



HIV/AIDS

and the Curriculum

**Methods of Integrating
HIV/AIDS in
Theological Programmes**

**Edited by
Musa W. Dube**

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WCC Publications, Geneva

Founded in 1948, the World Council of Churches is now a fellowship of more than 340 Christian Churches confessing together “the Lord Jesus Christ according to the scriptures” and seeking “to fulfill together their common calling to the glory of the one God, Father, Son and Holy Spirit”. Tracing its origin to international movements dedicated to world mission and evangelism, life and work, faith and order, Christian education, and church unity, the World Council is made up primarily of Protestant and Orthodox churches. The Roman Catholic Church is not a member church but participates with the World Council of Churches and its members in a variety of activities and dialogues.

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INTRODUCTION

TOWARDS MULTI-SECTORAL TEACHING IN A TIME OF HIV/AIDS

Musa W. Dube

In twenty-two years, HIV has infected 40 million people who are now living with the virus, and orphaned 14 million children. It infects 5 million people a year and has already claimed millions of lives.¹ Beyond these staggering numbers, there are two aspects of this epidemic which have transformed it from being merely an individual health issue to a social issue that affects all aspects of human life.

First, HIV/AIDS works through social injustice. It is an epidemic within other social epidemics of injustice.² Thus where there is poverty, gender inequality, human-rights violation, child abuse, racism, ageism, HIV/AIDS stigma, classism, international injustice, violence, ethnic and sex-based discrimination, HIV/AIDS thrives. While it is undoubtedly true that anyone can get HIV/AIDS, the most marginalized groups – who are subject to the above social conditions – are more vulnerable and likely to lack quality care when infected or sick.

Second, the HIV/AIDS epidemic affects all aspects of our lives: cultural, spiritual, economic, political, social and psychological. It weakens economies as productivity is reduced and expenditure goes up. It raises spiritual questions: Does God care, does God hear prayers or heal, is God punishing us? It highlights both strengths and weaknesses of a culture. It reveals the structures of our social institutions – how they are constructed and how they affect the well-being of individuals and the community as a whole. It affects the psychology of individuals and communities as people begin to be afraid and to lose faith in the future. Politically, it calls for national and international relations of justice. In this way, the onslaught of HIV/AIDS is an apocalyptic event which reveals starkly the existing social evils and the most terrible forms of suffering. As an apocalyptic event, however, HIV/AIDS also underlines the urgent need for transformation and justice in the society and the lives of individuals.

Given that HIV/AIDS affects everything and, I want to believe, everybody, the strategy adopted for the struggle against this epidemic is “a multi-sectoral approach”. This means that HIV/AIDS is everybody’s business. Each individual, institution, community, religion, department, sector, ministry, discipline and, indeed, each nation must address the following questions in the struggle against HIV/AIDS:

- How am I affected by HIV/AIDS?
- How am I part of the problem (aiding the spread and lack of quality care)?
- How can I become part of the solution (arresting the spread of HIV/AIDS and aiding the provision of quality care)?

The area of religion, like all others, was immediately brought to the fore by the advent of HIV/AIDS, since it raised spiritual questions in the lives of the affected and infected. The religious bodies and faith communities were immediately confronted by the question of the origin of HIV/AIDS, the reason for the new epidemic, the suffering, the search for healing, and the meaning of life in an age of an incurable disease. All these burning issues needed attention. Like all other disciplines, religious communities were dealing with a new phenomenon, one with which they had no past experience but which called urgently for their attention. The sick and affected needed counselling and support. They had questions that demanded answers. Individuals, families, communities and nations needed healing from the scourge of HIV/AIDS. Religious bodies and communities and their theologies were unavoidably affected and called into service to the suffering.

In response to the urgent needs of the moment, it became clear that the answer to the question, “Is religion part of the problem?” was yes. This took many forms. It included silence and indifference, and a lack of response by both faith communities and their training institutions. It became even more evident in the explanation of the origin of the epidemic. The disease was associated with punishment for sin and immorality of those who are suffering. This perspective contributed towards creating a second epidemic, namely, stigma and discrimination of those with HIV/AIDS, intensifying the suffering of the infected and affected through social isolation, rejection, fear and hopelessness. Before we knew it, the stigma of HIV/AIDS had carried the epidemic to a greater depth – from just a physical disease that had infected some parts of nations to a social epidemic that affected us all. As individuals and communities we were gripped by fear, hopelessness and lack of faith in the future, and confronted by the meaninglessness of life. We died even as we were alive – regardless of our HIV/AIDS status. We were and, indeed, we still are preaching to our own dry bones to hear and live out the message of hope – to be resurrected.

Religious communities were also a problem in the sense that they so reduced HIV/AIDS to individual immorality that its social face was obscured. That HIV/AIDS

was an epidemic like other social epidemics escaped the eyes of many religious leaders. Consequently, the strategy preached by many leaders of faith communities was abstinence before marriage and faithfulness in marriage. This approach tended to associate the spread of HIV/AIDS with sexual impurity. In the process, the importance of preserving life was subjugated to the gospel of sexual purity. Religious communities did not even have the language to speak explicitly about human sexuality. Breaking the silence surrounding HIV/AIDS and finding a language to speak about human sexuality was essential. Clearly, religious communities, their leadership and theology needed further dialogue, self-examination, reflection and education, and were challenged to undertake a prophetic ministry in the society and the world as a whole.³

Turning to the question of whether religion and faith communities can become part of the solution in arresting the spread of HIV/AIDS and in providing quality care, again the answer was yes. However, as the above shows, it became clear that training and education was needed in all religious areas – biblical, African religions, ethics, theology, mission, counselling, programme-project management, etc. Those working in the area of religion and spirituality, like all other fields that have been challenged by HIV/AIDS, also needed to research, train and educate themselves on the social evils that encourage HIV/AIDS such as poverty, gender inequalities, violence, human-rights violations, child abuse, racism, youth, powerlessness, racism, wars, national corruption, international injustice, ethnic and sexual discrimination, because any serious attempt to address the problem had to take into account the accompanying social epidemics.

This collection of essays makes no claim to any academic astuteness. Rather, it represents our efforts in the continent of Africa to contribute towards the struggle against HIV/AIDS. As religious scholars we have worked with communities of faith and with people living with HIV/AIDS, and have tried to equip ourselves to be part of the solution. The papers here show how we have tried to address the major challenges confronting communities of faith and to give them tools to face the epidemic. They represent our efforts, however small, to become prophets of life in the valley of death, and to undertake a multi-sectoral teaching – i.e. teaching in all areas of life – in this era of HIV/AIDS.

The collection began as religious scholars, ecumenical bodies and UN agencies took on the responsibility of developing a theological education that responded to the context and a world devastated by HIV/AIDS. As the curriculum says, theological educators of southern and eastern Africa met in 2000 in Kenya, with the full involvement of people living with AIDS, to discuss how theological institutions could equip the churches to respond adequately to HIV/AIDS. All educational institutions responsible for training church workers and theological personnel were

urged to take up the responsibility. The curriculum was designed to assist institutions to integrate HIV/AIDS in their programmes for their current students who will graduate and serve the community and the church, and also to organize short courses for church and community workers already in the field. It seeks to assist lecturers in various fields, such as human sexuality, biblical interpretation, theology, counselling and programme design in light of the context of HIV/AIDS. Each of these areas could now be examined in relation to HIV/AIDS, to assess how it is part of the problem as well as how it can become part of the solution. These areas thus form the five units of the curriculum. The curriculum also tries to assist lecturers to deal with some issues central to the HIV/AIDS epidemic and found in all the units: poverty (class), gender inequalities, culture, age (children, youth, the elderly), persons living with AIDS and stigma.

A year later, in 2001, HIV and AIDS Curriculum for Theological Institutions in Africa⁴ was made available. The second stage was then to train theological educators themselves. Training-of-trainers workshops for theological educators and administrators were held at regional and national levels, to prepare academic theological educators and leaders in how to integrate HIV/AIDS in their programmes. In 2001, three regional workshops, one in eastern Africa and two in southern Africa, were held, training up to eighty-five academic religious scholars. Those who were trained had the responsibility of returning to their countries and training their own nationals, as well as integrating HIV/AIDS training in their own programmes. Thus national workshops were held in Malawi, Zambia, Zimbabwe and Namibia in 2002. The year 2002 also saw the translation of the curriculum into Portuguese and French to make it accessible to Francophone and Lusophone countries of Africa.

The year 2003 thus began with extending training-of-trainers' workshops for theological educators in these regions. Two regional Francophone workshops were held, in Cameroon and in Benin, training a total of about eighty theological educators. One national workshop was held in Mozambique, training fifteen national scholars. Both regional and national training-of-trainers workshops are still continuing today. But what is gratifying is that church denominations have now begun organizing such workshops for their own theological educators and institutions. This indicates that church leadership is affirming this project and supporting policies for the integration of HIV/AIDS training in their institutions.

While the aim of drawing up the curriculum and of training workshops was to equip theological institutions and educators by giving them the technical skills of "how to", that is, with methods of integrating HIV/AIDS training in the curriculum, none of us who resourced these workshops were specialists. This curriculum and this book, therefore, largely represent the urgent response of theological institutions

and their attempt to be part of the solution in the fight against HIV/AIDS. We were driven by a critical situation – the situation of death, fear, hopelessness, suffering, stigma and discrimination. The curriculum and these papers that were written to accompany it, therefore, represent creative, dream, virgin or war work, because for most of us who wrote them, whether on the Bible and HIV/AIDS or theology and HIV/AIDS, it was the very first time. Although some efforts have now been made to produce and publish HIV/AIDS theological literature⁵, at the time of writing these papers most of us had hardly any other theological works to refer to. Lastly, most if not all of us had no training on HIV/AIDS theology in our graduate schools. These papers, therefore, do not pretend to be the ultimate word. At best, they serve as stimulation to further and deeper reflection on African religions-mission-theology-Bible-counselling and programme design in a context of HIV/AIDS. As the reader will note, there are more questions than answers in this journey. The reader will also realize, from the tone of these essays, that they are conversations, activist speeches, designed to rouse the heart and mind of their listeners into action in defence of life. As Tinyiko S. Maluleke holds,

A theology of AIDS must be constructed as an “activist” theology of advocacy. AIDS is the new “site of struggle”, and as with all true struggles sheer verbal and written theological constructions will not suffice. A theology of AIDS can therefore never be merely a book or pulpit theology. It must encompass the book, the pulpit and the brain for sure but it must be more encompassing, more activist.⁶

Specifically, this collection came out of workshops to train theological educators on how to implement the HIV/AIDS curriculum in their educational institutions. We called on various scholars to give key papers on each unit. Participants would then meet groups to work on the process of integrating HIV/AIDS practically into their programmes. The practical exercises often involved discussing key concepts, rewriting the available course descriptions to include HIV/AIDS, or designing new courses on such subjects as human sexuality and HIV/AIDS; reading Job, the gospels and Mark in the HIV/AIDS context; African theology and HIV/AIDS. In the process of training, it became clear that while we gave educators a copy of HIV and AIDS Curriculum for Theological Institutions in Africa, questions always came up about an accompanying textbook which could make the task easier. This was particularly important given that most libraries had hardly any resources on the subject. The easiest way of producing such a textbook was to compile the papers given in HIV/AIDS theological training workshops, and the presentations in this volume come out of the southern Africa regional workshops. Papers from Francophone regional workshops are being published in their region.

The papers are arranged according to the five units of the curriculum. Agrippa Khathide’s paper focuses on unit 1, human sexuality and HIV/AIDS, and the need to

break the silence and find a language to speak about human sexuality in this time of HIV/AIDS. Unit 2, on biblical studies and HIV/AIDS, features four papers: a poster presentation on methods of teaching the Bible in an HIV/AIDS context; Johanna Stiebert's paper on the question of the Hebrew Bible and HIV/AIDS; Madipoane Masenya and myself on prophecy in both testaments and how it can become a framework of teaching in HIV/AIDS. The papers on prophecy seek to address the fact that HIV/AIDS is an epidemic within other social epidemics. The need to recapture a framework that would encourage theological educators to bring into being a socially engaged church that seeks transformation led to the exploration of prophecy in both testaments.

For unit 3, on teaching theology in a context of HIV/AIDS, there is a paper by Tinyiko S. Maluleke and another by Moji A. Ruele. Maluleke's paper, "Towards an HIV/AIDS-Sensitive Curriculum", was given in its first version when the HIV/AIDS curriculum in Nairobi was drawn up, and we updated it for our training-of-trainers workshops in southern Africa. Unit 4, on counselling and HIV/AIDS, features papers by Larry Colvin and André de la Porte, both notable for their efforts to provide practical methods of counselling.

Since HIV/AIDS is an epidemic within other social epidemics, it was also important to give participants tools to help them be analytical. In particular, since gender inequalities have been identified as a major force in the spread of HIV/AIDS, it was important to include an educative paper on gender. This section features two of my papers. Lastly, since HIV/AIDS is a highly complex disease that leaves in its wake orphans, widows, over-burdened grandmothers, home-based patients, and which makes the poor poorer, skills of programme/project design and management are essential for faith communities; Prisca Mokgadi's paper seeks to provide them. The "HIV and AIDS Curriculum for Theological Institutions in Africa" forms the last chapter.

This book, therefore, is aimed at those who have begun grappling with the issue of integrating HIV/AIDS in their theological programmes. It is also for those who are thinking about it, but who are finding it difficult. Lastly, it is also for those in the church who need to deal with HIV/AIDS in their preaching, Sunday-school sessions and liturgy. It is for those who realize that, in a world where millions of people have died, perhaps our greatest challenge in pedagogy is how our teaching can help our students and communities to stay alive. The question of how our teaching can become part of the solution by helping the church and society in general to reduce the spread of HIV/AIDS and to provide quality care to those who are infected and affected is urgent. What is the point of our teaching if it cannot save lives and improve communities that are living under the shadow of death and hopelessness in this time of HIV/AIDS? This volume, therefore, invites every reader, and particularly

theological educators in their various academic fields, to ask themselves the questions with which I began:

- How am I affected by HIV/AIDS?
- How am I part of the problem (aiding the spread and lack of quality care)?
- How can I become part of the solution (arresting the spread of HIV/AIDS and aiding the provision of quality care)?

I believe that each one of us, individually and in our institutions, can make a difference in the struggle against HIV/AIDS, but we have to put away our indifference and begin to act. I am convinced that this is just one of the times when all of us, wherever we are, should say, "We are the world, we are the children, we are the ones to make a better world, so let's start doing something about it."

NOTES

- ¹ UNAIDS, Report on the Global HIV/AIDS Epidemic, Geneva, UNAIDS, 2002, p.8.
- ² UNDP, Botswana Human Development Report 2000: Towards an AIDS-Free Generation, Gaborone, UNDP and Botswana government, 2000, pp.9-14; and Facing AIDS: The Challenge, the Churches' Response, WCC, 1997, p.16.
- ³ Musa W. Dube, "Preaching to the Converted: Unsettling the Christian Church", in Ministerial Formation, 93, 2001, pp.42,45-46.
- ⁴ HIV and AIDS Curriculum for Theological Institutions in Africa, WCC, 2001.
- ⁵ Musa W. Dube and Tinyiko S. Maluleke eds, Missionalia, 29, 2001, and Tinyiko S. Maluleke and S. Sarojini Nadar eds, "Special Issue: Overcoming Violence against Women and Children", Journal of Theology for Southern Africa, 114, Nov. 2002.
- ⁶ Tinyiko S. Maluleke, "Towards a New Theological Education Curriculum for the 21st Century in Africa: HIV/AIDS and the New Kairos", in WCC Special Report: Methods of Integrating HIV/AIDS in Theological Programmes, WCC, 2001, pp.40.
- ⁷ Musa W. Dube, "Healing Where There Is No Healing: Reading the Miracles of Healing in an AIDS Context", in Gary Phillips and Nicole Wilkinson Duran eds, Reading Communities Reading Scripture: Essays in Honor of Daniel Patte, Harrisburg, Trinity, 2002, p.124

TEACHING AND TALKING ABOUT OUR SEXUALITY A MEANS OF COMBATING HIV/AIDS

Agrippa G. Khathide

Since the advent of HIV/AIDS the church has showed some reluctance to get involved in the debate about the epidemic and the fight against it. HIV/AIDS has been considered as God's punishment for the immoral corruption of humankind, a judgmental attitude which one hopes is no longer prevalent. Events such as our workshops are both heart-warming and highly appreciated, especially when we consider the spiralling rate of the epidemic in the southern African region.

The opportunity to participate and contribute to the debate on the HIV/AIDS epidemic is a privilege and responsibility. As someone involved in the training of church leaders, I have in fact little choice. Unless there is a collective endeavour to combat HIV/AIDS, we face the prospect of the annihilation of the human race.

Breaking the conspiracy of silence

As HIV/AIDS is largely a human sexuality issue, it is urgent to look into our attitude towards sex. Unless this changes, our fight against HIV/AIDS will become increasingly difficult.

We often find that when we talk about sex in public, we are faced with comments like, "Don't talk about sex, we are Christians" or "Don't talk about sex, we are Africans." If we are serious about fighting the epidemic, we need to tackle this conspiracy of silence firmly and resolutely. At the moment, instead of acquiring skills in talking about sex, we resort to the easy way out like distributing condoms to children and adults alike without proper education in matters of sexuality. It is also true that when HIV/AIDS struck we panicked, and in the desperate process of trying to find a remedy we ended up sending messages we did not mean. Though every strategy can be recommended, flooding people with condoms, especially in South Africa, has not had much success because the number of people infected is going up, not down.

The church, as a body that claims to be the conscience of humanity and the custodian of moral values, needs to lead in the campaign to break the conspiracy of

silence. But because of the history of silence on sexual matters, except to condemn, the church finds it difficult to open up.

Foster¹ notes that when people turn to the church for direction in sexual matters, they are usually met with stony silence or a counsel of repression. He concludes that silence is no counsel and repression is bad counsel. And because we have categorized HIV/AIDS as punishment for sinful living, the church has further marginalized the "clientele" it is supposed to serve. In most African countries the issue of silence is compounded by both our cultural socialization and spiritual or theological perceptions. It is important, therefore, to focus on these two factors and see how they contribute to the silence on sexual matters.

The ambivalence of culture

As a transmitter of values and moral code, culture has undoubtedly played a significant role in ensuring that posterity knows what is acceptable and what is not. Contrary to the racist opinion that African people have always been promiscuous, their cultural signposts indicate that African people in general have been proud of their good moral behaviour. In South Africa, among the amaZulu – a people whose culture I am closely associated with – people know what is culturally acceptable as right. For example, a young woman who is discovered to have lost her virginity before the wedding is said to have caused *ihlazo* (shame) for her people.

To ensure that young girls kept their virginity, some clans among the amaZulu made virginity tests. In the modern-day culture of human rights such exercises are discouraged, but it is nevertheless important to acknowledge the significance of their background.

Another important cultural institution that helped in the teaching of sexual behaviour to young people was initiation schools.² At separate schools young women and men were taught how to prepare for adult life, how to relate to people of the opposite sex and, in some tribes, how to have sex by simulation. Penetration was firmly forbidden until marriage.

When missionaries came to preach the gospel in Africa, they did away with many cultural institutions, most of which were good and helped to maintain the moral fibre of society. The problem was that missionaries did not come up with an effective replacement.³ Nothing was provided to fill the lacuna created in the process of Christianizing Africa.

But the flipside of the coin is that culture has fostered the conspiracy of silence. Generally, in most African cultures talking about sex in public is considered culturally taboo. If you do so, you are bound to be called names. Even those who try seriously to address sexual matters are shouted down. And it is worse if you are a

church minister: ministers are expected to talk about heaven and God, and if they have to talk about sex it is in hushed tones behind closed doors. They are afraid that if the congregation or their superiors find them talking openly about sex they will be disciplined or suspended. Consequently, church ministers end up being simply agents of culture rather than ambassadors of the truth. The conspiracy of silence continues.

The challenge to break the silence about human sexuality needs to be faced if we are to succeed in talking about HIV/AIDS. Perhaps the best place to break that silence is in the home. Parents must feel free to talk openly about sex to their children and allow them to ask questions.⁴ Most parents have abdicated their responsibility to give sex education to their children, in the hope that schoolteachers and the mass media will fill the void. Nothing on earth can substitute for parental guidance. Before our children hear about sex anywhere else, they need to hear about it at home first.

But I suspect that the reason parents are ashamed to talk about sex to their children is because marital partners themselves are ashamed to talk about sex to one another. In marriage, many people are afraid to talk about their sexual problems openly because they do not want to hurt the other partner. Some secretly resolve to be involved extra-maritally. If nothing helps, they may end up divorcing their partners. Often, after the divorce, people talk about the real reason why they separated from their partner. We need to look sex in the eye and stop regarding it as an idol of some kind.⁵

Spiritual and/or theological constraints

The irrelevancy of traditional theology

One of the problems of traditional Christian theology is that it was born in European settings of previous centuries. In the words of Mbiti⁶, this is the challenge we must face as the axis of Christianity tilts southwards towards areas, situations, cultures, concerns, traditions, religions and problems which are largely different from those which precipitated the theological output in the West over the last five hundred years at least. There is a tendency for African theological students to have to concentrate on past problems of the European church. They have not been made to study how to resolve pressing problems facing the African continent. Because of this heavy Eurocentric slant in our theology, African problems are treated as if they were unimportant.

The concentration of theology on past debates and disputes makes the African theological student unable to address present problems facing the African church and the continent as a whole. In the back of our minds we still think, as the African church, that the solution to the HIV/AIDS debacle will come from the West. There is a general lack of capacity to address problems as we experience them today on the

African continent.⁷ Perhaps the starting point would be to begin to prescribe to our students works by African authors. If there are none, it challenges us to begin to produce them. Our students need to have control over the context in which they live and hope to carry out their mission.

The problem of after-life emphasis

The tendency of Christian theology and the church as a whole to focus either on the past or life after death makes Christianity unable to grapple with problems of the present. Important as it is to assure people of their salvation, it is theologically irresponsible to think of Christianity simply in other-worldly terms.

Since HIV/AIDS is currently decimating humanity, it is incumbent upon the church not to shirk its prophetic and pastoral responsibilities. The hope that the church should give is both for the present and the future.

Dichotomizing reality

The dichotomy of reality by traditional Christian theology does not contribute at all positively to the solution of HIV/AIDS and other African problems. The inclination to separate life into different categories, for example, creation and redemption, the spiritual and the profane, visible and invisible, temporal and eternal, body and spirit, makes it difficult for the church to engage the problems of human existence in a meaningful way. When it comes to the African context, Oduyoye⁸ rightly reminds us that spiritual needs are as important for the body as bodily needs are for the soul. Such an acknowledgment will help us understand the scourge of HIV/AIDS in a holistic manner. The issue affects and touches on all of life and any effective tackling of the problem needs to take this into consideration.

Viewing the human body in a negative way

Due to historical factors like the influence of ancient philosophy, which regarded the spirit as pure and all matter as evil, the church has been tentative in handling issues that affect the human body directly. As the church we seem to be lacking in theological capacity and skills in addressing problems of the body. When it comes to such problems, we often experience a spiritual inadequacy and consequently pass the responsibility to other experts, whoever they may be.

But it needs to be said that Christianity has not always considered the body as the body. Thieliicke⁹ says that the fundamental contribution of Christianity to anthropology is that it rejects the partition and stratification of a human person and, instead, teaches that a human being is a psychophysical unity, in which the body is a "temple of the Holy Spirit" (1 Cor. 6:19, 3:16ff.), and therefore loses that inferiority which attaches to it in the Hellenistic tradition. The fact that the Spirit of God can inhabit the human body as well as have a healing effect (Rom. 8:11) should have tremendous implications for Christian theology.

Perhaps, more than anything else, the incarnation of Jesus Christ, the pre-existent Word (John 1:1,14), should help us adequately to comprehend the unity of a human being. In the incarnation of Christ the dualism of the spiritual and the profane, spirit and body, is dealt a serious blow.¹⁰ Based on our understanding of the incarnation, Bosch¹¹ believes that we have to turn our backs resolutely on our traditional dualistic thinking. It is, therefore, understandable that the human body is viewed positively in the Holy Scriptures. In the incarnation of Christ the body-life is affirmed.¹²

The demonizing of sex

Perhaps the reason why the church finds it difficult to handle sex and sexuality-related issues is because we have considered sex as belonging to a domain outside the sovereignty of God. Though we may find it hard to admit, it is true that human beings, including the church, regard sex as belonging to the devil – something that is associated with darkness, evil and wickedness. The church seems to be comfortable with the fact that sex education is the responsibility of governments, schools and NGOs. Thus sex remains taboo for the church. Even our African cultures have contributed to the present state of affairs.

The demonizing of sex has a long history in the Christian church. The tragic separation of sexuality and spirituality can be traced back to some prominent theologians in church history. Augustine, for example, in *The City of God*¹³ views human sexuality in a negative way. He calls sex the “shame, which attends all sexual intercourse”, “evil of lust” (even in the marital bond), “sometimes the impulse is an unwanted intruder”. Augustine even suggests that Paul’s warning, “For this is the will of God, your sanctification, that you abstain from fornication; that you know how to control your own body in holiness and honour, not with lustful passion, like the gentiles who do not know God” (1 Thess. 4:3-5), should be interpreted as meaning that a man who desires holiness “would prefer, if possible, to beget children without lust of this kind”.

To this day many Christians feel that their sexuality is nature’s strongest competitor for their loyalty to Christ, the reasoning being that a Christian cannot love both God and sex.¹⁴ Smedes believes that such people allow their feelings to tell them that sexuality is not a sweet gift of creation, but a bitter fruit of the fall. Such a view ignores the fact that biblical authors affirm human sexuality and see sex and sexual pleasure in marriage as God’s gift to be enjoyed.¹⁵

In our fight against HIV/AIDS it is critical to view human sexuality positively and thus allow the light of scripture to shine upon the area of sex. Perhaps it will be helpful to avoid traditional clichés like “sex is wrong”, “sex is sinful”, and “sex is bad”. Both abstinence¹⁶ and faithfulness are positive messages for the human race. Thieliicke¹⁷ points out that the “sexual nature of man and woman does not allow

human beings merely to follow impulse in blind, animal fashion, if the urge is to be satisfied". It is not as if human beings cannot control themselves sexually. It is for this reason, among others, that we need a theologically sensitive anthropology. The message of abstinence and faithfulness needs to be destigmatized. It is a message that needs to be understood against the background of a desire to build human character.

Suggestions

Demystifying sex

When it comes to sex many people are confused, confounded and inconsistent. We may be sure that we know what is right or wrong about things people do with sex. But few of us are really sure within ourselves about how we actually feel and how we ought to feel about the sexuality that is woven into the texture of our very beings. Some culturally and theologically conservative persons may secretly enjoy the sexual urges within themselves – some even pastorally advise enjoying sex with their marital partners without openly admitting it. On the other hand, the most liberated persons in a taboo-free age may still have residual feelings of shame about their sexuality. Other people try outrightly to deny their sexuality. Human beings carry within them a complex mixture of feelings about sex.

It is, therefore, imperative to demystify human sexuality. We need to lift the lid off it – the blanket of mystery on sex and related issues needs to be removed once and for all. The cultural and spiritual barriers prohibiting any discussion on sexuality must be destroyed. Discussing sex, which is very much part of us, will go a long way in helping us grapple with the scourge of HIV/AIDS in a meaningful way. Those who are infected and affected will hopefully find it easier to talk about their status and feelings more openly.

Vernacularizing our message

HIV/AIDS has for a long time been associated with the West. Many Africans find it acceptable to deal with sexual issues using a Western language, whether it is English, Portuguese or French. Without trying to be overly subjective, I have found that using my mother tongue in communicating a sex message, whether to young or old people, gets them to begin thinking and participating vigorously on the subject. When we name sex-related objects by their vernacular names – the penis, the vagina, intercourse – people tend to listen. It is true that some spiritual and cultural bigots may categorize such an approach as vulgar and insulting, but if we do not get people to listen, we need to resort to (theologically and culturally) unorthodox methods that may be ecclesiastically and culturally frowned upon but biblically inoffensive. The fact that Adam and Eve walked in unashamed nakedness in the

garden of Eden (or in the presence of God?) should be some relief to those who are afraid to talk about sex openly. Explicitness is not necessarily sinful, as some may want us to believe. This will hopefully open a way for husbands and wives, parents and children, and religious communities to talk openly about sex.

Reaffirming sexual equality

Addressing students at Vista university in Soweto once, I was confronted by a female student who said to me that she did not have a problem with Christ but she could not take the attitude of the church towards women: she said that whenever preachers talk about adulterers they actually refer to women. After giving it some thought, I had to agree that in fact she was right.

This has its origin in culture. In the many African cultures a man is not said to be committing adultery when he is extra-maritally involved. Such behaviour is described in glorified terms like *isoka*, *monna ke selepe*. Such an attitude gives men the freedom to move around and in the process hurt people; if these men are HIV-positive, they spread the disease with cultural and spiritual licence.

The oppression of women in the area of sex has a long history. The story of the woman who was said to have been caught in the act of adultery (John 8:1-11) should make us wonder why she was brought alone to Jesus and not with the man she was caught with, according to the law of Moses (Lev. 20:10). The oppression of women is also seen in marriage. More specifically, oppression is seen in sex, where a woman is considered as an object with no sexual feelings of her own. Married women must be able to feel free to express themselves sexually.

Theological training

These reflections tell me that we cannot teach theology the way we have been doing up to now. Unless our own students are liberated from the fear and shame of talking openly about sex, they will not be able to deal with situations within their own lives and in the lives of the people they are supposed to serve in the ministry. Perhaps the key is for us as lecturers to allow ourselves to be human beings and act as vulnerable creatures before our students, for them to be able to identify with us and with people ravaged by sexual frustrations and HIV/AIDS. This means that we have to move away from the image of theology as exclusive and begin to be involved in interactive and integrated learning. The need for involvement of other experts (religious or secular) and of the social sciences cannot be over-emphasized. Rather than producing ivory-tower theoreticians, we should produce "home-grown" intellectuals who can think with their communities, in the midst of them and for them as well.

Conclusion

Teaching and talking about our sexuality is an explicit acknowledgment that, as much as we are spiritual people, we are equally sexual. Talking about sex need not lead to sexual corruption. It should be viewed as a mechanism for airing thoughts and feelings in the hope of creating an environment in which people can express their sexual feelings without experiencing guilt. The suppression of sexual feelings often leads to behaviour that is not in line with ecclesiastically accepted belief and practice. The need to break the silence around human sexuality and HIV/AIDS is long overdue and the best place to do so is with those who have the task of preaching the good news.

Practical exercises

- Using the HIV and AIDS Curriculum for Theological Institutions in Africa (unit 1), design a course on “Human Sexuality, Culture, HIV/AIDS and the Church”.
- Make a one-month preaching plan on how you will foster positive thinking towards sex that also breaks the silence.
- Student assignment: Use field-work to collect and compare the views of church people and society in general on human sexuality and HIV/AIDS.

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¹⁴ Smedes, *Sex for Christians*, p.17.

¹⁵ Agrippa G. Khathide, *Bone of My Bones: Building Functional Marriages in Africa*, Auckland Park, AFM Theological Seminary, 2000, pp.81ff.

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METHODS OF INTEGRATING HIV/AIDS IN BIBLICAL STUDIES

Musa W. Dube

As I went about business as usual, teaching the synoptic gospels from a feminist, narrative, historical or redactional criticism and the like, there came a point that this academic approach began to become artificial and strange even on my tongue. I began to ask myself: Why am I talking about the historical context of Jesus, redactional criticism, narrative and all this stuff and skirting the main issue in this context and the gospels, namely, sickness and healing?¹

Teaching the synoptic gospels in an HIV/AIDS context thus forces me to rethink the purpose of the academy. I am forced to ask myself what good does my teaching do if it cannot address the most pressing needs of my students and society... I am forced to ask the "how" question – how can I make my teaching of the synoptic gospels, which are full of the healing miracles of Jesus, a social space for preparing students to live in their own context of HIV/AIDS.²

As African scholars and teachers of biblical studies in a time and context of HIV/AIDS, we are faced with a number of questions. How can we become partners in the struggle against HIV/AIDS? How can we help to provide quality care to the infected and affected, eliminate the stigma and discrimination around HIV/AIDS, and minimize the impact of HIV/AIDS on our societies? What methods can be used to mainstream HIV/AIDS in biblical studies? This latter question entails examining the usability of available methods as well as suggesting other new and creative ways of teaching biblical studies. This is indispensable, given that most of us who are currently teaching biblical studies have not learned about re/reading the Bible in the light of HIV/AIDS. Our efforts to mainstream HIV/AIDS in biblical studies must actively include the experience and the views of people living with HIV/AIDS (henceforth PLWHA). In what follows, I shall present what I have shared with many theological educators in Africa – often in poster form during the various training-of-trainers workshops I have held on integrating HIV/AIDS in theological programmes. I shall outline my poster presentation and then elaborate on each point. These include:

- defining the problem;
- stating the aim of mainstreaming HIV/AIDS in biblical studies;
- sharing the what and how of my pedagogical response;
- outlining possible methods under five headings: available methods, African biblical hermeneutics, a thematic approach, a book approach, and a comparative approach.

Defining the problem, and the rationale for including HIV/AIDS in biblical studies

As instructors in biblical studies it is important to have a clear understanding of why we should mainstream HIV/AIDS in our pedagogy. Being able to define the problem will guide us on what methods are needed for including HIV/AIDS in biblical studies. I would like to identify three factors which are important here.

First, HIV/AIDS is a major attack on life. Since biblical studies is a discipline that centres on the divine creation of life and the search for the divine will for all life and relationships, it cannot ignore HIV/AIDS's attack on life and how it affects particularly socially disadvantaged populations, who face poverty, gender inequality, violence, international injustice, racism, ethnic conflict, denial of children's rights, discrimination on the basis of sexual orientation and ethnicity.

Second, the impact of HIV/AIDS itself warrants a pedagogical response in biblical studies. Its incurability leads to fear, hopelessness, intense search for healing, poverty, death, orphans, widows, and over-burdened grandparents who have to take care of orphaned children. It underlines the need for transformative compassion.

Third, HIV/AIDS also has an economic impact as production decreases and costs increase. Socially, it affects relationships at all levels. In politics, it calls for particular leadership at community, national and international levels. Its incurability has raised spiritual questions and its interaction with other social epidemics has exposed culture and many social structures and institutions as inadequate and in need of a review.

One could go on and highlight its impact on all aspects of life. But the basic point is that HIV/AIDS is not just a medical issue or one of lack of sexual morality, as some have maintained. It impacts individuals, families, communities and nations. Consequently, the fight against HIV/AIDS has been correctly defined as needing a "multi-sectoral approach". That is, all departments, disciplines, all of us, wherever we are and whatever discipline we pursue, should ask how we are contributing now and how we can contribute in the future to the lessening and the final eradication of HIV/AIDS. It is our moral obligation as biblical educators to do all we can in the prevention of HIV/AIDS, the provision of quality care for the infected and affected,

the elimination of stigma and discrimination, and minimizing its impact on our worlds. We must equip our students to live and operate in HIV/AIDS contexts and to contribute towards eliminating this epidemic and gaining new knowledge that can improve life in general.

The issue of spirituality and HIV/AIDS brings us much closer to home. Since the Bible is not just a collection of literature but rather a book that is read by millions in search of all the answers to life, obviously its interpretation in the light of HIV/AIDS is unavoidable.³ As individual and faith communities have tried to explain HIV/AIDS, they turned to the Bible. It is notable that most of the early interpretations were negative and served to stigmatize those affected and infected since they relied on texts that associated illness with a punishment sent by God on those who are immoral and disobedient (Deut. 7:12-15, 28:27-29).

While there is no guarantee that such interpretations of the Bible are no longer prevalent, as teachers of biblical studies we have to face our responsibilities. How can we re-read the Bible in the light of HIV/AIDS, to become part of the solution or as part of our search for healing and the healing of the world? Given the newness of HIV/AIDS, most of us will have to be creative and research-oriented in our teaching, especially because most of our library collections are silent on the issue. I will share with you briefly how I have responded to this challenge as a lecturer in New Testament.

Sharing my story: one pedagogical response to HIV/AIDS

Like many others, while I perceived the spiritual questions raised by HIV/AIDS, I did not immediately see a direct link between my work as a New Testament lecturer and the fight against the disease. So my earliest response was in fact liturgical. As I was writing my doctorate, I was also writing HIV/AIDS gospel songs, but the two remained separate. I did not immediately see how HIV/AIDS should feed into my academic work.

My second move was an attempt to use my skills as an educator to produce a teaching tool for church ministers. I worked on producing a video entitled *AfricaPraying: Orphans Need Love*. The video documents the situation of orphans, what churches are doing about their plight, what they are able and wish to do, and what their limitations are. The video is thus both documentation but also a mobilizing and teaching tool on behalf of orphans. Producing this video brought me into contact with the world of project design and the search for sponsors. But even more importantly, it took me to real sites and brought me face to face with affected children and their care-givers and the reality of the stigma of HIV/AIDS. Despite all this, I still had not brought HIV/AIDS to my classes in the university of Botswana.

I was shocked into bringing HIV/AIDS into my teaching by the realization that it was futile if it could not address the havoc caused by the epidemic. I was then

teaching a second-year course on the synoptic gospels to a large class of two hundred students. The majority of the class members were between 18 and 40 years of age. With an HIV/AIDS infection rate in the range of 38 percent among sexually active people in Botswana, I was suddenly struck by the fact that almost half of my class members might not be alive in ten years' time. This devastating thought made me realize how futile my teaching was. I began to ask myself what was the point of teaching the synoptic gospels to this group of young people if it could not help them stay alive or live and operate in an HIV/AIDS context – if they could not even live long enough to utilize this knowledge. So how could I teach the New Testament in such a way that it would help my students to have an understanding of HIV/AIDS and its impact, and how we can all take part in the struggle against it?

There was a second reason that pushed me towards mainstreaming HIV/AIDS in New Testament studies. This had to do with the content of the synoptic gospels, namely, the miracles of healing performed by Jesus. As I narrate this story elsewhere,

...The miracles of healing seem to be [present] throughout these texts. As we read, we become consciously aware that we are reading two texts: the ancient biblical text and the text of our lives. The merging of these two texts is sharply ironic, for Jesus goes about healing all diseases and illness, while we believers in Christ know too well that there is no healing where we stand. Despite this overt contradiction, Jesus, who heals all diseases instantly and without demanding payment, represents our deepest prayers and wishes.⁴

Confronted with this crisis in my teaching vocation, I began to devise ways of integrating HIV/AIDS in my university work. First, I encouraged students to write their dissertation on the subject by making it clear that I would be happy to supervise any work in this area.⁵ Second, I assigned students various passages on the miracles of healing and asked them to design a questionnaire. Then they were to find four or five people from the outside community to read the passage with them through the questionnaire. In this way, students would read the miracles of healing with people in the community, compile their findings and present some of these findings in the classroom. This enabled us to discern the theology that arises from our HIV/AIDS context. More importantly, it broke the silence surrounding HIV/AIDS and brought all of us to talk. Breaking the silence revealed that,

In this process of talking, we participate in our own healing as we come to define ourselves as “all affected” by HIV/AIDS in our country, region and continent. The classroom becomes a social space for “tough encounters” as we take the moment to talk about what is really happening and how best we can bring ourselves to live with each other and our situation.⁶

In addition, my examination always included a question on some aspect of HIV/AIDS and how it can be seen from the perspective of the New Testament.

The third method I used was to mobilize my department to mainstream HIV/AIDS in our research, writing and publications. I happened to be the seminar coordinator for the department at the time, responsible for organizing speakers, from the department and elsewhere. So I proposed an academic year-long series of papers that focused on HIV/AIDS from our various areas of specialities as scholars of religion. Some rejected this idea, others supported it. To make it more appealing, I successfully approached a well-known journal and proposed to edit a special issue on HIV/AIDS and theological education, using the papers from the seminar. With a promise that their papers would be published in a good journal, I won the support of more colleagues and I also found speakers from outside the university community. I e-mailed an academic year-long programme of fortnightly presentations to the whole university community and things began to roll.

Every two weeks, except during exam time, we had a presentation. The seminars brought together students, staff, the university community in general and all interested outsiders. Soon our department was noted for its exemplary leadership in mainstreaming HIV/AIDS in our work. Again, the seminars served as a space for breaking the silence and hearing each other out. The end result of these seminars was published in *Missionalia*.⁷

This story, I believe, gives us various methods of integrating HIV/AIDS in biblical studies and in religious studies in general. First, it demands intellectuals that are interconnected with both their religious communities and society in general. This led, even before I brought HIV/AIDS to my university teaching, to liturgical writing and to the production of a teaching tool geared to mobilizing the religious community. Clearly, it calls for an activist biblical scholar. Second, the method of reading the Bible with and from the community was used to generate and discover a contextually relevant theology of our time. Third, research and the seminar approach also help to mainstream HIV/AIDS not just at individual level but also at departmental and campus-wide level through bringing people together to discuss the issue, but also through students' dissertations. These, I believe, are some practical methods, but there are countless other ways, as I will outline below.

Some methods of mainstreaming HIV/AIDS in biblical studies

There are many ways of integrating HIV/AIDS into biblical studies and theological programmes in general. Whatever methods we adopt, they should seek to address some of the above-mentioned problems that are precipitated by HIV/AIDS, and to contribute towards prevention, provision of quality care, elimination of the stigma of HIV/AIDS and discrimination, as well as minimizing its impact. Given the complexity of the disease and the fact that it is closely linked to various social epidemics, it is

critically important that whatever methods and frameworks we choose to use should equip students with the capacity to analyze poverty, gender, racism, human-rights abuse, violence, national and international relationships, in biblical texts and today's communities. Since HIV/AIDS affects various if not all aspects of our lives, it is also important that a teacher's approach should creatively utilize the available methods as well as seek new ways. Similarly, we should create separate core courses but also integrate HIV/AIDS in available ones; and there should be courses targeting both registered students and community workers. Given the vast impact of HIV/AIDS in almost all aspects of life, it should now be possible to design diploma and post-graduate programmes that allow students to specialize in any area of religion and HIV/AIDS. All these factors also point to the importance of co-teaching and bringing different specialists to the classroom to address particular issues, since no one individual can be specialized in all areas affected by HIV/AIDS.

Teaching or re-reading the Bible in the light of HIV/AIDS means that such methods will have to be contextually oriented and theological. That is, the approach will be to read the Bible not only as an historical and ancient book, but also with an eye to current concerns. Luckily, both in African and worldwide biblical studies such an approach is now possible and recognized. In African biblical studies, as in most two-thirds world contexts, inculturation and liberation hermeneutics of the Bible have always been contextual. As Justin Ukpong points out, "This involves a variety of ways that link the biblical text to the African context such that the main focus of interpretation is on the communities that receive it rather than on those that produced it or on the text itself as in the Western methods."⁸ Yet even in Western scholarship methods and theories such as reader-response, feminist and social location mean that biblical readers cannot avoid reading with their own concerns, identity and experience in mind. Basically, a contextual biblical study is inevitable.

Depending on various factors, such as one's situation, training, speciality in methods, interest, type of students and academic environment, one can choose to use one of the following categories of methods in teaching biblical studies in an HIV/AIDS context: available methods, available African biblical methods, a thematic approach, a book approach and a comparative approach. Whatever the method used, it should be creative and imaginative.

Available methods of biblical studies

There is a wide range of methods in biblical studies, which are sometimes classified under three groups: historical, literary and social-scientific.⁹ Some methods of biblical reading function in combinations. For example, feminist biblical reading can use historical, literary or cultural perspectives. At the same time, some literary (rhetorical and genre) and cultural (cultural anthropology) methods can be historical, that is, reading the biblical text as an ancient artefact that must be

understood in its own terms. In short, there is some overlap in the three categories of methods. However, I believe every category can be helpful in re/reading the Bible in this time of HIV/AIDS.

To start with the historical approach, those who use historical criticism can particularly help us to have a better understanding of illness and healing in ancient times and biblical thinking. Given that the initial response to HIV/AIDS focused on those biblical passages that associated illness with disobedience and punishment by God (Gen. 30; Num. 12, 14 and 21:4-9; 2 Sam. 24), a historical approach can help us to understand the context in which these passages were written and used. Such an approach can also highlight various other biblical perspectives of understanding illness, particularly that illness is not always a consequence of disobedience and divine punishment.¹⁰ Similarly, historical perspectives can also highlight biblical perspectives on social epidemics such as poverty, gender inequalities, national corruption, international exploitation, exploitation of widows and orphans. Historical feminist methods of reading can particularly help to highlight both oppressive gender relations in the Bible and those that empower both sexes. The latter could give us an entry-point to advocate gender empowerment, given that gender inequalities have been identified as a major driving force behind the spread of HIV/AIDS.

Literary methods are various. They include narrative, rhetorical, genre, structuralism, reader-response, ideological, psycho-analytical, feminist, social location and post-colonial theories. Some of the methods are concerned with analysis of the text more from a historical perspective (Greek rhetorical and genre) than from a contemporary one. Some are more interested on focusing on the text itself than on history or the present (narrative and structuralism). However, all ways of reading will of necessity include the reader, the text and the context. For, example, reader-response theories can work in combination with most literary/historical and cultural methods. The presupposition is that different readers will highlight different aspects of the text depending on their experiences, identity and context. In short, the social location of readers informs the type of biblical interpretation they will make. If we are reading in a world and a context of HIV/AIDS, it follows that narrative, ideological, psycho-analytical, feminist and post-colonial methods will highlight those themes that have been vividly brought to the fore for us by HIV/AIDS. Literary methods of analysis are therefore particularly useful for the integration of HIV/AIDS in the reading of various passages.

To cite one example, I have read Mark 5:24b-43, the story of the bleeding woman and the dead young girl, from a feminist and HIV/AIDS perspective with different groups.¹¹ I begin by inviting the group to do a narrative analysis, asking the participants to identify characters, setting, narrators, and the rhetoric of the

passage. We then move to a gender analysis of our narrative findings and of the passage. Here we note the difference between men and women in terms of role and power. Lastly, I suggest reading the passage from an HIV/AIDS context. Here we are struck by doctors who cannot heal, patients who lose all their savings in the search for healing, the stigma that is attached to some illnesses, Jesus as a religious leader who is so sensitive to the touch of a desperate woman and who stops to listen, fathers who are actively involved in care, mothers who are imprisoned by having to give 24-hour care, mourning communities who have lost their children, and the chilling reality of the death of young people. Basically, in reading the text in the light of HIV/AIDS we find many similarities and helpful models. This text, for example, becomes important for calling for religious leaders who care (Jesus and Jairus); for an absolute insistence on hope and life even in the face of death and hopelessness (the bleeding woman and Jesus' words at the news that the daughter is dead and to the mourners); for the need for young people to hear the call to arise into life against death by HIV/AIDS (symbolized by the rise of the little girl); for understanding the gender reality of illness, suffering, poverty and care (the bleeding woman, the little girl and the mother). The biblical text thus becomes mirror-like, enabling us to see and understand our HIV/AIDS context as well as giving us ideas for transformation. While this is one example, I believe one can apply a narrative feminist and HIV/AIDS reading to any passage which seems suitable. Similarly, those who do ideological and psycho-analytical criticism can also give us useful insights into re/reading the Bible in a context of HIV/AIDS.

Turning to the social-scientific paradigm, some of the methods listed under this category are social description, sociological analysis, Marxist readings, cultural anthropology and archeology. The presuppositions and questions of some of these methods closely resemble historical methods which emphasize letting the ancient text speak in its own terms.¹² Social description is an explanation and elucidation of the institutions and customs of the biblical community.¹³ According to Priest, it seeks to describe the changes that take place in the long history of Israel, without explaining the reason, while a sociological approach uses macro-theory in an attempt also to explain the changes.

Cultural anthropology, on the other hand, focuses on the total life of a society and sometimes uses cross-cultural models where data are missing.¹⁴ It deals with the symbolic universe, societal institutions such as family, politics, economic and cultural values of a society.¹⁵ The ancient biblical text is seen as an artefact that represents, therefore, its place and time of origin – and it should be read on its own terms. Marxism, on the other hand, lays great emphasis on class analysis and material production. The usability of social-scientific methods is the same as the one described above for historical criticism. But its use-ability may even be more important for understanding our current social systems and how they help or hinder

the struggle against HIV/AIDS, and in particular how societies and a people's social institutions, structures and symbolic worlds inform their response. Marxist tools of analysis remain essential for understanding poverty and seeking economic transformation and justice.

African methods of reading

African biblical studies tend to be categorized under inculturation and liberation hermeneutics. The latter includes black biblical hermeneutics of South Africa and African feminist biblical readings, while the former tends towards a comparative approach to the Bible and African religions. Both methods are contextual, given that they read the Bible with current concerns in mind.

How can inculturation hermeneutics help us to re/read the Bible in the light of HIV/AIDS? There should be countless ways of doing this, depending on the most important theme or subject in a given place. For HIV/AIDS prevention, one can design a course on prevention of disease in African religions, and the Bible and the HIV/AIDS epidemic. Such a course could also focus on care and stigma from both religious perspectives, and explore what is useful and what needs to be reimagined. It would be interesting to have a course on an inculturation approach to the social epidemic of HIV/AIDS. Here one would explore what both approaches say about social injustice and how that can inform our struggle against HIV/AIDS.

Turning to liberation hermeneutics, its use of class, race, gender and ideological analysis¹⁶ is quite central to re/reading the Bible in the light of HIV/AIDS. Current HIV/AIDS research and documentation underline that poverty and gender inequalities are lead causes in the spread of the disease. Any method that seeks to read the Bible in the context of HIV/AIDS cannot afford to be silent about or ignore doing class and gender analysis. Both black and African feminist methods of reading the Bible equip us with such skills. Most church leaders' response to HIV/AIDS stops, pitifully, at a personal level (insisting on A/abstain and B/be faithful as the answer), which fails to acknowledge that individuals are socially located and the decisions they make are dependent upon that. Thus any pedagogical approach that assists students and church ministers to understand poverty and gender analysis will be extremely helpful in creating a church that is HIV/AIDS-competent and sensitive. Under the umbrella of liberation hermeneutics, one can do a thematic or comparative study of a particular book in the light of HIV/AIDS. Some examples could be Genesis 1-4: a liberation and HIV/AIDS approach; Exodus 1-12: a liberation and HIV/AIDS reading; the gospel of Luke: a liberation and HIV/AIDS approach; or Galatians: a liberation and HIV/AIDS re/reading. A liberation approach also assists the reader to analyze not only the text but also the society and to insist on transformative justice. The value of this method simply depends on using a little imagination.

Although the work of African women is categorized under African liberation hermeneutics, their innovative methods deserve separate attention. Most of these are captured in *Other Ways of Reading: African Women and the Bible*, but they are also more detailed in the individual works of the women who have contributed to the book. As I have explored their methods and how they can be used in the fight against HIV/AIDS elsewhere¹⁷, I will simply outline them here.

Teresa Okure has, in a number of her works, insisted on a hermeneutic of life. She holds "that the Bible is about life and for promoting life... if it is consequently accepted that the primary hermeneutical key for writing and comprehending the Bible is life, then the question should be: How can the life experiences of the contemporary reader serve as key for reinterpreting the Bible?" (emphasis added).¹⁸ Okure underlines that a biblical interpreter is anybody who "reads the biblical text in order to discover life..."¹⁹ and that "any interpretation that fails to do this... becomes suspect and should be regarded as inauthentic", for it has failed to "be in tune with this universal intention of God to liberate, save and sustain life".²⁰ I believe the usefulness of this hermeneutical point of view in the struggle against HIV/AIDS speaks for itself in so far as re/reading the Bible to save life is concerned – be it for prevention, care, elimination of stigma or minimizing the impact of the epidemic. Much can be said and done through this hermeneutic of life.

Story-telling and divination methods that are elaborated in *Other Ways of Reading* would, I believe, be very useful. Story-telling of the text and of the life of the listeners or readers can serve to break the silence and to hear each other out. This story-telling includes retelling biblical stories in the light of contemporary concerns²¹ and also bringing together African cultural stories and the Bible to be read together.²²

Musimbi Kanyoro has proposed gendered communal and cultural hermeneutics, which takes both the Bible and African cultures seriously and which also seeks to do theology with and within the community for transformative reasons.²³ Reading African cultures and the Bible together with the community to highlight gender and other social injustices would serve well in our search for a healing theology at a time of HIV/AIDS. As she underlines, "For us in Africa, it does not matter how much we write about our theology in books, the big test before us is whether we can bring change in our societies."²⁴ Similarly, divination which insists that health should be regarded as good relationships and that we are responsible for each other's health is central to understanding HIV/AIDS and addressing the social evils that encourage it in our search for healing.²⁵

A thematic approach

One approach that may be usable is to study a particular theme that is central to HIV/AIDS. Some of these include life, sickness, compassion, healing, fear, hope,

sin and forgiveness, widows, orphans, advocacy/prophets and human sexuality. Alternatively, themes may focus on the category of social epidemics that fuel HIV/AIDS: we have already named poverty, gender inequalities, violence, exploitation of children, human-rights abuse, racism, national corruption, international justice, stigma and discrimination on the basis of sexual orientation, and ethnicity.

One can choose any one of these, or a combination, and follow it in various biblical books in order to identify, acknowledge and isolate various useful and unhelpful perspectives on a particular theme in relation to HIV/AIDS. For example, one could teach a course on healing in the synoptic gospels, or the creation of life in Genesis, or gender relations in the New Testament, the biblical concept of sin, stigma and discrimination in the Bible, or poverty and health: biblical perspectives in the light of HIV/AIDS. Whatever theme is chosen may be determined by what is the most burning issue in a particular context or for a given audience. For example, those who are in the Northern hemisphere may choose topics such as international injustice and HIV/AIDS, or advocacy, prophecy and HIV/AIDS.

A book approach

Another framework is what I call a book approach. One can pick a particular biblical book and study it in the light of HIV/AIDS or one of the pertinent themes. There should be countless number of things one can explore, given the sixty-six books of the Bible and the various issues that arise from HIV/AIDS. To mention just a few, a course on the Song of Songs, human sexuality and HIV/AIDS could explore a biblical language of openly discussing human sexuality, of both genders enjoying open expression in sexual relations, and how this can assist us to break the silence and affirm gender equality among partners. A course on Job and HIV/AIDS can explore the suffering of the righteous, the role of friends in giving social support to the sick, an understanding of the concept of illness that brings loss of material possessions, and human relations. The story of Job, in particular, highlights the fact that we cannot always assume that those who are sick are being punished for their immorality. In the New Testament a course on the gospel of Mark and HIV/AIDS can explore perspectives for healing the sick, stigma and discrimination, advocacy on behalf of the marginalized and empowerment of children. Similarly, one can study Leviticus and HIV/AIDS prevention, or the gospel of John and HIV/AIDS.

What is important in all these possibilities is to ensure that students have tools of analysis that assist them to deal with the complexity of HIV/AIDS and especially how it links with poverty, gender inequalities, violence, or other social evils.

A comparative approach

In a comparative approach, we can compare themes, books or even religions on HIV/AIDS or a particular aspect of the epidemic. For example, we can do a course on healing in Leviticus and Job; or healing in the Hebrew Bible and in African religions; sin in the Old Testament and African religions and the HIV/AIDS context; or sin in the Hebrew Bible and the New Testament and the HIV/AIDS context. Similarly, we can compare stigma in both Testaments with perspectives from indigenous religions and how it helps or does not help to eliminate HIV/AIDS stigma and discrimination. We can also explore such topics as gendered perspectives of illness and care in the biblical worlds and in the HIV/AIDS curriculum.

Conclusion

All the above approaches can employ any analytical tools that are already available in biblical literature or social sciences. A thematic, book or comparative approach can thus use historical, narrative, ideological, class or feminist methods of analysis as and when the teacher finds it necessary. In fact, one may/would have to employ a combination of methods, given the complexity of the HIV/AIDS epidemic. One would do well to co-teach with colleagues of other specialties, and also to invite guests from outside to address particular areas of the epidemic. The involvement of PLWHA is a must, given that their experiences must inform any articulation of a biblical hermeneutics that seeks to combat HIV/AIDS. In whatever way they can, teachers will have to be creative in their methods of teaching and in finding the resources, given that a direct link between the Bible and HIV/AIDS is a subject that is yet to be examined and hence is scarcely featured in most library collections. In one way or another, they will need to use a participatory and research-oriented approach of teaching to facilitate a space for breaking the silence, for healing and care as well as for taking an active part in the elimination of the HIV/AIDS epidemic.

Our role as biblical educators in the fight against HIV/AIDS may seem very small, but it is nonetheless indispensable. When we employ some of the above frameworks and methods, or any other that we find useful, we will be doing our part in seeking to reduce the spread of HIV/AIDS, ensuring that there is provision of quality care, contributing towards the elimination of the stigma, minimizing the impact of HIV/AIDS, and helping our students and communities to stay alive. For this commitment, I say to you, "A luta continua!" – the struggle continues.

NOTES

- ¹ Musa W. Dube, "Rereading the Bible: Biblical Hermeneutics and Social Justice," pp.57-68, in Emmanuel Katangole ed., *African Theology Today*, Scranton NJ, Univ. of Scranton Press, 2002, p.64.
- ² Musa W. Dube, "Healing Where There Is No Healing: Reading the Miracles of Healing in an AIDS Context", pp.121-33, in Gary Phillips and Nicole Wilkinson Duran eds, *Reading Communities Reading Scripture: Essays in Honor of Daniel Patte*, Harrisburg PA, Trinity, 2002, p.124.
- ³ Johanna Stiebert, "Does the Hebrew Bible Have Anything to Tell Us about HIV/AIDS", in *Missionalia*, 29, 2, 2001, pp.175-76. See also the following paper.
- ⁴ Dube, "Healing", p.122.
- ⁵ Some of them include Tom Lekanang, *Church Men Can Make a Difference in the Struggle against HIV/AIDS*; Boboshe Hdwaza, *The Role of the Church in the Fight against HIV/AIDS*; Portia Liphoko, *Married Women, the Church and AIDS*. All these are University of Botswana dissertation projects for undergraduates.
- ⁶ Dube, "Healing", p.125.
- ⁷ M.W. Dube and Tinyiko Maluleke eds, *Missionalia*, 29, 2, Aug. 2001.
- ⁸ Justin Ukpong, "Developments in Biblical Interpretation in Africa", in *Journal of Theology for Southern Africa*, 108, 2000, pp.3-18.
- ⁹ Fernando Segovia and Mary Ann Tolbert eds, *Reading from This Place*, vol. 2, Minneapolis, Fortress, 1995, pp.1-32.
- ¹⁰ Stiebert, "Does the Hebrew Bible...", pp.178-81.
- ¹¹ See Musa W. Dube, "Talitha Cum: Calling the Girl Child and Women Students to Life in the HIV/AIDS and Globalization Era", unpublished paper presented at the executive committee meeting of the World Student Christian Fellowship, Kempton Park, Johannesburg, 12-24 Feb. 2002.
- ¹² Jerome H. Neyrey, *Paul in Other Words: A Cultural Reading of His Letters*, Louisville, John Knox, 1990, p.13.
- ¹³ J.F. Priest, "Sociology and the Hebrew Bible Studies", pp.483-87, in John H. Hayes ed., *Dictionary of Biblical Interpretation, K-Z*, Nashville, Abingdon, 1999, p.483.
- ¹⁴ *Ibid.*, pp.484-85.
- ¹⁵ Neyrey, *Paul in Other Words*, pp.12-30.
- ¹⁶ I. Mosala, *Biblical Hermeneutics and Black Theology in South Africa*, Grand Rapids MI, Eerdmans, 1989; and Dube, "Divining Ruth for International Relations", pp.179-98, in Musa W. Dube ed, *Other Ways of Reading: African Women and the Bible*, WCC Publications, 2001.
- ¹⁷ Dube, "Rereading the Bible".
- ¹⁸ Teresa Okure, "First Was Life, Not the Book", pp.194-214, in Teresa Okure ed., *To Cast Fire Upon the Earth: Bible and Mission Collaborating in Today's Multicultural Global Context*, Natal, Cluster, 2000, p.198.
- ¹⁹ In Segovia and Tolbert, p.55.
- ²⁰ *Ibid.*, p.57.

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- ²¹ Rose Teteki Abbey, "I Am the Woman", pp.23-26, in Dube, *Other Ways of Reading*.
- ²² Madipoane Masenya, "Esther and Northern Sotho Stories: An African-South African Women's Commentary", pp.27-50, in Dube, *Other Ways of Reading*.
- ²³ Musimbi Kanyoro, "Engendered Communal Theology: African Women's Contribution to Theology in the 21st Century", pp.158-80, in Nyambura Njoroge and Musa W. Dube eds, *Talitha Cum: Theologies of African Women*, Natal, Cluster, 2001.
- ²⁴ *Ibid.*, p.160.
- ²⁵ Dube, *Other Ways of Reading*, pp.179-98.

DOES THE HEBREW BIBLE HAVE ANYTHING TO TELL US ABOUT HIV/AIDS?

Johanna Stiebert

The statistical figures on the prevalence of HIV and AIDS in sub-Saharan Africa are often cited, well known and frightening.¹ Botswana is very much at the centre of the HIV/AIDS pandemic.² Having lived there for more than one year now, I have read some of the numerous articles on this grim topic in the national newspapers and I am frequently alerted to red ribbons and to billboards and posters advising, "ABC: abstain, be faithful, condomize." HIV/AIDS has also begun to acquire distinctly more personalized features: I have visited the hospital in Mochudi near Gaborone and seen there the desperate misery of the final stages of the virus and I have empathized with the pain in the faces of friends and colleagues who have lost loved ones.

The University of Botswana, the country's largest tertiary institution, is also affected by the pandemic. There are regular death notices concerning both staff and students (though HIV-related illnesses are never cited as the cause of death); HIV/AIDS features prominently in the seminars of various university departments, as well as in public addresses by senior members of the administration and in student discussion forums. Recently, furthermore, a study by the World Health Organization, focused particularly on HIV/AIDS in the context of the University of Botswana, received a high profile. The situation in the University of Botswana, as in the country as a whole, is very serious – the signs are there.

Due to this very real and far-reaching threat, members of the university have been urged to do all they possibly can to halt the spread of HIV/AIDS through leading by example and behaving responsibly themselves, and through bringing this topic to the forefront wherever possible. In our department of theology and religious studies, too, the impetus to "do our bit" is strongly felt. Recently, the idea was proposed that the departmental seminar, which has been meeting regularly at fortnightly intervals, should aim to explore HIV/AIDS in terms of its impact on and implications for our subject. All members of the department were requested to give thought to the question of how HIV/AIDS can be incorporated into teaching the variety of courses we offer. Where ethical philosophy is concerned, accommodating and addressing

the issue is not difficult. Likewise, courses on contemporary or pastoral theology lend themselves to addressing HIV/AIDS. However, I, as a linguist and scholar of the Hebrew Bible, felt at a loss as to how I could possibly incorporate the topic. I had no hesitation in agreeing that HIV/AIDS education at every level is imperative, that students learn best if they can see how course content applies to and has relevance for something that concerns them (and HIV/AIDS certainly concerns them), and also that a university should do its utmost to make a positive contribution to society (and what could be more positive than making a contribution to extending both life and the quality of life?). I remained sceptical, however, about incorporating the critical issue of HIV/AIDS successfully and legitimately.

My honest answer to the question posed in the title of this paper is, "The Hebrew Bible can tell us nothing about HIV/AIDS." There is, of course, no biblical Hebrew word for HIV/AIDS. There is, in fact, mention of very few identifiable illnesses or diseases. So why have I decided to write this paper after all? The reasons are threefold. First of all, the Hebrew Bible, being the canon of Judaism and a significant part of the canon of Christianity, too, is believed by many to have authority. It continues to be read for guidance and for inspiration, for comfort and for obtaining wisdom. It is believed to have special significance and to be a store of knowledge and teachings that reach down to us through the ages. Because of its continuing relevance, believers looking for answers to their questions will still ask, "What does the Bible say about it?" Many of my students are Christians and when they ask me, they are earnestly seeking an answer from the biblical text.

Secondly, leading on from this, in Judaism in particular there exists a long-established tradition of finding answers to today's questions in ancient canonical texts. There is among many Jews an inherent belief that the Torah is a complete revelation: if it is read closely, it contains guidance and instruction on a myriad of issues. To this day in a continuation of the *Responsa* literature rabbis receive questions from the community and attempt to provide an answer based on Torah, the Talmud and commentaries. As new questions arise in modern circumstances ("Is genetically modified food kosher?", "Is cloning acceptable?") biblical texts continue to be scrutinized for advice. Admittedly, the answers sometimes rely on extraordinary casuistry and very convoluted readings but there is none the less a precedent for my intention of turning to the Hebrew Bible for seeking guidance on HIV/AIDS.

My third and final reason for this paper is that I have been disturbed by the misinformation that has (allegedly) been derived from the Hebrew Bible. One young woman remains in my memory. We had both heard a paper entitled "In God We Believe, in Condoms We Trust", by James N. Amanze, a colleague in the department. The paper explored whether it was proper for a Christian to use

condoms in order to protect himself and/or a sexual partner from HIV/AIDS and it generated a lively debate. Afterwards the young woman, a first-year student, said to me, "My pastor says it is wrong to use condoms: it says so in the book of Judges in the story of Sodom."³ I assured her fervently that there is no mention of condoms in Judges or anywhere else in the Bible but she remained sceptical. Of course the Hebrew Bible is a diverse collection of writings, which could be used to illustrate or prove many things. Still, if believers trust that their canon is a legitimate source for guidance in contemporary times then I am concerned that they know more precisely what it says.

The focus of this paper is narrow. It will explore how disease and illness are depicted in the Hebrew Bible. Following on from this (and, admittedly, using my own subjective and casuistic means), I will attempt to show how this depiction could provide some guidance for people who today are living in an environment such as contemporary Botswana where HIV/AIDS is endemic.

What does the Hebrew Bible say about illness and disease?

There are a number of biblical Hebrew words pertaining to illness and disease. These tend to be imprecise in meaning. Very common is the verb *chalah*, "to be weak, sick", from which are derived the nominatives *machaleh*, *machalah* and *choli* ("weakness, illness"). Another family of words is derived from the verb *dawah*, "to be ill, unwell" from which are formed the nominatives *madweh* and *dewaj* ("faintness, sickness"), as well as the adjective *daweh*, "faint". The noun *deber* is most often translated "plague" and seems to refer to an epidemic disease or pestilence. The most commonly mentioned contagious disease is *tsara'at*, some form of skin disease, often translated "leprosy".⁴ Words for healing are derived from the verbal roots *chajah* (most often meaning "to live", here in the sense of "to revive"), *shub* (most often meaning "to return", here in the sense of "to restore") and *rafa'* ("to heal", from which is derived the noun translated "healer/physician", see Gen. 50:2 and 2 Chron. 16:12).

In conformity with the dominant assumption of the Hebrew Bible that the god YHWH is in control of every aspect of the universe, it is – unsurprisingly – very often he who is described as directly responsible for initiating illnesses or diseases. Sometimes the disease is depicted as divine punishment. In the Torah this is demonstrated, for instance, in Deuteronomy 7:12-15, where infringement of God's commandments will precipitate "the dread diseases of Egypt". In Deuteronomy 28:27-29, 35 and 61, too, sickness and disaster are among the curses for disobedience. Leviticus 26:16 also promises that failure to carry out God's commands will culminate in wasting disease and fever. Furthermore, a skin disease strikes Miriam after God has rebuked her for rebelliousness towards Moses – again,

the disease appears to be a consequence of transgression and, therefore, part of the punishment (Num. 12).

This pattern of cause and effect is reflected also in other parts of the Hebrew Bible. God's inflicting of illness as a means of punishment is indeed a prominent theme. Jehoram's lingering disease of the bowels (a prolapsed rectum, or dysentery?) is mentioned directly after the comment that he forsook God (2 Chron. 21:12-15) and "an evil spirit from the Lord" afflicts Saul (1 Sam. 16:14) after he fails to follow divine instruction (1 Sam. 15:24-26). Both Nebuchadnezzar of Babylon (Dan. 4:28) and Uzziah of Judah (2 Chron. 26:19), furthermore, are punished for pride: Nebuchadnezzar loses his sanity; Uzziah instantly develops a skin disease. Both men, it is implied, are afflicted by God: hence Nebuchadnezzar is cured immediately when he raises his eyes to heaven and praises God the Most High and Uzziah is struck when he ignores the advice of the priests of God and persists in offering incense on the altar. To cite yet further support, God sends a plague among the people to punish David's action of taking a census (2 Sam. 24:15); he afflicts the Philistines, who have taken possession of the ark, with tumours (1 Sam. 5:6,9) and decrees the death of both Jeroboam's son Abijah (1 Kings 14:1-13) and the infant born of David and Bathsheba's adulterous union (2 Sam. 12:15-18). Plague (*deber*), alongside war and famine, is proclaimed as a punishment for wickedness (cf. Jer. 14:12; 16:4; Ezek. 6:11)⁵.

Just as God can inflict illness, he can also remove it: he restores Jeroboam's withered hand when a prophet intercedes on his behalf (1 Kings 13:4-6); adds fifteen years to the lifespan of Hezekiah who was suffering from a terminal condition (2 Kings 20; cf. Isa. 38) and, through the agency of Elisha, restores Naaman to health (2 Kings 5).⁶ Occasionally, even the dead are restored to life: Elijah revives the widow's son (1 Kings 17) and Elisha the Shunnamite woman's child, who appears to have suffered heat stroke (2 Kings 4). Those who do not turn to God for recovery are not healed: Asa does not seek divine help for his "disease of the feet" (2 Chron. 16:12)⁷ and Ahaziah, following an injury, sends messengers to consult Baal Zebub, god of Ekron, instead of YHWH (2 Kings 1:1-4): neither recovers⁸.

From all of this it might appear that illness, disease and misfortune are punishments from God, consequences of transgression, indicative of moral shortcoming. (It is, indeed, this point which has been particularly emphasized in many theological discussions on the outbreak of HIV/AIDS.) For a number of reasons, however, such an interpretation is problematic; furthermore, there are other passages in the Hebrew Bible that offer alternative perspectives. First of all, the catalyst of divinely caused illness, disease or plague is by no means inevitably moral shortcoming, or disobedience. The reason for the plague of boils of Egypt (Ex. 9:9), for example, appears to be above all to make a theological point, to

illustrate God's power and control, rather than to rebuke the Egyptians for their unethical conduct (such is never specified)⁹. The skin disease of Naaman, too, does not appear to stem from misconduct. We read that YHWH gave him victory (2 Kings 5:1) suggesting divine favour. The healing of his skin disease by God, through the mediation of the prophet Elisha, again appears to have the primary purpose of making the theological point that it is God who controls and cures. In the Hebrew Bible, therefore, the depiction of illness or disease is sometimes aimed at demonstrating God's mastery, so as to make a theological point about his supremacy, rather than at making a statement about punishment for misconduct.

Secondly, God's role in inflicting suffering is, one might say, erratic. We see in the Hebrew Bible that suffering ill health is by no means confined to those who are deserving of punishment. Job, for example, is described as "blameless and upright; [he] feared God and turned away from evil" (Job 1:1) and yet God permits the satan¹⁰ to afflict him with painful sores all over his body (Job 2:4-7). Again, we could say, the reason is to make a theological point: to illustrate through the example of Job that the faithful must worship God in spite of hardship and suffering. Elsewhere, God's action of inflicting illness is, however, even harder to comprehend. He intends to kill Moses¹¹ (Ex. 4:24) immediately after commissioning him to liberate the Hebrews from Egypt (Ex. 3:1-4:23); he strikes Miriam with a skin disease after she has spoken against Moses but neglects to strike Aaron who has committed the same offence (Num. 12)¹² and he brings a plague upon Israel, killing 70,000 people, after David has obeyed his instruction¹³. This story in 2 Samuel 24 is very peculiar. We read at the beginning of the chapter that YHWH's anger burned against Israel and that he incited David to take a census¹⁴. David does so but afterwards becomes conscience-stricken. Following this, God gives him three choices for punishment: three years of famine, three months of fleeing from the enemy, or three days of plague. It is clear from the re-telling of this incident in 2 Chronicles 21 that the ancient historians, too, struggled with God's role in this story: here it is Satan¹⁵ who incites David!

God is implored to act justly. This is clear, for instance, in the prayer of Solomon:

If there is famine in the land, if there is plague, blight, mildew, locust, or caterpillar; if their enemy besieges them in any of their cities; whatever plague, whatever sickness there is; whatever prayer, whatever plea there is from any individual or from all your people Israel, all knowing the afflictions of their own hearts so that they stretch out their hands towards this house; then hear in heaven your dwelling place, forgive, act, and render to all whose hearts you know – according to all their ways, for only you know what is in every human heart – so that they may fear you all the days that they

live in the land that you gave to our ancestors. (1 Kings 8:37-39; cf. 2 Chron. 6:28-30)

Further, there are some pietistic statements praising God's goodness: "Because you have made the Lord your refuge, the Most High your dwelling place, no evil shall befall you, no scourge come near your tent" (Ps. 91:9-10) and, "Bless the Lord, O my soul, and all that is within me, bless his holy name. Bless the Lord, O my soul, and do not forget all his benefits – who forgives all your iniquity, who heals all your diseases" (Ps. 103:1-3). The truth of the matter, however, that disease does overtake those who are virtuous also, remains. The wisdom literature acknowledges that God's role is not as simple as that of preserving the righteous and punishing the wicked. This is clear not only with the example of Job but also in Ecclesiastes, where we read, "Just as you do not know how the breath comes to the bones in the mother's womb, so you do not know the work of God, who makes everything" (Eccl. 11:5)¹⁶.

What we find in the Hebrew Bible, then, is that God is undeniably "in control". It is he who inflicts illness and he who heals. His actions, however, are not always easy to comprehend: sometimes illness is indeed a punishment for disobedience or transgression but by no means inevitably. Sometimes the purpose of a disease appears to be to make a theological point and sometimes those who are righteous, or those for whom no transgression is specified, are struck by misfortune or disease.

Another point of interest is that overwhelmingly in the Hebrew Bible disease, or illness, is discussed in terms of purity and pollution, which are fundamental concepts of the Hebrew Bible¹⁷. Disease imagery is used in prophetic literature to refer metaphorically to moral shortcoming¹⁸. Generally, however, where disease is discussed in literal terms, it is treated as a matter of cultic impurity rather than as a moral issue. Impurity, moreover, does not imply any moral onus, or guilt. To illustrate this claim we can point to the many passages of the Torah where diseases are discussed in tremendous detail. Large portions of the book of Leviticus discuss the procedures for treating diseases: chapters 13-14 describe regulations for potentially contagious skin diseases; chapter 15 various polluting discharges. (To the modern reader the descriptions of secretions and of spots and boils sporting hairs of this or that colour are gorily detailed and somewhat revolting.) We read here that the priest must examine the afflicted person and decide whether a particular condition is polluting or not. Sometimes a period of seclusion or a purifying ritual is prescribed.

While it is deemed important that the instructions of the Torah are followed carefully¹⁹, and while discharges, boils and itching rashes may render a person unclean²⁰, there is no implication that diseases are attended by any moral taint. This

is probably also why concern for the afflicted (such as the deaf and blind) is divinely commanded (Lev. 19:14)²¹. A further command of the Torah is that those who know they are carrying a contagious disease must alert others to their condition. Presumably, the reason is to prevent the spread of the disease. We read in Leviticus 13:45,

The person who has the leprous disease shall wear torn clothes and let the hair of his head be dishevelled; and he shall cover his upper lip and cry out, "Unclean, unclean." He shall remain unclean as long as he has the disease; he is unclean. He shall live alone; his dwelling shall be outside the camp.

We gather from this that persons carrying a disease that is catching must do all in their power not to pass it on. In the particular case described in Leviticus 13, they must live in isolation²², and prevent others from entering their contagious sphere.²³ It seems, therefore, that a carrier of a contagious disease is not reprehensible or responsible for having it in the first place but is responsible for keeping it to himself or herself.

How can the Hebrew Bible be made relevant to the situation of HIV/AIDS?

There is no mention of HIV/AIDS in the Hebrew Bible. While diseases are discussed, it is usually in such a way that the precise symptoms of them are difficult to ascertain. One disease mentioned in the Hebrew Bible, which offers some parallels with HIV/AIDS because it, too, is widespread and contagious, is *tsara'at*, some kind of skin disease. The word is traditionally translated "leprosy".²⁴ This disease is occasionally described as constituting a punishment for disobedience against God: hence Miriam and Uzziah are struck by it. Far more often, however, it is referred to as a condition rendering a person unclean, without there being any implication that this uncleanness has any moral onus. While in prophetic poetry images of disease or injury are sometimes used metaphorically to signify iniquity, where they are discussed literally the emphasis is decidedly on pollution. This is why the long descriptions of skin diseases in Leviticus focus on establishing the nature of a blemish or discharge and on determining a purification ritual or procedure (a sacrifice or period of isolation), which minimizes contagion. Once this has been carried out, the affected person can be readmitted to the community. If disease were indicative of moral deviance, readmission to the community would be very improbable.

Outside of the purity laws, too, references to disease and illness are not invariably a matter of simple causality: of constituting a punishment for disobedience or moral shortcoming. There is no logic or pattern to their distribution: "the good" are afflicted along with "the wicked"²⁵. Sometimes the reason is to make a theological point, sometimes there appears to be no discernible reason at all. Consequently, it is not possible on the basis of the Hebrew Bible to regard an illness such as HIV/AIDS as

a divine punishment for wrongdoing. Instead, it must be acknowledged that the situation is considerably more complex and perplexing. Casting aspersions about the moral character of any person infected with HIV/AIDS is therefore unjust and unacceptable.

According to the Torah, the ill and the vulnerable are to be treated with kindness and compassion (Lev. 19:14). Furthermore, the Hebrew Bible is clear about the fact that the spread of disease must be contained. Those afflicted with potentially contagious skin diseases must, therefore, be segregated from the remainder of the community and must warn everyone approaching of their status. HIV/AIDS is different to the condition referred to in the Hebrew Bible as "leprosy"²⁶ in that it can be transmitted only through the exchange of bodily fluids: breast-milk, blood, semen and vaginal secretions. HIV/AIDS is not airborne and cannot be caught by simply being in the proximity of someone who is HIV-positive. This means that the isolation of persons who have HIV is not necessary. In the case of HIV/AIDS, prevention of transmission is ensured in a number of ways: by not sharing needles, avoiding contact with infected blood, by not breast-feeding, by abstaining from sexual intercourse, or consistently practising safe sex – depending on the particular circumstances. In accordance with the Levitical law (interpreted here analogously), it is the responsibility of all who know (or suspect)²⁷ themselves to be HIV-positive to prevent spreading the virus. There is no shame in being HIV-positive; there is in deliberately exposing another person to contracting HIV.

So, on the basis of the Hebrew Bible, can HIV/AIDS be interpreted as an example of divine retribution, as a severe punishment for serious wrongdoing on a grand scale? (This, indeed, is a perspective familiar from the pulpit and letters to the editor.) I think not. The reason for the HIV/AIDS pandemic is elusive. It is not just; it does not "make sense". If it is intended to make a wider theological point, the point has not been revealed to us. To cite the wisdom writer, we are immersed once more in a baffling situation, beyond justice and beyond comprehension:

Like fish taken in a cruel net, and like birds caught in a snare, so mortals are snared at a time of calamity, when it suddenly falls upon them. (Eccl. 9:12)

NOTES

¹ A recent publication indicates that sub-Saharan Africa is worst affected by the global scourge of HIV/AIDS. The conservative estimate of HIV/AIDS prevalence in sub-Saharan Africa for 1999 is cited as 23.3 million. The figure for adults and children newly infected with HIV in 1999 is 3.8 million. The projection for the next decade is that in this region HIV prevalence, AIDS cases and AIDS deaths will continue to rise (Whiteside and Sunter, *AIDS: The Challenge for South Africa*, Cape Town, Human & Rousseau Tafelberg, 2000, pp.38,68-69).

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- 2 According to UNAIDS estimates, the adult prevalence rate of HIV/AIDS in Botswana in 1998 was 25.1%. The number of adults and children living with HIV/AIDS was estimated at 190,000, the number of orphans at 25,000. In terms of percentage, the prevalence in Botswana is higher than that of any other sub-Saharan country, with the exception of Zimbabwe. In 1998-99 the HIV prevalence rate of antenatal clinic attenders in some parts of Botswana (such as Gaborone, Francistown and Selebi Phikwe) was as high as 40-50% (Whiteside and Sunter, AIDS, pp.54-55).
- 3 There is no "story of Sodom" in Judges. I am assuming that the young woman was referring to Judges 19, which bears some similarities to the story in Genesis 19, where Lot is sojourning in Sodom.
- 4 The word "leprosy" is popularly used today to refer to Hansen's disease (*Mycobacterium leprae*). This is a chronic bacterial disease, affecting the skin, nerves and mucous membranes. It can cause numbness, discolouration and lumps on the skin, and, in very severe cases, deformity. Whether the biblical word *tsara'at* occasionally refers to Hansen's disease in particular is impossible to establish. All we can say is that it refers to some kind of dermatological affliction, as well as to other visible surface manifestations affecting cloth, such as mildew or mould. What these have in common is a possibility of spreading, or of being communicable by contact. Most probably, therefore, the meaning of *tsara'at* is wide (possibly including such afflictions as psoriasis and eczema). Consequently, I will use the more general word "skin disease" so as to avoid the suggestion that I am alluding to Hansen's disease specifically.
- 5 The enemies of Jerusalem are struck by madness and a plague that will rot flesh, eyes and tongue (Zech. 12:4, 14:12). This also appears to be divinely caused.
- 6 Jeremiah 8:22 and 46:11 suggest that there is no healing unless God ordains it.
- 7 It is unclear what this chronic disease of the feet might be (gout?). Occasionally the Hebrew word for "feet" (*raglayim*) is used as a euphemism for genitals (e.g. Isa. 7:20 where the shaving of the "hair of the feet" most probably refers to the shaving of genital hair; also Judg. 3:24; 1 Sam. 24:3; Isa. 6:2). Perhaps the disease of Asa is a venereal disease. He is not, however, criticized for sexual misconduct but instead for imprisoning a seer and for oppression.
- 8 Only occasionally is illness or disease associated with an evil agency. For instance, the enemies in Psalm 41:8 are accused of wishing a vile disease (*ra'ah*) upon the psalmist. Even where the cause of a disease can be associated with evil, however, the agency of God is not necessarily denied: the spirit that troubles Saul is described as evil but it is also "from the Lord"; the *satan* (meaning "the accuser" – the word appears with the definite article and is not used as the proper name "Satan") does afflict Job with painful sores (2:7) but he can only act after receiving permission from God. (For an impressive survey of the role and development of the figure of Satan see Eliane Pagels, "The Social History of Satan, the 'Intimate Enemy': A Preliminary Sketch", in *Harvard Theological Review*, no. 84, 2, 1991, pp.105-28). In the epilogue of Job we read that it is God who has brought *ra'ah* ("evil") upon Job (42:11). The translation *ad loc* of the NIV ("... They comforted and consoled him over all the trouble the Lord had brought upon him...") mitigates the force of the Hebrew.

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- ⁹ This could explain more adequately why the plagues are mentioned elsewhere in biblical writings, such as Psalm 78:50. Here the “miraculous signs in Egypt” (78:43) are a reminder of God’s power (see 78:42). While Egypt is referred to as “the oppressor” and while punishment is justified to some extent by God’s anger and compassion in the light of his people’s suffering (e.g. Ex. 3:7), the primary purpose of the plagues appears to be not to exert punishment but to illustrate God’s superiority – hence the contest between Moses and the sorcerers of Pharaoh, related in some detail in Ex. 7-10. Any moral deficiency of the Egyptians is not particularly emphasized. Parts of the Hebrew Bible suggest that YHWH did not choose Israel because of any inherent superiority (ethical or otherwise) but because he loved Israel (e.g. Deut. 7:7-8). The prophets emphasize that this love prevails even in times of ethical decline (e.g. Hos. 2:21 and 11:1). Elsewhere, in Deuteronomy 28:35, however, we do read of incurable boils constituting a punishment for disobedience. Furthermore, Amos 4:10 also refers to the plagues of Egypt constituting a punishment for the people of Israel who have committed crimes against humanity and God. All of this taken together once again suggests a situation that is very complex regarding the question of a connection between illness/disease on the one hand and a cause rooted in moral transgression on the other.
- ¹⁰ See note 8 above.
- ¹¹ Admittedly, Moses’ name does not appear in the peculiar interlude of Exodus 4:24-26. The male singular pronoun, however, most probably pertains to him: Moses is mentioned by name in the foregoing verses and Zipporah’s allusion to a “bridegroom of blood” makes most sense if it is with reference to her husband. (The other possible masculine singular referent is Moses’ infant son and he is equally, if not more, innocent of any wrongdoing.)
- ¹² This discrepancy has been discussed in feminist interpretations of Numbers 12 (e.g. Athalya Brenner, *The Israelite Woman: Social Role and Literary Type in Biblical Narrative*, The Biblical Seminar, Sheffield, JSOT, 1985, pp.61-62).
- ¹³ Such a grand-scale killing by God is not singular: alongside the plague of the first-borns of Egypt (Ex. 11) there is also the account of the death of 185,000 Assyrians in the days of Hezekiah (2 Kings 19:35; cf. Isa. 37:36).
- ¹⁴ It could be said that YHWH’s anger against Israel is a reason for punishment. We are not, however, told what has incited his anger.
- ¹⁵ In the Chronicles passage the word appears without an article, indicating a proper noun (see note 8 above).
- ¹⁶ The same book also notes that the same fate befalls the fool and the wise man (2:15, 3:20). In the Hebrew conception the “fool” tends to denote someone who has ethical shortcomings (rather than mental deficiency).
- ¹⁷ See T. Frymer-Kensky, “Pollution, Purification, and Purgation in Biblical Israel”, in *The Word of the Lord Shall Go Forth: Essays in Honour of David Noel Freedman*, Carol L. Meyers and M. C’Connor eds, Winona Lake IN, Eisenbrauns, 1983, pp.105-28.

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- 18 At Isaiah 1:5-6 the image of wounds, bruises and open sores refers metaphorically to guilt and corruption (mentioned at 1:4). Again, purity concerns are very much at work in the background here: an untended wound is, after all, a source of pollution. Consequently this image is apt for arousing disgust. The connection between pollution (signifier) and ethical transgression (signified) is intended to arouse comparable disgust at the latter. Other examples of metaphorical uses of disease can be found at Jeremiah 30:17 and 33:6 where God's healing of wounds signifies restoration following punishment for sins.
- 19 Shortly before his death, Moses reminds the Israelites of the imperative nature of obeying priestly instructions for the treatment of skin diseases (Deut. 24:8).
- 20 The uncleanness is described as very much like the uncleanness resulting from such bodily fluids as semen, or menstrual blood, or indeed from mildew – all of which also carry no moral onus. Interestingly, the Hebrew word for skin disease (*tsara'at*) is also the word used of mould, or mildew on garments (Lev. 13:47). Again, this seems to support a connection between illness and impurity, rather than between illness and iniquity.
- 21 Priests who are deaf, blind or otherwise physically impaired cannot officiate in the temple (Lev. 21:20). This is not because of an association with moral deficiency, or because of a prejudice against persons with disabilities, but because it contravenes the ideal of holiness, which demands that all in the proximity of the divine (including sacrificial animals, Lev. 22:22) are as whole and perfect as is possible. With regard to the Torah, Mary Douglas discusses the connection between "holiness" and "wholeness" in some detail (Mary Douglas, *Purity and Danger: An Analysis of the Concepts of Pollution and Taboo*, London, Routledge & Kegan Paul, 1966, pp.41-57). In line with this is the utopian restoration described in the prophets: in this idealized, redeemed new world the deaf will hear, and the blind see (Isa. 29:18, 35:5).
- 22 This practice of isolating persons with contagious conditions can be recognized in 2 Kings 7. Here we see that it is the four men with a skin disease, staying near the entrance of the city gate, separate from their community, who discover that the Aramean camp has been deserted.
- 23 The purpose of the distinctive clothing, possibly recognizable from a distance, might be to warn approaching persons. Further, the covering of the mouth would reduce the likelihood of passing on a disease that is borne on the breath. This might, however, be pushing the stipulations of Leviticus 13 too far. Torn clothes, unkempt hair and even a covered upper lip (see Ezek. 24:17) are signs indicative of mourning, rather than illness. (I am grateful to J.T. Walsh for bringing this matter to my attention.) It is unlikely that there was any knowledge in ancient Israel of diseases being transmitted through the breath, or spittle.
- 24 See note 4 above.
- 25 I have inserted inverted commas to indicate an acknowledgment of the fact that such dualist categories as "good" and "wicked" are simplifying a complex matter. The generalization that in the context of the Hebrew Bible there exists no consistent correlation between transgression and affliction, however, remains true.

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- ²⁶ See note 4 above. Some diseases are contagious (transmitted by contact), others infectious (communicable by air or water). Both HIV and the afflictions subsumed by the word *tsara'at* are contagious but the contact facilitating transmission is very different. (Ancient Hebrew societies probably had no concept of "infection", since there was no understanding of such agents of infection as bacteria and microbes.)
- ²⁷ It emerges from Leviticus that anyone who had a manifestation that could suggest a contagious disease had to see the priest. In ancient Israel the role of the priest was broad: he adjudicated on legal, purity and theological matters, which were all inter-related. In contemporary times the task of ascertaining the contagion or otherwise of any condition is best left to the medical practitioner.

PROPHECY AS A METHOD OF SPEAKING ABOUT THE HIV/AIDS EPIDEMIC IN SOUTHERN AFRICA

Madipoane Masenya (Ngwana' Mphahlele)

Given the gravity of the situation in southern Africa as a result of the deadly disease of HIV/AIDS, the Christian church – as the heir to the promises of God in the Hebrew Bible and to the redemption wrought by Christ on the cross, and therefore as a people of hope – is challenged more than ever before to break the silence. This it should do not only by God-talk, but more specifically and importantly by doing what is expected of it. Let the church be the church! I agree with Charles Villa-Vicencio's warning that true theology will need to take into account the needs of the people at the grassroots.

A theology which fails to address the most urgent questions asked by ordinary people... is not theology at all. It is little more than an academic exercise in uncovering archaic or dying religious beliefs and reified doctrines about God... It is a false theology¹.

As the title of this paper implies, my focus will not be on the content of what HIV/AIDS is all about, but rather on how prophecy (particularly from the perspective of the Hebrew Bible) could be helpful as a method of speaking to issues such as poverty, gender, culture and age/youth in relation to the spread of HIV/AIDS.

Who are the prophets?

The primary meaning of the Hebrew word *nabi* is "proclaimer". According to Sawyer², therefore, "Prophets are first and foremost proclaimers." They proclaimed what they believed was the will of God for the people. In that sense, they stood in between the people and God, a role akin to that of priests.

Indeed, in certain instances, the prophets, able to see only too clearly the danger that was about to befall the people due to their broken relationship with God, acted as priests in that they mediated on behalf of the people. Jurgensen's observation is helpful: "In the presence of God, the prophet took the part of the people; in the

presence of the people, the part of God. Their lives were lived between the two, interpreting God's ways to their people, pleading with God to ease up and give the people one more time."³

Prophets were God's spokespeople. All the prophets of the ancient world claimed to speak with the authority of their God.⁴ In the case of Hebrew Bible prophets, the well-known introductory formula of the prophetic speech "Thus says YHWH" says it all. It can be assumed that it is Yahweh who uses Yahweh's servants to deliver the message.

The prophets were not only the proclaimers; they also predicted what the future held for God's people. So it can be argued that the prophets were those men (and women) who were conscious of God's presence and promptings in their lives, men and women who could claim to have been in the council of YHWH. Though Jeremiah does not spell it out explicitly in the following lines, it is implicit that he, unlike the institutional prophets to whom prophecy was a profession and whose prophecies were almost always in line with the status quo, has been in the council of the Lord, hence the fact that he has a relevant message to the people:

*For who has stood in the council of the Lord
so as to see and to hear his word?
Who has given heed to this word so as to proclaim it?
Look, the storm of the Lord!
Wrath has gone forth,
a whirling tempest;
it will burst upon the head of the wicked.
The anger of the Lord will not turn back
until he has executed and accomplished the intents of his mind.
In the latter days you will understand it clearly.
I did not send the prophets,
yet they ran;
I did not speak to them,
yet they prophesied.
But if they had stood in my council,
then they would have proclaimed word to my people,
and they would have turned them from their evil way,
and from the evil of their doings. (Jer. 23:18-22)*

Even more significant for our present discussion, and already implicit in the preceding lines, is the fact that the Hebrew Bible prophets were entirely conversant with their contexts. Though they were believed to be endowed with supernatural powers, and to be people who could be used by God, they were as human as we are, and perhaps better than most of us who do not have a clue what is happening

in our contexts. Not only were they conscious of the spiritual state of the nation (whether the people were still in a right relationship with their God), but they were also aware that if the latter was not right it would affect human beings' dealings with each other. Conscious of the oppression (social, economic, religious) existing among the people of Israel, they went further and condemned it. This quality of the Hebrew Bible prophets to be actively conscious of the plight of the masses of the people of Israel and speak the mind of God against the oppressors, irrespective of who they were, caught the attention and interest of past and present liberation theologians and Bible scholars. It could be rightly argued that, had they lived in our era, they would probably not have been as silent as the Christian church is regarding the HIV/AIDS pandemic.

It is worth noting the distinction made by scholars between two different types of prophets: institutional prophets and independent prophets.⁵ A good example of these two types is found in 1 Kings 22:10-12. In this text, the kings of Israel and Judah sat on their thrones with all the prophets prophesying before them. With one voice they backed the word of Zedekiah that Yahweh would give Ramoth-gilead into the hands of Jehoshaphat. When Micaiah (an independent prophet) was asked to join the same chorus, having been informed that the prophets had in one accord spoken favourably to the king, he responded: "As the Lord lives, whatever the Lord says to me, that I will speak" (1 Kings 22:13-14). The independent prophets were more concerned with delivering God's words to the people, irrespective of how painful or judgmental those words were. From their words, it is clear to the reader that they spoke even as God prompted. That is why they were at times ostracized by their own people. These are 8th-century prophets, like Isaiah, Amos, Hosea and Jeremiah. This paper will focus more on this category of prophets for two reasons.

First, given the grave situation of the HIV/AIDS epidemic in southern Africa, we cannot afford the luxury of prophets who find it difficult to challenge the status quo. The situation demands that we be frank. We are called to face the reality that factors such as gender, poverty, race, culture, age and youth powerlessness are significant in the spread of HIV/AIDS. We therefore need a church that will be context-oriented and will work like an independent prophet sent by God.

Secondly, if there is any era in which the Christian church will benefit from hearing the divine whisperings about our context, it is this one. We need people, godly people, who will take time to be with God. We need people who can speak with the authority of the Hebrew Bible prophets to confront some African cultural beliefs, such as that which promotes multiple partners for African men. For example, a northern Sotho proverb goes: *Monna ke thaka, o a naba*, literally, "a man is like a pumpkin plant, he spreads". The tenor of this proverb is that a married man can have women partners other than his wife. Elsewhere I have said that "in the

northern Sotho culture a married man's sexuality can be shared with other women outside the family, but this does not apply to married women. A variety of proverbs bear witness to this."⁶ Such cultures need to be confronted with the prophetic message, "Stop consigning women and the whole society to death by HIV/AIDS."

We can thus summarize the definition and mission of the Hebrew Bible prophets as follows. They were men and women of God who were called in times of crisis to proclaim the will of Yahweh to the people of God so that the latter's relationship to God and fellow human beings could be right. Their role was to call people to repentance to avoid a painful future.

The message of the prophets

Different themes emerge as part of the message of the prophets. In particular, social justice, the righteousness of God, the God of the prophets, the day of the Lord, the city of God, religion and righteousness, feature prominently. Here we should look at how the prophets addressed issues of social justice. Conspicuous among the demands of the Hebrew Bible prophets was justice. Micah contends that "to do justice, and to love kindness, and to walk humbly with your God" (6:8) are the three virtues demanded by God from God's people. In the same way, the prophet Amos condemns the ritualism that occurred at the expense of justice:

*Take from me the noise of your songs;
To the melody of your harps I will not listen,
But let justice roll down like waters,
And righteousness like an overflowing stream. (5:23-24).*

The list is unending. What is certain is that the God whom the prophets proclaimed identified with the plight of the marginalized such as widows, orphans, the poor and the needy. Because God had delivered Israel from oppression, God wanted the people to do likewise by taking care of those who are marginalized. However, that was not always the case. For example,

*he expected justice (mishpat),
but saw bloodshed (mishpah);
righteousness (cedhaqah),
but heard a cry (ce'aqah). (Isa. 5:7)*

What is even more important for the present discussion is how the message was communicated to the people.

How did the Hebrew Bible prophets communicate the message

1. Proclamation

As already noted, proclamation was the key mode in which the word of the Lord came to the prophets (Isa. 1:2-20). For example, in Jeremiah 11:1-5 we read:

The word that came to Jeremiah from the LORD: Hear the words of this covenant and speak to the people of Judah and the inhabitants of Jerusalem. You shall say to them, Thus says the LORD, the God of Israel: Cursed be anyone who does not heed the words of this covenant, which I commanded your ancestors when I brought them out of the land of Egypt, from the iron-smelter, saying, Listen to my voice, and do all that I command you. So shall you be my people, and I will be your God, that I may perform the oath that I swore to your ancestors, to give them a land flowing with milk and honey, as at this day. Then I answered, "So be it, LORD."

2. Dramatization

At times the prophets were commanded by Yahweh to deliver the message in a dramatic way, for example:

- Jeremiah was commanded to carry a yoke as a sign that the people of Judah were supposed to submit to the Babylonian yoke (Jer. 27), and to smash a potter's earthenware jug as a sign of the destruction that was to befall Jerusalem (Jer. 19).
- Isaiah went about barefoot and naked, symbolizing the humiliating defeat of Egypt and Ethiopia (ch. 20); Ezekiel broke through the wall of his house, and took the baggage out of the house in the night to symbolize defeat and exile from his city (ch. 12) and so forth.

In addition prophets used rhetorical questions to appeal to common sense (Amos 3:3-8; Isa. 10:15, 29:15-16; Jer. 8:4). At other times, they used parables (Isa. 28:23-29; 2 Sam. 12:1-6).

3. An example

Let us prophesy in the following case: An unfaithful husband infected a committed God-loving Christian with HIV. Her name is Mmalehu, meaning the mother of death. She is not only the hearer of the word, but the doer thereof. For her, the Bible is the sole authority that guides her in a Christian way of life. Not so with her husband: the latter's life is shaped by the cultural mentality of monna ke thaka. He is unable to restrict himself to one woman. As a result, he contracts the deadly virus from one of his multiple partners and infects his faithful and innocent wife.

Proclamation: In the name of Yahweh, a prophetic church should condemn patriarchal structures, which elevate men against other, equal human beings (though, as we will later see, the prophets of Israel supported patriarchy). It is in this male-dominated system that women's bodies are regarded as property to be

controlled by men. As someone who is committed to the plight of the marginalized, the prophet of God will condemn the patriarchal system and its guardians for the abuse done to the woman.

The words of the prophet are likely to bring healing (though with pain and tears) to the woman's soul as the patriarchal sin is challenged. The prophet's assurance that Yahweh remains the refuge for those who flee to Yahweh may bring healing to the broken self. As the Old Testament prophets are also miracle workers (particularly Elishah and Elijah), if it pleases God the woman will be healed. This prophecy may be presented by using dramatization, rhetorical questions and as a parable, as follows.

Dramatization: The prophet is commanded to carry a placard, with the picture of many houses in the (village) block in which the man lives. All other houses (as is the case in patriarchal cultures) are identified by the names of the men (fathers) in the house. This is, however, not the case with his house. Though he can clearly identify his house on the picture, his name is not there, an indication of his impending death.

There are rhetorical questions here: Can one sow sour grapes and hope to reap sweet ones? Can one add one plus one and get a number other than two? Can one play with fire and not be burned? One cannot destroy God's temple and not bear the consequences.

And there is a parable, too. The prophet tells of a man who knew very well about a royal decree, that no man, no matter who he is, is allowed to set foot on another man's field without the permission of the latter. The man, however, assuming that he was not seen by anybody, decided to set his foot (several times, for that matter) on another man's field. What should be done to the transgressor? The victim answers, "As the Lord lives, the transgression of this man is so great that he can only be punished by death!" The prophet reminds him that he is the man!

Limitations of the prophetic method

We must be aware of the limitations of prophecy as a method of speaking to issues of HIV/AIDS.

First, one of the challenges for the user of prophecy is the patriarchal nature of the world which produced the texts. This is revealed in, amongst others, the observation that almost all the prophets in the Hebrew Bible are men. Though there are a few women prophets like Deborah and Huldah, as there are a few voices of women in the Bible, their voices do not come to us directly through the women, but reach us filtered through the male authors and narrators. In most cases these women are made to achieve male ends.

The bias of the prophets against women is vividly described by Renita Weems in her book *Battered Love: Marriage, Sex and Violence in the Hebrew Prophets*. In the case of the prophet Hosea, for example, he is instructed to marry a whore. The prophets, to achieve national ends, to call Israelite men to make their ways right with Yahweh, therefore exploit women's bodies and sexuality. Weems argues:

Perhaps more than any other material in the Bible, the portraits of women's sexuality drawn by Israel's prophets have contributed to the overall impression one gets from the Bible that women's sexuality is deviant, evil and dangerous. This is so despite the fact that women, sex and marriage were hardly of interest to prophets' overall messages, except as metaphors. At the centre of the prophets' thinking was the political fate of the land, the history of the relationship between Israel and God, and an explanation of Israel's demise as a nation.⁷

Secondly, the challenge facing the non-Israelites who want to embrace Israel's prophetic canon is that the prophets were basically concerned with Israel and its relationship with Yahweh. The non-Israelites were not part of their agenda, though at times they could be used as instruments to punish Israel (cf. Nebuchanezzar, who was instrumental in the exile of Judah in the 6th century).

Thirdly, proclamation as a method of prophesying, if not handled cautiously, may reinforce the capacity of those of us who are quick to condemn, opening the wounds of the affected even further.

Fourthly, if we agree with the prophets' claim that they stood in the council of Yahweh, that they spoke under the influence of God and that prophecy was a calling rather than a career, could we safely assume that everyone will be called to be a legitimate user of this method?

These and other important questions regarding the use of prophecy as a method to speak to the HIV/AIDS situation in southern Africa need more research.

Practical exercises for lecturers and students

- ❖ The following questions are for discussion in groups:
 - In a context in which God ranks at the bottom of people's priorities, is there a possibility for the prophetic office to function as it did in Hebrew Bible times? Give reasons for your answer.
 - Could prophecy, as a method, be effective for speaking to the HIV/AIDS situation in Africa? Give reasons for your answer.
 - Between those who are HIV-positive and those who are not, who could do well as prophets today? Give reasons for your answer.

- ❖ Using the HIV/AIDS curriculum for theological programmes in Africa, design courses on:
 - Reading Amos in the HIV/AIDS context.
 - Reading Jeremiah in the HIV/AIDS context.
- ❖ Design a one-month preaching programme to help your church assume a prophetic stance on all the social issues that fuel HIV/AIDS.

NOTES

- ¹ Charles Villa-Vicencio, *A Theology of Reconstruction*, Cape Town, David Phillip, 1977, p.40.
- ² J.F.A. Sawyer, *Prophecy and the Biblical Prophets*, New York, Oxford UP, 1993, p.1.
- ³ B. Jurgensen, *The Prophets Speak Again: A Brief Introduction to Old Testament Prophecy*, Minneapolis, Augsburg, 1977, p.24.
- ⁴ E.W. Heaton, *The Old Testament Prophets*, London, Darton, Longman & Todd, 1977, p.29.
- ⁵ *Ibid.*, pp.32ff.
- ⁶ M. Masenya (Ngwana 'Mphahlele), "Polluting Your Ground? Woman as Pollutant in Yehud: A Reading from a Globalized Africa", in M.T. Speckman and L.T. Kaufmann eds, *Towards an Agenda for Contextual Theology: Essays in Honour of Albert Nolan*, Pietermaritzburg, Cluster, 2001, pp.185-202.
- ⁷ R.J. Weems, *Battered Love: Marriage, Sex and Violence in the Hebrew Prophets*, Minneapolis, Fortress, 1995, p.5.

THE PROPHETIC METHOD IN THE NEW TESTAMENT

Musa W. Dube

Prophets are... messengers of God in times of crisis!

As a rule, the prophets sided with the oppressed of Israelite society and attacked, in the name and the word of Yahweh, the social structures that produced such social and economic inequities².

In Ezekiel 37:1-2,11-14, the prophet says,

The hand of the Lord came upon me, and... set me down in the middle of a valley; it was full of bones. He led me all around them; there were many lying in the valley, and they were very dry... He said to me, "Mortal person, these bones are the whole house of Israel. They say, 'Our bones are dried up, and our hope is lost; we are cut off completely.'" Therefore prophesy, and say to them: Thus says the Lord God; I am going to open your graves, and bring you up from your graves... I will put my spirit within you, and you shall live.

This is an ancient story. It suggests that the suffering of the Israelites was a consequence of exile. Nonetheless, there is a sense in which people in HIV/AIDS epidemic zones are standing in the valley of dry bones, where death and hopelessness seem to reign. They also are saying, "Our bones are dried up, and our hope is lost." If Ezekiel was sent to prophesy to the dry bones until they came to life, the question is: How can we hear the word of the Lord saying to us, "Prophesy to these dry bones... say to them, I am going to open your graves and bring you up from your graves?" In a world where 21 million people have died of HIV/AIDS in 21 years and 40 million are infected (UNAIDS 2002), we have to realize that our highest call is to become prophets of life.

I contend, therefore, that in the HIV/AIDS era we need to recapture our prophetic role as scholars of religion, as theologians, ethicists, missiologists, as the academy, as preachers, faith leaders and members of faith communities. The questions that I seek to raise here are:

- What is prophecy and who is a prophet?
- Why is HIV/AIDS a global and national crisis?
- Was Jesus a prophet?
- How can prophecy be a method of teaching and fighting HIV/AIDS?
- How can prophecy become an effective weapon in the battle against HIV/AIDS?

What is prophecy and who is a prophet?

According to John Hayes, "The Hebrew word for prophet, *nabi*, comes from the term meaning 'to call', so one could say that a prophet was 'one who was called', or 'the one who calls'."³ Bernhard Anderson says, "Our English word prophet comes to us from the Greek word *prophetes*, which literally means one who speaks for another, especially for the gods. And this Greek word, in turn, is a fairly accurate way to render the Hebrew *nabi*, which refers to 'one who communicates the divine will'."⁴ Alec Motyer links the definition of "call" with "seer", holding that "prophets have an ability to see, both into the affairs of people and into the image of God"⁵. On a similar note, David Clines holds that "prophets were called by God to hear his plans and messages. Then they were sent by him to bring this message to Israel and the nations. Sometimes they saw visions; sometimes they preached sermons; sometimes they used parable or poetry or drama to speak to the people."⁶ Clines goes on to say:

- ❖ Their messages insisted on justice: He holds that prophets "attacked the evil of the society and predicted doom". Similarly, Hayes says that "as a rule, the prophets sided with the oppressed of Israelite society and, in the name and the word of Yahweh, attacked the social structures that produced such social and economic inequities".
- ❖ The prophets preached hope: "When people were pessimistic they prophesied hope."
- ❖ The prophets assumed the role of teachers: "The prophets were also teachers calling Israel back to obey God's laws. They were not preaching a new religion, but applying the word of God to their own day." Here we have the example of Hosea who graphically denounced the unfaithfulness of Israel, through a gendered metaphor of an unfaithful wife.⁷

The Hebrew Bible (Old Testament) has a significant prophetic literature of seventeen books. There are the major prophets, consisting of books such as Isaiah, Jeremiah and Ezekiel, and then twelve books called the minor prophets, such as Hosea, Amos, Joel, Micah, Jonah, Jeremiah, Malachi and Zechariah. Scholarly

research, however, holds that prophecy is also found in non-prophetic books such as Joshua and 2 Kings.

Turning to another definition, Marta Palma holds that “prophets are messengers of God in times of crisis”, who “spoke in the midst of concrete history of a people struggling for liberation and life”⁸. Indeed, any reading of prophetic literature indicates that their work was largely informed by prevailing social “crises”. Some of the factors that provoked prophecy were religious unfaithfulness of Israel, social injustice and international oppression. Yet scholars have indicated that it was the national crisis of exile that became the main background of most of the prophetic literature of the Hebrew Bible. According to Hayes, “The fall of Jerusalem in 586 BC was... a shock of cataclysmic character with numerous repercussions in the Judean community.”⁹ Both the pre- and post-exilic conditions inspired the prophets. For example, Amos, Hosea and Jeremiah’s pre-exilic prophecy warned against the impending judgment, calling people to repent of social injustice, unfaithfulness to God, corruption and exploitation of the weak by the leaders¹⁰. In his elaboration of the prophetic message of Amos, Hayes highlights that he:

- spoke of impending judgment;
- denounced international powers for the atrocities nations committed against each other;
- took a stern stand against greed and bribery, to the extent that Hayes is forced to conclude that “Amos seems to have turned the tables of Israel ethical theory. For him, the righteous were the poor, the oppressed”¹¹ ;
- directed his message, not to the unbelievers, but to committed believers who visited numerous shrines (4:4; 5:4-5). However, Amos did not hesitate to tell them that the Lord God says, “I hate, I despise your festivals and I take no delight in your solemn assemblies. Even though you offer me your burnt offerings and grain offerings, I will not accept them” (5:21-22). This critical attitude to hypocritical religiosity was also expressed by Hosea, who pointed out that the Lord God says, “I desire steadfast love and not sacrifice, the knowledge of God rather than burnt offerings” (6:6). As we shall see later, Jesus himself took this stance when he said to the Pharisees: “Woe to you, scribes and Pharisees, hypocrites! For you tithe the mint, dill, and cumin, and have neglected the weightier matters of the law: justice and mercy and faith” (Matt. 23:23).

Research has shown that pre-exilic prophecy warned of the impending disaster, calling people to repent, but once it had happened prophets carried a message of hope to God’s suffering people. Post-exilic prophets such as Ezekiel, Haggai and

Zechariah brought a message of life, hope and rebuilding to the devastated nation. They “believed that God would not desert Israel”¹².

This brief assessment highlights that “prophets were certainly concerned about the future, but they were also concerned with the whole fabric of their contemporary culture. They were more than predictors; they were preachers and spokespersons who addressed their contemporaries with their understanding of Yahweh’s will and word.”¹³ Perhaps the role of prophets is best captured by Palma, who holds that prophecy “proclaims abundant life for the marginalized and excluded in the context of our own experience and in the light of our faith, by being open to the Spirit who calls us to discern the times, to denounce all that destroys life and to proclaim God’s new creation for women and men” (emphasis mine)¹⁴. I find Palma’s definition instructive, namely, that being prophetic takes being open to the Spirit who calls us to discern and denounce all that destroys life. But maybe most of the time we are not open to God’s Spirit, hence we are unable to discern and denounce injustice and to speak hope to God’s people. This introduction leads us into our own context, that of the HIV/AIDS epidemic.

HIV/AIDS is a historical moment of crisis

According to the WCC study document, Facing AIDS: The Challenge, the Churches’ Response,

At the root of the global socio-economic and cultural problems related to HIV/AIDS are the unjust distribution and accumulation of wealth, land and power. This leads to various forms of malaise in human communities. There are more and more cases of economic and political migration of people within and outside of their own countries. These uprooted peoples may be migrant workers looking for better-paying jobs or refugees from economic, political or religious conflicts. Racism, gender discrimination and sexual harassment, economic inequalities, the lack of political will for change, huge external and internal debts, critical health problems, illicit drug and sex trades, including an increase in child prostitution, fragmentation and marginalization of communities – all these factors, which affect “developed” as well as “developing” societies, form a web of inter-related global problems which intensify the vulnerability of human communities to HIV/AIDS¹⁵.

If we compare the crisis moment of Israel and the description of our current historical condition, it is not hard to see that the HIV/AIDS epidemic needs prophets and prophecy. Is this epidemic a crisis moment? This question can be broken down into more detail. Does HIV/AIDS:

- amount to a national and global crisis?

- attack the poor and those who are discriminated against, who are deprived of their rights?
- involve the exploitation of children, orphans and widows?
- involve religious leaders whose piety has lost compassion?
- breed hopelessness that is plaguing God's people, and lead to the exclusion of the suffering?
- thrive on corrupt national and international leaders and policies?
- get fuelled by international injustice that nations commit against each other?

If the answer to any of these questions is yes, then we could well say, "Where have all the prophets gone?" Has the Lord ceased "to call" us to be prophets? Has the Lord ceased to pour the Spirit of power, the Spirit that enables us to speak, upon all flesh (Acts 2:17)? Does the Lord's word no longer come upon us? Has the Lord ceased to denounce social injustice, corruption, national and international injustice? In short, are we prophesying to this crisis and speaking hope to God's hurting world? Biblical literature attests to some unwilling prophets like Jeremiah and Jonah, and perhaps we are in this category. Are we sailing to Tarshish, when we have been sent to Nineveh? Biblical literature also attests to false prophets – those whose words do not represent the compassion and love of God the Creator. Are we such prophets?

Some may well say that prophecy is a Hebrew Bible institution. I believe that HIV/AIDS is a national and global crisis that calls all of us to prophesy – to speak truth to power, to speak hope to hopelessness, to announce life in the valley of death. Prophecy is essential today in the fight against HIV/AIDS. (While exile was a war-induced crisis among the Israelites, we hear today that HIV/AIDS is worse than war. It kills more people each year than war.) Therefore, far from prophecy being a phenomenon that characterized the Hebrew Bible institutions only, it is still the centre of New Testament faith, for Jesus himself was a prophet, so much so that all those who call themselves Christians should express their faith prophetically. To highlight the centrality of prophecy to New Testament faith, I will discuss its role in the gospels and Acts.

The New Testament and prophecy

The prophets we encounter in the gospels are Simeon and Anna, John the Baptist, Jesus himself, and the early church.

Simeon and Anna, Luke 2:25-38: The gospel of Luke tells us that there was a man named Simeon who was "righteous and devout, looking forward to the consolation of Israel, and the Holy Spirit rested on him" (v.25). He came to see

Jesus when he was first presented in the temple for birth rituals. Simeon thanked God that he had now seen "God's salvation" and prophesied about Jesus' future. The text continues by telling us that there was also prophet Anna, the daughter of Phanuel, who came in and began to "speak about the child to all who were looking for the redemption of Jerusalem" (2:38). In the words of these two prophets, we hear a message of hope, namely the salvation and redemption of God's people.

John the Baptist, Matthew 3/Luke 3:1-22: According to the gospel of Luke "the word of God came to John son of Zechariah in the wilderness" (Luke 3:2). In a typical prophetic style John the Baptist's message:

- called people to repent (Luke 3:3);
- warned them of impending judgment (Luke 3:17);
- openly and critically denounced religious and public leaders for their corruption: according to Matthew 3:7-8, when he saw many Pharisees and Sadducees coming for baptism he said to them, "You brood of vipers! Who warned you to flee from the wrath to come?" We also find John prophesying against Herod (Mark 6:14-29);
- announced the arrival of a Messiah, that is, hope (Luke 3:6 and 15-16);
- led to his imprisonment and he was finally beheaded for speaking against the powers that be (Mark 6:27-29).

John the Baptist was constantly associated with prophets (Matt. 11:7-15; John 1:19-28). Although he sometimes denied this identity (John 1:21), Jesus himself said John the Baptist was a prophet, though more than a prophet (Matt. 11:7-15).

Jesus as a prophet, Luke 4:18-19: Jesus himself was a prophet and the gospels are an attestation of his prophetic message. I would like to examine his prophetic role much more closely, for it is on the grounds of his prophecies that the Christian church must fully embrace the prophetic role in the HIV/AIDS era by addressing social injustice, which serves as the transmission wire in the spread of HIV/AIDS. So let us look at the prophetic role of Jesus who:

- identified himself with the prophets and was a prophet;
- addressed social injustice;
- challenged hypocritical religiosity;
- challenged leaders for their corruption;
- spoke of impending judgment;
- announced hope.

Identifying with prophets: "The Spirit of the Lord is upon me!"

All synoptic gospels attest that when Jesus was baptized, the Spirit came upon him (Mark 1:9-11; Luke 3:21-22; Matt. 3:13-17). According to the gospel of Luke, when Jesus returned from the wilderness, where he was tempted,

He came to Nazareth, where he had been brought up, he went to the synagogue on the sabbath day, as was his custom. He stood up to read, and the scroll of the prophet Isaiah was given to him. He unrolled the scroll and found the place where it was written: "The Spirit of the Lord is upon me, because he has anointed me to bring good news to the poor. He has sent me to proclaim release to the captives and recovery of sight to the blind, to let the oppressed go free, to proclaim the year of the Lord's favour." (Luke 4:16-19)

The story goes on to say that Jesus

rolled up the scroll, gave it back to the attendant, and sat down. The eyes of all in the synagogue were fixed on him. Then he began to say to them, "Today this scripture has been fulfilled in your hearing." All spoke well of him and were amazed at the gracious words that came from his mouth. They said, "Is not this Joseph's son?" (Luke 4:20-22)

Jesus not only read from the words and book of Isaiah the prophet, he also identified himself with this prophet and took up his prophetic agenda. This is clear in the words he added after he finished his reading, namely, "today this scripture has been fulfilled in your hearing" (v.21). Further, the content of his chosen passage is prophetic since it highlights that Jesus dedicated his ministry to challenging social injustice by pronouncing liberation to the poor, the captives and the sick. Jesus also announced hope since he came "to proclaim the year of the Lord's favour". That is, he came to proclaim the Jubilee or social and economic justice for all members of the society (Lev. 25:8-55). This, in my reading, is the gospel, and speaks justice and wellness in all aspects of our lives.

The significance of this passage, as many scholars have pointed out, lies in the fact that, according to Luke, Jesus used it to unveil the agenda of his public ministry. This agenda is highlighted as a prophetic role of speaking hope to the hopeless, and calling for justice for those whose rights are trampled upon. But, and perhaps most importantly, the significance of the passage lies in the willingness of Jesus to take up the prophetic role – to announce simply and courageously that "the Spirit of the Lord is upon me!" It is the Spirit of the Lord which, when it is upon us, brings the word of the Lord upon us and enables us to speak the good news to God's people. His listeners, who responded first with silence, grasped Jesus' assumption of this prophetic role and "all eyes were fixed on him". When Jesus

interpreted the passage to them, saying, “today this scripture is fulfilled in your midst”, then they were glad, and said, “Is this not Joseph’s son?” In other words, the audience was saying, is this not the boy from our neighbourhood? Is this not the child whose parents are known to us? Remember, Jesus had come to Nazareth, his home place where everyone knew him. And so they ask, “Does the Spirit of the Lord come upon such ordinary people in our neighbourhood?” Should prophets rise and speak in our home towns? Yes, the text tells us.

Apart from his own self-identification with prophets, the people around Jesus also identified him with prophets. We learn that when Herod heard about the deeds of Jesus, he suspected that John the Baptist had been raised from death (Mark 6; Luke 9:7-9); some identified him with Elijah (Luke 9:8). But perhaps the most significant indication that Jesus was generally identified with prophets is the passage where Jesus paused to do an evaluation of his ministry by asking his disciples, “Who do people say that the Son of Man is?” And they said, “Some say John the Baptist, but others Elijah, and still others Jeremiah or one of the prophets” (Matt. 16:13-14). The general perception was that Jesus was a prophet as he was firmly identified with them. Jesus did not deny this identification with prophets. In fact, the gospel of Luke, which holds that he began by identifying himself with prophets, also affirms that as he went towards the end of his public ministry, when he knowingly travelled to Jerusalem to meet his death, he said, “It is impossible for a prophet to be killed outside of Jerusalem” (13:33). The prophetic role of Jesus was attested by his concern for social justice.

Social justice: “God will quickly grant justice to them”

Jesus’ prophetic role is also attested to by the fact that he sided with the least privileged members of his society. He was found together with prostitutes and tax collectors (Luke 18:9-14, 19:1-10) and he took the part of widows (Luke 7:11-17, 21:1-3). He took sides, too, with children and the sick. Jesus’ association with despised groups raised eyebrows among other holy teachers. But Jesus did not hesitate to look his fellow teachers in the eye and say to them, “Tax collectors and prostitutes are going into the kingdom of God ahead of you” (Matt. 21:31). Talking of a widow whose needs were neglected by a powerful judge, Jesus asked, “And will not God grant justice to chosen ones who cry to God day and night? Will God delay long in helping them? I tell you, God will quickly grant justice to them” (Luke 18:7-8). I believe this last sentence should inform our perspective towards social injustice, that is, God’s desire is that justice must be quickly granted to the marginalized.

Second, all the gospels attest strongly to the fact that Jesus healed people who were sick with many different diseases (Mark 1:29-45). Not only did he heal them from physical illness, he healed them from social and psychological illness also.

This is evident when he touched and healed the dreaded lepers, thus restoring them to both physical and social health. Lepers were isolated from the rest of the society. By touching them Jesus broke the stigma, the fear that surrounded their illness. By healing them he restored them back to the society. Jesus also dealt with psychological illnesses engendered by social oppression; there are many stories of him exorcising evil spirits that had taken possession of people, denying them normal life (Matt. 15:21-28; Luke 8:26-39). Sometimes he preferred to forgive people their sins (Luke 7:47-48), thus restoring their spiritual health. In short, Jesus sought the total health of people, thus demonstrating that it is God's will that all should be fully healed economically, socially and physically. Certainly Jesus' holistic healing ministry offers us a firm theological framework, a basis upon which we should insist on healing as a divine right for all people.

Even in Jesus' day, and among his people, there were people who were discriminated against on the basis of their race. Good examples were the Samaritans and Canaanites. The ministry of Jesus made efforts to break racial/ethnic stigma. When Jesus asked for water from a Samaritan woman, she was surprised and said, "How is it that you, a Jew, ask a drink of me, a woman of Samaria?" (John 4:9). The narrator explains to us, "Jews do not share things in common with Samaritans." The parable of the Good Samaritan is another good example. Here Jesus showed that a Jewish priest and a Levite are not necessarily better than a Samaritan (Luke 10:25-37), and that, in fact, a Samaritan has better social values. This point is also underlined in the story of ten lepers who were healed (Luke 17:11-19). But Jesus also had to confront his own racial/ethnic discrimination. This is evident in the story of the Canaanite woman, who came to ask him to heal her daughter possessed by a demon (Matt. 15:21-28). Jesus did not talk to her and did not wish to help her, for he held that he was sent only to the lost sheep of Israel. When the woman finally fell before him, begging for his mercy, Jesus did not hesitate to tell her that he could not take the children's food and throw it to the dogs (v.26). But this face-to-face confrontation with a Canaanite woman, who also pointed out in her own way that Canaanite children are also children who need the bread of healing, brought Jesus to revise his stand.

Jesus' association with the less privileged is also evident in his relationship with women. Women of his time and society, as in most of our societies, were denied economic, decision-making, leadership and legal power on the basis of their gender. Jesus began to fight for gender justice by befriending women (John 11), allowing them to follow him (Luke 8:1-3), allowing the unclean bleeding woman to touch him (Mark 5:24-34), sending them to preach (John 4:39-42, 20:11), thus giving them public leadership roles. He also insisted that the law should apply to and protect both women and men (John 8:1-11). At one point we hear that his own disciples were surprised to find him talking to a woman by the well. The story tells

us, however, that none of them dared to say, "What do you want?" or "Why are you speaking with her?" (John 4:27). I think this is an important point. Namely, that even though during Jesus' time there were gender divisions, he brought his disciples to realize and to accept that he talked to women! Jesus revealed himself to them, causing them to leave behind their water containers (John 4:28)!

Religious hypocrisy: "You have neglected weightier matters"

Jesus' prophetic role is also evident in the fact that he challenged faith practices tolerant of social injustice. This is attested by his approach to ancient scriptures and their interpretation, as well as his attitude towards the religious and national leaders of his day.

To start with the scriptures, Jesus made it clear that they are holy and will not change, but they should never be used to endorse social oppression. This comes through in his Sermon on the Mount and the numerous debates he had with Pharisees regarding the sabbath. In Matthew 5:17-18, he began by asserting that not one iota would be removed from the scriptures, for he had come to fulfill them. After this, he began to quote the scriptures and change them. This was done in formulaic style, which began, "You have heard that it was said to those of ancient times...", then he quoted from the scriptures. He went on to say, "But I say to you..." In this second part, Jesus reformulated what was said by the ancient scriptures (5:17-47). One good example is, "You have heard that it was said to those of ancient times, 'you shall not swear falsely, but carry out the vows you have made to the Lord.' But I say to you, Do not swear at all... Let your word be 'Yes, Yes' or 'No, No'" (vv.33-34,37). Scholars have argued about what Jesus was doing: was he changing the scriptures or just interpreting them? I think he did both. What I regard as important is that Jesus would not tolerate any injustice that is legitimized by saying, "It is written in the scriptures." Rather, he had the courage to say prophetically, "But I say to you." He was ready to say that if what is written has come to support corruption, injustice and oppression, then it must go, for the word of the Lord must affirm God's people, not oppress them.

This standpoint is further attested in his debates with his fellow Jewish teachers on the subject of what could or could not be done during the sabbath. Jesus healed on the sabbath (Luke 6:1-11, 13:10-17, 14:1-6); harvested fruits to eat, and when his fellow teachers protested, he said to them, "I ask you, is it lawful to do good or to do harm on the sabbath, to save life or to destroy it?" (Luke 6:9). Jesus was insistent that, although it is in the law that we must keep the sabbath, we must not lose sight of the fact that "the sabbath was made for humankind, and not humankind for the sabbath" (Mark 2:27).

Not only did Jesus feel free to challenge as ungodly the scriptures that were used to further injustice, he also challenged religious leaders who upheld such interpretations. We have already said that Jesus was always debating with the Pharisees over the sabbath. Generally, he criticized their whole approach to religion, as in Matthew 23 where he began by acknowledging their power and their teaching but faults their practice (vv.1-3). These religious leaders, Jesus held, "tie up heavy burdens, hard to bear, and lay them on the shoulders of others; but they themselves are unwilling to lift a finger to move them" (v.4). They "lock people out of the kingdom of heaven" (vv.13-14). Jesus made scathing criticism of Pharisees and scribes for their religious hypocrisy. Echoing both Amos and Hosea, he told them the problem is that they "tithed mint, dill and cumin", and yet they had "neglected the weightier matters of the law: justice and mercy and faith" (23:23). Although Jesus was in less direct confrontation with the Sadducees, he was not afraid to tell them where their religiosity was hypocritical and unacceptable because it authorized social injustice.

King Herod was frightened: "The king of the Jews is born"

Lastly, Jesus' prophetic role also targeted oppressive international relations. Jesus was born, lived and died in a colonized state. The Jews, though a people of God, were ruled by the Roman empire, which stationed its agents, such as Pontius Pilate, King Herod, centurions and soldiers, in the state to prevent revolt. That Jesus was subversive to colonial rule is attested at his birth, when King Herod and his Jerusalem collaborators were disturbed by the announcement that a king had been born to the Jews (Matt. 2:1-15). This Christmas story that we enact annually was politically loaded, for Jesus is characterized as a Moses, one who will be called out of Egypt to liberate God's people (v.15).

Jesus also preached a subversive message when he announced that the kingdom of God is near, indeed that it is already here! If the kingdom of God is here, then Pilate, Herod and their national collaborators do well to tremble for their days are numbered. With the announcement of another kingdom, their authority is declared oppressive and unacceptable before God. The announcement was a prophetic challenge to oppressive international and national political structures.

The prophetic message of Jesus and HIV/AIDS

There are many other characteristics that could be highlighted to indicate the prophetic role of Jesus, such as his attitude to wealth. How can recapturing the prophetic message of Jesus help us in fighting HIV/AIDS? It should help to know that Jesus:

- was a prophet who condemned social injustice;

- took sides with the marginalized members of the society such as tax collectors, widows, sex workers, children and lepers;
- healed all forms of sickness, without asking how the person got the illness, thus underlining that health is God's will for all of us;
- not only healed lepers, who were feared and isolated, but also touched them and restored them back to society; this should help us to confront the stigma of HIV/AIDS and to minister to the sick;
- empowered women and children: Facing AIDS: The Challenge, the Churches' Response, the WCC study document, writes that "whenever gender discrimination leaves women under-educated, under-skilled and unable to gain a title to property or other vital resources, it also makes them vulnerable to HIV/AIDS infection"¹⁶. It should, therefore, help us in the struggle against HIV/AIDS to know that Jesus began gender empowerment by allowing women to make their own decisions (John 4:28-29) and giving them public leadership roles (John 20:17-18). HIV/AIDS research indicates that the epidemic is fuelled by gender inequalities in our societies. The Christian church should highlight the gospel of Christ, showing that gender inequality is un-Christian;
- forgave sins or what was held to be immoral life-styles: if the church is often caught in the trap of condemning those who are infected, saying they are reaping the fruits of their acts, if the church is so convinced that these people have sinned, it should help Christians to know that Jesus forgave sins. Why should the church count and recount anybody's sins, if Jesus (the founder and Lord of the church) forgave them?
- questioned oppressive scriptures: if there are any scriptures used by church leaders and other believers to perpetuate the oppression of God's people, we are free to ask them, "Is it lawful to save life or to destroy it?" We can say to them, "It is written, but I say to you..." Yes, even if we are ordinary daughters and sons of Joseph, we are empowered to say, "The Spirit of the Lord is upon me." Let me push this point further to its logical end: Can we say, echoing Mark 2:27, that the Bible was made for people, not people for the Bible?
- openly contested oppressive leaders: if our religious leaders and institutions are giving us policies and traditions that hinder our fight against HIV/AIDS, we should be free to criticize these policies as oppressive and ungodly. Are we free to act independently, according to the gospel of Christ?

- was not afraid of the imperial rulers of his time: similarly, we should be prophetic about international relations that perpetrate poverty, such as globalization and heavy debts, which make it difficult for many two-thirds-world governments to struggle effectively against HIV/AIDS. We should be critical of those who are making access to HIV/AIDS drugs difficult. For we have the mandate to insist that the earth and everything in it belongs to the Lord, and that all members of humanity were made in God's image and given the right of access to God's material resources (Gen. 1:26-31).

A prophetic church: "I will pour my Spirit upon all flesh"

Some may be thinking, "Well, yes, but we are not prophets. We are not called. The Spirit of the Lord is not upon us!" I am sure we cannot say this, because of the following New Testament affirmations:

1. Upon his death and resurrection, Jesus commissioned the believers to go and teach what he taught (Matt. 28:18-20). If we are persuaded that Jesus was a prophet, then Christ's followers must also be prophetic. Those who train Christian/church leaders must teach them to be prophetic leaders, who foster prophetic congregations and faith communities. Yet perhaps what we need here is to understand fully what Jesus Christ taught. As we have seen, his teachings and deeds included preaching the good news to the poor, healing the sick, breaking social stigma, criticizing oppressive institutions and scriptures in order to empower women, children, Samaritans and other marginalized groups. This constituted the gospel of Christ.
2. At the very founding of the church, the Spirit of the Lord was poured "upon all flesh" of the believers, giving Christians the power to speak (Acts 2:1-22). They all began to speak in tongues. On the basis of the fact that the Spirit of the Lord has been poured upon all of us, then we can all confidently go back to our cities, towns, villages, places of residence or work, and simply say, "The Spirit of the Lord is upon me, because he has anointed me to bring good news to the poor. He has sent me to proclaim release to the captives and recovery of sight to the blind, to let the oppressed go free, to proclaim the year of the Lord's favour" (Luke 4:18)."

3. If we do not prophesy, then we are not living out our Christian faith, for we have all been called and sent to go out and call. If we do not prophesy, we are failing Jesus Christ who sent the church to speak and gave the church the Spirit to prophesy. And in this HIV/AIDS epidemic, whom shall the Lord send but us? But of course, as Palma tells us, it is instructive to realize that prophecy involves willingness on our side: to be open to the Spirit – the Spirit that enables us to discern and denounce injustice as well as to speak hope and justice to God's people. The option to be the prophet Jonah is there, and sometimes God does not want or need to bury us in the stomach of a whale in order to bring us back to our responsibility.

Teaching our student ministers to prophesy

Some may ask, if prophets are called and sent by God, how can we teach our student trainee ministers to be prophets – this is out of our hands. This model is shown us in the Bible. There were Elijah and Elisha (2 Kings 2:3, 4:38, 6:1-2), there was John the Baptist and his disciples, and Jesus Christ had disciples. Disciples are students, those who are learning from their teacher. The gospels attest that Jesus sometimes sent his disciples to go out and do what he did; when they failed, he castigated them for their little faith (Matt. 10:1-4). At the end, the disciples were sent out to the world (Matt. 28:18-20) and given the Spirit of power, enabling Christian believers to speak (Acts 2).

How, then, can we use prophecy as a method of teaching and fighting HIV/AIDS? I suggest the following:

- We need to show (or realize) that HIV/AIDS is a historical crisis for nations and the world as a whole, and that it violates God's will.
- We need to expound a firm prophetic theology that highlights the role of every Christian not to speak in judgment but to hope.
- We need to encourage students (and lecturers) to carry out a self-assessment on how they have been, or failed to be, prophetic in their own contexts, and to take a prophetic stance against all forms of social structures which promote injustice – which today is fertile soil for HIV/AIDS.
- We need to show students and congregations how the prophetic framework of our Christian faith enables us to face and deal with all the critical issues of HIV/AIDS prevention and care, such as healing, stigma, social exclusion, poverty, gender, youth powerlessness, the plight of orphans and widows, national and international injustice, and oppressive cultural beliefs.

- Our prophetic approach to teaching and preaching must also cover practical involvement of students. It must position trainee ministers and theological students in the communities, training them to meet with the suffering and express solidarity with them. It must teach them how to talk openly to those in power, be they leaders of their villages, churches or nations, if their policies, traditions, theologies and laws perpetrate oppression. We must train students to assume a prophetic stance in their work and in society.
- The sermons and liturgy of students must demonstrate that they are taking a prophetic role. The time to assume our prophetic role in teaching, I would insist, is now.

Questions for discussion and exercises

- Jesus preached the kingdom of God and he was crucified. John preached Jesus and he was put in prison and beheaded. Nowadays preachers preach and they are invited for tea. Are we doing our job? Are we real prophets?
- How can we know the true and the false prophet?
- Is prophecy good news or announcement of judgment?

“The Spirit of the Lord is upon you: prophesy!”

As I have said, one of the ways of using prophecy in teaching is to “encourage our students to carry out a self-assessment on how they have been, or failed to be, prophetic in their context, and to take a prophetic stance against all forms of injustice, which today is fertile soil for HIV/AIDS”. This, however, must begin with us as teachers. In groups, begin by filling in individually the graph below:

- How have you been prophetic?
- Confession: how have you failed to be prophetic?
- How do you plan to be prophetic in your work?
- Share together as a group and compile your findings and plans.

Use the following items:

Together, pick one item and write a prophetic paragraph. Choose the image you wish to use to help your audience to see your point clearly.

NOTES

- 1 Marta Palma and Marianne Blickernstaff Mosian, "Prophecy, Women's Church" and "Prophets and Biblical Women", in Letty Russell and J. Shannon Clarkson eds, *Dictionary of Feminist Theologies*, Louisville, Westminster John Knox, 1996, p.228
- 2 John H. Hayes, *Introduction to the Bible*, Philadelphia, Westminster, 1974, p.161.
- 3 *Ibid.*, p.159.
- 4 Bernhard W. Anderson, "Prophetic Troubles of Israel", in *The Living World of the Old Testament*, Longman, 3rd ed. 1986, pp.226-57.
- 5 Alec Motyer, "The Prophets", in Pat Alexander ed., *The Lion Handbook to the Bible*, Herts, UK, Lion, 1973, p.371.
- 6 David Clines, "Religion and Worship in the Bible", in Pat Alexander ed., *The Lion Encyclopedia of the Bible*, Herts, UK, Lion, 1978, p.130.
- 7 *Ibid.*, pp.130,161.
- 8 Palma, "Prophecy, Women's Church", p.228.
- 9 Hayes, *Introduction to the Bible*, p.215.
- 10 Clines, "Religion and Worship in the Bible", p.129.
- 11 Hayes, *Introduction to the Bible*, p.165.
- 12 Clines, "Religion and Worship in the Bible", p.130.
- 13 Hayes, *Introduction to the Bible*, p.159.
- 14 Palma, "Prophecy, Women's Church", p.228
- 15 *Facing AIDS, The Challenges, the Churches' Response*, WCC, 1997, pp.14-15.
- 16 *Ibid.*, p.16.

TOWARDS AN HIV/AIDS-SENSITIVE CURRICULUM

Tinyiko Sam Maluleke

As he came near and saw the city, he wept over it, saying, "If you, even you, had only recognized on this day the things that make for peace! But now they are hidden from your eyes. Indeed, the days will come upon you, when your enemies will set up ramparts around you and surround you, and hem you in on every side. They will crush you to the ground, you and your children within you, and they will not leave within you one stone upon another; because you did not recognize the time of your visitation from God." (Luke 19:41-44)

The HIV/AIDS epidemic has ushered in a new kairos for the world in general and for the African continent in particular. But that is only one dimension of it. The other dimension is that it is a kairos for and of the church – the local as well as the worldwide church. While we in the church may not all be infected, we all can be infected and once one member of the body is infected we are certainly all affected!

Although only about five percent of the world's population live in southern and east Africa, up to 50 percent of the world's HIV sufferers live there. It is now estimated that 60 percent of those who have died of AIDS-related illnesses are from this part of the world. Similarly, it is estimated that in 1999 90 percent of the world's 11 million AIDS orphans were in sub-Saharan Africa. The situation is grave and each African country has its own tale of woe. Today those knowledgeable about HIV/AIDS prevalence in southern Africa inform us that these statistics have long been superseded¹.

This essay seeks to explore and share some insights into the challenges posed by HIV/AIDS for theological education in Africa. I first conceived the basic ideas in a paper for a conference on the same theme in Nairobi in 2000. Without attempting to provide a complete "new" curriculum for theological education, I will try to outline, in broad strokes, some of the methodological and theological issues at stake if such a curriculum is to be drawn up.

Although I am not engaged directly in setting up an HIV-sensitive curriculum for theological education, the issues raised here would influence such a curriculum. I am in fact reluctant to plunge into actual curriculum design. Such a task requires

highly specialized and specific skills, and the whole subject of HIV/AIDS is new and daunting for many theologians, myself included.

Theological impotence

In another article², I recounted an anecdote once used by the doyen of African theology, John Mbiti. He tells a fictitious and tragic story of an African PhD graduate majoring in theology who returns home after many years of study abroad:

He learned German, Greek, French, Latin, Hebrew, in addition to English, church history, systematics, homiletics, exegesis and pastoralia, as one part of the requirements for his degree. The other part, the dissertation, he wrote on some obscure theologian of the middle ages. Finally, he got what he wanted: a doctorate in theology...

He was anxious to reach home as soon as possible, so he flew, and he was glad to pay excess baggage, which, after all, consisted only of the Bible in the various languages he had learned, plus Bultmann, Barth, Bonhoeffer, Brunner, Buber, Cone, Küng, Moltmann, Niebuhr, Tillich... At home, relatives, neighbours, old friends, dancers, musicians, drums, dogs, cats, all gather to welcome him back. The fatted calves are killed; meat is roasted;... [He] is the hope of their small but fast-growing church. People bear with him patiently as he struggles to speak his own language, as occasionally he seeks the help of an interpreter from English.

Suddenly there is a shriek. Someone has fallen to the ground. It is his older sister, now a married woman with six children and still going strong. He rushes to her. People make room for him, and watch him. "Let's take her to hospital," he calls urgently. They are stunned. He becomes quiet. They all look at him bending over her. Why doesn't somebody respond to his advice? Finally a schoolboy says, "Sir, the nearest hospital is fifty miles away, and there are few buses that go there." Someone else says, "She is possessed. Hospitals will not cure her!" The chief says to him, "You have been studying theology overseas for ten years. Now help your sister. She is troubled by the spirit of her great aunt." He looks around. Slowly he goes to get Bultmann, looks at the index, finds what he wants, and reads again about spirit possession in the New Testament. Of course he gets his answer: Bultmann has demythologized it [i.e. according to Bultmann such a thing does not exist in reality]. He insists that his sister is not possessed. The people shout, "Help your sister; she is possessed!" He shouts back, "But Bultmann has demythologized demon possession! [It does not exist]."

The bottom line is that this impressively trained graduate was, to borrow from the title of Mbiti's essay³, "theologically impotent". This is one of several essays and books that called for the "African context" to become the most serious item on the theological agenda of African churches and African theological institutions. The

“theological impotence” that Mbiti and his contemporaries lamented and depicted so comically and so aptly was meant to highlight the importance of doing theology in ways that speak to the situations in which Africans find themselves. Mbiti also used this anecdote to highlight the inadequacy of allowing only the Western tradition to influence theological education.

If those were the terms in which “theological impotence” could be stated thirty years ago, the challenge of HIV/AIDS aptly highlights a dimension of theological impotence for theological education today. The “theological impotence” of African theology graduates is most acute in the challenge posed by HIV/AIDS. What strikes down our sisters and brothers is no longer only spirit possession but also HIV/AIDS. My sense is that little in our theological training prepares us to combat this challenge meaningfully and constructively. Whereas Mbiti’s imaginary graduate could “go to Bultmann” for inspiration and information – however misguided such a ploy was – today’s theology graduates have few gurus to refer to when it comes to HIV/AIDS. Indeed, theological material on the subject remains scarce.

Nor do we seem to have developed a theological language with and within which to discuss challenges raised by the HIV/AIDS epidemic. Suddenly even our newly found theological fads and shibboleths no longer suffice. In fact, just as we were becoming comfortable in our new-found voice for black and African theologies; just as African evangelicalism and Pentecostalism was declaring this to be the century in which all Africans will be “reached” for Christ; just as some Africans were celebrating the end of the cold war and the end of apartheid – the AIDS pandemic comes along and makes a mockery of many of our hopes and claims, sending us all into a deep crisis. Churches and theologies alone cannot address the challenge: all sections of society need to join hands. However, there may be issues and aspects of the challenge for which churches and religions are best suited.

Taking a leaf from the book of African theologies

Since 1945, when the Belgian missionary Placide Tempels, working among the Luba people in the Congo, published the first edition of his *Bantu Philosophy*⁴, the call for a theology that dealt with African questions and African concerns has never abated. As we can see from Mbiti’s anecdote above, African theology was born out of a quest to make Christ and Christianity relevant and meaningful to the cultural and existential context in which Africans lived. While it is true that African theology remains “strangely and unjustly neglected in the West”⁵, no one doing theology seriously anywhere in the world today can be totally ignorant of aspects of African theology.

Fifty years after Tempels, we have thousands of essays and dozens of books on the subject. Staunch and devout churchmen of deep Christian convictions, such as

Okullu⁶, Mbiti⁷, Tutu, Buthelezi⁸, Nthamburi, Idowu⁹, Dickson¹⁰, and a few churchwomen, such as Oduyoye, Kanyoro and Njoroge¹¹, have been notable in the development of African theologies. African theology has not developed “outside of” or disconnected from the lives of African Christian communities and African churches. Though the campaigns have not been completely successful and the “mission” has not been finally accomplished, African theological issues have been put squarely on the agenda of theological education in many parts of Africa – however unevenly or inadequately.

We now face a new *kairos* – one that is epitomized by the HIV/AIDS epidemic. Can we use our fifty years’ experience of putting such “third-world theologies” as black and African on the theological curriculum in the present crisis? I think so. We must remember that there were few curriculum-design conferences called in order to consider how to introduce contextual and liberation theologies in theological curricula. At one level, we could say that contextual and liberation theologies erupted into theological faculties, schools and seminaries by the sheer force of their timeliness and relevance. Given the devastation and havoc that HIV/AIDS is causing in much of Africa, it is amazing that the curricula of institutions of theological education in Africa have not been “invaded” by HIV/AIDS issues in a powerful way. What could be more relevant for theology in Africa today than the question of HIV/AIDS?

Yet at another level we have to acknowledge that contextual and liberation theologies owe their introduction into mainstream theological education to the tireless and diverse efforts of (theological) educators all over the world who dared to make aspects of these theologies part of their research and teaching. Though the situation differed from context to context, there were places where liberation theologies could only be introduced in a surreptitious and clandestine way – and often not openly named as such. These tactics and strategies may be instructive as we search for a way of introducing an HIV/AIDS-sensitive curriculum for theological institutions in Africa.

It may not be feasible to wait until every faculty/seminary/Bible school board studies and approves of a new HIV/AIDS-aware curriculum. Those of us who are awake to the crisis may need to begin introducing HIV/AIDS issues in our courses even if our colleagues or the powers-that-be look askance at such attempts. We need not wait until we can introduce a course that bears the words “HIV/AIDS” in its title before we start introducing HIV/AIDS issues into our curricula. Indeed, one basic thrust of this essay is to argue that there is now no theological discipline that can afford to ignore HIV/AIDS issues in one way or another. 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?

The new kairos

The time has come. The moment of truth has arrived. South Africa has been plunged into a crisis that is shaking the foundations and there is every indication that the crisis has only just begun and that it will deepen and become even more threatening in the months to come. It is the kairos or moment of truth not only for apartheid but also for the church. We as a group of theologians have been trying to understand the theological significance of this moment in our history. It is serious, very serious. For very many Christians in South Africa this is the kairos, the moment of grace and opportunity, the favourable time in which God issues a challenge to decisive action. It is a dangerous time because, if this opportunity is missed and allowed to pass by, the loss for the church, for the gospel, and for all the people of South Africa will be immeasurable...

A crisis is a judgment that brings out the best in some people and the worst in others. A crisis is a moment of truth that shows us up for what we really are. There will be no place to hide and no way of pretending to be what we are not in fact. At this moment in South Africa the church is about to be shown up for what it really is and no cover-up will be possible¹².

With these words, a group of South African theologians began their now-famous theological comment on the apartheid state in the mid-1980s – the Kairos Document. I would like to suggest that these very powerful opening words of South African theologians should be said again today, not in relation to apartheid – which has thankfully been dismantled, even though its legacy is still with us – but to the challenge of HIV/AIDS. The epidemic has ushered in “a crisis that is shaking the foundations and there is every indication that the crisis has only just begun and that it will deepen and become even more threatening in the months to come”.

It is shaking the very foundations and meaning of life, individuality, family, culture, community, religion and church. In much of Africa, people are living under the heavy cloud of the HIV/AIDS scourge. Those who are not themselves infected usually know someone who is. In this way, very few are not living in dread of HIV/AIDS. Indeed, theologians should be trying to establish the theological significance of this moment in the history of humanity in general and the history of Africans in particular.

It is in terms such as these that I regard the HIV/AIDS epidemic as a kairos. The writers of the Kairos Document explained kairos in terms of “crisis”, “moment of truth”, “moment of grace and opportunity” and a “dangerous time”. All these “definitions” of kairos fit the challenge posed by the HIV/AIDS epidemic. Indeed, this epidemic presents us with a critical and dangerous time, a moment of truth as well as a moment of grace and opportunity. The AIDS crisis catapults us into a “moment of truth” because it brings us face to face with the failure, sinfulness, frailty and

interdependence of human beings. It reveals the “truth” about the limits of human knowledge, the inability of science and technology to save us.

Like a spotlight, HIV/AIDS exposes and reveals the frailty of aspects of our personal and communal lives – things that until now we have been unwilling to confront. It forces human beings to confront death and the meaning of life in a way that few other human illnesses do. In facing the death or deaths of those living with HIV, we are all confronted with our own frailty. Furthermore, it would be dishonest not to admit that a large part of what gives HIV/AIDS a kairos-like quality is the alarming rate at which it is spreading on the continent.

The challenge for theology

Failure to probe the theological significance of this moment will be not only a missed opportunity but also irresponsible. Just as the entire Christian world has been and continues to be mobilized in programmes meant to combat racism, sexism, economic exploitation and cultural arrogance, we now need theologies that will help us deal with the challenge of HIV/AIDS. I am not suggesting that we abandon issues of race, class, gender and culture in favour of issues of HIV/AIDS, but rather that we take a new look at all of these in the light of the epidemic.

Many of these issues remain implicated in the incidence and spread of HIV/AIDS. The “new” kairos is not totally new. To the extent that HIV/AIDS is becoming more and more an African and “third-world” disease the issues of race, class, gender and culture remain relevant to our discussions. However, we now know that awareness of race, class, gender and culture issues does not automatically translate into HIV/AIDS-awareness. If it did, the past ten years would have seen a surge in theological reflections and conferences on AIDS.

To be fair, these past ten years have seen some important innovative developments on the African theological scene. There have been serious attempts to address the new post-cold-war situation and to embrace it creatively¹³. However, when it comes to the question of the challenge of HIV/AIDS, our theologians have been slow and silent – and we have reason to suspect that, differences from country to country notwithstanding, the churches have been slow and quiet too. While short journalistic articles on AIDS in Africa – often superficial if not misguided – abound in magazines and newspapers, very few in-depth theological treatises and books on this issue exist. Nicolson paints the picture:

It is very important that a theology of AIDS should be developed which arises out of our own context. There has not yet been nearly enough theological attention given to AIDS in South Africa. There have been three articles in the *Journal of Theology for Southern Africa*¹⁴, one in *Missionalia*¹⁵, one in *Theologia Evangelica*¹⁶,

and one in Koers¹⁷. Only one book about a theology of AIDS has been published in South Africa¹⁸.

I am afraid things have not improved greatly since Nicolson wrote this in 1995. If I am correct in my reading of the situation, at least in South Africa, this lack of preparedness is not only one of the most serious indicators of the problem we face but also a stumbling block in the development of HIV/AIDS curricula for theological education in Africa.

Towards a theology of AIDS

Silence in the "vale of misery"

How can we explain the theological silence in the face of the HIV/AIDS epidemic? One of the reasons is simply that it is an ugly, relentless and chaotic epidemic. What can theologians and churches say or do in the face of such chaos and dread? Perhaps this is the reason and meaning of the massive theological silence, although there are secular utterances about condoms and the occasional and thinly veiled use of the AIDS epidemic as a pretext for old-style evangelism by some Christian groups.

Theologians are, usually, a literary people. We like books with a beginning and an end, and by the end we expect to know what the point of the book was. AIDS does not fit into this category. It represents the frightening world of chaos – disorder and non-meaning from which we hoped our faith had delivered us. AIDS is a plague in the modern era where plagues should have no power. The AIDS pandemic recreates for us the frightening world of the earlier church where we do not control the elements and are in a place between creation and redemption, in what the old *Salve Regina* prayer used to call a "vale of misery"¹⁹.

Maybe our silence in the face of AIDS is also because, when faced with it, we have to confront two issues which our modern churches and our inherited cultures, both Western and African, have been unable to handle openly and constructively: death and sexuality. Or are we silently waiting for science and technology to save us – not wanting to disturb the high priests of these "trades" while they silently work out our saving vaccine?

Perhaps we need not dismiss the silence as emptiness. To the extent that it is an admission of failure and a sign of a loss of words and plans, even the silence might be a sign that this is a *kairos* time. The first step in the construction of a theology of AIDS might just be a recognition and exploration of the silence, not only in Africa but also in the whole world – particularly in theological education circles – twenty odd years after the "discovery" of HIV/AIDS. Yet the silence is not complete, because those with full-blown AIDS are "speaking" loudly and clearly. They are speaking to us and speaking in us. How could we not see, how could we not hear? Is self-righteous bigotry the only alternative response to denial and silent pretence? Are

the “safe” and usually patronizing ways of some Christian groups the best response we can muster in the face of so massive and so fundamental a human crisis?

Seven issues

1. HIV/AIDS is not just an ethical issue in a narrow, moralistic sense of the word. Nor is it merely a pastoral issue. Yes, it is a matter for ethics, mission and pastoral ministry – but it is more. It is a deeply theological issue, in much the same way that African theologians have argued about race, gender and culture. AIDS raises deep challenges about the meaning of life, our concepts of God, our understanding of church, human interdependence, human frailty, human failure, human sinfulness and human community. In the face of AIDS we need to re-examine and reflect upon both our theological and cultural starting points. A viable HIV/AIDS curriculum for theological education must seriously engage both the educators and the learners in the hard discussion of theological, ideological, economic and cultural traditions and dogmas that shape the way we look at the world, God and ourselves.

This means that our often unnamed and sometimes unconscious theological and ideological assumptions about illness, gender, sex, sexuality, God, the Bible, the church, and so on must be unmasked and opened up for rigorous and vigorous debate and discussion. It is mostly at the level of theological, cultural and ideological assumptions and starting points that the battle against HIV/AIDS is “lost” and could be “won”. For example, we cannot hope to change the action or non-action of the church without understanding and seeking to change its assumed, professed and lived theology.

2. I have intimated some affinity and even continuity between the erstwhile and enduring African theology themes of race, class, gender and culture and the needed theology of AIDS. The continuity is real but a little complex. To begin with, as in the case of these themes in African theology, a theology of AIDS must be construed as an activist and advocacy theology. HIV/AIDS is the new “site of struggle” against death and dehumanization and, as with all true struggles, mere verbal and written theological constructions will not suffice. A theology of HIV/AIDS can therefore never be merely a “book” or “pulpit” theology. It must encompass the book, the pulpit and the brain, for sure, but it must be more encompassing, more activist and more missionary (adjective, not noun) than that.

3. A theology of HIV/AIDS will recall aspects of the fifty-year inculturation project of African theology. Like that project, it will affirm the need for Christian theology to speak powerfully and relevantly to the African cultural milieu. Unlike the early African theology of inculturation, however, a theology of HIV/AIDS will seek to do more than merely inculturate; it will fearlessly and creatively engage in a critique of culture, as some African women theologians and some African-American womanist theologians are doing, for example Mercy Oduyoye²⁰. It will do so, however, without being biased against Africans as people created in the image of God. A theology of AIDS will seek to go beyond cultural clichés so that the weapon of criticism – the African culture that was used in the critique of Western culture and Western Christendom – becomes also an object of criticism. If anything, the HIV/AIDS epidemic demonstrates the fallibility of all human cultures – African included.
4. The question of gender and the powerlessness of women is key to the development of a theology of HIV/AIDS. In many parts of Africa, the spread of HIV/AIDS among women and children is greatly enhanced by the cultural and economic powerlessness of women. Even when women are not themselves HIV-positive, they still bear the brunt of caring for those who are. If we ever doubted the relevance of a whole range of women's theologies – feminist, womanist and African women's – the HIV/AIDS epidemic should rouse us from our slumber. The powerlessness of women in culture, economics and religion has a direct impact on their vulnerability to HIV infection. This issue must therefore be addressed at all these levels. Although the WCC's Decade of Churches in Solidarity with Women has afforded women a firm foundation on which to launch more struggles, it is also true that many of the themes of the decade were not always purposely linked to the challenge of HIV/AIDS, if they were linked at all.
5. If economic exploitation leading to the reduction of human beings to non-persons was seen to be grave enough by a considerable number of Latin American churches and theologians for them to initiate what has now become known as liberation theology, I submit that the HIV/AIDS epidemic poses an equally grave challenge. It is also not unrelated to economic exploitation. Although no one is immune from AIDS, it is the poor in the world's poorest sections who are most at risk. Africans are no more promiscuous than, for example, Europeans, but they are much poorer and therefore much more vulnerable to the pandemic. It might not be far-fetched to suggest therefore that a theology of HIV/AIDS is the face of a new "theology of liberation".

6. In the same way that black theologians in both South Africa and North America launched a concerted theological assault on pseudo-Christian racist heresies, we now need to launch a similar campaign against the heretical self-righteousness of those who discriminate against HIV-positive people and people with full-blown AIDS, even those who do so subtly. If racism attacked the integrity of the children of God by making them doubt that they are indeed children of God, discrimination against HIV-positive people does essentially the same thing. We share the same humanity and the same human frailty as HIV-positive people and to treat them otherwise is as bigoted as being racist or sexist. How can those of us who were excluded from the communion table, from the ministry of Christ, and from participating in the economic and political affairs of our countries – on account of our skin colour and gender – forget the pain of exclusion so quickly?
7. The HIV/AIDS epidemic brings issues of personal and individual ethics and morality to the fore once again. Few issues expose the importance and implications of personal morality and personal choices more than this epidemic. Here, our interdependence as human beings is displayed in all its destructiveness. Here, the personal is devastatingly communal and political. What ethic shall guide our discussion of the AIDS epidemic? Or shall we merely be practical about it? Shall we simply advise people to use condoms and then leave them to their own devices? Will it be the ethics of reinvented racism and cultural arrogance of yesteryear – where AIDS is seen to be the disease of blacks, third-world people and women because of their moral “infancy”? Or will it be an ethic informed by a view of the world as consisting of the saved versus the unsaved – the saved being the HIV-negative and the unsaved being the HIV-positive and those with full-blown AIDS?

Towards a theology of HIV/AIDS: some broad objectives and agenda items

As I have intimated above, the challenge of AIDS needs to be met at the deepest level of theology, doctrine, ideology and culture.

1. The first objective of an HIV/AIDS curriculum for theological education must therefore be to engage both students and educators at the levels of theological and cultural assumptions and motivations – even if such a curriculum fails to provide any final answers. Scholars such as James Scott²¹ and Michel de Certeau²² have highlighted the fact that in social analysis a distinction should be made between “public transcripts” (i.e. actions taken and words said in full view and for the benefit of the “powers-that-be”) and “hidden transcripts” (actions taken and words said behind the backs of the “powers-that-be”); between coded resistance and open resistance. Strategies for combating the spread of HIV/AIDS will have to be based on more than mere observation of human behaviour at the “public transcript” level.

In almost every human society, for a variety of reasons, there are things said and things done; things said-and-done and things said-but-seldom-done; and there are things simply done and seldom said. The complex interplay between things said and things done is not a phenomenon exclusive to African societies. In order to stem the tide of HIV/AIDS we will have to penetrate the elusive and complex interplay between things said and things done. For example, our prevention campaigns as well as our pedagogical methods will have to be pitched at a level that covers both the things said and the things done as well as their slippery intersections.

To give a banal example, it is possible for teenagers to be highly active sexually without an accompanying verbalizing and articulating of matters sexual. There could be a variety of reasons for this situation. The teenagers may simply lack the verbal “grammar” and wherewithal to articulate their sexual activities. They could also be succumbing to societal taboos about matters sexual. It is also possible to find another group of teenagers where the verbalization of matters sexual comes easily and yet one may find that there is little vigorous sexual activity accompanying the rhetoric. It seems to me that as educators we need first and foremost to understand the spaces between, the intersections, the dialectics and rhythms of the interplay between things said and things done, much more than simply to bring down the walls between things said and things done.

In other words, more than getting parents and children to talk about sex; more than getting ministers of religion to deliver shock-therapy sermons in which they preach about matters sexual; more than giving lessons on facts about sex and human anatomy; we need to understand the “logic” behind the partnership of doing and not saying or saying and not doing. The answer is not simply to say things seldom said – however necessary that might be. Nor is it simply to get people to “do the right thing”. We need to understand the logic – however warped – of why people do not say certain things and

why they do not do certain things. It is as we seek to gain understanding in these realms that we will begin to construct an adequate pedagogy for the HIV/AIDS epidemic. A theology of AIDS must penetrate the thick and complex veil of things private and public in human cultures. It is in these realms that AIDS thrives.

2. Following on the preceding discussion, we must not be too optimistic about the role of knowledge and cerebral consciousness in the changing of human behaviour. The prevailing assumption that the availability of information will automatically influence human behaviour needs to be questioned. Non-governmental AIDS organizations all over the world are beginning to conclude that the AIDS prevention campaigns have not met with the success that would equal the effort and money put into them – country-to-country differences notwithstanding. Perhaps we need to redefine what we mean by “knowledge” so that “knowledge” and awareness move beyond the cerebral. Knowledge needs to affect the complex interplay between said and done things.

HIV/AIDS curricula must search for creative ways of tackling this complex matter. It is not always useful simply to insist that people need to include in their index of said things particular statements about sex and HIV/AIDS, unless we have first tried to understand the logic behind the reluctance to “speak” things left unspoken even as they “do” them. Similarly it is not useful simply to insist that people must “do” things not done even if it is “for their sake” – people need some understanding of why. Perhaps the HIV/AIDS epidemic, by its sheer violence, will break down all the walls and all the dialectical rhythms between done and said things, public and hidden things. But if this break down is “forced” and “knee-jerk”, it will not necessarily inspire alternative ethical behaviour or choices. As soon as an AIDS vaccine is found, people may revert to old behaviours. The point I am making here is that there always seems to be some gap (or deliberate discrepancy) between what people know and what people do – and we must seek to close the gap.

3. My remarks about said things and done things as well as those about the limits of information in influencing human behaviour must not be construed to mean that I do not see the need for basic information. When people flatly deny the existence of HIV/AIDS or when people hold untenable, ridiculous and dangerous beliefs about HIV/AIDS prevention strategies, it becomes necessary to provide the most basic information about sex and HIV/AIDS. There is a need for and value in information campaigns – even if these campaigns will not suffice in and of themselves. A theology of HIV/AIDS cannot be built upon the foundations of ignorance about AIDS any more than it can be built on theological illiteracy. For us to develop a theology of AIDS we need to take our theology most seriously. We need to recognize the “power” of doctrines and theologies over people.
4. A theology of HIV/AIDS must aim at the building of character – individual character and community character. Only mature Christian individuals and communities can construct and practise a theology of AIDS. If social arrangements were important for many Protestant theologies during the 20th century, what is equally important now is the character of communities and individuals. Such building of character must not be based on theological short cuts. This means that ethics must become more central to theological education than ever before.
5. In developing HIV/AIDS curricula for theological education, we must avoid certain pedagogical traps experienced by all new “subjects” or emphases in curricula. One such trap is that of benevolent marginalization, so that the course or module on HIV/AIDS becomes some “special” if not obscure optional course or module – a non-consequential option aimed at good-hearted or guilt-ridden volunteers, a course to be taught by the least qualified, least respected or most eccentric member of staff. The second trap is one where HIV/AIDS issues will haphazardly be “mainstreamed” into all theological subjects in a laissez-faire manner so that each lecturer is encouraged to do what he or she can with it. A third trap is where HIV/AIDS becomes a brief but compulsory immersion course either at the beginning or end of the academic year – so that, like a painful injection, all students get it over and done with once in their training.

If we are serious about HIV/AIDS in theological education, we will have to look out for these traps and see how we can take the best out of each scenario represented in the “traps”. One thing is clearly urgent: we need to produce a lot more theological material on HIV/AIDS – from the various perspectives of theological disciplines – than is currently available. Every educator knows that the availability of material is key to the teaching of any

subject, just as every researcher knows that it is difficult to research a topic on which little or nothing has been written.

6. An HIV/AIDS curriculum in theological education must have practical, measurable and identifiable ends. The epidemic is far too serious a matter for us merely to philosophize about it. It must not just lead students to orthodoxy, but equip them for orthopraxis skills. For this reason the curriculum must be holistic, encompassing both rigorous thinking and rigorous actions. For this to occur effectively, HIV/AIDS pedagogy must be linked to communities of faith. Basic to the introduction of HIV/AIDS issues in theological education is the existence and significance of the church and other faith communities in African society. Therefore many of the actions and measurable objectives of HIV/AIDS curricula in theological education must be situated and inserted into the lives of actual Christian churches and communities. Active prevention strategies must feature prominently in such a curriculum because while we are talking people are contracting the HIV virus and many are dying!
7. HIV/AIDS is not just a virus that afflicts individual human bodies. It is a condition of life – a condition in which millions of Africans find themselves, whether their individual bodies are HIV-positive or not. In this condition, people live in fear, suspicion and tremendous insecurity.

We cannot construct credible theologies of healing until we have taken the time to understand the total condition – and not merely the individual human body under attack by the HI virus – which calls for healing as creatively, carefully and deeply as possible. This is the one great challenge I see facing the churches of Africa and African theologians. The spiritual, ideological, material and religious chaos into which Africa has been thrown as a result of HIV/AIDS has yet to be understood comprehensively. Like the woman with the flow of blood, whose condition was misunderstood, trivialized and distorted so that she lost much money and faith before she took the decision to “steal power” from Jesus, Africa’s own flow of blood is misunderstood, trivialized and understood mainly in bio-medical terms.

Part of the hindrance to a creative exploration of the HIV/AIDS condition is the air of taboo and stigma that permeates the entire subject – just as was the case with the biblical woman’s flow of blood. By taboo, I mean to highlight two realities – it is taboo to speak of HIV/AIDS openly in church and in society and, if the debate between Mbeki and certain Western scientists is anything to go by, HIV/AIDS is a taboo subject for discussion even among the so-called enlightened. There seems to be resistance to discussing its ideological and spiritual implications. A theology of healing

can only be born out of a lucid analysis of the HIV/AIDS condition in all its dimensions.

Saayman and Kriel²³ lament the prevailing philosophical model behind the anti-HIV/AIDS campaign that assumes and subscribes almost exclusively to an understanding of the human body and human illness in purely physical and biological terms. I concur. Many resources have been poured into tracing and following up the HI virus which causes the “machine” called the human body to malfunction. The aim is either to kill the virus or intercept it. But the human body is not just a network of nerves and veins with blood flowing in them, and sex is not merely an exchange of bodily fluids. Inside the human body is to be found the soul, the conscience and the metaphorical heart, and sex involves these as well. Similarly, the HI virus upsets much more than the physical immune system – it affects the psychological, cultural, religious and economic immune systems. It is at these levels where theology might have more to offer than the bio-medical approach.

8. I join those who have suggested some broad outlines of themes that need to be tackled in an HIV/AIDS-sensitive curriculum for theological education. Nicolson²⁴ makes an important proposal for the construction of a theology of HIV/AIDS. His proposal encompasses six broad themes: (1) AIDS and our picture of God, (2) AIDS and the Bible, (3) AIDS and sexual ethics, (4) AIDS and the church, (5) AIDS and being human, (6) AIDS and women – the latter receiving the shortest treatment. Whatever its shortcomings in detail and emphasis – and there are many – this is a fairly comprehensive agenda. In their work, Saayman and Kriel²⁵ devote a chapter to a discussion of the matters of sickness, health and healing. This is another important item on the agenda of an HIV/AIDS-sensitive curriculum. Together with the themes of death and sexuality, all these items would be crucial in the construction of an HIV/AIDS-sensitive curriculum.

Reflecting on and learning from the nature of theological education

In order to think creatively about the introduction of HIV/AIDS issues into theological education, we might want to reflect upon the nature of theological education itself. David Tracy²⁶ suggests that there are three “publics” to which the work of a theologian should be geared, namely, the academy, the church and society. In putting the matter in this way, Tracy was creatively summarizing and paraphrasing century-old experiments and discussions about the nature and aim of theological education. Hitherto the nature of theological education was spoken of in terms of *theoria*, *poiesis* (which refers to the construction and the orchestration of

evocative symbols and metaphors manifested inter alia in worship ritual) and praxis. This trilogy corresponds almost perfectly with Tracy's three publics. Similarly, we find that the logic of this trilogy bears some affinity with Immanuel Kant's suggestion that there are three basic questions that govern human existence, namely: What can I know? What can I hope for? What must I do? Tracy's suggestion of the three publics to which theology must address itself aptly captures the logic of both Kant's questions and the trilogy of *theoria*, *poiesis* and *praxis* – even though Kant believed that the function of religion was to address the second question only.

Tracy helps us to recognize the multifaceted intent of theology. Theological education is not only an academic discipline among others; it is a service to communities of faith. Yet, theological education cannot be exhausted in the service of the needs of the church or denomination. Similarly, theological education must be and mean much more than some technical training for Christian activism where the emphasis is more on going and doing and less on reflection. Theological education should indeed be academic and ecclesiastical in its focus and practically oriented – but it must be more than each of these. The challenge then is one of integration so that the one “public” does not command all of the attention of theological education to the neglect and detriment of the others.

Furthermore, theological education must involve some discomfort and critique of each of the three publics. While it must strive for the highest intellectual and academic rigour, theology cannot buy completely into the rationality of the modern academy. Theology will maintain an awareness of the distinction and intimate relationship between faith and truth/knowledge for example – “unless you believe you shall not understand”. Unlike other disciplines, theology is not merely interested in questions of understanding, but in questions of existence – questions of meaning and truth. With respect to the second public, namely the church, theological education has such various objectives as: the formation of the priestly character, imparting the right theological conviction to candidates, grooming candidates for service to the denomination, teaching those skills that are required for the proper management of the church and the training of a group of professionals, called pastors, to serve the church.

The weaknesses of each of these objectives notwithstanding, what is clearly important is that theology and theological education – whether at university or seminary – cannot be detached from the life of communities of faith. In recent times, no “public” has become more important for theology and therefore for theological education as society at large. The rise of liberation theology and its various manifestations was built on the clear distinction between orthodoxy (which was churchy and inward-looking) and orthopraxis, which was oriented towards the role of the church in the larger society. Thus it was recognized that it was not enough for

theology to be geared towards the servicing of the church and its members – the challenge was out there in the world where faith must be lived out in practice.

What has any of this to do with HIV/AIDS curricula? My suggestion is that it is only when theological education is very clear about its nature and vision that HIV/AIDS issues can be effectively grafted into it. More than that, I am suggesting that the challenge of the HIV/AIDS epidemic is such that we must do more than some quick curriculum patchwork. We need to work the curriculum into the heart and soul of what theological education is all about. The epidemic is a challenge for us to revisit our inherited visions of theological education. Next to culture, nothing governs our choices and attitudes more than our inherited, often subliminal and unconscious notions of the nature of theological education.

Finally, unless our HIV/AIDS curriculum is geared towards an integrated vision of Tracy's "three publics", it too might not be effective. The dangers of ignorance about theological education's responsibility towards each public are applicable to a poorly thought-out HIV/AIDS curriculum. As we read the following quote from David Bosch, let us imagine that he was talking not only about theological education in general but about an HIV/AIDS curriculum in theology:

Theology and theological education, then, involve a dynamic interplay and creative tension between *theoria*, *poiesis* and *praxis*, between head, heart and hand, between faith, hope and love, between the cognitive, the constitutive and the critical, between the intellectual, the relational and the intentional. It combines knowing, being and doing and seeks to communicate what is true, what is of God and what is just. Unless theological education succeeds – however inadequately – to embody these dimensions, it will not be credible to any of its three publics. In the world of academia, it will be viewed as an atavistic enterprise, a throwback to a bygone era. The church will regard it as peripheral to its life, as diffuse and cafeteria-like, lacking a unifying vision. Society will perceive it as pedantic, irrelevant and doctrinaire. In each of these instances our students will, in their search for an integrating world- and life-view, feel obliged to look elsewhere for help in respect of what really matters even if they comply formally with our degree requirements²⁷.

Practical exercises

- ❖ Design new courses on African theologies in HIV/AIDS context; and teaching liberation theologies in the HIV/AIDS context.
- ❖ Rewrite one of your theological courses to integrate HIV/AIDS.
- ❖ Plan a one-month preaching plan that will focus on HIV/AIDS and a theology of life.

NOTES

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FACING THE CHALLENGES OF HIV/AIDS IN SOUTHERN AFRICA TOWARDS A THEOLOGY OF LIFE

Moji A. Ruele

Ada Maria Isasi-Diaz and Yolanda Tarango have argued that speaking of theology as if it has one meaning would be misleading, restrictive, and unhelpful if applied to the varying challenges that humanity continually faces. Hence, they suggest that theology is a “dynamic space” that varies according to context:

It is unacceptable to speak of Theology (with a capital T) as if there were only one true way to deal with questions of ultimate meaning. Theology is... acceptable only as a heuristic device that provides a “space” in which different theologies can meet to discuss their commonalities and differences in order to deepen their understanding. This conversation is an important one for the different theologies to engage in because the struggles to which they relate are interconnected.¹

I share their view that indeed there are many different types of theologies, which result from people's differing experiences. I also believe that the differences are situational or contextual. Accordingly, in this paper, I treat theology not only as a “space”, or an “imagination” in which life takes place, but also as a space where all life-centred ethics begin. It is also in this space that creation, as the basis or foundation of the material goods that permit life to go on, begins. To emphasize the relation between “theology” as a space of imagination and creation, let me also refer to what Takatso Mofokeng has said.

He refers to creation (land) as a source of life that provides people with the basis for self-respect and identity, as the “mother” of all people and creatures. Creation carries, cares for and feeds all creatures.² Theology can also be treated as a moment of opportunity to reflect on church communities as they engage in the struggle for and in life. Musa W. Dube describes it as a people-centred mission.³ Such a mission can never arise out of a vacuum. The concept of “space” thus assumes a dual meaning: a theological discourse, and creation itself. Human

beings and all creatures have been privileged to occupy creation and to make good use of it.

Further, I agree with Larry Rasmussen that the space human beings and other forms of life occupy or inhabit is not just an “abstract space”, but is influenced by dynamic economic, social, ethnic, political, cultural and religious communities and hierarchies.⁴ Today, the space is being influenced by many challenges, some good, some bad. HIV/AIDS is one of the negative forces. It has forced Christian theologians to reflect anew on their beliefs and explore the effects of their beliefs on their lives. I believe that Christian theologians cannot carry out such a reflection without acknowledging that God, the Creator, is also an ever-present partner in the material goods that permit all life to go on. In other words, God as part of creation will continue to play an active role in human lives and be party to our theological discourse.

Another important relationship between theology, creation and life is articulated in Ingemar Hedstrom’s essay on a life-liberating theology. He proposes that theology must be articulated as the preferential option of life of all creatures on earth, and that the right to life in all its fullness involves partaking of the material base of creation, that is, the material goods that permit life to go on.⁵ Taking into account the above views on the relationship between creation, theology and the challenges of life today, how can a theology of life help us to address HIV/AIDS? And, more importantly, what is a theology of life? What does it involve?

A theology of life

We are all aware that theology is done in the context in which people live. It is the prevailing conditions that shape the nature of the theology that emerges in a particular context and at a given time in the lives of the people. A theology of life is, therefore, a product of a life-threatening context. It is born out of the problematic life experiences in which the people of Botswana and Southern Africa and indeed of the whole world find themselves. A theology of life is a response by the people to the pain and suffering brought by all that endangers life, such as the HIV/AIDS epidemic, war and poverty.

I believe that a theology of life offers a timely paradigm for urgently needed biblical theological reflection. A Christian theology of life aims at being able to face the nature and scale of life-threatening problems from a Christian perspective. It also aims at developing theologically sensitive policies, planning and development programmes that help people to tackle life-threatening problems such as HIV/AIDS.

Negative impact of HIV/AIDS in Botswana and Southern Africa

The habitable space and our way of doing theology in Botswana and Southern Africa have been invaded by life-threatening perils. Factors such as poverty, hunger, violence, land crisis and, of late, HIV/AIDS, have proved to be the greatest threats as they affect everyone, regardless of race, gender, colour and economic status. HIV/AIDS kills more people per year than war. It has now been fully recognized as a threat to humanity and life as a whole, mainly because it permeates the socio-economic and political spheres of human lives. The impact of the HIV/AIDS epidemic is profoundly negative.⁶

Life in Southern Africa is beset by numerous problems, but HIV/AIDS is the most challenging and the most devastating the region has ever faced. It negates life as a whole. It brings about suffering, fear and hopelessness. It intensifies poverty and attacks the least privileged. It attacks and destroys the human body, by infecting it and eventually killing it. In a desperate attempt to protect those affected and help others, medical resources that could be used to cure and heal other diseases are stretched to the limit and exhausted.

HIV/AIDS adversely affects people's economic performance, due to increased absenteeism by employees who are ill and stay at home to recover, who look after the sick, or who attend funerals. In addition, bereaved families often incur heavy funeral expenses. All these factors lead to low productivity, minimal savings and investments, and ultimately poverty.⁷ HIV/AIDS also has a significant gender impact for several reasons. Care-givers, who in most cases are women, carry the main psychological and physical burden. This is because in most African societies men share very little of the domestic responsibilities and family care with their partners. Further, women do not have control over their lives and bodies and this makes them vulnerable to infection. Given that women are the poorest, they are unlikely to receive quality care.

Spiritually, HIV/AIDS sufferers experience a crisis. They ask why they are the ones affected, whether God loves them, whether they have sinned or are just unlucky. Is the disease a form of punishment brought upon them by God? This last question is also fuelled by some biblical interpretations which link HIV/AIDS with sin. In the HIV/AIDS epidemic believers question their beliefs, and sometimes lose faith, or even doubt the very existence of God who is known to be the giver of life. As human beings, and as Christians in particular, the painful life experienced by HIV/AIDS sufferers also makes us ask ourselves, What is life? What is the purpose of life? What is the meaning of life today? What should we do to enjoy our lives to the full? What should we change to make our lives better and more meaningful? The answers to these questions call us to revisit our faith, beliefs and relationships with others and, more importantly, our way of doing theology in the context of

HIV/AIDS. They call us to revision the role God plays in our lives in this epidemic. Such an approach to theology will assist us in developing a theology that affirms the sanctity of life.

God's affirmation of life through creation

Since the HIV/AIDS scourge has not spared the church, a coherent framework for different theologies of life based on people's ways of life becomes pertinent and timely in the fight against the epidemic. Hence there is a need to develop a contextual theology of life, which will highlight God's intention in creating life. The Bible presents God as a liberating and life-affirming God. God should, therefore, liberate people from situations such as the one presently created by HIV/AIDS, and provide people with an environment conducive to freedom.

A good example of such a role by God is found in the first two chapters of Genesis which speak of the creation of the world and of people and how God has given humanity the stewardship to use creation for survival. This understanding of human lives is affirmed as a sign of love from God. Genesis 1 and 2 also present human beings as God wants them to be. That is, people must live in right relationship with God, with each other, and with the rest of creation. The story of Genesis also shows that human beings (Adam and Eve) were created for social integration and happiness through access to property and leadership (dominion over earth), human sexuality, procreation/reproduction, and in relation with God and creation itself. HIV/AIDS negates all these important life-centred relations. Therefore a new theology of life must strive to reaffirm all that is stated in the book of Genesis, namely, that God has created both men and women for a fulfilling life (1:27).

Another example of God's intention to grant humanity goodness of life is in the book of Psalms where God is described as the source and sustainer of all people's lives, who created people to be economically viable and self-supportive. This good intention by God is also negated by HIV/AIDS as it makes people sick, renders them unproductive, and relegates them to poverty and social discrimination. This point is the most crucial one for us as Christian theologians living today in the HIV/AIDS era, because the way in which the epidemic destroys life seems to nullify and contradict our teachings and beliefs that God is the Creator of all life forms. This is a great challenge, which a new theology of life must take up by affirming that the creation story is an example of God's love and desire for humanity to live happily.

Jesus affirmed life not death

The importance of life can also be viewed and understood from a Christocentric perspective. That is, Jesus declared that he came that humanity may have life and

have it to the fullest (John 10:10). Jesus was offering all people of the world the vision and the power to have life and, at the same time, he was sanctifying it. In John 6:27 Jesus told people to be more concerned about another kind of food, which is the power to live – a higher gift. This is something which will empower HIV/AIDS sufferers emotionally and spiritually. Jesus also promoted life by fighting whatever diminishes it, such as disease, physical challenge, social exclusion, national oppression and hunger. HIV/AIDS negates all these efforts made by Jesus.

HIV/AIDS is an enduring disease in the sense that it totally denies people self-realization and complete freedom. In doing a theology of life, we will be serving and reaching out to others just as Jesus did. We will also be showing love to those who are already infected, especially those with full-blown AIDS. In John 13:34, Jesus said, "Just as I have loved you, you also should love one another." I see this as a challenge to all of us to appreciate those who are infected and affected by HIV/AIDS as care-givers in home-based programmes.

Kingdom of God/life

A liberating theology of life is also emphasized throughout the teaching ministry of Jesus, and in particular in the kingdom of God concept where the godly "space" is expected to occupy earthly life. It is notable that Jesus' main goal was to build the kingdom of God, which was and is a place and a community full of love, peace, harmony, health, prosperity and equality, and one where all children can live freely. Accordingly, Jesus taught that children should come to God's kingdom since it is meant for them (Luke 18:16). Assuring them a place in the kingdom shows the love that Jesus had for them. In my view, the word "children" also refers to the rest of humanity as children of God. HIV/AIDS denies humanity this privilege to enjoy life in the kingdom as planned by God by cutting short lives through infection, taking the lives of parents, and exposing people to social exclusion, poverty, ill health and physical illness. The power to live and share the glory of God, which Jesus offered humanity through the kingdom of God, is stated in Romans 8:19-21. Despite the negative impact of the epidemic in our daily lives, Jesus affirmed the importance of creation and the sanctity of life through the kingdom. For example, after baptism Jesus freely accepted the vocation to save and promote life by healing people with many different and dangerous diseases such as leprosy, restoring sight to the blind, casting out demons and feeding the hungry.

Throughout his ministry, Jesus preached the good news of salvation and offered people the vision and power to live happily as sons and daughters of God. He performed miracles, as a sign of the power to heal human beings, both physically and spiritually, but above all as a sign of God with us. Socially, he accepted the despised tax collectors, women, children and sex workers. Jesus associated with,

cared for, and touched the lepers who, like HIV/AIDS sufferers, were isolated at that time. Touching a sick person is a very positive thing to do: it shows care, solidarity and love. It also restores a sense of life and belonging to them. Touching also instills love and hope – it is healing.

Ignoring and shunning them is like passing a death sentence and a judgment on them. Romans 8:2 states that the law of the spirit of life in Jesus has freed us from the law of sin and death. HIV/AIDS counteracts productivity: it impoverishes people economically by making it impossible for them to work and earn a proper living. On the contrary, Jesus always sought to improve poor people's economic power, and to set them free from the bondage of slavery.

Towards a theological quest for life in the era of HIV/AIDS

The suffering and difficulties brought about by HIV/AIDS in our lives provide us with a challenge that calls for immediate attention from both the church and academic theology: How do we deal with the high number of people who are sick and dying, and, above all, how do we as Christian theologians justify the reasons for our faith, our belief in God? Because God seems to let our prayers for healing go unattended. In other words, we are challenged more than ever before to show that God is indeed the God of life who conquered death through Jesus Christ. This is far from an easy task. But an acknowledgment that there is a problem that needs immediate attention will be a good start for us to think of the role of theology in particular, and society in general, in contributing towards a solution to this epidemic.

We need to seek new methods of doing theology and biblical interpretation which take into consideration people's experiences of life and the dangers posed by social injustice and HIV/AIDS. I believe that such an approach to doing theology will help the church as an institution to offer hope and grace to all of us as we face HIV/AIDS. It will also assist us to embark on a quest for a liberating theology of life, which will at the same time highlight the role God has played in creation and will continue to play in the history of our struggle against HIV/AIDS as well as our quest for a renewed life.

Conclusion

Whereas a theology of life is both pertinent and timely for the HIV/AIDS epidemic, it is only possible to do such theology if we involve the people who are directly affected and infected by the scourge such as women, children, people living with AIDS and other marginalized groups. But this means a call for all of us, since we are all affected. It is only then that such a theology of life would be responsive to the challenges to life as raised by HIV/AIDS.

Second, a theology of life should be multi-faceted, encompassing different theological agendas which are not static but dynamic and contextual. This will help us re-examine our Christian beliefs and see how best to relate them to God and Christ in our present lives as HIV/AIDS “sufferers”.

Exercises

- ❖ Explain a theology of life and its relevance in the context of HIV/AIDS.
- ❖ Outline the possible sources of a theology of life in your own specific location.
- ❖ Identify the main entry-points you think the church can use in doing a theology of life and taking its teaching to the people.
- ❖ Formulate a new draft HIV/AIDS course on either of the following: Colossians 1:16 and Colossians 2:15 on the HIV/AIDS era; John 13:34 in the context of HIV/AIDS.

NOTES

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CULTURE, GENDER AND HIV/AIDS

UNDERSTANDING AND ACTING ON THE ISSUES

Musa W. Dube

Lecturers in theology are all soldiers in the war against HIV/AIDS. Soldiers are trained to understand the techniques of the enemy and how the enemy operates. They must know the enemy's strategies – how it camouflages itself, how it strikes, how strong it is. They are concerned to know how they can protect themselves and their people from the enemy, defeat the enemy, or negotiate co-existence (that is, make peace). They know they cannot afford to be ignorant about their enemy, for ignorance can be deadly.

In this war against HIV/AIDS, we in the sub-Saharan African continent with 28.5 million of the 40 million people living with HIV/AIDS¹ cannot afford to be ignorant about how our enemy creeps up on us and the ladders it uses to climb in. One of the major issues in the fight against HIV/AIDS is gender. If we are to succeed in finding a way to reduce and eradicate HIV/AIDS in our continent, we must fully understand what gender is, for research indicates that “gender inequalities are a major driving force behind the AIDS epidemic”.² HIV/AIDS research holds that “gender-based inequalities overlap with other social, cultural, economic and political inequalities – and affect women and men of all ages”. A great deal of work has been done on gender inequalities in many countries in the past forty years. Yet much more remains to be done, as the HIV/AIDS epidemic shows.

Thus, all of us – the sons and daughters of Africa – in our various positions have to take our place in the battle against HIV/AIDS. We need to understand fully its causes, what makes it spread fast and how we can stop it in its tracks.

Some of us remember the struggle for political liberation. Indeed, only yesterday we were fighting for our liberation from colonialism. The songs of the struggle still ring in our ears. It was only yesterday that the child of liberation was delivered in our maternity ward. Only yesterday did we leave the delivery room, smiling, with a newborn baby: a free and independent Africa. It is still a newborn child we have been breast-feeding. We have been trying to help this child to crawl and stand up on its own – trying to help our new-born Africa take its first steps and walk alone.

And just as we began to smile, watching this child lift its foot to take its first step as an independent being... bang! Another oppressor struck Africa: HIV/AIDS!

We are back in the battlefield. I sometimes wish the enemy were just over there, so we could pick up our guns, get into position and start firing. But our worst enemy is among us. It is everywhere – between men and women, boys and girls, husbands and wives. It is in the beds of our intimacy – in the best moments of our lives. When we kiss and make love, the enemy is there. It is now in our veins, in our blood, in our cells, in our fluids, in our minds. HIV/AIDS makes love drag us to death.

We are back in the battlefield, fighting for our liberation again. This is a sobering, a critical moment. But put your guns down. Shall we shoot at ourselves? This is the challenge of living in the age of HIV/AIDS: we have to shoot at ourselves to win this battle. We have to look closer to home, at ourselves, and question our relationships. Gender – what is gender, how do religion and culture construct and sustain gender differences? Why is gender a major factor in the spread of HIV/AIDS and what can we as theologians do to fight those factors that promote HIV/AIDS? Can we shoot?

As African theological and biblical scholars, missiologists, ethicists and instructors who are involved in training church ministers or community leaders – people who will graduate and go back to serve in the real lives of communities and families who are infected and affected by HIV/AIDS – we all know that the church and its workers are the very people who end up with the AIDS patients and their families in the toughest moments of their struggle. We cannot glamorize the task at hand – it is a complicated struggle. It requires all of us to ask ourselves questions, to admit that we are part of the problem, and to change some of the aspects of our lives which are dearest to us. It requires us to question the very things we have always taken for granted, to question our frames of reference, our values, our ways of life. We must admit that these need to change and that no one will change them for us – we must change them ourselves! It requires us to give up something in order for us to gain life – in order to save our lives, Africa, our children, indeed, the world.

There is a critical need to meet as theological lecturers and train ourselves on how to integrate HIV/AIDS issues in our programmes. We are on a journey towards a liberated Africa, an HIV/AIDS-free Africa. Research indicates that HIV/AIDS uses gender inequalities, as well as culture and poverty, to attack individuals, families, children and communities. It is therefore imperative for all of us to have a full understanding of the answers to the following questions:

- What is gender?
- What are the problems in gender construction?
- How is gender constructed and maintained by culture?

- How can we reconstruct and transform gender inequalities through culture, to empower men and women to halt the advance of HIV/AIDS?

What is gender?

Gender is a social construct of men and women. Geeta Rao Gupta describes it as “a culture-specific construct”.^{3,4} She goes on to explain, “There are significant differences in what women and men can do or cannot do in one culture as compared to another. But it is fairly consistent across cultures.” Before we look in detail at what these differences entail, let me underline a few things. First, the fact that gender is culturally constructed. This means that gender (1) is not natural, (2) is not divine, (3) has to do with social relationships of women and men, and (4) can be reconstructed and transformed by the society, for since it is culturally constructed it can be socially deconstructed.

I would also repeat that gender overlaps with “other social, cultural, economic and political” factors. In short, it is a complex issue that works with and through all social departments – it pervades every aspect of our lives. Gender is everywhere. We are, in other words, always socially constructed as men and women in our various cultures, in our politics, governments, schools, churches, villages, cities, work-places, homes, conversations – and in our beds making love.

The way we relate in all these relationships and in all times and all places is “always gendered”, that is, it is always socially constructed. It is always according to the dictates or within the framework of what is socially expected from us as women and men. Think of the way you eat, the way you dress, the perfume you wear, the socks, shoes, your hair-style: are they the same for women and men? Those are the obvious things. I can very well say, “Think of the way you think, the way you feel, the way you taste, the way you see, the way you hear... all that.” If you think it is as natural as water, it is not. It is gendered – it is a product of social construction. Take, for example, how we feel, or do not feel, pain. Men have been constructed to take it “like a man”, that is, you never cry unless your heart is going to break. So men are socially constructed not to express their feelings of fear and pain. They are to be fearless and brave. They are not to show emotion. Women, on the other hand, are socially constructed to cry, to express their feelings, to be timid and fearful and, often, they are not supposed even to think. When they do think, what they think is supposed to be senseless. So what is so natural about crying when you feel pain, or not crying?

I am touching on all this to highlight that gender is a complex and complicated issue and that none of us escapes it. We are gendered human beings, all the time, everywhere. Gender pervades all aspects of our lives and of our human senses. In fact, we often think it is divine, hence unchangeable. Here is the strength and

difficulty of dealing with gender issues. Many people think gender is natural or biological. It is not. It is a social product. Hence members of the society can reconstruct it, if and when we find it wanting. For example, the people of our era have been brought to realize that gender is "a major driving force behind the AIDS epidemic".⁵ This, I insist, is more than enough reason for us to seek to change our current gender constructs.

The problem with gender construction

If both women and men are gendered, why does this bother us? Why should we be looking at the issues of gender and culture here? Why has gender become "a major driving force" behind the spread of HIV/AIDS? I find Gupta's explication of gender useful:

There is always a distinct difference between women and men's roles, access to productive resources outside the home and decision-making authority. Typically, men are seen as being responsible for the productive activities outside the home while women are expected to be responsible for reproductive and productive activities within the home... women have less access over control of productive resources than men – resources such as income, land credit, and education.⁶

In short, gender does not distribute power equally between men and women. Men are constructed as public leaders, thinkers, decision-makers and property-owners. Women are constructed primarily as domestic beings, who belong to the home or in the kitchen. They are mothers, wives, dependent on the property of their husbands, brothers or fathers. Women are constructed to be silent, non-intelligent, emotional, well behaved, non-questioning, obedient, and faithful to one man – husband, boyfriend or live-in partner. And so we think of a good woman as one who takes good care of her home, children, husband, who hardly questions or speaks back to her partner, and who remains faithful to him. A good man is one who is fearless, brave, a property-owner, a public leader and, in some cultures, he may have more than one partner.

At the centre of gender relations is the concept of power and powerlessness. The problem is that gender disempowers half of humanity – women. It is on these grounds that Sally Purvis says, "Women are not subjects in the same way that men are. A woman is a derivative concept that exists only as an object of a man's attention."⁷ This serious discrepancy in the distribution of power is our unmaking in the HIV/AIDS era. It is the fertile soil upon which the virus thrives. Women who have been constructed as powerless cannot insist on safer sex. They can hardly abstain, nor does faithfulness to their partners help. Men, who have been constructed to be fearless, brave and sometimes reckless, think it is manly when they refuse to admit that unprotected sex can lead to HIV/AIDS infection. Working within some cultures' allowance of extra-marital affairs, many men continue to be unfaithful. In the end, no

one wins. We all die: those with power and those without power. So what is the point of keeping such a gender construct? Who gains by it? Its unfair distribution of power is the poison on our plate.

We must not forget, however, that gender interacts with many other factors. It works together with economics, politics and culture, and with social factors such as class, ethnicity, race, age and physical challenge. It varies from one race and ethnic group to another. But a few constants have been identified – access to resources, decision-making and public leadership are not equally distributed between men and women. For example, the English say, “ladies first”, meaning men have to come behind so they can protect the weak women. Many other cultures do not say ladies first – in fact the man walks in front and the woman behind. So the Batswana say *Ga dinke dietelelwa ke tse di namagadi*, meaning “women must follow men”. In both thinking, ladies first and ladies behind, the man is the brave one while the woman is the one to be protected. Some cultures speak of polyandry and others of polygamy, and a close study has shown that matriarchal cultures are by no means more woman-centred than patriarchal ones.⁸ In short, gender research reflects that in most cultures the balance of power leans towards the men rather than the women.

Culture and religion: how is gender constructed and maintained?

When we begin to ask how gender is constructed and maintained, we realize how central culture is. Something as deep and as pervasive as gender needs a range of social support that helps to maintain it and keep it alive through the generations. It can only thrive through myth and cultural and religious beliefs that give a stamp of approval and a “blessing” to what is certainly a social construct. I would like to plot the construction of gender from birth to death by showing how gender is maintained and reproduced in culture, using particularly Setswana cultures.

What is culture? This is a very complex word and we cannot deal with all its aspects. A number of definitions will be central to our analysis. According to Musimbi Kanyoro,

A particular people (nation, tribe, ethnic group) has its own culture, its distinct way of living, loving, eating, playing and worshipping. Culture may refer to the musical and visual arts, modern influences on life, an acquired tradition, or to regulations that bind the life of a community... Culture can be a double-edged sword: it can form community identity and it can also be used to set apart or oppress those whom culture defines as other. Participation in culture is so natural and ubiquitous that most people take culture for granted.⁹

Culture is “a particular way of life, whether of a people, a period, a group or humanity in general”.¹⁰ Culture “refers to the material production of a society”,¹¹ which becomes a “central system of practices, meanings and values and which we can properly call dominant and effective”.¹²

One of the most well-known definitions of culture is the Marxist one, which holds that culture is a product of the ruling class which serves to maintain domination over the powerless. The Marxist perspective regards culture, therefore, as an ideology that is formulated by those in power for their own ends – it does not serve all members of the society. In the Marxist perspective culture is therefore “both materially informed and informing”.¹³ Expounding on this perspective, Roland Boer holds that in a Marxist framework “culture shares space with religion, the state, intellectual endeavour and so on, which are then set over against economics, the relationship being mediated by social class”.¹⁴

In the light of contemporary forms of communication, “culture has undergone yet another transformation in its usage. We now have a seemingly limitless access to activities, attitudes and aesthetic ideals that do not necessarily jibe with the assumptions about taste and sensibilities that are promulgated by the standards of a dominant culture.”¹⁵

Let us try to draw the implications of these definitions. We can say that culture:

- embraces us all: no one exists outside one or another culture;
- is a major framework of meaning, which guides how our relationships are formulated and lived out;
- is different for different people, groups and times, etc.;
- does not always serve the needs and interests of all the people who belong to it;
- sanctions the suppression of certain members of the society;
- is not natural: it is a social product;
- is not static: it is dynamic and changes.

Let us now turn to the question of how gender intersects with culture. Is gender the sub-set of culture or the other way round? I think it is safe to say that gender is a cultural product. At this point, I would like to show how gender is socially formulated within a culture, from birth to death.

Birth: What happens when a child is born? How is gender marked? In most cultures the child is named. The naming can be neutral, but in some cultures it becomes the first social construct. In the Setswana cultures, for example, a girl child might be named Segametsi (one who draws water), Mosidi (one who grinds flour), Bontle (beauty), Khumo (one who will bring bride wealth), Boingotlo (the humble one), Dikeledi (tears, one who cries), Maitseo (the one who behaves well), Lorato (love). Boy children may be given the following names: Modisaotsile (the shepherd), Mojaboswa (the inheritor), Kgosi (the leader), Seganka (the brave one), Moagi (the builder). Each of us can think of our own naming system and examine whether it

distributes power of leadership, property ownership and public leadership equally among boys and girls. In the Setswana naming system, the names spell out the gender roles and they certainly do not distribute power equally among boys and girls. The boy child is marked as leader, property-owner and public leader; the girl child is a domestic player, humble, a lover, and one who must be beautiful.

Clothing: A recently acquired custom is that the boy child is dressed in blue. I do not know what blue stands for, but one could say it indicates that the boys must be outside under the blue skies. The girl child is dressed in pink, perhaps representing a flower – something that must be beautiful and attractive. While I am not sure about the meaning of these colours, the point here is that the girl and boy children are marked and socially constructed differently at birth.

Toys: As well as names and clothes, we construct gender through the toys we buy for our children or the games we teach them. In Setswana cultures, the boys make cows while the girls make pots and dolls. We buy cars, airplanes and guns for boys, while for girls we buy coffee sets, beauty sets, or baby dolls and teddy bears.

Role modelling: Children learn their gender roles most powerfully by observing their parents. Soon you find them playing “homes” on their own and you are surprised at how precisely they have learned gender roles.

Childhood: The childhood stage is characterized by culturally educating children through proverbs, story-telling, language and school. For example, when I grew up we learned proverbs and story-telling round the fire. If you go back and check what these say about women and men, you will find that it is a cultural bank that does not distribute power equally between different genders. Here we learn such proverbs as Gandinke di etelelwa ke tse di namagadi (a woman never leads), Monna o wa kgomothwa (a man need not be handsome – just pick any), Mosadi tshwene o jewa maboga (a woman’s labour is harvested by someone else).

We learned many stories. When looking at them now, we realize they taught that a good girl is one who is obedient and cooks a good meal for her husband (like the folk tale about the wife who tamed her snake husband with her good cooking); a girl must care about beauty (Tsanapano), a boy must care about cows/property (Masilo), and must be a brave protector (Delele). Today this may not be reproduced by traditional ways of learning, but it is quite prevalent in TV shows like the soap operas children watch and the magazines they read.

Formal school: This stage transmits similar gender constructs. The contents of school textbooks underline the same cultural gender roles. In pictures you find the mother going to the market to buy vegetables, while the father goes to look after the cattle. Pictures and contents of textbooks reproduce and endorse gender roles prevalent in the general culture. Although these days it is a subject of considerable attention, much still needs to be done.

Teenage and adulthood: In Setswana traditional cultures, boys and girls used to be taken to initiation schools that marked their growth from children to adulthood, where gender roles were culturally taught. Boys were taught what it means to be a man and girls were instructed on what the culture expects from them as women.¹⁶

Marriage: This stage is one of those rites of passage where gender roles are underlined and reinforced. In Setswana cultures, the old married women take the new bride and counsel her quite painfully until she cries. Some of the things they say are: Nyalo e a itshokelwa (you must endure marriage, it will be difficult), Ngwanaka, monna ga a botswe kwa a tswang (my child, a man is never asked where he went or slept), Monna phafana oa fanelwa (a man is a calabash that is passed around). Culture expects and tolerates a man's unfaithfulness. You must remember that the way to a man's heart is through his stomach – so cook for him. If your husband hits you, and you get a black eye, never reveal it; say you bumped against the wall on your way to the toilet in the dark. Here violence is institutionally tolerated! The bridegroom, on the other hand, is told, "Today you are a man. See to it that your wife and children have food and shelter. Make sure they are protected." In most cases, the new husband is not counselled. It is just assumed he knows what it means to be a husband.

The representation of gender roles during the wedding celebration is also evident in the songs and actions. One of the most dramatic demonstrations of gender roles in a wedding of the Northern Botswana is when the bride enters the home from the church. Guests stand in two rows holding all the domestic utensils and acting out what a wife is expected to do. As she walks in, holding the hand of her husband, some will be pounding or weeding, others will be nursing a baby, some will be sweeping or cooking, some will be carrying a bundle of firewood. All these activities will be demonstrated, against a background of singing, dancing and ululation. Again, in this demonstration of gender roles very little is said about the role of a husband – except that the husband is to expect all these numerous activities from his wife. Some of the latest gendered traditions surrounding marriage are what are called the kitchen party or bridal shower. The fact that it is called a kitchen party speaks volumes on what is expected from the wife. Yes, there is a bachelor's party and I am sure we have all seen on TV and movies what happens there!

Old age: In old age women and men are still culturally constructed differently. It is considered that a man remains a man (remember Wole Soyinka's story of *The Lion and the Jewel*?¹⁷). In fact, a man is fully entitled, in some African cultures, to find a young woman to make his blood move again. In other cultures, an elderly wife (post-menopause) must graciously seek a young woman for her husband. The latter cultural belief has become a deadly practice in the HIV/AIDS era. Elderly men seek young girls/virgins in the hope that they can cleanse themselves of HIV/AIDS.

Because they have money, they lure poor young girls, infect them and move on. Meanwhile young boys seek these young girls and get infected in turn. This is called transgenerational sex. It encloses all of us in the vicious circle of HIV/AIDS – the young and the old.

These cultural aspects make our dream of bringing up an HIV/AIDS- free generation difficult. The absolute desperation created by HIV/AIDS coupled with the belief in rejuvenation means that even infant girls have been subjected to rape by relatives and their own fathers. Yet children are supposedly the “window of hope” and we should do everything possible to confront these gendered cultural beliefs that have come to serve as the pathway for HIV/AIDS.

How are elderly and old women culturally constructed? If a menopausal woman is held to be unclean for her husband – and if this is particularly a time when cultural belief allows the husband to find another woman – what about the very old women, especially widows and grandmothers? They are often stereotyped as witches, an association of old women with evil which has been quite deadly in some of our African cultures. Old women are sought out during the night and killed. Thankfully, HIV/AIDS, which kills young parents, means that the role of grandmothers will be revalued as they assume parenthood again.

Death: Even the passage from life to death does not escape gender construction. Culture has put in place rituals that reinforce and maintain gender roles surrounding death. In some southern African cultures, when a husband dies a brother inherits the widow and must sleep with her on the night of the burial. In some east African cultures, a widower must find a woman he does not know and sleep with her to dispel death from his body and his family. Once more we have a practice that merely sanctions rape and makes prevention of HIV/AIDS difficult. What does a young man who is supposed to inherit his brother’s wife do, if the elder brother died of HIV/AIDS and has left behind an infected widow? What about a widow who may not be infected, but has to be inherited by an infected member of the family? It goes without saying that such cultural practices were informed by gender constructs that placed property ownership in the hands of men. It was thus better for a widow to be inherited, so she could retain her social security.

In other cultures, a woman may be dispossessed by her husband’s family and become so desperate as to engage in sex work.¹⁸ In other cultures, such as Botswana ones, widows undergo quite painful rituals to cleanse them of the blood of their dead husband. In Botswana a widow must wear a black or blue dress for a whole year to mark her status and warn other men to stay away, for any man who has sexual intercourse with a widow before the cleansing ceremony will supposedly fall ill. During this period, therefore, she must not see another man. The widower, however, does not have to wear black mourning dress for the society to know him. It

follows that he does not have to abstain, except out of his own good will towards his late wife.

In many cultures, burials of women and men were and still are gender-marked. A man was buried in his kraal, wrapped in a fresh skin of a cow, and well equipped with weapons of war, spears and rods. A woman could be buried in the home, with pots and other cooking utensils. The cultural thinking is that even in the other life/heaven women and men would still be pursuing their socially ascribed roles. In some Batswana cultures, once a woman marries away from her ethnic group, she cannot return to be buried in her home town or village. A married woman stays married – dead or alive.

The depth of gender constructions

This birth-to-death cultural construction shows the depth of gender constructions. Yet it is only the tip of the iceberg, for it does not, for example, highlight that gender roles are reinforced daily in the languages we speak. In English, for example, we find major gender constructs. A young woman who is not married is called a “miss” – one who is missing something. When she marries she then becomes whole, by taking the title of Mrs. The man, on the other hand, is a Mr before and after marriage. He never changes. The words “he”, “son”, “man” are the root that forms such words like “wo/man”, “per/son”, “man/kind”, “s/he”. This underlines that English culture views relationships from a male perspective. The male is the subject while the woman is his derivative.

Gender roles are also underlined through national laws that do not give equal power to women and men. In Botswana, community of property in marriage, for example, reduces the status of a woman to “a minor”. This means that upon marriage the man is the property-owner and manager of whatever they own and whatever the woman owns or makes. Some constitutions and laws do not allow women to own property or to obtain loans from the bank. In this way, the dependency of a woman is also perpetuated by law.

Further, the social institutions – family, school, church, village, parliament, cabinet – more often than not underline the cultural gender roles by keeping men as leaders and women as subordinates. So how can we expect girls who grew up under the leadership of a father, a male principal, a male village leader, a male pastor, a male member of parliament and male president to believe suddenly in their own capacity to lead or to believe in the leadership of other women? And we have heard and seen it happen in many cases that, when women are given a chance to elect a leader, they choose a man rather than another woman. Similarly, how do we expect a man who has grown up in an all-male social leadership to accept women as leaders? Many of us will know how women who rise to leadership in their own

institutions are often stereotyped, rejected and named as cruel iron ladies or queen bees.

All this serves to underline that culture is the central instrument in the social construction of men and women.¹⁹ It constructs gender and maintains it through various institutions and stages of life. In this way, gender seems total. To some it appears natural, to others divine. Any suggestions for changing this deeply entrenched system often touch on the very central nerve of our identities and our thinking. It can be devastating. Some people say, "How do you want us to relate?" Some are angry, some are defensive, for if they have to deal with a situation where gender constructs do not share power equally between women and men, they think they may have to lose power.

Many African men label gender activists as "raving feminists" who have been listening too much to Western women. They accuse those who talk of gender as importing a problem that does not exist in Africa. Our women, they tell us, have never been oppressed. They have always been strong and they lead us. Describing the response of African men to the call for gender justice, T.S. Maluleke says,

African men have responded (a) by saying, in various ways, "our women are not like that, so it must be 'foreign influences' that are causing them to speak and act in this manner", and (b) by fleeing from dialogue with women by suggesting that, since they are not women, they will not comment on anything to do with gender... for fear of being accused of meddling.²⁰

Maluleke continues by saying, "the first response is a thin and worn-out excuse, while the other is deception and bigotry of the highest order".

Men cannot and should not run away from responsibility any more. The slogan for the year 2000 HIV/AIDS campaign was "Men can make a difference!", and indeed men must assume the responsibility of making that positive difference in both prevention and care. But it is not only men who respond defensively when issues of gender are highlighted. Some women become extremely angry when confronted with their gender powerlessness. They do not want to hear about it. This is understandable. People do not like to face their powerlessness or helplessness, especially if they believe that they cannot change the situation; it is sometimes better to bury your head in the sand. Unfortunately, we cannot afford these excuses any more in this era of HIV/AIDS. Any theologian, lecturer, leader or worker who lives in the human-rights era – who believes in democracy, and wants to contribute positively to the fight against HIV/AIDS, which is turning our dark-peopled continent into a red fire-inflamed continent of death – must not only seek to understand fully how gender is socially and culturally constructed, how it disempowers half of humanity, how it fuels the spread of HIV/AIDS, but also to change gender construction so that it empowers men and women. It is up to the society to be

instrumental in change and transformation. The present set-up benefits no one – men or women. And since gender inequalities work together with social, cultural, economic and political inequalities, it pervades all our lives.

Are we prepared to be effective soldiers in this battle? As religion/theological lecturers who train faith leaders, we can and must make a difference. Now more than ever we need to understand fully what gender is and how it can be transformed to empower the people of Africa. We need to reconstruct our relations so that they do not serve as pathways of death, but become life-affirming, resisting poverty, powerlessness and HIV/AIDS.²¹

Transforming gender through culture

How can we transform our cultures and build gender justice within our communities? The joy of any culture is that it is never absolute or stable – windows of difference always exist. As agents of change, we need to find these windows and employ them for the creation of a better world.

We could divide these windows of hope into three. First, there are things that have always been within our culture – things that, contrary to gender disempowerment, have always insisted on a better and more just world. Second, we can capitalize on a strong base of human-rights culture that authorizes us to insist on the rights of all people regardless of their being black, women, young, poor, or of their beliefs. Lastly, trained individuals are in influential social institutions and they can make a difference.

To begin with the first, what are the cultural resources of our societies that empower both men and women? We need to use them often as a strategy of transformation. More often than not, these traditions are far too few and are overwhelmed by the pervasiveness of gendered relations which, along with beliefs, are carefully safeguarded in most of our leading social institutions. However, we can make it a point to use the theological colleges to encourage these liberating traditions and make them more influential.²²

One such example from my Setswana cultures is language. The language is neutral. Modimo, God, is given neither female nor male attributes.²³ Moreover, human mediums such as ngaka, sangoma and hosana can be both female and male. The Setswana creation story also speaks of how men and women came out of the cave with their livestock. In the story, we note that there is no hierarchy of creation, nor is there an alienation of property from one gender in favour of the other. Other powerful resources are African myths and folk-tales. The stories that teach children's moral values tend to feature animal characters. In this way, they are neutral to both genders, and can be used to critique books that constantly feature lead characters as male. The point is that we need to find a space to use

these as a counter-culture strategy that eradicates gender injustice and gives us the space to advocate gender justice.

Second, we are extremely fortunate because we live in a human-rights era. For many centuries people were discriminated against on grounds of race, ethnicity, religion, age, class, physical challenge, sexual orientation and gender, because their cultures sanctioned it. Countless people lost their lives, persecuted because they came from ethnic groups that were despised as inferior; because they were black, and hence were denied human rights; because they were born with some physical challenge; they were punished severely at school for writing and eating with the left hand; twins were killed; some were considered worthless due to their class and age. In some parts of the world, many girl babies are aborted due to their gender and class, and young girls are sold into sex work.

All of us know that these things are still happening all around us, in this world and age. Shall we allow millions of people to die now, knowing that "gender inequalities are a major driving force behind the AIDS epidemic"? Or are we, as soldiers, willing to do what it takes to establish gender justice, and deprive HIV/AIDS of its sting? I believe in the commitment of all of us to life, for all life is sacred to God. A major advantage for us today, as compared to the people in ancient times, is that the international community has created a forum and instruments designed to promote human-rights based cultures for all. Hence today we have the human rights charter, the children's charter, the Convention on the Elimination of All Forms of Discrimination against Women; and recently the United Nations hosted an international conference in Durban, South Africa, focusing on racism and other related discrimination. Most of our governments ratified these declarations and charters, hence giving us a mandate to use them to fight all forms of discrimination and to cultivate values informed by human rights. In addition, the African Union has come up with its own charters. All these are instruments of cultural change, for culture is not stagnant, it is dynamic. It is up to us as theologians to cultivate a gender-sensitive culture that respects the rights of all. Believers have nothing against the notion of human rights, for our faith holds that every human being was created in God's image and deserves to live a life of dignity.

The last resource I wish to highlight is teachers. No change will occur unless somebody somewhere is willing to take a stand. Gender justice requires committed people who fully understand its dynamics and who are willing to pronounce the situation unjust and call for gender justice. We must begin with teachers. Are theological institutions and programmes gender-sensitive? Or do teachers operate within cultures of gender inequality, hence maintaining the status quo? What about the relations we have in our homes? I expect most of us work within a culture of gender-injustice. But I want to believe that those in positions of responsibility in

society, leaders, trainers or church ministers, will learn to give their very best in the fight against HIV/AIDS.

Practical exercises: the impact of gender culture on HIV/AIDS

Exercise 1

Aim: To allow students and their lecturers to be aware of their gender roles.

- Use the graph below to plot and analyze your own gendered power in the society:
- In five lines, outline how you can empower yourself and others around you in HIV/AIDS prevention and care. Share your ideas with others.

Exercise 2

Aim: To help lecturers and students to confront gender inequality in the Bible.

- Do a gender reading of Genesis 3:1-20: "Since God speaks and comes to us in our particular cultures, the scriptures we have also attest to gendered relations of Israel." Identify the men who appear in the story, and outline how their gender is constructed, focusing on how the power to reason, leadership, professional occupations and domestic roles are distributed between genders. Repeat the same exercise focusing on women.
- In five lines, outline how you can reinterpret this story to empower both men and women.

Exercise 3

Aim: To highlight that gender injustice existed in ancient times, but Jesus resisted.

Do a gender reading of John 8:1-11:

- Identify all the men who appear in the story together with their names, professions, and what they say and do.
- Identify all the women who appear in the story together with their names, professions, and what they say and do.
- Assess who has more power and who is powerless.
- In five lines, deliberate on whether the law protects both women and men equally.
- In five lines, describe how Jesus' response attempts to establish gender justice.

Exercise 4

Aim: To highlight that the Bible provides for gender justice.

Reading for gender justice: Genesis 1:26-28:

- Indicate how the passage provides for gender justice by highlighting the issues of human dignity of women and men; property ownership; leadership in the world.

Exercise 5

Aim: To expose the role of culture in HIV/AIDS prevention and care.

The advantages and disadvantages of culture/s:

- • As a group, outline some of the cultural practices that make HIV/AIDS prevention and care difficult. Suggest ways of counteracting these.
- • Outline positive cultural practices that are helpful in the fight against HIV/AIDS. Work out strategies on how these can be formulated more widely as strategies of resistance.
- Assignment: In 12-20 pages explore how: "Lamentations and Songs of Songs provide for a framework for a theology of hope and gender equality".

NOTES

- ¹ UNAIDS, Report on the Global HIV/AIDS Epidemic, Geneva, UNAIDS, 2002, p.8.
- ² UNAIDS, Men and AIDS, A Gendered Approach: 2000 World AIDS Approach, Geneva, UNAIDS, 2000, p.21.
- ³ Geeta Rao Gupta, Gender, Sexuality and HIV/AIDS: The What, the Why and the How, plenary address, 13th international AIDS conference, Durban, South Africa, 2000, pp.1-8, www.icrw.org.
- ⁴ Mary Ann Tolbert, "Gender", in A.K.M. Adam ed., Handbook of Postmodern Biblical Interpretation, St Louis, Chalice, 2000, pp.99-105.
- ⁵ Men and AIDS, p.21.
- ⁶ Gupta, Gender, p.2.
- ⁷ Sally Purvis, "Gender Constructions", in Letty Russell and Shannon Clarkson eds, Dictionary of Feminist Theologies, Louisville, Westminster, 1996, p.125.
- ⁸ Mercy Oduyoye, Hearing and Knowing: Theological Reflections in Africa, New York, Orbis, 1986, p.122.
- ⁹ Musimbi Kanyoro, "Culture", in V. Fabella and R.S. Sugirtharajah eds, Dictionary of Third World Theologies, New York, Orbis, 2000, pp.62-63.
- ¹⁰ Kenneth Surin, "Culture/Cultural Criticism", in Handbook of Postmodern Biblical Interpretation, p.51.
- ¹¹ Joseph Childers and Gary Hentzi eds, Columbia Dictionary of Modern Literary and Cultural Criticism, New York, Colombia UP, 1995, p.66.
- ¹² Surin, "Culture/Cultural Criticism", p.51.

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- ¹³ Childers and Hentzi, *Columbia Dictionary*, p.66.
- ¹⁴ Roland Boer, "Culture, Ethics and Identity in Reading Ruth: A Response to Donaldson, Dube, Mackinlay and Brenner", in Athalya Brenner ed., *Ruth and Esther, A Feminist Companion to the Bible*, Sheffield, Sheffield Academic Press, 1999, p.169.
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SOCIAL LOCATION AS A STORY-TELLING METHOD OF TEACHING IN HIV/AIDS CONTEXTS

Musa W. Dube

Research indicates that HIV/AIDS is a complex issue involving the social, cultural, spiritual, physical, economic and political aspects of our lives.¹ It is therefore more than just a health issue – it is also one of development. Other research expresses its complexity by saying HIV/AIDS is a social issue that highlights the consequences of social injustice, and calls us to work for justice in order to heal our world.² We have therefore been urged to mainstream HIV/AIDS in all aspects of our lives: that is, we must find ways – in whatever work we do – of dealing with prevention, delivering quality care to the infected, and mitigating the impact of the disease.³

This has repercussions for our teaching vocation. We need methods which will help us to deal with this complexity. Our ways of reading the Bible, doing theology, counselling, preaching and project design must enable our students to make an analysis that takes into consideration the social, economic, political and cultural aspects of individuals as social beings. The methods of teaching must equip them to become champions of HIV/AIDS prevention and the provision of quality care. I would like to share with you one theoretical method that I have found helpful in cultivating deeper analysis, empathy and activism. This is social location as story-telling and self-examination.

Social location

Social location is a self-explanatory term, which refers to an individual's place or location in his/her society. People are socially located and socially constructed into a number of relationships that empower or disempower them: within the family, church, work-place, government and international class. Social location includes gender, class, race, ethnicity, history, health status, weight, height, and how these categories are valued by a particular society.⁴

In biblical and theological studies, social location is a theoretical tool of analysis that arose primarily with the liberation movements. The liberation theology of Latin America was the first to challenge the accepted academic concept of studying the Bible from a neutral, scientific and objective stance. Instead, the followers of this

theology insisted that they were doing theology from the perspective of the poor – that God takes sides with the poor and that their own context helps them better to understand the Bible. In other words, they acknowledged their context and economic class as important elements informing their theology.

In taking this stance, Latin American theology pinpointed the fact that neutral and scientific scholarship was exclusive and imperialistic. In the African continent, two streams of a theology of resistance emerged, enculturation and black theology. While the colonial introduction of the Bible relegated African culture and beliefs to irrelevance, paganism and barbarism, biblical hermeneutics of enculturation emerged as an affirmation of African difference in culture, religion and life-style.⁵ It sought to counteract the spread of a Christianity that used condemnation or attempted to dominate by imposing Eurocentricism and a colonizer's understanding of Christianity.⁶ Enculturation thus often compared the incomparable – biblical religion and African cultures – and highlighted many similarities, sometimes indicating that in fact African cultures were much better.⁷ Black theology, which was largely confined to South Africa, developed a biblical hermeneutics inclusive of both race and class, given the apartheid context.⁸ In the Asian context, biblical hermeneutics were developed within the multicultural contexts of other religions.⁹ Other theologies coming out of a two-thirds world context include Dalit and women's theologies.¹⁰ In all these we see the influence of race, ethnicity, class, international relations and work status.

Basically, what these theological perspectives have highlighted is that there is no one correct way of reading the Bible or doing theology without imposing the identity of one on the other. There is no one truth; rather, the kind of theology we do and how we read the Bible is influenced by our position in the society which informs our experiences. The question is, therefore, why this particular theology and what is its function in society?

Turning back to the Americas, Latin American liberation theology was followed by a number of theologies that arose in the late 1960s. Feminists said they were reading the Bible and doing theology from their experience of exclusion on the basis of their gender. Feminist theology revealed that general scholarship was not only exclusive, it was also male.¹¹ It indicated that male scholars read from a male perspective and protected their interests, keeping women in subordinate positions. The third theology to come to the fore was black theology, propounded by African-Americans reading from their experience as a black minority people. They showed that the general scholarship was also racist.¹²

Post-modernism and the reader-response theories that we have come to use of late arose against this background of resisting the colonial universalization of Western concepts and institutions which denied differences. The theories of post-

modernism are now critical of modernism, which fostered imperialism and colonialism. Post-modernism now insists not only on subverting “the concepts of totality, unity and determinate meaning”, but also on unmasking modernity’s contradictory impulses and results, for while it “promised freedom, equality and unlimited progress, what modernity produced instead was genocide, ecological disaster... extreme poverty and class inequality”.¹³ Post-modernity, therefore, critiques “the modernist attempt to fashion a unified, coherent world-view”.¹⁴ Modernism was a concept that sponsored and legitimated imperialism in the 19th-20th centuries. This was resisted by two-thirds world populations, leading to these ways of reading the Bible from a particular social location.

While liberation theologies came from people of the two-thirds world, post-modernism was largely a Western response to the failure and oppression of modernism. While post-modernists barely acknowledged that modernism was a colonizing concept, the two brought the biblical and theological bodies to take seriously the complexity of our identities and the fact that there is no one meaning, truth, reality, civilization or culture – rather, there are numerous contradictory constructions that must co-exist and dialogue in our world. Theories of reader-response thus came to be propounded and used, for it was acknowledged that our interpretations and theology are as diverse as we are. Even among the historical critical scholars, it was evident that, although they said they were neutral, objective and scientific, there were still Catholic, Lutheran and other scholars whose readings were informed by their church backgrounds. Moreover, most of them were male and their readings were shaped by their gender.

Social location and teaching

The social location theory, therefore, assumes that we are all located in society in relationships, institutions and values that are characterized by power. Our ways of seeing and hearing are informed by our particular experiences in our society. In my teaching, I use the method of social location. I begin by describing the various aspects of my social location, using Mary Ann Tolbert’s categories¹⁵ of “issues of bread” (economic issues) and “issues of blood” (biological issues that are socially constructed). Under the issues of blood, I outline my gender, race, ethnicity, weight, height, health, physical challenges, and so on. Under the issues of bread, I outline family status, church affiliation, education, national class, educational level, religion, world class, etc.

I tell my students that all of us are socially located, and that the factors of our social location empower us differently. We may be powerful or powerless, depending on where we are and the people with us, the institutions we occupy and the values that society attaches to all these areas. The importance of social location

is that it determines our experience in the society and the world – what happens or does not happen to us; what we see and hear and how we see and hear it, or, conversely, what we do not see or hear. I also tell my students that the way we read and interpret the Bible is determined by our social location. I then demonstrate this practically by choosing a passage and highlighting how different students see and emphasize the various issues in that passage.

Often readers underline different aspects of the text according to the factors of their social location, which sometimes empower them and at other times make them powerless, and which influence what they see and how they see it. I then give students their first assignment, which is autobiographical and which I call “My Social Location”. They write about themselves and their lives. They analyze where they are powerful and where there are powerless and give reasons for this. They conclude by demonstrating how they interpret a particular passage, and showing how such an interpretation is informed by their social location.

Those trained in the historical methods of reading – which emphasized neutrality and objectivity – would dismiss this encouragement of the presence of the real reader as “eisegesis”. But biblical studies have come a long way, to an age of post-colonialism, post-modernism and reader-response theories which acknowledge that the call for neutral and objective reading is a colonizing theory that suppresses differences.¹⁶ The reader is fully alive, an active participant and socially located.

I will demonstrate the tool of social location by outlining the factors of my own situation.

My social location

First, I am a daughter to my father and mother – one of the seven girl-children born to my parents. Together with my mother and sisters, I am not really important in major family decisions. Nonetheless, I remain an asset in so far as I can bring dowry.

I am a mother, MmaAluta, to a fifteen-year-old boy, Aluta, with the role of caring for and guiding my child successfully to grow up as a responsible member of the society. I must make sure that he eats, his clothes are washed, his homework is done and he has enough sleep, he wakes up on time, and is in school clean and rested. Here I hold the power of age, but I have no power to give my child my name. I raise the child, therefore, not so much for myself but rather for his father (who must be proud if he is successful, but who holds me responsible if the child does not progress well). This child I raise will soon have more power than I on the basis of his gender.

As a member of my village, I am under the kgosi or village leader, and by virtue of my gender I am traditionally not allowed to speak in the village public gathering, nor can I be a candidate for such leadership.

Ethnically in my country I do not belong to what has been named the “eight principle tribes”. This means that every time Batswana hear my name, they start saying that “I am a green Californian (one who comes from the north); a raw barbarian”. They say I am not a Motswana. I am “a mokwerekwere or barbaric foreigner”. I belong with many ethnic groups whose languages are not taught, read or heard in the public media and who have no country within their own country.

I am black – a colour that has historically been constructed negatively and without power. Thus whenever I read books I am often confronted by negative images of blackness and Africanness. History books, novels and travel narratives invite me to hate my identity. And when I travel and cross borders, I am subjected to much searching, and suspicion and interrogation. My passport and visa are hardly ever enough to let me pass freely. I must also produce a letter of invitation. And the sign “nothing to declare” is often null and void for me.

Yet I am from Botswana, a country which has been rated among the most prosperous in Africa. Comparatively, I am much more empowered than Africans from other countries. At the same time, Botswana has the highest HIV/AIDS infection in the world. Some who write about us say we are promiscuous, they say sex happens everywhere and easily in Botswana. Some people are afraid of us, thinking “she might be HIV-positive”. Whatever people think, it is no longer possible for anyone from the country not to be deeply affected by the epidemic.

I am a member of the global set-up, subject to international marginalization and economic exploitation by the powerful and strong nations. Globalization, the latest form of colonization, affects us. We are not globalizing the world; we are being globalized by the powers that be.¹⁷

I am a layperson in my church, a church which ordains both men and women and allows women to preach. However, this does not mean that the church leadership is gender-inclusive. It is still largely male and the language of its liturgy is largely exclusive.

As a Christian, I belong to a worldwide network of institutions that empower me – including enabling me to write this article. Compared to people who are adherents of African religions in my country or even on the continent, I have a host of opportunities for scholarship, with numerous departments of theology, publishing houses, journals, magazines, newsletters and ecumenical bodies as forums for articulating my faith. My Christian empowerment often means I am unavoidably

involved in the suppression of other religions/cultures which are less dominant or less structured.

I am also an academic doctor – holding degrees from some of the finest universities in the world: Durham, Botswana and Vanderbilt. This allows me to teach at the highest institution of learning in my country, the university of Botswana. When I stand before my class they listen attentively even when I am not prepared. I am empowered by my education and by the institution where I work. This also means that I earn a reasonably good salary and I have the privilege of speaking to international audiences. The academic institution I belong to also gives me the voice and space to speak: it allows me to write and publish. This educational power is a great advantage that often allows me to escape some areas of gender oppression – for example, I am a daughter and a wife, but I am certainly more empowered than women who are economically dependent upon their husbands and fathers. On my marriage, I was able to negotiate a separation of property, for if I had taken community of property my status would have been legally reduced from that of an adult to that of a minor. Such a choice was enabled not only by my understanding of the meaning of the community-of-property contract, but also by my ability to earn my own salary. My educational empowerment also means that whenever I confront gender oppression, or any form of oppression, I can name it and analyze it, and weigh up my chances of resistance. This is by no means to suggest that I escape gender discrimination. For example, once I was teaching a class of three older male pastors. One of them used to sit with hands folded, wearing a face that said, “You are a woman. You can’t teach me anything!” He refused to accept my academic status and asserted his male power. Silent gender war raged. He sat like that for a whole year – he could not learn from a woman.

Clearly, my social location is complex. It involves my gender, ethnicity, race, national and international class, educational and health status. It also involves a number of institutions such as family, church and university. Each of these social factors and institutions define me – they empower or disempower me; they allow me to speak or silence me, they allow me to be heard or not heard, depending on where I am and who I am with. Sometimes I can silence others. Further, my social location defines my experience and how I name Jesus or read the Bible. In the HIV/AIDS era, social location determines who will be more vulnerable to infection, who will have the power to minimize its impact, who will have access to quality care, who will respond and who can afford to ignore its presence.

The method of social location and HIV/AIDS

First, social location allows us to talk about ourselves. It is therefore a story-telling and analytical method: we tell stories of our lives in the society. Second, it allows us

to listen to each other's stories of social location. This helps us realize that, while we are indeed individuals with intellect and choices to make, these are determined by our position in society. We can thus analyze how we are social beings, whose experiences, thoughts and feelings are not simply individual but are also affected considerably by the social institutions and relationships we occupy. Third, it allows each of us to face the fact that sometimes our social positions involve us in the oppression of other members of the society. This approach of self-analysis creates a space for repentance and challenges students to opt for empowering those who are under their power and to confront the social institutions that distribute power unequally.

Fourth, a critical self-awareness is in itself empowerment. Even those who find that they are socially marginalized can begin to realize that they should and can resist their own oppression and seek empowerment. They come to understand that their oppression is social rather than natural or divine. If it is a social construct, then it can be deconstructed and reconstructed to affirm all members of the society. Social location as a story-telling method, therefore, should empower us to transform our society and ourselves.

In this age of HIV/AIDS, this means that some factors of my social location make me vulnerable to infection, such as being a woman who can be raped at work, at home or on the street. Being a wife and mother means that I am much more likely to bear the heavy burden of care should some of my family members fall sick. It also means I may not have the freedom to insist on safer sex and that "being faithful" may not work for me as a strategy of preventing HIV/AIDS, since I live in a culture that more or less allows husbands to be unfaithful as long as they are discreet. On the other hand, my education and position as a university lecturer means that I have access to correct information. My middle-class status means that I can, perhaps – unlike many economically powerless women – negotiate for condom use.

Because of my two-thirds-world status and my black race, on the other hand, I and all other Africans often have no access to HIV/AIDS drugs or cannot afford them. Indeed, because of both our class and our race, the issue of allowing two-thirds-world countries to produce cheaper drugs for their HIV/AIDS-infected people has taken longer than necessary (while people are dying in millions, and while it took hardly any time at all for North Americans to start producing the drug against anthrax). This means that an HIV/AIDS-positive black African in Africa is likely to die of HIV/AIDS after much suffering, while an HIV/AIDS-positive American/European is likely to live a long, comfortable and productive life.

Lastly, when we use the method of social location, we are in a better position to understand why some people who abstain from sexual relations, who are faithful and who use condoms still become infected. It becomes clear why some people get

infected and live productively for decades, while others die right away. For example, a non-working married woman, who may know that her husband is unfaithful and who risks being infected, is aware of the following:

- her husband is culturally allowed to be unfaithful;
- she has no right to insist on safer sex, for he paid lobola (bride price);
- she is afraid to ask him to discuss HIV/AIDS for he is the head of the family;
- she is afraid to insist on a condom or abstain, for he will leave her for another woman, and what will she and her children eat and where will they live?
- if she tests HIV-positive at the health clinic, she would not tell her partner lest she is blamed for bringing the virus home or for witchcraft;
- if the partner insists on having a child, even if the symptoms of HIV/AIDS are clear, she should oblige;

if her husband dies, the relatives may ask her to choose another relative as husband.

In this analysis, we are able to assess the social factors that make this woman more vulnerable to HIV/AIDS. We can identify culture, lack of economic and leadership power and gender as factors that expose her to infection. Having identified these, it enables the students to continue to encourage ABC (Abstain, Be faithful and Condomize), but above all, to focus also on those social structures and social injustices that make certain groups and individuals of the society more vulnerable to HIV/AIDS. It also challenges students to realize that fighting HIV/AIDS is not as easy as ABC.¹⁸ Rather, it requires that we also focus on social structures that render certain groups vulnerable. Above all, social location enables both students and lecturers to realize that one cannot reduce HIV/AIDS to a disease of people who are immoral, or “those who deserve what they got”, or “those who are punished by God”. If this was so, why is God punishing the least privileged members of the world with HIV/AIDS?

You and your social location

Depending on your social location you can either be given a great deal of power – in terms of voice, access to resources and capacity to make and implement your own decisions – or you may have less of it, but most of the time you are in a mixed situation, depending on where you are. My son once said to me, “Mama, when I am in Botswana, I am a rich kid, but here in North America I am poor and despised.” As a consequence of his experience, while we were living in the US he did not want to be identified as an African but as an African-American.¹⁹ In short, all of us

experience life within our social locations and this largely shapes the choices we take.

A very central part of our group discussions and practical work, therefore, will include being able to read ourselves, to plot our social location and show how it empowers or disempowers us. Plotting our social locations will confront us with how we use our power, if we have any, and possibly how we can use power positively. It will show us where we lack power and why. It will enable us to see where we need to give power and who needs to be given power. It will also enable us to be sensitive to the needs of others. But above all, social location will enable us to be more alert to social structures and how they distribute power to the different members of society, and hence to challenge these structures to be just to everyone. In the HIV/AIDS era it will allow us to break the silence and see this epidemic as one within a wider range of other social epidemics of poverty, gender inequality, ageism, racism, international injustice, ethnicity, sexual orientation, violence, violation of human rights and population mobility.²⁰

Social location and reading of the Bible

Because social location shapes our experiences and our understanding of life, it also shapes how and what we read in the Bible and the kind of theology we do. When we relate our social locations and listen to other people's social location, we have entered a realm of story-telling and self-examination. We listen to each other's stories and we create a space of breaking silences, of understanding, of empathy, of being prophetic to one another and, hopefully, of giving justice a better deal. Within HIV/AIDS contexts it provides a space for breaking the silence, stigma and discrimination, as well as embarking on better informed prevention and care strategies.

I usually combine social location analysis with narrative theory. Namely, in a story there are characters, events, places and times. When we read any story we are invited to enter its story world. But the story was written to persuade us we are not neutral. This lack of neutrality is added to by our social location. So the reading process becomes the meeting point of a written story and our stories. When we read the story we identify and sympathize with those characters who best represent our own social location.

At times, we may hate our own condition so much that we respond by distancing ourselves from those characters that are much closer to our lives. Reading then is more like looking into a mirror and seeing a different face – we see ourselves through the lives of those who are in the story. Basically, what I am saying here is best illustrated by the existence of different biblical and theological perspectives – liberation, Dalit, African women's, feminist, black, Catholic, Lutheran: all these

names denote that different readers propound different interpretations and theology, informed by their different backgrounds. We need to hear our stories and how they interact with the stories of others. Similarly, we need to articulate an HIV/AIDS theology – one that is informed by living in social, national and global contexts shaped by this disease, and by other social epidemics that cultivate it.

Group practical exercises

In practical exercises, we begin by:

- telling our stories;
- examining where they place us in regard to HIV/AIDS infection, care and treatment;
- reading the biblical text through the windows of our own social location.

The exercises enable us to assess the power we have and how we can use it, as well as seek ways of liberating interdependence within our institutions and relations.

Social location and the widow's story in Luke 18:1-8

For group discussion, begin individually by:

- plotting your social location as honestly as possible in the graph provided;
- showing where you have power;
- showing how you use your power to empower yourself and others, or to oppress others;
- showing where you need to give power and who needs to give you power.

Together read and enter the story of the widow with your social location:

- Are you the widow? What is your story? Are you a real nuisance?
- Are you the judge?
- Do you use your position of responsibility to liberate or oppress?
- Are you delaying with liberation of the oppressed or are you acting on it today?
- What is the relationship of women and men in your church/family/college? Do you have begging widows and reluctant judges, or does such a situation not even arise?
- If you read the story within the context of HIV/AIDS, how do the characters appear and how does the interpretation change?

Liberation from oppression

- What models of empowerment are offered by the story?

- Does it insist on liberation?
- Does it postpone liberation?
- How can the models help in HIV/AIDS prevention and the provision of quality care?

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PASTORAL CARE AND COUNSELLING

Larry R. Colvin

The following presentation was made at the training-of-trainers event held in Gaborone, Botswana, in September 2001. It was assumed that all participants were pastors or teachers in theological training. Therefore, the presentation was developed as practical and hands-on, void of theory and not as a formal paper. This written version is in a format which may be developed into a participatory workshop for teaching methods.

The objective of the presentation was to provide practical methods to teach others. The first three exercises focus on feelings that students and their clients may have concerning HIV/AIDS, loss and death. The fourth exercise provides the students with an opportunity both to share their feelings and begin to develop listening skills. No. 5 is in two parts to sharpen the students' skills in active listening. The final exercise is a role-play done in a fishbowl format. This is a teaching method combining elements of feeling, active listening and sharing.

Exercise 1: Feelings concerning church and AIDS

On a large sheet of paper print the word "church". Ask participants to share what comes to mind when they think of the word "church" and write their responses on the paper. Questions for clarification may be asked but this is not a time for discussion: simply record the responses.

On another large sheet of paper print "AIDS". Repeat the process as above. Do not let the participants see the second paper until you are ready to present it.

After receiving responses to the second paper, place both papers next to each other where participants can easily see them. Give them a few minutes to compare both lists. Students usually respond with words such as "warm", "friendly", "welcoming", "forgiving", "loving" when stating their thoughts and feelings about church. When stating their first impressions of AIDS, participants often give words such as "fear", "death", "stigma", "punishment", "condemnation".

After participants have had an opportunity to compare the two lists, ask, "How do you know these things about the church? How did you come to know this is what church means?" Repeat the same questions for AIDS.

Discuss the participants' feelings about both church and AIDS. In the process be sure to note that our feelings often come from personal experience, expectations, or what we have been taught.

Note again the differences in the lists. If, in general, we think of the church as a place of love and forgiveness and we think of AIDS with fear and as punishment, what does this say about the church and AIDS? Do our feelings betray us?

The exercise may end here if continuing with the loss exercise.

If the object of the exercise is to help participants think about the action/inaction of the church and the call to healing, the following might be used. In either case, keep the two sheets of paper where participants can easily consult them.

Read Leviticus 13:43-46: The law concerning lepers, as stated in Leviticus, is quite clear. Those suffering from leprosy were placed outside the community and declared unclean. They could be reconciled to the community only when they were no longer infected. Although most churches do not have any written codes concerning those infected and affected by HIV/AIDS, the actions or inactions of the church often exclude those who suffer because of this disease. What are some of the ways the church sets individuals and families outside the church community because they are infected or affected by HIV/AIDS?

Read Mark 1:40-45: The laws of Leviticus were practised in the time of Jesus. He, however, dared to touch the leper and sent him to the priest to be declared clean. Jesus was willing to go past fear and to restore a person to the community through a healing touch. In so doing, he brought about wholeness. Jesus has set an example of ministry.

On a large sheet of paper print, "BREAKING OUR FEAR". Have participants list ways that the church may begin to educate members about their fear of AIDS and begin to break that fear.

Using another large sheet of paper print, "THE WAY FORWARD". Have participants list ways that the church may begin to minister to those infected and affected by HIV/AIDS. Be sure to encourage participants to think about worship, education and outreach to the community.

Exercise 2: Loss*

Beginning

Have each participant write the following on a piece of paper:

- four people who are very important to you (by name);
- four roles you perform which are important to you (pastor, teacher, husband, wife, son, mother, etc.);
- four things that are important to you (car, house, pet, etc.);
- four abilities you have that are important to you (singing, writing, gardening, etc.).

Scenario

Read the following scenario to the participants, pausing for them to follow directions given.

You have noticed lately that you feel tired all the time and that it seems to take all your energy to get through a day. Draw a line through one item on your list.

You have begun to have headaches and are not eating well. Your family and friends are concerned. It seems that every day someone says to you, "You need to see a doctor about this." Draw a line through one item on your list.

You are having more physical problems and you decide to see a doctor. The doctor seems concerned and puts you through a lot of tests. He says, "Call me next week for the results and try not to worry." Draw a line through two items on your list.

You call your doctor in a week and the medical secretary says, "The doctor wants to talk to you in person. Can you come in this afternoon?" You ask what is going on but the secretary doesn't know, so you agree to see the doctor this afternoon. Draw a line through one item on your list.

Your doctor tells you that you have AIDS. The doctor barely gives you time to think before starting to talk about treatments and more tests. Draw a line through two items on your list.

You go home and start trying to deal with having AIDS. You have to decide what to do, when to tell, how to cope, and you are very frustrated. You feel angry and depressed and guilty all at once. You keep telling yourself, "This can't be true, it's not real." Draw a line through one item on your list.

You feel sick most of the time now. You have diarrhoea and you cough a lot. You are losing weight. You are no longer able to work and feel that you can barely get out of bed. Draw a line through one item on your list.

Your doctor insists on putting you in hospital even though you'd rather stay home. You end up in an intensive care unit and you are very weak. You do not think you can possibly survive another night. Draw a line through two items on your list.

After a few minutes of silence, ask the participants to come back to the presence of the group, taking the time they need to feel comfortable.

Debriefing

Ask the following questions to direct the discussion of the exercise:

- If you care to share, please tell the group what is left on your list. What does this mean to you?
- What was the hardest part of the exercise for you?
- What did each loss mean to you?
- Did you want to have control over what you were losing? Would it have been easier for you if the facilitator had told you which ones to strike out?

The losses you have suffered today are imagined yet heartfelt. Those infected by HIV/AIDS suffer constant losses and have little control over what they lose and when they lose it. Discuss ways the church or pastors may be contributing to the sense of loss.

Closure

Ask each participant to rewrite his or her list on the paper. This returns their losses to them.

Exercise 3: Feelings about death

Quietly share with participants that we are still at the beginning of a new century. Remind them of the big celebrations just a few years ago and the often-discussed Y2K. Continue by sharing that the century is still new and holds many exciting possibilities. The 20th century began before humans could fly and ended with walking on the moon and probing the galaxy. Who knows where the 21st century will lead? But one thing is predictable: before the century is over, everyone in the room will be dead!

Note the uneasiness and the nervous laughter that will come with the final pronouncement. Ask probing questions such as, "Why are you laughing? Why do you seem so nervous?"

Continue by reminding the participants that they are called upon to conduct funerals and to speak words of comfort and life. What do they say at funerals or to families experiencing death? Do they believe their own words?

Ask, "What feelings do you have when you think of your own death?" Where all participants can see write, "MY DEATH". List their feelings as they say them. It may be noted that many of these feelings were those listed in the first two exercises. Here, however, the participants are sharing deeply about something that concerns them personally.

Most participants will feel somewhat uncomfortable or find they are in some form of denial about their dying. This is acceptable as there are no right or wrong

feelings. It is important, however, that pastors know what they feel: awareness of their own feelings will help them be better equipped to provide care.

Participants need to be encouraged to review their theological understanding of death. A one-day workshop such as this does not allow time for an in-depth reflection. Other settings may allow for Bible study or for writing and sharing a paper.

Remind participants that the advent of HIV/AIDS has dramatically increased the number of deaths in southern Africa. Pastors are being called upon to care for those who are dying and to preach at an increasing number of funerals each week. Having to experience death on a day-to-day basis can become emotionally and spiritually draining.

Conclude this exercise by discussing ways in which the pastor may be restored and refreshed.

- What resources are available in the community or through the denomination?
- **How might theological institutions assist?**
- How can pastors support one another?
- What does a congregation need to know to help it understand the pastor's needs? How might this be done?

Emphasize that pastors should never be alone. Pastors need to find ways to share their feelings and receive support. Congregations may need to be educated about how to give support to their pastors and to allow them the time needed for their own nurture.

Exercise 4: The dramatic client

The following exercise is most effective when the room is quiet and all attention is on the presenter. The presenter should become very dramatic, using a loud voice, waving his/her hands, and perhaps even stomping around while delivering the following or similar monologue. In short, the presenter must act out the feelings of an angry and shouting client.

"Damn right I'm still having sex! I don't give a damn that I have AIDS. I'm going to die anyway and so is everybody else. Might as well enjoy life while you can. I don't care what the hell you or anybody else thinks..." And very often the language is much more explicit.

Persons suffering the pressures and indignities of HIV/AIDS may become explosive. Pastors counselling with HIV-positive persons often are on the receiving end of such explosions. Some may be greatly shocked or offended. The purpose of

this exercise is to assist the participants in understanding why a client may react in such a way and to look at the feelings and sociological and theological issues the client may be expressing.

As a group, discuss the following questions.

- What are your feelings about this outburst?
- What feelings do you think the client may be experiencing? Why do you think the client may have those feelings?
- In what ways might the client's culture, community or family have contributed to such feelings?
- What feelings do you think the client may have towards the church?
- How might the church have contributed to these feelings?
- What feelings might the client have towards God? Why might he/she have come to have these feelings?
- Why might a client have acted-out in this manner in front of a pastor?
- Does the client trust the pastor or is he/she seeking trust? Explain your reasons.
- If the client trusts the pastor, how might the pastor continue to keep that trust?
- If the client does not trust the pastor, how might the pastor gain it?
- Have your feelings or understandings about the outburst changed since your first reaction? If so, in what ways?
- What theological understanding might the client have about grace and hope?
- How could you help the client develop a sense of grace and hope?

Through this exercise the participants should become aware that they have feelings even while they are counselling. This exercise is designed to help them become aware of those feelings and what may contribute to them. Further, it assists participants in understanding what feelings the client may have and what gives rise to them.

Trust is the key in any counselling relationship. The pastor/counsellor must be aware that such outbursts are rarely personal but a way in which a client may be seeking trust by testing the counsellor or showing trust in the counsellor.

The last two questions focus on theological perceptions, conscious or unconscious, the client may have. These are often not expressed directly but can be heard if the pastor/counsellor is listening actively. Many people suffering from

HIV/AIDS do not have an understanding of grace. It is important for pastors and church leaders to reflect on the way the concept of grace may be present, or lacking, in the church.

Exercise 5: Active listening

The following are easy methods to assist in teaching the use of open-ended questions and paraphrasing.

Open-ended questions

Open-ended questions are used to assist the client in being more expressive and at the same time provide the pastor/counsellor with clearer information. Closed questions seek only a yes or no answer. Open-ended questions bring more insight.

Example of a closed question: "Did you sleep well last night?"

The response to this question is "yes" or "no". The counsellor has gained little information and has nothing on which to build a follow-up for further discussion.

Example of an open-ended question: "Will you tell me how well you were able to sleep last night?" Or, "Please share with me how well you slept last night." The client is given the opportunity to share about his/her sleep in more depth. The client may give a quick, sharp answer such as, "well" or "not well". This, however, allows the pastor/counsellor to hear more feeling than a quick yes or no response from a closed question.

Exercise 5.1: Asking open-ended questions

Have the participants gather in a circle. Starting with one participant, have him/her ask an open-ended question of the person on the right. The second participant must respond. If he/she responds with yes or no, the first person must try again. If the second person responds in an open manner, he/she continues the exercise by asking an open-ended question of the next person.

Paraphrasing

Paraphrasing is a tool that assists the pastor/counsellor in three ways. First, it helps the pastor/counsellor know if he/she has heard or understood the client clearly. Secondly, the pastor/counsellor can use the paraphrase to put a name on what has been said. Thirdly, it lets the client know the pastor/counsellor is interested in what is being said.

Examples

Client: When the people at church found out I had AIDS, they quit talking to me so I quit going to church.

Pastor: You quit going to church because the people no longer speak to you.

The pastor above has used a simple paraphrase. In the example below, the pastor uses a paraphrase that puts a name on what the client has said.

Client: When the people at church found out I had AIDS, they quit talking to me so I quit going to church.

Pastor: You quit going to church because the people are hypocritical.

After either paraphrase the client is free to expand, change or clarify his/her statement. The client is also free to correct the pastor.

Exercise 5.2: Paraphrasing

Participants should remain in a circle. Ask one person to share with the person on the left what he/she thinks of the workshop so far. The second person must respond in a paraphrase that the first person believes to be an accurate understanding of his/her statement. If the paraphrase is not accurate, the second person must try again. When an accurate paraphrase has been made the second person continues the exercise.

Exercise 6: Role play in a fishbowl

Role-plays are an excellent method of sharpening counselling skills in a controlled environment. Having those not acting in the role-play sit in a circle around those who are participating creates a fishbowl.

Two chairs (or the number needed for the particular role-play) are placed in the middle of the circle, for the participants in the role-play. Those seated on the outside will observe the proceedings.

Ask for volunteers to be the pastor and the client. They are given pieces of paper marked pastor and client respectively. Allow time for the two participants to read the information given and to get into their roles. When the workshop leader is clear the participants understand their roles, the role-play begins. In this role-play, the pastor is seated as the client knocks at the door of the office.

Pastor: You are the pastor in a rural community or village. A young man of about 20, whom you do not know, knocks at your door seeking assistance.

Client: You are a young man of about 20. Several days ago you got drunk at a local bar and were raped. You feel very ashamed and scared. You went to your family but your father was angry and threw you out. You went to the police but they laughed at you. Now, out of despair, you seek help from a pastor you do not know.

When the role-play has ended, the participants remain seated. Ask the pastor how he/she feels about the experience. Then the client is asked the same and whether he/she thought the pastor assisted him/her well.

After the participants have had a chance to discuss their feelings and respond to each other, the observers may be invited to share their insights or ask questions of the participants.

The discussion may take many avenues but the following should be covered:

- What were the client's feelings?
- Did the client trust the pastor?
- What did the client want from the pastor?
- What were the pastor's feelings?
- Was the pastor using active listening?
- Was the pastor ethically able to assist the client in what he/she wanted?
- What did the observers learn from listening to the tones of each?
- What did the observers learn from the physical actions of each?
- What were some of the theological understandings of the client?
- What were some of the theological understandings of the pastor?
- Was the client accepted unconditionally?

Evaluation

- a. Did the workshop meet the objectives? Please explain your answer.
- b. What was the most valuable part of the workshop?
- c. What changes would you make?
- d. What teaching methods might you implement as a result of this workshop?

- e. Please make any other comments that will help develop this into a better workshop.

HOPEFUL COMPASSION SPIRITUAL CARE FOR THE PERSON LIVING WITH HIV/AIDS

André E. de la Porte

Overview of emotional and spiritual aspects

Being tested HIV-positive can have a major impact on someone's life. Many people are able to continue with a normal life after the diagnosis. They are more aware of their physical and health status and are concerned with minor illnesses and blood-test results. With the onset of AIDS symptoms the person enters a whole new phase, both on a physical and emotional level. Physically, the disease progresses in four phases.¹ There is a parallel emotional progression, which is accompanied by distinctive human needs.

It is important to note that many of these feelings appear at different stages of the disease. Each of the human needs, therapeutic interventions and spiritual needs can therefore also appear in other phases.

Teaching method

In this article the focus will be on a teaching method and its practical application. The content of the teaching can be supplied by the person using this method, in keeping with his/her faith tradition. In preparing people to care for persons living with AIDS (PLWHA), experiential learning² is preferential. This is a collaborative approach where teachers and learners are seen as equals.

In this method, training is circular and not linear. Linear training advances in steps, focuses on content and some skills, and often causes dependence. Circular training takes one principle and applies it to different situations. For example, in circular training, empathy as a concept is taught and then applied to an HIV-positive person, a person living with AIDS, a family of a PLWHA, the dying patient, the bereaved family; it focuses on processes, skills and some content and it explores, discovers and empowers.

The spiritual experience and framework of the carer and the person living with AIDS are taken as a starting point. The processes are: understanding the existing resources; mobilizing and strengthening these resources; and developing new resources.

Participatory methods are used: drawing, story-telling, demonstration, group facilitation, songs, music, poems, rhymes, active listening, mime, discussion, role-play, brainstorming, case studies, field visits, cartoons, creative visualization, observation and games.

Another guiding principle is the fact that we give meaning to our lives with the stories we tell.³ Morgan⁴ gives the following definition of a "story": "Events, linked in sequence, over time and according to a plot." I want to help people to:

- tell their story;
- discover the plot of the story;
- identify unique outcomes in their story;
- develop this into a new story.

This training will empower participants to:

- understand and tell their own life story better;
- help others to tell their stories;
- decide on new outcomes for their own stories;
- help others to change the devastating effect of AIDS in their life story into a growth-directed outcome.

Objectives of a programme to teach spiritual care

On completion of such training participants must be able to:

- have a better understanding of persons living with AIDS, their situation and the effects on their families;
- relate to and communicate with persons living with AIDS with empathy and compassion;
- understand the emotional, social and spiritual needs of persons living with AIDS and their families;
- come to grips with their own mortality so that they can relate to the terminally ill with hope and compassion;
- assist persons living with AIDS to live positively with their condition;
- help persons living with AIDS to use their spiritual resources to impart hope and meaning in their life;

- assist families to cope with the stress of caring for a terminally ill person;
- provide support to the bereaved;
- know when it is time to get help and make appropriate referrals in terms of person, time and place.

Towards understanding people living with AIDS and their families

Deepening empathy and compassion for the person living with AIDS

A prerequisite for caring is insight into and understanding of the plight of the person who has been diagnosed as HIV-positive. This understanding should lead to a greater degree of empathy for that person. The methods of story-telling and group discussion are far more powerful than simply providing information.

Two stories in cartoon format⁵ about two different people who tested HIV-positive and later died from AIDS are distributed to participants, who have to write stories to accompany the drawings. Participants are divided into groups of 3-5.

Exercise: Empathy and compassion

Look at the cartoons on pages 126-27, and tell the story of each of these people using the guidelines below.

Part 1

- Who was the person? Give him/her a name, identity, background and occupation.
- How did he/she get AIDS?
- What is the doctor saying?
- What impact did the diagnosis have on him/her and the family?
- How did it affect their relationships (e.g. work, friends, church and community)?
- How did the disease progress?
- How did he/she and his/her family feel at each stage of the illness?
- How did the community react?
- How did he/she die?
- What happened at the funeral?
- What happened after the funeral?

Each group gets a chance to tell their story (identify one person in the group to tell the story).

Part 2

Discuss the stories in the small groups according to the following guidelines:

- Who would you rather be in these stories?
- What could be done to assist these people in each situation?
- Would it matter how he/she got AIDS?
- What did the doctor do differently?
- Why did one person's family desert him?
- How would you feel if this happened to you?
- How can the family be helped?
- How can the community be helped to get involved?
- What can communities do to assist the person living with AIDS?

The facilitator shares the following definition of empathy: empathy is looking at the other person's feelings and situation through their frame of reference (way of seeing life) and communicating this understanding to them.

Understanding the effects of oppression

The following exercise introduces the concept of oppression within the context of HIV/AIDS. After this exercise participants will understand:

- the oppressing effects of HIV and AIDS;
- the role of culture and preconceived ideas in keeping people trapped;
- the importance of having and knowing about options;
- the effect of gentle confrontation;
- the effect of behaviour change.

Exercise

The facilitator explains the following:

- I am going to read you a story about a person affected by AIDS.
- The story will have three parts. In the first part we will see the effects of AIDS. In the second part someone will challenge the person. In the third part we will see the effects of liberation.

- A blanket will symbolize each oppressive idea. As I read the idea anyone from the group can take a blanket and put it over the person in any way they want to.
- Then someone will challenge the person.
- As the story changes and new ideas are formed, someone in the group removes each blanket.

The facilitator appoints someone beforehand to be the “challenger”. This person gets up without announcement and reads the middle section of the story.

Story

Martha is a woman living in Mamelodi. She is married to Herbert, who works as a teacher and earns a reasonable salary. Herbert cares well for her and the children, but he is very authoritarian and traditional in his views about marriage. They have three children. Martha does not have a job and looks after the children.

- Martha was feeling very anxious because she knew that Herbert was not faithful to the marriage and she was scared that he had contracted AIDS.
- She was considering talking to him but was afraid that he would leave her and the children if she confronted him.
- She decided to talk to his mother, but she said that it is not the place of the woman to confront her husband.
- Martha was becoming more and more depressed, because she was constantly worrying that she would get AIDS. What would then happen to her children?
- Eventually Martha decided to talk to her pastor. He said that Herbert was a respected member of the congregation, and she should not shame him by suggesting that he had AIDS.
- Martha then resigned herself to her situation. There was nothing she could do, and if she had to die, so be it.
- Martha became more and more sad and withdrawn. She felt hopeless and depressed. She started to neglect the children and did not want to do anything.

Martha, why have you given in to the fears and prejudices of others? You are a strong woman. You have given birth and raised three children. You have always been a loving and faithful wife. Is it true that you do not have the right to know your husband's status? You have a responsibility towards your children and the community. Is it true that it is wrong to confront your husband, even if it relates to life and death? Is it really true that you do not have any choices?

- Martha decided to take the children and visit her parents in Hammanskraal for a few days during the school holidays and discuss the issue with them, as they were people of wisdom.
- Martha and her parents talked at length about all the issues regarding submission to her husband and her responsibility.
- Gradually Martha saw that she had to submit to her husband in what was right and proper, but not necessarily in all things.
- Martha realized that she had a responsibility towards herself, Herbert and her children. She decided to leave the children at her mother's and go home on her own to talk to Herbert about the AIDS issue.
- Martha decided that she had to get herself tested before she could talk to Herbert. It took her days to decide, but eventually she went. She was still negative.
- So she went home and talked to Herbert. He was very angry, and she was very scared. But she just said: "If you do not get yourself tested, I am going back to my mother and staying there with the children." Herbert hit her and stormed out of the house.
- The next day Martha wrote Herbert a letter to say that she was going back to her mother. He could let himself be tested and come and see her there. She would stay with him, even if he was HIV-positive. They could decide together how to deal with the situation. She would not come back before he had the test results.

Participants are divided into small groups to discuss the following questions:

- What ideas kept Martha trapped?
- What happened to help Martha change?
- What have you learned from this exercise?
- How can this help you in your care work?

Reporting back is done in the big group and noted on newsprint.

A conversation with Mr. AIDS⁶

In many cases people find it difficult to separate the problem from the person. In this case HIV/AIDS is the problem. Often the community and care workers see the person with AIDS as the problem. The exercise is based on the narrative technique of an externalizing conversation.⁷

On completion of this section participants will have:

- acquired the skill to distinguish the person from the problem;
- deepened their understanding of AIDS and its effect on the person;
- deepened their empathy with the plight of the person with AIDS;
- developed new strategies to deal with AIDS and its effects.

Participants are divided into groups of three. Three roles are allocated: Mr/Mrs AIDS, the journalists, and the infected/affected person. The journalist conducts an interview with each. His goal is to understand both and to write an article for his newspaper. Sample questions are provided. The journalist can ask any question which will help to understand Mr/Mrs AIDS and the infected person.

A. Questions to "AIDS"

- What are your effects on the person? How do you influence their emotions, thoughts and behaviour?
- How do you influence their work, family and relationships?
- What qualities do you have?
- What makes you powerful in the person's life?
- What do you hope to achieve – what is your goal?
- How do you want to achieve this? What are your techniques and tricks?
- Are you alone?
- Who is supporting you? Who are your allies?
- What plans do you have if the person resists your influence?

B. Questions to the "subject"

- Which aspects of your life do you still have control over?
- In which areas are you winning (e.g. in marriage, work and relationships)?
- What counter-strategies have you developed to counter the strategies of "AIDS"?
- What special qualities and skills do you have that "AIDS" cannot undermine?
- What is your purpose in life? To what are you committed?

- Who stands by you? Who supports you?
 - How can you take advantage of “AIDS” weaknesses?
- C. Reflection by the subject
- How did you feel in both parts of the exercise?
 - How do you feel about “AIDS”?
- D. Reflection by the journalist
- What did you experience during both parts of the exercise?

After the role-play a group discussion is held, using the following questions:

- What have you learned from this exercise?
- How will you do your care work differently after this exercise?
- How can you use what you have learned in your work?

Spiritual care for persons living with AIDS and their families

The table at the beginning of this article emphasizes that emotional and spiritual care is interconnected. The spiritual needs of PLWHA can be summarized as follows:

- the need for security and God's compassion;
- experiencing and communicating connection;
- experiencing and communicating forgiveness and reconciliation;
- experiencing and communicating dignity;
- experiencing peace and acceptance;
- comfort in grieving and loss.

Carers should be able to address these spiritual aspects in a practical manner.⁸ They must also identify and mobilize the spiritual resources available to the PLWHA and do appropriate referrals to spiritual leaders. Skills in the basics of mobilizing a spiritual community⁹ to get involved in care can be very valuable.

In the following exercises each of the above components will be explored. The goal is to understand and access the carer's own spiritual experience and mobilize their resources for caring. This will empower them to provide compassionate and appropriate spiritual care.

The need for security and God's compassion

On completion of this section participants will have:

- identified the role of security and God's compassion in their own lives;

- understood the connection between a relationship built on trust and the experience of security;
- identified ways to communicate these aspects to persons living with AIDS.

The technique called “weaving of stories” will be used. Through this technique a few people tell their story and listen to each other’s stories around a central theme. The same exercise can be used with the other themes. The particular theme is replaced in the first sentence.

Exercise: weaving of stories (1)

- Participants are divided into small groups of five and seven.
- The facilitator asks them to remember and reconnect a personal experience of security and compassion.
- One person in the group is appointed as “questioner”.
- He asks the following questions,¹⁰ one by one.
- After he has asked a question, everyone in the group responds to that question only, going around in a circle.
- Participants may not comment on each other’s stories during the exercise.
- As each circular movement is completed, the “questioner” asks the next question.

The questions are:

- What was a time when you deeply experienced God’s compassion and/or a sense of security? Briefly relate the incident to this group.
- What was the meaning of this incident for you?
- What decisions did you make?
- What have been some of the effects of this incident and decision on your life?
- What possibilities do this incident and its meaning open up for you as you face the future?
- How can this incident and its meaning be used in your care work?

A group discussion is held based on the following questions:

- How can you give PLWHA a deeper sense of security and of God’s compassion?
- What spiritual resources can you use to do this (e.g. Bible reading, prayer?)¹¹

In our circumstances, we sometimes struggle to experience God's abiding presence.¹² Remember God is always with us. The following scriptures can be used in this regard:

- Jesus' attitude towards the suffering (John 8:1-11 and Matt. 9:9-13);
- God is with us even in the deepest darkness (Ps. 23);
- God is with us when we feel trapped and helpless (Ps. 118:5-8; Heb. 13:5a-6);
- nothing can separate us from the love of God (Rom. 8:31-39);
- God sees that the vulnerable are cared for (Deut. 10:17-21);
- Jesus understands our suffering (Heb. 4:12-14);
- Jesus is the Good Shepherd (John 10);
- we are under God's protection (Ps. 91).

Experiencing and communicating connection

The importance of community and connection¹³ in the care of the PLWHA can hardly be overemphasized. Carers must understand how to create a sense of community and connection in their care work.

Exercise

Instructions on the process and for the facilitator

- Divide into groups of 8-10.
- Everyone sits on the ground.
- Hold one end of a ball of string. Roll it across the floor to someone sitting opposite you, calling out his or her name. Keep holding your end.
- Ask the recipient to hold the string so that it makes a taught line between the two of you. Let them roll the ball of string to someone else, saying their name.
- Continue in this manner till everyone is holding tightly to a piece of string.
- The ball should finally be rolled back to the first person, so that he/she holds the beginning and the end.
- Next ask everyone to look at the way the string connects all of you, like a spider's web. You are all dependent on each other to keep the web firm and supportive. If anyone takes his or her hand away from the web, that part collapses. When that happens, the whole web collapses.

- While everyone continues holding the string, ask participants to suggest ways in which the web relates to our family, community or working life.
- Emphasize our mutual dependence on each other.
- After the discussion role up the string for future use.

Exercise

Case study: David¹⁴

David learns that his wife Jane is HIV-positive. He feels he cannot face this, so he thinks about sending her home to her family so that he can go on with his life. He is sure that he is not infected, but he has not had an HIV test. Both David and Jane had post-test counselling and are aware of the fear of rejection. Jane wants him to be tested also. He responds by saying that she is only accusing him falsely of being responsible for her infection and refuses. While David is thinking about what to do, they learn that Jane is pregnant with their first child. David now thinks about doing an abortion on Jane, since they have no money to go to a clinic. He is afraid that he might be infected also but cannot talk about his fear to Jane. If he is infected, then David knows that he, too, would die, and aborting Jane's child would mean the family name would die out. He decides to send Jane home to her family without an abortion and find another wife who might also give him a child. Then he would have two chances to leave a son behind. Before he sends Jane away he talks with his friend, wanting his friend to agree that he is doing the right thing.

- If you were the friend, what questions would you ask?
- What do you think are the needs that David and Jane have?
- How could some of these needs be met?
- If Jane were a member of your church, what would you do when you learned that she had been sent home (suppose you did not know why she was sent home)?

A group discussion based on the following questions will be valuable:

- How can you give PLWHA a deeper sense of connection and community?
- What spiritual resources can you use to do this (e.g. Bible reading, prayer)?

The Bible consistently affirms that God cares for everyone, without regard for their physical and spiritual condition or their standing in society. Moreover, the Bible reveals the special love and concern God has for those whom society ignores and excludes. Jesus himself made this evident through what he taught, what he did and how he cared. We are connected to Jesus and he calls us his friends (John 15:1-17). In the church, as body of Christ, we are connected (1 Cor. 12). This is a

comfort to the PLWHA and will help him or her to break through feelings of isolation and alienation.

Experiencing and communicating forgiveness and reconciliation

AIDS is more than an infected body; it usually has to do with infected relationships. Therefore an important area to be resolved for a person to die well is the healing and restoration of broken relationships. With AIDS there is considerable potential for broken relationships:

- a young person ignoring parental advice and being cut off;
- rejection by the church, community or family of the PLWHA;
- an unfaithful partner infecting their spouse.

The approach of death is an important time to seek resolution of these issues. Carers must be aware of the importance of forgiveness for peace and acceptance. They must also understand the importance of reconciliation for restoring relationships.¹⁵

Exercise: weaving of stories (2)

Refer back to weaving of stories (1) for guidelines.

- ❖ Use the same set of questions, and replace the first one with the following: What was a time when you deeply experienced forgiveness and/or reconciliation? This can be:
 - when you forgave someone;
 - when someone else forgave you and you did not expect it;
 - when you were reconciled with someone.

Now briefly relate the incident to the group.

A group discussion on the following will be valuable. How can you help PLWHA:

- forgive someone who has wronged them (e.g. the person from whom they got HIV/AIDS);
- start a process of reconciliation;
- find spiritual resources to do this (e.g. Bible reading, prayer).

Sometimes you may feel that God has turned away from you, and no longer cares. But this is far from the truth. God is always eager to offer forgiveness and to accept us in love. God is faithful and his love is abundant (Ps. 103 and 130). Jesus came into the world to be a saviour, not a judge (John 16:18a, 12:44-50; 1 John 4:9-

10). These truths will help persons living with AIDS with the process of forgiveness and reconciliation.

Experiencing and communicating dignity

Carers need to understand the importance of treating everyone with dignity and respect and to be committed to this.¹⁶ Understanding and respecting their own uniqueness and that of others is a prerequisite for this. Carers should be able to help persons living with AIDS to experience a sense of dignity and help them to discover their unique place in the world.

Exercise

Instructions on the process for the facilitator

- For this exercise you will need an apple or an orange for each participant (it can be another kind of fruit, provided each has the same fruit).
- Provide each participant with one fruit.
- Tell them to get to know their fruit very well. Look at its traits, colour, marks, etc. Give your fruit a name. Construct a history for it. Where did it come from? How did it get here?
- Now send around a basket or a box and collect all the fruits.
- Put them out on a table.
- Ask each participant to come and pick out his or her own fruit.
- When this is done, ask who is convinced that they have their original fruit.

In small groups discuss the following questions:

- What does this exercise tell us about human beings?
- What are some of your unique traits?
- How can you help people discover their own uniqueness?
- How would the world (your family, work-place, community) be different if you were not born?

Exercise

- Each participant should take a blank page and tear it into six separate pieces.
- They write one of their unique traits on each piece.
- Now tell the following story: My dream trip

You have saved up a life-time for a trip. You have bought your ticket and packed your bags. You get on the aeroplane with a feeling of excitement. The plane takes off. The hostess brings you wonderful food.

Then after about three hours of flight the pilot announces that there is serious engine trouble and nowhere to land. But there is a parachute for everyone. All you have to do to get one is to give up one of your unique traits. Go around the group and collect the papers in a box. If someone does not want to give up a trait (paper) that is fine.

You land in the middle of a dangerous jungle and to get to a river safely you have to give up one of your traits (collect). When you get to the river you see that it is full of crocodiles. To get across you have to give up one of your traits (collect). On the other side there is a small town. You can find a map to get to a major town by giving up one of your traits (collect). Now you need transport to the town. Someone will take you in exchange for one of your traits (collect). When you get to the town you can get on a plane back to your home and family by giving up your last unique trait (collect).

Discuss the following questions:

- Which traits did you give up and why?
- What did you experience when you gave up your traits?
- Is there a similarity with the experience of a dying person who has to give up more and more of himself/herself?
- How can you assist PLWHA to keep a sense of uniqueness and dignity (refer back to the spiritual needs of the dying.)
- What spiritual resources can you use (e.g. Bible reading, prayer)?

Sometimes it feels as if our lives have no meaning. We feel it would be better if we were dead. God knows each one by the name and God has a plan for each one of us. We are special and unique for God. Therefore God will never forget us (Isa. 49:15-16). You can know that in Christ you are a new creation (2 Cor. 5:17).

Experience peace and acceptance

One of the difficult tasks of a carer is to guide persons living with AIDS towards accepting and preparing for death. The knowledge that he/she is leaving a legacy can help a person die peacefully. The construction of a memory box¹⁷ and/or a memory book is a valuable tool in this regard.

Exercise

Instructions on the process for the facilitator

- Ask participants to bring along a small box (about the size of a shoebox).
- They must also have material (e.g. paper, paint, crayons) to decorate the box.
- Explain that a memory box is a box in which you keep special things for people you love. These things can remind the family and children of the person when he/she is no longer alive. This will help the person to accept his or her death. Things to put in are photographs, baby clothes, and traditional gifts for their child. You can also write a memory book. This is a book in which the person writes letters or messages to friends, family or children. This can be read after the person is dead.
- Allow time for people to decorate their boxes.
- Let participants then make a list of what they would like to include in their own memory box.

A group discussion on what a person needs to be able to die peacefully will be valuable. The following should be included:

- physical comfort;
- listening;
- respect;
- respect of their wishes;
- as much independence as possible;
- the possibility to grieve (because of loss of independence, physical abilities);
- presence and belonging: let the person be part of the community as long as possible (e.g. sitting outside and watching, telling stories);
- being part of final decisions (e.g. about the future of children).

What did you experience while making the memory box? How can you assist PLWHA to die peacefully and with dignity (refer back to the spiritual needs of the dying)? What spiritual resources can you use to do this (e.g. Bible reading, prayer).

HIV/AIDS makes us sharply aware of our own mortality and ultimate death. But the scriptures proclaim the even greater reality of life beyond death. Some good examples are:

- a tent on earth and a house in heaven (2 Cor. 4:16-5:8);

- Jesus is the way, the truth and the life (John 14:1-14);
- the Lord is with us, even in the darkness of death (Ps. 23);
- God gives us peace (Rom. 5:1-11);
- our future is assured in Jesus Christ (John 1:11-12, 10:28-29);
- what really matters (Phil. 3:8b-11).

Comfort in grieving and loss

When dealing with grieving and loss it is important that we are aware of our own experience of and reaction to loss. It is from this perspective that carers can understand how to support PLWHA in grief, and families after death.

Exercise: Putting everything together

Try to use as much of the knowledge and skills you have gained in the following case study.

Timothy¹⁸

Timothy is a 33-year-old doctor. He first suffered from a sexually transmitted disease in his third year of university. He graduated with honours and became well known because of his love for Jesus and great care for people. The day before his wedding he found out that he was HIV-positive. He was in shock, and greatly embarrassed. His fiancée decided to marry him even though he was HIV-positive in order to show her true love. Timothy worked for some time until he became weak. Because of his access to good medical care and the loving care his wife gave him, his health improved somewhat. He began working at a hospital near his home and transformed it into a large and beautiful health centre. He continued to get sick from time to time but did his best not to show his sickness. Many Christians supported the family in prayer and encouragement, and Timothy continued to work tirelessly. His strength became less and less and he finally became very sick. Timothy's older brother had also become very sick with AIDS, and Timothy witnessed to him and asked people to pray for his salvation. Three days after Timothy was buried, his older brother died and within a year the first-born brother had also died of AIDS. In one year, all the sons of the family had died of AIDS. Timothy's wife is praising God for how He has helped her deal with all the struggles. She is HIV-negative.

Questions for discussion

- If you had been the pastor about to marry Timothy, what would you have advised him to do when he told you he was HIV-positive?
- Now that you know the end of the story, what does it tell you about how God often works in people's lives?

- What kind of healing took place?
- What scripture would you use to help Timothy know God's will for his life?
- If you were Timothy's friend and met him in the hospital while he was sick, what scripture might you have offered him?
- What would you have prayed for?
- How would you have assisted his wife?

In groups discuss the following questions:

- What are the needs of a grieving person and how can you best assist them?
- How can you assist PLWHA and their families to work through the grief process?
- What spiritual resources can you use to do this (e.g. Bible reading, prayer)?

In grief we can be sure that God understands our suffering. Jesus knows the pain of dying and the agony of grief. Jesus had a friend who died (John 11:1-44). God offers us rest in Jesus Christ (Matt. 11:20-30). We can go to God with every need (Phil. 4:6-14). We can comfort one another (1 Thess. 4:13-18).

Living positively with AIDS

As the epidemic progresses, the emphasis on positive living with HIV/AIDS will become more important. In this regard stories of people who are living with the disease are very important. A fictional¹⁹ or a true story²⁰ can be used. After reading the stories, participants can discuss the following questions:

- What were the spiritual needs of the people in these stories?
- What is hope? How would you explain it to someone else?
- What gives meaning and purpose to life?
- What kind of things can persons living with AIDS do to increase their sense of usefulness?
- What examples do you know of people whose lives have held great meaning even with AIDS?
- What spiritual resources can be used to give a person hope?
- Be sure to include the following in the feedback:
- Hope will help us look after ourselves and live a healthy life.
- Meaning and purpose is greatest when we do something that will last.

- Creating and maintaining good relationships gives hope.
- We should maintain a positive attitude towards ourselves and others.
- Accept and give both physical and emotional affection.
- Socialize with friends and family.
- Seek counselling to maintain a positive attitude and talk about your feelings, whether angry, sad, accusatory or hopeful.
- Do not blame others.
- Deal with guilt and shame.
- Purpose and meaning will come as we focus on changing ourselves and giving to others.
- Purpose comes when I understand: who I am (in my physical and spiritual family), to whom I belong as God's child, what my accomplishments are, and how I will be remembered.

"Positive living with AIDS" is the slogan of TASO (The AIDS Support Organization) in Uganda.²¹ This includes the following:

- Maintain a positive attitude towards yourself and others.
- Do not blame others.
- Deal with guilt and shame.
- Follow medical advice.
- Seek medical attention quickly when infections such as bronchitis, thrush or skin sores appear. Every time a person with AIDS gets an infection, the body's resistance to AIDS is further lowered.
- Get enough sleep and do not get overtired.
- Do not smoke or drink alcohol. This reduces the body's resistance to disease.
- Take enough non-strenuous exercise to keep you fit.
- Continue to work if possible.
- Occupy yourself with non-stressful activities like crafts.
- Accept and give both physical and emotional affection.
- Socialize with friends and family.
- Seek counselling to maintain a positive attitude and talk about your feelings, whether angry, sad, accusatory or hopeful.

- Always use a condom during sex, even if both partners know that they are HIV-positive. This prevents pregnancy and catching other sexually transmitted diseases, which would further lower immunity to disease.

In the Bible hope is an expression of certainty based on God's promises rather than our wishful thinking. Also, when we place our hope in God it means we are assured that God will finally conquer evil and give us a share in victory.²² The following scriptures can be useful:

- God is our shelter and strength (Ps. 46).
- God is with us in our crisis (Isa. 34:1-5).
- One day we shall see clearly (1 Cor. 13:8-13).
- Death is defeated (1 Cor. 15:51-58).
- No more pain and no more death (Rev. 21:1-4).

NOTES

- ¹ A. Van Wyk, *AIDS and Care and Counselling*, Cape Town, Maskew Miller, 1999, pp.17-20.
- ² "It seems that participatory methodology is one of the most successful counselling methods used to convey the AIDS message to traditional Africans. The counsellor becomes part of the group, sits with them on the ground, and brings the message with the help of visual material, while incorporating the help of group members." *Ibid.*, p.123.
- ³ See J. Müller, *Comparisons on the Journey: The Art of Pastoral Narrative Conversation*, Roodepoort, Logos, 1999; and J. Müller et al., *Therapy as Fiction Writing*, 2001, for the use of stories in counselling and research.
- ⁴ J. Morgan, *What Is Narrative Therapy*, Adelaide, Dulwich Centre Pubs, 2000, p.5.
- ⁵ The cartoons can be found in UNAIDS, *Training of Trainers Manual: Home-Based Care for People Living with AIDS*, Ghana, 1999; J. Müller, "Therapy as Fiction Writing", in *Ned. Gerf. Teol. Tydskrif*, 42, nos 1-2, 2001; J. Müller et al., "Fiction Writing as Metaphor for Research: A Narrative Approach", in *Skrif en kerk*, 2001.
- ⁶ Y. Sliap, "Little by Little We Make a Bundle: AIDS in Malawi", in *Dulwich Centre Newsletter*, no. 3, 1996, pp.3-25, has shown how this technique can be used in community transformation.
- ⁷ See Morgan, *What Is Narrative Therapy*, pp.17-32, for a detailed discussion.
- ⁸ See A. Kellhear, "Spiritual and Palliative Care: A Model Needs", in *Palliative Medicine*, 14, 2000, pp.149-55; and S. Bate, "Does Religious Healing Work?", in *Grace and Truth*, 2, 1992, and 2000, pp.3-21.

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- 9 See P.W. Robinson, *Choosing Hope: Curriculum Modules for a Theological and Pastoral Response to the HIV/AIDS Epidemic*, Module 3, MAP International, Nairobi, 1996; N. Kiiti et al., *AIDS in Your Community*, Nairobi, MAP International, 1994, and G. Williams and N. Tamale, *The Caring Community: Coping With AIDS in the Urban Uganda*, London, ACTIONAID, 1992, on community mobilization. See *Facing AIDS: The Challenge, the Churches' Response*, WCC, 1997, pp.77-92, and R. and C Weatherford, *Somebody Is Knocking at Your Door: AIDS and the African-American Church*, New York, Harwort Pastoral Press, 1999, on mobilizing the church.
- 10 See J. Freedman and G. Combs, *Narrative Therapy*, London, Norton, 1996, pp.113-43, for a detailed discussion on the use of questions.
- 11 D. J. Louw, *Illness as Crisis and Challenge: Guidelines for Pastoral Care*, Orion, Halfway House, 1994, gives valuable guidelines on the use of scripture and prayer.
- 12 See Kiiti et al., *AIDS*, pp.36-39; K. Dortzbach and N. Kiiti, *Helpers for a Healing Community*, Nairobi, MAP International, 1996, p.23; V. Tampu, *AIDS: Heresy or Prophecy? What the Virus Says*, New Delhi, TRACI, 1993, and *Facing AIDS*, pp.27-29, for a discussion on the issues of AIDS as a curse and as God's punishment.
- 13 See *Facing AIDS*, pp.23-25, for a theological discussion of human beings in relation; for acceptance in healing community, see pp.29-30; and for the role of the church as healing community, see pp.77-78. See W. Saayman and J. Kriel, *AIDS, The Leprosy of Our Time?*, Johannesburg, Orion, 1992, for a theological reflection on stigmatization.
- 14 Dortzbach and Kiiti, *Helpers*, p.44.
- 15 See Kiiti et al., *AIDS*, pp.84-85, for a discussion on dealing with guilt; and *Facing Aids*, pp.25-27, for a theological discussion on forgiveness.
- 16 See *Facing AIDS*, pp.52-54, for a discussion on the ethical principle of respect of persons.
- 17 See J. Morgan, "Boxes and Remembering in the Time of AIDS", in *AIDS Bulletin*, 2, 2001.
- 18 Dortzbach and Kiiti, *Helpers*, p.36.
- 19 See World Health Organization, *AIDS Home Care Handbook*, 1993, for examples.
- 20 See *Soul City Workbook 4, Caring for People with HIV and AIDS*, 1998, for good examples.
- 21 J. Hampton, *Living Positively with AIDS*, TASO Uganda, London, ACTIONAID, 1990, p.2.
- 22 See *Facing AIDS*, pp.33-43, for a discussion on a theology of suffering and death, hope and resurrection.

PROJECT DESIGN AND MANAGEMENT

Priska Mogdani

This paper highlights issues that will assist organizations and community leaders to put together project proposals attractive to potential funders, and to manage projects in an acceptable manner. There are no fixed rules. Different factors should be considered, according to the funding agency and type of project. The paper also discusses briefly the relationship of organizations with funding agencies, and especially areas of disagreement.

What is a project?

There are varying definitions, as follows:

- Golding defines a project as an operation of sufficient complexity to require a formalized method of planning and control. It has specific objectives and it is subject to time and cost constraints.¹
- Elsewhere, however, it is defined as an endeavour, human or mechanical, in which material and financial resources are organized in a novel way, to undertake a unique scope of work, of given specification, within constraints of cost and time, so as to deliver beneficial change defined by quantitative and qualitative objectives.
- Finally, Chong and Brown define a project as an enterprise or activity planned to use a combination of resources and aimed at achieving a goal or set of goals (2000).²

All the above definitions have some common words (italicized), suggesting that there are certain characteristics to a project. These are:

Objectives: The objectives should be specific, measurable, verifiable and attainable.

Uniqueness: Each project is unique, for several reasons. For example, it involves different groups of people; it is temporary, it will start and end; people with different skills work on it; and different relationships develop.

Resources: Projects are accomplished through resources – funds, human and material.

Organization: Many individuals with varied skills, interests, personalities and unpredictability are involved. In this regard it may be quite frustrating because of the varied levels of commitment and personal agendas.

For many organizations, projects are set up to deal with specific issues or needs. The needs may be to service the target groups or the organization itself. Projects may be commercial (raising money), economic (to sustain the organization), or for social development (serve the target).

Project planning

The old saying “When you do not know where you are going, any road will take you there” is true, because you can have a plan only if you have a destination in mind. Basically, planning is:

- knowing where you are;
- knowing where you want to go; and
- defining which way you will get from where you are to where you want to be.

Therefore the main purpose of planning is to facilitate good choices of goals, strategies and methods. Project planning and control is concerned with the achievement of predetermined objectives by planning the relationships between, and by setting restraints on, the use of resources; and by subsequently monitoring progress against that plan and, where necessary, rescheduling.

Experience indicates a common tendency to concentrate on the implementation of activities rather than on objectives when planning development projects, illustrated by statements such as “the goal is to start a dancing group” and “our aim is to start a crafts training school”, instead of “the goal is to reduce unemployment” and “our aim is to curb juvenile delinquency”. The tendency to jump directly to the envisaged activities creates mental blocks, which obstruct development of alternative solutions. It is important to set objectives first before making a decision on the means to be employed.

For a project to reach a satisfactory planned conclusion, many elements must be considered and controlled. A most important one is the human factor, which has the capability to influence the project from both within and without. Plans are needed to:

- aid coordination and communication;
- provide a basis for monitoring;

- satisfy requirements;
- help avoid problems.

Coordination and communication: There is a golden rule to project planning: "Get the person who will do the job to plan the job." No job is too hard for the person who does not have to do it, but persons who plan their own tasks are more likely to be able to do them. Project planning coordinates various expertise as people with different skills come together to work on a project. The planning must communicate because in the absence of the project manager someone should be able to take it forward.

Monitoring: Plans are the basis for project monitoring activity. What we do not know when we start is where and how our project will deviate from the plan. Deviations, detected by monitoring progress, constitute early warning signals of problems to be resolved or the need for replanning. It could also be a sign that the project will not achieve its intended aim.

Requirement satisfaction: Plans are sometimes created merely to satisfy requirements imposed by others, for example customers or bosses. They are in such instances often set up under duress rather than because they are perceived to be valuable. They are often a waste of time because they never take off.

Problem avoidance: Project management is sometimes a race against disaster. Plans cannot prevent problems, but good plans help avoid problems during implementation.

Main stages in development of a project

Identification: At this stage the initial project proposal is conceived and formulated. The description of the potential target groups and anticipated outcome of the project are important at this stage.

Feasibility study: To avoid wasting time on developing ideas that might be discarded, it is important to undertake a feasibility study that provides a thorough background with information on overall justification for the project, target groups, their needs, and the effects (positive and negative) and major results anticipated. Feasibility studies are not a must in all cases; there might be instances where no formal studies are required, as information may already be available from previous experiences. However, some research into the literature or interviews and meetings might be conducted. This stage should determine and confirm the need for a project.

Project design: Main components are designed at this stage without necessarily going into the details of activities and necessary inputs. The perspective is the whole project and its context.

Detailed planning: This entails the project implementation plan, the intended output, activities and input, as well as monitoring systems, time schedules and budget.

Monitoring: This is the periodic and/or continuous surveillance of the project. It is important to build it into the project.

Project review: There must be agreement for review of the project as an element in the follow-up by the donor/funder. This aspect is dependent on the nature and size of the project, but also on the policies of the donor.

Evaluation: The evaluation process should involve all stakeholders. This exercise should assess the impact and relevance of the project in relation to its stated objectives, target groups, etc. The evaluation is complemented by the monitoring system and therefore should not need to go into detailed historical evaluations.

The above stages are not a rule. They are or may be dependent on a number of issues such as the size of the project, the donor, the environment, and so on.

An effective project plan accomplishes the following tasks:

- identifies everything required to complete the plan successfully;
- contains a schedule for the timing of these tasks, and related milestones;
- defines the required resources, assuming that these will be available at the appropriate time, and reflects participation of these resources and their management;
- has a budget for each task;
- includes suitable contingency;
- is credible to both performers and management.

Project memorandum/proposal/document

Before we can even start to write a proposal, it is important to research and get to know the funders available, their requirements, their mission and objectives, to determine their relevance to the project. Most project proposals are modified to suit the various funders; therefore, a thorough knowledge of their areas of interest may assist you in preparing a proposal that would suit their language and desires. The unfortunate scenario that often develops here is the diversion of organizations from their original intentions, mission and goals in order to suit donor requirements for securing funding.

Donors themselves are quite varied in their set-ups, as far as their areas of interest are concerned. However, since they are basically development agents, the areas of interest usually revolve around the same issues, such as HIV/AIDS,

women and gender, the under-privileged or disadvantaged, youth, environment, etc. Consequently, it is important to know the donor community very well.

A project proposal should answer the following questions:

- Why this particular project?
- What does the project hope to achieve?
- Who will benefit from the project?
- How will it be implemented?
- Who is responsible for it?
- How long will it take to implement?
- What kinds of resources are necessary?
- What external factors must be present so as to ensure a reasonable chance of success?

Most applications require the following information in some form or another:

Summary: This part of the proposal summarizes the main content of the document. It varies from a few sentences to a few pages. It should be specific to the proposed project, and is usually written after the rest of the proposal has been drawn up.

Introduction: In this section the organization is introduced, with its background, mission, vision, legal status and capacity.

Purpose: The aims of the proposal are described, and this includes a problem- or need-synopsis. Insights are given into the solution which the proposal addresses, the donors' interests are compared with the project interests, and factual/statistical information is provided.

Objectives: The specific objectives that must be addressed in order to meet the needs described in the purpose section are listed.

Proposed intervention/implementation: "The best way to eat an elephant is one bite at a time." For each objective, the work to be done and achievement at each stage are given. The outcomes expected, resources available, and the monitoring and evaluation systems are described.

Financial plan/cost/budget: A financial plan should outline what each stage and work package costs, who is accountable, the financial benefits to be derived, the financial commitment made, the cash flow, and the financial authorization in place.

Financial management

A key element in managing finances, especially a project budget, is to know it in detail. The record-keeping systems should supply the following information: the

project budget, what has actually been spent, where the money came from, justification for all the expenditures under the grant, and the proof of expenditure made, work done and materials received.

If the system provides this information, the financial feedback to the donor is more or less satisfactory.

Project implementation

“There are those who make things happen and those who watch things happening.” The involvement of stakeholders in projects, such as users and customers, adds considerable value to the project at all stages. Usually the earlier they are involved, the better the results. Involvement enhances the spirit of belonging and ownership of the project. It also assists the stakeholders to understand their current and future needs. Involving stakeholders is a powerful mover for change, while ignoring them can lead to failure. When viewed from a stakeholders’ perspective, the project may be just one more that they have to cope with, as well as fulfilling their own usual duties: it may even appear irrelevant or regressive.

Innovative ways of enhancing involvement are through focus groups, facilitated workshops, early prototyping and simulations.

Relationships with funding agencies

It is important to understand that most funders start with the belief that the funder-project relationship will be cooperative and relatively free of any serious problems. Most productive relationships change when channels of communication are not kept open, transparency is lacking, and programmes develop beyond the original proposal once the grant has been made. Typical areas of disagreement are the following:

1. Financial

- differences as to the actual approved line-by-line operating budget for the project, given that project budgets originally submitted in a proposal are often revised during the process of negotiating the grant;
- whether the project is remaining within the total approved budget amount and/or will continue to do so over the project’s life;
- the extent to which cost-sharing and in-kind contribution arrangements are adhered to;
- timely submission of financial reports, and conformity to funders’ requirements;

- transfer of funds between budget items without approval;
- overspending/underspending in line items;
- whether agreed upon and accepted book-keeping principles and methods are employed;
- control and maintenance of proper financial records.

2. Staffing and personnel

- recruitment and selection;
- salary levels and benefits;
- justification of qualifications;
- adherence to agreements.

3. Participants

- intended target groups being reached;
- the extent to which the project serves target groups falling outside the purview of the funder.

4. Facilities, equipment, services

- importance attached to project by host agency or government;
- time project can wait for resources like land;
- project not following procedures of host agency.

5. Legitimacy and approval

- NGOs complement and/or fill in the gaps that governments in the various countries are unable to attain; however, governments want projects to legitimate their own operations in terms of their social purposes and legal obligation;
- project activities' consistency with the objectives of funding agencies in terms of targets, kind of services, and amount of services offered;
- philosophy, ideology, purpose and objectives consistent with the hosts' interests.

Bargaining and negotiation techniques

DO:

- provide written documentation of the request with sufficient factual data to support your claim convincingly;

- get the other party to agree on at least the initial facts, such as the approved budget figures, objectives, and what the project is requesting or wants;
- be patient: keep the door open for further presentation of material and communication;
- keep extraneous and unrelated items out of the negotiation process;
- be prepared to bargain, to give up something in exchange for something else, “make a deal”;
- show that funders’ interests and the project’s interest overlap;
- take things one step at a time;
- identify what items cannot be decided upon, set them aside and try to agree on those that can be;
- explain what you plan to do and why;
- be persistent;
- keep a written record of all concerns and confirm your understanding in writing whenever you come to an agreement satisfactory to the project.

DON'T:

- be provocative;
- make threats;
- be vague about what you want;
- involve third parties in negotiations;
- argue over global issues;
- imply a lack of ethics;
- fail to listen to what the other is saying;
- argue about who said what when there is no formal record or correspondence;
- close all doors to further discussion.

Marketing

- • Know your audience, key persons to build relations with, establish their interests, background, role, etc.
- Present the efficiency and effectiveness of the project in convincing ways.
- Show how project is connected to and promotes the interests of the funder.

Attracting additional funding

Demonstrate that the project is actively seeking other funds from other sources. This is a sign of viability of a project. Donors delight in the knowledge that the project they are funding is also attractive to other funders.

Cooperation and cooptation

Compliance may not always be in the interest of the project, but other techniques that could be employed to gain the support of funders include:

Provision of information: To make funders aware of the activities, accomplishments and problems of a project, use clippings from newspapers, magazines, journals, published articles, etc.; descriptions of presentations by staff at workshops, conferences, meetings, etc.; copies of project newsletters; notice of awards and honours received by staff; copies of studies and reports issued by project; copies of pertinent internal reports, e.g. monthly activity summaries; and copies of letters from satisfied customers/clients.

Personal contact. Written material may be important but should not substitute personal contact. Routine visits should supplement the official contacts. Keep them businesslike but informal. Be sure to have real issues to talk about, e.g. changes that may occur or are anticipated; problems that may be cropping up; progress in implementation and achieving of objectives, consultation for instance for funder mileage and how if it is to be published it should be worded, etc.

Principles of effective reports

1. Clarity

- language and organization of material should be easy to follow;
- use the "keep-it-simple" style;
- avoid long, ambiguous sentences;
- use technical and professional terms when necessary, but explain their meaning if the funder may not be thoroughly familiar with them;
- arrange in logical sequence.

2. Relevance and responsiveness

- relevant to funders interests;
- no unnecessary and irrelevant information;
- adherence to funders' requirements, content, length, deadlines, etc.

3. Consistency

- no contradictory material: each part should be related to and consistent with other parts, e.g. statistics, budget figures, etc.

4. Interest and impact

- effective reports get attention and are regarded positively by funders; they often use brief case stories, graphs and charts, headings and sub-headings and bullets instead of numbers.

Conclusion

The issues discussed in this paper are by no means exhaustive. A great deal of common sense and adaptation to the particular situation needs to be exercised. Organizations in different political and administrative settings will encounter different experiences.

Practical exercises

Work out a project proposal on one of the following:

- needs of orphans in an HIV/AIDS context;
- empowering widows in rural areas;
- training-of-trainers workshop on mainstreaming HIV/AIDS in the curriculum;
- any subject of your own interest.

NOTES

- ¹ D.H. G. Golding, *Project Planning and Control*, Manchester, NCC Publications, 1978.
- ² Chong, Y.Y. and Brown, E.M., "Managing Project Risk", in *Financial Times*, Prentice Hall, 2000.

AN HIV/AIDS CURRICULUM FOR THEOLOGICAL INSTITUTIONS IN AFRICA

“Every scribe who has been trained for the kingdom of heaven is like the master of a household who brings out of his treasure what is new and what is old.” (Matt. 13:52)

Foreword

Twenty years after HIV/AIDS was discovered medically, it has become clear that it is more than just a medical issue. It pervades all areas of our lives: social, economic, political, cultural.¹ And it is more than just an individual problem: it affects families, communities, nations and continents, indeed, the whole world. It thus commands the attention of all disciplines, departments, governments, non-governmental organizations, the private sector, faith-based and community-based organizations. The global impact of HIV/AIDS demands a multi-sectoral approach to prevention, care and mitigation of its impact.² The approach calls for the mainstreaming of HIV/AIDS in all areas and institutions of our lives.

The devastating impact of HIV/AIDS also necessitates intensive education and research programmes in the search for the most effective strategies and methods of prevention, care, relief and a possible cure. The church of Africa, where the largest numbers of infected and affected people are to be found, is also challenged to adopt a multi-sectoral approach, to educate and do research on effective ways of fighting HIV/AIDS among its members, the society and God’s creation at large. This curriculum represents one effort towards this end.

The process of drawing up the curriculum started in June 2000, when MAP International, with the support of the WCC and UNAIDS, hosted a forum of academic deans, principals, theologians and representatives from twenty theological institutions of all denominations from fourteen countries in east and southern Africa. Participants were challenged to develop an HIV/AIDS curriculum to ensure that HIV/AIDS prevention, care and support ministries are institutionalized. A year later, in July 2001, the first draft of the curriculum was used to train 24 trainers from the same regions.

Following this, southern African trained trainers, with the support and encouragement of the WCC, ran two training-of-trainers workshops (August 2001 in South Africa and September 2001 in Botswana) for theological institutions in their region. About sixty participants from nine countries of southern Africa and from

Protestant, Evangelical, Catholic, African Indigenous churches and Orthodox backgrounds attended. As well as training more theological lecturers on the integration of HIV/AIDS in the curriculum, the workshops sought to exchange views and to review further the first version of the curriculum, in order to make it more ecumenical and user friendly. Thus they also served as a trail-testing forum for the first version of the curriculum. Reviews and observations indicated that participants highly appreciated training in counselling and expressed a desire for more training in this area. Participants also wanted further training in methods and frameworks of teaching theological and biblical studies in HIV/AIDS contexts. This version of the curriculum reflects these needs.

While the first version had three units on human sexuality and HIV/AIDS information, the Christian church response and programme development, this version has five units: biblical studies, theology and counselling, previously subsumed under the Christian church response, are now individual units. The review of this curriculum is by no means final: it will continue to be sharpened and polished as users find it necessary and as the HIV/AIDS phenomenon changes with time. However, all theological institutions, in Africa and elsewhere, can use this version to integrate HIV/AIDS in their theological programmes. The time for this integration, in fact, was yesterday!

*20 November 2001
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Introduction: The HIV/AIDS epidemic and the church

The HIV/AIDS epidemic is the gravest challenge facing humanity. An estimated 36.1 million people are living with HIV, 25.3 million of them in sub-Saharan Africa. Since its outbreak, HIV/AIDS has taken the lives of 21.8 million people worldwide, 17 million of whom were in sub-Saharan Africa. It has orphaned 12.1 million children in this region. The country with the highest number of people living with HIV/AIDS (PLWHA), South Africa, and the country with the highest infection rate, Botswana, are both in the sub-Saharan continent.³ And yet, as statistics indicate, it is a worldwide problem. HIV/AIDS causes appalling human suffering to the infected and the affected – individuals and their families, communities and nations alike. It leaves nothing untouched and it continues to baffle the world.

The response to this new phenomenon, seeking to arrest, control and explain HIV/AIDS, has been a journey which has yielded many useful strategies and, inevitably, involved many mistakes as well. Some useful strategies – screening blood, extensive information and educational campaigns, promotion of safer sex, community mobilization and intervention programmes, development of drugs that

minimize the virus and control chance infections, counselling and testing centres and development of commitment among public leaders – have greatly helped. Some of the mistakes were a long period of disbelief and delayed response to the warning; self-righteousness that associated HIV/AIDS with immorality or certain groups; campaign messages associating HIV/AIDS with death, thus fostering fear and helplessness; lack of sufficient knowledge and information, and the continued association of HIV/AIDS with medical departments rather than all departments; too much association of prevention of HIV/AIDS with knowledge and individual choices rather than with social relations and structures that shape the decisions; and the long reluctance of Western pharmaceutical companies to make drugs affordable and accessible. These problems, among many others, have hampered effective HIV/AIDS prevention and care and created other epidemics such as stigma and fear.

Two decades of struggle to prevent the spread of HIV/AIDS have highlighted its complexity. Disbelief in its existence has now been replaced by the awesome consciousness of its pervasive presence and impact on individual, family and community, as well as at national and international levels. Real-life experiences and research have demonstrated that HIV/AIDS affects and permeates our social, economic and political lives. Moreover, it has been shown that HIV/AIDS cannot simply be put down to an individual lack of morality, for many innocent children are born with HIV/AIDS, some parents catch HIV/AIDS through caring for their children without protective gloves, many faithful partners are infected by their unfaithful spouses, innocent girls and women are infected by rape in and outside their homes, many poor women have to choose between dying of hunger and raising a little money through sex work, many economically poor governments and nations have to live with failing to provide services for their infected and affected populations, and the politically unstable conditions of war, which create socially displaced people, render most HIV/AIDS prevention and care messages ineffective. In sum, HIV/AIDS has demonstrated that its fertile soil is social injustice.

After intensive information campaigns that have yielded relatively limited results, it is now known that HIV/AIDS is an epidemic within other epidemics such as poverty, gender injustice, social discrimination of certain groups, war, violation of children's rights and cultures of inequality.⁴ It is, therefore, evident that fighting HIV/AIDS must include addressing its accompanying epidemics, namely, stigma and social injustice in all forms. The approach must also see individuals as social beings, whose choices and capacity to protect themselves are inherently dependent on their social relations and power.⁵ Lastly, as we have said, HIV/AIDS prevention, care and mitigation of its impact must be multi-sectoral. That is, all institutions, communities, individuals, families, clubs, governments, the private sector, non-governmental organizations, the donor community, and faith-based organizations must plan and

implement HIV/AIDS prevention and care programmes and policies for themselves and the society as a whole. The approach to HIV/AIDS, in other words, is everybody's business and demands extensive networking.

The church, as the body of Christ, is a community of healing and compassion.⁶ By preaching the good news of Jesus Christ, the church espouses the message of social, individual, national and international wholeness. For the church, all people, regardless of their gender, class, ethnicity, race, age, religion, are created in God's image and life itself is God's will for humankind and creation as a whole (Gen. 1-2). This was further underlined by Jesus, who came that all may have life and have it in fullness (John 10:10). Accordingly, Christ's earthly ministry was characterized by healing all diseases unconditionally (Mark 1:29-34), forgiving sins (John 8:1-12; Luke 7:36-49, 15:11-32), breaking the stigma associated with leprosy by touching lepers and restoring their physical and social health (Mark 1:40-45; Luke 17:11-19), denouncing self-righteousness among believers (Luke 18:9-14), taking sides with the poor and marginalized (Matt. 9:10-13; Luke 18:1-8), prophetically denouncing oppressive social structures (Luke 4:16-22) and triumphantly defeating the power of death through his resurrection. In short, biblical teaching, the gospel of Christ and church traditions provide adequate frameworks for the church to serve God's people in the HIV/AIDS era. Indeed, the church's close connection with individuals, families and the community, its availability even in the most remote areas, has put it in the centre of HIV/AIDS care. The church is there for the sick, the dying, the dead, the bereaved, the orphaned and widowed, offering love and hope in the gospel of Christ. And as a community of compassion and healing, the church is a pool of human resources, who are willing to reach out to God's people.

Nonetheless, the HIV/AIDS epidemic has underlined that as Christians we see only in part (1 Cor. 13:9-10) and that the church, as the body of Christ, is also infected and affected, for its members suffer and die. The church needs healing.

A number of perspectives also highlight the need for the church to repent and rededicate itself to the gospel of Christ. First, the church interpreted HIV/AIDS as a punishment for sin, thus adding to the entrenched stigma and alienating the infected and affected from quality care. Second, the tradition of silence and negative perception of human sexuality has led to conflicting messages and an unclear approach to the question of safer sex and HIV/AIDS prevention. Indeed, in its insistence on sexual purity as the answer to HIV/AIDS prevention, the biblical perspective of sacredness of all human life has not been given adequate attention. Third, since HIV/AIDS is more than just an individual issue but is also a social and structural epidemic, the churches' capitalization on the messages of abstinence and faithfulness demonstrates its failure to assume its prophetic role. The church has not adequately and prophetically addressed the social epidemics of poverty, war,

gender inequality, discrimination on the basis of racial/ethnic and sexual orientation, international injustice, children and human-rights violations, which are the fertile soil of HIV/AIDS. Fourth, the church is conspicuously lacking in knowledge, counselling skills, financial resources and managerial skills, prophetic leadership, and networking between churches themselves, and with governments and NGOs. Denominational divisions are rife.

These shortcomings have, above all, highlighted theological poverty and the dire need for educational programmes for the church and its leadership.

As in all other areas, HIV/AIDS challenges us to fresh education, intense research, rethinking our lives, new planning and implementation for all sectors. The church is no exception. This curriculum seeks, therefore, to contribute towards these aims.

HIV/AIDS Theological Curriculum

A theological programme that seeks to integrate HIV/AIDS will of necessity demand commitment from the institutions and leaders concerned to create space and add more resources. While most theological programmes are already packed, efforts must be made to integrate HIV/AIDS in all courses or to create a separate course for this curriculum. Staff must be trained in the curriculum and funds must be available for new staff and to improve the library collection. Every theological training institution should help the church and its leadership to assume fully its prophetic and healing ministry in the HIV/AIDS era by training trainee ministers and church workers on the subject. Failure to prepare the church to serve God's people in this most testing moment of human history is tantamount to failing Christ. As Facing AIDS: The Challenge, the Churches' Response correctly points out,

The very relevance of the churches will be determined by their response. The crisis also challenges the churches to re-examine the human conditions which in fact promote the pandemic and to sharpen their awareness of people's humanity to one another, of broken relationships and unjust structures, and of their own complacency and complicity. HIV/AIDS is a sign of the times, calling us to see and to understand.⁷

The complexity of HIV/AIDS, as one epidemic among many others, demands a curriculum approach that does not simply deal with symptoms. Rather, it must fully explore the complex factors behind the spread of HIV/AIDS, seek effective ways of halting its spread, be acquainted with various ways of delivering quality care to the infected and affected, and equip its learners with community leadership and programme management skills. On these grounds, this curriculum will deal with the following issues across the whole course, wherever possible:

- socio-economic issues (poverty);
- gender (men and women relationships in the society);
- age (impact of HIV/AIDS on children, youth and the elderly);
- PLWHA (their involvement in prevention and care);
- stigma (examining its impact and planning for it);
- cultural perspectives (the advantages and disadvantages of culture);
- biblical and theological perspectives (to use the church's resources);
- liturgical approaches (to speak to the heart and change attitudes).

These issues have been chosen because, even though HIV/AIDS infects and affects all, it is the most powerless members of the society such as the poor, women, children, the socially uprooted, sex workers, people of different sexual orientations and drug users who are most likely to be infected and denied access to quality care. The HIV/AIDS stigma hampers both prevention and care, and unless planning takes it into account it often renders many good programmes ineffective. The involvement of PLWHA is a must, to let them speak for themselves and to help break the stigma and the silence. Biblical, theological and liturgical resources of various types are important in speaking to the heart and changing attitudes of individuals and communities, especially since information campaigns alone have proved inadequate.

Curriculum goals and objectives

This curriculum seeks to:

- reduce and finally eradicate the spread and impact of HIV/AIDS in Africa;
- strengthen the churches' role and capacity to respond to the HIV/AIDS pandemic;
- equip Christian workers with the necessary knowledge, skills and attitude to serve their churches and society more effectively in the struggle against the HIV/AIDS epidemic;
- increase the capacity of students of theological institutions to design, implement and monitor HIV/AIDS prevention, and to support intervention programmes in their communities of work;
- exploit the Christian church's own internal resources and heritage;
- promote a church leadership that stands up to the challenge of HIV/AIDS.

The general objectives seek to:

- equip learners and church workers with adequate knowledge and information about HIV/AIDS;
- assist the church and its leadership to exploit fully its own potential and internal resources such as the Bible, theology, church traditions, liturgy, and to develop a positive value system in the fight against HIV/AIDS;
- inculcate positive attitudes in the learners towards those infected and affected by HIV/AIDS;
- equip learners with knowledge and skills to develop and maintain positive reproductive health behaviour;
- assist learners to understand the role the church and community should play in meeting the challenges of HIV/AIDS;
- empower learners with analytical skills for a deeper understanding of the social factors (poverty, gender inequality, class, race, national stability and international relations) behind the spread of HIV/AIDS in Africa;
- institutionalize HIV/AIDS prevention, care and support in theological and pastoral institutions;
- promote church leadership and a church that is equipped to serve in its social context and to meet the pressing needs of its people.

Programme design

The curriculum is designed to assist instructors, teachers, lecturers and professors in institutions which prepare clergy for ministry to mainstream HIV/AIDS in their training programmes, in order to produce church leaders and a church which is better equipped to serve in this age. As an ecumenical instrument, it is important to note the following factors in its use and design:

- The curriculum examines some critical issues in the Christian response to HIV and AIDS from many perspectives.
- The instructor and the institution concerned may use any part of the curriculum units in whole or in part. The material is designed to be incorporated easily into existing syllabi. Alternatively, the units and their analytical methods could constitute courses on a biblical, theological, counselling, gender and administrative approach to HIV and AIDS.
- The users of this curriculum and the recipients of its teaching will need to interpret and adjust its contents for their own cultural, organizational and church background, and economic and educational context within a sound theological framework.

- This curriculum is designed for undergraduate level; however, individual institutions, lecturers, instructors and professors are free to modify it to suit the different levels of educational training such as certificate, diploma and post-graduate. It can also be used to run short in-service courses for ordained ministers, church workers and the laity.
- The entry requirements for learners will depend on the institution's requirements and goals.
- The time allocation for the topics covered in different units and the grading system will be left to the discretion of the institution.
- Individual lecturers and their institutions are free to avail themselves, or otherwise, of the recommended texts provided.
- The five units of the curriculum seek to: (1) impart correct information about HIV/AIDS; (2) explore the various biblical perspectives to disease, healing and compassion that can assist the church and its leadership to assume an effective approach to HIV/AIDS prevention and care; (3) explore how the available theological frameworks and analytical tools can equip the church and its leadership for effective ministry in HIV/AIDS contexts; (4) impart skills of care through counselling; (5) equip the church and its leadership with skills for effective leadership and management.

The units cover the following topics:

UNIT 1: Human sexuality and HIV/AIDS. Human sexuality; sexually transmitted diseases (STDs); facts about HIV/AIDS; prevention and control of HIV/AIDS; women, youth, children and HIV/AIDS.

UNIT 2: Biblical studies and HIV/AIDS. The framework of disease as punishment; Job challenges the framework of disease as punishment; prophetic healing and HIV/AIDS; Jesus' healing ministry and HIV/AIDS; the healing ministry of the church and HIV/AIDS.

UNIT 3: Theology in HIV/AIDS contexts. A theology of creation and life (Gen. 1-2); African theologies and HIV/AIDS; liberation theologies and HIV/AIDS; feminist/womanist theologies and HIV/AIDS.

UNIT 4: Counselling and HIV/AIDS. Counselling and pastoral care; counselling in HIV/AIDS contexts; treatment and care for those infected and PLWHA; treatment and care for those affected by HIV/AIDS; institutional care, development and sustainability.

UNIT 5: Programme development and HIV/AIDS. Leadership skills; management skills; community mobilization skills; project management; mobilizing resources; training of trainers; writing a project proposal.

NOTES

- 1 UNAIDS, *Report on Global Epidemic*, June 2000, pp.26-33, www.unaids.org.
- 2 *Ibid.*, p.110.
- 3 UNDP and UNAIDS, *Fact Sheets: Global Crisis, Global Action*, June 2001.
- 4 *Report on Global Epidemic*, p.26, *Facing AIDS: The Challenge, the Churches' Response*, WCC, 1997, pp.14-15.
- 5 *Report on Global Epidemic*
- 6 *Facing AIDS*, pp. 77-92.
- 7 *Ibid.*, p.2.

UNIT 1: Human Sexuality and HIV/AIDS

Purpose

This unit aims at providing information on human sexuality, sexually transmitted diseases (STDs) and HIV/AIDS, an area not openly discussed in African cultures and Christian churches. The tradition of no discussion, however, entrenches the stigma and hampers HIV/AIDS prevention and care. It is essential to break this silence. Therefore this unit seeks to expose the learner to the facts about HIV/AIDS and to enable learners to feel free to discuss matters relating to human sexuality openly. The unit also looks at the special area of women and youth in relation to HIV/AIDS.

Objectives

At the end of this unit, learners should be able to:

- define various aspects of human sexuality and their own sexuality;
- demonstrate correct understanding of factual information on HIV/AIDS and sexually transmitted diseases;
- understand various social factors that precipitate the spread of HIV/AIDS;
- describe methods of HIV/AIDS prevention, control and care;
- discuss and compare some cultural and biblical views on human sexuality and their impact on HIV/AIDS prevention and control;
- analyze the impact of HIV/AIDS on women and children;
- develop life skills such as social, moral, ethical and communication.

Content

Human sexuality

- various forms of human sexuality
- cultural views of human sexuality
- biblical views on human sexuality
- gender, age, race, class and human sexuality
- liturgical approach to human sexuality

Sexually transmitted diseases (STDs)

- defining common STDs and their symptoms
- modes of transmission, prevention and treatment
- cultural and biblical perspectives on STDs

- gender, class, age and STDs
- the link between STDs and HIV/AIDS

Facts about HIV/AIDS

- defining HIV and AIDS
- transmission of HIV and its medical diagnosis
- AIDS-related symptoms and diseases
- poverty, gender, youth, race and HIV/AIDS
- cultural and biblical perspectives on HIV/AIDS
- caring for the infected and affected

Prevention and control of HIV/AIDS

- information and educational approach
- behavioural change and safer sex practices
- gender, youth, children, poverty and prevention
- cultural, biblical and legal perspectives
- liturgical approach to prevention and control

Women, youth, children and HIV/AIDS

- vulnerability of women and youth to infection
- impact on women, youth and children
- HIV/AIDS care, women and the girl-child
- enlisting men in HIV/AIDS prevention and care
- human rights, legal and theological empowerment
- liturgical approach to empowerment

Methodology

The unit will be taught through reading materials, field-work research, story-telling, library research, internet surfing, videotapes, in-class group experiences, writing new liturgy and worship materials.

Instructional material

Textbooks, videotapes, blackboard, handouts and overhead projectors.

Student assessment

The class will be structured so as to provide students with in-class group experiences. In assessing their knowledge of this lesson, students can write essays

on themes that emerge as particularly important to the students and their communities.

Required/recommended texts

- Gideon Byamugisha, *Breaking the Silence: How Can Religious Institutions Talk about Sexual Matters in Their Communities*, Kampala, Tricolour, 2000.
- *Facing AIDS: The Challenge, the Churches' Response*, WCC, 1997, pp.6-19.
- *Global HIV/AIDS Epidemic: Understanding the Issues*, Oslo, NCA, 2000 (<http://www.nca.no>).
- *Growing Together: A Guide for Parents and Youth*, Nairobi, MAP International, 1996.
- *HIV/AIDS: Grasping Its Gender Dimension*, Brussels, APRODEV, 2000 (gender.officer@aprodev.net).
- Internet sites: <http://www.who.int/health-topics/hiv.htm>;
<http://www.unaids.org>; <http://www.worldbank.org/afr/aids>;
<http://www.jag.on.ca/hiv>; <http://www>.
- hivatis.org/guidelines/Pediatric/Text/ped_12.pdf.
- UNAIDS, *Report on Global Epidemic*, June 2000 (<http://www.unaids.org>).
- UNDP, *Botswana Human Development Report*, Gaborone, UNDP, 2000.
- UNDP and UNAIDS, *Fact Sheets: Global Crisis, Global Action*, June 2001.
- WCC, *Special Report on the Integration of HIV/AIDS in the Curriculum*, Gaborone, Botswana Christian Council, 2001.
- Alice Welbourn, *Stepping Stones: A Training Package on HIV/AIDS Communication and Relationship Skills*, London, Actionaid, 1995.

UNIT 2: Biblical Studies and HIV/AIDS

Purpose

The Bible is an authoritative book of the church, guiding its life in all contexts. With the HIV/AIDS epidemic, the church seeks understanding and guidance from the Bible regarding disease, healing, stigma and isolation, guilt and fear, caring, death and dying. For the African church, as African theology underlines, the Old Testament has a significant place. The response to HIV/AIDS was thus largely interpreted within the framework of disease as punishment for an individual's sin. This approach fuelled the HIV/AIDS stigma and hampered the church's ministry to

the affected and infected. This unit seeks to explore and expose the learner to various other biblical frameworks of understanding and handling disease as well as to re-read the Bible in the light of HIV/AIDS.

Objectives

At the end of the course, learners should be able to:

- identify the various frameworks of understanding disease in the Bible;
- understand that the framework of disease as sin is highly contested within the Old Testament (Job) and rejected by Jesus;
- understand that healing is an unconditional God's will for all and that it is central to the ministry of the church;
- develop a biblical basis for fighting the stigma of HIV/AIDS;
- utilize the prophetic framework to analyze social injustice and the biblical perspective to justice;
- assume an advocacy/prophetic role regarding the rights of women, youth, children, PLWHA and other marginalized groups.

Content

The framework of disease as punishment:

Some perspectives from the Pentateuch and historical books

- disobedience, punishment and death (Gen. 30)
- disobedience and the plagues of Egypt (Ex. 1-12)
- diseases and the priest-physician (Lev. 13-15)
- individual, leadership and community disobedience (Num. 12, 14 and 21:4-9)
- obedience as blessing and disobedience as disaster (Deut. 7:12-16 and 28)
- the census plague (2 Sam. 24)

Job challenges the framework of disease as punishment

- the righteous do suffer (Job 1-2)
- social support: family, friends and suffering (Job 2:9-13)
- the great debate: is Job's illness a consequence of sin (Job 3-37)
- Job is righteous but he suffers (Job 38-42)
- usable frameworks from Job for dealing with HIV/AIDS

Prophetic healing and HIV/AIDS

- prophecy in the Old Testament and New Testament
- the prophet, prophecy and HIV/AIDS
- Jesus' prophetic role and HIV/AIDS
- orphans, widows, prophecy and HIV/AIDS
- culture, church, HIV/AIDS stigma and prophecy
- national and international injustice, HIV/AIDS and prophecy

Jesus' healing ministry and HIV/AIDS

- the centrality of healing in Jesus' ministry (the gospels)
- Jesus challenged the framework of disease as sin (John 9)
- spiritual healing: forgiving sins and welcoming social outcasts
- breaking the stigma: touching lepers and unconditional healing
- defeating death: raising the dead and the resurrection
- prophesying against social injustice (Luke 4:16-28)

The healing ministry of the church and HIV/AIDS

- disciples were sent to heal and teach (Matt. 10 and 20)
- the healing ministry of the early church (Acts)
- life, diseases and healing in Pauline literature
- life, diseases and healing in Johannine literature
- life, diseases and healing in pastoral letters
- the prophetic role of the church and HIV/AIDS

Methodology

This unit will be taught through lectures, library research, assigned readings, class presentations and discussions. Students will also be expected to carry out field-work research by reading various biblical passages with the non-academic community to establish the perspectives of their people or assessing church and funeral sermons.

Instructional material

Textbooks, blackboard, videotapes, handouts and overhead projectors.

Student assessment

Students will write exegetical papers on chosen or assigned biblical passages or themes, demonstrating interpretations that engage and enhance HIV/AIDS prevention and care.

Required/recommended texts

- Musa W. Dube ed., *Other Ways of Reading: African Women and the Bible*, Geneva/Atlanta, WCC/SBL, 2001.
- Musa W. Dube, "Preaching to the Converted: Unsettling the Christian Church", in *Ministerial Formation*, 93, 2001.
- Musa W. Dube and T.S. Maluleke eds, *Missionalia*, special issue on HIV/AIDS, 29, 3, 2001.
- Mary N. Getui, Knult Holter and Victor Zinkurative eds, *Interpreting the Old Testament in Africa*, Nairobi, Acton, 2001.
- Knult Holter, *Yahweh in Africa: Essays on Africa and the Old Testament*, New York, Peter Lang, 2001.
- C.A. Newsom and Sharon H. Ringe eds, *The Women's Bible Commentary*, Louisville/London, Westminster John Knox/SPCK, 1992.
- W. Saayman and W. Kriel, *AIDS: The Leprosy of Our Time?*, Johannesburg, Orion, 1992.
- E. Schussler Fiorenza, *Rhetoric and Ethic: The Politics of Biblical Studies*, Minneapolis, Fortress, 1999.
- Jean-Samuel Hendje Toya, *AIDS/SIDA: Africa Regional Contribution to the Council Theme*, Wuppertal, United Evangelical Mission, 2001.
- G. West and Musa W. Dube eds, *The Bible in Africa*, Leiden, Brill, 2000.
- WCC, *Special Report on the Integration of HIV/AIDS in the Curriculum*, Gaborone, Botswana Christian Council, 2001.

UNIT 3: Theology in HIV/AIDS Contexts

Purpose

Research indicates a close link between HIV/AIDS and social injustice, poverty, culture and gender inequality. This unit seeks to explore and utilize the available theological perspectives, which have already been applied to these issues, to enhance HIV/AIDS prevention and care. The unit seeks to produce church ministers who are theologically mature to provide the much-needed leadership in the struggle against HIV/AIDS and its accompanying social epidemics of injustice.

Objectives

At the end of this course, learners should be able to:

- understand various theological perspectives and their views on HIV/AIDS;

- identify useful and harmful cultural perspectives in the fight against HIV/AIDS;
- analyze how poverty and gender inequality catalyze HIV/AIDS;
- use the framework of liberation to propound theologies of life, healing, hope, social justice and human rights;
- promote networking and an ecumenical approach to HIV/AIDS.

Content

Theology of creation (Gen. 1-2)

- the sacredness of all life
- interdependency and goodness of creation
- men and women created in God's image and blessed
- freedom, risk and responsibility in creation
- sin in creation (Gen. 3)

African theologies and HIV/AIDS

- concepts of life and death in African world-views
- causes of disease, HIV/AIDS and African cultures
- individual and community healing in African cultures
- women, children and HIV/AIDS in African cultures
- theology of care, HIV/AIDS and African cultures

Liberation theologies and HIV/AIDS

- oppression, social injustice and disease
- poverty, racial and sexual discrimination
- liberation, social justice, life and healing
- gender, children rights, HIV/AIDS and healing
- healing the world: international and human rights

Feminist/womanist theologies and HIV/AIDS

- feminist/womanist perspectives on sin, diseases and HIV/AIDS
- feminist/womanist perspectives on healing, wholeness and care
- feminist/womanist perspectives on women in church and society
- feminist/womanist understanding of women in African cultures
- HIV/AIDS prevention, care and human rights

Methodology

This unit will be taught through lectures, reading assigned texts and discussing in class, reading assigned texts and writing reflection papers, collecting theological perspectives from different churches and presenting them in class for discussion.

Instructional material

Textbooks, blackboard, handouts and overhead projectors.

Student assessment

Students will write papers based on library and field-work research on a chosen or assigned theological theme, demonstrating theological reflection that engages and enhances HIV/AIDS prevention and care.

Required/recommended texts

- Facing AIDS: The Challenge, the Churches' Response WCC, 1997, pp.20-46,69-76.
- Tinyiko S. Maluleke, "Towards a New Theological Education Curriculum for the 21st Century in Africa: HIV/AIDS and the Kairos", in Report on the HIV/AIDS Curriculum Development Consultation for Theological Institutions in Eastern and Southern Africa, Nairobi, MAP International, 2000, pp.91-105.
- Emmanuel Martey, African Theology: Enculturation and Liberation, Maryknoll NY, Orbis, 1993.
- John Mbiti, Introduction to African Religion, Oxford, Hienemann, 1975 2nd ed.
- Itumeleng J. Mosala, Biblical Hermeneutics and Black Theology in South Africa, Grand Rapids MI, Eerdmans, 1989.
- R. Nicholson, God in AIDS, London, SCM Press, 1996.
- Nyambura Njoroge and Musa W. Dube eds, Talitha Cum: Theologies of African Women, Natal, Cluster, 2001.
- G. Paterson, Love in a Time of AIDS: Women, Health and the Challenge of HIV, WCC, 1996.
- Letty Russell and J. Shannon eds, Dictionary of Feminist Theologies, Louisville, Westminster John Knox, 1996.
- Gilkes Townsend, "If it Were Not for Women...": Black Women's Experience and Womanist Culture in Church and Community, New York, Orbis 2001.

- WCC, Special Report on the Integration of HIV/AIDS in the Curriculum, Gaborone, Botswana Christian Council, 2001.

UNIT 4: Counselling and HIV/AIDS

Purpose

Given that HIV/AIDS is, so far, an incurable disease with an extensive impact on the infected and affected, care-giving skills are imperative. This unit seeks to equip the learners with counselling skills that would assist the infected and affected to live positively and with hope in their situations.

Objectives

At the end of this course, learners should be able to:

- hold professional and pastoral skills of counselling;
- understand the emotional turmoil, social and spiritual needs of PLWHA and their families;
- understand the special needs of children and women affected and infected by HIV/AIDS;
- counsel those seeking to undertake an HIV/AIDS test;
- counsel those who tested positive with empathy and compassion to live positively with their status;
- counsel AIDS patients with their care-givers to manage the illness;
- counsel care-givers and organize programmes to avoid burn-out;
- counsel the bereaved, orphans and widows.

Content

Counselling and pastoral care

- basic principles and skills of counselling
- the process and values of counselling
- gender: men and women in counselling
- children of different ages in counselling
- African cultural perspectives of counselling

Counselling in HIV/AIDS contexts

- pre- and post-HIV/AIDS test counselling
- pre- and post-marriage counselling
- counselling HIV and AIDS sufferers

- counselling care-givers (family, friends, counsellors)
- peer group counselling (referring or forming support groups)
- death, dying and bereavement counselling

Treatment and care for those infected and PLWHA

- nutrition, exercise and the quality of life
- exploring and addressing the spiritual and psychological needs
- understanding and managing opportunistic infections
- addressing the needs of infected women and children
- integrated home-based care and community care
- liturgical approach to treatment and care for infected

Treatment and care for those affected by HIV/AIDS

- identifying the affected (orphans, widows, grandparents, etc.)
- mental, spiritual and physical needs of the affected
- legal and professional care for the affected
- social support and networking
- liturgical approach to the treatment and care for the affected

Institutional care, development and sustainability

- hospice care and day-care centres for the terminally ill
- child-headed houses, orphanages and day-care centres for children
- feeding centres for orphans, the elderly, widows, etc.
- foster and adoption service centres
- half-way homes for rural families with hospitalized relatives

Methodology

This unit will be taught through reading materials, lectures, class discussions, handouts, videotapes, role-play, in-class group case study applications, field placement, supervised practice and liturgical celebrations.

Instructional material

Textbooks, videotapes, blackboard, handouts and overhead projectors.

Student assessment

The student will have supervised role-plays, worship services and practicum outside.

Required/recommended texts

- S. Armstrong, *Caring for Carers*, Geneva, UNAIDS, 2000.
- *Facing AIDS: The Challenge, The Churches' Response*, WCC, 1997, pp.77-92.
- *Facing AIDS: Education in the Context of Vulnerability to HIV/AIDS*, WCC, 1999.
- J. Freedman and G. Combs, *Narrative Therapy*, London, Norton, 1996.
- *Investing in Our Future: Psychological Support for Children Affected by HIV/AIDS*, Geneva, UNAIDS, 2001.
- N. Kiiti et al., *Helpers for a Healing Community*, Nairobi, MAP International, 1996.
- R. Lewis, *Bereavement Counseling Course*, Sandton, Centre for Hospice Learning, 1994.
- R. Lewis, *Preparatory Death Counseling*, Sandtown, Centre for Hospice Learning, 1994.
- P.W. Robinson, *Choosing Hope: Curriculum Modules for Theological and Pastoral Response to the HIV/AIDS Epidemic*, Nairobi, MAP International, 1996.
- R. Sims and V.A. Moss, *Terminal Care for People with AIDS*, London, Hodder & Stoughton, 1991.
- L.Y. Steinitz, *To Love My Neighbor*, Namibia, Catholic AIDS Action, 1997.
- Alta Van Dyk, *HIV/AIDS Care and Counseling: A Multidisciplinary Approach*, Cape Town, Pearson Education, 2000.

UNIT 5: Programme Development and HIV/AIDS

Purpose

Committed public leadership is recognized as an effective strategy in the struggle against HIV/AIDS. This unit seeks to equip the learner with the necessary leadership and management skills to spearhead the fight against HIV/AIDS in the church and society. Given that HIV/AIDS often requires intervention programmes for the infected and affected such as orphan day-care centres, home-based care and hospices, this unit gives the learners the capacity to develop church-based community programmes to address HIV/AIDS prevention and care.

Objectives

At the end of this course, the learner should have:

- acquired leadership and management skills in community mobilization and resource development;
- developed skills in programme planning, development, implementation and evaluation;
- developed training skills for maximum multiplier effect.

Content

Leadership skills

- defining leadership and management
- styles and types of leadership
- gender, youth, class and PLWHA in leadership
- cultural and biblical perspectives and impact
- HIV/AIDS challenges and leadership skills

Management skills

- management principles
- strategic planning
- accountability and transparency
- gender, youth, class and PLWHA in management
- biblical and cultural perspectives on management
- HIV/AIDS challenges and management
- Community mobilization skills
- setting up focal persons and HIV/AIDS committees
- setting up social support groups
- training the community and families for home-based care
- mobilizing and training church members for involvement
- networking with other churches, NGOs and government

Project management

- defining and planning the project
- planning for the HIV/AIDS stigma
- mainstreaming gender and PLWHA
- implementing the plan
- monitoring and evaluating the project
- writing a report

Mobilizing resources

- needs assessment techniques
- writing a project proposal
- donor management
- networking

Training of trainers in mainstreaming HIV/AIDS

- HIV/AIDS impact awareness workshop for institutional leaders and staff
- mobilizing leadership for policy change
- resources and planning for training of trainers
- workshop for imparting methods and skill of integration
- mainstreaming HIV/AIDS into the curriculum and churches
- monitoring and evaluation

Course project: writing a project proposal

- theoretical perspectives
- designing a specific project on the church and HIV/AIDS

Methodology

The unit will be taught through reading materials, field-work and library research, class presentations and discussions, handouts, videotapes, lecturing and guest lecturers.

Instructional material

Textbooks, videotapes, blackboard and handouts.

Student assessment

Learners can write a project analysis, demonstrating adequate skills of needs assessment, leadership and management.

Required/recommended texts

- Facing AIDS: The Challenge, the Churches' Response, WCC, 1997, pp.93-95.
- Marion E. Haynes, Project Management, Menlo Park, South Africa, Crisp, 1996.
- N. Kiiti et al., AIDS in Your Community, Nairobi, MAP International, 1994.
- G. Kinoti, Hope for Africa and What Christians Can Do, Nairobi, AISRED, 1994.

- WCC, Special Report on the Integration of HIV/AIDS in the Curriculum, Gaborone, Botswana Christian Council, 2001.

Methods of teaching, assessment and evaluation

Teaching

The recommended methods of teaching are:

- class lectures;
- information technology based research.

Assessment of learners

The following methods are recommended:

- institutions to decide on marking and grading;
- continuous assessment;
- term papers/test and final examination;
- class presentations;
- observation;
- research projects and reports;
- learner self-assessment.

Assessment of lecturers

The following methods are recommended:

- institutions to use their own assessment methods;
- course planning;
- qualification;
- peer assessment;
- attitude and commitment;
- capacity and ability to deliver;
- presentation and follow-up;
- credibility.

Evaluation of the course

The following areas can be evaluated:

- content;
- scope;
- depth;

- suitability;
- level of difficulty;
- duration;
- qualifications required;
- comparison with similar courses elsewhere;
- qualification attained;
- staff requirements;
- administration details;
- mode of teaching;
- relevance and adaptability;
- mode of integration within the overall curriculum;
- level of sensitization and influence.

Resources

Human resources

The institution could use:

- available academic staff;
- visiting resource persons (e.g. medical personnel, social workers, community leaders, counsellors, pastors, PLWHA, women and youth activists, economists and social workers);
- human resource development (recruiting and training of personnel).

Financial resources

- institutions should consider the financial implications of this curriculum and make the necessary budgetary provisions.

Material resources

- library books;
- textbooks;
- institutional manuals and curricula;
- audiovisual facilities;
- information technology.

Physical facilities

- lecture rooms;

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- counselling rooms;
- library;
- offices.

*"The Lord answered me and said,
'write the vision, make it For there is still time for the appointed."
(Hab. 2:2-3)*

CONTRIBUTORS

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