Risk
B O O K

Acting in Hope

African Churches and HIV/AIDS 2

Ezra Chitando

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Risk
BOOK SERIES

Contents

Acknowledgements

This book is the second of a two part series which deals with the African churches and HIV/AIDS. The first part, *Living with Hope: African Churches and HIV/AIDS 1*, is also published as a Risk Book.

Introduction

African churches need *friendly feet* to journey with individuals and communities living with HIV and AIDS, *warm hearts* to demonstrate compassion, and *anointed hands* to effect healing. The first book in this series, *Living with Hope*, reflects on these themes.

African churches are also called upon to train their voices so that they can speak out and challenge systems of oppression. AIDS competent churches work towards the transformation of death-dealing practices while strengthening life-enhancing ones.

The response of African churches to the HIV epidemic will, to a large extent, be determined by the quality of their theological education. Churches with quick feet, long arms, warm hearts and loud voices must necessarily have sharp minds. Theological rigidity has tended to limit the churches' effectiveness in responding to the HIV epidemic. We urgently need to transform theological training in Africa so that churches can be at the cutting edge of HIV issues. Churches with sharp minds are in a better position to tackle the complexities of the HIV epidemic.

The HIV epidemic forces African churches to conduct a patient and critical evaluation of African cultures, particularly issues relating to gender and sexuality. They must interrogate the extent to which African cultures have inadvertently provided a fertile breeding ground for the epidemic. They should then devise and implement corrective strategies. At the same time, African churches must creatively identify those beliefs and practices that could be appropriated for an effective response to HIV. AIDS competent churches must necessarily be balanced and nuanced in their attitudes toward African culture. Their voice should be clear, impassioned and urgent if they are to challenge and transform choking cultural and political systems into rivers of life. This book identifies the issues that churches in Africa must address.

How do we define culture? Although a universal definition is likely to remain elusive, it is generally agreed that culture refers to a people's way of life. Michael Bourdillon, a leading African anthropologist, has attempted a detailed definition:

Culture is everything that we learn in our society: the language we speak, how to behave, music and dancing, knowledge and ways of thinking, values, beliefs, the technology we use at work – everything. We tend to think of culture as something which every generation receives from its elders and passes on to its children. But it is not as simple as that. Every generation, and indeed each individual within a generation, picks and chooses from what it has received. People pick out those institutions which they find useful to maintain and to pass on to the next generation. Members of each generation change what they think needs changing and add ideas from other peoples they meet. Culture is dynamic, constantly changing to fit in with the current needs of people.[1]

Bourdillon's useful and comprehensive definition will guide this book.

African cultures are highly diversified. There is no single 'African culture'. Africa is home to a multiplicity of languages, beliefs and practices. While some scholars evoke theological and ideological reasons to sustain the idea of a single, Pan-African (Traditional) Religion,[2] studies of African Traditional Religions acknowledge the existence of regional and local variations in beliefs and practices. In this continuing debate over the singularity/plurality of African cultures and religions, the scales have tilted in favour of the pluralist thesis.

It would require many studies to do justice to the complexity of African churches' relationship with African cultures. To begin with, when Christianity was introduced into Africa, most Western missionaries tended to dismiss African cultures. Not one black African attended the World Missionary Conference in Edinburgh in 1910:

> If the African churches were deemed to be insufficiently 'advanced' to merit their own representatives, it was not simply because these churches were young in years, but also because its members were thought to be starting from much further back in the process of human development than were Chris-

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[1] Michael Bourdillon, *Where are the Ancestors? Changing Culture in Zimbabwe*, Harare, University of Zimbabwe Publications, 1997, p. 7.

[2] See, for example, E. Bolaji Idowu, *African Traditional Religion: A Definition*, London, SCM, 1973; Laurenti Magesa, *African Religion: The Moral Traditions of Abundant Life*, Maryknoll, NY, Orbis Books, 1997.

tian converts in Asia. The inhabitants of the African continent were still in 1910 regarded as primitive, childlike, and at the bottom of the evolutionary hierarchy, relatively unimportant for the future of the world church.[3]

This negative attitude gave rise to the African Independent/Instituted/Indigenous Churches (AICs) in the twentieth century. When Africans read the Hebrew Bible, they found many beliefs and practices that resonated with their own cultures. Some established their own churches, in which practices like polygamy were allowed. AICs have sought to integrate the Christian gospel with African cultural realities. AICs represent one strand of African Christianity that has questioned the notion that conversion implies making a total and complete break with their cultures. They seek to blend Christianity and African cultures.

In Catholic and Protestant circles, the emergence and growth of African theology/theologies represent efforts to ensure the integrity of African conversion. Emerging in the 1950s and 1960s, African theology has sought to convert Christianity to Africa.[4] Leading African theologians like John S. Mbiti of Kenya, Mercy Amba Oduyoye and John S. Pobee of Ghana, and Charles Nyamiti of Tanzania have argued that the church in Africa must creatively engage African cultures.[5] African theology seeks to develop a 'theology cooked in an African pot'.[6]

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[3] Brian Stanley, 'Africa through European Christian Eyes: The World Missionary Conference, Edinburgh 1910', in Klans Korschorke, ed., *African Identities and World Christianity in the Twentieth Century*, Wiesbaden, Harrassowitz, 2005, p. 166.

[4] See Gwinyai H. Muzorewa, *The Origins and Development of African Theology*, Maryknoll, NY, Orbis Books, 1985; Emmanuel Martey, *African Theology: Inculturation and Liberation*, Maryknoll, NY, Orbis Books, 1993.

[5] See John S. Mbiti, *New Testament Eschatology in an African Background*, Oxford, Oxford University Press, 1971; Mercy Amba Oduyoye, *Hearing and Knowing: Theological Reflections on Christianity in Africa*, Maryknoll, NY, Orbis Books, 1986; John S. Pobee, *Towards an African Theology*, Nashville, TN, Abingdon Press, 1979; Charles Nyamiti, *Christ as Our Ancestor: Christology from an African Perspective*, Gweru, Mambo Press, 1984.

[6] Klaus Fiedler, Paul Gundani and Hilary Mijoga, eds, *Theology Cooked in an African Pot*, Zomba, ATISCA, 1997.

A number of concepts have been used to describe the process of integrating Christianity and African cultures. These include *inculturation, indigenization, adaptation, contextualization and Africanization*. The African reaction to the minimization or dismissal of African cultures has been defensive. Although some Evangelical African theologians (e.g. Byang Kato) [7] question the tendency to celebrate African cultures, they have been unable to refocus this aspect of the African theological enterprise.

This defensive posture of African theologians is understandable, given the demonization of African cultures by many missionaries and colonialists. Alongside African nationalists, creative writers and other intellectuals, African theologians have felt obliged to defend the integrity of African cultures. When Western culture was presented as the perfect example of human development, African theologians were compelled to engage in a retrieval exercise. They researched the religious past of Africa and concluded it was worth preserving. They also sought to ensure that conversion to Christianity was accompanied by cultural continuity, knowing that theology and identity are closely intertwined. [8]

However, the defensiveness of African theologians also implies a hesitation to critique African cultures. A static view of African cultures has dominated African theology. In the colonial period, when African cultures were summarily dismissed, most African theologians rejected this racist prejudice. In doing so, they overlooked the fact that cultures never stand still: they are always on the move. Throughout history, African cultures have embraced new ideas, objects, beliefs and practices, while dropping old ones. African identity is not given once and for all – it is continually worked and reworked. [9]

Cultures are products of human imagination, which means that each generation of Africans has the right to uphold, transform or reject cultural beliefs and practices. Ideologically, culture is presented as a fixed and 'compulsory' package; in reality, each generation has the mandate to critique what the previous generation bequeaths to it. The era of HIV demands that the contemporary generation takes a critical look at some African cultural beliefs and practices. African traditionalists, African Christians, African Muslims, followers of other religions and ideologies, and secularists all need to engage in an open revaluation of African cultures in the context of HIV.

[7] Byang Kato, *Theological Pitfalls in Africa*, Nairobi, Evangel Publishing House, 1975.

[8] Kwame Bediako, *Theology and Identity: The Impact of Culture upon Christian Thought in the Second Century and in Modern Africa*, Oxford, Regnum Books, 1992.

[9] Ezra Chitando, *Singing Culture: A Study of Gospel Music in Zimbabwe*, Research Report No. 121, Uppsala, Nordiska Afrikainstitutet, 2002, p. 92.

Chapter 1
Acting in Solidarity With Women

AIDS has the face of a young African woman. A cocktail of biological, cultural and socioeconomic factors contributes to women's greater vulnerability to HIV. Patriarchy, a system that privileges men in all sectors of life, leaves African women gasping for breath.[10] Older men, including many who profess to be Christians, take advantage of the precarious socioeconomic situation of most young African women and expose them to HIV infection:

> Socioeconomic factors, including women's lack of access to education or personal income, and unequal property rights perpetuate women's greater vulnerability to HIV infection. Many women fear their husbands or partners will abandon them if they try to control how and when they have sex and whether their partner uses a condom. Moreover, poverty drives some women into the sex industry, where sexual trafficking and commercial sex promote continued exposure to HIV. Furthermore, men control the main tool for reducing the risk of sexual transmission of HIV: the male condom. Even though the female condom has improved prevention options for women, men's involvement is still crucial.[11]

The church in Africa, paradoxically, has the face of a woman. It follows that churchwomen are directly affected by the HIV epidemic. However, churches in Africa have not actively supported women in their quest for abundant life. To begin with, the church has continued to reinforce the subordination of women to men. Indigenous patriarchal ideologies are used to buttress the oppression of women. 'It is our culture' is the tired refrain. Selective reading of biblical passages lubricates the process. Tragically, many women have internalized patriarchal readings of passages like Ephesians 5:22–24:

> Wives, be subject to your husbands, as to the Lord. For the husband is the head of the wife as Christ is the head of the church, his body, and is himself its Saviour. As the church is subject to Christ, so let the wives also be subject in everything to their husbands.

Passages such as this have been strategically used by some men to justify having multiple sexual partners, even as HIV remains an existential threat. Churches, with men in positions of authority, have not always openly challenged such abuses of power. Fulata Moyo, a woman theologian from Malawi, calls upon the church to lead the way by raising important questions in the face of HIV. According to her:

> These include how we define men as heads of families, and the role of widows as well as divorced and single mothers. Likewise, how can the church transform the concept of headship so as to encourage mutuality and companionship of partners who complement each other? Within the HIV/AIDS reality in Africa where the machismo of sexual aggressiveness yields certain death, what transformed definitions of masculinity do we need to develop?[12]

Patriarchy as a Widespread Ideology

Patriarchy is found in all religions. Men have enjoyed privileges across the different religious traditions. It is men who are in leadership positions in religions, and it is men who dominate the scholarly guild:

> Christianity and other world religions developed amid patriarchal societies in which women are treated as objects rather than persons. To this day, women have neither been accorded equal rights within the society nor equal rights within religious communities. The male, in most instances, has been granted authority and power over women, especially wives, and this has led to devastating consequences for women and their health and well-being.
>
> Women, for example, have far little control or autonomy over their sexual lives and are often forced to submit to the erotic wishes and whims of men. This behaviour has often been overtly endorsed by theologies that proclaim the husband as the 'head' of the family and relegate women to secondary roles within the church and culture.[13]

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[10] Anna Chitando and Ezra Chitando, 'Weaving Sisterhood: Women African Theologians and Creative Writers', *Exchange* 34, 1, 2005, pp. 22 38.

[11] Peter R. Lamptey, Jami L. Johnson and Marya Khan, 'The Global Challenge of HIV and AIDS' , *Population Bulletin* 61, 1, 2006, p. 5.

[12] Fulata Lusunga Moyo, 'Sex, Gender, Power and HIV/AIDS in Malawi: Threats and Challenges to Women Being Church', in Isabel Apawo Phiri and Sarojini Nadar, eds, *On Being Church: African Women's Voices and Visions*, Geneva, World Council of Churches, 2005, p. 131.

[13] Donald Messer, *Breaking the Conspiracy of Silence: Christian Churches and the Global AIDS Crisis*, Minneapolis, MN, Fortress Press, 2004, p. 78.

The subordination of African women should therefore be understood within the global context of patriarchy. In contexts of HIV, patriarchy has emerged as a particularly dangerous ideology. Theologies that sustain it have exposed many women to HIV infection. Women have struggled against a system that considers them second-rate citizens. Even if the world order were radically transformed and poverty eliminated, women would continue to suffer as long as patriarchy remained intact. The churches in Africa need to challenge patriarchy as it exists in church and society. The empowerment of women is critical in the churches' response to HIV.

The churches in Africa have the responsibility to journey with African women who confront the HIV epidemic. One key area where AIDS competent churches must make a difference relates to HIV and AIDS stigma and discrimination. As Sonja Weinreich and Christoph Benn point out, 'women often suffer a double stigma of living with HIV/AIDS and being female'.[14] Churches must play an active role in lifting the burden for women accused of being 'dangerous' and 'disease-carriers' in contexts of HIV. Where sexually transmitted infections are described as 'women's diseases', churches must loudly protest.

For a long time, African women have challenged African churches to hear their cries, but to little avail: the leadership of churches has hardly budged. The HIV epidemic has only worsened the plight of African women. Their dream of 'a society where women feel free from the restraints of a patriarchal society, uncensored and free from guilt' is turning into an unending nightmare.[15] Churches have been slow in catching on. AIDS competent churches in Africa must help build communities characterized by gender justice and mutuality. Women comprise the majority of the church in Africa. *Women are the church*. They are at the forefront of the church's response to HIV. Churches must recognize the special gifts that women bring to them. They must lift up

their voices to denounce systems that continue to condemn African women to premature death.

Solidarity with women should not be limited to solemn pronouncements and promises to do better. Loud voices must be accompanied by significant actions – the kinds of actions that women themselves undertake for their own liberation in contexts of HIV. The church is no redeemer-hero who moves in swiftly to avert danger for hapless African women. African women are their own liberators. The church needs to accompany them.

Married Women:
Vulnerability in a Cherished Institution

AIDS competent churches in Africa must continue to stress the importance of marriage and family life. The family is a vital social institution. The churches in Africa have comparative advantage in this area, for they have been teaching about the value of the family for many years. Stable families are a strategic resource in the response to HIV. Churches in Africa must therefore continue to encourage the development of such families. However, they should not make women sacrificial victims in promoting family life. We need to critique the prevailing idea of the family so as to ensure that justice and peace prevail.

The HIV epidemic forces churches in Africa to examine critically the institution of marriage. It is an institution that is rated highly in both the church and African cultures. As an institution, it is saturated with Christian and indigenous patriarchy. As Isabel Phiri contends, the era of HIV and AIDS demands that urgent steps be taken to change the status of married women.[16] They have become more vulnerable to HIV, due to a number of factors:

> The most endangered people on earth are married women because they are the most lacking in power over their own sexual lives. Some AIDS activists say that getting married is

[14] Sonja Weinreich and Christoph Benn, *AIDS: Meeting the Challenge – Data, Facts, Background*, Geneva, World Council of Churches, 2004, p. 30.

[15] Elsa Tamez, 'Giving an Accounting of the Hope that is Within You', *Voices from the Third World* 14, 2, 2001, p. 28.

[16] Isabel Apawo Phiri, 'African Women of Faith Speak Out in an HIV/AIDS Era', in Isabel Apawo Phiri, Beverley Haddad and Madipoane Masenya (ngwana' Mphahlele), eds, *African Women, HIV/AIDS and Faith Communities in Africa*, Pietermaritzburg, Cluster Publications, 2003, p. 10.

the riskiest sexual behaviour an African woman can engage in! There was a shocking discovery in Tanzania: sex workers often were more effective at protecting themselves from HIV than housewives, because they had more power to insist on safer sexual practices. [17]

Women's groups constitute one of the most vibrant dimensions of African Christianity. Women play an active role in providing home-based care and hospital visitation. Such groups need to ensure that they engage in more *inreach* in contexts of HIV. They must play a critical role in disseminating the latest information about HIV. Whereas society expects married women to be passive, women's groups must provide life-saving information on prevention.

When the marriage institution potentially becomes a death trap, AIDS competent churches must pause to reflect on their teachings. Do they continue to encourage women to be passive and submissive? What strategies do they employ to empower married women whose husbands' sexual behaviour exposes them to HIV? In the era of HIV, can they glibly celebrate 'wombs as God's laboratories', encouraging women to fall pregnant even when it might ultimately compromise their health? [18]

Churches in Africa must become more visible in defending the rights of married women. Churches have done well to emphasize the sacred nature of the marriage institution, but they must do even better to uphold married women's right to life. AIDS competent churches ensure that they do not socialize married women to accept abuse. Rather, their teaching seeks to empower married women to aspire to healthy relationships. Churches must complement non-governmental organizations (NGOs) that seek to empower women, and have women's rights as a key theological concern.

Where culture is evoked to justify married women's vulnerability to HIV, AIDS competent churches dissect culture and expose its biases against women. They mobilize women to challenge patriarchy and its oppressive dehumanization. Nyambura Njoroge, a leading woman theologian from Kenya, has issued such an invitation to African women. [19] The churches should provide the space and theological justification for the articulation of the rights of married women.

Married women in Africa are waiting for the day when churches preach passionately against violence. While ecumenical bodies like the World Council of Churches (WCC) have facilitated theologically sound initiatives such as the Ecumenical Decade of the Churches in Solidarity with Women in 1988 and the Decade to Overcome Violence, congregations at the local level continue to baptize violence. Religion, culture and gender socialization have formed an unholy trinity that sponsors violence against women. [20] Churches must exorcise this unholy trinity and promote mutuality and respect within marriage.

In contexts where women ask, 'Why does God allow our husbands to hurt us?' churches should not simplistically reply, 'Because it is God's will'. [21] To do so is to nail women to the cross endlessly. AIDS competent churches jolt the national/continental/global conscience by proclaiming that violence against women is a sin. They question biblical interpretations that seek to perpetuate the subordination of women and are emphatic in proclaiming the good news of women's health. AIDS competent churches recognize that domestic violence and HIV and AIDS are two linked epidemics. [22]

[17] Messer, *Breaking the Conspiracy of Silence*, p. 79.
[18] Rekopantswe Mate, '"Wombs as God's Laboratories": Pentecostal Discourses of Femininity in Zimbabwe', Africa 72, 4, 2002, pp. 549 68.
[19] Nyambura J. Njoroge, *Kiama Kia Ngo: An African Christian Feminist Ethic of Resistance and Transformation*, Legon, Theological Studies Series, 2000.
[20] Tinyiko Sam Maluleke and Sarojini Nadar, 'Breaking the Covenant of Violence against Women', *Journal of Theology for Southern Africa* 114, 2002, pp. 5 17.
[21] Isabel Apawo Phiri, '"Why Does God Allow Our Husbands to Hurt Us?" Overcoming Violence against Women', *Journal of Theology for Southern Africa* 114, 2002, pp. 19 30.
[22] Musasa Project, *Domestic Violence and HIV/AIDS: Two Linked Epidemics*, Harare, Musasa Project, 2003.

Churches with Ears: Listening to the Cries of Women

African Christian women have been actively involved in moves to transform the church. Of particular significance was the formation of the Circle of Concerned African Women Theologians in 1989 under the visionary leadership of Mercy Amba Oduyoye. It goes beyond the scope of this book to describe the history of the Circle or evaluate its achievements.[23] Suffice it to say that the Circle leads the way in theological reflection on HIV and AIDS in Africa. Samuel Kobia, WCC General Secretary, has hailed the creativity of the Circle: 'The Circle is calling for both biblical and cultural hermeneutics as the condition for any process of healing, well-being, empowerment, justice and liberation for women.'[24]

AIDS competent churches in Africa must listen to the serious issues raised by the Circle. They must become churches 'with ears'.[25] Since women are the majority in the churches, their views ought to be taken seriously. It would be a tragic error for male church leaders and theologians to dismiss the Circle output as the work of a frustrated minority. Although the Circle enjoys the membership of an educated elite,[26] it also draws its membership from the rank and file of African churchwomen. Furthermore, the issues that the Circle articulates affect women from all walks of life. AIDS competent churches are characterized by their willingness to

implement proposals made by African Christian women. African women theologians call upon churches to 'keep the promise' made in their ecumenical *Plan of Action*.[27] The churches promised the following on gender:

> We will challenge the traditional gender roles and power relations within our churches and church institutions which have contributed to the disempowerment of women, and consequently to the spread of HIV/AIDS.
> We will combat sexual violence, abuse and rape in homes, communities, schools and conflict/war situations.
> We will address gender roles and relations in families that contribute to the vulnerability of women and girls to HIV infection.
> We will support organizations that help young women to negotiate safer sexual relationships.[28]

The Circle has reflected on many issues that increase women's vulnerability to HIV. Each one of them merits a detailed analysis. The following section highlights some, in the hope that African churches will become more active in addressing them all.[29]

Contentious Cultural Practices

In the introduction to this book, attention was dawn to the rise of African theology and its spirited defence of African cultures against the negative attitudes of the colonial period. Most male African theologians have urged African churches to embrace African cultures. The project of inculturation has been popular in African theology.

However, African women theologians contend that their male counterparts have been insensitive to most of the oppressive aspects of African cultures. They believe that

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[23] See Musimbi R. A. Kanyoro, 'Beads and Strands: Threading More Beads in the Story of the Circle', in Isabel Apawo Phiri and Sarojini Nadar, eds, *African Women, Religion, and Health: Essays in Honor of Mercy Amba Ewudziwa Oduyoye*, Maryknoll, NY, Orbis Books, 2006, pp. 19-42; Carrie Pamberton, *Circle Thinking: African Women Theologians in Dialogue with the West*, Leiden, Brill, 2003; Musa Dube, 'In the Circle of Life: African Women Theologians' Engagement with HIV and AIDS', EHAIA Consultancy Report, Harare, 2006.

[24] Samuel Kobia, *The Courage to Hope: A Challenge for Churches in Africa*, Nairobi, Acton Publishers, 2003, p. 122.

[25] See Elochukwu E. Uzukwu, *A Listening Church: Autonomy and Communication in African Churches*, Maryknoll, NY, Orbis Books, 1996, pp. 127-8.

[26] Carrie Pamberton, *Circle Thinking*, overstates this issue. For a critical discussion, see Ezra Chitando, 'Review Article, "Complex Circles: Historiography of African Christian Women's Organizations"', *Journal of Religion in Africa* 35, 2, 2005, pp. 231-8.

[27] 'Stop AIDS: Keep The Promise!' is a slogan that has been widely accepted and applied by activists globally.

[28] *Plan of Action: The Ecumenical Response to HIV/AIDS in Africa*, Nairobi, 25-28 November 2001, p. 11.

[29] I am indebted for the choice of these themes to Isabel Apawo Phiri, 'African Women of Faith Speak Out in an HIV/AIDS Era', in Phiri, Haddad and Masenya, *African Women, HIV/AIDS and Faith Communities*, pp. 3-20. See also Peter K. Sarpong, 'The Cultural Practices Influencing the Spread of HIV/AIDS', in Michael F. Czerny, ed., *AIDS and the African Church*, Nairobi, Paulines Publications Africa, 2005, pp. 43-8.

calls to move away from a theology of liberation to one of reconstruction are premature. [30] The debate between Musa Dube of Botswana and Jesse Mugambi of Kenya illustrates the underlying tension between male and female African theologians. [31]

Among the cultural practices identified by Circle writers as increasing the vulnerability of women to HIV infection, widow 'cleansing' expects a widow to have sex with a man in order to be ritually cleansed of the spirit of her deceased husband. Other practices include widow inheritance, where a relative of the deceased husband takes over the widow as his wife. A sexual union is often prescribed to ensure the potency of the ritual. The pledging of young girls in marriage to placate an avenging spirit or to avert starvation has been identified as exposing girls to HIV. This also applies to the practice of granting a 'bonus' wife to a son-in-law who is deemed successful by family patriarchs. Arranged marriages for girls as young as ten also fall into the category of harmful cultural practices. This is a form of child abuse and slavery. The church must be willing to name and condemn such practices.

The institution of polygny/polygamy has also come under scrutiny in HIV contexts in Africa. In many African cultures, a man is allowed to have more than one wife. This practice has been contentious in the history of African Christianity, with some denominations refusing to baptize the man and his other wives. [32] Many AICs uphold the practice, pointing to biblical figures like Solomon, who had many wives. African women theologians argue that if

a husband is infected, he exposes all his wives to HIV. The phenomenon of 'small houses' where married men have girlfriends is another version of polygamy. It too exposes women to HIV.

Practices like female circumcision (also referred to as genital mutilation or cutting) have been singled out for exposing girls to HIV through the sharing of instruments. Virginity testing, though useful for unearthing cases of sexual abuse, has been criticized for perpetuating patriarchy's control of female sexuality. [33] Other practices like 'dry sex' (where women apply herbs that cause the vagina to dry and tighten) have been identified as increasing women's vulnerability to HIV.

As this book has reiterated, cultural practices are subject to regional and local variation. It would therefore be misleading to conclude, for example, that *all* African women are exposed to HIV through widow 'cleansing'. The practice is confined to some cultural groups. Nevertheless, African churches need to interrogate, transform and stop cultural practices – wherever they exist – that prevent women from enjoying health and well-being. In the *Plan of Action*, churches promised the following about culture:

> We will commit ourselves to reflect on positive and negative aspects of culture, identifying harmful practices and working to overcome them. In particular, we will recognize the way in which culturally supported behaviour can make women, girls and also boys more vulnerable to HIV.
>
> We will propose alternative rites and rituals in place of harmful practices.
>
> We will challenge our churches, ourselves and the structures to which we relate, to examine and address culture, traditions and practices that enable the spread of HIV. [34]

AIDS competent churches listen to women who have identified those cultural practices that facilitate the spread of

[30] Jesse N. K. Mugambi and Ka Mana are the leading proponents of an African theology of reconstruction. See Amele Adamavi-Aho Ekue, 'Troubled but not Destroyed: The Development of African Theologies and the Paradigm of the "Theology of Reconstruction"', in Koschorke, *African Identities and World Christianity in the Twentieth Century*, pp. 101-12.

[31] Musa W. Dube, 'Jesse Mugambi is Calling Us to Move from Liberation to Reconstruction: A Postcolonial Feminist Response.' Unpublished paper, 2001.

[32] For a useful discussion, see Eugene Hillman, *Polygamy Reconsidered: African Plural Marriage and the Christian Churches*, Maryknoll, NY, Orbis Books, 1975.

[33] Patricia Frances Bruce, '"The Mother's Cow": A Study of the Old Testament References to Virginity in the Context of HIV/AIDS in South Africa', in Phiri, Haddad and Masenya, *African Women, HIV/AIDS and Faith Communities*, pp. 44-70.

[34] *Plan of Action*, p. 11.

HIV. They raise their voices against such practices and, in line with the *Plan of Action*, invest intellectual resources to transform culture. They work closely with traditional leaders like chiefs, spirit mediums and others to develop alternative rituals to replace harmful ones. Currently, theological timidity/mediocrity and failure of imagination have prevented African churches from becoming actively involved in the work of transforming harmful cultural practices in the context of HIV.

In calling upon churches to be audible and visible in the transformation of harmful cultural practices, there is need for deep introspection. It is tempting to maintain a paradigm that Musa Dube identifies as 'African culture equals to a problem and Christianity equals to an answer'.[35] As members of the Circle have reiterated, the church, theological training institutions and other church-run centres are choking with patriarchy. Fulata Moyo of Malawi refers to the 'Phoebe tradition'. This is a practice 'within the church among the Yao people of Southern Malawi … a secret practice that subjects women to offer costly hospitality that involves the giving of their bodies in the name of service to the church within the reality of the HIV/AIDS crisis hitting Malawi'.[36]

When the church finds itself implicated in such practices, there is need for confession. AIDS competent churches expose harmful practices that expose women to HIV, wherever such practices may be found. They challenge conspiracies of silence in the church that condemn women to premature death.

The need to confront harmful practices in contexts of HIV has been at the heart of Circle publications. They have demonstrated the extent to which patriarchy provides limited space for women's self-expression.[37] However, they

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[35] Dube, 'In the Circle of Life', p. 17.
[36] Fulata Lusungu Moyo, 'When the Telling Itself is Taboo: The Phoebe Practice', in Phiri and Nadar, *On Being Church*, p. 185.
[37] See Mercy Amba Oduyoye and Elizabeth Amoah, eds, *People of Faith and the Challenge of HIV/AIDS*, Ibadan, Helicon Press, 2004; Elizabeth Amoah, Dorcas Akintunde and Dorothy Akoto, eds, *Cultural Practices and HIV/AIDS: African Women's Voices*, Accra, SWL, 2005.

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have been careful not to reduce African women to hapless victims. African women have shown remarkable resilience in confronting and negotiating patriarchy. AIDS competent churches are required to develop 'quick feet' and journey alongside the creative and brave women of Africa.

Women's Low Economic Status

The Circle has demonstrated how the low socioeconomic status of most African women increases their vulnerability to HIV. Poverty is definitely one of the most critical factors behind the rapid spread of HIV in most parts of Sub-Saharan Africa. Africa's marginalization in the era of globalization has worsened women's socioeconomic position. There has been a feminization of poverty.

African women have provided useful theological reflections on globalization. Philomena Mwaura of Kenya and Lilian Chirairo of Zimbabwe edited a volume entitled *Theology in the Context of Globalization: African Women's Response*.[38] Other members of the Circle have exposed how globalization has left African women more vulnerable to HIV. Musa Dube writes:

> Clearly, a number of social conditions, encouraged by globalization, such as poverty, lack of education, entrenchment of gender inequalities and cultural views of inequality, decreased access to health services, mobility, sex work industry, girl-trafficking, [and] unemployment makes globalization the fertile ground for the spread of HIV/AIDS.[39]

There has been much debate surrounding the effectiveness of the 'ABC' strategy for HIV/AIDS prevention. In this scheme, A stands for *Abstinence*, B for *Be faithful* and C for *Condoms*. However, as many activists have argued, women are often powerless to negotiate safer sex. Cultural

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[38] Philomena N. Mwaura and Lilian D. Chirairo, eds, *Theology in the Context of Globalization: African Women's Response*, Nairobi, EATWOT Women's Commission, 2005.
[39] Musa Dube, 'Talitha Cum! Calling the Girl-Child and Women to Life in the HIV/AIDS and Globalization Era', in Phiri, Haddad and Masenya, *African Women, HIV/AIDS and Faith Communities*, p. 79.

beliefs mean African women face formidable odds. Married women are particularly vulnerable, as we saw above.

The church has traditionally condemned women who engage in sex work. AIDS competent churches have to denounce the dehumanization of women in the sex industry. However, it is crucial to note that an overwhelming number of women are driven into sex work out of desperation. Beatrice Okyere-Manu describes how sex workers in the Pietermaritzburg area of South Africa (as would be the case elsewhere) sacrifice physical health for well-being:

> In terms of poverty, all of these women face the hard reality of hunger and homelessness because of their race, class and gender, as well as educational background. Rather than die, they have chosen to sell their bodies for income. [40]

Alongside sex work, the vulnerability of women to HIV is discernible in the 'sugar daddy' phenomenon. Older men have tended to abuse their positions of power and authority to force younger women into sexual relationships. Some theological training institutions and faculties of theology have had to handle cases of male lecturers victimizing female students who resisted their sexual advances. The predicament of many young women should provoke an outcry from churches:

> Young girls are at an even greater risk of infection because of their social vulnerability both before and during marriage. Most infections in young women are a result of unprotected sex and reflect a power imbalance that limits women's ability to negotiate or control sexual interactions, especially with older men. [41]

AIDS competent churches in Africa must continue to respond to women's low socioeconomic status. To begin with, there is a need to 'sing down the walls of the contemporary Jericho'

of patriarchy. African churches must critique biblical and African patriarchal values that deny women abundant life. Churches must actively support the girl-child in her quest for education. After all, the dictum says that when one educates a woman, she educates a nation. Church-run schools and other educational institutions must have deliberate policies to promote and enhance women's education.

Congregations must embark on income-generating activities that empower women. It is clear that such small-scale undertakings do not leave a dent in the global economic (dis)order. On the other hand, churches do not have to wait for a Messianic era before engaging in economic activities that make a difference at the local level. Such projects have rescued many women from adopting dangerous survival strategies. According to Sophia Chirongoma:

> The churches can also address issues of poverty by initiating income-generating projects that will economically empower the poor. Even though most rural women are uneducated and lack access to resources, they can still benefit from projects initiated by churches, such as the manufacture of peanut butter, poultry production, craft work and gardening. Such projects can empower poor people financially and protect them from the vulnerability of adopting risky survival strategies that further expose them to HIV infection. [42]

African Pentecostal churches have endeavoured to empower African women economically, though critics are quick to accuse them of taking money from their members. Although the gospel of prosperity is problematic in that it promises an 'easy' life to Christians, it has been helpful in mobilizing young women in urban areas to engage in economic activities. In Harare, Pentecostal women's groups like the Precious Stones and Gracious Women Fellowship have encouraged their members to ensure they are self-sufficient. Such empowerment strategies are valuable in the era of HIV.

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[40] Beatrice Okyere-Manu, 'Sacrificing Physical Health for Wellbeing: A Theological Challenge of Sex Work as a Livelihood Option for Poor Women in Pietermaritzburg South Africa', *Journal of Theology for Southern Africa* 124, 2006, p. 31.

[41] Lamptey, Johnson and Khan, 'The Global Challenge of HIV and AIDS', p. 5.

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[42] Sophia Chirongoma, 'Women, Poverty, and HIV in Zimbabwe: An Exploration of Inequalities in Heath Care', in Phiri and Nadar, *African Women, Religion, and Health*, p. 184.

Violence Against Women

Members of the Circle have called upon churches in Africa to adopt zero-tolerance towards violence against women.[43] Violence against women facilitates the rapid spread of HIV in most parts of Sub-Saharan Africa. In some countries like South Africa and Zimbabwe, rape is so widespread that women may even be raped while at a police station.[44] The church remains silent, ostensibly choosing to concentrate on its 'core spiritual issues'. Perhaps rape is so common that it no longer causes an outcry. Perhaps only a remarkable upsurge in the rape of men would lead to change.

AIDS competent churches express outrage when women are subjected to any form of physical or psychological violence. This book has already drawn attention to the domestic violence that many women experience. Women are also exposed to violence in institutions like schools and universities. The situation in South Africa is particularly disturbing:

Deep-seated gender inequalities have also contributed to the rapid spread of HIV/AIDS. Violence against women is a crucial factor in this. South Africa has the highest level of rape of any country not in a state of war. Many women are infected through rape and are unable to get the drugs they need to help prevent HIV infection. Sexual violence in the home is widespread. It is estimated that one woman in six is in an abusive relationship. For example, studies have shown that up to 80 per cent of women in rural areas have experienced domestic violence. This is a huge problem because it is not possible to negotiate safer-sex practices in abusive relationships.[45]

Given the close connection between violence against women and the spread of HIV, AIDS competent churches in Africa must be actively involved in campaigns to stamp out violence. Unfortunately, churches have been neither suffi-

ciently audible nor visible. In fact, the Bible continues to be used as 'poison onion' which 'irritates, blinds and deceives' in discourses on violence against women in Africa.[46] Many perpetrators of violence and a host of co-conspirators maintain that 'the Bible says' women must be submissive.[47]

Churches should be prophetic in their denunciation of violence against women. The Tamar Campaign, based on the story in 2 Samuel 13:1–22, needs to permeate all levels of society and reach the most remote parishes in Africa.[48] The campaign seeks to mobilize the church to act decisively against violence directed at women in homes, schools and society. It challenges churches to become angry when women are exposed to violence. The campaign has generated a lot of interest, although the male leadership of the church has fallen short of demonstrating its commitment.

The pulpit must be appropriated as a resource in the quest to end violence against women. Sermons declaring violence against women a sin must be preached. Bible studies that expose covert endorsement of the rape of women in biblical literature go a long way to conscientize women.[49] Drama, songs and other effective communication strategies must be employed by churches in Africa to condemn violence against women in the era of HIV.

Churches with ears must listen to the harrowing stories of married women whose husbands subject them to terror. They must provide a safe place to women who have been battered by their husbands. Courageous churches must confront pastors and church leaders who abuse their wives and

[43] See Grace Wamue and Mary Getui, eds, *Violence Against Women: Reflections by Kenyan Women Theologians*, Nairobi, Acton Publishers, 1996.

[44] See 'See Nothing Cops Suspended Over Rape in Cell', *Mail and Guardian* (Johannesburg), 23 February-1 March 2007, p. 10.

[45] Liz Walker, Graeme Reid and Morna Cornell, *Waiting to Happen: HIV/AIDS in South Africa (The Bigger Picture)*, London, Lynne Rienner, 2004, p. 17.

[46] Jonathan A. Draper, 'The Bible as Poison Onion, Icon and Oracle: Reception of the Printed Sacred Text in Oral and Residual-Oral South Africa', *Journal of Theology for Southern Africa* 112, 2002, p. 42.

[47] Maluleke and Nadar, 'Breaking the Covenant of Violence Against Women', p. 7.

[48] See Denise Ackermann, 'Tamar's Cry: Re-Reading an Ancient Text in the Midst of an HIV and AIDS Epidemic', in Musa W. Dube and Musimbi Kanyoro, eds, *Grant Me Justice! HIV/AIDS and Gender Readings of the Bible*, Pietermaritzburg, Cluster Publications, 2004.

[49] See Sarojini Nadar, '"Texts of Terror": The Conspiracy of Rape in the Bible, Church, and Society', in Phiri and Nadar, *African Women, Religion, and Health*, pp. 77-95.

girl children. They must remove the stories from 'under the tongue',[50] initiate debate and move towards satisfactory resolution. After listening to the testimonies of survivors of domestic violence, African churches must proclaim, 'Never again!'[51]

The Circle of Concerned African Women Theologians works with passion and compassion. It challenges African churches to follow the example of Jesus by calling the African woman and girl-child to life: 'Talitha Cum!'[52] AIDS competent churches must regard the Circle as prophetesses who encourage them to scale greater heights as they seek to provide effective responses to the HIV epidemic.

[50] Yvonne Vera, *Under the Tongue*, Harare, Baobab Books, 1996.

[51] See Musasa Project, *Battered Lives! Shattered Dreams! Survivors' Testimonies on Domestic Violence*, Harare, Musasa Project, n.d.

[52] See Nyambura J. Njoroge and Musa W. Dube, eds, *Talitha Cum! Theologies of African Women*, Pietermaritzburg, Cluster Publications, 2001.

Chapter 2
Supporting Children and Families

Raini renherera (the orphan's village), they call it. Deep in the Masvingo Province of Zimbabwe, it bears sad testimony to the devastating effects of HIV and AIDS. The village 'elders' are girls and boys aged 13. They have the onerous responsibility of looking after their younger siblings. Forced to abandon their youthful dreams, they have had to face the harsh realities of life at an early age. They are children who have become parents overnight because of AIDS.

The number of orphaned children in Sub-Saharan Africa is staggering. The HIV epidemic has been responsible for most of the phenomenal growth. It is estimated that by the year 2010 there will be more than 25 million, perhaps more than 40 million, in the region.[53] Behind these statistics are real people: children who are often in dire need of food, clothing and shelter. These children of Africa have a right to education and to dream about a better future.

Many of the facts about orphans and vulnerable children in Southern Africa are disturbing. Children with younger siblings strapped to their backs try to coerce the earth to bring forth food. Emotionally drained children wail at their mothers' funerals. A mother's death marks the beginning of trouble: according to a Shona proverb, *Nherera inoguta musi wafa mai* (an orphan has their last full meal on the day the mother dies). In most cases, orphans trudge on with little or no social support.

> Children and old people battle to keep their families together in the absence of parents. Children as young as five collect water and firewood, harvest crops and prepare food. They leave school early to support siblings, dying parents and grandparents. They care for sick and dying relations with little or no support.[54]

In traditional African culture, orphans could be absorbed into the extended family system. Now, however, with modernity and its vicious economic systems, children fall through the safety net. As a result, many urban areas have

[53] UNAIDS/UNICEF 2002.

[54] Walker, Reid and Cornell, *Waiting to Happen*, p. 14.

children who live on the streets. In other contexts, young men and women are mobilized by cunning politicians to fight wars whose goals they do not (and can never) understand. Growing up in Sub-Sahara African contexts of HIV, poverty and war are a major challenge.[55]

Children have seen their futures snatched from them by the HIV epidemic. They do not have an adequate food supply and end up missing school. A vicious cycle of poverty has developed. Some children have been accommodated in institutions run by governments and NGOs, but these are also under strain. Often, the tired shoulders of grandparents have to carry the burden:

> Many orphans are cared for by their grandparents, who normally would themselves be dependent on their adult children, since in poor countries there are generally no provisions for old age through pensions and the like. Moreover, the grandparents are exhausted from a long working life, and finally they have been psychologically strained by the death of their own children from AIDS.[56]

The Churches' Response

In the midst of the orphan crisis in Southern Africa, churches and faith-based organizations (FBOs) have stepped in to make a difference. Even before the HIV epidemic, churches were always involved in programmes to enhance the welfare of children in Africa. The first book in this series, *Living with Hope*, outlined how churches helped orphans and other vulnerable children to access education during the colonial period. As the challenge posed by orphans in the region continues to grow, churches are required to redouble their efforts. In the ecumenical *Plan of Action*, churches made the following commitment:

> We will support local congregations in caring for child-headed families and all vulnerable children, especially orphans. We will also help widows, widowers and caregivers who have

responsibility for children, especially those elderly people who are caring for grandchildren, or left destitute by the death or sickness of adult children.[57]

AIDS competent churches in Africa seek to transform the lives of orphans and vulnerable children by welcoming them.

Musa Dube has provided an informative reading of Mark 9:33–37, where Jesus takes a little child in his arms and declares, 'Whoever welcomes one of these little children in my name welcomes me'. Dube notes that children in ancient times – as in most places of the world today – were powerless members of their families, societies and nations:

> Jesus implies that taking an option for children is taking an option for Christ, and welcoming Christ is welcoming God who sent him. Christians are therefore hospitable to both Christ and God if and when they welcome children. The key point in this passage lies in the word 'welcoming'. When you welcome someone into your house, place or heart, you make them comfortable. You protect them and ensure that their needs are met. This is what 'welcoming children' means.[58]

It is important that churches in Africa avoid stigmatizing children affected by HIV and AIDS. This must start with the words used to describe them. Terms like 'AIDS orphans' tend to perpetuate stigma and discrimination. Instead, it is better to refer to 'children affected by HIV and AIDS'. Similarly, 'children on the streets' is more sensitive than 'street children'.

Churches that welcome children recognize their vulnerability and the need to support them in contexts of HIV. They defend the rights of children in patriarchal settings that privilege adult males. They grant adequate space for children to express themselves. They avoid patronizing and paternalistic attitudes. Furthermore, they denounce systems that criminalize children simply because they are poor. Such a trend is discernible in debates about Africa's

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[55] See Catrine Christiansen, Mats Utas and Henrik E. Vigh, eds, *Navigating Youth, Generating Adulthood: Social Becoming in an African Context*, Uppsala, Nordiska Afrikainstitutet, 2006.

[56] Weinreich and Benn, *AIDS: Meeting the Challenge*, p. 33.

[57] *Plan of Action*, p. 10.

[58] Musa W. Dube, 'Fighting with God: Children and HIV/AIDS in Botswana', *Journal of Theology for Southern Africa* 114, 2002, p. 32.

orphans as fertile ground for terrorist organizations. Alex de Waal rightly argues that identifying orphans as a security risk 'runs the risk of further stigmatizing and ostracizing those children'.[59]

Keeping Parents Alive

The burgeoning orphan crisis requires that churches collaborate with governments, NGOs, civic society and others to strive to keep people living with HIV alive. This is a crucial step in addressing the orphan crisis in Africa. Consequently, churches must be at the forefront of the struggle to ensure that people who need antiretroviral drugs succeed in getting them.

It is of course a scandal that millions of young Africans continue to die at a time when significant advances have been made in treatment. Large pharmaceutical companies use the flimsy argument of intellectual property rights to deny many Africans (and others) access to life-prolonging drugs. AIDS competent churches in Africa must shout their protest against systems that regard the lives of Africans as cheap. They should, in the spirit of the ancient Israelite prophets, call for a new world order characterized by justice.

Keeping parents alive is the best strategy for responding to the HIV epidemic in Africa – and not just to avert the orphan crisis, for everyone has the right to a healthy and dignified life. Churches must be actively engaged in efforts to ensure that parents live long enough to see their children reach the age of maturity. They must be involved in the quest for abundant life in Africa. Bearing in mind the biblical imperative to look after orphans (e.g. Jeremiah 22:3; Psalm 82:3), churches should make orphans a priority in their programmes.

Resource Mobilization [60]

Churches already play a leading role in the provision of care for orphans and vulnerable children in Africa.[61] However, the marked increase in the number of orphans means that churches have to move the issue of children right to the top of their agenda. Resource mobilization has to become one of the major concerns for the churches in Africa. We need to find resources to ensure that churches are well positioned to look after orphans and vulnerable children in the wake of HIV.

It is often assumed that resource mobilization implies African churches taking the begging bowl and seeking external support. The first book in this series, *Living with Hope*, identified external dependency as one of the factors affecting the churches' capacity for effective responses to the HIV epidemic. The challenge posed by the orphan crisis highlights the need for African churches to take locally available resources seriously. For me, the starting point lies with the churches appreciating that God has blessed Africa richly. The continent is awash with natural and human resources. Africa's poverty is a scandal: there is so much poverty amid so much wealth. Churches owe it to children to expose this tragedy.

It would be folly to pretend that all the citizens of Sub-Saharan Africa are wallowing in poverty. However, Africa is blessed with resources that are either looted by external agents or misappropriated by indigenous elites. As African churches mobilize resources for children in the era of HIV and AIDS, they need a theological reorientation. They need to realize that local resources are available to transform the lives of children. They need to appreciate Africa's vast wealth. Olivia Charamba, a Zimbabwean gospel musician,

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[59] Alex de Waal, *AIDS and Power: Why There is No Political Crisis – Yet*, Cape Town, David Phillip, 2006, p. 83.

[60] For highlighting resource mobilization and care and support activities, I am indebted to Njeru Wambugu, John Padwick and Nicta Lubaale, eds, *Rising from Despair: Innovative Initiatives from African Independent Churches and CBOs*, Issue 1, Nairobi, Organization of African Instituted Churches (OAIC), 2006.

[61] See Sue Parry, *Responses of the Faith-Based Organizations to HIV/AIDS in Sub-Saharan Africa*, Geneva, World Council of Churches, 2003, p. 10.

calls for a similar change of perception in her song 'Africa Restore':

> Africa, restore your identity
> You are not poor, but you are rich
> You are rich, but not poor
> You're not cursed, but you are blessed
> You are not a workshop of wickedness
> You are a messenger of the Almighty God
> Africa, restore your identity. [62]

Mobilizing local resources requires creativity. Congregations can work towards the development of small and micro-enterprises by setting up community based savings and credit schemes. A number of NGOs have already adopted this strategy and have succeeded in mitigating rural poverty. Agricultural activities like growing vegetables and rearing goats, sheep and pigs are also viable enterprises. Members of such groups can pledge a reasonable and sustainable amount per month for the upkeep of orphans and vulnerable children.

As information technology spreads to Africa's rural areas, churches must seize the opportunity to be at the heart of the revolution. They can initiate payphone projects that will ease communication problems for communities, while generating income to support orphans and vulnerable children. Young people should be encouraged to manage such projects.

Caring for orphans and vulnerable children must emerge as an integral part of the core activity of African churches. There must be offerings that are specifically directed towards meeting the needs of children. Fundraising activities that target the entire congregation should be part of the churches' calendar. Pastors need to encourage their members to regard caring for orphans and vulnerable children as defining the quality of their discipleship. Thus, 'Uphold the rights of the orphans; defend the cause of the widow' (Isaiah 1:17).

Resource mobilization by churches to support orphans might disturb some Christians who feel that embarking on financial activities takes the church away from its core activity: mission. However, as Jonathan Bonk [63] has persuasively argued, missions have always entailed money. As African churches respond to the call to look after orphans, they need to engage in inreach to tap local resources. Mission goes hand in hand with resource mobilization, particularly in resource-constrained settings.

External Resources

African theologians have debated whether churches in Africa should continue to receive personnel and resources from outside. *Living with Hope* described the moratorium debate and how it resulted in some extreme positions. Today, the HIV epidemic has demonstrated the importance of global efforts. The establishment of the Global Fund highlights the growing awareness of the need to get everyone involved in responding to health challenges in different parts of the world. Ideologies can be very persuasive. African churches have courageously denounced 'money with strings/ropes attached'. Africa is a proud continent that has survived a number of catastrophes. Some African theologians often feel compelled to call upon African churches to be self-sustaining. In this spirit, they discourage the mobilization of external resources for African children, even in the face of HIV.

It would take a longer narrative to debate the strengths and weaknesses of arguments against accepting external resources. However, it is irresponsible to engage in ideological debates when children are dying. Some African political leaders have engaged in such political games to the detriment of their citizens. They have rejected foreign food aid when their countries have faced food crisis. [64] While mature people can

[62] Tapiwa Mapuranga and Ezra Chitando, 'Songs of Healing and Regeneration: Pentecostal Gospel Music in Zimbabwe', *Religion and Theology* 13, 1, 2006, p. 85.

[63] Jonathan J. Bonk, *Missions and Money*, Maryknoll, NY, Orbis Books, 1991.

[64] See Mary N. Getui, 'The Food Crisis in Africa', in Mary N. Getui and Emmanuel A. Obeng, eds, *Theology of Reconstruction: Exploratory Essays*, Nairobi, Acton Publishers, 1999, pp. 216-29.

decide to reject foreign food aid, they should not take such decisions on behalf of children. African children affected by HIV require assistance, wherever it may come from.

Perspectives that maintain that no single racial group can claim monopoly over the earth's resources can also justify the mobilization of external resources. Africa's orphans and vulnerable children have the right to resources from any part of the world. This is because the whole created order belongs to God. As such, wealth that may be found in different parts of the world actually belongs to God. Communities that may be in temporary charge of such resources have an obligation to share them with others.

There is also theological justification for mobilizing external resources to support Africa's orphans and vulnerable children. The idea of 'one church' should provide churches in the North with enough motivation to channel resources towards the children of Africa. Recognizing that the church is one body is an imperative to share.[65] Kenneth Ross argues that this concept, alongside that of justice for the poor, should motivate churches in the West to share with the rest of the world:

> The cries of those threatened by poverty and violence evoke a response from every compassionate person. What is distinctive to the church is that these cries reach to the very heart of her identity. The call for solidarity, far from being an unwelcome interruption to the core work of the church, resonates with the sense of her primary purpose. Biblical phrases such as the body of Christ and the household of God remind the church time and again of its oneness. It is its relationship with sisters and brothers near and far which constitutes its identity … It is through an active catholicity and mutuality that the being of the church comes to expression.[66]

Core and Support Activities

AIDS competent churches in Africa need to demonstrate the 'ministry of presence', already described in relation to orphans and vulnerable children. After the death of parents, children experience a shattering sense of loss and fear. Loneliness and poverty worsen the situation. Child-headed households are also often characterized by lack of food security and uncertainty regarding education. Churches have the responsibility to assist children who find themselves in such situations. Some churches are already engaged in the following support activities.

Home visits

Visiting orphans and vulnerable children in their homes is a key characteristic of a church 'with ears'. It is absolutely crucial for churches to ensure that children remain within their families as much as possible. The building of orphanages does not allow children to develop relevant social and emotional skills. Although institutions are helpful in some desperate situations, family care remains ideal. This is also in keeping with the church's emphasis on the family:[67]

> The family is the most important source of love, attention, material sustenance and moral guidance in a child's life. Every child needs the nurturing support of family and the experience of community in order to thrive. The best way to serve vulnerable children is to strengthen the capacity of families and communities to care for them.[68]

AIDS competent churches pay home visits to families who are catering for orphans and vulnerable children. Such acts of love and concern are worth more than any amount of money. AIDS competent churches interact with the children and listen attentively to their needs. Churches must

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[65] See Elizabeth Knox-Seith, ed., *One Body: North-South Reflections in the Face of HIV and AIDS*, Copenhagen, Nordic-Foccisa Church Cooperation, 2005.

[66] Kenneth R. Ross, 'Releasing First-World Wealth for Global Mission: What Levers Can be Pulled Today?' *Mission Studies* 22, 1, 2005, p. 19.

[67] For a discussion within African Catholicism, see Agbonkhianmeghe E. Orobator, *The Church as a Family: African Ecclesiology in Its Social Context*, Nairobi, Paulines Publications Africa, 2000.

[68] Laura Sutherland, ed., *From Faith to Action: Strengthening Family and Community Care for Orphans and Vulnerable Children in Sub-Saharan Africa* (Summary Report), Santa Cruz, Firelight Foundation, 2006, p. 1.

demonstrate genuine affection for the children by constantly checking on them. AIDS competent churches censure communities that abandon child-headed households. They must demand life-saving medications for children among us living with HIV.

Food distribution

Feeding the hungry is a Christian duty and responsibility. The HIV epidemic in most parts of Sub-Saharan Africa has led to the emergence of many hungry households. The loss of productive labour has resulted in decreasing yields in some countries. Furthermore, households headed by children and grandparents often lack the labour necessary to ensure adequate yields. As a result, many orphans and vulnerable children face starvation and malnutrition. AIDS competent churches express outrage when children go hungry in a world with so much food.

Many churches are doing a commendable job in distributing food to orphans and vulnerable children. Some congregations have adopted the practice of doing so for specified periods, for example, every two weeks. Others have identified members with increased capacity and have made them responsible for the welfare of selected families. All these strategies have facilitated the provision of food to orphans and vulnerable children.

Educational support

Without access to education, most orphans and vulnerable children will remain mired in a vicious cycle of ignorance and poverty. AIDS competent churches in Africa strive to ensure that children's rights to education are upheld. The education of disadvantaged girls and boys must be a major priority for churches, governments and NGOs in Africa. The provision of educational opportunities to the less privileged members of society during the colonial period endeared the church to many Africans. The HIV epidemic challenges churches in Africa to surpass earlier efforts.

It is often assumed that churches need to mobilize millions of dollars in order to keep orphans and vulnerable children in school. In practice, the costs are not as intimidating. In most African countries, the costs of sending children to school are negligible in real dollar terms. Only poverty at the local level acts as a stumbling block. In most instances, children require school fees, uniforms and stationery.

HIV and AIDS education

AIDS competent churches in Africa are required to provide HIV education to youth in school and to those who might have dropped out.[69] Some argue that such exposure leads to early experimentation with sex, hence increasing vulnerability to HIV. Others claim it is both un-Christian and un-African to have HIV education in primary school. While such concerns are understandable, studies have shown that pupils who receive education and life skills development are more empowered than those who do not benefit from such programmes.

It is important to note that such education needs to be culturally sensitive and age-appropriate. AIDS competent churches ensure that community leaders fully appreciate HIV education for all young people, including orphans and vulnerable children. Churches must complement these efforts by having HIV education integrated into their Sunday School curricula.

Defending the legal rights of children

Some forms of child abuse have been upheld in the name of 'defending African culture'. Forms of child abuse include child battering, child labour, child abandonment, children in prison, sexual abuse, children on the streets, cultural abuse and religious abuse.[70] African churches must play a

[69] Musimbi Kanyoro, 'Holistic Ways to Empower Africa's Children and Young People', *Journal of Theology for Southern Africa* 114, 2002, pp. 73 4.

[70] Constance R. A. Shisanya, 'Child Abuse and Neglect in Kenya', in Getui and Obeng, *Theology of Reconstruction*, pp. 151 71.

leading role in denouncing the abuse of children, including the abuse of children within their own institutions.

In line with the biblical mandate to defend the rights of orphans and widows, churches in Africa must consistently uphold the rights of orphans and vulnerable children in the era of HIV. In some countries, greedy relatives (sometimes individuals who hold leadership positions in the churches) have moved to dispossess orphans. In most instances they have tried to gain access to houses and property. Widows and orphans have often been left homeless because of such unbridled greed. Churches have remained silent in the face of such shocking injustice.

African governments have been quick to append their signatures to different documents promoting the rights of children. However, the harsh reality of child soldiers in various parts of the continent and abuse of children's rights forces critics to wonder if politicians are really committed to the welfare of children.[71] Churches must raise their voices to remind governments to honour the commitments they have made.

At the local level, some churches have been actively involved in assisting orphans and vulnerable children. In Zimbabwe, the Salvation Army Masiye Camp in Bulawayo established a Mobile Law Clinic. This has been a positive intervention, as it has enabled children to obtain birth documents.[72] Churches in other parts of the continent need to establish the most pressing needs for children and to address them.

Adoption

Many African intellectuals expressed outrage when Madonna, an American pop star, adopted a Malawian boy in 2006. They believed that this was a case of wealth scoring a victory over poverty. Obviously, there are contentious

legal, ethical, theological and ideological issues at play when rich foreigners adopt African children. However, the primary challenge falls upon us as Africans: have we done all we can to provide quality life to African children? Have we demonstrated sufficient commitment to the welfare of children in contexts of HIV? While children thrive best in their own cultural context, we need to do a lot more to ensure that the same context has the capacity to nurture the child.

In some contexts, outsiders are able to adopt African children because adoption by Africans is problematic on cultural grounds. Among the Shona people of Zimbabwe, for example, a child belonging to another lineage poses a danger to the extended family. Should such a child be adopted, the entire lineage might be exposed to a curse. On the one hand, such a belief acts as a protective shield for children, as it discourages abuse. On the other hand, it discourages adoption. Churches in different parts of Africa have to negotiate with local beliefs that might prevent or discourage families from adopting children.

Given the impact of AIDS in Southern Africa, churches have to encourage families to adopt children. Families provide an ideal setting to meet children's social and emotional needs. However, churches have to work alongside other partners to ensure that such homes are safe. Adoption should be promoted as a viable way of meeting the material, educational and emotional needs of children in the wake of HIV in Africa.

Providing Care and Support to Children within Families and Communities

AIDS competent churches in Africa are required to see the world through the eyes of children.[73] They need to acknowledge that too often they have 'talked down/at' children, instead of listening actively to their dreams, fears, hopes and aspirations. The era of HIV challenges churches

[71] Dorothy B. E. A. Akoto, 'Women and Health in Ghana and the *Trokosi* Practice: An Issue of Women's and Children's Rights in 2 Kings 4:1-7', in Phiri and Nadar, *African Women, Religion, and Health*, pp. 96-110.

[72] See Sutherland, *From Faith to Action*, p. 3.

[73] Manoj Kurian, telephone conversation with author, 30 November 2006.

to re-examine their attitudes. Below are some of the key strategies that AIDS competent churches need to adopt as they seek to serve 'the little ones; the ones to whom the kingdom of God belongs':

- Focus on the most vulnerable children as defined by communities, not only those orphaned by HIV/AIDS.
- Strengthen the capacity of families and communities to care for children.
- Reduce stigma and discrimination.
- Support HIV prevention and awareness, particularly among youth.
- Strengthen the ability of caregivers and youth to earn livelihoods.
- Provide material assistance to those who are too old or ill to work.
- Ensure access to health care, life-saving medications, and home-based care.
- Provide daycare and other support services that ease the burden on caregivers.
- Support schools and ensure access to education, for girls as well as boys.
- Support the social and emotional, as well as material, needs of children.
- Engage children and youth in the decisions that affect their lives.
- Protect children from abuse, gender discrimination and labour exploitation. [74]

Chapter 3
Including Disability

In general, churches have struggled, and continue to struggle, with disability. In most parts of Africa, religio-cultural beliefs have led to the exclusion of people with disabilities from most church activities. As with patriarchy, the combination of African and biblical attitudes has left people with disabilities on the margins. Indeed, patriarchy works together with negative attitudes towards people with disabilities to further marginalize women with disabilities:

> Patriarchy works in conjunction with disablism. Women with disabilities have to face a double struggle: firstly, as women in comparison to men who are disabled, and, secondly, as women with disabilities in comparison with able-bodied women. [75]

Women with disabilities are subject to various forms of abuse. The creativity demonstrated by some of the perpetrators of this abuse is downright shocking. They go out of their way to create new and utterly cruel forms of abuse, including feeding visually impaired women with worm-riddled porridge and placing thorns on their bed sheets. Sadiyya Haffejee writes:

> Other experiences recounted by women with disabilities spoke of incidents of partners purposefully locking wheelchairs away[,] rendering the women immobile; smashing hearing aids thereby limiting women's ability to communicate; family members and partners exploiting disability grants; incidents of sexual harassment sparked by sexual curiosity of the 'disabled' and opportunistic rape because of the women's limited mobility. Thus whilst all women are vulnerable to gender violence, women with disabilities appear to experience the destructive effects of violence to a greater extent. [76]

Churches in Africa are required to pay particular attention to the issue of disability in the era of HIV. To begin with, HIV prevention messages often overlook the needs of people with disability. Programmes on HIV in Braille

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[74] See Sutherland, *From Faith to Action*, p. 2.

[75] Ralphine Razaka, 'Reflections on Disability with Special Attention to Women's Experience', *Journal of Constructive Theology* 11, 1, 2005, p. 34.

[76] Sadiyya Haffejee, 'Hidden and Suffering in Silence', *NASCOH NEWS: A Publication of the National Association for the Care of the Handicapped*, Harare, 53, November 2004 January 2005, p. 5.

and sign language must be offered by churches. This is not too demanding, as some church schools in Africa already provide special education to people with disabilities. What is required is for such schools to integrate HIV into their activities.

People with disabilities are particularly vulnerable to HIV. Churches in Africa find it difficult to discuss sexuality in an empowering way. The situation is worse in relation to people with disabilities. Silence and secrecy prevail, as many people assume that people with disabilities are not sexually active. This is not the case: most people with disabilities *are* sexually active. However, people with disabilities, especially women, are also sexually vulnerable.[77]

The vulnerability of women with disabilities to HIV is due to a number of factors. In some parts of Africa, many women with disabilities are unlikely to marry. There are high chances of them being involved in unstable relationships. Many women with disabilities are also desperately poor, leaving them vulnerable to transactional sex. In addition, women with disabilities are more vulnerable to rape, as some men falsely believe that this may cure them of HIV or AIDS. (This is built on the myth that having sex with a virgin will cure HIV and AIDS.)[78]

AIDS competent churches in Africa raise their voices in protest against the marginalization of people with disabilities in HIV and AIDS programmes by churches, governments and NGOs. They reject the model of charity where society looks down upon people with disabilities and hands out token gifts of 'mercy'. Adopting a human rights approach, AIDS competent churches are required to demand that the rights of people with disabilities are fully respected in church and society.

Churches in Africa: Disability and Inclusion

If churches in Africa wish to take a more pronounced advocacy role in matters concerning disability, first they will be required to transform themselves. Many churches continue to be guided by problematic theologies of disability. The gospel of wealth and health propagated by many Pentecostal churches has not helped in this regard. In this schema, disability only represents an opportunity to demonstrate the healing power of God. The dignity of people with disabilities is often trampled upon in the quest to manifest contemporary 'signs and wonders'.

The Ecumenical Disability Advocates Network (EDAN) of the WCC was formed after the Eighth Assembly in Zimbabwe in 1998. Its key role is to ensure that a 'church of all and for all' emerges through the inclusion of people with disabilities.[79] EDAN is inspired by Ephesians 2:14, which states that Christ Jesus 'has broken down the dividing wall of hostility', and seeks to ensure that people with disabilities become an integral part of the church. EDAN was formed to press for the inclusion, participation and active involvement of persons with disabilities in the spiritual, social and developmental life of church and society.

The advent of HIV in Africa demands that churches become more welcoming to people with disabilities.[80] The HIV epidemic provides an opportunity for churches to examine seriously their attitudes towards all excluded groups, including people with disabilities. AIDS competent churches will also need to question why people with disabilities continue to be marginalized in ministerial formation.[81] By paying attention to the talents and needs of people with disabilities, churches in Africa will provide more effective responses to the HIV epidemic. The Bible Society of Zimbabwe set a good example in 2004 when it launched the Scripture Portion *Living in Hope* in Braille and on audio cassette.

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[77] Patricia F. Bruce, ' A Daughter of Abraham : Luke 13:10-17 and the Inclusion of People with Disabilities', *Journal of Constructive Theology* 11, 1, 2005, p. 5.

[78] Bruce, 'A Daughter of Abraham', pp. 5-6.

[79] Sam Kabue, *A Church of All and for All: An Interim Theological Statement*, Geneva, World Council of Churches, 2003.

[80] *Living with Hope* describes the characteristics of a welcoming church.

[81] See *Ministerial Formation* 92, January 2001. The issue focuses on people with disabilities.

Chapter 4
Nurturing Faithful Men

There is a growing realization that the marginalization of men in issues relating to HIV is counterproductive. AIDS competent churches in Africa must invest in programmes that target men – church members and those who are yet to join. The participation of men is crucial, for it is men who drive the HIV epidemic. While some African women theologians and gender activists might believe that men are already in positions of power and therefore do not deserve any particular attention, such an approach is not helpful. Men can make a difference to the lives of women and children in the era of HIV. We need to dwell on this theme, as it is frequently glossed over in publications (secular or religious) on HIV in Africa.

Finding the Missing Men in African Christianity

Many missiologists and African theologians have celebrated the shift in Christianity's centre of gravity to Africa. According to Klaus Koschorke, 'that there is a "shift of centres" of World Christianity from North to South is repeated in current ecumenical debates like a mantra'.[82] However, most commentators have not reflected on the notable absence of men in the membership (and 'attendance') registers of African churches. Although men provide the bulk of the church leadership, women outnumber them significantly. How can African churches hope to effect the transformation of men in contexts of HIV when the majority of men retain only nominal membership within the churches?[83]

The HIV epidemic challenges African churches to rethink their mission towards men. Yes, many denominations do have active men's groups, but how many members do they have? More crucially, are such groups promoting gender equality? Are they challenging conventional forms of masculinity? How can hegemonic masculinities be deconstructed among Christian youth and men? Such questions are critical as African churches strive towards AIDS competence.

African churches need to develop strategies to bring back men into the pews. However, these men should not be brought in simply to entrench patriarchy even further. As South African woman ethicist Puleng LenkaBula observes (building on Joel 2:28–29, where Yahweh's spirit will be poured out on all flesh and both daughters and sons shall prophesy), men need to give up their privileges for the sake of the church.[84]

A number of reasons have been offered for African men's general hesitation to be effectively involved in the life of the church. One reason relates to the secularization thesis: many educated men in African cities do not feel compelled to attend church regularly. Furthermore, the struggle for life appears to leave most men, especially those in urban areas, with little time for spiritual issues.[85]

Paul Gundani maintains that most men in Africa, used as they are to wielding power, cannot stomach the idea of being placed under the authority of the male leadership of the church. According to him, men have discovered that the prevailing concept of power within the church is not good for them; they happily 'allow' women and children to fall under its sway, but men themselves strenuously avoid it.[86] It is therefore critical for the church to revise its concept of power, in order to allow women, children and men to thrive.

The mobilization of men by churches in the context of HIV requires creativity. We need to target areas where men already congregate. Soccer fields should be seen as mission fields. Soccer is the most popular sport in Africa. Messages on HIV prevention and re/conversion broadcast

[82] Klaus Koschorke, 'Introduction', in Koschorke, *African Identities and World Christianity in the Twentieth Century*, p. 9.

[83] See, for example, Ezra Chitando, 'Christianity in a Pluralistic Context: Religious Challenges in Zimbabwe', in James L. Cox and Gerrie Ter Haar, eds, *Uniquely African? Cultural Identity from Historical and Cultural Perspectives*, Trenton, NJ, Africa World Press, 2003.

[84] Puleng LenkaBula, 'Remarks During the Closing Plenary', Southern African Missiological Society Congress, University of Pretoria, 19 January 2007.

[85] Aylward Shorter and Edwin Onyancha, *Secularism in Africa: A Case Study, Nairobi City*, Nairobi, Paulines Publications Africa, 1997.

[86] Paul H. Gundani, 'Contribution to the Plenary Session', Southern African Missiological Society Congress, University of Pretoria, 19 January 2007.

at soccer fields are therefore likely to reach men. Engaging the services of Christian soccer superstars in the churches' response to HIV and AIDS is also likely to yield favourable results. It is possible to encourage men to be more caring in the midst of the HIV epidemic by approaching them at their own gatherings.

Real Men Care

Patriarchy has exposed many women to violence and HIV. Churches in Africa need to reach out to men and convince them that the transformation of gender relations is also in their interests. Many men are under pressure to live up to the ideals of masculinity that prevail in most African communities:

> The norms of masculinity, which dictate that young men should be knowledgeable and experienced about sex, increase the risk, as such expectations prevent them from seeking information about safer sex. They may also be coerced into experimenting with unsafe sex to prove their manhood.[87]

African churches need to call men to account in the era of HIV. Yes, poverty is a key driver of the epidemic. But the sexual behaviour of many men in Sub-Saharan Africa must be interrogated with courage and openness. Many married men often have one or more steady girlfriends, potentially increasing the risk of HIV.[88] Many men claim that 'African culture' empowers and allows them to have many sexual partners.

One racist argument alleges that African men have a higher sexual drive than men of other 'races'.[89] This has to be denounced as much as the practice of having multiple sexual partners. Churches need constantly and clearly to condemn the abuse of culture by many men. Men must be

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[87] Walker, Reid and Cornell, *Waiting to Happen*, p. 24.

[88] De Waal, *AIDS and Power*, p. 20.

[89] See Signe Arnfred, 'Re-Thinking Sexualities in Africa: Introduction', in Signe Arnfred, ed., *Re-Thinking Sexualities in Africa*, Uppsala, Nordiska Afrikainstitutet, 2004, pp. 18-19.

accompanied and persuaded to transform their attitudes towards sexuality in the light of HIV.

Churches have a major role to play in the transformation of men. As Tinyiko Sam Maluleke rightly observes, 'in many cultures men are brought up to be and treated as chiefs to be pampered, to rule and to command'.[90] African churches should implement programmes that help men appreciate the value of the power to love and to care, over and above the kind of masculine power that tends toward domination.[91] When men learn to emphasize love and care, a giant step will have been taken in the struggle against HIV, as was realized in May 2000 when UNAIDS launched the initiative 'Men Make a Difference' to engage men in HIV prevention activities.

Men as Partners[92]

African women theologians have issued many invitations to African men to engage in dialogue so as to transform church and society in the context of HIV. They have called for constructive partnership with men. However, the response from men has been rather slow. Fulata Moyo has challenged churches to facilitate the transformation by placing emphasis on men's accountability. She writes:

> Acknowledging that African men, including church men, have not been socialized to be accountable to anyone, least of all to women, we recommend that the church encourage the formation of men's movements that will aim at challenging men and boys to be accountable to their families, the church and society at large in all areas of their life including sexual, socioeconomic and political justice.[93]

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[90] Tinyiko Sam Maluleke, 'Men and Fatherhood', in Musa W. Dube, ed., *Africa Praying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy*, Geneva, World Council of Churches, 2003, p. 185.

[91] Cheryl Dibeela, 'Men and the Use of Power', in Dube, *Africa Praying*, pp. 188-90.

[92] This title is derived from Engender Health's programme in South Africa that seeks to encourage men to play a constructive role in reproductive health.

[93] Moyo, 'When the Telling Itself is Taboo', p. 194.

Musa Dube has observed that the publications of the Circle of Concerned African Women Theologians on HIV and AIDS constitute the most sustained reflections on the epidemic by any one group of scholars. She believes that African male theologians should not be left out, as they represent strategic conversation partners. If progress is to be made in providing effective responses to the HIV epidemic, women and men have to work together:

> We need processes that bring Sub-Saharan male and female theologians and scholars of religion/culture together as well as bring African and African diaspora theologians and scholars of religion/culture together to evaluate what they have done and what they need or can do together. But above all, if African male theologians are reading what African women theologians are writing on this issue, it seems to me, they should be calling an emergency conference on their own to assess what they are doing and what they can do in the HIV and AIDS struggle. It seems that the subject of African masculinities needs serious attention. [94]

The need to engage men in HIV issues requires greater recognition from religious leaders. The empowerment of women would be more effective if it were accompanied by a transformation of men's attitudes towards power, sex and sexuality. As churches denounce aggression and violence among many men, they must also adopt deliberate strategies to persuade men to change for the better. A study of responses by FBOs to the HIV epidemic made similar observations:

> Unanimous across all the countries was the recommendation that FBOs need to encourage positive male involvement if they are to effect real changes in gender equity. For instance, Kenya key informants think that messages from the pulpit do not carry any weight once they are brought home by those who attend church – the women – to the patriarchal household head. Due to the basic inequalities within Kenyan society, these informants believe men need also to be targeted for HIV and AIDS education. In South Africa and Uganda, key informants agree

that men as well as women must be reached if gender relations are to be improved. [95]

AIDS competent churches in Africa need to initiate and develop alliances between women and men. Since around the year 2000, awareness has increased that leaving men out of the picture in HIV issues is unhelpful. Churches are better placed than most NGOs to initiate cooperation between women and men. NGOs tend to have a specific focus (e.g. on youth or women only). Churches can be more holistic, as they have women's, youth and men's departments.

Challenging Dominant Masculinities: African Churches, African Culture and Patriarchy

In Zimbabwean politics, especially in the tradition of the ruling party that goes back to the armed liberation struggle of the 1970s, to shout 'Down with …' is to voice one's determination totally to defeat a person or system. The slogan joins the mover and the seconder in the struggle against an oppressive system and unites them in the quest to develop a new society. [96] Churches in Africa need to adopt such a strategy and shout: 'Down with dominant masculinities in the era of HIV!'

In most African cultures, patriarchy privileges men and relegates women and children to the periphery. Society's ideas about what it means to be a man (masculinity) endanger women, children and men themselves. These dominant (hegemonic) masculinities prevent alternative masculinities from developing and prevent women and children from thriving.

In most communities, men are expected to be physically strong and sexually successful:

> Masculinity is closely associated with virility in many African societies. Men and boys of a certain age are expected to know

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[94] Dube, 'In the Circle of Life', pp. 5-6.

[95] Sara Woldehanna et al., *Faith in Action: Examining the Role of Faith-Based Organizations in Addressing HIV/AIDS: A Multi-Country, Key Informant Survey*, Washington, DC, Global Health Council, 2005, p. 51.

[96] Ezra Chitando, 'Down with the Devil, Forward with Christ! A Study of the Interface between Religious and Political Discourses in Zimbabwe', *African Sociological Review* 6, 1, 2002, pp. 1-16.

about sex and be sexually active. On the other hand, girls and young women are expected to be sexually naïve and inexperienced.[97]

Churches need to engage with men in order to transform dangerous ideas about manhood in Africa. The HIV epidemic calls for immediate action on attitudes to sex and sexual violence.

The Log in One's Own Eye:
Addressing Masculinities in African Churches

Christianity, like most other religions, is patriarchal. Before churches embark on outreach programmes to transform society's masculinities, they need to address masculinities within themselves. The combination of indigenous African and biblical patriarchy has led many men to assert power and authority over women. In most instances, men in church are as susceptible to patriarchy as those outside. Churches must help their male members to respect the rights of women and children, and to forgo the privileges bestowed by patriarchy:

> Cultural traditions such as male dominance and older men's preference for young women contribute to women's vulnerability. Throughout the world, prevailing views about masculinity encourage men to undertake risky sex behaviours – multiple sex partners, alcohol consumption prior to intercourse, and sexual violence – that make women more vulnerable to HIV and other STIs [sexually transmitted illnesses]. In many cases, a wife's marriage and fidelity do not protect her from HIV because her husband's sexual behaviour before or during marriage puts her at risk.[98]

Tragically, women married to men who participate fully in church activities remain vulnerable to HIV. Church teachings on fidelity and abstinence do not convince many men, it seems. When a church denies reports and rumours of sexual impropriety by its male leaders, it compromises its moral authority. The greatest sermon that African church leaders could possibly preach on HIV and AIDS is by leading lives that are beyond reproach, especially in issues relating to sex.

The pulpit should also be appropriated in the struggle to transform masculinities. Sermons that challenge men to embrace gender justice must be preached with clarity and compassion. This is important, since masculinity can and does change.[99] Churches must remind men that true discipleship entails questioning traditional (both Christian and indigenous) attitudes towards masculinity.

African churches need to 'mainstream' gender in all the groups within their structures. The Sunday School curriculum must inculcate the idea of a 'new man', that is, one that supports the liberation of women. As one school motto in rural Masvingo, Zimbabwe proclaims, 'It is better to build boys than to repair men'. Churches must strive to 'catch them young' so that they appreciate the need for gender equity:

> It remains crucial for the boy-child to receive gender-sensitive training from an early age. In the HIV/AIDS context, the myth of male sexual conquest should be actively undermined. Furthermore, the boy-child should be taught to play his part in providing care to the infected and affected. Emphasis should also be placed on the need for faithfulness in relationships.[100]

Youth, women's and men's groups should also be sensitized to the need to develop new attitudes towards manhood in contexts of HIV. It is easy to overlook the obvious fact that women and girls are actively involved in the socialization of boys. If all church departments were actively involved in the shaping of new ideals relating to manhood, society would be transformed in a radical way.

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[97] Astrid Berner-Rodereda, *HIV and AIDS in Africa – A Female Epidemic Requiring Only a Female Response? The Gender Dimension of HIV and AIDS in Africa and Good Practice Examples from Partner Organizations of Bread for the World*, Stuttgart, Bread for the World, 2006, p. 14.

[98] Lamptey, Johnson and Khan, 'The Global Challenge of HIV and AIDS', p. 5.

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[99] Robert Morrell, 'The Times of Change: Men and Masculinity in South Africa', in Robert Morrell, ed., *Changing Men in Southern Africa*, Pietermaritzburg, University of Natal Press, 2001, p. 4.

[100] Ezra Chitando, 'The Boy Child', in Dube, *Africa Praying*, p. 166.

Encouraging Male Participation in Home-Based Care

Churches in Africa need to continue to encourage men to participate in home-based care. Although some men have come forward to assist, the huge bulk of the burden continues to be carried by women. Churches need to raise their voices in protest when men and boys go to beerhalls and soccer fields while women struggle to provide support to those of us sick with AIDS. They need to challenge the rigid gender roles that associate caregiving with women. Astrid Berner-Rodereda writes:

> Most of the home-based care available is provided by churches and NGOs. In home-based care programmes, the majority of volunteers are females, though in recent years the number of male volunteers has increased as well. Caring is 'traditionally' a female task and female carers may be more acceptable to the communities. Yet female volunteers are also at risk of becoming overburdened, since they are usually responsible for work in and around the house which in rural areas includes the time-consuming labour of fetching water and wood, cooking meals, bringing up children and working in the field to produce crops either for consumption or sale at the local market. Women are also the ones who look after the sick in their families. Many partner organizations feel it would be good to encourage more men to become involved in the task of home-based care in order for the burden to be shared. [101]

Research on Kwazulu–Natal Christian Council (KZNCC) member church initiatives and strategies in response to the HIV and AIDS epidemic noted the need for men's groups to be equally involved in HIV and AIDS support programmes. [102] Churches in Africa, motivated by the quest for justice, are required to encourage men to be more visible in the provision of care to the sick. Hiding behind the lame excuse that it is 'uncultural' to undertake chores is unconvincing in the face of the HIV epidemic. Men affiliated to churches must be at the forefront in demonstrating justice,

love and compassion. Macho attitudes must be replaced with those that show sensitivity and solidarity.

No culture stands still. Cultures – African cultures included – are always changing. Each generation upholds what it values from the previous generation. It also modifies or rejects outright those beliefs and practices that it finds objectionable. The challenges posed by the HIV epidemic demand that men in Africa play more prominent roles in home-based care.

The role of men in home-based care in contexts of HIV in Africa must not be confined to the domestic sphere. It must extend to men in positions of authority in church, politics and society. It is men who dominate government ministries that oversee health and National AIDS Councils. Male politicians wield power as residents. They must ensure that home-based care programmes receive adequate resources. They need to undergo 'behaviour change' regarding the allocation of resources.

Caring men do not allocate more resources to the army at the expense of hospitals. Caring men ensure that church programmes on HIV are not mere status symbols that demonstrate political/theological correctness. Caring men do not neglect the needs of orphans and vulnerable children. Caring men endeavour to make a difference in contexts of HIV.

Creative Evangelism: Reaching Men

Churches in Africa need to be imaginative in reaching out to men. Mission has to be reconceptualized in the face of HIV. One key strategy involves reaching places where men already congregate. In order to be effective, African churches have to shake off the inherited demonization of leisure and entertainment. Men tend to meet in places that churches define as 'worldly'. Churches need to sacralize such spaces and reach men.

There is an urgent need for a ministry to reach men in professions that increase vulnerability to HIV. Men in the military are particularly vulnerable when they are deployed in foreign lands. Churches need to ensure that mission to

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[101] Berner-Rodereda, *HIV and AIDS in Africa*, p. 39.

[102] R. Pope, 'Churches and HIV/AIDS: A Research on KwaZulu Natal Christian Council (KZNCC) Member Church Initiatives and Strategies in Response to HIV/AIDS in KZN', Draft Report, May 2005, pp. 14, 37.

the military is enhanced in the wake of HIV. [103] Truck drivers also require particular attention, as their constant displacement increases their vulnerability to HIV.

Churches in Africa have prison ministries. Many prisoners have embraced the Christian faith due to the outreach efforts of dedicated preachers. However, there is also a need to respond to HIV and AIDS among prisoners. Prisons tend to degrade prisoners, but living with HIV increases the stigma and discrimination. [104] Churches must uphold the human rights of prisoners. They also need the courage and realism to engage with men who have sex with men in prisons. Denial and condemnation will not assist the churches in addressing the needs of men in prisons.

In reaching out to men, churches must avoid demonizing them or writing them off. Men must be challenged to adopt liberating masculinities. Positive messages can empower many men to challenge gender injustice in contexts of HIV. Churches need to accompany such men.

Creative evangelism also implies sensitivity to the local context. It is unhelpful to import debates and concerns from the West and assume that the same dynamics are at play in particular African contexts. Men are more likely to accept change when the issues are articulated in a local idiom. They need to hear the voices of local heroes and leaders promoting the transformation of masculinities. Creative evangelism can mobilize men to make a difference in the response to HIV.

Working with Men's Organizations

The issue of masculinities and HIV in Africa is fairly recent, and many churches may not feel competent to tackle it. Training programmes aimed at transforming men might require greater expertise than the churches currently possess. Churches should therefore collaborate with NGOs that focus on men. In South Africa, the Men as Partners initiative

of Engender Health is a good example of a programme that addresses men's needs. In Zimbabwe, Padare/Enkundleni (Men's Forum on Gender) is an organization that seeks to enhance men's response to gender issues. The Movement of Men against AIDS in Kenya has a similar mandate. Enquiries in other African countries may assist in identifying organizations that address men's issues effectively.

Churches striving for AIDS competence should seek partnership with men's organizations that target men's roles in reproductive health, violence against women and promoting gender justice. Resource people from these organizations are often willing to work with churches to change men's attitudes, especially in relation to sexual behaviour in contexts of HIV.

In working with men's organizations, African churches need to be reminded that change does not occur overnight. It will take a lot of effort and perseverance to mobilize men, including those in church, to promote gender justice. We need to begin early. Margrethe Silberschmidt writes:

> Efforts to address men, however, are charged with considerable difficulties. First, men's interest in maintaining patriarchy is defended by all the cultural machinery that exalts hegemonic masculinity. Consequently, a focus on male sexual and reproductive behaviour addresses and threatens established male privileges in societies that are strongly patriarchal. Second, an understanding of support to men as being support to women is seriously lacking. Instead, there seems to be a profound fear that activities aimed at men might result in being at the cost of those aimed at meeting women's urgent needs. Third, men's changed roles, their disempowerment and the consequences for their sexual behaviour seem to have escaped general attention among local governments and also local donors. Fourth, neither policy makers nor information, education and communication (IEC) campaigns deal with the fact that sexuality and reproduction in East Africa are symbols vested with different, often opposite meanings for men and women. [105]

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[103] See Ecumenical Documentation and Information Centre in Southern Africa (EDICISA), *HIV/AIDS and Gender: An Interfaith Response* 24, September/October 2005, 'HIV/AIDS Decimate Southern Africa's Militaries'.

[104] Walker, Reid and Cornell, *Waiting to Happen*, p. 110.

[105] Margrethe Silberschmidt, 'Masculinities, Sexuality and Socioeconomic Change in Rural and Urban East Africa', in Arnfred, *Re-Thinking Sexualities in Africa*, p. 246.

By working with men's organizations, churches can address such challenges. Men need to be convinced that behaviour change on their part is in the best interests of women, children and men themselves. The loss of privileges is compensated by the emergence of a just society in which men are liberated from fulfilling unrealistic expectations. Cooperation between women and men provides a formidable, united front against HIV.

Men's organizations, though still emerging in most parts of Africa, are also well placed to work with young men's groups in the churches. Peer education is particularly effective in this regard. Young people tend to embrace ideas articulated by their age-mates more readily than those coming from their elders. Churches need to promote core groups of gender-sensitive young men who will in turn influence other young men.

Although it may be necessary initially to address men as a separate group, it is highly recommended that men and women be brought together. Experience has shown that the rigid separation of women and men does not contribute to effective responses to HIV. AIDS competent churches in Africa have empowered women's and men's groups that are determined to bring about a world without AIDS. These groups are convinced that another world is possible, as God has proclaimed: 'Behold I create new heavens and a new earth' (Isaiah 65:17). [106]

Men Matter: Lessons Learned [107]

Although organizations that seek to address men's needs have not been operating for a very long time in most parts of Africa, they have already accumulated valuable experience. Their collective wisdom can assist African churches as they strive to become fully AIDS competent. Here are some of the lessons they have learnt:

- Language that leaves men feeling blamed for things they have not done or for things they were taught to do, or feeling guilty for the violence of other men, will alienate men and boys and promote a backlash.
- As well as reaching men with positive messages, it is important to identify existing gender-equitable behaviours among men and build upon these.
- Gender training should be carried out to help men realize that it is okay not to conform to dominant forms of masculinity.
- Programmes should encourage men and boys to understand the oppressive effects of gender inequality on women.
- Interventions that appear to be 'top down' or 'foreign' have a high likelihood of failure.
- Programmes must address men's particular needs and concerns.
- Working with youth is crucial.
- It is important to identify effective messengers.
- Reach men where they are.
- Draw on men's sense of responsibility and engagement as fathers.
- Provide spaces where men can meet in private.
- Particular attention to the sexual and reproductive health needs of men who have sex with men (MSMs) – including those in the sex industry – is urgently required.
- Scale-up and engage the public sector.
- Better evaluation is required of existing efforts to engage men.
- Development institutions should develop work with men by building more equitable institutional cultures and practices.

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[106] See Ecumenical Association of Third World Theologians (EATWOT), 'Final Message of the Sixth General Assembly of EATWOT, Johannesburg, RSA, 24-27 July 2006', *EATWOT Newsletter* 9/10, 2005/2006, p. 17.

[107] See Frances Cleaver, ed., *Masculinities Matter: Men, Gender and Development*, London, Zed Books, 2003.

- Development organizations should lead by example by providing organizational support for family-friendly working practices. [108]

AIDS competent churches in Africa are required to pay particular attention to men in a creative way in order to challenge dangerous masculinities. Programmes that address violence against women and children, multiple sexual partners, the need for self-care and the need to be tested for HIV and seek early treatment must be launched within the churches, and to reach men outside the churches. There is more than enough space for women and men to collaborate in the pursuit of gender and social justice.

We have already discussed the concept of hope in contexts of HIV in Africa. Hope is also relevant to transforming masculinities. The Fifth General Assembly of EATWOT noted:

> There is hope when we try to understand the Word of God through gender perspectives, critiquing texts that are violent and affirming texts that bring wholeness to women and men. Women first bore witness that Jesus was alive. There is hope when women are treated with dignity. There is hope when men listen to women's voices, and when they critique their own socialization as men for the sake of a new humanity. A particular challenge for men is to redefine their masculinity in the current patriarchal system, as part of human liberation. There is hope when women and men strive to usher in a new humanity and a new creation. [109]

Chapter 5
Sharpening Minds

Formal theological education, as in theological colleges, seminaries and universities, tends to be elitist. [110] If the 'AIDS literacy levels' of churches in Africa are to be improved, as many church members as possible must receive training and retraining in HIV. Residential theological education will not be able to supply the churches with the required critical mass that will transform the thinking, attitudes and actions of congregations. Consequently, theological education has to be broadened to 'the whole people of God', especially in the wake of HIV.

Theological education by extension (TEE) has emerged as a viable method for making available theological education to the majority of people. Although many critics have associated distance learning with low(er) academic standards, this is not necessarily the case. With adequate quality assurance systems in place, TEE can be used to increase churches' capacity to respond to the HIV epidemic. The WCC, through EHAIA, has produced HIV and AIDS TEE modules. It is hoped that these modules will reach more people and transform churches in Africa. [111]

TEE is motivated by Ephesians 4:11–13: 'And his gifts were that some should be apostles, some prophets, some evangelists, some pastors and teachers, to equip the saints for the work of ministry, for building up the body of Christ.' This text helps members of the church to realize that the different offices have one overarching goal: to build up the body of Christ. In the light of the HIV epidemic, all these offices should enable churches to become more effective in their responses.

In the era of HIV we need to ensure that theological education is available to all, regardless of their status in ecclesias-

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[108] Emily Esplen, 'Engaging Men in Gender Equity; Positive Strategies and Approaches – Overview and Annotated Bibliography', Brighton, University of Sussex Institute of Development Studies, October 2006. www.wocan.org/document_pdfs/IDP454ba27ec04a4.doc. Accessed 18 February 2007.

[109] EATWOT, 'Message of Hope: Statement of the Fifth General Assembly of the EATWOT', *Voices from the Third World* 14, 2, 2001, p. 41.

[110] Lucy Kasyoka Kithome, 'Utilization of Distance Learning Methods in Combating HIV/AIDS among Rural Women Christians in Africa', in Phiri, Haddad and Masenya, *African Women, HIV/AIDS and Faith Communities*, pp. 241-2.

[111] The modules were produced under the guidance of Musa W. Dube with distance learning experts Seratwa Ntloedibe and Kangwa Mabuluki. They cover HIV and AIDS and African Indigenous Religions, Biblical Studies, Counselling, Gender, Preaching, Human Sexuality, Theologies of Life, Compassion and Healing.

tical structures. TEE is strategically oriented to realize this goal. Moiseraele Prince Dibeela, a leading African TEE practitioner, argues that TEE must lead to social transformation:

> I [also] want to argue that what makes, or ought to make, Theological Education by Extension distinctive, is the fact that it is a theological activity done by ordinary people. I use the phrase 'ordinary people' here not in any pejorative manner, but simply to indicate that the principles of TEE programmes, both the learners and those who facilitate the learning, are people that we sometimes classify as the grassroots. These are people who are by and large to the equipping of leadership in the Church. [112]

Dibeela's argument is in keeping with the spirit behind the emergence of TEE. There has been growing dissatisfaction with residential theological colleges and seminaries. Two main misgivings have arisen. First, residential theological colleges can only accommodate a limited number of students. This is due to high entry requirements, as well as practical considerations relating to facilities. Second, theologians based at universities and theological colleges have tended to engage in lofty reflections that do not have a direct bearing on the life of the church. Most of the reflections are 'purely academic and abstract'.

In the light of the challenges associated with residential theological training institutions, TEE emerged. Its central focus has been to champion 'ministry by the people'. [113] Although it is not possible to provide a historical account of the emergence of TEE here, the following description by one of the most significant movers and interpreters of TEE helps to clarify its emergence. Ross Kinsler writes:

> 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 to a professional 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. [114]

If churches in Africa are to enhance their AIDS competence, they need to embrace the spirit that lies behind TEE. Theological training should be made accessible to as many people as possible. The elitism associated with theological education does not serve churches in Africa well in the era of HIV. There has to be a paradigm shift, taking theological education to the whole people of God. According to Dibeela, 'TEE presupposes an ecclesiological shift from the professional in the church to a learning congregation'. [115] The TEE model will assist churches in Africa to increase levels of awareness in relation to HIV. 'Training of trainers' sessions should be held for church members who occupy different positions in congregations. These should include members of women's, men's and youth groups, the church choirs, Sunday School teachers and lay preachers. Such sessions should focus on ensuring that the churches' response to the HIV epidemic is effective. Topics should include basic information relating to HIV, antiretroviral drugs, theology, sexuality, gender, counselling, orphans and vulnerable children.

While most NGOs hold workshops, seminars and conferences on HIV in flashy hotels, 'churches with sharp minds' must use existing church facilities to disseminate

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[112] Moiseraele Prince Dibeela, 'The Challenge of a Diversified Theological Education', keynote address presented at the All Africa TEE Conference, Wasa Wange Lodge, Livingstone, Zambia, 25-30 October 2006, p. 2.

[113] World Council of Churches, *Ministry by the People: Theological Education by Extension*, Geneva, World Council of Churches, 1983.

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[114] Ross Kinsler, 'Doing Ministry for a Change? Theological Education for the Twenty-First Century', *TEE Journal* 6, 2006, p. 17.

[115] Dibeela, 'The Challenge of a Diversified Theological Education', p. 2.

information relating to the HIV epidemic. Utilizing such facilities is strategic because it enables more church members to have access to training. When more church members have access to the latest information, churches are in a better position to make a difference in their approaches to HIV.

Relevant Theological Education for Africa: Sketching the Historical Background

The call to democratize theological education in the wake of HIV in Africa should not be misconstrued as despising theological education in residential theological colleges and universities. Africa needs to produce first-rate theologians and church leaders with the capacity to provide quality leadership. Unfortunately, the quest to ensure that the curricula of theological training institutions reflect the reality of HIV has not been accorded the urgency it deserves.

African institutions have always aspired to maintain standards set elsewhere, and departments of religious studies in Africa have followed a similar trend. Essentially, therefore, African institutions have been measured by the extent to which they have remained faithful to the standards set in Europe and North America.

Andrew Walls provides valuable insights into the emergence of Fourah Bay College, which provided the model for other institutions in Africa:

> The pioneering institution of university education in West Africa was Fourah Bay College in Sierra Leone. It was founded by the Church Missionary Society in 1827, to provide higher education than the ordinary schools of the colony could aspire to, and effectively re-founded after 1840 in the Buxtonian period, when African missionaries were envisaged as the evangelists of inland Africa; from 1873 it was affiliated to the University of Durham for the award of degrees in arts and theology, and students came to it from across Anglophone West Africa. The primary, though never the sole, purpose of the College was to produce an educated Christian ministry, originally for the Anglicans, then for the Methodists as well, and eventually for the third major church in colonial Sierra Leone, the Evangelical

> United Brethren. The degree syllabuses and examinations were those of the University of Durham, which in theology followed a pattern reflecting Anglican ecclesiastical traditions. [116]

After the establishment of Fourah Bay College, two other university institutions were set up in West Africa. These were at Legon in the Gold Coast (now Ghana) and at Ibadan in Nigeria. The department of religious studies was inaugurated at the University College of Ibadan in 1949. [117] In East Africa, Makerere College began as a technical college in Uganda in 1922. It became a university college affiliated to the University of London in 1949, attaining university status in 1970. [118]

It requires more space than available here to provide a detailed account of the historical development of departments of religious studies and theological training institutions in Africa. For our purposes the following points can be listed. First, the institutions that were set up in Africa tended to follow European models. Second, personnel teaching at these institutions were mainly from Europe and North America. Third, when the process of Africanization gained momentum after decolonization in the 1960s, men were an overwhelming majority.

Theology and religious studies in Africa have been characterized by captivity to issues and trends in European and North American institutions. Obviously, this is a reflection of the general state of higher education in Africa. African scholars, most of whom have been trained at overseas universities, have struggled to address issues peculiar to the

[116] Andrew F. Walls, 'Geoffrey Parrinder (*1910) and the Study of Religion in West Africa', in Frieder Ludwig and Afe Adogame, eds, *European Traditions in the Study of Religion in Africa*, Wiesbaden, Harrassowitz, 2004, p. 209.

[117] Rosalind I. J. Hackett, 'The Academic Study of Religion in Nigeria', *Religion* 18, 1988, p. 37.

[118] Jan G. Platvoet, 'The Institutional Context of the Study of Religions in Africa South of the Sahara', in Michael Pye, ed., *Marburg Revisited: Institutions and Strategies in the Study of Religion*, Marburg, Diagonal, 1989, p. 107.

continent. In most instances, they continue to look to Europe and North America for validation.

The study of religion and theology in Africa continues to stumble as it attempts to move from Westernization to Africanization. African theologians have been particularly vocal in calling for an indigenous theology, one that is not subservient to external theologies. Unfortunately, proclamations have not always been matched with the production of African theological works that address the burning issues of the day. This limitation became clear when the HIV epidemic became pronounced in Africa in the late 1990s.

Paralysis of Analysis?
African Theology and the HIV Epidemic

African theology has produced some outstanding theologians.[119] Emerging in the 1950s, with increasing visibility in the 1960s and 1970s, African theology has defended the integrity of African cultures. Debates about the status of black theology, researches into indigenous beliefs and practices, and the emergence of African women's theologies draw attention to the vibrancy of the discipline. However, when the HIV epidemic appeared, African theologians struggled to respond effectively.[120]

Tinyiko Sam Maluleke argues that theological reflections on HIV and AIDS by African scholars have remained limited. He asks: 'How can theological education in Africa be conducted in a "business-as-usual" manner when thousands and millions of Africans are dying of HIV/AIDS?'[121]

It is difficult to identify reasons why African theologians have struggled to put HIV firmly on their research

agenda. This is especially true of male African theologians. It is likely that patriarchy is one of the main reasons for the refusal by male African theologians to address the HIV epidemic. As men who enjoy the dividends of patriarchy, they perhaps realize that engaging with HIV means losing their privileges. (Contrast this with the Circle of Concerned African Women Theologians, who have published widely and informatively on HIV and AIDS.) Given that theological colleges and departments of religious studies remain sites of male power, we can surmise that resistance to the integration of HIV and AIDS into the curriculum is a strategy for maintaining the status quo.

This slow response to the HIV epidemic might also be linked to the overall response of society. To begin with, there was a lot of denial in Africa.[122] Even today, there are some African intellectuals and politicians who continue to deny the reality of HIV. In this context, male African theologians – who belong to the elite – did not regard the epidemic as a pressing issue. They chose to reflect on other matters.

African intellectuals have been defensive about African cultures. The demonization of African cultures by many European missionaries and racist dismissals during the colonial period led many African theologians to defend African cultures. However, as the HIV epidemic began to bring death to the region, these cultures were implicated. Cultural practices like widow inheritance, widow 'cleansing' and others were identified as factors facilitating the spread of HIV. African male theologians remained intellectually unable to play a leading role in reflecting on HIV.

Although significant steps have been taken in the Africanization of theological and religious studies in Africa, the hegemony of the West continues to be felt. African scholars may have feared that perhaps it would be dubbed 'unacademic' to reflect on HIV and AIDS. Perhaps divinity schools in the US and distinguished professors of theology had to have the first word on HIV and AIDS. Could it be

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[119] It requires a separate account to highlight the achievements of African theology. See, for example, Emmanuel Martey, *African Theology: Inculturation and Liberation*, Maryknoll, NY, Orbis Books, 1993.

[120] See Ezra Chitando, 'Theological Institutions and HIV/AIDS: A Zimbabwean Perspective on the Challenges', *Ministerial Formation* 102, 2004, pp. 13-18.

[121] Tinyiko Sam Maluleke, 'Towards an HIV/AIDS-Sensitive Curriculum', in Musa W. Dube, ed., *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in the Curriculum*, Geneva, World Council of Churches, 2003, p. 63.

[122] De Waal, *AIDS and Power*, 2006, p. 13.

that African theologians were waiting for a global consultation on 'Theology and HIV and AIDS' before they could begin to reflect on their own lived realities?

This section has been deliberately harsh towards leading African theologians. This is because African theology has all the while maintained it is contextually sensitive and relevant. Where was this contextual sensitivity when AIDS became a leading cause of death in the 1990s? Did African theologians quietly endorse the verdict that the epidemic was 'God's punishment'? The overall effect of such theological poverty was that churches in Africa did not benefit from visionary leadership when it was desperately needed. Biblical studies in African institutions continue to be undertaken in Eurocentric and male-centred ways. Although the Circle has undertaken biblical reflections on HIV and AIDS,[123] most congregations have not yet received insights into rereading the Bible in the era of HIV. While some students and members of staff have written dissertations and published articles on HIV and AIDS, the subject still awaits sustained theological reflection. Overall, the state of theological education in Africa regarding the HIV epidemic is unsatisfactory.

Of course, many theological institutions in Africa are under-resourced due to the economic turbulence that characterizes most African countries. Challenges include the shortage of qualified personnel, rigidity in relation to the curriculum, and lack of materials for teaching.[124] Such factors curtailed the capacity of African churches to respond to the HIV epidemic in theologically sophisticated ways. However, some theological training institutions in Africa have managed to shake off their lethargy and integrated HIV and AIDS into their programmes.

Unsettling Agendas:
Incorporating HIV Into Theological Programmes

The paralysis of theological colleges in the face of HIV in Africa is gradually being overcome. The WCC has played a major role in challenging theological colleges and faculties of theology to sharpen the churches' minds. However, it is important to note that the WCC itself did not live up to the ideal of an organization with 'quick feet'. While it addressed the issue of HIV and AIDS in 1986, and the hearings of its Central Committee in 1987 acknowledged the need for the church to become a healing community, it was only in June 2000, in a joint consultation with the Medical Assistance Programme International (MAP) and the United Nations AIDS (UNAIDS) programme, that the WCC took the initiative of discussing the theological curriculum on HIV and AIDS.[125]

With the setting up of the Ecumenical HIV/AIDS Initiative in Africa (EHAIA) in 2002, the integration of HIV and AIDS into African theological education began to gain ground. With Musa W. Dube of Botswana as theology consultant for EHAIA, hundreds of theologians and scholars of religion were trained to 'mainstream' HIV and AIDS in the curriculum. Dube edited the immensely popular *HIV/AIDS and the Curriculum*, used by many institutions in the region. *Africa Praying*, also edited by Dube, has been well received across the continent and beyond.

Dube's creativity, intellectual rigour and exuberance have made her a leading voice in discourses on theology and the HIV epidemic. Her starting point has been to call the church to account. Has the church been awake to the challenges posed by the HIV epidemic? Does it have the capacity to 'read the signs of the times'? Is it equipped to dissect matters relating to poverty, gender inequality, politics, globalization and others, and how these increase vulnerability to

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[123] Dube and Kanyoro, *Grant Me Justice!*

[124] See Grace N. Wamue, 'The Use of European Traditions in the Study of Religion in Africa: East African Perspectives', in Ludwig and Adogame, *European Traditions in the Study of Religion in Africa*, pp. 365-73.

[125] Nyambura J. Njoroge, 'Towards Ecumenical Theological Education in Africa and the HIV/AIDS Pandemic.' Paper presented at the Churches Commission on Mission, Africa Forum 2002 Consultation, Scottish Churches, Dunblane, Scotland, 16-18 April 2002, p. 8. www.geocities.com/ccomafricaforum /doc files/. Accessed 1 April 2007.

HIV and AIDS? It is unsurprising that one of Dube's earliest publications on HIV and AIDS was entitled, 'Preaching to the Converted: Unsettling the Christian Church'.[126]

In a keynote address at St Paul's United Theological College, Limuru, Kenya on 3 June 2003, Dube articulated her vision for relevant theological education in Africa. She charged that African scholars remain trapped in Euro-American captivity. She maintained that the initial theological response to the HIV epidemic was marked by silence and indifference. She wondered why theological institutions had not responded adequately:

> It is twenty-two years now since this epidemic has invaded our world: how many of our theological programmes have responded to this global context by developing courses such as Reading the Bible in the HIV/AIDS Era; Doing Theology in the HIV/AIDS Context; Christian Mission and HIV/AIDS; Ethics and HIV/AIDS; Religions and HIV/AIDS; Islam and HIV/AIDS; Human Sexuality and HIV/AIDS; Liberation Theology in the HIV/AIDS Era; African Theology and HIV/AIDS; or the Church and HIV/AIDS?[127]

Dube's insights into possible courses that reflect the reality of the HIV epidemic are extremely valuable. They represent the progress that has been made since the first edition of the MAP International Curriculum.[128] MAP International's pioneering efforts need to be applauded, as the WCC sought to build on these earlier modules. Dube succeeded in bringing HIV and AIDS to the agenda of theological colleges and departments of religious studies in Africa. She also sought to ensure that the integration of HIV and AIDS would occur in all courses.

Religious Studies in African Contexts of HIV

Musa Dube rightly observed that theological literacy in the era of HIV needs to extend to lay people. She placed emphasis on the impact of factors like poverty and gender inequality on vulnerability to HIV. She encouraged African church leaders and theologians to challenge oppressive systems like patriarchy, globalization and tyranny at national levels.

Dube has set an agenda that can assist churches in Africa to become AIDS competent. She has called upon churches to move out of their comfort zone and become visible on the frontline. Building on the notion of the church as the body of Christ, she has championed the struggle against stigma and discrimination. She has called for solidarity with those of us with HIV. She has challenged the silence, shame and secrecy surrounding the topic of sexuality.

In a similar vein, Glen Williams writes:

> Churches have generally been much less effective … in addressing problems such as HIV prevention and HIV-related stigma, shame, discrimination, and cultural and gender issues associated with high-risk sexual behaviour. Denial of the reality of HIV and AIDS within church communities is also widespread. Moreover, although sex is the main means of HIV transmission in most countries, it is rarely discussed in church circles in an open, non-judgemental way.[129]

Dube and others have reminded African churches that the 'us' and 'them' approach does not have a biblical or cultural basis. The body of Christ is living with HIV and AIDS. The world is HIV positive. Dube has urged theological colleges and universities to avoid producing 'stillborn church leaders and scholars' unequipped to address local issues and prescribe local solutions.[130] The agenda that she has placed in front of African churches and training institutions is for the emergence of contextually sensitive, creative and

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[126] Musa W. Dube, 'Preaching to the Converted: Unsettling the Christian Church', *Ministerial Formation* 93, 2001, pp. 38 51.

[127] Musa W. Dube, 'A Vision for Mission in the 21st Century: Ways Ahead for Ecumenical Theological Education: HIV/AIDS and Other Challenges in the New Millennium', p. 5. www.thecirclecawt.org/focusareas. Accessed 1 April 2007.

[128] MAP International, *Choosing Hope: The Christian Response to the HIV/AIDS Epidemic: Curriculum Modules for Theological and Pastoral Training Institutions*, Nairobi, MAP International, 1996.

[129] Glen Williams, 'Preface: About the Called To Care Toolkit', in Gideon Byamugisha and Glen Williams, eds, *Positive Voices: Religious Leaders Living With or Personally Affected by HIV and AIDS*, Called to Care No. 1, Oxford, Strategies of Hope Trust, 2005, p. 5.

[130] Dube, 'A Vision for Mission in the 21st Century', p. 3.

dynamic leaders and theologians who can provide effective responses to HIV.

Dube has inspired teaching, research and publication on theology/religious studies and HIV and AIDS in Africa. Her independent research, books, articles, TOT workshops, poems, sermons and other works have motivated other scholars. In Dube's estimation, African women theologians are 'providing the much needed leadership with their HIV and AIDS focused research and writing in the academy and community engagement'. [131]

Dube's coaxing of African theological institutions to place HIV and AIDS in the mainstream has led a number of institutions to do so. St Paul's United College, which worked with MAP International in an earlier initiative in Kenya, offers a Master of Arts/Postgraduate Diploma in Pastoral Care and HIV and AIDS. [132] Other institutions have begun to offer compulsory causes on Counselling and HIV and AIDS. The Church of Sweden has facilitated a one-year M.Th., Clinical Pastoral Care and Counselling at four institutions in Africa. These are the Ethiopian Graduate School of Theology, Addis Ababa, Ethiopia; Makumira University College, Arusha, Tanzania; Faculty of Theology, University of Stellenbosch and the School of Religion and Theology at the University of KwaZulu Natal in South Africa. [133] At the University of KwaZulu Natal, School of Religion and Theology some students are undertaking doctoral studies that focus on HIV and AIDS.

Although there are few journals on theology and religious studies in the region (with a heavy concentration in South Africa), special issues have been published on HIV and AIDS. *Missionalia*, vol. 29, no. 2, August 2001 (guest-edited by Dube and Tinyiko S. Maluleke) focuses on HIV

and AIDS theological and ethical reflections. (Some of the articles were reprinted in Dube's *HIV/AIDS and the Curriculum*.) The *Journal of Theology for Southern Africa*, no. 114, November 2002 (guest-edited by Maluleke and Saroini Nadar) is a special issue devoted to 'Overcoming Violence against Women and Children'. The *Journal of Theology for Southern Africa* has two special issues on 'Church, HIV and AIDS in Southern Africa': no. 125, vol. 1, July 2006, and no. 126, vol. 2, November 2006. The journal *Religion and Theology*, vol. 13, no. 1, 2006 has the theme 'Theology, Health and Healing'.

The politics of knowledge become clear when one notes that the *Journal of Religion in Africa* (vol. 37, no. 1, 2007), published in the United Kingdom but with a focus on religion in Africa, has the theme 'AIDS and Religious Practice in East Africa'. It carries six articles and a conclusion on HIV and AIDS and religion in East Africa. There is not a single article by an African scholar, nor even a European scholar based at an African institution. Neither do its authors appear to be aware of the pioneering work done by the Circle. Furthermore, the voices of those with HIV do not receive priority. The challenge is for African scholars to publish consistently on HIV and AIDS, and to provide space to the voices of those among us with HIV.

Despite the above oversight, the curriculum developed in Africa has had an influence in theological colleges in the USA and India. Donald Messer, whose theological reflections on the HIV epidemic are profound, acknowledges the pioneering role played by African scholars:

> Theological colleges and seminaries everywhere are overworked and understaffed. Bound by tradition, they address curriculum change reluctantly. In the United States we have a saying that it is easier to move a cemetery than a seminary! However, a model curriculum has been developed for Africa, and in India the accrediting/degree-granting Serampore College has begun to outline requirements for the future. [134]

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[131] Dube, 'In the Circle of Life', p. 5.

[132] St Paul's United Theological College (St Paul's University, Limuru), *Catalogue* (2005/2006), pp. 66 82.

[133] See Musa W. Dube, 'Conference Report on Symposium on Churches and the HIV Pandemic, April 12-14 2007 at the Blue Waters Hotel, Durban, RSA', Gaborone, Department of Theology and Religious Studies, University of Botswana, 18 April 2007.

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[134] Messer, *Breaking the Conspiracy of Silence*, p. 162.

Theological educators in Africa must continue to track the rapid changes associated with the HIV epidemic. The field of HIV and AIDS changes very quickly. It is therefore crucial for lecturers in theological institutions to follow developments. Examples of such changes relate to acceptable terminology, such as the shift from 'HIV/AIDS' to 'HIV and AIDS'. Scientific progress in antiretroviral drugs, studies on circumcision, microbicides and other issues calls for informed theological and ethical reflection.

It is gratifying to note that a substantial number of theological colleges and departments of religious studies in Africa have integrated HIV and AIDS into their curricula. Considerable challenges remain. The shortage of teaching materials and quality texts on the topic has discouraged many lecturers and students. The perennial problem of inadequate financial resources has hampered research and publication on theology/religious studies and HIV and AIDS in Africa. The commendable achievements of the Circle demonstrate that breakthroughs can be made. Reflections on integrating HIV and AIDS into the ethics curriculum also point the way forward.[135]

Other challenges relate to the accessibility of the few published materials on theology and HIV and AIDS. Many theological institutions in West Africa, for example, have not accessed the journals that published special issues on HIV and AIDS, described above. Apart from the materials issued free by the World Council of Churches and other FBOs, most African institutions continue to struggle to access the latest publications on theology and the HIV epidemic. Furthermore, organizations producing material in this field need to have a constant flow of publications in order to address the ever-changing issues.[136]

In his overview of the church and HIV in Africa, Obed Kealotswe of Botswana offers a harsh critique of the WCC's efforts to mobilize churches in Africa to respond to the epidemic:

> [I do] not underestimate what the church is doing to combat the spread of HIV/AIDS in Sub-Saharan Africa. My concern is that the AACC [All Africa Conference of Churches] does not have its own projects on HIV/AIDS. AACC follows what WCC is doing. First, the problem with the works of the WCC is that they are academic and have nothing to do with people at grassroots level. Most of the writings are done by academics who provide theories on how to address the HIV/AIDS problem. Many of them have no research evidence that includes the actual experience of people living with HIV/AIDS. The works are not easily accessible to the general public in Sub-Saharan Africa. As a result, these works do not have any strong impact in providing a theological and ethical evaluation of the work of the church in addressing HIV/AIDS in Sub-Saharan Africa.
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> Secondly, none of the writings takes into consideration the different theological and ethical standpoints of the churches in Sub-Saharan Africa. They lack theological and ethical contexts. As a result, they are completely ineffective and silent in addressing the political and economic problems that contribute greatly to the spread of HIV/AIDS in Sub-Saharan Africa.[137]

Although these are important points, this critique lacks balance. The statement that the WCC's works are 'academic and have nothing to do with people at grassroots level' is sweeping and misleading. *Africa Praying* has been used by people from diverse theological, class, gender and national backgrounds. EHAIA workshops, seminars and gatherings place emphasis on the participation of those of us with HIV. EHAIA works in partnership with the African Network of Religious Leaders Living With or Personally affected by HIV and AIDS (ANERELA+) to ensure that those of us with HIV can meaningfully participate in its programmes. And Dube has placed emphasis on the larger theological and ethical context in understanding the response of the church to the epidemic.

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[135] See Charles Klagba and C. B. Peter, eds, *Into the Sunshine: Integrating HIV/AIDS Into the Ethics Curriculum*, Eldoret, Zapf Chancery, 2005.

[136] See Musa W. Dube, *The HIV/AIDS Bible*, Scranton, NJ, University of Scranton Press, 2007.

[137] Obed Kealotswe, 'The Church and HIV/AIDS in Africa: An Overview and Ethical Consideration', in J. N. Amanze, ed., *Christian Ethics and HIV/AIDS in Africa*, Gaborone, Bay Publishing, 2007, p. 24.

Nonetheless, Kealotswe's critique is valuable. It reminds churches and ecumenical organizations of the importance of remaining relevant to the needs of those of us at the grassroots and the concerns of those of us with HIV; and the importance of theological and ethical issues in responding to HIV.

Sharp Insights, Loud Voices: Leadership, Advocacy and Political Literacy

Earlier, it was argued that the HIV epidemic in Africa calls for 'churches with a loud voice'. This might be misconstrued as implying the privileging of rhetoric over social analysis. Some readers might conclude that churches are being encouraged to make hard-hitting pronouncements without undertaking a patient and critical analysis of the situation. The HIV epidemic requires that churches undertake quality research into its various aspects. In fact, social analysis is a critical aspect of the mission of the church.

Leadership has been identified as a key issue in the HIV epidemic. African theological colleges and departments of religious studies need to invest heavily in leadership training. While the popular understanding is that leaders are 'born, not made', it has been proven that effective leaders can be nurtured. The HIV epidemic requires effective, courageous and compassionate leadership. Servant leaders who follow the example of Jesus can and do make a difference in contexts of HIV. [138]

Writing from within the Catholic Church, Michael Czerny and Robert Vitillo have argued that the church's mission is to serve those who are most vulnerable and needy. It must speak for those who have no voice. In the context of HIV and AIDS, church advocacy can make a difference by:

- Motivating people to combat stigma and discrimination.

- Ensuring that church-based care and support through hospitals, clinics, hospices, home-based care, schools

and orphanages is inclusive of those living with and affected by HIV/AIDS.

- Encouraging believers to exercise their responsibility and power as citizens to call on governments for just policies and access to resources. [139]

In Africa, leaders like Canon Gideon Byamugisha (founder of ANERELA +) have provided valuable insights into the importance of leaders in coming up with effective responses to the HIV epidemic. Byamugisha has highlighted the challenges posed by stigma, as well as the limitations of some prevention messages. Most importantly, he has demonstrated courage and determination by declaring his HIV status. His vision, faith and commitment to the cause have made him a key person in the overall religious response to the epidemic. In 2004 he became the first religious leader to speak in plenary at an International AIDS Conference. [140]

African women leaders within the ecumenical movement, such as Nyambura Njoroge, Musimbi Kanyoro, Isabel Phiri, Jacinta Maingi and others, serve as confirmation that African women can be effective leaders. African religious and political leaders have to accept this fact, and seek to build effective partnerships with them. It is through partnership between women and men that the churches in Africa can provide effective responses to HIV.

Stephen Lewis, who served as the United Nations Special Envoy for HIV and AIDS in Africa, demonstrated admirable leadership abilities. He challenged rich countries to support Africa in its quest for survival. Lewis was not bound by diplomatic etiquette; he felt saving lives was far more important than upholding conventions. He called for the transformation of the global economic order: 'Where Africa

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[138] Gottfried Osei-Mensah, *Wanted: Servant Leaders*, Achimota, African Christian Press, 1990.

[139] Michael Czerny and Robert J. Vitillo, 'The Church's Role and Approaches in HIV/AIDS Advocacy', *African Ecclesial Review* 47, 4, 2005; 48, 1, 2006, p. 275.

[140] Steven Lux and Kristine Greenaway, *Scaling Up Effective Partnerships: A Guide to Working with Faith-Based Organizations in the Response to HIV and AIDS*, Geneva, Ecumenical Advocacy Alliance, 2006, p. 96.

is concerned, betrayal has become the watchword for the Western world.'[141]

Such individuals have demonstrated leadership in the response to the HIV epidemic at the international level. However, effective leadership is required at *all* levels. Churches in Africa are called upon to groom effective leaders in homes, for example. Family life remains a key area in the struggle against the HIV epidemic. Churches should equip children heading households, single parents, and married women and men to provide effective leadership in their homes. This entails creating homes as safe places, encouraging discussion around issues of sexuality and ensuring the equitable distribution of available resources. Strong homes, characterized by love and acceptance, are a formidable resource in the overall response to the epidemic. Churches have a key role to play in the emergence of such homes.

Leadership is also crucial at local community levels. Many women in Africa have demonstrated remarkable leadership skills in mobilizing their communities to respond to the HIV epidemic. This has included home-based care, visiting the sick and organizing funerals. Women's church groups in some parts of Africa have engaged in agricultural projects to provide food security to child-headed households. Such leadership has produced impressive results.

Leadership is also required at the congregational level. Theological training institutions in Africa have to produce women and men who are capable of providing visionary leadership in the era of HIV. Graduates from TEE, theological colleges and universities must be able to mobilize their congregations to offer an effective response to the epidemic. This entails mobilizing resources at the local level, implementing programmes for youth, women's and men's wings, and collaborating with other denominations and NGOs, as well as government agencies.

African politicians, many of whom are members of the various churches, need to provide leadership at the national level. It is a fact that the contemporary world economy is harmful to Africa and its people. However, Africa is not poor. Political leaders need to develop and implement programmes that make a difference to the lives of the poor. Why do budgets in Africa continue to channel more resources towards the military at a time when health delivery systems face huge problems due to the HIV epidemic? Why are some African politicians so keen to over-invest in presidential security ahead of meeting the needs of their citizens? Such leaders must undergo behaviour change in the era of HIV.

Church leaders at various levels are required to demonstrate their skills in mobilizing resources in the wake of HIV. Advocacy has emerged as a key issue in the global response to the HIV epidemic. The Ecumenical Advocacy Alliance (EAA) has emerged as a viable network that champions advocacy work. Based in Geneva, it has provided a useful platform for the ecumenical movement to become more visible and audible on advocacy issues:

> The Ecumenical Advocacy Alliance (EAA) is a broad international network of churches and Christian organizations cooperating in advocacy on global trade and on HIV and AIDS. Alliance participants represent tens of millions of Christians around the world who share the conviction that advocacy against unjust structures, practices and attitudes should not be a task we engage in when it is convenient, but must be a fundamental requirement of living out our faith.[142]

Church leaders in Africa need to become more familiar with the work of the EAA. The EAA 2005–2008 campaign, 'Keep the Promise', seeks to hold accountable individuals, religious leaders, faith organizations and intergovernmental organizations for the commitments they have made, as well as to press for more efforts and resources to fight HIV and AIDS. The EAA has demonstrated remarkable creativity and courage. Linda Hartke, EAA coordinator, has ensured that religious leaders are taken seriously in HIV and AIDS issues.

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[141] Stephen Lewis, 'We Always Underestimate Africa', *Ottawa Citizen*, Ottawa, 13 August 2006, p. A2.

[142] Ecumenical Advocacy Alliance, *Annual Report 2005*, Geneva, Ecumenical Advocacy Alliance, 2006, p. 1.

AIDS competent churches in Africa recognize that AIDS is a global development challenge. This should not lead churches into feeling helpless. We should remain confident that 'another world is possible'. The poverty that afflicts Africa and increases the continent's vulnerability to HIV and AIDS needs to be tackled with determination and vision. Dr Peter Piot, UNAIDS executive director, has rightly argued that technology will not fix the pandemic; it takes social change to address social injustice.[143]

African liberation theologians have consistently argued that the continent's marginalization in the economic and political spheres sponsors violence and death.[144] The HIV epidemic has taken advantage of this pre-existing faultline and has condemned so many Africans to premature death. As ANERELA + has rightly observed:

> HIV is just a virus, it is identifiable, preventable, manageable. AIDS too is preventable, but even more it is reversible, and with current understanding(s) about HIV and AIDS, there is no reason why a person living with HIV cannot lead a full and productive life, active in society and valuable to their faith community as full and participating members, whether [as] a lay person or an archbishop.[145]

It is poverty that has facilitated the rapid spread of HIV and devastation of AIDS in Africa. Theologians, church leaders and the whole people of God must express their outrage that so many Africans continue to die when scientific progress has been achieved to make HIV manageable. Gender inequalities dangerously affect the lives of most women in Africa. Lilian Dube Chirairo, a woman theologian from Zimbabwe, has challenged the church in Africa to take up its prophetic role:

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[143] He made these remarks while opening the interfaith pre-conference on 12 August 2006, on the eve of the International AIDS Conference. See Claudia Carthaus, 'The AIDS Pandemic Breaks Down Barriers', *AIDS 2006: Faith in Action* (Ecumenical Advocacy Alliance Bulletin), No. 1, 13 August 2006, p. 1.

[144] See, for example, Jean Marc-Ela, *African Cry*, Maryknoll, NY, Orbis Books, 1986.

[145] ANERELA + , *Positive + Interfaith Talk* (newsletter), 2005, p. 2.

> The church, therefore, cannot afford to stand aloof and ignore the cries of the poor and humiliated women suffering under the new world order. It has to take up the challenges in a prophetic manner. The church should be involved in development strategies aimed at alleviating the crisis of post-colonial Africa, the escalation of poverty, homelessness, landlessness and unemployment which are rife in Zimbabwe and most African countries.[146]

The HIV epidemic demands that levels of 'political literacy' in African churches continue to improve. African churches played a major role in the democratization project of the 1990s.[147] However, very few churches have challenged African politicians about their management of the HIV epidemic. While some civic society organizations like the Treatment Action Campaign (TAC) in South Africa have been militant in their challenge to the state, AIDS has not yet been made a major political issue in Africa.[148] Churches must change this situation by calling African governments to account when they fail to prioritize HIV and AIDS.

The HIV epidemic means that churches must seize the opportunity and offer alternative models of leadership. Women and youth, the most affected categories, must put forward more individuals who will provide the required vision. Such leaders will need to collaborate with other agencies to enhance the churches' response to HIV in Africa.

'When the webs of a spider join, they can trap a lion': Church Networking

The introduction of Christianity in Africa was characterized by intense denominational rivalry. This resulted in the partitioning of African countries into distinct mission fields. The scramble was for both African land and African souls. As Kenyan theologian and church leader Sam Kobia, elected general secretary of the World Council of Churches

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[146] Lilian Dube Chirairo, 'Globalization and the Women in Zimbabwe', in Mwaura and Chirairo, *Theology in the Context of Globalization*, p. 26.

[147] Paul Gifford, ed., *The Christian Churches and the Democratization of Africa*, Leiden, E. J. Brill, 1995; Paul Gifford, *African Christianity: Its Public Role*, London, Hurst, 1998.

[148] See de Waal, *AIDS and Power*.

in August 2003, has rightly argued, denominationalism has resulted in a fragmented, rather than a united, church in Africa. [149]

AIDS competent churches in Africa recognize the benefits of cooperating across the denominational divide. They use materials developed by other churches, instead of reinventing the wheel. They invite experts from other denominations to hold training sessions on HIV and AIDS in their own churches. They offer their own facilities and personnel to ensure that activities aimed at addressing the HIV epidemic are subsidized.

The HIV epidemic raises deep and disturbing questions about the unity of churches of Africa. Why should churches duplicate HIV and AIDS programmes at a time when resources are scarce? Why do some churches pursue status-enhancing projects, such as prestigious head offices, at a time when the number of orphans and other vulnerable children is rising phenomenally? It is far more effective for churches to pool their resources and implement more comprehensive and more sustainable HIV and AIDS programmes. Churches with sharp minds are quick to recognize the advantages of ecumenism and the limitations of denominational rivalry in the face of HIV and AIDS in Africa. They develop a new ecclesiology that is informed by a sense of unity and commitment to overcome the HIV epidemic. Nyambura Njoroge, an expert on ecumenical theological education, has bemoaned what she calls the 'theological and ecumenical immaturity' of most church leaders in Africa:

> If there is anything the HIV/AIDS pandemic in Africa has revealed it is our inability or unwillingness to work together ecumenically. In my view this has been a clear verdict on our lack of ecumenically minded leadership and the fragility of ecumenism in the continent. It also points to the fact that most of the church leadership seems not to recognize that, as Christians, challenges in our lives must be addressed in unity despite our many differences. Sad to say, it also demonstrates

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our willingness to share the resources that we acquire from our bilateral relationships with churches from the North. [150]

It is heartening that there are efforts to overcome this theological and ecumenical immaturity. In a number of instances, across many parts of Africa, Catholics, Protestants, African Independent/Instituted Churches and Pentecostals are sharing HIV and AIDS resources. EHAIA regional coordinators and theology consultants have reported many cases of ecumenical cooperation in the area of HIV and AIDS. Many church leaders have noted that only a united front can provide an effective response to the epidemic.

Workshops and seminars on HIV and AIDS run by EHAIA staff across the African continent have provided a rare opportunity for members of different denominations to come together. In addition, it has enabled believers from diverse backgrounds to interact closely – with some participants confessing that their biases, fears and prejudices have been wiped away. Such meetings have offered a safe space for people from different churches to focus on a common goal: beating HIV and AIDS in Africa. [151]

While church leaders are slowly coming to terms with the need to act ecumenically in the wake of HIV, lay people have taken the lead. They have not allowed rigid denominational identities to cloud their vision. This is particularly pronounced in rural areas where there are few ordained ministers. Lay people organize funerals and memorial services that are ecumenically sensitive. They also mobilize to ensure that projects for orphans and other vulnerable children are ecumenical.

In Zimbabwe, for example, funeral choruses travel freely across denominational barriers. Women have composed and performed theologically sound and musically impressive choruses to console the bereaved. People attending funeral and memorial services enthusiastically participate in sing-

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[149] Sam Kobia, 'Denominationalism in Africa: The Pitfalls of Institutional Ecumenism', *Ecumenical Review* 53, 3, 2001, pp. 295-305.

[150] Njoroge, 'Towards Ecumenical Theological Education in Africa', p. 11.

[151] Discussion with Sue Parry, EHAIA Southern Africa Regional Coordinator, Harare, 11 May 2007.

ing and dancing. However, when the ordained (mostly male) minister arrives, 'order' is restored and hymnbooks of the minister's particular denomination are used. There is a need to carry out further research into these forms of 'ecumenism from below'.

The commitment to ecumenism by lay people and the resistance by ordained ministers calls into question the type of theological training available on the continent. Churches with sharp minds should produce graduates who are ecumenically oriented. Such ministers are aware that the whole people of God are to be actively involved in the churches' response to the epidemic. They would benefit from ecumenical theological education. According to Njoroge:

> Ecumenical theological education refers to a holistic approach to theological education and ministerial formation. One that must take seriously the spiritual, ministerial and ecumenical formation of women and men whose main objective is to work with churches and church related institutions such as laity training centres, Bible schools, pastoral institutes, seminaries and ecumenical institutions for the purpose of preparing and equipping Christians for the building of the body of Christ and the reign of God on earth (Ephesians 4:11–16). This is not limited to ordained and commissioned ministries. [152]

The era of HIV requires that churches invest heavily in cooperation. Jesus' prayer for unity (John 17:20–23) should galvanize churches to work together, initially to mitigate and ultimately to erase the effects of HIV in Africa. Having one faith, one saviour and one hope, churches must be united in their response to the epidemic. As an Ethiopian proverb puts it, 'When the webs of a spider join, they can trap a lion'. This resonates with an ecumenical principle that says, 'That which we can do together, we should not do separately'.

Different Faiths, One Goal:
Cooperation With Other Religions

Interreligious dialogue, interfaith dialogue or ecumenism has been dominated by Western theologians. [153] They have played a leading role in formulating a theology of religions. They have formulated complex arguments relating to the need for tolerance and cooperation among followers of the various religions in the world. However, most of these debates are abstract and theoretical. On the other hand, the HIV epidemic has provided a valuable opportunity for practical interaction across religious affiliation in Africa.

Churches with sharp minds know that Africa is home to numerous religions. Jan Platvoet, a Dutch scholar, identifies 13 types of religions in Africa. He maintains that Africa has a 'rainbow of religions'. [154] African Traditional Religions, Christianity and Islam are the dominant religions in Africa. Followers of these religions have contributed to the overall response to HIV. These followers must join forces in order to enhance their effectiveness.

It is striking that it takes a crisis like HIV to convince adherents of the main religions in Africa to work together. In many countries, including Senegal, Ghana and Nigeria, Christians and Muslims have come together to form a united front against the HIV epidemic. Putting aside mutual suspicion, competition, indifference and sometimes hostility, they have cooperated in programmes that provide care to those of us with HIV.

Cooperation by members of different faiths in the struggle against HIV in Africa has also involved the leadership and 'ordinary' believers. While interfaith dialogue as initiated by many Western scholars is complex, the interfaith dialogue initiated as a result of HIV in Africa is practical. Members of different religions have come together to

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[152] Njoroge, 'Towards Ecumenical Theological Education in Africa', pp. 11-12.

[153] See Josef Estermann, 'Inter-Faith Dialogue and the Option for the Poor: Some Methodological Remarks', *Voices from the Third World* 25, 1 & 2, 2002, pp. 20-6.

[154] Jan G. Platvoet, 'The Religions of Africa in their Historical Order', in J. Platvoet, J. Cox and J. Olupona, eds, *The Study of Religions in Africa: Past, Present and Prospects*, Cambridge, Roots and Branches, 1996, p. 50.

address issues relating to the care of orphans, mobilizing resources for funerals, and other concerns. This interfaith cooperation 'from below' complements the cooperation by religious leaders at international AIDS conferences and other high-level meetings. [155]

The working paper *God's Children are Dying of AIDS: Interfaith Dialogue and HIV* raises significant issues about the importance of cooperation across religious traditions:

Where churches, mosques, temples and others work together, they can:

Disseminate information about HIV to the broadest possible cross-section of the population, thus reducing the risk of leaving out isolated groups.

Be time- and cost-effective, because they use social networks that are already well established.

Eliminate inconsistency between the religions in the messages that are communicated about HIV.

Develop, between different faith traditions, a critical mass of knowledge to influence decision- and policy-makers.

Counteract negative stereotypes and discrimination by conservative religious groups.

Cut across religious divides to encourage joint work in a practical way.

Use PLHA (people living with HIV and AIDS) faith-based leaders as a powerful method of challenging stigma and promoting non-discrimination.

Empower women (often more regular worshippers than men) to raise HIV awareness, challenge gender stereotypes and improve their decision-making power in communities, by involving them in HIV education, prevention and care.

Encourage men to rethink gender roles and challenge gender stereotypes and power relations as they relate to HIV. [156]

There are thus many advantages to interfaith cooperation in the face of HIV in Africa. Christians must appreciate the fact that HIV does not recognize religious affiliation. Through cooperation with followers of other religions,

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Christians can provide a more effective response to the epidemic. Theological education in Africa already reflects the reality of religious pluralism. What is required in the context of the HIV epidemic is the recognition that adherents of other faiths can bring valuable perspectives. Ronald Nicolson acknowledged the importance of this perspective in one of the earliest reflections on HIV and AIDS in Africa:

Since AIDS affects the whole community, Christians must be prepared to work alongside those of other religions and no religion in the struggle against AIDS. We have a crucial contribution to make, but that is not an excuse for seeking to dominate where a shared approach is needed. This is likely to be very important in dealing with the contribution to be made by traditional African religion and by African churches which have drawn much from this tradition. [157]

An Ancient Faith, a Contemporary Challenge: African Traditional Religions [158]

Some cultural practices have increased African women's vulnerability to HIV. A preoccupation with such negative traits might easily lead to the false conclusion that African Traditional Religions do not make any positive contributions to the response to the HIV epidemic. Such a conclusion reinforces the portrayal of Africa and its traditions as 'hopeless' and 'lost'. It should be challenged, as there are many positive beliefs and practices in African Traditional Religions that are helpful in the struggle against HIV.

John Mary Waliggo has proposed four major principles of inculturation that are crucial to the response to HIV. Firstly, he maintains that we need to identify African values and practices that will help defeat the epidemic. Secondly, we need to identify those African values and practices that need 'modification and purification' in the face of HIV. Thirdly, we should identify African traditional customs

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[155] Lux and Greenaway, *Scaling Up Effective Partnerships*, pp. 97-9.

[156] Jasmine Huggins, Rachel Baggaley and Mark Nunn, *God's Children are Dying of AIDS: Interfaith Dialogue and HIV*, working paper, London, Christian Aid, 2004, pp. 22-3. www.pressureworks.org/images/God's % children. Accessed 1 April 2007.

[157] Ronald Nicolson, *AIDS: A Christian Response*, Pietermaritzburg, Cluster Publications, 1995, p. 41.

[158] See Ezra Chitando, 'An Ancient Faith Meets a Contemporary Challenge: African Indigenous Religions and HIV and AIDS', abstract for the American Academy of Religion 2006 Annual Meeting, African Religions Group.

and practices that should be fully abandoned and replaced by newly thought-out Christian ceremonies and symbols. Fourthly, we should put emphasis on practices, customs and traditions that should be fully abolished or controlled by our societies. [159]

Waliggo's approach is helpful because it recognizes positive dimensions in African Traditional Religions that are useful in the response to HIV. It challenges the problematic category of 'harmful cultural practices', which tends to classify *everything* traditional as harmful. [160] Christian missionary activities and colonial myths about the inferiority of African Traditional Religions are responsible for such negative approaches.

African churches must undertake a re-evaluation of traditional beliefs and practices in the wake of HIV. Instead of demonizing African Traditional Religions, African theologians must engage in dialogue with their practitioners so as to come up with viable strategies for responding to HIV. Waliggo's observations on the strengths of African Traditional Religions require further analysis and creative application. He writes:

> We need to identify those many genuine *African values and practices*, which, when challenged by Christian teaching and modernity, remain *positive, true, noble and capable of resisting* and eventually defeating this deadly epidemic. Such values include, among many: Africa's *central concern for life*: transmitting, protecting, curing, healing life and making all sacrifices so that life may continue; the *family values* of educating children in the appreciation and proper use of their sexuality; the *community values* of caring for one another; the *medical and healing values* whereby everyone seeks an active role in saving life and the *spiritual-religious values* based on strong beliefs that only God is the ultimate source of all cure and healing, the Omnipotent Doctor of all ages, the unrivalled inspirer of all effective medicines. [161]

African Traditional Religions and Christianity can become partners in the response to the epidemic. [162] Consequently, it is important for churches in Africa to recognize that African religions and cultures are valuable resources in the response to HIV. The idea of communal solidarity has galvanized individuals and communities to support the infected and the affected. Although most African communities have limited financial resources, they have deployed armies of love and compassion in the struggle against HIV. African wisdom in the form of proverbs and wise sayings has encouraged individuals and communities to make a difference by getting involved.

The negative role of African traditional healers has been well documented. Some have provided false hope by claiming to cure HIV. Others have instigated the rape of young girls by prescribing such acts as a cure for AIDS. However, churches in Africa must appreciate the fact that the majority of Africans continue to utilize the services of traditional healers. This is due to cultural and pragmatic reasons. Culturally, traditional healers are favoured as they interpret health and well-being in terms of the indigenous worldview. Pragmatically, many Africans also have no choice but to consult traditional healers, as Western biomedicine is unavailable in their communities.

As examples from Zimbabwe have shown, there is merit in integrating traditional medicine into the national health delivery system. Churches need to outgrow their fear of traditional healing and engage with its practitioners in the face of HIV. Churches can assist in the further training of traditional healers in the specific area of HIV. This does not imply that Christians are 'yielding' to traditional healers. Rather, it represents the maturity and self-confidence of churches in Africa:

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[159] John Mary Waliggo, 'Inculturation and the HIV/AIDS Pandemic in the AMECEA Region', *African Ecclesial Review* 47, 4, 2005 and 48, 1, 2006, pp. 294-6.

[160] Arnfred, *Re-Thinking Sexualities in Africa*, p. 13.

[161] Waliggo, 'Inculturation and the HIV/AIDS Epidemic', p. 294.

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[162] See, for example, Sophia Chirongoma, 'Women's and Children's Rights in the Time of HIV and AIDS in Zimbabwe: An Analysis of Gender Inequalities and Its Impact on People's Health', *Journal of Theology for Southern Africa* 126, 2, 2006, pp. 61-2.

It is evident that in Sub-Saharan Africa, traditional medicine remains the first line of care for the vast majority of people from both urban and rural areas, for reasons ranging from preference, access and affordability. HIV/AIDS has swamped an already over-burdened, under-staffed and under-funded modern health system. Training people who are already involved in the care of patients, living among the community, enjoying the confidence and respect of the community, and distributed in a ration that we can never attain with modern practitioners, make a lot of economic and medical sense. [163]

Overall, African churches need to appreciate the role of African Traditional Religions in the struggle against HIV. Although there are some beliefs and practices that must be restructured in the wake of HIV, African Traditional Religions remain highly significant to the religious responses to the epidemic. While researchers from outside are keen to document the achievements of 'literate' or 'world religions', AIDS competent churches must devise strategies for appropriating positive insights from indigenous religions. African Traditional Religions continue to inform the worldview of millions of African Christians. According to Adam Chepkwony, a Kenyan scholar:

In this case, African Religion and culture forms the context, or the root paradigm, for interpreting the Christian message from the sociocultural and historical experiences of African peoples. [164]

Thirsting for Knowledge:
African Churches and AIDS Information

Alongside the areas identified above, churches in Africa will be required to provide the most up-to-date information relating to the HIV epidemic. Indeed, AIDS competent churches are expected to be reservoirs of knowledge regarding developments in HIV and AIDS research. Churches cannot leave this crucial role to the few medical experts within their ranks. It is only when entire congregations become AIDS literate that the ideal of AIDS competent churches could be within reach.

It is crucial that congregations receive the latest information relating to HIV prevention, treatment and care. Since the availability of antiretroviral drugs in many parts of Africa, the need for treatment literacy has increased. Churches must play a major role in this area. They must emphasize adherence, which 'refers to the faithfulness of the patient in taking the drugs continually, as prescribed, on time and following any diet restrictions'. [165] Furthermore, pastors and other church leaders should know where antiretroviral drugs can be accessed. This will enhance their counselling skills. Pastors and other church leaders must reiterate that, for now, antiretroviral drugs are for life. Furthermore, they should not be shared. In addition, church-related medical institutions should urgently provide antiretroviral drugs to all who need them. Although there are major challenges related to logistical issues, the lives of Africans should be deemed a top priority. Mobile units that reach out to the most remote parts of Africa must be organized, since saving life is a Christian imperative. [166]

Churches in Africa should be equipped to deal with the nutritional treatment of HIV and AIDS. Although antiretroviral drugs have had 'the Lazarus effect' (John 11:1–44)

[163] Wotsuna Khamalwa, 'Religion, Traditional Healers, and the AIDS Pandemic in Uganda', in Adam K. Arap Chepkwony, ed., *Religion and Health in Africa: Reflections for Theology in the 21st Century*, Ecumenical Symposium of Eastern African Theologians (ESAT) No. 2, Nairobi, Paulines Publications Africa, 2006, pp. 88-9.

[164] Adam K. Arap Chepkwony, 'African Religion, the Root Paradigm for Inculturation Theology: Prospects for the 21st Century', in Nahashon W. Ndung'u and Philomena N. Mwaura, eds, *Challenges and Prospects of the Church in Africa: Theological Reflections for the 21st Century*, Ecumenical Symposium of Eastern African Theologians (ESAT) No. 1, Nairobi, Paulines Publications Africa, 2005, p. 31.

[165] Paterne-Auxence Mombe, *Rays of Hope: Managing HIV and AIDS in Africa*, Nairobi, Paulines Publications Africa, 2004, p. 62.

[166] Dr S. Farag, presentation at the Zimbabwe Heads of Christian Denominations HIV and AIDS Workshop, Harare, 8 May 2007.

or the 'resurrection effect' [167] by virtue of restoring health to people who were on the brink of death, they remain out of reach for most Africans. Only a few African countries and church-related health institutions have made them available to those who need them for free. Consequently, millions of Africans continue to encounter AIDS as lethal. Churches in Africa must promote good nutritional therapy in the era of HIV:

> Good nutrition is the principle and foundation of good health. In Africa, where HIV/AIDS drugs are so often out of reach, nutrition is often the only means to alleviate the impacts of HIV/AIDS on the population. Nutritional therapy can contribute to the overall well-being of HIV/AIDS patients and delay the progression of HV infection. It helps the body to fight HIV – not curing it or completely eliminating the virus – and ensures a better quality of life for patients and their families. In short, good nutrition is a low-cost way to stay healthier with the AIDS virus. [168]

AIDS competent churches are required to promote indigenous foods in the midst of the HIV epidemic. Theological training will need to promote pride in African resources. Graduates of African theological training institutions must be equipped to challenge the cultural imperialism that has promoted junk foods. African theologians must retrieve the indigenous vitality associated with healthy foods. Congregations should be empowered to appreciate traditional foods as a God-given resource that can play a major role in responding to the HIV epidemic.

Furthermore, churches must use church land for herbal gardens. In many African countries, churches own vast tracts of land. In Zimbabwe, the land reform programme spared church land. [169] AIDS competent churches ensure

that church land is fully utilized to promote food security. They are good stewards who strive to put God's land to maximum use. Land should never be used as a status symbol when God's people face hunger and starvation. The HIV epidemic calls upon African churches to be creative in the use of their land and all the other resources at their disposal.

AIDS competent churches in Africa produce booklets with relevant information on HIV and AIDS.[170] They ensure that they continue to make available simple but accurate information relating to the HIV epidemic. These materials must also be translated into local languages in order to reach the majority of the people. People are destroyed because of lack of knowledge (Hosea 4:6). AIDS competent churches thirst for relevant knowledge in the context of HIV. Churches in Africa must never tire in seeking the latest information on HIV prevention, treatment and care. There is no room for complacency. Graduates from the TEE and residential theological training programmes must be reservoirs of knowledge in the era of HIV. They must challenge entire congregations to gain as much knowledge about the epidemic as possible.

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[167] James R. Cochcrane, 'Of Bodies, Barriers, Boundaries and Bridges: Ecclesial Practice in the Face of HIV and AIDS', *Journal of Theology for Southern Africa* 126, 2006, pp. 10-11.

[168] Patern-Auxence Mombe, *Rays of Hope*, p. 134.

[169] Ezra Chitando, 'The Sacred Remnant? Church Land in Zimbabwe's Fast Track Resettlement Programme', *Studies in World Christianity* 11, 2, 2005, pp. 182 99.

[170] See, for example, Jacinta Maingi, ed., *You Have Heard, and I Have Seen – Let Us Act Now: A Booklet for Church Leaders and Community Educators/Animators*, Nairobi, Alternative Technology Supplies for EHAIA, 2007.

Churches cannot afford to be inaudible while the HIV epidemic continues to cause suffering and death. They need to be heard, loud and clear, challenging factors that increase vulnerability to HIV and AIDS, such as poverty and gender inequality. African churches must demonstrate their commitment to gender equality by denouncing harmful cultural practices and promoting progressive ones. AIDS competent churches in Africa have to respond to the orphan crisis. This book has argued that churches must speak out against systems that choke children. As churches seek to fulfil the vision of being all-embracing, they need to be serious about addressing the rights and needs of people with disabilities. The HIV epidemic challenges churches to initiate programmes that address men in a more deliberate way.

The HIV epidemic in Africa does not leave room for a few individuals to become 'AIDS experts'. The entire body of Christ needs to attain high levels of AIDS literacy. Theological training in Africa must respond to the HIV epidemic with urgency and creativity. The onus is upon graduates of theological training institutions in Africa to provide the leadership and guidance that the churches need so desperately. Consequently, we need to overcome theological mediocrity and develop intellectually sound strategies for effective responses to HIV in Africa. Only churches with 'sharp minds' can have 'loud voices' and 'quick feet'. Relevant theological and religious studies education in the era of HIV empowers churches and the community to mitigate and eventually overcome the epidemic.

AIDS Competent Churches

The central aim both of this book and *Living with Hope* is to characterize AIDS competent churches in Africa. The introduction provided some definitions of AIDS competence from individuals who have operated within EHAIA, the organization within which the concept has gained popularity. The concept has also found widespread application within church and FBO settings in Africa and beyond. *AIDS competence speaks to the aspiration to ensure that churches provide creative, theologically sound, financially sustainable and life-enhancing responses to the HIV epidemic*. This phrase seeks to rescue churches from the desert of denial and indifference, to enter into the oasis of acceptance and constructive engagement. AIDS competent churches in Africa refuse to be constrained by theological timidity and intellectual aridity. They are inspired by the example of Jesus, who was the paragon of love, compassion and hope. An AIDS competent church is characterized by the fruits of the Spirit. The response of the AIDS competent church is characterized by love, joy, peace, patience, kindness, goodness, gentleness, faithfulness and self-control (Galatians 5:22–23).

In the context of pain, suffering and death in Africa, AIDS competent pastors have to say to their members at the end of each service, 'Go in peace'. They can make that declaration in the confidence that the peace of God passes all understanding (Philippians 4:7). However, AIDS competent churches in Africa must also be actively involved in *working* for peace and tranquillity, even in the face of a devastating epidemic. They must have 'sharp minds' to equip them to engage in social analysis. This book has called for the transformation of theological training in Africa in the face of the HIV epidemic. Churches with 'sharp minds' realize that a web of death-dealing factors sponsors the rapid spread of HIV in Africa. They draw attention to poverty, gender inequality and other co-determinants of the epidemic. They call for 'behaviour change' on the part of men, governments, pharmaceutical companies and others who are not doing enough to prevent the negative effects of the epidemic.

The transformation of theological training in Africa will equip churches to face the HIV epidemic with greater creativity and resolve. Graduates from African theological training institutions and theological education by extension will be required to demonstrate acute awareness of the major issues at stake in the face of HIV. Alongside knowledge of the basic issues around prevention, treatment and care, they will need to be aware of emerging issues like HIV and masculinities, interfaith dialogue, orphans and vulnerable children, and African Traditional Religions, among others. Graduates of theological training in Africa will play a lead-

ing role in implementing projects that empower women and children in contexts of HIV. They will have the skills to network with organizations that provide antiretroviral drugs, as well as having information on other organizations in the area of HIV and AIDS. They are fully aware that the HIV era heralds the need to do mission in a new key. [171]

Furthermore, the HIV epidemic calls for a radical approach to ecclesiology. It calls for clergy to accord more space to other members of the body of Christ who may be more knowledgeable about the epidemic. The HIV epidemic reminds the Christian community of the need for greater openness and acceptance. It lays bare the walls that separate us within the church. The epidemic brings to the fore the marginalization of women, children, people with disabilities, sex workers, men who have sex with men and others at the margins of society. AIDS competent clergy and lay church leaders reach out to those of us within these categories.

The epidemic challenges the male leadership of the church to be self-critical about the privileges of patriarchy, and to democratize their leadership style. AIDS competent clergy and church leaders do not monopolize the pulpit. Instead, they share the pulpit with specialists who empower congregations with the latest information on HIV. These experts might be young people or women. AIDS competent clergy do not regard sessions on HIV as a waste of time.

AIDS competent churches in Africa will necessarily have 'loud voices'. Advocacy is at the heart of what it means to be church. It is the churches that have the theological and ethical mandate to stand with the socially disadvantaged. Whereas traditionally the church was said to *be* 'the voice of the voiceless', in contemporary times the church must give voice to the voiceless. It must facilitate the possibility of those of us with HIV to speak out. In addition, it must press for the availability of life-saving drugs for *all* who need them. AIDS competent churches loudly proclaim that saving the lives of human beings who are created in the image of

God is an ethical imperative. They act courageously to 'save lives by preventing disease, managing illness and preventing (or wherever possible) postponing deaths'. [172]

Advocacy work by churches in the era of HIV in Africa also includes responding to stigma and discrimination. AIDS competent churches have policies that declare there will be no discrimination against those of us with HIV. These policies are adhered to in practice. Non-discrimination will relate to both religious leaders and lay people who may be living with HIV. AIDS competent churches actively encourage the emergence of support groups for those of us affected by HIV at the local level. They ensure that the church fully embraces those of us with HIV. Neither do they resort to underhand tactics when clergy openly declare they are living with HIV. AIDS competent churches speak out effectively against the marginalization of those of us living with HIV in families, churches and communities.

AIDS competent churches have 'warm hearts', 'long arms' and 'quick feet'. They are welcoming and hospitable communities. They look after widows, orphans and the poor. They also have ears. They listen with love. [173] *Living with Hope* highlighted the need for compassion, acceptance and love in the face of the HIV epidemic in Africa. By definition, the church must have a warm heart. It is moved by all instances of human suffering. Churches must have 'long arms' to reach people in all types of difficult circumstances. 'Quick feet' are required in order to ensure that interventions are timely and effective. The era of HIV in Africa requires that churches be places full of sensitivity and solidarity.

AIDS competent churches have a clear vision. They strive to see gender justice, peace and development. They challenge hegemonic masculinities and accompany women in

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[171] Frans J. Verstraelen, *Christianity in a New Key: New Voices and Vistas Through Intercontinental Communication*, Gweru, Mambo Press, 1996.

[172] Gideon Byamugisha, 'Keynote Address: Ethics, Religion, and HIV/AIDS: What Propels Us as Christians and Churches to Involve Ourselves in HIV Prevention, AIDS Care, and Advocacy & Partnership Building?' In Klagba and Peter, *Into the Sunshine*, p. 33.

[173] Robert Igo, *Listening with Love: Pastoral Counselling: A Christian Response to People Living with HIV/AIDS*, Geneva, World Council of Churches, n.d.

the quest for abundant life. They engage with men to appreciate the benefits of gender equity and encourage them to become partners in the response to the epidemic. AIDS competent churches do not promote harmful cultural practices in the name of upholding African culture. They take African women theologians seriously and act decisively to stop violence against women.

AIDS competent churches in Africa do not concentrate on what they do not have. Instead, they focus their attention on what they have. They have many resources. They have the Bible, which needs to be read in ways that are empowering. The Bible can energize communities to respond effectively to the HIV epidemic. Similarly, the pulpit can fire churches into compassionate and loving movements. Church buildings and spaces can become sites of struggle against the negative impact of HIV and AIDS. Christian volunteers have already demonstrated their capacity in home-based care projects across the continent.

AIDS competent churches are imitators of Jesus. They follow his Nazareth manifesto:

> The Spirit of the Lord is upon me, because he has anointed me to preach good news to the poor. He has sent me to proclaim release to the captives and recovering of sight to the blind, to set at liberty those who are oppressed, to proclaim the acceptable year of the Lord. (Luke 4:18 19)

Churches in Africa have a mission to preach and educate. They must provide accurate and credible information on HIV and AIDS prevention, treatment and care. They must feed the hungry. The HIV epidemic calls for a multiplication of compassion and love. Churches in Africa must visit the sick and accompany the dying – the 'ministry of presence'. Churches in Africa are doing very well in this regard. They have also played a major role in comforting the bereaved. Churches with 'anointed hands' strive for healing in a holistic sense.

Above all, and finally, AIDS competent churches are ambassadors of hope. Amid pain, anxiety and death, AIDS competent churches in Africa must stubbornly vote for life and reject death. When the statistics are discouraging and the projections are depressing, churches must multiply hope. Hope is the lifeblood of the churches. According to Michael Kelly:

> Hope is a life-giving quality that lifts people out of the doldrums of depression and despair that incapacitate their natural restorative powers. It is something that leaves people brighter and more confident in the face of a difficult future. It is the dynamism that helps people not merely to imagine a better future but to take steps that will make a reality out of what they have imagined. It is something that is characteristically Christian, as it calls from the darkness of sickness and death to the sure expectation that things will be better, both here and afterwards. [174]

As some creative individuals have suggested, the acronym HIV can be taken to mean *Hope Is Vital*. When a continent ravaged by the HIV epidemic and starved of optimism asks, 'Watchman, how much longer the night?' (cf. Isaiah 21:11), [175] AIDS competent churches respond, 'The night is far gone, the day is at hand; for salvation is nearer to us now than when we first believed' (cf. Romans 13:11 12).

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[174] Michael Kelly, 'The Response of Christian Churches to HIV/AIDS in Zambia', in Amanze, *Christian Ethics and HIV/AIDS in Africa*, pp. 200-1.

[175] See, for example, Zimbabwe Catholic Bishops' Conference, *God Hears the Cry of the Oppressed: Pastoral Letter on the Current Crisis in Zimbabwe, Holy Thursday, 5 April 2005*, Harare, Social Communications Department, 2005, p. 5.