has played a major role in the transformation of theological education in Africa in the time of HIV. It has mobilized church leaders, theologians and students to regard the pandemic as a major issue on the theological agenda of our day. Through its resource material, workshops, seminars, exchange visits and other strategies, EHAIA has sought to equip churches and theological institutions to become highly significant actors in the response to the pandemic. This chapter has highlighted some of the achievements and challenges that have characterized EHAIA's efforts to build "HIV competent" theological institutions in Africa. It is hoped that other institutions and organizations will utilize EHAIA's experience to build a critical mass of activists dedicated to the provision of quality theological education in contexts of HIV and AIDS in Africa.

SECTION B EXPLORATIONS

CHAPTER 7

WOMEN, YOUTH AND DEVELOPMENT IN THE ERA OF HIV AND AIDS:

Integrating Issues in the Curriculum

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Introduction

Studies done on HIV and AIDS and have tended to neglect the youth as an important group in the development process. Most authors have paid attention to the effects of HIV on men and women, and especially how women are marginalized in the development process by such effects. It is also evident from our institutions of higher learning that HIV and AIDS is an issue that has been overlooked in the curriculum. When taught, it mostly features as a topic among many other topics. It is not fully integrated in other social issues or set aside to be taught exclusively as a course on its own, and especially to cover issues affecting women and youth as the disadvantaged groups in the community. The relevance of our curricula to the wider community is therefore limited as they (the curricula) are tailored to contribute towards the earning of degrees, without much consideration of the community's socio-economic development. In the end, the youth who are the greatest percentage of the university population, obtain degrees with little or no practical skills that can help their community members, especially in the area of HIV and AIDS which has affected most sectors of African countries' economies.

This chapter purposefully takes a nuanced perspective towards women and youth. It discusses how HIV has affected women's roles in the community/family, and how these effects in turn influence the youth. This will open an arena for discussion on the need for a viable HIV curriculum implementation or integration of the same in the varied courses, specifically in the teaching of religion; for a long time its relevance has been overlooked in the higher institutions of learning. Courses such as Youth and Religion, Women in Religion, and Issues in Social Ethics, will therefore be referred to as examples of courses with the potential of integrating the issue of HIV in their content. The chapter will also discuss how such a curriculum is relevant not only to the lives of the youth in these institutions, but also to the community at large, albeit with a bias towards the lives of women who suffer inequality in diverse aspects of life. The discussion will also provide a mode of evaluation based on action-reflection-action so as to improve the suggested curriculum. An examination of the effects of HIV on women and the youth follows hereunder.

Effects of HIV and AIDS on Women and Youth: an overview

Substantial studies in Africa have shown that women are the majority of partakers in the development process, especially in the implementation and monitoring stages, as compared to their male counterparts (Kabanji 1997).¹ Such involvement is exercised oblivious of the dangers and vulnerability that disproportionately affect women. Tomasevski (1995:57) clearly explains that inequality inevitably affects development. Other studies have proved that most African communities have patrilineal forms of leadership in which men have the final say in homes and the community at large. They control all or a significant amount of the homes' property, including land. Despite the fact that in Africa women provide 80 percent of the required labour of household food production, over 50 percent of the labour input in cash crops production, and over 95 percent of the work for family and household maintenance, the control of such production is solely in the hands of men (Ministry of Foreign Affairs 1998:17-18).

The management of societal issues by men further extends to matters of sexuality. This can be explained in a variety of ways: whereas it is acceptable for men to be polygamous in most African societies, women are meant to be faithful to their husbands; an unfaithful husband is loosely condemned in the African communities as compared to an unfaithful wife; it is easy for a man in an African context to divorce his wife and get a replacement, whereas a divorced woman is always viewed with abhorrence and seen as a failure in her family; a man is free to discuss sexual matters in a marriage situation or casual relationship and decide whether or not to use protective devices for safer sex but women would naturally find it difficult to do so. These and many more explanations describe the probable position of women's sexual vulnerability which also makes them susceptible to HIV. Parry (2003:7), in relation to the above challenges, argues that discrimination, inequality, lower educational status, economic dependence on men, cultural and social norms, make it difficult for disempowered women to say no to sex or negotiate for safer sex. Marital rape and domestic violence in these situations is high.

Studies have further proved that women are more affected and infected by the HIV in Africa than men. When the virus was first discovered in the continent in the early

¹ See also C. Baetz, 'Development and Participation': A Paper Presented to the International Conference on Social Welfare, Nairobi, Kenya, 1974; Bryant L. Meyers, *Walking with the Poor: Principles and Practices of Transformational Development*, Orbis Books, New York, USA, 2003.

1980s, fewer women than men were infected but currently, women represent 57 percent of the HIV cases in Sub-Saharan Africa (Kalamanzi 2007:17). The situation of young people aged 15-24 is also a cause for alarm. Of the 10 million young people infected with HIV in the world, 6.2 million live in Africa and 75 percent of them are females. Around the world 15.2 million children under the age of 18 have lost one or both parents to AIDS and 12 million of them are in Sub-Saharan Africa. These statistics place both the youth and women in a very vulnerable position in the fight against HIV. In addition, studies show that African women are less educated, own little property, unequally enjoy little support from most development aid agencies and are culturally unfavoured. Despite their vital roles in the health sector, they are the most disadvantaged. Their efforts are least applauded by other community members and their roles are simply viewed as women's mandatory undertakings (Pietila and Vickers 1994:33).² On the other hand, women's performance has since early the 1990's been affected by the advent of HIV and amidst all these challenges, women's success or failure in the community is thought to determine the lives of the youth. If the youth are immoral and fail in life, the blame is on women because they are meant to instill morals in them.

It is in the realization that they are the family's "backbone" that women, especially at the community grassroots level, have decided to devise mechanisms to help upgrade their living standards. The task here is just to highlight some of these mechanisms. While not discussing them at length, they are relevant because in the end, an evaluation procedure on the school curriculum will highlight how these mechanisms can be revised and enhanced for sustainable development. The most common means of survival for women include the formation of community/welfare women's groups in which the members engage in "merry-go-rounds" to elicit funds for self-help projects for the members in turn. Women have also established orphanages and homes for the elderly and the disabled in their communities. There are also widow groups which are purposively established for emotional and psychological support. Informal family life education in the women's groups is meant to help women understand health issues. These and other efforts by women in the community have helped them develop their families and community at large. Muchena (1987) corroborates this view by noting that women's organizations in most countries are seen as women's responses to their marginal positions in their societies. Despite the efforts by women to ensure a fair live-

2 See also Meereboer, *Poverty and Development; Social (in)security and Poverty Global Issues*, Netherlands, The Hague, 1994, p.102

likelihood for their families, they are met by a wide range of challenges and as such, it is difficult for them to educate their children about HIV. Two reasons can be attributed to this: one, the fear and stigma attached to HIV and two, women's incapability as a non-literate group. These deficiencies mean that HIV continues to spread with very little content and action being offered/taken from our institutions of higher learning.

The effects of such an oversight include increased sexual activity among the youth, the continued spread of HIV, ignorance in the use of protective devices, an increased number of orphans, among others. Youth are engaging in high risk sexual behaviour because of many factors. These may include peer pressure, cultural/social norms, lack of assertiveness and negotiation skills as well as lack of role models. The greatest challenge in Kenya is that the government has very minimal institutional provisions for orphans and the youth HIV cases. Thus, the number of street children continues to multiply. Though the state provides free primary education, there are other determining factors to be considered, such as the need to satisfy the immediate/basic needs of the youth, which in most cases is the role of women. Secondary and tertiary education on the other hand poses financial challenges for poor families. For the poor families, this has mainly been left in the hands of non-governmental organizations and religious institutions. The poor struggle to pay large amounts of money required for the attainment of university degrees. The sum ranges from \$1756 to \$3700 per academic year for parallel/self-sponsored degrees. The Joint Admissions Board (JAB) which admits the students whose fee is subsidized by the government provides only for 15-20 percent of the total admissions of those who qualify for university education; 80-85 percent of Kenyan university students are self-sponsored (parallel). Most of the very poor struggle to pay their fees and some end up deferring or terminating their studies. Among the many factors blamed for this are HIV and AIDS, especially for orphans and those with ailing parents. Illogically, the issue of HIV has a limited place, or even none in the Kenyan university curricula. Its integration into the curriculum has been overlooked in most if not all departments. Despite the effects on education of the youth, teaching about HIV continues to be neglected and most of them learn only from their peers or the media. These teachings are inadequate, and worse still, may be misleading.

Studies also show that young people have been denied their right to education on reproductive health and risky behaviours without important tools and services for protection. There is a lack of friendly services for the youth in our health centres, yet we are aware that the youth can be vulnerable to abuse and exploitation. Most important to note is that youth are an untapped resource and are seldom involved in the development of their programmes (Carman and Durn 2006:10). It is in this regard

that the need for an HIV and AIDS curriculum that has a bias towards these two vulnerable groups – women and youth – should be articulated as a matter of urgency.

Almost all the Kenyan universities stress that their motto/mandate/mission/objective is to produce an all-rounded human resource equipped with knowledge that can be applied in various aspects of life for the betterment of the economy and community at large. In addition, the 2005/6-2009/10 National HIV Strategic Plan provides strategies for preventing the spread of HIV, one of them being that there is a need to mobilize the education system to provide comprehensive prevention and care for the youth in school. Despite these observations, very little has been done in our institutions and HIV continues to threaten many sectors of our economy. Would it therefore be wrong to compare our institutions of higher learning with non-literate communities who are unable to equip the youth with knowledge on HIV for a brighter future? For over almost three decades, as instructors in these prestigious institutions, have we not failed in our roles to mould an all-round curriculum that can address development challenges associated with HIV and AIDS, not only for women and youth but also for the entire society? What has been our input so far? Is it adequate? Is it possible to go back to the drawing board and evaluate the few efforts that we have put in, if any, and accept that we have failed and therefore need to do better in this area? Does the paucity of the effort that we have implemented (if any) have any impact in the society? Is there any notable transformation? What then is the way forward beyond our failures? These are the many questions that the following section tries to answer. In an endeavour to answer these questions, the focus will be on the curriculum of religious studies in Kenyan institutions of higher learning. Its successful implementation as suggested will reflect on the extended effects on youth and women at the community grassroots level.

What is Available? Examining the existing curriculum

The preceding section describing the challenges faced by both women and youth calls for special attention in our university curricula. A wide range of courses taught in religious studies have the capacity to provide slot-ins for HIV education. Drawing examples from the courses taught in the department of Religion, Theology & Philosophy, Maseno University-Kenya, courses such as ARE 101: Introduction to Religion, ARE 104: African Religion, ARE 202: Religion, Culture and Communication, ARE 204: Youth and Religion, ARE 307: Women in Religion, ARE 821: Christian Ethics and Social Transformation, ARE 824: African Religion and Social Transformation, ARE 904: Religion and Human Rights, ARE 909: Religious NGOs, among others, have an immense potential of having HIV education integrated in the content. This can

enhance an all-round curriculum to provide students with improved understanding and practical application of the tenets that help mitigate HIV, both in the institutions and the community at large.

This has however been greatly overlooked in the curriculum. Whenever HIV is mentioned in these courses, it is just as a by-the-way. It only features to suit a contextual explanation. The only course that from its content seems to tackle the issue of HIV in any “depth” is ARE 402: Issues in Social Ethics. However this is covered as a session of the course, thus a topic, among the many topics in the course. It is not integrated in the other issues contained in the course.³

HIV as depicted in the above course outline is studied briefly as a social issue, just like any other issues such as punishment, wealth and poverty, divorce, polygamy, among others. There are so many reference materials for HIV yet none is included in the bibliography. Research carried out among the students and lecturers in the department of Religion, Theology & Philosophy revealed that they are unaware or ignorant of such a great oversight. Most of the respondents after reading and answering the appended questionnaire expressed their realization of the importance of integrating HIV in the religion syllabus. Most students explained with concern that the negligence of this important area in the education system is not just in the universities but also in secondary schools and other tertiary colleges – negligence that is referred to by Chukwu (2003:66) as ignorance that contributes to the spread of HIV.

Some Notable Efforts in the Universities

The fact that very little is gathered from the religion/theology curriculum and other curricula as well, has forced the students to rely on other non-academic bodies that educate the youth on issues affecting their sexuality. Most students gave examples of the following bodies:

1. I Choose Life (ICL)
2. AIDS Control Units (ACUs)
3. The Voluntary Counselling and Testing Centre
4. The University Dispensaries
5. The Universities’ Guidance and Counselling Units

³ Department of Religion, Theology & Philosophy, Maseno University, ARE 402 course outline, 2007.

I Choose Life-Africa (ICL) is an NGO which began in the University of Nairobi and is funded by the Swedish International Development Agency (SIDA) to help in the fight against HIV in universities. It seeks to create awareness through peer education among students. It is a strategy to respond to the education, management and prevention of HIV on campuses. However, it has a wide vision of "An AIDS Free Africa". This is the common operating body in both public and private universities in Kenya with a mission of "A movement of caring communities among university students that make responsible and informed choices with regard to life and HIV through Peer Education training". ICL passes its message in ways that are both eccentric and flamboyant.⁴ Crazy Olympics, cultural festivals, music concerts, comedies, fashion shows, talent searches, rugby tournaments, *salsa* classes, are just a few. These means are used to package information on HIV in the most exciting ways possible because the target is students who have lots of energy but need to hear the message so that they can make informed decisions. This peer education programme has reached over 50,000 students.

The pioneer of ICL, Mike Mutungi, started the idea by developing a programme in which he would simplify information about HIV and give it to university students in a captivating and interesting yet highly informative way. Soon, many students were asking to be trained and in 2002 it was launched at the University of Nairobi and recommended to all universities by the Commission of Higher Education (CHE). It is the leading HIV behavioural change Peer Education Programme in Kenyan universities. The training however, is not part of the university curriculum.

AIDS Control Units (ACUs) on the other hand were initiated in the Kenyan universities by CHE when the government declared HIV/AIDS as a national disaster. ACUs provide training, workshops, access to treatment, management and coordination, care and support; and this can be used to enhance links to communities with the universities. They can help build wider social relationships. Both ICL and ACUs in Kenyan universities are providing Voluntary, Counselling and Testing (VCT) services, which include counselling and voluntary testing as well as provision of antiretroviral drugs (ARVs) to people living with HIV who need them. The courses offered by both ICL and ACU in the universities through peer education include: Modes of transmission, responsible sexuality, Home Based Care (HBC), opportunistic infection teaching, preventive strategies, the role of VCT, cultural issues and HIV, ARVs, among others. According to the ACU coordinator, Maseno University,

⁴ Sunday Standard Newspaper, Society, The Standard Group, Nairobi, May 14, 2006.

The students have embraced and owned the programme with the passion and energy that is associated with intellect and youth; their involvement in Home visits and support of HIV/AIDS cases has been humbling. The young men and women in the universities have what it takes to overcome the pandemic... They are daily sowing the seed of change in their communities as they begin to own the problem.⁵

The ICL programme is implemented in two phases. The main training takes 32 hours (two hours, twice a week, for eight weeks) of intensive exchange and internalization of information and education regarding HIV/AIDS and other topical issues relevant to youth. Secondly, the peer educators encourage the already trained peers to form behavioural change and communication groups (BCCGs). These groups are formed on the basis of interest and the talents of the students e.g. singing, dancing, acting, among other activities. Through their talents, they are able to communicate positive messages that will prompt their peers to question their personal behaviour, with the intention of bringing about positive behavioural change. There are over 20 BCCGs in Maseno University which are grouped according to performing arts, sports, character formation, gender, among other aspects. Some of the BCCGs include: MIRROR, Blitz Salsa, Generation at Risk Management (GARI), Servant leaders, Morans, Bridge Builders, Flexx, etc. Once commissioned, peer educators are enriched with fundamental skills that will enable them to communicate what they have learned in the HIV/training effectively and confidently and through the Life skills training such as communication skills, negotiation skills, counselling and facilitation skills.

Besides ICL and ACU, other bodies that acknowledge their contribution in the HIV awareness and mitigation in Maseno University are the Guidance and Counselling department and the university dispensary unit. However, the students interviewed noted that very few students, if any, go for guidance and counselling. On the other hand, the dispensary is meant to treat other illnesses and not HIV *per se*. To them the major contribution to HIV awareness in the universities is ICL and ACUs. Though these two bodies are having great impact in the Kenyan universities as far as HIV is concerned, they are limited in their capacity to reach to all the students. Their mode of selection too is biased.⁶

The respondents noted that in its recruitment for the 8 weeks training, ICL subjects students to an interview with some form of diagnostic test. The students who fail the test are barred from participation and training. To the interviewees, HIV awareness

5 A quarterly Newsletter for I Choose Life, Vol. 1, Issue 1, February 2006.

6 Survey data from students in Maseno University. See appended questionnaire.

should be made available to all students and the community at large without any form of discrimination. Secondly, HIV being a wide field, the 8 weeks training for two hours twice a week is an inadequate period and therefore the peer educators are “half baked” with the required skills. Other students confided that they only enroll in the programme to get an HIV training certificate, which places them in a better position of getting a job. To them, the content may not be of much importance, so long as they pass the tests and get an award – a certificate. Another element of the programme is that there are no effective follow-up programmes to enhance and strengthen the skills given to the students. This way, the impact of the programme is short-lived, both to the students and the community at large, thus a challenge to our existing curricula, which have enormously neglected the integration of HIV. The case of Maseno University can be applied in all other Kenyan and probably most African universities. The noted failures are a wake up call to the instructors in our departments of Religious and Theological Studies. We need to take charge and attend to these failures as we seek to address the issues discussed hereunder.

Attention Needed!

By the nature of their establishments, universities should take the threat posed by HIV seriously, even without being prompted to do so. Their principal clients are the students, most of whom are in the 19-34 age bracket. This is the age range within which the virus peaks, as mentioned above. The long time-lag between infection and manifestation of AIDS has been a fertile breeding ground for the virus. The introduction of ARVs has also ensured an outwardly healthy appearance of HIV cases, providing a propitious environment for the continued spread of the virus. Universities too offer ideal conditions for the spread. It is an environment where a multiplicity of sexual partners is a possibility. Students may have different sets of sexual partners in and out of academic sessions. The independence and liberal atmosphere provided by the universities is an added dimension for the spread of HIV. This atmosphere not only affects the students, members of staff, but also the community/society.

Off-campus sexual activities, especially by the female students, have attracted the attention of the media in recent times. To meet their financial requirements, some female students have engaged in disguised commercial sexual relationships with men outside the university community. One hallmark of such activities is the presence of large numbers of cars parked outside university gates and female hostels, especially during weekends. A good number of these cars belong to “sugar daddies” who do not necessarily engage in serious relationships with the female students, but for monetary

versus sexual gains. Cases of homosexuality and lesbianism have also been reported in institutions of higher learning. To most students, the argument is that STDs including HIV are seldom transmitted via these forms of sexual activity. This depicts the highest degree of ignorance and lack of information of our students, yet most university curricula are tailored to produce “all-round scholars” while ignoring the integration of an aspect that has continued to deteriorate most sectors of the economy. It has not been of concern to the academic staff or the university administration to understand that each year they produce fresh graduates to the society, among them some living with HIV, who acquired the infections within the institution and are transmitting the same to the other members of the society either intentionally or unintentionally due to lack of knowledge. The founder of ICL, Mutungi⁷ observes that he was shocked to discover that out of every 100 students studying in the university, 17 of them would die within the next 5 to 10 years. How can a new curriculum be tailored to enhance integration of HIV? We all should realize that education in our institutions is not a capstone of the traditional education pyramid. It should be used as a critical pillar of human development. HIV should therefore not undermine the very existence of these prestigious institutions.

An Integrated Curriculum

There is a great need to integrate HIV education into the curriculum in both tertiary and university colleges’ curriculum. A report from Association of African Universities (AAU) indicated:

The higher education community at the brink of a new era since the formation of the African Union and New Partnership for Africa’s Development (NEPAD) faces the most serious threat in recent memory to the institutions and the individuals who live and work in them in view of the unprecedented manner in which HIV is taking toll on students, staff and the wider university community.⁸

The AAU held a curriculum-integration workshop in Ouagadougou, Burkina Faso in 2003 which attracted funding from SIDA. SIDA funds in-service training programmes for academic staff. From such resources, a conference was held in 2006 in Nairobi whose core mission was to discuss the failures of the universities to integrate HIV into the curriculum. Despite these efforts very little has been done in Kenyan universities on this urgent issue. The reasons for such failure could vary from ignorance to lack of

⁷ *Sunday Standard Newspaper, op.cit, May 14, 2006, p.7.*

⁸ *A report from the Association of African Universities seminar held in Burkina Faso, 2003.*

interest by the administration and the assumption that there are other bodies in the institutions which can better play this role.

It is high time that we shunned this ignorance and understood, just as the Bible in Proverbs warns us that “a man/woman who wanders from the way of understanding, will rest in the assembly of the dead...” Giving instruction about HIV to the wise students will make them wiser, teaching them will increase their learning... (Proverbs 9:9). Such advice and warnings are multiple in the Bible (see for example Proverbs 23:13, 23; 24:19-20). The curriculum designed for religious studies should centre on issues that not only benefit the students, but also the instructors and the society at large and, as already emphasized, enlighten women, who in most cases are the bearers of the community burden and partakers in the development process.

There are many ethical issues that surround HIV. Take for example stigmatization and discrimination. These two prevent people living with HIV from accessing the interventions that are already in place. Stigmatization affects prevention control and care in many ways. It hampers care-seeking behaviour from those afflicted. It also inhibits information-sharing among partners. It promotes denial and rejects openness, thus enhancing the further spread of HIV (Nabuasa 2005:37). This in turn continues to affect the different community sectors staggering through the development process. So what should be the role of the redesigned curriculum in this respect? The redesigned curriculum should not be tailored in utopia, but address the social issues practically, thus its relevance to the community.

ARE 204, ARE 307 and ARE 402

One of the major goals of this chapter was to elaborate on how an HIV-sensitive curriculum can benefit both the youth and women not only at the institutional level but also at the community level because they are, as already explained, a vulnerable group. It is in this perspective that the above-noted courses have a great potential for slot-ins for HIV in the course content. It is however notable from the existing course descriptions in the department of Religion, Theology, and Philosophy in Maseno University, from which I am drawing case-studies of the courses, that HIV has little or practically no space in these courses. ARE 204 (Youth and Religion), ARE 307 (Women in Religion) and ARE 402 (Issues in Social Ethics) are courses taught to the second, third and fourth year students respectively in the Bachelors programme. All these courses are elective, thus not mandatory for the Bachelors degree for the students studying religion. They are therefore chosen depending on students' interest. Nevertheless, due to their course content on general issues that affect the youth especially in the higher

institutions of learning, they attract many students to the extent that students from other disciplines study them as common or additional courses.

Besides the attention that they receive from many students, the courses have the potential to accommodate gender and health issues and especially the issues surrounding HIV. ARE 204 as it is structured centres on aspects surrounding the growth and development of the youth and how the institutions around them (including religious institutions) affect their social and moral lives. It is however amazing that the curriculum that was drawn up years ago, before HIV became an issue of concern, is still used to date. ARE 307 on the other hand focuses on the participation of women in religious activities, especially on the challenges that they face by the virtue of the fact that they are women... the course again mainly overlooks the issue of HIV which has affected women disproportionately in the community, yet they are greatly involved in the prevention, care and management of HIV both in secular and religious institutions. The case of ARE 402, which provides an understanding of the ethical concerns surrounding some societal issues has already been highlighted and the oversight revealed. It is in this respect that I consider that the gap of HIV in these three courses is prominent and should be filled by revising the existing curriculum and providing slot-ins for HIV education, either in the named courses, or by creating a new course that focuses on Religious issues and HIV. As Chukwu (2002:253) rightly observes, an integrated curriculum may promote self-reliance, creativity and above all liberation of African women from certain obsolete domestic and cultural practices in which they have been trapped for too long. These three courses are however not the only ones that can allow slot-ins for HIV education. They are highlighted because they cover issues touching on youth and women.

Possibilities of Integrating HIV and AIDS into the Syllabus of Religious Studies

The courses highlighted not only have the potential to benefit the students but also the ability to have an extended effect on the society at large and to change the lives of youth and women. The curriculum should be tailored, implemented and evaluated to analyze the extended benefits to the society. In this regard Piat (2005:32) elaborates that, in order to change people's attitudes on sexuality and modify their sexual behaviour, we need much more than declarations of doctrine. We must invest deeply in nothing less than a campaign of information and education with regard to sexual and emotional life, carried out in a proactive and professional manner. Piat categorically notes that this type of education can only be led effectively by lay persons/married

couples. However, I feel that professionals in academic circles are well placed to tackle this issue and extend our efforts to the community at large. Designing a curriculum and restructuring the relevant courses in which HIV education can be included is a process which might require a wise and planned approach. The section which follows hereunder proposes ways in which the curriculum can be designed, implemented and evaluated for necessary changes that endeavour to provide a better model. In discussing the process, I shall refer to the above three courses.

The “How” of Designing the Curriculum

The effects of HIV and AIDS in our institutions as well as in the wider society should be the basis upon which a new curriculum should be designed and implemented. Though these suggestions may be coming a bit late, after almost three decades since HIV was first noted in Africa, they may be of great help especially in our institutions of higher learning. It is nevertheless imperative to understand that a single unit or department cannot fully incorporate the needs and requirements of an all-round curriculum. In curriculum development, there is a dire need to undertake wider consultations so as to develop a curriculum that will not only suit the academic arena but one that can also be applied in a wide range of contexts, including the wider societal issues.

Consultations and Development of the Curriculum

In designing an HIV integrative curriculum, it is important first to hold wide consultations with all the stakeholders in this curriculum. The commitment of the administrators of our institutions remains imperative as far as facilitation is concerned. Besides the administrators, the government and the NGO world can be of great aid, especially where funding is required to procure certain machines or to facilitate seminars. The students on the other hand are the intended consumers and what is to be fed to them should be of good quality and to their taste. They should therefore be consulted on the best ways in which the subjects should be restructured to accommodate HIV as an integrated issue, not just a topic. Questions such as what the students need to be included in the curriculum at what level, the gaps overlooked by other educative bodies such as ACUs and ICLs are also relevant. A course like ARE 204 which focuses on youth and religion should be of great use since the content can help elicit the challenges faced by youth in their varied stages of growth. Youth and women at the community level should be consulted to understand the challenges they face as vulnerable sectors so that the curriculum can be tailored in such a way that it addresses the challenges identified.

The instructors should also be widely consulted on the methods they find fitting for a new integrative curriculum. For instance, ARE 402 has a great potential for accommodating an integrated approach to the study of HIV. If one studies the ARE 402 course outline (appended), one will note that almost all the issues stated have ability to accommodate HIV education. An integrative approach in this case will be relevant. The process of re-designing the curriculum should therefore be a team effort, not only steered by the concerned lecturers but also the other members of the department. The need for in-service training for the instructors of the specific courses in which HIV has been integrated should not be overlooked. The training should be carried out by already qualified personnel. For religion courses both trained counsellors, theologians and medical personnel should be approached to offer ideas on how best HIV can be taught interactively in religion courses.

Emphasis should be put in diffusion of HIV into the course content in a way that it is absorbed not just as a topic among other topics, but part and parcel of the course content (as already noted in the case of ARE 402). Through this, emphasis is put on the effects of HIV since it cannot be alienated from the religious and social issues. This will help in the understanding of HIV gender-related and poverty issues, among others. It is only when we realize that such integration cannot be fused into some courses that HIV can be taught as a course on its own. However, the way the curriculum is designed from the examples I gave on the courses that have potential to accommodate the teaching of HIV, it is possible to have HIV courses at every level – Bachelors, Masters, Ph.D – and in every year of study. This means that the course content can relevantly be divided and distributed according to the degree levels and enable the lecturers to understand where and when it is relevant to address certain HIV issues.

There are institutions that offer common courses, which are thought to equip students with unique knowledge. For instance in Maseno University-Kenya, Communication Skills I and II have for a long time been offered as a common course. It is believed to equip students with the relevant skills in communication, which are taught in all other courses in the university. Departments of Religious Studies in our public universities can also offer HIV as a common course at every level/year of study. This should be done in a way that the content of HIV is spread to cover, say, four years of study at the Bachelor's level. Year one's content would obviously cover the introduction of the course, whereas years two and three's content will deepen the teachings of HIV by studying the required skills for mitigating HIV, Home Based Health Care and ways of comfortably living with people with HIV. Year four's content should be preparing the students to face the challenges of HIV in their communities. This will strengthen their

capabilities to be of use to the community and their understanding of how they can practically apply the theories learned in their local situations and places of work. The advantage of teaching of HIV as a common course in our departments of Religious and Theological Studies is that it will not only benefit students of religion and theology, but also other students from other departments and faculties. This is borne out by the fact that common courses are open to all students unlike the core and elective courses, which can only be offered to students of that particular programme.

Another suggestion on designing an HIV integrative curriculum is the issue of mainstreaming HIV i.e. making it a mandatory part of the curriculum. This means that it becomes a core/mandatory course. This implies that every student of religious studies will be obliged to take HIV as a course. With the current crisis, if HIV was made a mandatory course, I believe students would be eager to learn more about it, especially because it is not a subject that most of them are conversant with from their communities or their prior levels of learning. Before implementing the designed curriculum it would be crucial for the departments of religious studies to borrow ideas from sister institutions or other departments (if any) that have already integrated the study of HIV into their programmes. This will enable them to learn from the failures of such curricula and subsequently open an arena for a better-modified curriculum.

It would also be relevant for the designers of the curriculum to have a clear consideration of the people's social contexts (Weinreich and Benn 2004:58). It should be designed in a way that it responds to the needs of the target communities. Considering ARE 307: Women in Religion, after examining the atrocities committed against women in the world, the violence perpetuated against them in the area of sexuality cannot be underestimated (see the chapter by Njoroge in this volume). There is therefore a need to condemn the prevalent discrimination against women in the world today (Kamaara 2005:95). Having noted that all the questions regarding the welfare and status of women in Africa are explained within the framework of culture (Otieno and McCullum 2005:121), our departments should aspire to be agents of change in the community, especially in the lives of women. The departments of Religion in African universities are well placed to articulate issues related to women, religion and development as well as discrimination based on gender considerations, which have in turn aggravated the spread of HIV.

In the Youth and Religion course, there is a need to understand the situation on the ground by addressing the youth's frustrations, fears, dreams and hopes (Kamaara 2005:96). Our departments should embark on programmes that address issues that encourage ignorance and promiscuity among the youth. The emancipation of youth and women against the struggles of life should form part of the themes in the study

of religion and theology in our departments. The theoretical side of this should be followed by practical applications in the field through formation of cooperatives and networking with the communities.

Implementation

Implementation of new curricula has mostly been restrained by the administrative bureaucracies in most of our institutions of higher learning. It takes quite a long time for new programmes or courses to be implemented in the existing curriculum. Redesigning and implementing a totally new curriculum is therefore a great challenge. It might take a long while before it is approved by the Senate or the governing council of the university. This is one of the greatest barriers that must be overcome before designing and implementing an HIV-integrated curriculum.

Before the implementation it is imperative for the administration to invest in in-service training or even to hire qualified personnel who will ensure the efforts of the redesigned curriculum do not go to waste. In-service training will equip scholars of religious studies and theologians with the required know-how in delivery of the redesigned courses. Investment may also be in terms of purchasing the relevant resource materials and equipment required for practical teaching of these units. The administrators should explore ways of partnering with the government and other NGOs to subsidize their financial needs.

Departments of theology and religious studies should explore opportunities of partnering with churches and other community organizations/institutions or welfare groups before the implementation of the redesigned curriculum. This will facilitate an interactive environment between the institutions and the communities. As we already discussed, women and youth are highly infected and affected and the fact that women have readily established welfare groups, it would be easy for departments to partner with these community welfare groups as bases upon which the youth can practically apply their skills to improve the livelihoods of women and the wider community. Partnering with community members will aid in the evaluation of the curriculum.

Maluleke (2003:71) warns us of the traps that can interfere with a successful implementation of a HIV-sensitive curriculum. The traps include: marginalization of HIV/AIDS on the course such that it is optional; the course being taught by volunteers or the less qualified; HIV/AIDS issues being haphazardly mainstreamed in the course; HIV/AIDS being a brief but compulsory course either taught at the beginning or end of the academic year for students to get it over with quickly. These traps should be avoided by all means in trying to enhance effective HIV education. The transmis-

sion process should be well thought about for effective results since, as Weinreich and Benn (2004:59) rightly point out, information, education and communication are indispensable for conveying to people knowledge about HIV, and in countries where prevention has been successfully implemented an education component generally forms an essential part of their interventions.

Teaching of HIV-Integrated Courses

In the teaching of the redesigned curriculum, it is necessary to encourage students to actively participate in the learning process by providing an interactive environment in which they can share their daily life experiences. This will improve the lecturers' mode of delivery. Out-door activities should also be emphasized. One disadvantage with the kind of education offered in religion courses is that they tend to be restricted to theory. Most of them are class-centred. The end product is usually a team that has been trained to master the course content for the purposes of passing the examinations. A fourth year student doing "Issues in Social Ethics" as a religion course is less likely to remember what s/he learned in "Introduction to Religion" in first year.

It is high time departments of religious studies restructured their courses to include practical applications of knowledge learned in classroom. Out-of-class activities should therefore enhance practices such as visiting dispensaries/hospitals, partnering with groups of those living positively with the virus and other community welfare groups so as to improve the community members' awareness of HIV. These procedures will boost the image of institutions and more so the relevance of departments of religious studies to the community members and the governments, most of whom think that they are irrelevant in the development process.

Students in our departments of religious studies should be equipped with skills and encouraged to become peer educators, both in the institution and their local communities. There are so many youth groups in both the churches/religious institutions, schools (primary and secondary) and in the community. If university students are trained to partner and peer educate these youth groups there is bound to be a general behavioural change in our community institutions. In the focus and central attention on HIV, women, youth and development issues, it is imperative to highlight issues that facilitate the spread of HIV among these groups.

It has also been pointed out that there are other units in place that operate outside the class level but within our institutions of higher learning to help students acquire skills and information on HIV. Most of these units are funded by either the government or NGOs. The departments of Religious Studies should therefore work out means of

partnering with these other units, especially in community work. This will subsidize the departmental monetary vote for HIV (if any) since some of the activities require funding. Alternatively, the departments can write proposals and seek donor funding for community work and training sessions (especially in-service training).

Modes of Delivery and Key Issues to be Considered

In the implementation of the redesigned programme, the following highlighted methods could be used as modes of delivery.

- Participatory teaching methods which pay special attention to the participation of the learners.
- Thematic approach which emphasizes division of the HIV content into themes that can be easily taught for better understanding.
- Practical courses that encourage the use of external expertise in areas such as Home Based Health Care.
- Use of teacher/learner training manuals which should be distributed to students at the beginning of the semester to ensure further reading and understanding.
- Enhancement of a learner-friendly environment.
- Organizing of field trips which expose the learners to the real environment, e.g. orphanages and hospitals.
- Ensuring opportunities for seminars and HIV workshops.
- Use of contact groups in the community, say, youth and women groups, which will be the entry point of the institution into the community.
- Use of a questionnaire method at the end of every HIV topic. This will improve the evaluation process and help the instructor modify his/her methods of delivery for an improved course.
- Provide HIV research topics to the students and encourage them to do further research besides the classroom assignments.
- Use of comparative approaches that compare HIV with other diseases, such as cancer and malaria, in a bid to qualify HIV as a manageable infection.
- Encourage peer education which should not only be limited to the institutional level but extended to the wider community.

- The imperative need to involve the government and other relevant institutions, especially those that have already integrated HIV in the curriculum. This will ensure support and learning from their successes and failures.

Monitoring and Evaluation of the Implemented Curriculum

The implemented curriculum should be closely monitored so as to rate its effectiveness and success for both the students and the community. Again the role of professionals in HIV is important at the monitoring stage. The piloting of the curriculum should be done with a specific group and the group monitored through a critical analysis so as to rate the success of the curriculum. This will help in the restructuring of the defective areas so that the curriculum can be fully implemented for the four year, two year, or three year programme at bachelors, Masters and PhD levels. Since the redesigned curriculum should not only be exam focused but practical in nature, monitoring the outdoor activities of the educators and learners is relevant. The readiness by the outside community to accept to be integrated in the activities of university students would be an indicator of success of the curriculum. Additionally, the number of students enrolling for religion courses that integrate HIV education can also rate the importance of the improved curriculum.

In the evaluation of the curriculum, again consultations of the different stakeholders will be important. This will highlight the loopholes that need to be bridged so as to ensure a successful re-implementation. In the consultations, the ideas of the community members should be of immense importance because in the final analysis, the results of the training will be transmitted to the wider community. The process of implementing, reflecting on the results of the implemented curriculum, redesigning and re-implementing the redesigned curriculum is what I would term as Action-Reflection-Action (ARA) as a way forward for an effective curriculum. There are however some foreseen challenges for the implementation of the curriculum which, if well noted, can help us break the barriers. They include:

- The redesigned courses could be overcrowded hence a challenge of time. Infusing HIV content in some topics means a need for more time. Currently, a course is only taught for three hours a week.
- The bureaucratic governance in our institutions could be an impediment to the restructuring of the course contents.
- Lobbying for support from other departments and other institutions might not be an easy task for the departments of Religious Studies.

- Designing attractive packages to integrate the wider communities in university HIV activities/projects could be tricky since the projects should be relevant.

These and other challenges should be well understood and tackled in an endeavour to bring a new HIV integrated curriculum into existence, and which is likely to yield the following benefits.

Benefits of an HIV-Integrated Curriculum to the Study of Religion, Youth, Women and the Development Process

If HIV education is successfully integrated in the curriculum of religious studies, this will boost the relevance of religion courses in our institutions of higher learning and the society. Most of the departments of religious studies have fewer students as compared to those of language and linguistics, mathematics, sciences, bio-medical/public health studies, etc. Integrating HIV in the curriculum of religious studies is bound to attract students' attention. This will increase the number of students in our dilapidated departments. An HIV-integrated curriculum in our departments can therefore be a source of attraction to not only students but also the NGO world, most of whom have been focusing on HIV-related concerns of late. This can be a source of funding in our institutions. Such funding can also be extended to the women and youth groups in the community and other welfare groups through extended university-community affiliations. The funding may go a long way to improve the livelihoods of women and youth in the community. It will also enhance sustainability of economic development projects established by the welfare (women, youth and men) groups. This way, the institutions of higher learning will be acting as contact points between the NGO world and the community.

The improved curriculum will also be a source of literacy to the youth both in the institutions and the wider community, and non-literate women especially on HIV/AIDS education. The outdoor activities are mainly geared towards sensitization and creation of awareness through building the capacity of both the youth and community members. The youth who are trained to become peer educators are able to extend the training to others both in the institutions and their communities and in turn encourage them to educate others. This becomes an unending cycle of enlightenment especially for poor individuals who are unable to access formal education.

It is important to note that this kind of curriculum becomes a point of reference in the enhancement of morality or behaviour both by the youth and their parents. It becomes an open forum in which issues of HIV can be freely discussed. This is a way of elimi-

nating discrimination and stigmatization of people living with HIV, which still characterizes most societies. The training from such an all-embracing curriculum increases chances for the youth to get jobs more easily, within either the private or public sectors. An example of the private sector is the ICL (Africa), which we have already discussed. The demand for VCT counsellors and VCT/health technicians by the government is also on the increase and provides an opportunity for the youth trained under the suggested curriculum. Lastly, among other benefits of such a curriculum is the fact that it provides an opportunity for the members of academic staff to get in-service training so that they can gain skills that they did not have before. It also gives them a chance to apply for donor funding to carry out research on HIV-related issues.

Conclusion

By articulating clearly HIV and AIDS in the programmes of theology and religion in our higher institutions of learning, we will be addressing a social problem that has affected our societal institutions for too long. Though this strategy may be coming a bit late, after almost three decades since the virus was discovered, it would be a step towards human emancipation from all the oppressive effects of HIV. The curriculum suggested should have a focus of helping the disadvantaged in society. For instance, by emphasizing the need to emancipate women, this will be for the benefit of the community at large since, as the discussion reveals, women and youth are disproportionately affected by HIV. As Magesa (2005:89) explains, women-defined theology is liberation theology.

The teaching of HIV and AIDS in the departments of religion will also help improve people's understanding of HIV. There are many assumed things about HIV since for decades what has always been emphasized are the transmission modes at the expense of educating people on other relevant issues. Sr Raphaela Händler (2005:19) explains that very few people understand the natural course of HIV; that is the early infection and sero-conversion phase, the chronic phase-severe immune deficiency, and AIDS phases. Very few as well are aware of the CD4 T-cells among other pertinent issues. If our curricula are to address societal concerns at large, providing information about the course of HIV, access to care and treatment including Home Based Health Care and access to ARVs remains imperative. The content, as already discussed, should be distributed in a way that by the end of the four-year period of learning, students are equipped with skills and knowledge that can help them educate and empower others in the community. This is because redefining development elaborates on liberation and the means of gaining control over one's destiny, through gaining confidence, self-help

and cooperation.⁹ HIV and AIDS should therefore not be overlooked in the religion syllabi if we are to redefine development in such a way that it encompasses people's social concern. Christian education is necessary for morality, wisdom, self-control and devotion to duty and humankind. Whereas other forms of education are knowable, Christian education is knowable and livable.¹⁰

For the benefit of the society at large, the curriculum should provide adequate information to students on how to tailor programmes that benefit the communities through preventive campaigns. The campaigns should reach everyone including the young people, women and the minorities. The need to emphasize positive living for people with HIV is pre-eminent. Positive living counters the hopelessness associated with HIV and the education offered should not depict HIV as synonymous with dying or death (Weinreich and Benn 2004:58-59). The essence of the curriculum in this regard should be a focus on long term benefits for the community. It should be a curriculum that targets over the long term assistance for the vulnerable and minorities in the community, thus women, youth and other groups, including the physically challenged.

In a nutshell, departments of religion and theology as units that explore both physical and spiritual concerns of the people are called upon to apply their training contextually on the present situation. Ignoring the fact that HIV is a social issue of concern affecting mostly the youth and women would be a great oversight. Embracing the indigent and vulnerable members of our society should be the endeavour of our curriculum. It is a call for us to be moved with pity and concern for HIV cases, orphans and widows. By sharing as far as possible the multiple pains of these persons through devising an all embracing curriculum, we will be helping to transform sheer human tragedy into the possibility of new life and love. As churches try to contextualize the gospel and have a greater influence in response to HIV and AIDS challenges, our curricula in institutions of higher learning should also be redesigned to affect our communities positively (Nicholson 1996:79-80). APPENDIX 1: A Sample of Course Outline

⁹ *Christian Education in the African Context, Proceedings of the African Regional Conference of the International Association for the Promotion of Christian Education-Harare, Zimbabwe, 4-9 March, 1991., Potchefstroom, Grand Rapids, 1992, p.77.*

¹⁰ *Ibid.*, p. 88.

APPENDIX 1 A Sample of Course Outline



MASENO UNIVERSITY
DEPARTMENT OF RELIGION, THEOLOGY & PHILOSOPHY
ARE 402: Issues in Social Ethics - Course Outline
Lecture schedule 42hrs

OBJECTIVES

The objective of the course is to enable the learner to evaluate contemporary issues related to religion in society and to acquaint him with religious responses to contemporary ethical issues.

<i>Content</i>	<i>Hrs</i>
Introduction	3hrs
- What is Ethics?	
- What is morality?	
- What is the relationship between the two and their implications in the society?	
Drug Abuse	2hrs
- Meaning	
- Types of drug abuse	
- Effects of drug abuse	
- A religious/ethical perspective	
- Control and prevention of drug abuse	
Child Abuse	3hrs
- Meaning	
- Forms/types	
- The impact/effect	
- Control/prevention	
Juvenile Delinquency	3hrs
- Definition	
- Types of Delinquent Acts	
- Family background of Juvenile Delinquents	
- Ethical perspective	
- Prevention and control of Juvenile Delinquency	
Violence and Dissent	3hrs
- Understanding the problem	
- Various types of violence	
- Causes	
- Effects of violence	
- Control/prevention	

<i>Punishment</i>	<i>3hrs</i>
<ul style="list-style-type: none"> - Definition - Forms - Functions - Misuse of punishment - Ethical implications 	
<i>Human Sexuality and Its Expression</i>	<i>3hrs</i>
<ul style="list-style-type: none"> - Gender and Sex (Equality) - Contraceptives - Sterilization and Abortion - HIV/AIDS - Background information-origin, transmission, statistics - Ethical implications/ Religious perspective - Control/Prevention 	
<i>Prostitution</i>	<i>3hrs</i>
<ul style="list-style-type: none"> - The concept - Forms of Prostitution - Moral questions which arise on prostitution 	
<i>Pornography</i>	<i>3hrs</i>
<ul style="list-style-type: none"> - Definition - Forms - Effects 	
<i>Nepotism/Tribalism</i>	<i>3hrs</i>
<ul style="list-style-type: none"> - Definitions - Effects 	
<i>Terrorism</i>	<i>3hrs</i>
<ul style="list-style-type: none"> - What is terrorism - Types - A search for solutions 	
<i>Euthanasia</i>	<i>3hrs</i>
<ul style="list-style-type: none"> - Definition - Moral implications 	
<i>Wealth and Poverty</i>	<i>3hrs</i>
<ul style="list-style-type: none"> - Definitions - Ethical implications - Control 	
<i>Polygamy and Divorce</i>	<i>3hrs</i>
<ul style="list-style-type: none"> - Definitions - Causes - Effects - Future of the two issues 	
<i>SIT IN C.A.T.</i>	<i>1hr</i>
<i>Total</i>	<i>42hrs</i>

N.B: A student will be required to present a written report after researching on an agreed topic of interest, which will constitute part of the course work.

APPENDIX 2

A Questionnaire Administered to Sampled Students of Religious

Studies in Maseno University, Kenya

WOMEN, YOUTH AND DEVELOPMENT IN THE ERA OF HIV AND AIDS: INTEGRATING ISSUES IN THE CURRICULUM

Please answer the following questions appropriately

1. Role of women in development

- What is the role of women in their households?
- Do they play a greater role as compared to men?
- Explain your answer.
- What problems do they face in their contribution towards the welfare of the family?
- What is their role in their children's education as compared to that of their husbands?
- Would you by any chance categorize women as the backbone of their families? Why?
- What are some of the development projects established by women to support themselves financially in your home area?

2. Women, youth and HIV and AIDS

- How, in your view, have HIV and AIDS affected women and youth disproportionately?
- Would you classify these two groups as vulnerable to HIV? Why?
- How does HIV affect the education of the youth?
- Do you know of children headed families? What is the cause, and what do you think is the future of those children and their siblings?
- How does the community in your area treat orphans? Does the government help them?
- What provisions are there in these institutions that sensitize people on HIV?
- What role do they play and are they effective?

3. HIV and AIDS and the curriculum

- What is your opinion about the present curriculum in institutions of higher learning in relation to HIV?
- Does the curriculum provide any place for integration of HIV?
- (a) In which courses has HIV been integrated? Is the integration sufficient?
- (b) If the integration is not sufficient and effective according to you, what aspects have been left out?
- With an open mind, suggest how HIV can be integrated in the various courses offered in religious studies at the undergraduate level.
- From the suggestions you have given in (4) above, provide a structural explanation of this kind of integration.

4. An effective curriculum for the contemporary society

- If your suggested curriculum could be well implemented in the institutions of higher learning, how do you think the community at large can benefit?
- Suggest strategies on how the effects of the curriculum can be decentralized/ implemented in the various communities.
- How will such a curriculum help in addressing the challenges faced by women and youth in the community?

CHAPTER 8

INTEGRATING HIV AND AIDS IN THE TEACHING OF AFRICAN RELIGION

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Introduction

Musa Dube (2003b:vii) rightly alludes to the fact that the HIV epidemic affects all aspects of our times; cultural, spiritual, economic, political, social and psychological. It weakens economies as productivity is reduced and expenditure goes up. It raises spiritual questions. These include: Does God care, does God hear prayers or heal, and is God punishing us? It reveals the structures of our social institutions – how they are constructed and how they affect the well-being of individuals and the community as a whole. It affects the psychology of individuals and the community as a whole. It affects the psychology of individuals and communities as people begin to be afraid and to lose faith in the future.

This chapter aims at illustrating how a course on African Religion can integrate HIV and AIDS. It is hoped that by the end of the course learners should be able to serve their communities based on their African religious context to bring awareness on the spread of HIV through seminars and workshops. Well designed and implemented programmes should be able to produce competent and well rounded African Religion trainers/educators in regard to HIV. Equipped with adequate knowledge in African Religion and HIV, theological institutions and other higher institutions of learning stand a high chance of becoming a part of the solution in response to AIDS.

The chapter will attempt to define African Religion, provide an overview of African Religion and HIV, examine life in the African worldview, and the role of rites of passage. The chapter also explores causes of diseases/illness in an African perspective alongside describing healing as a protective and curative approach. The chapter assesses African practices that contribute to the spread of HIV. A critical view of African Religion in regard to HIV will further be discussed. Appropriate teaching methodologies and effective learning resources will also be examined (Appendix I). Reference will be made to some of the courses that entail discussing the African worldview in the time of HIV and AIDS (Appendix II).

Understanding African Religion

African Religion refers to the indigenous religious beliefs and practices of the Africans which have been handed down by their forefathers and foremothers. African Religion has been given alternative labels such as African Traditional Religion, African Indigenous Religions, and African Religions among others. However, in trying to define African Religion, Awolalu says;

This is the indigenous religion of Africa handed down from generation to generation. It is the religion that resulted from the sustaining faith held by the forebears of the present Africans which is being practiced today in various forms and intensities by a very large number of Africans, including some who claim to be Muslims and Christians (1991:123).

Mbiti shows that there are numerous different peoples in Africa, each having a very different religious system of beliefs, ceremonies, rituals, and its own religious leaders (1969:1). Consequently, according to Mbiti, one has to speak about African Religions in the plural. Dopamu (1991:22) notes that African Traditional Religion is “traditional” because it is a religion that originated from the peoples’ environment and their soil. It is neither preached to them nor imported by them. Each person is born into it, lives it, practises it, and is proud to make it his own. Although its varieties cannot be denied (Shorter 1987), there is a basic worldview which fundamentally is everywhere the same. The varieties are more those of expression than basic belief. These varieties should not be taken to mean a diversity of fundamental belief. However, in this chapter, we shall use the title, “African Religion” since other religions are also characterized by regional and local variations.

African Religion and HIV: an overview

The African perspective on HIV and AIDS is based on the African understanding of the causes of diseases. Most African communities view HIV as a curse from the spirits that have been offended. Therefore, HIV is viewed as a cursed disease which requires ritual cleansing or purification. This notion has attracted scholars of African Religions to forge a way to clear this notion, hence the need to integrate HIV and AIDS in the teaching of African Religion in institutions of higher learning.

It is evident that today, many educational institutions all over the world have engaged in teaching and research on African Religion. Most African universities have included courses on African Religion under different names and different content of teaching. The idea has also been adopted by most theological colleges, especially in Africa. For example, Maseno University, department of Religion, Theology and Philosophy offers a number of courses in African Religion at both undergraduate and postgraduate levels (see Appendix II). However, none of the courses offered include any content on HIV and AIDS. Therefore, there is the need to integrate HIV and AIDS in teaching and research on African Religion to equip the trainees with adequate knowledge and skills to handle the HIV epidemic within their own contexts as African scholars and

trainees. The purpose of this chapter is to help scholars to discover what Africans actually know, believe and think about their spirituality and ethical consciousness and to be able to relate their worldviews and moulded cultures in general with regard to HIV. This will involve critical judgement and interpretation.

Furthermore as Khathide points out, there is a tendency for students of African Religion to concentrate on past problems of the European church. They have not been made to study how to resolve pressing problems facing the African content (Kathide 2003:6). Because of this heavy Eurocentric slant in our theology, African problems are treated as if they were unimportant. There is a need for students to be equipped with adequate knowledge in their own African contexts to contribute towards the response to the HIV epidemic. The curriculum must be holistic, encompassing both rigorous thinking and rigorous actions to mainstream African Religion into the teaching, research and publication on HIV issues.

African Perception of Life

Mugambi and Kirima (1991:22) point out that the African perception of life was that human life, which comes from God through the spirits and ancestors, is considered sacred and is held in great reverence. Since human life is sacred, it is surrounded by religious rituals. The ancestors are appealed to for children and the spirits are asked to protect them and every effort is made to obtain God's blessing on everyone in the community. Since life is of the utmost importance it has to be safeguarded very zealously – with prayers, with rituals, with magic, and with protective charms (Zuesse 1979). Children then, were a social and an economic asset and their upbringing was controlled to ensure that they took over these responsibilities without questioning.

The African conception of life in the light of HIV is a very pertinent theme. The course on African Religion needs to explore the meaning of life, ways of preserving life by preventing HIV infections, as well as management and care of those already living with HIV. All these should be designed as a way of preserving human life. The destruction of humanity due to the AIDS epidemic should be checked as it affects human relations as designed by the Supreme Being. Therefore, taking Maseno University as our case study, integrating HIV and AIDS in African Religion courses is ideal in regard to the African concept of life and the HIV epidemic (see Appendix II).

Rites of Passage

As far as African Religion is concerned, the expectations of the ancestors and the demands of tradition are satisfied most remarkably in the rhythm of human life. Certain events in human life carry special significance in the movement to preserve life, and these moments of crisis are used to augment the vital power of the person. They relate primarily to what A. Van Gennep (1960) calls "rites of passage" that is, birth, puberty, marriage and death. Rites of passage are very important components of expressing sexuality. This was done to ensure that a person is equipped to manage tensions and conflicts associated with his/her sexuality. Human sexuality therefore, is portrayed and celebrated as sacred, personal and communitarian.

During childhood a child learnt the customs and rules of the community. The early education (apprenticeship) was given according to gender. The education included imparting social education from both parents, aunts, uncles and grandparents, which included imparting moral lessons. Education in the form of intensive instruction reached a peak at initiation. This is where the individual's rights and responsibilities in society and the transition from childhood to adulthood were achieved. As Magesa (1997) shows, this is the time when the individual's vital force and the power of life generally are formed, confirmed and imprinted indelibly in the individual's rational consciousness. The phase of formal instruction stresses five areas of ethical concern in the life of the individual and society: religion, the mystery of life and death, domestic and social virtues, sex and sexuality and forms of self identity. The most central theme among them is of course, the absolute value of life. God as the Great Ancestor gives life, but human ancestors guard it. Magesa (1997) adds that one of the areas also emphasized in instruction is sexuality. Sexuality and religion have been closely entwined since time immemorial. Since sexuality is such a pervasive and powerful aspect of human nature, all societies have sought to control and regulate it.

Religion is the social institution usually concerned with ethics and, therefore, moral values related to sex have often been rooted in religious teachings. Instruction in this area is exhaustive as the transmission of life and the preservation of life force depend on sexuality. Lessons on the enjoyment of sex, which must be accompanied by sexual responsibility, are emphasized. Instructions on sexuality are done in a very discreet and respectful manner. There is emphasis on self control, discipline and respect. Lessons on sexuality are given to prepare the new initiate for marriage and adult responsibilities. The initiation process which turns a youth from a boy or girl into a man or woman, points to marriage as the most basic expression of the desire to maintain life.

It should be noted that in some African communities virginity was highly valued before marriage to the extent that virginity tests were carried out – perhaps in today's situation as a way of eliminating the spread of HIV. Although this practice is contentious, it has the advantage of detecting cases of sexual abuse early. Theological educators should design courses that deal with the value of sexuality, which started in the initiation schools in African Religion. Areas explored could include cultural instructions during childhood which clearly defined the roles of every child according to their gender, sex education during initiation which further emphasized preparation of the youth for adult life, how to relate to people of the opposite sex, how to maintain virginity before marriage in some communities and how to avoid actual penetration until marriage. Sexuality therefore had to be kept pure so that it would be a worthy instrument for the generation of children.

Mugambi and Kirima (1991) agree that marriage is understood universally in African Religion to be the institution that makes possible the practical expression of the cherished fecundity. It is the acceptable social structure for transforming life, the life that preserves the vital force of humans, families and clans. All forms of marriage and its rituals, therefore, are intended to ensure that procreation occurs according to the wishes of God and the ancestors and as abundantly as possible. Individuals are religiously bound to contribute to the continuation of life through marriage and procreation.

Marriage arrangements in most African communities started with courtship, payment of bride wealth as a public seal of the marriage contract, wedding ceremonies and the beginning of family life as husband and wife. The duties of the husband and wife are categorized in four broad categories namely, sexual, reproductive, educational and economic. In some communities, unfaithfulness in marriage was completely discouraged while in some polygamy was encouraged and sex was confined to only the lawfully married wives. Love and fidelity, faith and trust, and the promotion of everything that fosters an even closer relationship between spouses were emphasized. Furthermore, all pertinent rituals and taboos concerning sexuality were observed.

A programme on sexuality and sexual relations before and after marriage should be explored. Marriage and other forms of legal sexual unions are meant to ensure procreation and the preservation of life and the life force through sexuality and its expression in sexual intercourse. Kisembo (1977:105-6) reports that proper expression of sexuality resulting in the birth of legitimate children is indeed the cornerstone of life and happiness in the African community. He further states that sexuality and sexual expressions are sacred and must in no circumstances be abused. Sexuality and its powers were

understood as permeating every level of human existence, interpersonal relationships and matters of ritual. If it were misused, evil surely resulted. The use of sexuality must be “healthy” or life promoting. It must not jeopardize the totality of the well-being of the community. Proper use of sex as sacred can help in prevention of infection rates of HIV and therefore reduce the prevalence rate in Africa.

Causes of Diseases/Illness and Death in African Perspective

The previous section attempted to explore the role of rites of passage as an important stage in life that is meant to preserve life. The issue of sexuality is significant in all stages of rites of passage. Failure to adhere to the prescribed norms of sexuality embedded in birth, puberty, marriage and death would lead to illness and consequently death. When we relate this to the present context of HIV and AIDS as a cause of illnesses, it is imperative to discuss the causes of diseases and death in African perspective. The traditional explanations for disease and therefore of death are standard and fall into different categories (Sarpong 2005:44). The anger of the Supreme Being who is spited is thought to be a major cause of disease. Also offences to the tutelary spirits otherwise known as the “gods”, the “divinities” are believed to cause ailments. Ancestral retribution for overlooking their injunctions results in disease. Witches cannot be left out of consideration. In fact, they are probably the most notorious and heartless of disease causers. Sorcerers, whose activities are like those of witches and who poison spiritually are often named among those who cause disease. In some societies, destiny, what one has been asked to do by the Supreme Being in this world and what one decides by oneself to do, is often supposed to cause disease. A human person’s own evil moral behaviour can result in physical evil and disease. There are diseases that are attributed to the natural deterioration of the body which may result in malfunctioning or destruction of one vital organ of the body or another.

Many societies in Africa attribute HIV to witches. Some believe that since it is a devastating epidemic, it must be due to human sinfulness, which causes the Supreme Being to react to our unfaithfulness in such a drastic way. Many people believe that HIV infection is the result of human beings’ deliberate or inadvertent breaking of taboos of the society. The idea of infection through sex, often indiscriminate, is there but is not too much emphasized. Many African communities believe that the Supreme Being has decided to teach humanity some sense through a disease which manifests itself in the gradual shrinking of the human flesh that has become so dominated by hedonism (Sarpong 2005). Some communities refer to the disease as *‘chira’* (Luo), *‘ihira’* (Luhya) and *‘slim’* (in most communities in Uganda).

According to studies done, most African communities treat certain diseases as unclear and shameful. For this reason, relatives tend to hide the fact that those who are close to them have contracted a disease that is considered unclear, to such an extent that when a relative is infected there is a lot of silence about his illness. Sometimes there is too much silence until the person dies, while others only break the silence when nothing can be done to rescue the situation at an appropriate stage. This therefore calls for the course on African Religion to focus on the causes of illness, types and how these diseases can be diagnosed and managed at an early stage. In this case AIDS as a new disease in Africa can be spoken about openly leading to early use of antiretroviral drugs to extend the life of those living with HIV.

The principle of “silence” has unfortunately encouraged the prevalence rate and spread of HIV (see Chitando’s chapter on African Indigenous Religions in this volume). For example, in cases where a husband/wife has died of AIDS-related diseases and traditional practices such as levirate, polygamy and sororate call for action, many innocent uninfected end up getting infected because of the “ignorance” and “silence” syndromes. Hence it becomes difficult to stop the spread of HIV because of people’s silence and ignorance in dealing with the causes of disease. Some cultural practices, otherwise wholesome and praiseworthy, can result in sexual aberrations, making it impossible to stop the spread of HIV. Because of the intimate connection between life and death in African Religion it should not be surprising that a discussion of death is an essential part of this discussion of the transmission of life.

However, with regard to AIDS the death of the young is an inexplicable tragedy that points to moral disorder in the individual’s life or society, whereas death in old age is a dignified event. In this era of HIV, the course on African Religion should bring awareness regarding the impact of African spirituality on the interpretation of the epidemic.

Healing as a Protective and Curative Approach

Healing is a part of the whole complex religious attempt by humans to bring the physical and spiritual aspects of the universe, as well as humans who live in it, into that desired harmony. Healing thus becomes a cardinal religious practice because the African cosmology which is “world affirming” demands that life in the world must be kept free from problems, ill health and obstacles which may hinder the fulfillment of desired goals. Therefore, among the unfriendly agents that threaten life here on earth is illness. It is an enemy, which the African has tried to fight, avoid and eradicate.

Any disease in African communities is not just a physical condition, according to African interpretation and experience. It is also a religious matter. Therefore, to deal with it people revert to religious practices. They use religion to find out the mystical cause of the disease.

The use of religion to prescribe the right cure, part of which is often the performance of certain rituals that the medicine man or woman may specify, is considered. Mbiti states that it is also necessary to take counter measures to make sure that the cause of the disease is neutralized so that the person concerned will not suffer from the same disease again. Rituals of blessings for good health and long life are numerous, often performed by the medicine man or woman. Persistent and serious complaints require their knowledge and skill. He/she prescribes a cure, which may include herbs, religious rituals and the observance of certain prohibitions or directions. The medicine man/woman also acts as a counsellor of the sick (Mbiti 1969).

Because healing is a part of religious ritual and an act of worship, the diviner is usually consulted to determine the causes of the sickness and to recommend the doctor to see. However, diviners can also be medicine men or women who dispense protective and curative medicines. The diviner in other words is the diagnostician who is concerned with the spiritual causes of the affliction, though there are diviners who are both diagnosticians and therapeutics. Diviners therefore are persons who use “medicinal” powers, particularly supra-normal powers, in favour of life. The spiritual gifts of diviners render them capable of diagnosing what kind of spirit or “force substance” is causing what kind of affliction to the individual, and they also advise on what steps must be taken to obtain healing or “coolness”.

The course on African Religion should equip learners to appreciate the importance of healing and counselling. Teaching using an African methodological approach to issues related to causes of diseases, counselling, diagnosis, prevention, cure and management of HIV will underscore/remove the problem of shame, guilt, blame, stigma and discrimination. Therefore, courses covering the concept of healing should be useful to the learner.

African Social and Moral Education in the Era of HIV

Religions are the traditional justification for a particular morality in society and it is not surprising therefore that they tend to take a leading role in helping to ensure that the appropriate mores are observed. In African Religion wrongdoing relates to the contravention of specific codes of community expectations. Individuals and the whole community must observe these forms of behaviour to preserve order and assure

the continuation of life in its fullness. To threaten in any way or to break any of the community codes of behaviour which are in fact moral codes, endangers life and is regarded as bad and sinful (Wambari 1990).

The introduction of African social and moral education in African Religion is very fundamental in this era of AIDS. The component of moral education should be embedded in African Religion, underlying all the aspects of human behaviour irrespective of whether one is religious, atheistic, agnostic or adheres to any other belief. Social and moral education has reason and conscience and these reflect human well-being as its source of value.

Moral and social education, like all education, is a lifelong process which aims at assisting persons and encouraging them to practise social and moral values and cultivate dispositions or values which manifest some transformation. Perception of the nature of morality as an institution of society, whose role is to enhance human well-being, should be aroused and maintained. If African traditional morality is integrated into the teaching of HIV and AIDS, it may be a necessary institution for harmonious social existence as far as sexuality is concerned.

Moral education embedded into the integration of HIV and AIDS in the African Religion curriculum will emphasize conformity to divine will by way of obedience to divine commands, rules or principles which are deemed the source of meaning and value in morality. Therefore, social and moral education should be concerned about the cultivation of social and/or moral virtues as the means of transforming persons into beings who will relate harmoniously to others to enhance human well-being. The teaching of African traditional ethics should however go into the details of social norms underlying all aspects of human behaviour in regard to sexuality. An attempt should be made to incorporate virtues associated with the African tradition of mutual social responsibility. In teaching social and moral education, the major emphasis of the course ought to be to identify ethical problems confronting Africans with regard to prevention, cure and management of HIV and suggest viable solutions to this problem.

To sum up, though indigenous African education was effective and utilitarian in the traditional context, with social transformation due to evangelization, technological importation, urbanization, secularization, media influence among others which have contributed to the breakdown of indigenous value systems and cultural institutions, the only way forward is to integrate HIV and AIDS in African Religion courses which are widely offered in a number of institutions of higher learning in Africa.

African Socio-Cultural Practices Influencing the Spread of HIV

The course on African Religion and HIV must highlight some of the cultural practices that contribute to the spread of HIV in Africa. Amanze (2006) observes that there is a need to examine a number of traditional sexual practices in Africa today, which need critical evaluation, and if necessary should be discarded because they expose both men and women to the possibility of being infected by HIV. Some of them not only lead to infections but also constitute a breach of human rights and the abuse of other people's bodies, especially those of women. Dube (2003a:viii) notes that women are more vulnerable to infections especially in patriarchal communities due to economic and social inequalities in the females' relations with males, which restrict their ability to make sexual choices. For this reason, women who have been socially constructed as powerless cannot insist on safe sex.

It is important to note that initiation schools that are meant to impart sex education to young people to understand their human sexuality with dignity might expose the initiate to HIV. Practices such as female genital mutilation and circumcision, as practised by some African communities, sometimes demand that the same instrument used to "cut" is shared by all. This makes some initiates vulnerable to HIV infection as the virus can be transmitted from one initiate to another.

Some cultural practices such as polygamy, levirate marriage and sororate marriage render the partners involved vulnerable to HIV. For example, in polygamous relationships if one person in the union becomes infected then everybody in the union becomes particularly vulnerable to the virus. In levirate marriage – a brother inherits his deceased brothers' wife and takes over economic, social as well as sexual responsibilities. However, if one of them is infected, the other party becomes vulnerable to HIV. Sororate marriage is where a woman replaces a barren relative, or at death. The woman who comes in as a wife takes all the responsibilities including sexual ones. This might result in the spread of HIV. Mbiti (1969) has pointed out that among the Maasai, for example, those who were inherited in the same batch, are entitled to have sexual relations with the wives of fellow members. Such cultural practices largely contribute to the spread of HIV.

In the light of traditional practices that expose both men and women to the dangers of HIV, there is a need to design a course that examines the African sexual practices that have a bearing on the spread of AIDS. This is because some traditional beliefs and practices, which were socially accepted and reinforced must be interrogated in the time of HIV. According to Peter Sarpong (2005:48), there is a need for creativity as some traditional beliefs and practices have both positive and negative dimensions.

A Critical View of African Religion

Despite the significance of African Religion to African people, there are some particular behaviours within the African belief system that perpetuate the spread of HIV. Some cultural beliefs and behaviours (already mentioned) provide ideal conditions for HIV to flourish. Cultural issues of gender identities, roles and expectations, marriage and family, sexual practices, and ways in which males and females identify and relate to one another within their cultural and social constructs, play a broad and significant role in the spread of HIV infection. While designing a course on African Religion, emphasis should be placed on some of the African beliefs and practices that facilitate the spread of HIV as a weakness. By examining these demerits, a student of African Religion should be equipped with relevant information to be disseminated in their communities in addressing HIV epidemic. However, the strengths of African Religion should not be overlooked. It is understood that African Religion is a shared belief system among those who profess it. Some aspects such as communal responsibilities may be useful to learners in dealing with stigma, identity, in handling prevention, treatment and care of those infected and affected.

Despite the fact that other religions, particularly Christianity and Islam, continue to overshadow African Religion in institutions of higher learning, this suppression has been minimal. In spite of the strong influence that other religions have had on African Religion, the basic attitudes continue to be expressed in the same way as before the advent of these new religions. The African perspective to African reality/worldview continues to influence Africans. Despite the numerous conversions most Africans still hold on to their worldview. On this view, the explanation for contemporary African reality can be traced to the fact that the majority of Africans have not forgotten or ignore their cultural roots. There is in this view an authentic African personality which is the pillar of African survival in a multi-religious world. This African worldview has helped Africans today to interpret HIV on its causes, prevention, treatment, care, illness, disease and death from African perspectives.

In an endeavour to design a course to capture African interpretation of HIV, learners should be equipped on how they can apply African understanding of diseases/illness, how to prevent diseases, treatment and care as expressed in African concepts. Hence learners can apply this knowledge in their communities as a positive way of curbing the spread of HIV, and thus transform their communities.

Conclusion

As we try to integrate HIV and AIDS in the African Religion curriculum, there are certain issues that we need to take into consideration; firstly, there is the need to emphasize practically the centrality of African Religion which clearly reflects people's contexts according to their communities. This will make the course relevant to the African situation in the light of HIV. Secondly, it is significant to teach African Religion in regard to AIDS in undergraduate programmes. Research can be explored at both masters and doctoral level in various African Religion themes in regard to the HIV epidemic, highly competent HIV and AIDS-sensitive research in the light of causes of diseases. Compassion, advocacy, healing, stigma and discrimination, cultural practices on sexuality among others, can be explored and the findings disseminated in conferences, seminars and at community meetings. The teaching of African Religion in the era of HIV and AIDS is an urgent undertaking that requires revisiting the key themes in the discipline and examining their significance against the background of the epidemic.

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Appendix I The Course Itself

African Religion and HIV and AIDS

Course description The course shall cover the following: understanding African Religion and its theologies, justification for the course, the theology of African Perception of life in relation to AIDS epidemic, theology of rites of passage and HIV, causes of diseases\illness and death in African perspective and HIV, healing as a protective and curative approach in African traditional communities versus modern conventional counselling and management of HIV; compassion, healing, fear, hope, advocacy, etc., African social and moral education in the era of HIV epidemic; human sexuality, stigma and discrimination, sin and forgiveness, African practices that contribute to the spread of HIV and AIDS and a field survey on any above topic in a community of a learners choice.

Appropriate Teaching Methodologies

The teaching methodology of HIV and AIDS in African Religion Curriculum can be done in two ways; that is through transmission and liberation methods. This will ensure the delivery of high quality content. However, in one single lecture more than one method may be utilized depending on the topic to be covered. This means that the choice of a particular method depends on the nature of the topic. All lectures should start with the learner's experience.

1. Transmission Methods

Given the fact that in African traditional way of socialization, education was predominantly concerned with propagating traditional beliefs and practices, transmission methods featured predominantly. This involves the passing of information to the learners who are considered blank and empty. The lecturer is the custodian of all knowledge. Hence transmission method is done in many ways:

***The lecture method** – this involves transmission of information to the learner. It is also referred to as verbal exposition. It requires continuous oral transmitting from the teacher, whereas the learner requires continuous auditory receiving. Lecture method takes two forms; formal where the teacher does the transmission of the content by delivery throughout, whereas informal lecture is where the lecturer does most of the transmission but uses questions to get feedback from the learners.

***Narrative/story telling method** – this method involves the narration of various stories to illustrate concepts to be taught. The method is more motivating as it fills the learners with concrete images to illustrate the subject. Narrative method can be used to break the silence, stigma and discrimination. Questions and discussions on various topical issues should follow story telling.

***Text reading method** – as mentioned earlier, African traditional education was transmitted orally. Today, there are a number of African religion scholars who have written books on what was orally transmitted. This method involves reading extracts from the texts. Learners can be given assignment to research on a specific topic and try to relate it to the AIDS epidemic. The results can then be presented to the class as tutorials, where open presentations, discussions and questions can be encouraged.

***Note taking** – this method refers to taking notes from a text, internet or a passage on an individual basis. Learners can make their own notes on African religion by identifying traditional ways of diagnosis of diseases, counselling, cure and management and relate it to the context of HIV prevalence rates.

***Audio-visual presentation** – this is another example of transmission method. It includes video clips, videos, radios, tapes, and power point among others. The advantage of this method is that it can be used to cover large content within a short period.

***Group inquiry** – this is where a group of students addresses a question in order to get the views of the group on that particular topic. For example, a group can be assigned to investigate on cultural practices that influence the spread of HIV. This leads to open discussions during the lecture.

2. Liberation Methods

This is where the learner is actively involved either physically or mentally. The learner is free and is given an opportunity to contribute to his or her learning by exploring, criticizing and discussing. Liberation methods are also referred to as discovery methods. Liberation is done in many ways;

***Discussion** – this is an approach in which the students under the lecturer's direction exchange points or views so as to arrive at a collective decision or conclusion. The lecturer remains the leader of the discussion. This can be done through class discussion or small group discussion, for example looking at African cultural practices that control human sexuality in the light of HIV.

***Questioning** – this is where the teacher controls the class by asking questions geared to a certain goal. Questions are used in order to establish what is known and what is not known on a given topic. For example, a question can be asked on African traditional healing and reconciliation in relation to AIDS.

***Brain storming** – this is where the teacher gives a very challenging and tricky question and then the students are encouraged to come up with new ideas or ways of solving problems or contribute to a problem that requires a solution. For example, learners can be asked to look at African response to the spread of HIV infections.

***Interviews** – this is where a resource person may be invited to a lecture to present on a selected topic. For example a local leader or a tribal leader with authority may be invited to give a talk on a specific subject such as rites of passage in the light of HIV epidemic can be explored. The students are then free to ask questions on the topic under discussion.

***Project work** – this could be secondary or field based projects. Investigations are done individually and the findings presented during the lecture. Research at post-graduate level can be employed. This can adopt any approach for example, anthropological, historical, causal-comparative, phenomenological, descriptive and correlation approaches among others on issues touching on traditional practices and their relation to AIDS epidemic. Research can be done on various African Religion themes in the light of HIV and AIDS. The findings of such empirical studies can then be presented in the form of a dissertation or thesis thus making African Religion relevant to the AIDS situation.

Effective Learning Resources

Learning resources refers to what makes it possible for learning to take place. Some of the teaching aids recommended to ensure effective delivery of high quality are:

- Environmental resources.
- Community resources.
- Field trips.
- Audio materials.
- Audio visual aids.
- Print media.

Illustrations such as pictures, maps, photos, charts, aid diagrams.

Appendix II

1. ARE 104: African Religion

Reason for the study of African Religion; problems encountered in the study: past and present; the nature of African Religion; the conception of God, Divinities, Ancestors and Spirits; the African view of man; family and kinship systems; Religious specialists, transition rites; communal and personal rites; magic, witchcraft and sorcery and the interaction between African Religion and Christianity on the one hand, and Islam on the other; African Religion today and the prosperity for its future.

2. ARE 202: Religion, Culture And Communication

The inter-relationships between religion, culture and communication. The concept, definition and characteristics of culture; definition and characteristics, and context of religion; religion in the face of cultural change; religious communication in cultural and generation gaps; towards a homogenous religion-culture; modern religion and the mass media.

3. ARE 315: African Mythology

Examination and analysis of some African myths and literature, language and forms of art, religion and philosophy; myths of the origins; earth/world, elements, life and birth, first men, darkness, suffering, death, supernatural myths; gods and spirits, oracles and divinations, witches and monsters, secret societies and ancestors, legends.

4. Are 414: African Theology

Definition of African theology; the idea of God; writings of African ideas of God in western eyes; the worship of God; God and the human person in Africa; God and the community; God and nature; an African theologian; relationship between African theology and other theologies such as Biblical Theology, Qu'ranic Theology; African theologians: John Mbiti, J.K. Mugambi, E.B. Idowu, R.B. Kibongi, Vincent Mulago, Adeolu Adegbola, Charles Nyamiti; their theological teachings.

5. ARE 816: African World-View

African concept of man: his origins as conceived by different ethnic groups in Africa; the function of the soul; human destiny and the concept of pre-destination; rites of passage among African peoples; the African concept of time, African cosmology: concept of origin of things; maintenance and control of the world; relationship between God and the world; the concept of the Vital Force.

6. ARE 817: African Folklore and Mythology

Definition of terms (myths, legends, riddles, songs, fairy tales, sagas, fables); analysis of some African etymological and ethnological myths; analysis of legends, fables, proverbs and pithy sayings; significance and value of African folklore to the study of religious matters.

7. ARE 818: African Ethics and Jurisprudence

Traditional approaches to ethical issues; moral values in relation to sex, marriage and the family, responsibility, good and evil, freedom of the will, law and regulations, taboos, sin and its removal; matters pertaining to contracts and covenant relationships.

8. ARE 825: African Religion and Philosophy

A critical appraisal of the definition of African religion; methods and approaches to the study of African religion, traditional African world-view, social organization, ethics, eschatology; African specialists, interaction between African religion, Christianity, Islam and westernization; continuity and discontinuity in African religion, in the light of the foregoing interactions.

9. ARE 837: African Pneumatology

African idea of God and Spirits; the hierarchy of beings, various types of divinities and spirits; the relationship of man to the spirit-world.

10. ARE 838: Worship, Festivals and Rituals in African Religion

The traditional African idea of worship: individual and corporate worship; the question of the direct worship of God; the question of idolatry; the question of ancestors worship; the times and occasions of worship; analysis of traditional African prayers, hymns, blessings and other incantations used during the worship; sacrifices, offerings, and libations; traditional festivals in various African communities, and their religious implications; traditional African rituals especially those related to the rite of passage. Case studies of specific instances in the local context.

11. ARE 839: Indigenous Religious Knowledge in Africa

A study of magic, witchcraft, sorcery, traditional medicine, divination and sooth-saying in traditional African communities; the role of magicians, traditional medicine-men, diviners, mediums, rainmakers, priests and prophets; the inter-relationship among the above specialists. Case studies of specific instances in the local context.

12. ARE 840: African Religion and Social Transformation

A traditional appraisal of the factors causing social transformation in Africa: colonization, slave trade, the coming of Christianity and Islam, the impact of Western culture, industrialization and urbanization, the emergence of modern education system, the independent movements and national identity; a critical appraisal of the impact of the above factors on traditional African values, especially those related to various religious beliefs, family, marriage, sex, and social organization.

13. ARE 907: Mystic Powers in African Religion

Concept of mystic powers; identification and examination of various sources of mystic powers: divinations, incantations, magic, sorcery, medicine, witchcraft and their functions in African society; religious specialists as agents of mystic powers.

CHAPTER 9

DISCLOSING LAYERS OF SECRECY:

Studying African Indigenous Religions
in Contexts of HIV and AIDS

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Introduction

The concept of secrecy does not have a distinguished record in the study of African indigenous religions. Some travellers, explorers, missionaries and anthropologists, especially in the nineteenth century, tended to portray African indigenous religions as being highly secretive.¹ This engendered the idea that the indigenous religions of Africa were mysterious and exotic. Furthermore, it has created the perception that African religions are “traditional” in a negative sense. Due to the politics surrounding this term, I have dropped the more popular label, African Traditional Religions in favour of African indigenous religions. Mercy Amba Oduyoye of Ghana contends that the term traditional connotes, “a religion that is dying, being replaced by the new with which it is fruitlessly competing, a conservative and conserving religion bearing little relationship to the time” (1986:57).² As I shall argue throughout this chapter, African indigenous religions remain vibrant and consequential. Their view of the world continues to influence the lives of millions of Africans, including those who have converted to missionary religions. By focusing on secrecy and sexuality in African indigenous religions, this chapter does not imply that other African religions like Christianity and Islam are not implicated in discourses on HIV and AIDS. Patriarchy and secrecy also characterize missionary religions in Africa. In fact, the different religions have often conspired to deny African women health, though they also have empowering dimensions (Phiri and Nadar 2006). Although this chapter enjoins scholars of African indigenous religions to be actively involved in the struggle against HIV and AIDS, I am convinced that scholars in other fields can also make effective contributions.

Secrecy in African indigenous religions has often been associated with the notion of “secret societies”. This idea (Ellis and Ter Haar 2004:78) has attracted considerable attention in anthropological circles. Whilst Christianity, the paradigmatic religion in religious studies, is often presented as a public and universal faith, African beliefs and practices are often portrayed as secretive. On the other hand, narratives purporting to have uncovered ritual secrets belonging to impenetrable African secret societies bestow professional and academic status on the researchers. Emphasizing the “secret” dimension of African indigenous religions could therefore be part of the strategy to enhance the researcher’s credentials. Secrecy has also been used to perpetuate negative images of the indigenous religions of Africa and African-derived religions in the media (Murphy 1990:323).

1 For a detailed review of literature on religion and secrecy, see Duncan 2006.

2 The study of African indigenous religions continues to search for appropriate terminology. Terms like African spirituality, African Religion, Africism and others have also been adopted to describe the pre-Christian and pre-Islamic religions of Africa.

Despite the legacy of disempowerment that the concept of secrecy has bequeathed to the study of African indigenous religions, it remains useful in discourses on HIV and AIDS. In this chapter, I seek to apply the concept of secrecy in a reflexive manner to identify how it can illuminate the struggle against HIV and AIDS in Africa. The spread of HIV and AIDS in most parts of sub-Saharan Africa is directly related to conspiracies of silence and secrecy relating to sexuality (Weinreich and Benn 2004:47). However, this secrecy is of a different order from that described in sensationalist accounts of African indigenous religions. For the most part, it derives from the dislocation and suppression of indigenous initiation schools that provided sex education. This secrecy implicates Christianity and colonialism, as much as it highlights the need to adopt critical approaches to African cultural practices. HIV challenges African and Africanist intellectuals to interrogate African cultures, even as they rebut racist and simplistic interpretations of the epidemic. The temptation to glibly celebrate cultural practices that increase vulnerability to HIV infection in the name of upholding an “African identity” should be resisted.³

In this chapter I will apply the concept of secrecy as a conceptual tool to understand the devastating impact of HIV and AIDS in most parts of Southern Africa. This is the region with the highest levels of infection across the world. I argue that studying African indigenous religions in contexts of HIV and AIDS uncovers layers of secrecy that are mutually reinforcing. In the main, this secrecy relates to attitudes to sexuality and increases vulnerability to HIV infection. I also draw attention to the silence surrounding the gender dimension of the HIV and AIDS epidemic in Africa. It is my contention that scholars of religion, in this instance those studying African indigenous religions, have a professional and public responsibility to disclose these layers of secrecy. Mindful of the rancorous debate and controversy surrounding the status of the scholar of religion, I highlight how the reality of HIV and AIDS in Africa challenges scholars of religion to become visible on the frontlines of the struggle against the epidemic.

This chapter highlights the impact of poverty on the unfolding crisis. African indigenous religions are practised by the poorest of the world’s poor. The lack of access to quality medical care and antiretroviral therapy by most Africans is covered in secrecy. I advance the thesis that studying African indigenous religions in contexts of HIV and AIDS uncovers systematic structural violence. I identify how African indigenous religions have been exposed to an economic system that does not promote abundant life.

3 While most African cultural nationalists celebrate African culture, some African philosophers have rightly maintained that all inherited values and systems should be questioned. See, among others, Appiah 1992 and Wiredu 2004.

While African indigenous religions seek to promote wholeness of life (Magesa 1997), the prevailing global economic (dis-)order stifles their adherents. I uncover the “public secret” that poverty fuels the spread of HIV and AIDS in Africa.

Before analyzing the possible contribution of scholars of African indigenous religions in the struggle against HIV and AIDS, it is important to outline the social, economic and global context in which the epidemic is located. The first half of this chapter utilises the concept of secrecy to describe HIV and AIDS in Africa. I illustrate how secrecy militates against efforts to stem the tide of HIV and AIDS in most parts of sub-Saharan Africa. I argue that sexuality, gender, and poverty in Africa are shrouded in secrecy. These are the prime sponsors of HIV and AIDS in Africa. Consequently, the second half of the chapter challenges scholars of religion to expose these negative forces in their teaching and research. While acknowledging that some North American theoreticians regard such “engaged” approaches to the study of religion as blurring the distinction between analysis and application, I maintain that the reality of HIV and AIDS in Africa requires that African scholars adopt a more radical posture in relation to this issue.

Secrecy and HIV and AIDS in Africa

Like other concepts that enjoy considerable currency, such as religion, the idea of secrecy is shrouded in debate and controversy. It is a slippery and essentially contestable category whose nuances are not easily grasped. Secrecy is a multivalent concept and it defies precise definition. Secrecy refuses to reveal its secret! However, the term is often associated with that which is hidden or screened from the public view, whether deliberately or unintentionally. Ideologically, secrets are subterranean – they remain “under the tongue”.⁴ In this chapter, I regard secrecy and silence as being constantly conjoined. This combination has had dire consequences for programmes designed to increase HIV and AIDS awareness, prevention and care.

The status of secrecy differs from one society to another. In some societies, keeping secrets is regarded as a negative trait, while in other societies this would be a mark of maturity. Also, what counts as a secret is determined by the context. Secrecy may also invoke positive ideas, like privacy, intimacy and confidence; or negative notions like deceit, lying and denial (Bok 1982).

⁴ This phrase is taken from the Zimbabwean creative writer, Yvonne Vera's (1996) title. *Things that remain “under the tongue” are not announced publicly.*

In some societies, it is possible to distinguish different categories of secrets. One can make reference to personal secrets, business secrets, state secrets, and so on. On the other hand, T. O. Beidelman contends that in traditional African societies secrets are understood differently. Referring to African arts, he identifies two different orders, namely, secrets as simply social conventions, and secrets as approximating the mysterious and opaque complexities of the world (1993:47). However, this tendency to present “African secrecy” as belonging to a totally different realm is problematic. Granted that the levels of institutional differentiation in Africa may be not similar to those achieved in other societies, this should not be used to justify presenting Africa as wholly “other”. This creates and sustains the impression that Africa belongs to another world.⁵

From the foregoing, I distinguish two kinds of secrecy; the “conventional” and the “mystical”. Many authors on African indigenous religions have concentrated on the latter type of secrecy. They have highlighted the significance of “secret societies” and other non-public activities in African indigenous religions. This resonates with popular descriptions of these religions as mysterious and evoking a sense of awe. As I shall argue below, there is a need to track social conventions instead of dwelling on the mystical dimension of secrecy. This alternative reading of secrecy gives room for an analysis of how secrecy underpins oppressive social systems. Disclosing such layers of secrecy constitutes the central goal of this narrative.

In this chapter, I adopt a non-mystical approach to secrecy. Images of esoteric phenomena in African indigenous religions do not do justice to the fact that these are religions practised in space and time. In relation to discourses on HIV and AIDS, I understand secrecy to be the practice of concealing cultural and structural factors that have a bearing on the spread of the epidemic. This secrecy is embedded in intelligible social processes. I approach secrecy as having definite social and political consequences and as a “medium of property and power” (Nooter 1993:24).

The dimension of power is particularly instructive for understanding the interface between secrecy and HIV and AIDS in Africa. Patriarchal authority facilitates the marginalization of women and governs the silence regarding ritual practices that increase vulnerability to HIV infection. Powerful drug manufacturers have also refused to make meaningful concessions to the African market. In this regard, secrecy is discernible in the failure or refusal to confront structural factors that have authored

5 *There is tension between the quest for a distinctive African identity and the insistence that Africans are indeed an integral part of the human race. Sometimes African scholars of religion, philosophers and politicians engage in self-exoticization.*

“cultures of death”⁶ in Southern Africa. In addition, “occult economies” (Comaroff and Comaroff 1999) that have left Africans on the margins of the global economic order have continued to operate under the cloak of secrecy.

The HIV and AIDS epidemic has caused untold suffering and death in most parts of sub-Saharan Africa. Although the region has less than 8 percent of the world’s population, two-thirds of global AIDS cases are found in sub-Saharan Africa (Craddock 2004:1). It has claimed millions of lives, while leaving millions of children orphaned. In Southern Africa, life expectancy has been reduced from 62 to 47. Organizations like UNAIDS, the World Health Organization (WHO), the UN Population Institute, UNIFEM and others are constantly updating their statistics as the epidemic shows little evidence of leveling off. While Uganda, Senegal and Zimbabwe have provided some hope that prevention and awareness campaigns can succeed, the situation remains desperate in most countries. In Botswana, South Africa and Zimbabwe, an estimated 60 percent of young men who are 15 years old today stand to be infected, unless prevention efforts succeed (Weinreich and Benn 2004:8). While the accuracy of the statistics has led to debate,⁷ the pace at which most cemeteries are filling up indicates the impact of HIV and AIDS. In Harare, Zimbabwe, “Coffins for Sale” signs are prominently displayed in some residential areas, while the death industry has attracted more players (Chitando 1999:65).

It is paradoxical that while the effects of HIV and AIDS are manifest, and publicity campaigns dominate the mediascape, secrecy abounds. Layers of secrecy cover sexuality and gender in indigenous religions. There is also a veil of secrecy over the “various ways AIDS is embedded within social, economic, cultural, political, and ideological contexts” (Craddock 2004:5). Secrecy at the personal, communal, national and international levels has worsened the situation.

In this chapter, I contend that secrecy entails the refusal by different social actors to acknowledge and transform harmful institutions in the wake of HIV and AIDS. While there is merit in adopting both the conventional and mystical approaches to secrecy in African indigenous religions, I place emphasis on the former. I argue that secrecy, shame, silence and stigmatization have exacerbated the HIV epidemic in most parts of sub-Saharan Africa. Secrecy entails glossing over cultural, economic and political factors that drive the epidemic. This chapter endeavours to make these factors trans-

6 I am indebted to Edward P. Antonio for this phrase. See also, Mbembe 2001.

7 Most people across the world do not know their HIV status as they have not been tested. HIV infection rates in Africa are mainly projections based on results obtained from pregnant women who attend antenatal clinics.

parent and calls for effective interventions from scholars in religious studies in general, and those involved in teaching African indigenous religions in particular.

Sexuality and Secrecy

In order to appreciate the need for scholars of African indigenous religions to play a key role in demystifying sexuality in contexts of HIV and AIDS, it is necessary to explore, briefly, the interface between sexuality and secrecy in many African settings. This has had a negative impact on the spread of HIV in most parts of Sub Saharan Africa. This is due to the fact that, by far, the major mode of HIV transmission in sub-Saharan Africa has been heterosexual activity. However, this has nothing to do with racially-constructed hypothetical African promiscuity or the presence of a unique "African sexuality". The notion of blacks as having an insatiable sexual appetite that increases their vulnerability to HIV and AIDS is as erroneous as it is highly dangerous. Such secretly-held views need to be overcome if the struggle against HIV and AIDS is to move forward. Crucially, the fact of sexual transmission of HIV raises the need to debate sexuality openly.

While millions of Africans have converted to missionary religions, the influence of indigenous religions remains decisive. Contemporary African societies continue to adhere to ancestral traditions. As a consequence, indigenous approaches to sexuality should be analyzed if programmes to stem the tide of HIV and AIDS are to succeed.

Although the indigenous religions of Africa are characterized by regional and local variations, they have more or less similar attitudes towards sexuality. The dominant approach has been, for political and strategic purposes, to cover the subject with a veil of secrecy. However, Laurenti Magesa observes that within defined limits, sex is "a subject of much unabashed conversation" (1997:144). In this regard, age mates can broach the topic and even crack jokes about it. Nonetheless, there is secrecy regarding public discussions on sexuality. Thus:

In most African countries, open discussion of sexuality is socially discouraged, especially between adults and youth, except during traditional rites of passage conducted by nonparental adults. In some areas, especially in towns, traditional initiation rites have nearly disappeared or have been transplanted by church-based ceremonies. Where the initiation ceremonies do continue, they rarely address HIV prevention (Kebaabetswe and Noor 2002:519).

Initiation schools used to address the sensitive issue of sexuality in indigenous religions. While the “secret societies” of West Africa have received greater scholarly attention, the initiation schools in Malawi, and among the Lemba of South Africa and Zimbabwe, fulfilled the task of providing sex education. However, Christian missionaries were opposed to these schools, regarding them as a hindrance to their efforts to bring “light” in the midst of “darkness”. Furthermore, Western education, urbanization and other factors undermined the indigenous initiation schools. Sexuality has truly become a secretive and mysterious subject for many young Africans in the contemporary period.

Indigenous religions tend to link sexuality to the spiritual world. The perpetuation of the lineage is a major concern, and fertility is directly associated with blessings from the spiritual realm. Sexuality is imbued with power, and numerous taboos govern its expression. With social dislocation arising from colonialism, the secretive aspect concerning sexuality has been accentuated. Sexuality has now come to characterize what people *do*, rather than what they can *talk about*. This direction towards pragmatism and praxis has become a major challenge in responding to HIV and AIDS.

Due to historical and existential factors, indigenous values relating to sexuality require reappraisal in contexts of HIV and AIDS. While surrounding sexuality with a litany of myths and taboos has served noble religious and social purposes, the reality of HIV and AIDS in Africa challenges such deeply-rooted and dearly-held beliefs and practices. The layer of secrecy covering sexuality needs to be faced with creativity and sensitivity. It is important to adopt a more open approach towards sexuality. Thus:

It is, therefore, imperative to demystify human sexuality. We need to lift the lid off it – the blanket of mystery on sex and related issues needs to be removed once and for all. The cultural and spiritual barriers prohibiting any discussion on sexuality must be destroyed (Kathide 2003:6).

The roadblock of secrecy has to be negotiated if the journey against HIV and AIDS is to be a rewarding one. Sexuality as the quality or status of being sexual is intricately related to social, cultural and religious engineering. The mystification of the subject is therefore a result of specific social processes. As such, deliberate attempts to cultivate openness have to be undertaken. As Philippe Denis rightly notes, “AIDS touches on the most intimate area of human existence, sexuality” (2003:75). Transparency and public discussion of sexuality would go a long way in removing the layer of secrecy around the topic. In turn, communities would be more empowered to fight HIV

and AIDS. Open discussion of sexual matters in Southern Africa is a key strategy in confronting the challenges posed by the epidemic.

It is not possible to provide a detailed account of attitudes to sexuality in African indigenous religions within the confines of this chapter. However, as the foregoing paragraphs indicate, sexuality is an integral part of these religions. Beliefs relating to the perpetuation of the ancestral lineage, flows of sexual substance, flows of blood and other concepts are central to African indigenous religions. It is clear that programmes that seek to promote the use of condoms have to be sensitive to such cultural contexts. In the light of HIV and AIDS, researchers will need to invest resources in explicating the status of sexuality in African indigenous religions. There is need to recognize that in Africa, as elsewhere, human sexuality goes beyond reproduction (Maticka-Tyndale *et al* 2007) This will facilitate the application of effective interventions.

Gender and HIV and AIDS

Women in Africa are more vulnerable to HIV than men. This is a result of a combination of factors, including greater anatomical and physiological vulnerability, cultural practices, gender violence, lack of economic resources and others (Farley 2004:136-137). However, there is a deafening silence regarding the vulnerability of women in society. Secrecy tends to operate in this domain, although some African women theologians, gender activists and others have begun to demand that radical action be taken. Writing from the context of South Africa where rape and violence against women is almost endemic, theologians Tinyiko Sam Maluleke and Sarojini Nadar contend that society has entered into a covenant of violence against women. They identify the “unholy trinity” of religion, culture and gender socialization as having coalesced in underwriting a culture of violence against women (Maluleke and Nadar 2002:14).

While the status of women in African indigenous religions remains a large question that transcends this narrative, it has to be admitted that HIV calls for an urgent and honest examination of the vulnerability of women. In general, women have occupied a subordinate position within African communities. Indigenous religions have provided some of the ideological justification, with myths, rituals and taboos serving to maintain the status quo. The Circle of Concerned African Women Theologians (often referred to simply as the Circle) that was formed in 1989 has played a major role in exposing indigenous beliefs and practices that prevent gender equity in Africa (Pemberton 2003). At its third Pan-African Conference held in Addis Ababa, Ethiopia, August 4-8 2002, the Circle reflected on the theme, “Sex, Stigma and HIV/AIDS: African Women Challenging Religion, Culture, and Social Practices”.

African women theologians like Oduyoye (1995) have analyzed the role of language and cultural practices in the subordination of women. Lloyd Fanusie (1997) has drawn attention to the secrecy that surrounds women's sexuality in African cultures. A salient aspect within these studies is the extent to which women are socialized to provide male sexual pleasure. In some African contexts, women engage in "dry sex", thereby increasing their vulnerability to HIV infection. This practice might cause damage to tissues and facilitate transmission of HIV. At any rate, women often do not have the power to negotiate safer sexual practices, such as using condoms. In most instances, it is men who decide when, where and how the sexual act takes place.

A number of cultural practices that are sanctioned by indigenous religions expose women to the possibility of HIV infection. These include polygyny, widow inheritance, "widow cleansing" and others. In widow cleansing, a man is supposed to have sex with the widow so as "to cleanse" her following the death of her husband. However, the adaptable nature of indigenous religions can be seen in how some communities have modified these practices in the wake of HIV and AIDS. In some instances, substitute rituals have been formulated wherein the widow may be symbolically inherited or cleansed, without any sexual act being performed (Malungo 2001). Unfortunately, some religious extremists dismiss such innovative approaches and continue to subject women to misery, pain and death.

One practice that has generated a lot of controversy is female circumcision, more commonly referred to as female genital mutilation or genital cutting by its critics. Although some of its advocates, including women, argue that the practice should be retained as it plays a crucial role in identity formation, opposition has been gaining momentum. Once again, secrecy tends to dominate, although activists have tried hard to publicize its deleterious effects, especially within the context of HIV and AIDS. African women theologians have called for an end to female genital mutilation. They name patriarchy's strategy of controlling women's sexuality as the prime reason for the persistence of the practice. However, Grace Wamue (2002:87) suggests that only a sensitive and balanced approach might ensure the eventual eradication of this practice.

Women's vulnerability to HIV infection is also a result of violence. Indigenous religions are implicated to the degree that they promote specific masculinities to emerge, as I shall note below. In most parts of Southern Africa, there is silence concerning violence against women, with families and communities relegating it to the domain of the "private". However, as gender activists have often reminded us, "the personal is political". Due to powerlessness, many women have endured violence in their lives. Some African women theologians have broken the silence regarding violence against

women. They have critiqued myths and misconceptions that suggest that having sex with a virgin cures HIV and AIDS. Traditional practices like virginity testing (Phiri 2003) are now actually increasing the vulnerability of women. In the Manicaland province of Zimbabwe, some traditional chiefs have been awarding “virginity certificates” in their efforts to fight HIV and AIDS. Such practices are problematic, and are a violation of women’s basic human rights.

Silenced by patriarchal dictates and economic powerlessness, some African women fatalistically accept HIV and AIDS, although many have been quite resourceful in negotiating its threat and effects. Marriage offers no respite, as most married women have been infected by their husbands. Women’s general low levels of education and dependence on men suggest that programmes have to become more gender sensitive. The following citation highlights this need:

In addition to their increased risk of exposure, women’s usually low socioeconomic status and lack of power relative to men (inside or outside marriage) also make it difficult for them to take preventive measures, whether HIV positive or not. Women have limited control to negotiate or enforce strategies to reduce their infection; they also have fewer means to prevent infection or slow down the development of AIDS (Woudenberg 1998:9).

In discussing gender and sexuality within African indigenous religions, there has been a tendency to completely overlook men. Men can make a difference to HIV and AIDS, as many activists are beginning to realize. Masculinities have been implicated in the spread of HIV and AIDS in the region. As Robert Morrell argues, masculinities are socially and historically constructed (2001:7). Indigenous religions inform and shape masculinities. While women are being socialized to be submissive in sexual matters, men are being socialized to be daring. This has implications for adopting safer sexual practices like using condoms. The dominant masculinities need to be deconstructed in the light of HIV and AIDS. Some men insist on “flesh to flesh” sex as they believe that the exchange of bodily fluids ensures their health. Others believe that abstinence is unnatural and unhealthy for men. Furthermore, the absence of most men in the domain of the provision of care to people living with HIV or AIDS can be traced back to masculinities that are operating within the region. Indigenous religions lubricate these masculinities by presenting the man as having ancestral license to dominate. Scholars of African indigenous religions are strategically placed to lay bare the patriarchal traditions that stifle women in contexts dominated by HIV and AIDS.

Secrecy and Stigma

Secrecy and stigma make the task of combating HIV and AIDS in most parts of Southern Africa extremely difficult. Indigenous religions have a specific approach to disease and this has had a bearing on programmes that address HIV and AIDS. Since witchcraft is often identified as the cause of disease, individuals and families have utilized it as an explanation for HIV infection. As Christoph Benn observes, when tackling HIV and AIDS, there is a need to contend with “cultural perceptions of disease, its cause and origin, and of sexuality and its moral connotations and consequences of their transgression in a given society” (2002:5-6). The dominant reading of HIV and AIDS as a form of divine and ancestral retribution has resulted in stigma and discrimination against infected individuals. However, it should be acknowledged that other religions, particularly Christianity and Islam in Africa, have proffered similar interpretations of HIV and AIDS. Operating on a model of reward and punishment, they have reinforced the perception that HIV and AIDS is a consequence of human sin.

People living with HIV or AIDS struggle to find acceptance in an environment that is saturated with stigma. Consequently, very few individuals have come out publicly to say that they are infected with HIV. In her study of home-based care for people living with HIV and AIDS in Ghana, Mand Radstake (2000) has highlighted the theme of secrecy. Most people living with HIV or AIDS keep their HIV status secret, even to those who provide care for them. They keep secrets for strategic purposes since disclosure might jeopardize the quality of care that they receive. According to Radstake, “secrecy or silence around AIDS is often related or even equated to the stigma attached to the sickness” (2000:67). Although family members, colleagues and others might suspect that an individual is infected with HIV, secrecy continues to guide interaction. However, a few courageous individuals have publicly declared that they are living positively, and have given HIV and AIDS a human face.

Stigma also follows the fault-line of gender inequality. In most parts of Southern Africa, sexually transmitted infections are referred to as “women’s diseases”. Women’s bodies have been projected as carriers of disease in both the colonial and post-colonial periods. Narratives of blame present women as the source of HIV infection. In a context where cosmogonic myths attribute loss of paradise to wrong-doing by women, such a stance gains popular acceptance. Women who are infected with HIV are often viewed as promiscuous, and are usually discriminated against. Some cultural workers, especially popular musicians, reinforce gender-based stigma and discrimination by portraying women’s sexuality as dangerous and in need of regulation. The presence of female commercial sex workers contributes to this perception, while there is complete silence on the structural factors that give rise to this phenomenon.

Secrecy and stigma undermine prevention efforts that are designed to stem the tide of HIV and AIDS in Africa. The central focus of most prevention strategies has been on effecting behaviour change. However, in the absence of openness on the topic of sexuality and disclosure of HIV infection and in the face of stigma, such a goal is difficult to attain (Denis 2003:75). Furthermore, stigma discourages people living with HIV or AIDS from seeking care and support as they fear discrimination. Stigma has forced some women living with HIV to breastfeed their babies as they seek to deflect questions that would accompany not doing so. Fear of rejection has also prevented some individuals from using condoms in sexual encounters with their partners. As many activists have argued, openness regarding sexuality and HIV and AIDS is a major step in fighting the epidemic. Explicit information on condoms and safer negotiating skills undermine stigma and promote positive attitudes. Indigenous teachings on total human liberation, including freedom from stigma and discrimination for people living with HIV or AIDS, could also be utilized.

Secrecy, Economies of Death and HIV and AIDS

In the preceding sections I have underlined the extent to which indigenous cultural practices are implicated in the spread of HIV and AIDS in most parts of Africa. However, this might create the impression that transforming these practices is the panacea against HIV and AIDS. Such a perspective is misleading as the epidemic is also a disease of poverty. HIV and AIDS and poverty are like Siamese twins, and there is a need to break the secrecy surrounding the impact of poverty. Scholars of African indigenous religions should expose the connection between poverty and HIV and AIDS. This will empower their students to understand that the epidemic is not a result of sexual promiscuity. The global economic system increases the vulnerability of poor communities.

In indigenous African religions, divination is a procedure that is used to bring out secrets. It is also used to identify forces that threaten the vitality of the community. Divination is a metaphor for the disclosure of processes that are screened from casual observers. In the case of HIV and AIDS in Africa, there is need for “divination” in order to expose the secret role of poverty in the epidemic (Dube 2004). Alongside undermining the secrecy that surrounds sexuality and the gender dimension to HIV and AIDS, the secrecy relating to poverty and structural violence needs to be tackled. AIDS in Africa is the outcome of various forces:

We understand it rather as deeply rooted in historical antecedents, geopolitical relations, global financial configurations, government policies, local institutions, and cultural politics. From our own and others’ collective research, it is clear that AIDS

has been exacerbated by deepening poverty experienced by the majority of African countries over the past 20 years; that it has spread in the aftermath of war, civil unrest and refugee movements; that migration patterns necessitated by underemployment in chronically underfinanced economies ensure both an increase in rates of transmission and a spread from urban to rural areas; and that governments shackled by poor terms of trade and crippling debts have neither the finances nor the personnel to address the problem adequately (Craddock 2004:5).

Access to drugs and quality medical care ensures that people living with HIV or AIDS in developed countries can lead comfortable lives. However, poverty in Africa has condemned many people living with AIDS to premature death. Africa's location at the periphery of the global economic system has worsened the HIV and AIDS epidemic. Global financial institutions like the International Monetary Fund (IMF) and the World Bank have authored economies of death where the majority of Africans live in abject poverty. Their "standard recipe" of economic Structural Adjustment Programmes (SAPs) has been a spectacular failure across the continent. African governments have been encouraged/coerced to cut spending on health at a time when the HIV and AIDS epidemic has become a major existential threat.

The idiom of witchcraft is used to account for disease, misfortune or death in African communities (Bongmba 2001:20). Using this idiom, one may also understand global economies of death as a form of "witchcraft". James W. Perkinson (2004) has approached European race discourse as modern witchcraft practice. As witchcraft is the name given to all those forces that threaten human well-being, economic systems that condemn Africans to poverty might be classified under the same label. The operation of these economies is equally shrouded in secrecy, although their effects are devastating.

Poverty has left African women more vulnerable to HIV infection than men. More men enjoy access to treatment as society regards male labour as more significant than that of females. Men are regarded as more important economic actors since more women operate in the "informal" economic sector. Some Southern African societies are racialized, gendered, ethnicized and economically stratified (Moyo and Kawewe 2002). Women are at the very bottom of the social order. Lack of economic power forces many young women into abusive relationships, while some married women remain in the institution due to lack of options. Narratives of promiscuity in Africa gloss over structural inequalities that facilitate the spread of HIV and AIDS.

The highly secretive "invisible hand" guiding the global economy has not been benign to Africa in the wake of HIV and AIDS. Although some assistance has come the conti-

ment's way, some critics aver that if HIV and AIDS had inflicted similar damage in the developed countries, infinitely more resources would have been channeled towards the epidemic. In their "divination", they surmise that HIV and AIDS is effectively another form of racial and ethnic cleansing. They argue that the Y2K bug received more resources than HIV. It would appear that Africa's poverty, and the fact that the lives of Africans appear to matter less to the rest of the world, have worsened the HIV and AIDS crisis.

Prophecy plays an important role in indigenous African religions. Prophets are individuals who possess the ability to reveal secrets. This function has been carried over to the older African Independent/Indigenous churches (AICs) and the newer African Pentecostal churches. Prophets disclose the existence of those forces that threaten the community's quest for health and well-being. Through the practice of diagnosis, prophets penetrate individual and communal secrets and lay them bare in order to ensure prosperity. Such a method remains relevant in the context of HIV and AIDS. Researches that highlight the impact of secrecy, globalization and poverty on HIV and AIDS in Africa play such a role. Economies of death and their hidden operations need to be exorcized if Africa is to regain its health.

Teaching African Indigenous Religions in Contexts of HIV and AIDS

In the foregoing sections, I have drawn attention to the different layers of secrecy that threaten African lives due to their connection to HIV infection. However, a major question that arises is whether awareness of such layers of secrecy has any pedagogical implications. Does the teaching of African indigenous religions in theological institutions and university departments of religious studies reflect any awareness of HIV and AIDS? Should university teachers of African indigenous religions include HIV and AIDS in their courses? Is it the duty of a university professor of religious studies to empower her or his students to combat secrecy relating to HIV and AIDS? Admittedly, these are large questions whose nuances go beyond the purview of this chapter.

In this section, I seek to highlight how research and teaching connected to African indigenous religions needs to reflect the challenge of HIV and AIDS as articulated in the foregoing sections. However, there is the need to tackle the preliminary question of whether this is in fact a legitimate undertaking. I am aware that some North American theoreticians, like Donald Wiebe (1999:107) and Russell T. McCutcheon (2003:79) have called for the expunction of all extraneous considerations from the study of religion. Repeatedly, but consistently, these two scholars have admonished all those who

seek anything other than scientific knowledge about religion. For them, the study of religion should be limited to a discussion of the phenomenon as a publicly observable fact. The primary, and perhaps only, task of the professor of religion is to impart the “hard facts” relating to this phenomenon. Scholars of religion are not obliged to shape the moral views of their students, let alone to try and transform harmful aspects within a tradition. The study and teaching of religion is not a religious undertaking. Neither is it concerned with the transformation of religion, the Wiebe/McCutcheon thesis holds. Although I have attempted to summarize their arguments, I should admit that they articulate their arguments with greater erudition and sophistication. Furthermore, there are subtle differences in their respective approaches. However, they find common ground in insisting that the teacher of religion should be limited to imparting “scientifically verifiable data” relating to religion. They challenge the tendency to regard the study of religion as an unraveling of mysteries. It requires another narrative to map out the extent of their convergence and/or divergence. Upon close scrutiny, it could well be that both Wiebe and McCutcheon are participating in “engaged” religious studies. Wiebe is an astute defender of modern western science, while McCutcheon is “engaged” on behalf of ideological critique. Consequently, the question might no longer be whether “engaged” religious studies is desirable, but what form of “engagement” one’s scholarship takes.

If the Wiebe/McCutcheon thesis is applied to the teaching of African indigenous religions, it is clear that the integration of HIV and AIDS into the curriculum would have to be avoided. It smacks of having a “salvific” goal, and may be deemed extra-scholarly. While a professor might highlight secrecy and how it affects vulnerability to HIV and AIDS, it is not her or his responsibility to suggest the transformation of harmful practices. To do so is to enter into the domain of “engaged” or “applied” religious studies, an anathema to the Wiebe/McCutcheon thesis. Scholars of religion are not in the business of revitalizing religion. The lecture halls of a university should not be used to propagate messages to do with the creation of alternative rituals within any specific religion, the Wiebe/McCutcheon thesis contends.

The “puritanical strand” that has been forcefully (and polemically) pushed forward by Wiebe and McCutcheon is persuasive. The need for scholars of religion to avoid becoming “manufacturers” of religion is an important consideration. However, the impact of HIV and AIDS in Africa calls for a rethinking of this proposal. As students and teachers live in an environment where the effects of HIV and AIDS are clearly visible, avoiding the topic appears to be a dereliction of duty. At any rate, the sharp distinction between religious studies and theology has not been widely observed

in most African contexts. Consequently, the study of religion is, for the most part, undertaken by scholars who are religious themselves (Cox 1994:3). In addition, there is general agreement that the scarcity of resources implies the need for the study of religion to attain some practical goals. In the context of HIV and AIDS, this means religious studies should equip students to critique secrecy and to become HIV and AIDS literate. Teaching African indigenous religions would be required to go beyond phenomenology (Chitando 2001:177) and offer practical guidelines on how to avoid infection and to provide quality care to people living with HIV and AIDS. Musa Dube (2006:142) avers that scholars of African cosmology “need to use their skills as scholars within, with, and for their communities in the struggle against the devastation of HIV & AIDS.”

Scholars in the area of African indigenous religions have not played a significant role in efforts to revamp teaching about religion in contexts of HIV and AIDS. Instead, African Christian theologians have been actively involved in exercises that are meant to empower students in the face of the epidemic. Could it be that theology is more amenable to contextual reflections than religious studies?⁸ Musa W. Dube, a New Testament scholar from Botswana, has mobilized theological institutions in Africa to integrate HIV and AIDS in their programmes (Dube 2003). As the World Council of Churches (WCC)’s HIV and AIDS theology consultant for the African region, she challenged secrecy and silence regarding HIV and AIDS in the churches, theological institutions and universities. In Zimbabwe, there have been reflections on how theological institutions could tackle HIV and AIDS in their teaching (Chitando 2002). A number of theological journals have responded by devoting entire issues to the theme of HIV and AIDS. These include *Missionalia* (29, 2, 2001); the *Journal of Theology for Southern Africa* (114, 2002), and *Ministerial Formation* (102, 2004). Theologians like Dube, Maluleke, Isabel Apawo Phiri and others have offered useful reflections on secrecy and HIV and AIDS in Africa, alongside incorporating it in their teaching.

On the other hand, African scholars of indigenous religions are conspicuously absent from discourses on HIV and AIDS in Africa. African religious studies journals, already few in number, do not appear to have the same urgency in addressing HIV and AIDS as theological journals. Perhaps African religious studies scholars wish to remain “acceptable” to their North American and European peers and hence do not want to

8 In North America, scholars in theological training institutions have begun to reflect on HIV and AIDS while those in religious studies are yet to do so. Pittsburgh Theological Seminary sponsored a conference, “What Does Our Theology Say? An Intercultural Conference on Theological Education, and HIV/AIDS”, March 30-April 1 2006.

“dabble” in HIV and AIDS issues! The study of religions in Africa, like other disciplines, continues to look for endorsement from Europe and North America. Despite the political decolonization, the tendency to uphold “standards” set by scholars based in metropolitan centres persists. Perhaps the HIV and AIDS challenge provides an ideal opportunity to African scholars of religion to assert their right to address themes that are peculiar to their own context.

The silence of scholars of African indigenous religions on HIV and AIDS is eloquent. It might also be due to lack of resources. While African Christian theologians have been supported by external actors like the WCC, bodies that have financial resources and publishing facilities, African scholars of indigenous religions do not have such external support. Like the adherents of African indigenous religions, they are at the periphery of the global economic system. On the other hand, there is a defensive spirit on the part of some African scholars. They do not want to be seen admitting that some local beliefs and practices have to be interrogated in the light of HIV and AIDS. Some African scholars who are themselves practitioners of indigenous religions, adopt a very defensive posture in discourses on cultural criticism. Scholars in the area of traditional medicine and divination tend to dismiss most critiques as racist or as emerging from alienation. Scholar-activists like Wande Abimbola of Nigeria, Gordon Chavunduka of Zimbabwe and Nokuzola Mndende of South Africa celebrate the role of traditional healers in Africa. They do not readily accept that some traditional healers have not been helpful to the cause of addressing HIV and AIDS by claiming to heal people living with HIV or AIDS and recommending problematic solutions such as having sex with a virgin.

Scholars of African indigenous religions are strategically placed to challenge secrecy and to make a positive contribution to the struggle against HIV and AIDS. Preliminary reflections on how to teach African indigenous religions in the context of HIV and AIDS show a lot of promise. Chike A. Ekpeopara (2004) from Nigeria and Dube (2004) illustrate how courses can equip students to challenge secrecy and stigma, while guiding them to become aware of structural factors that have worsened the epidemic in Africa. Themes like myths of origin, notions of disease and healing, sexuality, morality, rites of passage and others could be taught with special reference to HIV and AIDS. However, there is a need to guard against “over loading” such courses with the message of HIV and AIDS as most young people resent the preoccupation with the epidemic.

Alongside using the lecture halls of the university as arenas for confronting secrecy surrounding HIV and AIDS, professors of African indigenous religions could

encourage students to undertake research projects that focus on the interplay between local beliefs and practices and vulnerability to HIV infection. Most departments of religious studies and theology in Southern Africa have promoted this type of research, although there are no policy guidelines. Virtually every department in the region is staffed by individuals who have been affected by HIV and AIDS. In some instances, members may be living with HIV or AIDS. Departmental research seminars provide potentially neutral academic space where secrecy and silence surrounding HIV and AIDS may be undermined. However, sensitivity and tact are needed as the topic of HIV and AIDS remains deeply unsettling for many people, including academics.

It is no longer possible to pursue the study of African indigenous religions as “innocently” as before. Research and teaching in religious studies cannot afford the luxury of being merely academic in the face of the HIV and AIDS crisis in Africa. Where secrecy regarding sexuality, gender, stigma and poverty threatens the lives of many people, departments of religious studies can play a leading role in undermining this negative tendency. However, this quest for contextual relevance should not reinforce negative images of both the indigenous religions and of the continent.

In calling upon African scholars of religion to be contextually sensitive and address HIV and AIDS issues in their teaching and research, I do not imply that they should give up their academic mandate and become engaged in religious activities. It is my contention that the scientific study of religion is a humanistic enterprise. Theories and methods that have been developed over the years can still be appropriated to handle contemporary issues like HIV and AIDS. The human crisis created by the AIDS pandemic is a challenge to scholars of religion in Africa to be creative. In particular, religious studies in Southern Africa (Clasquin 2005) need to be responsive to the AIDS pandemic. Examining various layers of secrecy in African indigenous religions and proposing ways of removing them in the light of HIV and AIDS constitutes an immediate challenge that they need to address.

I am convinced that a “critical phenomenology of religion” (Chitando 2005) can be utilized to enable African scholars of religion to become more responsive to HIV and AIDS. The educational mission of the phenomenology of religion is to engender sensitivity in relation to religion. Researchers are encouraged to establish the meaning of religion to the lives of the adherents. In the specific case of African scholars in contexts of HIV and AIDS, there is a need to reformulate courses to reflect this reality. The academic study of religion can become relevant by addressing existential issues faced by the students and lecturers. Exposing secrecy in areas relating to sexuality, gender and oppressive economic systems is an integral part of such an exercise.

In practical terms, scholars of African indigenous religions need to carry out research into beliefs and practices that expand or inhibit transmission of HIV. They also need to focus on aspects of African indigenous religions that harm or heal in the light of HIV and AIDS. Utilizing insights from the phenomenology of religion is critical in this regard. Openness and transparency are needed in this undertaking. Researches could be conducted into issues like sexuality and gender, illness and stigma, as well as healing and salvation. All these dimensions of African indigenous religions have a bearing on how African indigenous religions understand and respond to HIV and AIDS. Phenomenological insights empower African researchers to be wary of hasty condemnation of African indigenous religions by some Christian theologians and the defensive posture taken by some African nationalist scholars.

A viable curriculum in the study of African indigenous religions would include an introductory section that examines the African worldview. Issues to be discussed would include examining how various African indigenous religions explain the origins of the world. As noted above, other sections could explore issues relating to sexuality, as well as interpretations of illness and death. Various types of stigma in African indigenous religions should be exposed, while the health-seeking behaviors promoted by these religions should be examined. Such topics should be tackled with special reference to the HIV epidemic and Africa's place in the global economy.

I am convinced that the academic study of religion has a mandate to address pressing social, cultural, economic and political issues. In Africa, it becomes particularly urgent to maximize the importance that various social actors bestow on religion. As they expose various layers of secrecy that have lubricated the spread of HIV in most parts of sub-Saharan Africa, scholars of religion will be in dialogue with diverse "conversation partners". These include their peers within the academic community, as well as those in wider society. It is by remaining faithful to the demands of rigorous scholarship and showing a high degree of commitment to relevant social issues that the academic study of religion in Africa will blossom. Disclosing secrecy in contexts of HIV and AIDS will enable African scholars to contribute to these ideals.

In an era where the study of religions needs to adopt an interdisciplinary character, scholars of indigenous religions need to interact with other specialists to clarify various aspects of HIV and AIDS. For example, practitioners in health and healthcare could be invited to classes on African indigenous religions. In addition, professors in economics and political science could elaborate on how Africa's tenuous position in the global village allows some pharmaceutical companies in Europe and North America to deny people living with HIV or AIDS affordable drugs.

Summary

Focusing on secrecy and HIV and AIDS in Africa might have the consequence of perpetuating the image of the continent as exotic, backward and lost. Such representations “in turn imbricate with and help reproduce vestigial colonial images of Africans as ignorant, hypersexual, and culturally backward” (Craddock 2004:3-4). While secrecy has certainly undermined the contribution of indigenous religions to the struggle against HIV and AIDS, there are numerous aspects of these religions that are geared towards the promotion of total human liberation. The traditional African focuses on the attainment of salvation in this present life and is “stubbornly earth-bound” (Young 1992:100). This aspect implies that there is no other-worldly escapism in African indigenous religions. The emphasis on communal solidarity is an asset in the provision of care, especially for orphans. Other studies may therefore focus on the extent to which African indigenous religions have acted as valuable resources in mitigating the effects of HIV and AIDS.

The central purpose of this chapter has been to draw attention to how African indigenous religions relate to secrecy in discourses on HIV and AIDS. The chapter challenges scholars of African indigenous religions to be actively involved in responding to HIV and AIDS. The following points were underlined:

1. Sexuality remains a taboo subject, despite its strategic importance to the spread of HIV and AIDS.
2. Women are disproportionately affected by HIV and AIDS in Africa. Indigenous religions buttress the patriarchal ideology that increases the vulnerability of women to HIV and AIDS.
3. There is a layer of secrecy that covers the impact of poverty on the HIV and AIDS epidemic in Africa. Like other layers of secrecy, economies of death need to be exposed courageously.
4. Teachers of African indigenous religions have the responsibility to mainstream HIV and AIDS in their courses. This would empower students to challenge the secrecy and silence that surrounds HIV and AIDS.

Although the availability of resources in contexts like North America might allow scholars to undertake the study of religion as a purely academic enterprise, the situation created by HIV and AIDS in Africa precludes such a possibility. Scholars of religion in Africa are increasingly being called upon to expose secrecy and covenants of death that have left millions of Africans vulnerable to HIV infection. Scholars specializing in African indigenous religions are being challenged to become “diviners” and “prophets” who expose various layers of secrecy that prevent many Africans from leading wholesome lives in the shadow of HIV and AIDS. It is therefore incumbent upon African scholars of African indigenous religions to play a leading role in ensuring that the academic study of religion contributes to the quest for health and well-being on the continent. Upholding the ideals of scholarly accuracy and contextual relevance, they can transform their curricula as they seek to transform society in the wake of a truly devastating epidemic.

CHAPTER 10

INTEGRATING HIV AND AIDS IN THE STUDY OF CHRISTIAN ETHICS

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Introduction

The effects of HIV are felt all over the world. All communities have been affected by it. Noting this fact, the September 2000 United Nations Millennium Summit agreed on a set of time-bound and measurable goals aimed at combating poverty, hunger and other social ills. The sixth goal of that Millennium Summit is to combat HIV and other diseases by 2015. One way of combating HIV is to enlighten people on it. It is for this reason that this chapter attempts at integrating HIV in the study of Christian Ethics. In doing so, the enlightenment will reach a wider audience of young people in the education sector where ethics, and particularly Christian ethics, is taught. Consequently, this chapter seeks to recommend ways in which HIV can be integrated in the curriculum of ethics. As Musa Dube (2003:10) puts it:

As African scholars... in a time and context of HIV/AIDS, we are faced with a number of questions. How can we become partners in the struggle against HIV/AIDS? How can we help provide quality care to the infected and HIV/AIDS, and minimize the impact of HIV/AIDS in our societies? [How can we approach this pandemic from an academic angle?].

A careful reading of the foregoing quotation reveals that Dube is talking of three main things: namely, "African scholars", "Time and context", and "a number of questions". Her point is that as African scholars, scholars who have been trained in various disciplines and as scholars who live in the present era of the HIV epidemic, we cannot just sit and watch the epidemic ravaging our people and ourselves. Rather, the epidemic should serve as a challenge to African scholars to use their skills to answer a "number of questions" which arise out of HIV, thereby becoming "partners in the struggle against HIV".

The HIV epidemic presents social, psychological, demographic and economic costs to both individuals and the entire population thereby affecting the Good of human life. By the Good is meant worthwhile goals of living; the ethically desirable aim or end of existence to which people should aspire. It refers to the basic meaning beneath human choices and the ultimate reason for living or dying (Porter 2000). To some people, happiness is the goal of existence. To others, pleasure is what should be sought, with pleasure being defined as physical and sensual rather than the mental and spiritual states of happiness. Whatever stance of Good one assumes, suffering cannot count as the Good; hence, suffering from HIV is not the Good. Consequently, there is a need to find a way of minimizing (if not eliminating) such suffering. One way of achieving this is to have an enlightened society on matters pertaining to the epidemic.

This chapter is divided into three sections. The first section gives a general description of the state of HIV in the curriculum of ethics in institutions of higher learning. This section draws its examples from Maseno University, Kenya. The second section attempts at a curriculum which integrates HIV in its content. In this section, the methods of integration will be analyzed. The last section deals with recommendations and conclusions, which arise out of this study. This chapter, therefore, seeks to analyze how HIV can be integrated into the study of ethics. It recognizes that whilst preliminary reflections in this field have been undertaken, there is a need to continue with the task.

Ethics: a short description

The term ethics has a number of different meanings. First, it refers to a code or set of principles by which people live. Examples of sets of principles by which people live include Christian Ethics and Medical Ethics among others. By Christian Ethics, is meant the code which regulates or prescribes the behaviour of those who subscribe to Christianity as the Ten Commandments guide them, while by Medical Ethics is meant the code or set of principles, which governs the behaviour of people involved in the medical profession in their dealings with their clients. Medical doctors all over the world are bound by the Hippocratic Oath, which protects patients against abuse by doctors. It involves a critical inquiry into what should be the morally right decision or action in the practice of medicine. For example, there are moral values and issues to truth telling and confidentiality surrounding the question of HIV. The doctor is supposed to keep confidential the status of the people living with HIV.

Second, philosophers use ethics to mean the study of ethical theories. Thus, ethics becomes an academic discipline. Philosophers study such theories as hedonism not only because these theories have important consequences for living and for understanding human nature, but also because many ethical theories, which appear plausible at first glance, such as hedonism, are found, upon careful examination, to suffer from certain defects as reported by Popkin and Stroll (1986). They argue that there are things which give us momentary pleasure, such as drinking alcohol, but which may result in a life of subsequent pain and hangovers. Does it then make sense to speak of “bad pleasure”? If this is so, then how can the good life be identical with a life of pleasure, since there are pleasures which are bad? Such is the analysis that philosophers give ethical theories when they study ethics as an academic discipline.

Third, by ethics is meant the science concerning the “right” and “wrong” of human action. *Humans* are central to the third definition in that they have the ability rationally to choose and either act responsibly or otherwise. In short, human action here

refers to humans interacting with humans or with anything else in such a way that it is assumed it originated from free rational choice. If, for instance, dogs fight and harm each other, this will not count as a subject of ethics since it is not an instance of human conduct. Such an act can only qualify as a topic for ethics if humans are involved. To illustrate how HIV can be integrated into the curriculum, we will consider Christian Ethics and then generalize for the other ethics courses.

Christian Ethics

The literature in the field of Christian ethics is varied but in spite of this variance this literature agrees that all religions provide guidance or rules governing personal and social conduct. This is true of Christianity as of any other religion. When we talk of Christian ethics we mean the ideas and beliefs of Christians that concern how people ought to behave (Sharkey and Welsh 1999) and which is more likely to guide persons to the right action more than intuitive approaches (Gustafon 1991). There are certain things which all humankind wants, which make up human good. Similarly there are others which all humankind would want to avoid, things which make up human harm. Thus acting according to moral beliefs is the way to attain human good and to avoid human harm (Phillips 1992). Mackey (1994) is in agreement with Phillips when he argues that humankind's actions are morally good if they agree with God's will, with the opposite being true.

The Christian code, otherwise known as the *Decalogue*, is stipulated in Exodus 20:2-17 and in a slightly different version in Deuteronomy 5. Henry Peschke (1981) observes that the Ten Commandments are crucial.

The commandments are usually listed in the following order:

1. You shall have no other gods before me.
2. You shall not take the name of the Lord your God in vain.
3. Remember the Sabbath day, keep it holy.
4. Honour your father and your mother.
5. You shall not kill.
6. You shall not commit adultery.
7. You shall not steal.
8. You shall not bear false witness.
9. You shall not covet your neighbour's wife.
10. You shall not covet your neighbour's house or field or anything that is your neighbour's.

Central to this code is the phrase “You shall not...” Thus, the commandments set boundaries or demarcations between the “dos” and the “don’ts” among Christians. The Ten Commandments, except the Fourth, are stated in such a way that implicit in them is punishment for the “non-followers” of these commands. When broken, it is not crime that is committed but sin, whose wages is death. How are we, then, to apply this to the HIV epidemic? For sure, it should not be interpreted as a sin against the Fourth Commandment because there are many ways by which HIV is contracted.

In the Sermon on the Mount (Matthew 5), Jesus presented Christian ethical teachings, which are referred to as the Beatitudes. These Beatitudes can be summarized in the following verses from the Bible:

V.3 Blessed are the poor in spirit, for theirs is the kingdom of heaven.

V.4 Blessed are those who mourn, for they shall be comforted.

V.5 Blessed are the meek, for they shall inherit the earth.

V.6 Blessed are those who hunger and thirst for righteousness, for they shall be filled.

V.7 Blessed are the merciful, for they shall obtain mercy.

V.8 Blessed are the pure in heart, for they shall see God....

V.48 Therefore you shall be perfect, just as your Father in heaven is perfect.

Christian ethics centres on love. The term love as used in the Sermon on the Mount has various meanings in Greek usage. It could refer to sexual love, brotherly love, possessive love and selfless love (*agape*). It is the *agape* love that is endorsed by the Christian moralist. Many writers have interpreted *agapeistic* love as presented in the Sermon on the Mount in different ways. Martin Buber (1958) interprets it to mean treating others as “thou” rather than “it” by which terms Buber meant that people, as rational beings, are ends in themselves and should never be used merely as means to other ends.

In 1959, Joseph Fletcher wrote an article entitled “Six Propositions: The New Look in Christian Ethics” in which he claims to have given a correct interpretation of Christian ethics. This article was later expounded in the form of a book, *Situation Ethics*. Central to Fletcher’s thinking is that it is the situation which determines whether or not an act is right or wrong. He wrote another book, *Situation Ethics: The New Morality* (Fletcher 1966) in which he argues that Christian ethics must be understood in the sense of “we must tailor our ethical cloth to fit the back of each occasion.”

According to Fletcher the archaic biblical conception of God is no longer applicable to the modern experience since, according to him, it is the situation which is the deter-

mining factor rather than the person. According to the situationist, any action may be justified by the results achieved. He has stated unequivocally that the end does justify the means. He recommends that we should operate according to “agapeistic expediency”, adopting any means that love requires to bring about “good” for humanity. Many writers have taken the opposite direction to that of Fletcher by accusing him of misinterpreting the concept of love. For, instance, William Barclay (2003) has criticized Fletcher’s conception of love by arguing that by far the greater number of Fletcher’s illustrations is drawn from the abnormal, the unusual and the extraordinary.

Whether or not Fletcher was correct in his interpretation of Christian ethics, we borrow his words, “we must tailor our ethical cloth to fit the back of each occasion” to re-examine the effects of the HIV epidemic on us. How do we then “tailor our ethical cloth” to fit “the present situation”? Before we do so, it is in order that we present the situation on the ground which necessitates the above.

Existing Curriculum

Many institutions of higher learning have not seen the need and urgency of incorporating in their curricula the study of HIV. Instead, the response to HIV is done in their clinics and Voluntary Counselling and Testing (VCT) centres. The academic angle as a response is lacking. Let us take the case of Maseno University. At Maseno University, Western Kenya, there is a VCT center where voluntary counselling and testing is done. When one examines the courses taught, there is no ethical course which touches on HIV. There are Ethics courses both at Undergraduate and Postgraduate Levels. Courses in the curriculum for the said discipline are as follows: Undergraduate’s Courses begin with levels 1-4 while Postgraduate Courses begin with 8-9. This section first presents them the way they appear in the syllabus, and then an analysis of them follows thereafter.

1. ARE 207: Ethics I

Theories of Ethics; Free will and Determinism; Objectivism; Right and Wrong; Good and Evil; Equality and Justice and Moral responsibility.

2. ARE 312: Ethics II

An investigation of man's obligations and rights arising from his relation to God and to his own person – Courage, Honesty, Faith, Hope; to his fellow men as his equals – Truthfulness, Kindness, Sympathy, Love; analysis of man's nature with its implications for the family and society – Benevolence, Social Justice and Tolerance.

3. ARE 402: Issues in Social Ethics

Examination of the religious implications of social issues such as drug abuse, child abuse and delinquency; sexuality, nepotism, tribalism, favouritism, wealth, poverty, abortion, pornography, violence and dissent. A student will be required to give a written report of research on an agreed topic of interest, which will constitute part of course work.

4. ARE 812: Islamic Ethics

Islamic ethical teachings contained in the Qur'an; Islamic values; man's duties, dietary regulations, Islamic system of law and jurisprudence, marriage laws, treatment of women; Qur'anic injunctions of truth, wisdom, justice, love; evils of adultery, alcoholism and other vices; Islamic approaches to modern ethical issues in medicine, trade and business.

5. ARE 818: African Ethics and Jurisprudence

Traditional approaches to ethical issues; oral values in relation to sex, marriage and the family responsibility, good and evil, freedom of the will, law and regulations, taboos, sin and covenant relationships.

6. ARE 833: Christian Ethics

Biblical approaches to ethics; problems of moral judgment; situation ethics; Christian approaches to contemporary ethical issues in medicine.

A keen observation from the cited courses indicates the following: First, that there is no course which covers the issue of the HIV epidemic. Second, that most courses teach traditional theories such as free will, determinism and objectivism amongst others. Third, Christian Ethics, which is our centre of interest, is so generally presented that it is upon the discretion of the lecturer to decide what to teach under that generalization. It is doubtful whether many lecturers of this course ever remember that HIV is a contemporary ethical issue, from whichever angle one may look at it. Fourth, all the courses have the potential of incorporating HIV in their description. For instance, if ARE 833: Christian Ethics can be rewritten to include Christian approaches to HIV and AIDS, the course could become very contemporary. It could then read:

7. ARE 833: Christian Ethics

Biblical approaches to ethics, problems of moral judgment; situation ethics; Christian approaches to contemporary issues in medicines; ethical issues in HIV and AIDS: love, care, sympathy; stigma; sexuality, alcohol and drug abuse, sex work; participatory approach to the study of ethics: home-based care; clinical care.

To re-write these courses there is the need for facilitation from the relevant authorities, from the departmental level to approval from Senate and adoption by University Council. Facilitation could be in terms of monetary, material and involvement of qualified personnel. This re-writing should be as contemporary and relevant to our present situation as possible. The syllabus should include themes that touch on HIV. These include love, stigma, alcoholism and confidentiality, among others. Thus, when teaching Christian Ethics, the lecturer would relate these themes to HIV as will be shown in the next section.

Why has the above not been the case? Most times these courses were developed more than a decade ago. During this time, HIV was seen as a question for the medical profession. Now the reality is different. HIV touches on all sectors of society. It is a religious, economic, social and political issue. It is not difficult to see how it manifests itself in all these sectors. However, an analysis of the impact of HIV on these sectors lies beyond the scope of this chapter.

Approaches to Integrating HIV in Ethics

In this section, an attempt is made at examining the different methods of integrating HIV into the study of Christian Ethics. All these methods seek to address the problems that are precipitated by HIV and to contribute towards prevention, provision of quality care and the other ills that accompany HIV. This section will recommend

two methods of how ethics should be re-invented to fit our current situation. These methods include the thematic approach and participatory approach. These approaches shall then be examined in the light of the African context.

Thematic Approach

One approach that this study recommends to the teaching of African and Christian Ethics is to approach it from themes that are central to HIV. As Musa Dube (2003:15) indicates, some of these include life, sickness, compassion, healing, fear, hope, sin and forgiveness and human sexuality. Alternatively, themes may focus on social epidemics that fuel the spread of HIV. The lecturer can, also, focus on such issues as love, sexuality and care. Thus, the courses, particularly, Christian Ethics, should be re-written as earlier suggested so that the lecturer can have a formal guidance as stipulated in the syllabus. To illustrate how the lecturer can approach the concepts central to HIV, this chapter examines some of these concepts.

Love

When teaching Christian ethics, the lecturer should, for instance, re-interpret the Sermon on the Mount in light of the HIV epidemic. Central to the sermon is the concept of “love”. Some may ask: For whom was the sermon intended? The sermon is intended for the Christians. This, has, however, brought debate among various Christians who contend it was meant for the Jews only. Jesus preached to people and told them to preach even after he had ascended. Hence people were to practice it. Jesus said: *Blessed are the merciful, for they shall obtain mercy.*

Mercy means a sense of pity plus a desire to relieve the suffering of others. The New Testament presents the parable of the Good Samaritan as an illustration of what is meant by mercy. In the teaching of Christian ethics, then, the issue of mercy as exemplified by the Samaritan should be central since love is the “salt and light of the world” (2 Peter 3:13) which should “shine before men, that they may see your good deeds and praise your Father in heaven” (V.16). The lecturer should, then, directly address the relationship between love and the people living with HIV. Don’t people living with HIV deserve love – from their children, parents, spouses and generally the whole world? Christianity is an ethical religion in the sense that it does not recognize separation between the service of God and normal conduct. The lecturer should teach that we should obey and search the precepts of “Love of God” and it can be argued that in this command we find three things about love: Love of God, Love of oneself and Love of the neighbours. When this concept is inculcated in the minds of the students they

are more likely to be loving and consequently, they are likely to approach people living with HIV with love.

The lecturer should reinterpret Fletcher's conception of love and tailor his cloth to fit our present situation – the HIV epidemic. Thus the lecturer should show that people living with HIV are normal people who need to be loved like any other person.

Alcoholism

The lecturer can also centre on such issues as alcoholism, which to a great extent reinforces the tendency towards risky sexual indulgence that could result in HIV infection. By alcoholism is meant a disease that includes alcohol craving and confirmed drinking despite repeated alcohol-related problems such as losing a job, social disorder including unbecoming behaviour, which may include casual sexual intercourse. It is a truism that many individuals cannot be trusted to make prudent or responsible decisions regarding drug taking such as alcohol (Goode 1989). Not many people realize that alcohol causes both transient and permanent mental changes, which include some drastic changes in mood and psychological status.

Thus, when teaching Ethics, the lecturer should be able to show how alcohol affects human behaviour, thus affecting social control. Human behaviour is normally regulated by the society but with such drugs such as alcohol, there is a tendency to ignore these “societal chains”. Alcohol produces a sense of bravado and has reportedly been used intentionally to support the performance of “daring” acts. Such daring acts include “sexual tourism”. Thus, people with alcohol-use disorders are more likely than the general population to contract HIV because heavy alcohol use has been correlated with a tendency towards high-risk sexual behaviours, including multiple sex partners and unprotected intercourse (Collins 1988).

The lecturer of Ethics should also remind the students that evidence has shown that alcohol increases susceptibility to some infections that can occur as complications of HIV. It may increase the severity of HIV-related brain damage. Many patients who use alcohol tend to fail to comply with the medication process since alcohol abuse may induce forgetfulness. The lecturer should emphasize the need for the change of attitude by many youths towards drugs, which are a death trap. Alcohol and drugs go against abstinence – another ethical issue which the lecturer should deal with. The term abstinence is normally used ambiguously in the following two senses. First it may mean shunning all sexual activities till an individual is married or second, it may mean shunning all extra-marital activities thereby being faithful to one partner. Advocates of abstinence argue for it with the view that if this is done then one can avoid HIV.

Confidentiality

Another important theme that a lecturer may find useful to cover is confidentiality and the issues that arise from it as they relate to HIV. In this context, confidentiality refers to the doctor not revealing the patient's status since the patient has a right to privacy. The right to privacy is a fundamental human right which everyone is entitled to. Hence, those individuals who do not wish to have their HIV status publicized are entitled to their privacy. However, questions can be raised concerning such an attitude of mind in this era of HIV. Consequently, the lecturer should teach against "the tendency towards total concealment of the HIV disease as the cause of death [which] still prevails in Africa, as we see in many death notices: so and so died after an illness bravely borne" (Chukwu 2003:55). By so doing, the individuals would have de-stigmatized HIV. This means that the norm of confidentiality should be re-examined, at least for people living with HIV, because this would enable them to come to terms with their HIV status. The lecturer should emphasize the fact that ignorance of HIV status has played a major role in spreading the disease. This is naturally followed with the fact that people should undergo testing so that they determine their status. This will have the benefit of being put under medication where anti-retroviral drugs and other dietary medication are administered.

Stigma

Stigma is believed to have existed since the history of mankind. The concept of stigma first gained popularity in social science research through the work of Erving Goffman (1997). Stigma was mainly associated with illnesses such as leprosy, mental illness, epilepsy and sexually transmitted infections (STIs). The impact of health-related stigma on the lives of affected individuals and their families has been known for a long time and has been well described e.g. in the field of leprosy and mental health. For instance in Kenya, for a long time, leprosy patients were locked up in Alupe Hospital in Teso District, Western Kenya. Some patients stayed at Alupe for the rest of their lives.

More recently, the prominent role of stigma and discrimination in HIV has become a major concern for those working with people living with HIV. This is because of "its overwhelming association with human sexuality... the only medical condition of our times that has been subjected to severe moral judgement" (Peters 2005:62). Increasingly, the negative impact of stigma on disease control programmes themselves has been recognized and has led to calls for accelerated efforts to reduce stigma and discrimination. At the same time the lack of data on effectiveness of stigma reduction strategies and interventions has boosted work to develop new instruments to assess the various dimensions of stigma, especially that associated with women and their place in society.

According to the Policy Project (2005), HIV has been found to be more challenging for groups that have a pre-existing stigma. In India, for example, lower-caste women who test positive for HIV are likely to experience more stigma than lower-caste HIV positive men. In Kenya, women who attend antenatal care facilities are routinely tested for HIV as part of services targeting prevention of mother-to-child transmission. In the event that they test HIV positive, most men view them as the ones who have brought HIV disease into the family. Until 1999, when HIV was declared a national disaster in Kenya, the then President blamed the spread of HIV on women. This to a large extent affected the progress of HIV reduction efforts leading to greater stigma and discrimination against people living with HIV, especially women. Women were disinherited; some were thrown out of their matrimonial homes while others were completely locked out of family events. Lack of resources has even precipitated the situation for women from poor socio-economic backgrounds. Some of the remedies that have been put in place to combat HIV stigma and discrimination in Kenya and the rest of the world include the provision of free treatment, care and support services for people living with HIV, research and policy development on health issues including HIV with the most recent one being the HIV Prevention and Control Act (2006).

Participatory Approach

After a theoretical study, students should be prepared for a participatory approach to HIV. This will involve visiting homes for children orphaned by HIV, widows and other infected and affected people. The visit should centre on giving care, distribution of food and counselling in order to eliminate stigma. Such a placement in settings which provide the student with an opportunity to observe, participate in and practice ethical skills revolving around HIV helps to capture the attention of students on the reality on the ground. People living with HIV and those close to them must cope with not only the physical effects wrought by the disease, but also in many cases the psychological trauma of devastated and increased isolation in the public sphere. Public anxiety about diseases such as HIV is understandable, but discrimination against and isolation of people living with HIV and their families is an unacceptable response to this health crisis.

After the placement, the students should be guided to carry the fine details of writing reports and project papers, which address a significant problem within the HIV epidemic. This could be care, stigma and discrimination among others. The dissertation must conform to the conventional academic format featuring problem statement, literature review, methodology, presentation and data analysis, conclusions and recommendations. This is important because this will serve as reference material in the future.

African Context

Central to African Ethics is the concept of Social Capital. The notion of social capital first appeared in Lyda Judson Hanifan (1916) where he used the term to describe those tangible substances that count for most in the daily lives of people. Putnam (2000) captures this reasoning when he argues that social capital refers to connections amongst individuals – social networks and the norms of reciprocity and trustworthiness that arise from them. Central to the above authors is the notion that different African communities had different approaches to the concept of social capital. Among the Abagusii of Western Kenya, for instance, the rich and the “poor” lived in a mutual relationship where the “poor” did work for the “rich” in return for material support. The concept of reciprocity was central as it is embodied in their saying “Rero ninche mambia naye”, which is roughly translated as “Today it’s me, tomorrow it’s your turn.” They would borrow foodstuffs from each other with a promise that it would be returned when conditions improved. The young fetched water and firewood for the aged. Young ladies smeared the houses of the aged while young men dug the aged’s land. Such networks are frequent in almost all African societies.

Social capital involves the following tenets: good-will, fellowship, sympathy and social intercourse. These concepts are important because they create a sense of belonging and bonding within members of a community. This basic premise of interaction enables people to build communities, to commit themselves to each other and to knit the social fabric. Consequently, social capital allows people to resolve collective problems more easily. People and the entire social spectrum are often better off if there is cooperation; it also greases the wheels that allow communities to advance smoothly. Where people are trusting and trustworthy, and where they are subject to repeated interactions with fellow citizens, everyday business and social transactions are less costly.

The basic tenets of social capital are well captured by Mbiti (1969) when he says that Africans by nature were communal. According to him, it is only in terms of other people that the individual him/herself is conscious of his/her own being, his/her own duties and responsibilities towards him/herself and other people: “I am because we are, and since we are, therefore I am.” This corporate existence signified a responsibility of many for one: first, that the others had to look after the well-being of others, that is, the responsibility of many for one; and second, that the individual had to look after the well-being of others. This was a collaborative relationship between the individual and society which helped to build and sustain moral character in a person and in the social order in general. These two elements helped build a strong sense of belonging and identity, where members had the good-will, fellowship, sympathy and social intercourse within their societies. While

the sense of relationship and community underlies African traditional ethics, in contrast to the European scene of autonomy, the individual is not perceived as just a mere presence in the community. As an individual, he/she is perceived both as the centre of the relationship and also as contributing to its sustenance.

How does this bear on the topic under discussion? Definitely a society with strong social networks is more likely to tackle the HIV epidemic than the one that does not. Such a society does not encourage the arguments advanced by the “Just Deserts model” where some see issues such as HIV as a result of individual failings of character – that people living with HIV are in that state because on some level they have done something to deserve it. But critics of this position appeal to some central moral emotion – usually compassion – as the foundation of our response to people living with HIV. We help them, they say, simply because we care about their suffering, since doing anything else would be inhuman.

Conclusion

The aim of this chapter has been to determine ways of integrating HIV in the study of Christian Ethics. The study first gave a brief presentation of what is meant by Christian Ethics. The study then presented the existing curriculum of ethics in institutions of higher learning, where examples were drawn from Maseno University, Western Kenya. Lastly, the study recommended that the curriculum should be re-written to include these that centre on HIV in the existing curricula. It was noted that this required facilitation from the relevant authorities with input from the specialists who, in this case, include lecturers in Religious Studies and Theology.

Religious Studies and Theology are important disciplines in the African continent given that the African is religious through and through in his/her life. African religiosity is second nature to them. According to Mbiti, it is only in terms of other people that the individual himself is conscious of his own being, his own duties and responsibilities towards himself and other people: “I am because we are, and since we are, therefore I am.” Consequently the curriculum of Christian Ethics, when it is finally re-written as proposed, would capture the African conception of communalism where, “when [one] suffers, he does not suffer alone but with the corporate group. When he rejoices, he rejoices not alone but with his kinsmen, his neighbours and his relatives whether dead or living” (Mbiti 1969:108). Thus, it is important to include such social networks in the study of Christian Ethics. A similar study should be done on the integration of HIV in the study of African Ethics.

CHAPTER 11

TEACHING RELIGION AND GENDER IN CONTEXTS OF HIV AND AIDS IN AFRICA

Lovemore Togarasei
Ezra Chitando

Summary

As the HIV and AIDS epidemic continues to pose a serious threat to the development of human resources in Africa, scholars in religious studies have been called upon to be creative in meeting the challenge. The need to integrate HIV and AIDS in the curricula of departments of religious studies, faculties of theology and theological institutions has become urgent. This chapter examines the strategic importance of the course, Religion and Gender, in addressing the challenge of HIV and AIDS in Africa. It argues that the course provides ample space for empowering students and lecturers to recognize the role of gender disparities in the rapid spread of HIV and AIDS on the continent. The chapter analyzes the vulnerability of women to HIV, as well as illustrating how the various disciplines of religious studies can strengthen the course on religion and gender. It also discusses activities that can facilitate the teaching of the course against the background of secrecy and silence surrounding sexuality and HIV in Africa.

Introduction

The impact of HIV and AIDS in Southern Africa has generated considerable reflections amongst educationists on the continent. At stake has been the role of education in meeting the challenge of HIV and AIDS. Within the field of theology and religious studies, scholars have grappled with the question of how to structure courses so that they reflect an awareness of HIV and AIDS. It has been rightly argued that the study of religion/theology should not proceed in a “business as usual” manner when the epidemic is causing untold suffering and death on the continent. Such interventions have highlighted the need to integrate HIV and AIDS in theological programmes (Chitando 2002a; Dube 2003b). They have also illustrated how specific courses, like Old Testament Studies, can be taught to reflect the reality of HIV and AIDS (Togarasei 2002). Some studies also describe the changing responses of theological institutions in specific African countries to the challenge of HIV and AIDS (Chitando 2004a). Overall, theological education in contemporary Africa (LeMarquand and Galgalo 2004) has had to grapple with HIV and AIDS.

As the epidemic continues to have a devastating impact in the region, it has emerged that gender is an important variable. HIV infection is increasing disproportionately among young women. In general, women do not possess enough power to protect themselves against HIV infection. Furthermore, there is limited debate on women’s vulnerability to HIV infection. It is becoming clear that the epidemic is exposing the unequal distribution of power between men and women. Thus:

In general, women have greater vulnerability to HIV infection. Unequal power positions in social life also manifest themselves in sexual relationships. Women generally have fewer possibilities than their male partners to determine whether and under what conditions sexual intercourse will occur, whether condoms are used (safer sex), etc. (Weinreich and Benn 2004:26).

This chapter examines the significance of teaching the Religion and Gender course in contexts of HIV and AIDS in Africa. It explores the opportunities offered by such a course to empower students and lecturers in institutions of higher learning. It recognizes that indigenous approaches to gender pose a major challenge to the teaching of the course. Cultural and religious factors have made sexuality a taboo topic. Students and lecturers struggle to shake off this legacy to openly discuss sexuality in all its forms. Yet this is critical as HIV in Africa is mostly transmitted through sex between men and women. This chapter seeks to:

1. Draw attention to the importance of the course on religion and gender to the struggle against HIV and AIDS.
2. Highlight the need to discuss sexuality openly in Africa.
3. Describe the challenges that are encountered in teaching religion and gender in Africa.
4. Identify activities that could facilitate the learning process in the course on religion and gender in Africa.

HIV and AIDS, Religion and Gender

In order to appreciate the importance of mounting courses on religion and gender in Africa, it is crucial to recognize how religion affects gender. In turn, there is a need to illustrate how gender is a key factor in discourses on HIV and AIDS. In the Southern African region, young women are disproportionately affected by HIV and AIDS. Apart from being more vulnerable to HIV infection, women bear the greater responsibility for providing care to people living with HIV. Due to traditional gender roles, women are responsible for cooking, washing and the general welfare of the homestead. With the advent of home-based care, women have been thrown onto the frontline in caring for people living with HIV. As we highlight below, most of the factors that increase women's vulnerability to HIV infection are sanctioned by culture and religion. A course that examines the interface between religion and gender therefore provides an opportunity for students and lecturers to reflect on how these variables influence vulnerability to HIV and AIDS.

There is a tendency amongst many scholars and activists to reduce gender to women's issues. This is an unfortunate development as it has allowed some men to argue that they have nothing to do with gender issues. In fact, gender is not confined to women's issues. Gender refers to culturally constructed differentiation between men and women in terms of expected social roles. It refers to how individuals are brought up to act as men and women. In other words, while one's sexual identity as a male or a female is a biological fact, how one expresses one's masculinity or femininity is shaped by societal values and norms. Elaborating on the fact that gender is culturally constructed, Musa W. Dube draws the following conclusions:

This means that gender (1) is not natural, (2) is not divine, (3) has to do with social relationships of men and women, and (4) can be reconstructed and reformed by the society, for since it is culturally constructed it can be socially deconstructed (Dube 2003a:86).

Dube's contention that gender is neither natural nor divine immediately brings to the fore the role of religious ideologies in sustaining inequitable gender relations. Many Africans argue that it is God and the ancestors who are responsible for establishing gender roles. African women theologians like Dube dispute this and place emphasis on human agency in the formation of gender roles. They argue that religion in its various forms tends to promote unequal power relations between men and women. Myths of creation and stories of how sin came into the world are used in religion to perpetuate the subordination of women in society. Proverbs and other oral forms tend to reinforce women's inferior social status (Oduyoye 1995).

Some cultural practices that are sanctioned by religion have increased the vulnerability of African women to HIV infection. Georges Tiendrebeogo and Michael Buykx suggest the need to acknowledge the impact of "factors such as male domination, polygamy, widow inheritance, early marriage, female genital mutilation, resistance to condom use, and the low status of women, which may be based on cultural, social and/or religious influences" (2004:23). As we shall highlight below, there is also secrecy regarding sexuality in general, and women's sexuality in particular. Religious ideologies make it difficult for people to discuss sexuality openly. Furthermore, some cultural practices are tied to indigenous religious beliefs, making it difficult to transform them.

Polygamy/polygyny and widow inheritance are two practices that have a firm foundation in African indigenous religions. Having many children has traditionally been regarded as a sign of blessing from the spiritual realm. Among the Shona people of

Zimbabwe, the survival of the lineage (*dzinza*) is taken as a priority. The institutions of polygamy and widow inheritance have been designed to ensure the survival of the lineage. This is consistent with the concept of salvation in indigenous religions. Salvation in African traditional religions is not futuristic. It is achieved within this life, especially through success in life's ventures and abundance.

Unfortunately, the reality of HIV and AIDS in some parts of Africa has seen polygamy and widow inheritance increasing women's vulnerability to infection. If a husband is infected with HIV and he does not engage in safe sexual practices like using condoms, all his wives are at risk. Women's low economic status implies that they are often unable to negotiate safer sex. At any rate, most married men do not want to use condoms with their wives. They argue that the payment of *lobola* secured exclusive sexual rights for them. Gender stereotypes also associate the use of condoms with promiscuity. Some women reject the use of condoms because they do not want to be considered as "loose".

Indigenous cultures also promote certain masculinities that are harmful to both women and men. Masculinities refer to the manner in which men are brought up to express their manhood. Like the concept of gender, masculinities are socially constructed and historically deployed (Morrell 2001). Men have generally been socialized to regard themselves as sexual predators with an insatiable sexual appetite. Society appears to condone male promiscuity, while restricting female sexuality. As a result, some men have multiple sexual partners. Some men also resist the use of condoms on the basis of masculinities that celebrate risk-taking as a mark of manhood. Women end up being exposed to HIV infection by such masculinities.

Male dominance that is buttressed by religious ideologies is responsible for violence against women. HIV spreads rapidly in contexts characterized by violence against women. South African theologians Tinyiko Sam Maluleke and Sarojini Nadar (2002) hold that the unholy trinity of religion, culture and gender socialization has formed a "covenant of death" against women in Africa. Violence against women in Africa is both physical and verbal. In its physical form, it includes rape and sexual assault. Verbal abuse of women is widespread, especially in urban areas. Some men pass crude remarks, portraying women as carriers of dangerous diseases, including HIV. Members of the police force do not act against such individuals. At any rate, the police force itself appears to have scant respect for women. In 2004, police in Harare, Zimbabwe, launched a "clean-up exercise" code-named, "Operation *Mahure Bodo*" (No to Prostitution). Many single women were arrested for not being accompanied at night. All these examples illustrate the dominance of patriarchy in Africa.

Unequal power relations between men and women are seen in efforts by individual men and the state to control women's sexuality. Some chiefs in Africa have revived virginity testing as a method of controlling the spread of HIV. Unfortunately, only girls are subjected to virginity testing. This raises serious questions regarding gender equity. Where are the boys in such programmes? Signe Arnfred observes:

In the present situation "virginity testing" appears to place an absurd and unjustifiable burden of responsibility upon the shoulders of very young women; the custom totally leaves out the responsibility of men and poses no challenge to masculinities; it leaves patriarchy undisturbed (Arnfred 2004:11).

The complicity of religion and culture in increasing women's vulnerability to HIV infection means that a course on religion and gender in Africa is strategically placed to highlight this fact. Such a course needs to examine the role of artists in perpetuating negative images of women in their novels or music texts. It is necessary to analyze how skewed gender relations in society are explained by an appeal to the time of creation when a woman is believed to have caused the entry of death into the world through her disobedience (Genesis 3:19). Patriarchy presents itself as divinely instituted, and women who question it are described as rebels who resist the divine will. In the next section, we examine how the course on religion and gender needs to integrate perspectives from the different disciplines within theology/religious studies. We argue that the course can become more effective by expanding its scope to examine how various religions of the world approach the theme of gender.

Religion and Gender: broadening perspectives within religious studies

The course on religion and gender emerges from the uneven distribution of power between men and women in society. It recognizes the role of religion in upholding gender roles and seeks to empower students to be critical of injustices done in the name of "preserving culture". However, it refuses to regard women in Africa as helpless victims of patriarchy. Its central pedagogical goal is to enable women and men to transform harmful gender relations in the wake of HIV and AIDS. Although the bulk of the research has been rightfully dominated by women scholars, there is no moratorium on male reflections on religion and gender. Indeed, many African female scholars call upon African men to play a role in the women's struggle.

In the 1990s, the theme of gender came to the fore in theology/religious studies in Africa. Although some North American female scholars like Rosemary R. Ruether, Mary Daly, Elisabeth Fiorenza and others had offered provocative challenges to patri-

archal religion in the 1970s, the academy in Africa embraced these perspectives two decades later. In the 1990s the discourse on gender became pronounced in virtually all the disciplines of theology/religious studies. Female scholars criticized the dominance of male perspectives in the field. They argued that while religious studies postures as a scientific discipline, it is in fact driven by male concerns and approaches. Thus:

This androcentrism is particularly apparent in the historiography, methodology and conceptual tools of the discipline which express the marginality and invisibility of women as both subjects and objects in the study of religion (King 1995:219).

In response to the absence of women as practitioners of religion and as its interpreters, numerous studies have been undertaken to highlight the status of women in religion. The material on women in religion has increased significantly within the last decade. In Africa, women theologians have contributed to the discourse on religion and gender. The formation of the Circle of Concerned African Women Theologians, (often simply referred to as “the Circle”) in 1989 was instrumental in the greater visibility of published material on women in African religions (Pemberton 2003). Scholars like Mercy Amba Oduyoye and Elisabeth Amoah from Ghana, Nyambura Njoroge, Musimbi Kanyoro and Mary Getui from Kenya, Isabel Phiri from Malawi, Musa Dube from Botswana and others have described the situation of women in Africa. They have protested against cultural practices that increase women’s vulnerability to HIV and AIDS. They also challenge the religious legitimization of patriarchal oppression.

In Zimbabwe, women scholars of religion like Isabel Mukonyora and Lilian Dube-Chirairo drew attention to the interface between religion and gender in the late 1990s (Chitando 2002b: 14-15). They paid particular attention to the use of language when referring to Mwari, God, who has feminine dimensions. They described the impact of gender constructions on the religious experiences of Vapostori women and prophetesses in African Independent churches. Such perspectives need to be included in the course on religion and gender in African departments of religious studies, faculties of theologies and theological institutions.

In our opinion, it is important to move beyond the influence of Christianity and African Indigenous Religions on gender. A more inclusive approach will enable students to appreciate how different religions influence gender relations. Comparative studies that focus on women in world religions (Sharma 1987) are quite informative in this regard. They enable learners to appreciate how religion is often used to keep women in subordinate positions in society.

Students can appreciate the fact that virtually all the founders of the dominant religions have been young men. This is true of Siddhartha Gautama in Buddhism, Jesus in Christianity, Muhammad in Islam, and in other religions. Religion has a definite patriarchal stamp on it.

It is also important for students to become aware of the impact of gender on the writing and interpretation of sacred writings or scriptures in the world religions. As African women theologians have argued, African women must read the scriptures in the light of their own vulnerability to HIV and AIDS. An analysis of the sacred writings in the different religions shows that they have been orally transmitted, written down and interpreted by men. They often portray women negatively, mostly as a source of temptation or ritual impurity. This point has been underlined by scholars who have reflected on the significance of the scriptures. James Fieser and John Powers write:

Religious texts and practices throughout the ages have been biased in favor of men and often against women. Religious scriptures are almost entirely written by men, religious institutions are dominated by men, and religion is frequently used to keep women socially subordinate (Fieser and Powers 1998:xxi).

A study of the status of women in world religions can also allow students to become familiar with texts that focus on women's issues. This serves to balance the negative portrayal of women in sacred writings. It enables students to recognize that religion acts as a double-edged sword in addressing women's rights. For example, the Quran, Islam's sacred text, devotes an entire section to a discussion of issues relating to women. Similarly, other sacred writings have made revolutionary declarations concerning equality between men and women in the field of religion. Due to the dominance of men in interpreting these texts, such progressive sections are suppressed. The challenge in teaching religion and gender lies in drawing attention to such texts and illustrating their value to the struggle against HIV and AIDS.

Alongside insights from comparative religion, the course on religion and gender can benefit from biblical studies. Recent scholarship has shown that the Bible remains an important text in Africa (West and Dube 2000). In Africa, the Bible is read during both happy and sad occasions. It acts as a guide to belief and action to millions of people. It is used to formulate attitudes towards politics in some countries (Togarasei 2004). Many people regard its pronouncements on the status of women as definitive. It is therefore important for the course on religion and gender to discuss the influence of patriarchy on biblical passages. Some passages that promote male interests can be re-read in a liberating mode to improve the situation of women. For example, the Old Testament

passage on the virtues of the good wife (Proverbs 31:10-31) requires reinterpretation in contexts of HIV and AIDS. The same text can be re-read with the intention of locating its potential to mitigate the effects of HIV and AIDS (Chitando 2004b).

Disciplines like anthropology and sociology of religion provide helpful perspectives in teaching religion and gender in Africa. Such disciplines pay attention to patterns of social organization. They also focus on how power is distributed and exercised in society. They also assist in showing how women have power in specific domains that casual observers may not notice. Anthropological studies show how women have important ritual roles in both Shona and Ndebele indigenous religions. Women serve as traditional healers, spirit mediums or even as the voice of Mwari. In African Independent churches, women act as founders of movements and as prophetesses. Anthropological and sociological studies add to the value of the course on religion and gender. Such studies also assist lecturers to find ways of breaking the silence on sexuality. It is to this theme that we turn.

Breaking the Silence: discussing sexuality in the lecture room

The course on religion and gender is strategically placed to break the silence on sexuality in Africa. Alongside utilizing multiple perspectives from within theology/religious studies, the course needs to give students the vocabulary to talk about sexuality and HIV/AIDS openly. One “roadblock” that has to be negotiated is the secrecy surrounding sexuality. It is a topic that is often covered with secrecy and shame. Asking students to discuss sexuality in a lecture room goes a long way in removing the myths that surround this taboo subject.

The culture of silence that is sanctioned by culture and religion needs to be broken if Africa is to be successful in its response to HIV and AIDS. Silence, secrecy, shame and stigma all serve to complicate the battle against the epidemic. One effective strategy is to examine how the various religions of the world regard human sexuality. An analysis of indigenous religions shows that there is a celebration of sexuality. Clan praise poems in which husbands and wives complimented each other for satisfying sexual performances (Pongweni 1996:16) highlight the connections between sexuality and religion. Reading some of the sexually explicit poems allows learners to overcome the silence surrounding sexuality.

Comparative studies of sexuality in the world’s religions enable students to understand the ambivalence of religion towards this powerful human drive. On the one hand, religions celebrate sexuality as an integral part of what it means to be human. On the other hand, religions often regard human sexuality as something sinful. Furthermore,

they seek to control female sexuality which is often portrayed as dangerous. Within the different religions, there have been competing interpretations of the status of sexuality. Discussions that focus on celibacy, ritual prostitution and other attitudes to sexuality within the religions of the world also help to break the silence.

We have drawn attention to the impact of masculinities that are reinforced by religious ideologies in facilitating the spread of HIV in Africa. Open discussions of the sexual behaviour of men will go a long way in empowering students to scrutinize their own behaviour. Masculinities need to be interrogated so that men recognize that abstinence is a real possibility. Gender socialization tends to perpetuate myths that lead young men to believe that it is not possible for a “real man” to survive without sex. The role of faith communities in challenging masculinities also needs to be acknowledged in the course on religion and gender. Men must be challenged to play a more active in prevention, care and support programmes (Chitando 2008).

A historical approach is also critical for understanding secrecy and silence regarding sexuality. Traditionally, initiation schools offered the platform for receiving sex education in most parts of Africa. Young boys and girls attained knowledge of sexuality in such settings. In addition, aunts and uncles had the responsibility of raising the awareness of young people in relation to sexuality. However, rapid social change in Africa has undermined these traditional forms of sex education. Young people now grope in the dark for answers regarding sexuality. They tend to get mixed signals from religious groups, their peers and from the media. In the face of the HIV epidemic, it is critical that the education system provides quality information on human sexuality. As we have argued throughout this paper, the course on religion and gender is strategically placed to fulfill such a task. In the following section, we examine activities that could be used to facilitate the learning process in this course.

Activities to Enhance the Teaching of Religion and Gender

Apart from the old teaching method of “talk and chalk,” various other instructional activities may be used to enhance the teaching and learning of religion and gender in contexts of HIV and AIDS. In this chapter we discuss a few such activities. Teachers of the course are at liberty to choose the best activities in their contexts.

One activity that can enhance the teaching of religion and gender is the discussion or seminar method. This is because this course requires students to reflect on and debate the construction of gender roles in their own societies. They can discuss how gender roles promoted by culture make both men and women vulnerable to HIV and AIDS. Students can also be asked to write reflection papers on topics for the course and be

asked to present them before the whole class. This way, the students are encouraged to engage in constructive criticism of each other's views on issues of HIV and AIDS, religion and gender. Through this method, students are not only encouraged to voice their own democratic views, but they are also taught to respect each other's views, thereby realizing that there is a need to tackle gender issues that promote the spread of HIV and AIDS. Both female and male students should be encouraged to express their views on gender roles in their societies and how these affect the fight against HIV and AIDS. We mention this because we have observed that in most instances female students are hesitant to share their thoughts in class.

A course on religion and gender in the context of HIV and AIDS can also be effectively taught through the fieldwork method. Students can be asked to collect data on religion and gender from their communities. Such fieldwork may involve the collection of data on female and male gender roles in their societies. This can then be analyzed to see how the roles affect each gender in politics, law, economy and other spheres of life and how these, in turn, affect the response to HIV and AIDS. Through the fieldwork method, students can also learn from those living with HIV or those affected how gender issues have had an effect on HIV and AIDS. In Africa, where the dominant religions are African Traditional Religion(s), Islam and Christianity, the fieldwork method can also help students to gather information from other faiths on how religion and gender promote the spread of HIV and AIDS and what measures can be taken to mitigate this scenario.

Simulation and role-play is another very effective activity in this course. This method involves dramatization, singing, dance and poetry. Through drama, for example, students can act out a scenario where a doctor breaks news of HIV infection to a woman and to a man and the reaction of his/her spouse, the family, the community and the employers and co-workers. They can also act out scenarios where a young man or woman is infected with HIV by conforming to gender stereotypes, for example, of a man as a "sex predator". Such scenarios can also include how women are gendered to bear unfairly the burden of caring for people living with HIV. This way, students can be helped to realize the need to change male-female relationships so that they are based on collaboration and partnership. Specific religious songs can be analyzed to discern their impact on gender stereotyping. Clan poems used by men and women to compliment each other while having sex can be recited to help break the culture of silence on sexuality, as we have indicated in the foregoing section.

Group work is another instructional activity that can be used in this course. Here students can be put in smaller groups and given tasks to work on. For example, students

can be asked to find examples of the portrayal of women in the world's religious texts. They can then analyze how such portrayals affect the struggle against HIV and AIDS. A reflection on modern feminist and liberation theologies can then be made to help in the fight against HIV and AIDS. Work done in the smaller groups can then be shared with the whole class.

Apart from the activities discussed above, the teacher can also invite people affected by oppression informed by gender and religion to come and share their experiences with the class. Such people may include women who have been physically abused by their husbands, women who have been infected by HIV in polygamous relationships, men who have been infected with HIV from widow inheritance and many such people who have been affected by gender and religion. From these testimonies, students will be encouraged to reflect deeply on the effects of gender and religion on the struggle against HIV and AIDS. Obviously, it is necessary to ensure that students will treat those who are willing to share their testimonies with utmost respect.

Conclusion

The HIV epidemic is more than a human problem. It is a social, economic, cultural, religious and even demographic problem. Multiple strategies are required if the responses to the epidemic are to be successful. This chapter has approached the challenge from the perspective of religion and gender. It has argued that the teaching of religion and gender can contribute immensely to the struggle against HIV and AIDS. It has shown that one of the factors behind the rapid spread of HIV in Africa is the secrecy associated with matters of sexuality. This secrecy, the chapter has argued, is promoted by religion and gender. The chapter has therefore called for the need to discuss sexuality openly in Africa, beginning in the classroom. It has also described the challenges encountered in teaching religion and gender and some of the activities that can enhance the teaching and learning of the course on religion and gender.

CHAPTER 12

THEOLOGIZING DURING LABOUR PAINS: Women, Children and War in the Bible (1 Samuel 4:1-22)

Nyambura J. Njoroge

“Don’t be evil”, but instead use influence to do good.¹

¹ Former American President Jimmy Carter and Nobel Laureate 2002, asserts that behind Google.org is the wind of an inspiring corporate ethic – “Don’t be evil”, but instead use influence to do good. See Time Magazine, May 12, 2008, p.61.

Introduction

Because professionally my ecumenical ministry has involved advocating and promoting ecumenical theological education and ministerial formation, among other things, I have written in a number of articles about the urgent need for African theological institutions and programmes² to contextualize the curricula and to provide a holistic interdisciplinary approach. In this brief reflection I will explore an area that I believe has been most neglected in this ongoing discourse of transforming theological curricula in Africa and which is closely linked to mainstreaming the HIV and AIDS theological curriculum, the main thrust of this anthology. My argument is that we have not done justice to the overall theme of violence and especially as it pertains to the context of civil conflicts, war, genocide and gender-based violence. In particular, we have not scrutinized deeply enough how religious leaders have failed to provide stewardship that is consummate with the gospel message and how these leaders become part of the problem rather than use their influence and position to look for solutions. I contend that we cannot succeed in creating a world free of HIV if we ignore the impact of violence on the spread of the virus.

In this chapter, I will examine a most neglected narrative in the Old Testament that might give African theological educators a clue on how to approach the topic of civil conflicts, war, genocide and gender-based violence in the classroom. By choosing this text, I am also trying to demonstrate that God has unique ways of speaking to us in the midst of evil and calls upon us to rethink our theologies. When evil reigns in our lives and leaders have lost their mind, as is the case in times of civil conflicts, war and genocide, it is usually women, children and the most vulnerable who are left asking hard questions of God and our faith.

I will study the Ark narrative in 1 Samuel 4:1-22,³ by exploring the question: Who are the women and children in the narrative? This reflection is about war, women and children in the Bible. Or another way of putting it: it is about evil and failed stewardship in our lives and the way God uses the most unaccepted individuals to pronounce judgment and to point us to God's presence. I will begin by reflecting briefly on the text in light of our reality in 21st century Africa where civil conflicts, war, genocide, gender-based violence and death seem to have the last word. I will then suggest a way forward in the context of mainstreaming the HIV and AIDS theological curriculum

2 *Here I mean Theological Education by Extension (TEE) Programmes that are found in many churches in Africa.*

3 *The Ark narrative continues on to chapter 6.*

that addresses violence as a major driving force of HIV transmission. I will conclude by paying tribute to the unnamed dying mother who pronounces the departure of God's glory. I remind us that even though the key woman in the narrative does not have a name, she has the God-given power to name that could not be taken away from her despite the strong presence of evil.

Wars and Genocide in 21st Century Africa

Usually and overwhelmingly, male leaders create conditions for civil conflicts, wars and genocide. Many men die and/or are maimed, but it is generally the women, children and the elderly who live to tell the painful story. It is no wonder then that in the Bible text in question, it is a woman and a child who testify that indeed the glory of God has departed.

In the 1890s, a decade before the advent of the 20th century, took place one of the conveniently forgotten genocides in the land that today we call the Democratic Republic of Congo (DRC).⁴ A century later genocide afflicted the Rwandese people.⁵ Sadly, the reality of senseless civil conflicts, wars and genocide has not departed from the continent (Darfur).⁶ As I write hundreds continue to die from the aftermath of the most IGNORED war in DRC in our time. Many nameless pregnant mothers have left behind crying babies with barely surviving raped grandmothers. Some of the survivors are living with HIV and *fistula*.⁷ Violence is a major contributor to the health crisis in Africa.

In this reflection, I have attempted to re-read the Ark narrative in the book of Samuel through the eyes of an African woman, a mother, a pastor and a theologian who has been fortunate not to be caught in a war situation but who nevertheless is pained by its reality. I agonize in my spiritual journey what this madness and evil is all about. I cannot help but ask: where is God in all this? I hate to imagine or even believe that indeed God can be defeated and captured by men. But when I read and hear the atrocities in Darfur and eastern DRC, I hear the mother of *Ichabod*, screaming: Where is glory? I tremble when I hear the cry of the child who will never know his mother

⁴ See details of the massive bloodshed that took place between 1890 and 1910 by vigilantly reading Adam Hochschild, *King Leopold's Ghost: A Story of Greed, Terror, and Heroism in Colonial Africa*, Houghton Mifflin Company, 1999.

⁵ Tharcisse Gatwa, *The Churches and Ethnic Ideology in the Rwandan Crises 1900-1994*, Paternoster, 2005 and Hugh McCullum, *The Angels Have Left Us: The Rwanda Tragedy and the Churches*, WCC Publications, 1995.

⁶ The current genocide in Darfur can easily make us forget that central and southern Sudan have suffered decades of protracted wars. For more details see Deborah Scroggins, *Emma's War: Love, Betrayal and Death in the Sudan*, Harper Perennial, 2002 and Gabriel Meyer, *War and Faith in Sudan*, William B. Eerdmans Publishing Company, 2005.

⁷ For more on genocide and war in DRC see Hugh McCullum, *Africa's Broken Heart: The Land the World Forgot*, Geneva: WCC Publications, 2006. On *fistula* as a result of repeated rape watch DVD LUMO: *One Young Woman's Struggle to Heal in a Nation Beset by War, Eastern DRC*.

and father: No doubt the glory of God has departed from our midst when our sons, brothers and fathers wage war against one another. The earth underneath me quakes when midwives pronounce the DEAD SILENCE of a new mother.

Today the human rights establishment and some United Nations (UN) organizations have documented the experiences of women and children during the civil wars and/or genocide in the Sudan, Rwanda, Burundi, Democratic Republic of Congo, Liberia, Sierra Leone, Ivory Coast, Republic of Congo and the political disorder in Zimbabwe (as well as other countries outside Africa) that have witnessed destruction after destruction of our beautiful continent.⁸ Unfortunately, women and children not only suffer the unfathomable loss of their sons, husbands and fathers in the battlefield, they are subjected to rape and other atrocities. Some contract HIV and live with dehumanizing trauma. Sometimes, it is said, it would have been better if they too had died rather than live with unhealed wounds and memories. But as Christians and theologians, how can the story of *Ichabod*, his dying mother and the midwives who live to tell the painful story help us go beyond the pain and suffering into action: to confront the evil of wars and genocide in our time? Before we attempt to answer this question, let us revisit the story of Israel in the Bible text, which has an important prologue that deserves our attention.

Failed Stewardship

Eli the elderly priest had been forewarned of the death of his two sons, Hophni and Phinehas, who were also, priests. Sorrowfully, the sons were said to be scoundrels⁹ and “lay with the women who served at the entrance to the tent of meeting”.¹⁰ These were the days Israel was led and guided by priests, prophets and judges before they demanded to have kings like other nations. To appreciate the crisis facing Israel, we need to reread the first three chapters of 1 Samuel and summarize the key points regarding the priesthood and family of Eli as Israel went to war with the Philistines.

Elderly Eli was the priest in charge together with his two sons, Hophni and Phinehas, at Shiloh, the seat of the Ark of the Covenant. People came to worship and sacrifice at Shiloh. Among them was the family of Elkanah and his two wives, Hannah and

8 Two examples of research worth reading are Graça Machel, *The Impact of Armed Conflict on Children (A critical review of progress made and obstacles encountered in increased protection for war-affected children)*, Winnipeg: Canada, September 2000 and Elisabeth Rehn and Ellen Johnson Sirleaf, *Women, War and Peace: The Independent Expert's Assessment on the Impact of Armed Conflict on Women and Women's Role in Peace-building, United Nations Development Fund for Women (UNIFEM)*, 2002.

9 1 Samuel 2:12.

10 1 Samuel 2:22.

Peninah. It is here that childless, bitter but prayerful Hannah had an encounter with Eli, who assumed she was drunk.¹¹ The narrator stays with the story of Hannah and Eli until Samuel is born and presented to the house of the Lord at Shiloh. But for our purposes, the narrator intercepts this fascinating and “God-filled” story with a lengthy report on the blasphemous behavior of Eli’s sons (1 Samuel 2:12-17). Eli heard all about his sons’ sacrilegious actions and tried to speak to them but it was all in vain (vs.22-25). Eventually, Eli got the verdict about his sons and his entire family as well as the incoming priest, the young boy Samuel (vs.27-36).

But before Samuel takes centre stage in chapter 3 with the night drama of his calling and vision, let us pause at 1 Samuel 2:33-34. It says:

The only one of you whom I shall not cut off from my altar shall be spared *to weep out his eyes and grieve his heart*; all the members of your household shall die by the sword. The fate of your two sons Hophni and Phinehas, shall be the sign to you –both of them shall die on the same day (my emphasis).

In chapter 4, we know that the two sons died in battle. As soon as Eli heard about their death and the captured Ark of the Covenant, he too died. I am therefore left speculating that the son of Phinehas “*Ichabod*” born soon after the wife received the bad news might be the one spoken about in the above text. But suddenly, Samuel enters the scene again (1 Samuel 3:1-9), to fulfill what the man of God had said to Eli about the faithful priest (1 Samuel 2:1-36). Then God spoke clearly to Samuel about what was to happen to Eli and the entire people of Israel (1 Samuel 3:10-21). Young Samuel knew about the forth-coming slaughter of his people but the capture of the Ark was hidden from him and the priests. Samuel only returns on the narrator’s radar when the Ark is returned in chapter 7. Without the Ark of the Covenant, Samuel had no business in Shiloh.

Briefly, we find that Israel had lost faithful and accountable stewardship from the house of Eli. I use the word stewardship to emphasize that we are not just talking about the failure of the two sons to provide leadership to the people of Israel and to manage the worship and sacrifices properly. There was total lack of self-respect for their own well-being, their bodies, their family, especially their elderly father, the people of Israel and above all, respect for God. There was no sense of guilt and accountability. They were criminals and evil in God’s eyes and deserved to die. They failed miserably

11 Megan McKenna, *American story-teller and theologian has described Hannah’s reality as “silent pain and silent lament” in Leave Her Alone, Orbis Books 2000, chapter 2.*

to count on God's blessings, gifts, wisdom and to use them responsibly for the well-being of Israel and others. Unfortunately, many people died with them and their God humiliated them in defeat.

Unbearable Loss

Incidentally, I had read the story of Hannah, Eli and Samuel many times and even wrote an essay on it.¹² But the story of Ichabod came to me as a great surprise in 2001 when I read the essay "(*Ichabod* Departed)"¹³ by Walter Brueggemann, a well-known American biblical theologian. Written by a biblical theologian and one well-versed in the Hebrew language, Brueggemann's essay helped me to fathom the theological intensity and profound meaning of the Ark narrative, especially when he connects it to the concept of exile – the lost glory. Brueggemann helped me to grasp and embrace the great loss encountered by elderly Eli and the pregnant daughter-in-law when they heard that the Ark had been captured, which is reported five times in the text. Everything else had been expected as we have seen above but the defeat and capture of the God of Israel (in the form of the Ark) who had rescued them from Egypt was unforeseen. Immediately he heard the news, Eli died and the unnamed daughter-in-law went into exhaustive labour and gave birth. Then she died soon after giving her son a name: *Ichabod*, which according to Brueggemann means: "Where is the glory"? The answer was "Nowhere! Not here – the glory is gone!" (Brueggemann 2001:121). Then Brueggemann comments:

This is an extraordinary piece of theology by this dying, unnamed daughter-in-law. She has grasped the point of the capture of the ark and its nearly unutterable significance... Her use of the term *kābôd* is astonishing. If we can date texts at all, she is among the first to use it. Later, the term will be a way of speaking of YHWH's *power and splendor* as a mighty force... Before the theologians could do their work, here the term sits on the lips of this nameless woman. She uses this word so freighted with awe, splendor, majesty, and sovereignty only to negate. It describes only loss that is inscrutable, only loss that drops the bottom out of Israel's buoyancy and gives the lie to Philistine fear. The glory of YHWH was to cohere and guarantee and assure. Now it has failed, leaving a dead husband, a dead father-in-law, a routed army, a field of abandoned bodies, all topped by a humiliated God become an enemy trophy. In her

¹² See "Hannah, Why do You Weep? 1 Samuel 1 & 2:1-21" in Grace Wamue and Mary Getui, eds., *Violence against Women: Reflections by Kenyan Women Theologians*, Nairobi, Kenya: Acton Publishers, 1996, pp.21-26.

¹³ Walter Brueggemann, "(*Ichabod* Departed)" in *The Princeton Seminary Bulletin*, Vol. XXII, No. 2, New Series 2001, pp.115-133. The essay was delivered as part of the Stone Lectures on February 12, 2001 at Princeton Theological Seminary, Princeton, N.J. USA.

last moment she sees all this. She says, “Where?” and she dies. Dying, she knows the answer: not anywhere that matters (Brueggemann 2001:121-122).

Regrettably, the young mother dies after witnessing massive destruction of her people and her immediate family, most of all the capture of the Ark of the Covenant – the absence of God. Israel is defeated together with their God, hence her question as she dies: Where is the glory? But the unnamed woman leaves behind a child in the hands of women attendants. I am therefore left wondering if in the birth of this child in the midst of death, destruction and defeat we may hear the message: war and death do not have the last word. And so, there is life after death and glory is restored.

Pastoral Theology of Lament and Hope

What else is left but uncontrollable weeping, grief and disbelief when Christians are slaughtered in churches and some priests and pastors are said to have a hand in it as we witnessed in the 100 days genocide in Rwanda in 1994? Words fail me to know that even after many promises of “never again”, millions have perished in DRC and thousands in Darfur in this first decade of the 21st century. How then can we restore glory when we do not seem to care that mothers are perishing, leaving behind children who are left to weep all by themselves? As Christians, in order to prepare ourselves to stop the evil and legacy of wars, genocide and violence in Africa, I suggest we engage in a series of contextual Bible studies¹⁴ on war in the Bible, using this Bible text as an example.¹⁵ However, as we do so, I recommend that we bring with us the faithfulness and determination of Hannah, her supportive husband Elkanah and her son Samuel. We need extra strength for the journey to fully embrace the loss Africa has suffered and to move forward into meaningful and fruitful actions.

In my view, I find that we have underestimated the paralyzing power of concentrated loss that Africa has suffered through countless wars, dehumanizing experiences of being enslaved, colonized and being subjected to well-planned racial discrimination such as the apartheid system and the ongoing plundering of natural resources. Many of us wonder why it took us so long to face the enormous destruction caused by the HIV pandemic. I believe part of the answer lies in this deep-seated sense of loss and grief that has gone unattended. In other words, we have suffered deep-seated

14 For an example see Gerald West, “Doing Contextual Bible Study: a Resource Manual”, (Ujamaa Centre for Biblical and Theological Community Development and Research), April 2005.

15 I have published questions for a contextual Bible study on this text in Fred Nyabera and Taryn Montgomery, eds, *Tamar Campaign – Contextual Bible Study: Manual on Gender-Based-Violence*, FECCLAHA Publications, 2007, pp.36-38.

trauma that has not been addressed and treated. Somehow indirectly, as I have alluded to, *Ichabod* must have survived by “weeping out his eyes and grieving his heart” as the sole survivor of the household of Eli. Even though this particular text does not involve gender-based violence, it nevertheless gives us a place to begin as we study civil conflicts, wars, genocide and gender-based violence in Africa today. Critical study of this text provides Christians in Africa with the opportunity to create and practise pastoral theology of lament so as to shower in hope and new life in its abundance. Even Nehemiah (chapters 1 & 2) begun with lament before he could return home from exile to restore the walls of Jerusalem and consequently the temple. Nevertheless, as we reflect on war in the Bible, we must pay particular attention to the place of women and children, not just as mere victims, but as messengers of God and bearers of life, as we have witnessed in this text.

Through well-facilitated contextual Bible studies and profound pastoral theology, counselling and care syllabus, theological institutions and programmes can help churches to exercise faithful and accountable stewardship in overcoming the loss Africans have faced because of rampant violence, indignity and the incomprehensible suffering caused by the HIV pandemic. However, as we turn to the Bible, African theological educators and religious scholars must be prepared to articulate and draw from the wellsprings of African indigenous religions and worldview while discarding religio-cultural practices that are demeaning and destructive. Consequently, Christians in Africa need to experience worship that moves them from this deep sense of loss – from silent pain and silent lament – to a life full of hope and dignity. In other words, theological curricula, liturgical materials and Sunday school lessons must help pastors, teachers and church leaders to embrace a pastoral theology of lament and hope.

The reality in Africa is such that we are dealing with multiple pandemics and crises, as HIV and AIDS studies have clearly revealed. In our endeavour to look for solutions, one way of doing so is to study the Bible, taking seriously our context. Given the horrible stories we read about the torture and suffering that women, children and the elderly encounter during and after war, I have found this text helpful. It vividly reveals how God uses the most unexpected persons (including children) to pronounce God’s message. The set apart priests, Eli and his sons, could not articulate what God wanted to communicate with Israel. Instead we find Hannah, Samuel, *Ichabod*, his dying mother and the midwives sharing the life-giving message in the midst of incomprehensible ungodliness (evil), massive destruction and suffering. As a theologian, teacher and a pastor, I am convinced that we need to develop basic contextual Bible studies and theological curricula that will help us come to terms with these challenges

that confront us so painfully. Therefore we need to work delightedly to produce basic but profound materials on the pastoral theology of lament, compassion, hope and life. Above all, mainstreaming the HIV and AIDS theological curriculum must take into account the immeasurable destruction caused by civil conflicts, wars, genocide and gender-based violence. However, we also need to pay particular attention to the theology of stewardship that is lacking in many of our churches. We need to reflect more on how we make use of what God has given us as individuals and as communities of faith. We need to go beyond looking to men as leaders, priests, theologians and community organizers because we have seen how God uses children and women even in the most unexpected contexts of war and in the absence of spiritual courage among leaders. In the absence of responsible and accountable leadership, God decides to speak through women and children. One of the fundamental actions we must take is to stop looking at women and children as victims; it is time to recognize and build on their strengths. Strategies to stop wars and violence cannot succeed unless women and children are empowered to claim their rightful place alongside men in God's mission. Our theological curricula should reflect this paradigm shift of accepting that indeed women and children theologize and that they too are messengers and bearers of good news.

In God's Book of Life

Finally, I conclude with a tribute to a dying mother who turns out to be a theologian and the mother of a prophet!

In God's book of life
I have a name
In their book
I am
wife, daughter-in-law, mother
DYING MOTHER.

In God's book of life
I ask
Where is glory?
Nowhere!
A child answers
GLORY RESTORED?

In God's book of life
women and children
theologians in the making
proclaim
life after death
HOPE AFFIRMED.

In God's book of life
Ichabod
laments ¹⁶
a prophet is born
beloved of a mother
A GIFT TO THE WORLD.

¹⁶ Cf. I Samuel 2:33. All Bible references are from the New Revised Standard Version (NRSV).

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