What’s faith got to do with it?

A GLOBAL MULTIFAITH DISCUSSION ON HIV RESPONSES

Compiled by Carolyne Akinyi Opinde
Edited by Prof. Ezra Chitando and Peter Nickles
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immuno-Deficiency Syndrome</td>
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<tr>
<td>AMEC</td>
<td>African Methodist Evangelical Church</td>
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<td>ANSA</td>
<td>African Network for Social Accountability</td>
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<td>ARV</td>
<td>Antiretroviral</td>
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<tr>
<td>BCC</td>
<td>Botswana Council of Churches</td>
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<tr>
<td>CBO</td>
<td>Community Based Organisation</td>
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<td>CUAHA</td>
<td>Churches United Against HIV and AIDS in Eastern and Southern Africa</td>
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<tr>
<td>DGPC</td>
<td><em>Delhi Gurdwara Prabandhak Committee</em>, Delhi (Management Committee of Sikh Temples in Delhi)</td>
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<tr>
<td>ELCIN</td>
<td>Evangelical Lutheran Church in Namibia</td>
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<td>ELCSA</td>
<td>Evangelical Lutheran Church in Southern Africa</td>
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<tr>
<td>ESARO</td>
<td>Eastern and Southern Africa regional Office</td>
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<td>FAWE</td>
<td>Forum for African Women Educationalists</td>
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<tr>
<td>GRID</td>
<td>Gay Related Immune Deficiency</td>
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<tr>
<td>HIV</td>
<td>Human Immuno-deficiency Virus</td>
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<tr>
<td>IEC</td>
<td>Information Education and Communication</td>
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<tr>
<td>INERELA+</td>
<td>International Network of Religious Leaders Living with or Personally Affected by HIV and AIDS</td>
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<tr>
<td>LGBTI</td>
<td>Lesbian, Gay, Bisexual, Transgendered and Intersexual</td>
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<tr>
<td>LWF</td>
<td>Lutheran World Federation</td>
</tr>
<tr>
<td>MENA</td>
<td>Middle East and North Africa</td>
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<td>NCA</td>
<td>Norwegian Church AID</td>
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<tr>
<td>NGO</td>
<td>Non Governmental Organisation</td>
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<tr>
<td>PLHIV</td>
<td>People Living with HIV</td>
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<tr>
<td>RACOBAO</td>
<td>Rakai Community Based Organisation</td>
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<tr>
<td>SGGS</td>
<td><em>Sri Guru Granth Sahib</em>, the Holy and Living Guru incarnate of Sikhism</td>
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<tr>
<td>SGPC</td>
<td><em>Shiromani Gurdwara Prabandhak Committee</em>, Amritsar –Punjab, India, the Premier Management Committee of Sikh Temples</td>
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<tr>
<td>UNAIDS</td>
<td>The Joint United Nations Programme on HIV/AIDS</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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**Glossary**

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Bani</td>
<td>Revealed or divine word of the Guru</td>
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<tr>
<td>Bhagat</td>
<td>Devotee/Saint</td>
</tr>
<tr>
<td>Bhai Gurdas:</td>
<td>A devout and learned Scholar of Sikhism, was dictated <em>Adi Granth</em>, also known as <em>Sri Guru Granth Sahib</em>, by the 5th Guru, Sri Arjan Dev</td>
</tr>
<tr>
<td>Bhai</td>
<td>Brother</td>
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<tr>
<td>Bhatt</td>
<td>Bard/devotee Musician</td>
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<tr>
<td>Bibi</td>
<td>Woman, used for female gender with name or otherwise</td>
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<tr>
<td>Dhur Ki Bani</td>
<td>Word of the God</td>
</tr>
<tr>
<td>Dhur</td>
<td>Highest, God</td>
</tr>
<tr>
<td>Granth</td>
<td>A religious, reverential scripture</td>
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<tr>
<td>Gurbani</td>
<td>Divine word of the Guru</td>
</tr>
<tr>
<td>Gurmukhi</td>
<td>Script of Punjabi language in which <em>Sri Guru Granth Sahib</em> was written</td>
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<tr>
<td>Guru</td>
<td>Prophet, Torch bearer</td>
</tr>
<tr>
<td>Gurudwara</td>
<td>Sikh Temple</td>
</tr>
<tr>
<td>Harmandir Sahib</td>
<td>Abode of God, now popular as Golden Temple, Amritsar</td>
</tr>
<tr>
<td>Langar</td>
<td>Community kitchen where everyone eats at one platform</td>
</tr>
<tr>
<td>Manji</td>
<td>Charpoy or traditional Punjabi cot</td>
</tr>
<tr>
<td>Naam</td>
<td>Word <em>Naam</em> appears several times in Gurbani. <em>Naam</em> does not mean just Name of God in the customary sense. It means remembering the existence of God and focusing upon His presence by the devotee. It is somewhat equivalent to the term <em>Numinous</em> (propounded by philosopher Rudolf Otto)</td>
</tr>
<tr>
<td>Nishkaam Seva</td>
<td>Selfless Service, service of others without any personal motive</td>
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<tr>
<td>Peerhee</td>
<td>Single- seater cot. In Gurbani, seat of privilege. Also dynasty.</td>
</tr>
<tr>
<td>Pingalwara</td>
<td>A Faith-based society for the chronically ill and destituates</td>
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<tr>
<td>Term</td>
<td>Description</td>
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<td>-------------</td>
<td>-----------------------------------------------------------------------------</td>
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<tr>
<td>Rabab</td>
<td>A traditional musical instrument</td>
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<tr>
<td>Sahib</td>
<td>A respectful suffix to a name or body</td>
</tr>
<tr>
<td>Sevapanthis</td>
<td>A faith based organisation engaged in selfless service</td>
</tr>
<tr>
<td>Shabad</td>
<td>Divine or Revealed word contained in <em>Sri Guru Granth Sahib</em>, the living Guru and Holy Scripture of Sikhism</td>
</tr>
<tr>
<td>Sri</td>
<td>A respectful prefix to a name/body</td>
</tr>
<tr>
<td>Tasintha</td>
<td>Derived from a Zambian local language “Chewa” and meaning “deeper transformation”.</td>
</tr>
<tr>
<td>Vaaraan</td>
<td>Ballads</td>
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Dreams do come true! More than two years ago, fueled by the long term relationship that has existed between INERELA+ and CUAHA and under the inspiration given us by God, a few of us gathered in Nairobi and started dreaming dreams. We dreamed of developing a multi-faith book which would include responses from different faiths responding to HIV and engaging in discussions related to sex, sexuality and gender.

Today we have begun to see the fruit of this dream. It would not have been possible without the relationship with and support from CUAHA. I need to mention in particular my dear friend Birgitta Rantakari and her co-chair Bishop Jo Ramashapa. Without the dedicated work of people in both offices this book would never have come into being, and so I pay particular tribute to Rev. David Modiega, Maria Owen and Wycliffe Nsheka. We enjoyed the support of Chabu Kangale towards the development of this book while he was INERELA+ Executive Director.

All the contributors to this book made their time, knowledge and expertise available to us at no cost. Their contribution cannot be measured, and as you read your way through the fascinating contributions you will discover dimensions to faith engagement which you never dreamed of.

And so I pay tribute to each of them for their contributions (in no particular order): Amrik Singh Kapoor and Rituu B. Nanda for - Sikhism and HIV; Bishop N. P. Phaswana for - Human Sexuality and Gender; Fr. Gerald Wamala for - What does God Think about HIV and AIDS; Merab Kambamu Kiremire for - How do we Provide Care within our Faith in the Field of HIV and AIDS; Dr. Prof. Ahmed Ragaa A-H. Ragab for - Faith Based Approach to HIV Prevention and Care; Prof. James Nathaniel Amanze for - Demythologizing Human Sexuality in Africa; Prof. Musa W. Dube for - Centering the Body; Rev. Hannu Happonen for - Does God Still Hate Fags; Rev. Dr. Veikko Munyika for - Christian Faith Compels Religious Leaders and their Faith Communities; Rev. Kennedy Chola Mulenga for - Pastoral Care of People Living With HIV; The Rev’d. Fr. JP Mokgethi-Heath for Can Faith Communities Really Ignore Sexuality; and Stephen Ssenkima for - What does God think about HIV and AIDS?

Prof. Ezra Chitando from Ecumenical HIV and AIDS Initiative of Africa (EHAIA) has freely given his considerable time and talent in going through all the articles editing them from a theological perspective and Carolyne Akinyi Opinde has spent hours reading and rereading the articles and effecting edits as and when necessary. The final editorial work was done by Peter Nickles who has used his wide experience and genuine love of the English language to painstakingly make the articles as readable as possible.

The production of this book would not have been possible without the generous financial support we have received both from Churches United Against HIV and AIDS in Eastern and Southern Africa (CUAHA) International and Norwegian Church Aid (NCA). A book written but not printed has no value. It was, in particular, NCA who paid for the majority of the printing costs, and who graciously stepped in at the last moment to make the printing of this book possible.
My acknowledgements would however not be complete without a final and second acknowledgement of the work which Carolyne Opinde put into the development of this book. Her copious and continuous correspondence, encouragement, direction, dedication and sleepless nights have made it all possible, and finally brought the project to fruition.

Having come to offer herself freely as a Voluntary Services Overseas (VSO) volunteer she has virtually single handedly managed the sourcing of authors and articles, the production process and the birthing of the final product. For as long as this unique book is used and valued by faith communities her contribution should be remembered and celebrated.

Read! Enjoy! Inwardly digest! Be stimulated! Apply!

_The Rev’d Fr. JP Mokgethi-Heath_
_Acting Executive Director INERELA+
Bangkok – 21st November 2010_
Foreword

I send my warm greetings and the assurance of my prayers to the readers, authors and the INERELA+ CUAHA partnership for their tireless efforts in responding to HIV and AIDS. As faith leaders and communities of faith, we are called upon to be present and to be known to be present where there is suffering, pain and despair.

AIDS is not something that happens outside of the church, mosque or temple and even our homes. Too many stories and statistics on the epidemic’s spread and its impact demonstrate that everyone is affected by HIV and AIDS. While faith communities have been at the forefront of caring for people affected by HIV, we need to challenge ourselves further.

For over two decades AIDS has led to the deaths of millions of people and devasted families, communities, and the social and economic fabric of many countries. Today we know how to treat HIV and AIDS and how to prevent the transmission of HIV. And yet the virus continues to spread because so many of us don’t talk about it.

Faith communities have a crucial role and opportunity to help their communities address not just the physical impact of HIV and AIDS on individuals and communities but also the underlying personal, social, economic and cultural injustices that are exposed through this disease.

There can be no doubt that faith communities, through various projects across the globe, are effectively contributing towards the eradication of the HIV and AIDS pandemic.

The stories and articles in this book are both inspiring and challenging all of us to respond to HIV. They challenge faith communities in our reticence to talk about and address sex and sexuality. Our silence serves only to increase risk and vulnerability needlessly. I hope and believe that this book will play a critical role in helping to re-energize, focus and challenge all faith community members to continue to respond to the devastating pandemic of HIV and AIDS.

Faith communities need to provide leadership to overcome HIV and AIDS, and recognize people living with HIV as precious members of the community. It is time for faith based organisations and communities to lead in promoting life, by providing comprehensive and evidence-based information on preventing transmission of HIV. In addition, women and girls should be guaranteed access to sexual and reproductive health care and be able to exercise their basic human rights.
This book is an inspiration to faith based organisations who are living their faith in this world, and not just the next. Read it and your hopes will rise. God is responding to HIV and AIDS. I pray that all those who will read this book will be guided by the Holy Spirit to speak the truth in love and to pour balm on wounds – and that the stories in this book will bring hope and healing to a broken world.

God bless you.

Archbishop Emeritus Desmond M Tutu
INERELA+ Patron
WHAT DOES GOD THINK ABOUT HIV AND AIDS?

FR. GERALD WAMALA

Fr. Gerald Wamala is a priest at Katikamu Catholic Parish in Kampala, Uganda and has studied philosophy, theology and development.

It is always very difficult for us human beings with finite minds to know what God thinks of certain phenomena because we know that God is omnipotent and He is loving. However, from the Holy Scriptures and from the traditions that have been handed to us by the church fathers. It is possible to deduce what God thinks about HIV and AIDS.

As a young theologian training for priesthood, I was taught that suffering is part of our lives as Christians and our Master, Christ himself, suffered. Suffering is part of humanity and will not go away; suffering strikes the religious and the irreligious, big and small, children and adults, rich and the poor. Diseases and bad health seem to catch up with every human being at some point in their lives.

From the scriptures, caring for the sick is an issue close to the heart of God. Jesus spent one third of His ministry time healing people. He took the time to touch sick people, look them in their faces and engage them in conversation according to the New Testament of the Holy Bible.

This theme is true in the Old Testament too. God speaks of His care for people who are ill. In Ezekiel 34, God chastises the shepherds of Israel for not caring for the sick, the wounded and the broken.

Is HIV, the human immunodeficiency virus, or AIDS, acquired immune deficiency syndrome, a punishment or judgment from God? The short answer, from many people of faith, is NO.

There over 38 million people living with HIV and AIDS in the world today and 70% of these live in sub-Saharan Africa. These people are experiencing terrible suffering and experiencing excruciating pain every day. I have seen a number of my parishioners who had been very active in church fall sick and die. To me, therefore, as a young theologian HIV is not a punishment from God but rather a new infection like any other infection.
such as Ebola; otherwise the good Christians that I know would not have perished, why God should punish His own?

HIV invades the organic, moral and spiritual integrity of a person. To speak of suffering from HIV or AIDS already calls for to some interpretation. We commonly label HIV as terminal illnesses which leave one powerless. So HIV radically threatens us with compromise. It hurts and harms our well being.

The evil of HIV generates and spreads anguish. In anguish a person struggles with fright, sadness, anxiety, doubt, bouts of depression and loneliness. People in anguish wrap themselves up in their own concerns. The experience of anguish leads to a personal sense of trouble. In trouble one’s perception tends to shrink and concentrate on the self thereby causing that person to loose touch with, and sensitivity for, other people. Trouble makes a person distrustful of others and oneself.

Generally speaking, at some point in the downward spiral of damage doubt and disintegration the following points are often raised:

Am I being punished by God for sin?

- Is Satan attacking me as I try to survive as a Christian?
- Am I being prepared for a spiritual service, learning to be compassionate towards those who suffer?
- Am I specifically selected for testing like Job in the Holy Bible?
- Is my suffering a result of natural consequences for which I am not directly responsible?
- Is my suffering due to some unknown reasons?

These types of questions may lead to what I call self stigmatization, which as Christians we have to fight. However, the majority of people living with HIV in my church today do not die of HIV related illnesses; they die of STIGMA and DISCRIMINATION because there is not yet a cure for HIV.

I have had some eminent church leaders say that HIV is a punishment from God. This kind of thinking has caused many PLHIV to be silent about it and this has led to the spread of HIV. On the other hand some religious leaders have been completely silent about the issue of HIV thereby sending signals that HIV is not part of their agenda.

Stigma, Discrimination and Silence are huge injustices that alienate and annihilate people with HIV. Such injustices stand in the path of faith and call for a complete METANOIA for those of us who believe in Jesus Christ and have faith in Him.

The church must be an inclusive community where everyone is welcome. The church is the body of Christ, and when one member of the body is in pain, the whole body is sick. Pope Benedict XVI has been in the news recently concerning the abuse of children by some priests in the Catholic Church, And in one of his responses he refers to the church being comprised of “saints, sinners and wounded sinners” and it is all these that make up the church.
Tragically, some people have been infected with HIV by blood transfusions, by innocent contact with another person who has HIV, and most sadly, by being conceived in the womb of a mother living with HIV. The Christian response to HIV should always be one of grace and mercy. No matter how the disease was contracted. Our responsibility is to be ministers of grace, love, mercy, and forgiveness. We do not have the right or authority to proclaim that an HIV contraction is a judgment from God for a specific sin in a person’s life. We have a responsibility to do good to all (Luke 10:29-37), and the Gospel we share is still “the power of God for the salvation of everyone who believes” (Romans 1:16). Clearly there is no justification for suggesting that God has deliberately created HIV as a punishment. Are all women with breast cancer victims of God’s wrath? Are people of African descent being punished with sickle cell anemia? Have Jews done anything to deserve Tay-Sachs disease? It is known that HIV is disproportionately affecting communities of color in the United States. Does this mean that God has made a judgment against people of color? Most people would answer these questions with a resounding “No!”

People had similar questions during the time of Jesus Christ. Then, as now, many assumed that suffering is a direct result of sin. But Christ challenged that assumption.

As Jesus walked along, he saw a man who had been blind from birth. His disciples asked him, “Rabbi, was it his sin or that of his parents that caused him to be blind?” “Neither,” answered Jesus, “it was no sin, either of this man or of his parents. Rather it was to let God’s work show forth in him.”

(John 9:1-3)

Jesus then reached out to heal the blind man. Christians, too, must reject the idea that HIV, or any other illness, is punishment for sin. People of faith, like Jesus Christ, must reach out with a healing touch. Rather than being understood as God’s retribution, suffering becomes an occasion for God’s love to be demonstrated. When Christians reach out and touch those with HIV or AIDS, they can transform suffering into a living example of God’s love.

Following the example of Jesus, people of faith are called to eat with people with HIV and to share their homes with them (Matthew 25:6); to touch people with HIV and give them intimacy (Matthew 8:2-4); and to heal people with HIV (Luke 17:11-19). A faithful, intimate presence in the lives of those with HIV, witnessing to them of Jesus’ healing touch, is one of the most important responsibilities of all people of faith.

“Faith Healing” is a concept that maintains that faith can bring about healing through either prayers or rituals. Faith healing is reported by Catholics as the result of intercessory prayer to a saint or to a person with the gift of healing. The healing is not primarily for the person healed, but for all people, as a sign of God’s work in the ultimate healing called “salvation”.

Christ has given some of his followers the power to heal (by intercessory prayer or laying on of hands) at the same time, it is the same God who gave human beings the skills and gifts to heal each other. However, it is God who wills that a person is healed so that His name is glorified. There is therefore no need to command God to heal somebody on a particular day and at a particular hour.
In this era of HIV there is a stronger urgency for us religious leaders to encourage our people to use faith and science. For example, to encourage our brothers and sisters on ARVs to,” swallow the tablets with holy water”. Our people should be able to fly on the two wings that are “faith” and “reason”. In some churches clients on ARVs have been told that swallowing these drugs shows a lack of faith. Faith healing is not there to replace medicine or the body’s healing processes; these two complement each other. All medicine can do is to delay death’s inevitable arrival. Even medicine’s ability to delay death is a great gift from God. The Holy Spirit, according to the Nicene Creed, is the Giver of Life. The Spirit is also the sustainer of life, the breath you keep drawing in as long as you continue to live. Only the Spirit can heal your soul; the Spirit can work within you to heal your body.

At this point, it is important to think also about holistic healing (shalom). We have a responsibility as churches to follow the example of Christ as teacher, healer and reconciler.

There are many ways that a church can have or practise a healing ministry. This can be done through the following: - having prayer groups to pray for the sick, choosing a qualified local nurse to act as Parish Nurse, through promotion of good personal health practices such as eating in moderation, discouraging smoking, alcohol consumption etc, and through education and creation of support groups. This would constitute holistic healing in a given Christian community.

Regarding the issue of commercial sex workers, Lesbians, Gay, Bisexual, Transgender, Intersexual (LGBTI) people, and injecting drug abusers the Catholic Church teaches right and wrong but never says who is a sinner. Only God knows the inside of our hearts.

The Catholic Church does not rest its teaching on the Bible alone. But the Catholic Church does appeal to the Bible to support its teaching about natural law. Church documents have claimed that, from the book of Genesis to the end of the Christian Testament, there is constant opposition to homenital acts.

All Catholic sexual ethics rest on this principle: procreation is an essential aspect of human sexuality, so every genital act must be open to the possibility of conception. For this very same reason Catholic teaching forbids homenital acts as well as contraception, masturbation, and pre-marital and extra-marital sex.

This teaching pertains to the very nature of human sexuality. That is, the Church presents this teaching as natural law, the ordering of which the Creator built into the universe.

In the mid-1970s for instance, the Catholic Church recognized the difference between being homosexual and engaging in homenital (same-sex) acts. The Catholic Church holds that, as a state beyond a person’s choice, being homosexual is not wrong or sinful in itself. But just as it is objectively wrong for unmarried heterosexuals to engage in sex, so too are homosexual acts considered to be wrong.

The Church also teaches understanding and compassion toward gay and lesbian people. In their 1976 statement, “To Live in Christ Jesus”, the American bishops wrote, “Some
persons find themselves through no fault of their own to have a homosexual orientation. Homosexuals, like everyone else, should not suffer from prejudice against their basic human rights. They have a right to respect, friendship, and justice. They should have an active role in the Christian community. The Christian community should provide them with a special degree of pastoral understanding and care.” In 1990, the U.S. National Conference of Catholic Bishops repeated this teaching in its instruction,” Human Sexuality”.

In 1997, the U.S. Catholic Bishops released a Pastoral Letter entitled “Always Our Children: A Pastoral Message to Parents of Homosexual Children and Suggestions for Pastoral Ministers”, directed to the parents of gay and lesbian Catholics. In this document, the bishops briefly addressed lesbians and gay men, saying, “In you God’s love is revealed.” The letter also encouraged families to remain connected when a member revealed his or her homosexuality, and called for the establishment of ministries sensitive to the needs of gay and lesbian Catholics and their families.

John 13:34-35, says to us, “I give you a new commandment: Love one another, as I have loved you, so you should love one another. This is how all will know that you are my disciples”

American bishops are trying to be more welcoming than condemning, faith asks for fairness and not discrimination. (“Always our Children”)

The US Conference of Catholic Bishops declares in its recent document, “ministry to persons with a homosexual inclination”, to be “positive, pastoral and welcoming”, in it they also praise those gay Catholics who are ardently striving by means of chastity not to adopt the lifestyle and values of the “gay subculture”.

It is therefore important as churches to continue working with all people infected and affected with HIV, irrespective of who they are. We need to ask one question always, “what would Jesus do in this situation?”, would Jesus for instance bypass a gay person on the road side who is HIV+? My answer would be an absolute NO.

Conclusively, I would like to invite all God’s people to strive in the power of Jesus, to believe more in the contagious power of good than in the eventual spread of any evil or disease. Christians should do everything they can so that no one suffering from HIV feels rejected by his or her brothers and sisters or by God. Among those open to persons with HIV, the followers of Jesus should strive to reflect in very special ways the tender- ness and saving will of God whom Jesus calls Father. With others who help, Christians who believe in the Resurrection can help those suffering from AIDS to transform their ordeal into a path to life and rebirth.
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Amrik Singh Kapoor is a devout Sikh with vast experience in the field of HIV education having a 7-year stint as UNDP-IEC Specialist at National level in Zambia between years 1994 and 2000. He has worked closely with faith based organizations and currently serves as a Key Correspondent with Health and Development Networks, Chiangmai, Thailand. He has also worked as Project Manager (Communications) in World Bank-assisted Project on Child Survival, Antenatal Care and Girl Child, in India. He served for 32 years in Ministry of Health and Family Welfare, Government of India, as a Script Writer and Editor, English (Senior Class I Officer). Amrik is also an author for, Adolescence, Parenthood and Planned Parenthood-1985 a publication for Government of India.

Rituu B. Nanda is a qualified History lecturer at tertiary institutions. She commenced her career with writing for newspapers and magazines and has worked with UNAIDS India for four years. She is currently associated with an organization called Constellation for AIDS Competence which applies strength based approach to stimulate communities to respond to HIV and other life concerns. Rituu has skills and experience in research, documentation, knowledge management, and programme management. She also has experience of working with children on life skills issues. Rituu is passionate about participatory practices like community-driven evaluation and Appreciative Inquiry.

**Overview**

No major religious scripture has ever made any direct reference to HIV. Neither did the Sikh religion. This pandemic was nowhere when many major faiths and beliefs took birth centuries or millennia ago. There is, however, a strong correlation between religion and numerous causes and fall outs intimately connected with this pandemic.
This is perhaps, the only pandemic which is easily preventable by the adjustment of life styles. Still, it is triggering devastating suffering and misery the world over. Religion can hardly be an unconcerned spectator of all this.

Looking for theological inputs can be helpful in many ways including impacting to some extent on its causes, improving coping mechanisms and also in building the necessary community responses for mitigating human suffering.

Sikh theologians preach only what has been ordained in Sikh holy scripture, the living Guru, called, *Sri Guru Granth Sahib*. Sikhs have 10 Gurus (prophets/torch bearers), starting with Sri Guru Nanak Dev, the founder of Sikhism, born in 1469 A.D. The Fifth Sikh Guru, Arjan Dev Ji, compiled and installed the original *Guru Granth Sahib* in 1604 A.D., with all reverence, at *Harmandir Sahib* or Abode of God, at Amritsar, Punjab, India (now globally famous as the Golden Temple). Guru Gobind Singh, the 10th Sikh Guru, gave it the final form and ordained on 7th October, 1708 that the Holy *Granth* be treated and revered as the living, the timeless Guru incarnate. For reaching this stage, Sikhism underwent a process of development for about 239 years.

*Sri Guru Granth Sahib* plays a pivotal role in guiding the Sikh way of life. Sikhs firmly believe that all answers regarding religion, morality and human behavior can be discovered within these divine revelations, applicable to all times. Its hymns are also called *Gurbani* or divine teachings.

HIV is fuelled to a good measure by numerous factors including sexual behavior, gender inequality, alcohol and substance abuse, poverty, human exploitation, social marginalization, human relationships, ignorance, certain rituals, indiscrete affluence and the given life styles.

Sikh religion provides unambiguous guidelines and norms to its followers to enable them to practice chaste and responsible sexual behavior as a part of their life styles. *Sri Guru Granth Sahib* calls for marital faithfulness, strongly deprecating desire for other woman or momentary and illicit sex. According to Gurbani, our actions and deeds (*karma*) determine a lot in our lives. Good or bad cannot be judged by mere oral statements but by our actual deeds.

Gender inequality adds to women’s vulnerability in fueling HIV everywhere. Abject helplessness can drive a woman to immoral traffic. Sikh Gurus stood for the equal and rightful place of women in society. Five hundred years back, Guru Nanak raised his voice on this injustice when women were considered quite low in the social milieu. Sikhism is for a place of equality and honor for them. In the Asia-Pacific region, abuse of intoxicants, such as alcohol and injecting drug use, is one of the key drivers of the HIV infection. Sikh Gurus exhorted their followers to strictly abstain from all intoxicants.

The poor and marginalized remain vulnerable to HIV. They cannot protect themselves from the atrocities and excesses of the more powerful. The ignorant can also fall easy.

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1 Sikh Holy Scripture, Sri-a salutation/ address, Guru-Prophet/torchbearer, Granth-Holy Scripture. Sahib-Superior/master, used for respectful reverence.
prey to it. So do the too affluent when not exercising adequate discretion.

The Sikh Gurus showed rare courage in protecting the weaker and the poor, regardless of consequences. They condemned all exploitation by the mighty. Sikhism stands for equality. Langar or Community Kitchen, where rich and poor, high or low eat on one platform, is its best example initiated by the Sikh Gurus. They also advocated restraint on the part of the affluent and mighty, asking them not to misuse their power.

It is not easy to accept and adjust to a HIV+ test result. It brings numerous problems in its wake. One may, by far, be facing the most difficult situation in one’s life. In such situations the divine words of the Guru provide enlightenment and solace. Having firm faith, meditating on God, resigning oneself before His Will and having a positive outlook on life lend one rare strength.

Gurbani gives us a vision of truth, and opens up new paths for the mind of man. Following the dictates of gospel teaching is, however, one’s own choice and for one’s own good. God Almighty is always gracious and kind provided one has faith. There is scope for redemption, even for wrong doers, if they adopt a right approach. Therefore, there is no room for stigma or discrimination against anyone, though there can be divergent viewpoints everywhere on such sensitive matters.

Selfless service and providing relief to the sufferers is a solid pillar of Sikh religion. The gospel does not distinguish between one type of need and another. Bhai Kanahyia, a Guru’s true disciple, served water to the injured during a battle, including those belonging to the enemy. The Guru blessed him and gave him ointments and medicines to carry on, centuries before there was any Red Cross Society.

Sikhs believe in wiping the tears from the eyes of the suffering. Sikhs, though less in number, are second to none in rising to the occasion in the hour of need during natural calamities anywhere in the world. Several Sikh organizations are active in humanitarian service. In true Sikh spirit, Pingalwara, a home for the homeless sick and destitute, provides dedicated service to all including the people living with HIV.

Sikh Theology has therefore a lot to offer in mitigating suffering due to HIV and AIDS.

EDITORS’ NOTE

For English version of quotes from Gurbani (divine word/teachings of the Guru) and their inferences, the authors have drawn profusely from countless Sikh web sites all over the Globe, especially that of the Shiromani Gurdwara Prabandhak Committee, Amritsar recognized as the custodian and voice of Sikh religion.

The authors have similarly drawn the Roman of many Punjabi quotes and their English translation from Shabad Guru Explorer/Transliteration (Kulbir Singh Thind), English Translation by Dr. Sant Singh Khalsa as also SGPC-authorised Translation of Bhai Manmohan Singh. The authors also consulted

2 The Premier Sikh Temples Management Committee
Sikh theologians devoutly follow and preach what has been inscribed in our Holy Supreme Sikh Scripture called, *Sri Guru Granth Sahib*. Sikh teachings, like many other major religions, were neither coined for nor directed at HIV as such. But, there is a strong correlation between theology and some causes and consequences intimately connected with this devastating pandemic.

When the God Almighty desires to establish a new *Dharma* (Religion) in the deteriorating scenario in Humanity, descent of the Almighty and All-Compassionate Lord becomes inevitable. His Most Beloved Ones thus incarnated in Human garb then establish the Kingdom of God in the midst of the perishable and sinking Humanity. Those Incarnations set the highest examples of Truth, Purity and Sacrifice, thereby opening new frontiers of reaching the Almighty and chart out hitherto unexplored Tracks and...
Paths reaching out to the Ultimate Reality. What was thus established by our Great Gurus is our Sikh Religion and what was so gloriously followed in their Sacred Footsteps is our Sikh way of Life - Sikhism.\(^3\)

Sikhs have 10 Gurus (prophets/torch bearers), starting with Sri Guru Nanak, the Founder of Sikhism, born in 1469 A.D. The Fifth Guru, Arjan Sahib compiled and installed the original Guru Granth Sahib with all reverence at Harmandir Sahib (Golden Temple, Amritsar, Punjab-India) in 1604 A.D. Guru Gobind Singh, the 10th Guru, gave it the final form and ordained on 7th October, 1708\(^4\) that the Holy Granth be treated and revered as a Living, the timeless Guru.\(^5\)

It is universally treated by Sikhs as the Guru incarnate:

\[
\text{Guru granth jee maanio, pargat guran ki deb.}
\text{jo prabh ko milbo chehai, khoj shabad meh leh.}
\]

( Believe In Guru Granth Sahib Ji As he True Form Of The Guru.
They Who wish to meet with the Lord, let them find Him In the Guru’s Shabad)\(^6\)

The Guru Granth Sahib is metaphysics and ethics, the science of reality and art of union with Reality. It is a work of divine inspiration, primarily spiritual and incidentally philosophical. The Granth Sahib, also called Adi Granth, contains compositions of the first five Gurus, the ninth Guru, fifteen Bhagats (devotees/saints) and eleven Bhattas (bards/traditional composers/musicians) and 4 devout Sikhs. Sri Guru Granth Sahib contains 5894 hymns. Music forms the basis of the classification of the hymns. The normal edition contains 1430 pages. It is a unique collection of devotional poems and prayers.

Sikhs consider the Sri Guru Granth Sahib a spiritual guide for all mankind for all generations to come, and it plays a central role in guiding the Sikh way of life. Its place in Sikh devotional life is based on two fundamental principles; that the text is a divine revelation and that all answers regarding religion and morality can be discovered within it. Its hymns and teachings are called Gurbani or prophecy of the Guru and sometimes Dhur ki bani or “Divine or Holy Word of God”. Thus, in Sikh theology, the revealed divine word is written by the then Gurus.\(^7\)

In this Holy Scripture a single, deep devotional spirit runs throughout.

Generally speaking, hymns of devotion, the glory of God, men’s spiritual efforts and equality of men and women were incorporated in the Guru Granth Sahib. The major principle of compilation was that verses which praised God and denounced ritualistic practices, superstition, and caste system were to be included in the Guru Granth Sahib. As regards the compositions of Bhagats (devotees/saints), generally, the same principle was observed. Guru Arjan Dev included the verses of those who believed in the unity of God and brotherhood of man. His aim was to provide a sacred book of universal religion, for everybody, everywhere.

\(^3\) http://www.sriiguurgranthsahib.org
\(^5\) http://www.sgpc.net, Shiromani Gurdwara Prabandhak Committee, Amritsar website
\(^6\) Shabad: divine word. Transliteration and Translation from Shabad Guru Explorer.
\(^7\) http://en.wikipedia.org/wiki/Guru_Granth_Sahib#Meaning_and_role_in_Sikhism
Sri Guru Granth Sahib has been described as a clarion call to equality of all classes, races, religions – long before the word ‘secular’ came in vogue. The voices of so many saints and servants of God sing the Guru Granth’s thousands of hymns as if it were a single choir in the cathedral of the universal mind.8

It gives us a vision of truth, and it opens up new paths for the mind of man. The devotional hymns are full of sincerity and emotion. Guru Arjan underscored the great importance of this Holy Granth thus:9

This is the staff on which,  
The old and miserable, the strayed and rich lean,  
In their distress, and obtain solace.

Guru Granth Sahib is regarded as the body of the Guru and is kept on a raised platform under a canopy, covered in clean clothes. One must put off one’s shoes, wash the feet and cover the head before taking one’s seat before the Guru. This is a mode of reverence and no idolatry.

Sikhism is a practical religion. It does not consist of a certain set of beliefs or mere words. Sikhism is a way of life, something to be lived according to a set pattern. Its main virtue is simplicity. There is no supernaturalism or mythology on which it rests. Sikhism is a universal religion. It is a faith of hope and cheer. It affirms Karma (actions/deeds/destiny). It, however, recognizes the possibility of the modification of one’s Karma with the grace of the Guru or God. It does not lead to despair and defeatism.

Because of its musical nature and poetic style, no translation can ever hope to fully capture all of the moods and nuances of the original Gurmukhi 10 version. At the same time the celebration of God and the Gurus’ teachings on how one should live life is found in Sri Guru Granth Sahib. It transcends cultural and linguistic boundaries and is universal in its appeal. The life style ordained for Sikhs comprises meditation on God, doing honest labour and sharing with others.

Sikhism is a progressive religion, well ahead of its time when it was founded over 500 years ago, The Sikh religion today has a following of over 20 million people worldwide and is ranked as the world’s 5th largest religion11.

The totality of the Guru’s teachings to the followers includes selfless service to mankind. Where there is destitution, victimization, calamity, suffering and misery, the Sikh community is ever ready to do its part to mitigate these.

Almost all Sikh organizations all over the globe rise to the occasion where there is a need for such a service. Be it Tsunami floods, Haiti quake or any other mishap, Sikhs, though less in number, are second to none to respond to the call of the times.

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8 [http://www.sikhs.org/English.frame.htm](http://www.sikhs.org/English.frame.htm) and [http://www.sikhs.org/transl.htm](http://www.sikhs.org/transl.htm)
9 SGPc:net
10 Script of Punjabi language in which Sri Guru Granth Sahib has been written
11 [http://www.sikhs.org/dad.htm](http://www.sikhs.org/dad.htm)
A word about HIV

To comprehend why and how Sikh theology has some role in prevention and other aspects of HIV, it is necessary to understand in a nutshell what is HIV, how it is transmitted, what happens to a person who is HIV positive. When HIV turns into full blown AIDS, and where one stands in relation to his/her own person, family, society and humanity at large.

HIV means Human Immuno-Deficiency Virus. This virus is transmitted in a number of ways. Having unprotected sex with a PLHIV, is a predominant cause. In fact, there are numerous other socio-economic factors like gender bias, poverty, marginalization, alcohol and even affluence and indiscrete life styles, which also fuel this infection. None is immune to HIV.

Most people infected with HIV do not know that they have become infected, because they do not feel ill immediately after infection. However, some people develop “Acute retroviral syndrome” which is a glandular fever-like illness with fever, rash, joint pains and enlarged lymph nodes. The only way to determine whether HIV is present in a person’s body or not is by testing for HIV antibodies or for HIV itself. The test is confidential. It is not done immediately after exposure. The waiting time (incubation period), is about 4 to 6 weeks.

Gradually, the immune system of the PLHIV (People Living with HIV) crumbles. As the infection develops, one may experience minor weight loss, minor rashes, and recurrent upper respiratory tract infections.

The length of time between HIV infection and development of AIDS can vary widely between individuals. Majority of people infected with HIV, if not put on Antiretroviral (ARV) treatment, develop signs of HIV-related illness within 5-10 years, but the time between infection and AIDS defining condition can be up to 10–15 years, sometimes even longer. This stage is frequently characterized by some or all of the 22 opportunistic infections which include rare cancers unexplained chronic diarrhoea, unexplained persistent fever, oral candidiasis or leukoplakia, pulmonary tuberculosis, inflammation in the mouth just to mention a few. Most of these conditions are opportunistic infections that can be treated easily in healthy people. But due to the impaired condition of their immune systems, for PLHIV, it is another matter.

12 This is further amplified by premier Sikh institutions in India disseminating information on issues connected with HIV e.g. Sachkhand Pattar, the official mouthpiece of Sikh shrine Hazoor Sahib Nanded in Maharashtra). It carried an article in 2003 in Punjabi: HIV/AIDS— THE END- RESULT OF SEX WITH OTHER WOMAN. This article by Bhai Balwinder Singh Dhaliwal cited enlightening hymns from Gurbani ordaining the followers to avoid casual and illicit sex.
The psychological condition of the person coming to know his/her HIV status is difficult to generalize. Mostly, it has been experienced that, despite able counseling, it is not easy to cope with the situation. It can be a crisis period, with feelings like self-pity, remorse, guilt, inability to face the spouse; family and social stigma remain predominant. It is difficult to know whom to turn to. With more and more Networks of People Living with HIV coming up, coping mechanisms have improved, though nothing is easy. Ultimately, success in finding a sure cure can be a great help, however, socio-religious issues will remain.

The Indian or world scenario of HIV lies outside our brief, but suffice it is to say that this infection was first noted in the late seventies in the USA. By the end of the year 2008, about 33.4 million people were living with HIV all over the world.13

Sikh Theology and HIV

NO major religious scripture ever made any direct reference to HIV or AIDS. Neither did the Sikh religion. This scourge was nowhere when many major faiths and beliefs took birth centuries or millennia ago.

Religions primarily acknowledged One divine being—God or the Creator. Holy Scriptures dealt with worship of God, love and equality among human beings, touching upon a wide range of closely related matters including social justice, ethics and morality. No single definition or expression, however, covers any aspect in full measure.

The beauty and wonder of many gospel truths contained in religious scriptures including Sikh Holy Scripture (Sri Guru Granth Sahib) lies in their eternal relevance and application to all times to come, in one form or the other. May they be pertaining to divine worship, human relationships, social or personal behavior; they are looked at with reverence. Religious teaching purposely seeks to protect humans from actions which could bear adverse impact on their physical, mental or spiritual equilibrium. They remain a big resource to bank upon in moments of crisis. They are relevant in both happy and sad moments. Read or heard any time, they remain in consonance with the needs of the changing times. They have far greater impact on the human mind than many other routine socio-psychological inputs. This is not to say that mere perusing Gurbani or ritual meditation does the trick. In-depth belief, humility, sincerely seeking His Grace with single minded devotion and following the teachings are important factors.

Sikh Theology and Factors that Fuel HIV

Apart from the principal mode of HIV transmission the world over, i.e. sexual behavior, the Sikh Holy Scripture touched upon a broad spectrum of several major problems that also fuel HIV. Sikh theologians preach only what has been ordained in Gurbani (Teachings of the Guru). Amazingly, diving into this Holy Stream brings to the shore intimately correlated, meaningful references and observations on issues like sexual behavior,

gender inequality, social injustice, old or obsolete traditions or rituals, use of intoxicants and alcohol just to mention a few. This is proven to have deep bearing on the causes and results of the pandemic.

I) SEXUAL BEHAVIOUR

The divine word of the Guru referring to sexual behavior has great relevance in this context. Sikh religion provides unambiguous norms to make restrained, chaste, moral and responsible sexual behavior as the norm in one’s life style.

The majority of HIV infections occur in the reproductive age group, i.e. during youth. It is an inimitable proof of mystic depth that centuries before, without mentioning this dreadful infection by name; Sri Guru Granth Sahib addressed such a mindset in a straightforward and forthright manner:

“Uchhli-aa kaam kaal mat laagee ta-o aan sakat gal baaNDhi-aa.
  tarun tayj par tari-a mukh joheh sar apsar na pachhaani-aa.” 14 (SGGS: 93)
(You are overflowing with lust, and your intellect is stained with darkness; you are gripped in the power of lower passions.)
(In the heat of youthful passion, you look with desire upon the faces of other men’s wives; you do not distinguish between good and evil.)

Gurbani contains stern caution about the possibility and risk of painful sufferings and repentance in the event of such an errant sexual behavior so that the followers can avoid it:

nimakh kaam su-aad kaaran kot dinas dukh paavahi.
gharee muhat rang maaneh fir bahur bahur pachhutaavahi. 15 (SGGS: 403)
(For a moment of sexual pleasure, thou shalt suffer torture for millions of days. For an instant and trice, thou enjoy revelments but afterwards, you shall regret it, again and again.)

Guru Arjan Dev, in Sukhmani (Psalm of Peace), is crystal clear in his behavioral guideline:

mithi-aa naytar paykhat par tari-a roopaad. 16 (SGGS: 269) (Vain are the eyes which behold the beauty of another’s wife)

One may put on religious robes, but lack of faithfulness to one’s own partner has been deprecated by the Gurus:

banitaa chhod bad nadar par naaree vays na paa-ee-ai mahaav dukhi-aaree. 17 (SGGS: 1348)
(Thou has abandoned thy own wife and thou glances with evil eye on another’s woman. Wearing religious garb, the Lord is attained not and one becomes very miserable!)

14 English Transliteration: and English Translation: Shabad Guru Explorer
15 English Transliteration: Shabad Guru Explorer and English translation: SGPC, Bhai Manmohan Singh
16 English Transliteration Dr. Kulbir Singh Thind: Translation: SGPC, Bhai Manmohan Singh
17 English Transliteration Dr. Kulbir Singh Thind: Translation: SGPC, Bhai Manmohan Singh
According to Sikh theology, a person is judged by how he actually acts and not just what he professes. Guru Nanak, in his very first hymn, *Japji Sahib* sets the life style records straight:

\[
\begin{align*}
\text{punnee paapee aakhan naahi.} \\
\text{kar kar karnaa likh lai jaahu.18 (SGGS: 4)}
\end{align*}
\]

(Virtue and vice do not come by mere words; actions repeated, over and over again, are engraved on the soul.)

Sikh religion believes that our actions and deeds (*Karma*) determine a many things in our lives:

\[
\begin{align*}
aapay beej aapay bee khaahu.19 \quad \text{(SGGS: 4)}
\end{align*}
\]

(What people sow as Cause, is what they shall reap as Effect.)

The 3rd Sikh Guru Shri Amar Das ji provided clear guideline that merely living together does not make a married couple an ideal one but they should rather have true unison:

\[
\begin{align*}
\text{Dhan pir ayhi naa aakhee-an bahan ikathey ho-ay Ik joat duye moorti dhan pir}
\text{kahee-ai so-ay 20 (SGGS: 788)}
\end{align*}
\]

(They are not said to be husband and wife, who merely sit (live) together. Rather they alone are called husband and wife, who have one soul in two bodies.)

Similarly, Guru Gobind Singh, the 10th Guru exhorted Sikhs to continue enhancing their love for their own wives and never to go for other men’s wives, even in dreams.

To motivate and encourage Sikh followers to be faithful to one partner, Sikh Theology’s chief interpreter, Bhai (Brother) Gurdas who was dictated the original *Sri Guru Granth Sahib*, says:

\[
\begin{align*}
\text{Haun tis ghol ghumaya par naari dey ned na jaavey}^{21} \quad \text{–Bhai Gurdas=32212/}
\end{align*}
\]

(I offer my life to those who do not fall for other women)

II) GENDER INEQUALITY

Gender inequality makes social and family life lopsided. The weaker state of women has been and continues to be one of the major factors fueling HIV throughout the world and India and its State of Punjab (where the majority of Sikhs live) are no exception.

18 The *Japji* hymn by Guru Nanak Dev is considered to be the key to *Sri Guru Granth Sahib* and an epitome of the Sikh doctrine. It appears as the first hymn in *Sri Guru Granth Sahib*. Transliteration: Shabad Guru Explorer. English Translation, this stanza: Dr. Sant Singh Khalsa. Also see web: www.sikhs.org/transl.html
19 Transliteration and Translation: Shabad Guru Explorer
20 Transliteration: Shabad Guru Explorer. Translation: SGPC: Bhai Manmohan Singh. There are countless other hymns by Sikh Gurus and Bhagats, echoing these observations. In a brief paper like this only a few have been cited.
21 As will be mentioned at many places in this paper, Bhai Gurdas had the distinction to be dictated the original *Guru Granth Sahib* by the Fifth Guru Arjan Dev ji. Bhai Gurdas wrote *Vaaran or Ballads* which are trusted as key guidelines of Sikhism
Neither men nor women are immune to HIV. Any of them contracting the infection undergoes identical symptoms. But, all this notwithstanding, women suffer the far greater onslaught. Prickly reactions, hostile attitudes and an endangered family affect women far more than men. Compounded with all these disadvantages of gender bias, women run the risk of getting pregnant and exposing their babies to HIV. Thus they become the unwitting and unwilling perpetrators of further HIV infection.

The theme of the XVII International AIDS Conference (Vienna 2010): “Rights Here, Right Now.” pales before the fact of women continuing to commit suicide on learning their HIV/AIDS status. By contrast, how many men have this compulsion?

Regardless of how men contract HIV, many of their wives are innocently contracting it through them, particularly in rural areas. With the general patriarchal nature of Punjabi gender dynamics, women once again have become innocent victims. Generally speaking, in many South Asian/Indian marital relationships, a women believes through marriage that her husband has a right to her body whenever he desires and however he desires (with or without contraception) It is doubtful that Punjabi/Indian women have enough power in their relationships to demand answers and actions from their husbands (i.e. refusal of sexual intercourse or the use of contraceptives).

Women will continue to be helpless and hapless spectators of their unwilling (and often unwitting) fueling the spread of HIV unless they themselves have the power to decide. It ultimately depends upon women’s real status in society and family and not merely on paper or rhetoric.

Sikh Gurus remained earnest and vigorous supporters of women’s equality which is greatly evidenced in Gurbani itself. Therefore, Sikh theology has a lot to offer on this issue.

At the time of the Gurus, women were considered very low in social structure. In such a climate Guru Nanak Dev, the founder of Sikhism shocked the entire society by preaching that women were worthy of praise and should have equality with men. Five hundred years later, the rest of mankind is only now waking up to this fundamental truth. Sikh preaching has attained all the more relevance in today’s context having very logical arguments to offer with Guru Nanak starting the ball rolling with his plain logic:

bhānd jammē-ai bhānd nimmē-ai bhānd mangan vee-aahu.

bhāndabh bhovai dostee bhāndabh chalai raahu.
bhānd mū-aa bhānd bhaalee-ai bhānd bhovai banDhaan.
so ki-o manda aakhee-ai jīt jameh raajaan.
bhāndabh beeh bhānd oopī bhāndai bāaj nh ko-ay. 23
(From woman, man is born; within woman, man is conceived; to woman he is engaged and married.
Woman becomes his friend; through woman, the future generations come
When his woman dies, he seeks another woman; to woman he is bound.
So, why call her bad? From her, kings are born.
From woman, woman is born; without woman, there would be no one at all).

23 Transliteration: Shabad Guru Explorer. English Translation; Dr.Sant Singh Khalsa
Every morning this hymn is recited in Asa Di Vaar^{24} in prescribed musical format. It forms an important part of the morning programmes in Sikh temples all over the world. Sikh theology condemns the practice of providing a dowry in marriages. Sikh Gurus expressed themselves seriously against the practice of sati (immolation of women on the pyre of their husbands). Sikh Gurus have supported gender equality in many ways. The Sikh Holy Scripture has emphasized the need for women’s equality and respect in every sphere. The Sikh Gurus gave equal privileges to women and they have an equal right to participate in the congregation. Sri Guru Amar Dass created numerous exclusive Peerhees (Punjabi, literal meaning is single seater cots Here, privileged missionaries) for women to function as authorized spokespersons for propagation of the Gospel in their areas. Women were not debarred from fighting in the battles either.

Sikh women continue participating in significant religious affairs.\textsuperscript{25} This is further exemplified by the fact that just in the recent years a Sikh woman, Bibi Jagir Kaur was elected President of the highest Sikh executive managing the affairs of the Sikh temples.

Of course one swallow does not make a summer. The real equality and change has to come at the family level. Turning to Sikh theology with more serious quest and bridging the gaps between Guru’s teachings and followers’ practice is the need of the day.

\section*{III) ALCOHOL, DRUGS AND SUBSTANCE ABUSE}

Alcohol and intoxicants play a complex role in enhancing the potential for unprotected sex and HIV transmission among different groups like married and unmarried persons, sex workers and their clients, and migrant workers. These factors fuel HIV incidences and render women more vulnerable to HIV infection.

There is a sizeable part of HIV infections, world over, which comes from injectables. HIV analysis continues to bring such instances to the fore.\textsuperscript{26, 27}

Sikh theology has a very effective role in such situations in strongly preaching abstention from drugs and intoxicants.

Gurbani has clearly deprecated the use of intoxicants:

\textit{it mad peetai naankaa babutay kbate-ah bikae}\textsuperscript{28}. (SGGS=553)

(The wine leads us to wicked deeds, sayeth Nanak).

\textsuperscript{24} \url{http://www.amritsar.org/asadivar.shtml}

Asa-di-vaar/ var means “A ballad of hope;” it is one of the basic sacred compositions for the Sikhs and is sung every morning in congregation in gurdwaras. The Var is an heroic ode which describes the brave deeds of a hero. It is generally sung to inspire armies going to battle or to inspire people with martial spirit. The Asa-di-var is normally sung in the Asa raga. It consists of 24 stanzas (Pauris) and 44 Staves (Salokas) and was originated by Guru Nanak; later, Guru Angad added another 15 staves of his own. In congregations, the musicians sing this Var along with Chhants (quatrain) of Guru Ramdas. The stanzas express the ideas in general, while the staves clarify them by example and detail. Social and religious issues are then related, to ordinary life.

\textsuperscript{25} \url{http://en.wikipedia.org/wiki/Women_in_Sikhism#Equality_of_Women,2C_in_Sikh_Ideology_and_Practice}

\textsuperscript{26} \url{http://data.unaids.org/pub/report/2009/intimate_partners_report_en.pdf}

\textsuperscript{27} \url{http://data.unaids.org/pub/Report/2010/india_2010_country_progress_report_en.pdf}

\textsuperscript{28} \url{http://en.wikipedia.org/wiki/Women_in_Sikhism#Equality_of_Women,2C_in_Sikh_Ideology_and_Practice}
Gurbani exhorts that by drinking one loses one’s power of normal thinking:

jit peetai mat door ho-ay baral pavai vich aa-ay (SGGS=554)
(By drinking one loses sanity and becomes mad and loses the power of discrimination and raises the displeasure of the Lord)

Jhootaa mad mool na peech-e jay kaa paar vasaa-ay (SGGS=554)
(Such false intoxicant should not be taken, so far as is possible)

The Guru gives a spiritual message to divert one from this evil practice:

har kaa naam amrit hai daaroo ayhu laa-ayhu30. SGGS=554
(God’s Name (Naam)30 is Nectar. Avail this health promoting elixir.)

IV) POVERTY, HUMAN RIGHTS, HUMAN DIGNITY AND EQUALITY

Poverty and marginalization can compel people to submit before others. They cannot exercise their choice and will. Helpless women can fall prey to the lust of others. A powerless person cannot defend his sisters and daughters from immoral criminals. Their exploitations can fuel HIV.

Sikhism stands for human dignity, brotherhood and equality among people. It has all along come to the rescue and defense of marginalized people. The Sikh Gurus have been the voice of the weaker. Gurus and their devout followers even did not care for their own lives and made supreme sacrifices for the sufferers and victims of despotic rulers and persecutors.

The Sikh Gurus showed rare courage in countering injustice and persecution of the poor and the weaker. Guru Nanak vocally opposed the dominance of the rich over the poor. He stood for human rights and human dignity. He denounced usurpers in a forthright manner:

bak paraa-i-aa naankaay us soo-ar us gaa-ay.31 (SGGS: 141)
(To take what rightfully belongs to another, is like a Muslim eating pork, or a Hindu eating beef)

Guru Nanak did not spare the despotic rulers in publicly condemning their intimidation, excesses, utter disregard of human dignity and scant care for human rights:

29 Transliterations on this page: Shabad Guru Explorer. English Translations: SGPC: Bhai Manmohan Singh
30 Word Naam appears several times in Gurbani. Naam does not mean just God’s Name in the customary sense. It means remembering the existence of God and focusing upon His presence by the devotee. It is somewhat equivalent to the term Numinous (propounded by renowned philosopher, Rudolf Otto). Consequently, Naam is not to be read as word Name as understood in common parlance. This applies to all citations in this document, the word Name, to be read as Naam in the explained sense. (Words in parenthesis in running text or in between English translations of scriptural citations are editorial additions)
31 Transliteration: Shabad Guru Explorer. Translation Dr. Sant Singh Khalsa (Respective communities deem it irreligious to partake pork/ beef).
The Sikh Gurus preached that all humanity emanated from God. There are no good ones or bad ones. Humans have been made in God’s image and likeness, which speaks of inestimable worth and sanctity of every person. We must respect and protect its dignity. Guru Nanak was very much moved by the degree of persecutions in his times. He felt deep concern for the helpless, the destitutes, underprivileged, and sufferers.

Wherever, the Gurus found social injustice they condemned and countered it. Siding with the down trodden and poor is the badge of Sikhism. Reaffirming spiritual values the Gurus opined that the cottage where the lord is praised is better than the big mansion where one forgets the lord. Gurbani attaches glory to the naked in tune with Infinite while the silken robes are useless if one forgets the Almighty.

Sikhism has provided unassailable examples of social equality. In his far and wide travels to spread his divine message, Guru Nanak was always accompanied by anyone of his companions and majority of times by Bhai Mardana, a low caste, poor musician who provided music with his Rabaab (a traditional musical instrument) to Guru’s divine hymns. This made his name immortal. Gurus thus practiced what they preached.

The concept of Langar or community kitchen where all the gathering without any discrimination of rich or poor, high or low, good or bad eat at one platform, propounded by Sikh Gurus, is a universal Sikh practice globally followed. It has deep religious sanction. This is one of the most plausible proofs of the negation of any social inequality under Sikhism.

Poverty does not make a human being inferior to the rich. Gurbani lent influence and credibility to the poor and naked who cannot even afford clothing, but are humble believers of the one God. Sikhism deprecates caprice and greed which mostly thrives on human misery.

Humility can be a weapon:

\[
\text{gareebee gadaa hamaaree.} \\
\text{khan ga saag rayn chhaaree.}^{33}
\]

(SGGS: 628)

(Humility is my spiked club. My dagger is to be the dust of all men’s feet).

Coping Mechanisms/Counselling

Non-acceptance of and non-adjustment to the HIV positive result may lead to agony, remorse, guilt, and self-pity. Though all efforts are made to put the a person living with

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33 Transliteration: Shabad Guru Explorer. Translation: Dr. Sant Singh Khalsa
HIV at ease by counseling, it is a difficult task. It is certainly a crisis of confidence, by far, the most difficult situation in one’s life.

In this situation, one’s religion and faith can come to the rescue. Sikh teachings promote the belief that all is not lost in any apparently hopeless situation. God Almighty is the hope of the hopeless. He is the shelter of the shelterless. There can be immense help in coping with the crisis, if a person turns to God with unwavering faith. Guru Granth Sahib provides illumination and good counsel even in utmost adversity. Sikhism believes in never giving up in the face of difficulties or adverse situations. Sikh theology emphasizes firm belief and doing one’s duty and leaving the rest to God.

Believing in Him is the starter. One has to have the conviction that everything is in the hands of the Almighty. Nothing moves beyond his order. His Grace can set things right:

\[ bhaa-ee\ maat\ ko\-ee\ jaamhu\ kisee\ kichh\ baath\ hai \]
\[ sabh\ karay\ karaa\-i-aa^{34} \]
\[ (SGGS:168) \]
\[ (My\ brothers,\ let\ no\ one\  deem\ that\ any\ man\ has\ any\ power.\ Every\ one\ acts\ as\ the\ Lord\ causes\ him\ to\ act.) \]

Sikh Gurus preached that resigning oneself before Almighty’s Will lends one inner strength. One must accept destiny, including an adversity so as to muse:

\[ tayraa\ kee\-aa\ meethaa\ laagai^{35} \]  
\[ (SGGS: 394) \]
\[ (Thine\ doings\ seem\ sweet\ unto\ me.) \]

Guru Nanak makes the concept of Supremacy of God abundantly clear:

\[ hukmai\ andar\ sabh\ ko\ baabar\ hukam\ na\ ko-ay^{36} \]  
\[ (SGGS:1) \]
\[ (Everyone\ is\ subject\ to\ His\ Command;\ no\ one\ is\ beyond\ His\ Command) \]

We must accept that life-scenario is a queer assortment created by One Bestower:

\[ kayti-aa\ dookh\ bhookh\ sad\ maar. \]
\[ ayhi\ bhe\ daat\ tayree\ daataar^{37} \]  
\[ (SGGS:5) \]
\[ (Numerous\ also\ are\ they,\ who\ endure\ distress,\ deprivation\ and\ constant\ abuse.\ O\ Great\ Giver,\ even\ these\ sufferings\ are\ Your\ Gifts) \]

Different leads bring different turmoils in one’s mind. A fear complex can burden one’s mind that such an infection is a punishment of God. But it is always better to turn to positive thinking. The first hymn of Sri Guru Granth Sahib, the base of Sikh belief, expounded by Guru Nanak, highlights God’s gracious and rancor-free image:

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34 Transliteration: Shabad Guru Explorer. Translation :SGPC:Bhai Manmohan Singh
35 Transliteration: Shabad Guru Explorer. Translation :SGPC, Bhai Manmohan Singh
36 Transliteration: Shabad Guru Explorer. Translation: Dr. Sant Singh Khalsa
37 Transliteration and Translation: Shabad Guru Explorer
ik-oNkaar sat naam kartaa purakh nirbha-o nirvair akaar moo rar
ajoonee saibhaN gur parsaaad 38 (SGGS: 1)
(There is but one God. True is His Name (Naam), creative His personality and immortal His form. He is without fear sans enmity, unborn and self-illumined. By the Guru’s grace He is obtained.)

However, rationality does not absolve us of obligation to act responsibly. The Effect can be due to the Cause of our own actions. That is why Sikh prayer humbly craves God Almighty’s indulgence that our ‘Reason’ may always be guided by Him. His Grace alone can make us act in the right direction.

First, understanding and accepting His Will, then having faith that meditating on Him and willingly and convincingly following the right path can bring hope. Guru Nanak describes reformative potential of God’s name in redeeming oneself from the stains of the past with similes from our daily routine:

bhare-ai hath pair tan dayh.
paanee Dhotai utras khayh.
moot paleetee kaparh ho-ay.
day saaboon la-ee-ai oh Dho-ay.
bhare-ai mat paapaa kai sang
oh Dhopai naavai kai rang. 39 (SGGS: 4)

(The dust of the besmeared hands, feet and other parts of the body, is removed by washing with water. The garment polluted with urine, is washed clean by applying soap. The soul defiled with sins, is cleaned with the love of God’s Name (Naam)

Maintaining unflinching faith and trust in God keeps one unperturbed. According to Guru Nanak, they remain in a blissful state under all circumstances and their past sins can be annulled:

naanak bhagtaa sadaa vigaas.
suni-ai dookh paap kaa naas. 40 (SGGS: 2)
(O Nanak, the devotees remain forever in a blissful state. By listening to the Guru’s (Divine) Word, pain and sin are erased)

Turning to God relieves a person from his/her sufferings. His mercy is all pervasive. Lord’s Naam relieves one of sorrows, if one has unshakable faith in His kindness:

dukh bhanjan tayraa naam jee dukh bhanjan tayraa naam 41 (SGGS: 218)
(The Destroyer of sorrow is Thy Name (Naam), Lord; the Destroyer of sor-

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38 Transliteration: Shabad Guru Explorer, Translation: SGPC, Bhai Manmohan Singh
39 Transliteration: Shabad Guru Explorer, Translation: SGPC: Bhai Manmohan Singh
40 Transliteration: Shabad Guru Explorer, Translation: SGPC: Bhai Manmohan Singh
41 Transliteration: Shabad Guru Explorer, Translation: SGPC: Bhai Manmohan Singh
row is Thy Name (Naam)

The Fifth Guru, Arjan Dev’s immortal creation, ‘Sukhmani’ (Psalm of Peace) contains rare gems (divine teachings) which tell us the significance of meditating:

\[\text{parabh simrat kachh bighan na laagai}^{42} \quad (SGGS: 262)\]
(By remembering the Lord, no obstacle is met).

\[\text{jah muskal hovai at bhaaree.} \quad \text{har ko naam khin maahi uDhaaree}^{43} \quad (SGGS: 264)\]
(Where the obstacles are so very heavy, the Name (Naam) of the Lord shall rescue you in an instant.)

\[\text{ha-o mailaa mal kabahu na Dhovai.} \quad \text{har kaa naam kot paap khovai}^{44} \quad (SGGS: 264)\]
(The ego is polluted by a filth which can never be washed off. The Name (Naam) of the Lord erases millions of sins.)

Listening to and believing in the Guru’s divine revelations ward off your worries:

\[\text{Dhur kee baani aa-ee, tin saglee chint mitaa-ee}^{45} \quad (SGGS; 628)\]
(From the Primal One has emanated the Gurbani (Divine word of the Guru) and it has effaced all the anxiety).

We need willingly to take only the first step, the rest follows, according to Bhai Gurdas:

\[\text{Charan Saran Gur Ek Painda Jaaye Chal, Satgur Kot Painda Aagey Hoet Leit Hay}^{46}\]
(We just move even a little towards the Guru in all humility, the Satguru (the divine/true guru) himself covers miles of distance and takes us in His shelter).47

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42 Transliteration: Shabad Guru Explorer. Translation:SGPC: Bhai Manmohan Singh
43 Transliteration: Shabad Guru Explorer. Translation:Dr.Sant Singh Khalsa
44 Transliteration: Shabad Guru Explorer. Translation:Dr.Sant Singh Khalsa
45 Transliteration: Shabad Guru Explorer. Translation:SGPC: Bhai Manmohan Singh
46 From Kabits (Poems) of Bhai Gurdas,Kabit No.77-127. Bhai (Brother) Gurdas is considered key interpreter of Sri Guru Granth Sahib and Sikh theology. His Vaars (Ballads) and Kabits (one of the syllabic Feet Metre of 4 Lines consisting of 31 syllabes) provide the essence of Gurbani. The Vaars strive to provide explanations to several queries of human mind and help in dispelling and demolishing many doubts which otherwise affect the process of firm belief. His fables convincingly guide human mind towards a positive life style congruent with Sikh Gurus’ teachings. In Sikh parlance ‘Bhai’ is used with affection and respect for ‘Brother’.
47 There are countless other hymns fortifying our faith in God Almighty and thereby paving the way towards achieving solace. But confines of our Brief and space do not permit us to go on. So we have given only a bird eye view from the vast ocean. We might have missed out more suitable quotes due to our limited depth. There is indeed much more. All this is addressed to the ordinary mortal vulnerable and prone to facing problems and many a crisis in his life time. If we so surrender, we are on the road to bliss. We need to tune ourselves to the Will of our beloved Lord Satguru. He is always there to help, only if we seek with a pure heart.
Countering Stigma and Discrimination

Sex remains a taboo. Religious norms and commandments have been unambiguously clear and forthright. How to react to sufferings happening on this account? There have always been contrasting sets of opinions which are poles apart.

There has been no dearth of diehards, refusing to soften. There are others who look at human misery and suffering caused by this infection, and advocate compassion. Both opinions have their own strong reasons. Stricter or non-compromising social norms do not permit any relaxation in the set values of community, culture, theology and society at large. The whole burden of personal crisis in the persona of those suffering is not unfounded. It is deep seated and stems from painful awareness of social mind set vis-à-vis personal enigma.

People living with HIV face discrimination which is dehumanizing. It adversely affects a person’s sense of worth and dignity and robs him of a cause for living. Religious teachings demand reverence for life in all circumstances. The aim is not to spread the message of fear, but rather for conscious choice of a moral, healthy, free and responsible lifestyle.

Sri Guru Amardas ji, the 3rd Sikh Guru, set a unique example in this context. He showed the way to countering social stigma, discrimination and restoration of human dignity.

His mystic support wiped out a social disgrace. One day, someone named ‘Murari’ came to him in an utterly hopeless condition. His appearance was dismal. He was precariously ill with some repulsive and socially embarrassing disease. Instead of avoiding him; the Guru gave an exemplary response. He was kind enough to provide him the necessary treatment to bring him back to health. He himself took care of this sick man when everybody else was shunning him.

Then, one day the Guru presented him before the congregation and announced that he wanted someone to marry his daughter to this man. People looked aghast! Someone spoke that this man’s back was looking so repulsive, how can anyone marry his dear daughter to such a person. How could anyone trust him? The Guru replied, “He is my son and I stand surety to his good conduct. I want my son to get married.” This brought immediate response. A Sikh married his daughter, Mathu to Murari.

The Guru included Mathu-Murari among his 22 Manjidak—(Bishoprics, Authorised Spokespersons/missionaries) for spreading the message of the Gospel to the people. The couple became a model husband and wife for society. When the Guru, the torch bearer, himself took such a lead how could stigma persist?

Spreading awareness also softens the prevalent social stigma to a good extent. One such encouraging step taken in India relates to Jammu and Kashmir AIDS Control Society. The State organized an HIV awareness seminar for Granthis (Sikh Priests) and Raagis (Devotional

49 History of the Sikhs and their Religion-Vol.I.Edited by Dr. Kirpal Singh and Dr. Kharak Singh. SGPC, Amritsar-2004
Musicians) of the Sikh religion two years back. According to the website of the State, senior officials of the programme also participated and provided know-how on implications of the growing pandemic. This was done in order to seek the support of Sikh priests and devotional musicians to motivate them and make them conscious about the contextual relevance and need to spread the holy message of the Guru of chaste sexual behavior and other issues.50

Organizing a religious seminar on HIV for Sikh priests and religious musicians is a major step to counter stigma against the pandemic in a highly traditional community where even the word HIV may be mentioned only in hush-hush tones.

Efforts to counter stigma continue. Two years back, a Sikh woman, Kiranjit Kaur, stood up with tremendous strength and bravery to help combat this stigma. She became the poster-woman for people living with HIV in Malaysia. At the age of 35, Kaur put her face to this disease because “I am here to help the ‘positive’ community and empower them and tell them they are not alone.”

Kiranjit Kaur contracted HIV in 1996 through her husband who was a former drug addict and has since passed away. Coming forward is not easy and it requires a deep courage. Though such a stray case is not enough but it is at least an important step forward to counter stigma.51

Discrimination on the bases of high or low, good or bad has been strongly countered by Sheikh Farid, an enlightened saint, whose hymns form part of Sri Guru Granth Sabhib:

Fareedaa52, khaalak khalak meh khalak vasai rab maahi.
mandaa kis no aakhee-aai jaaN tis bin ko-ee naahi. (SGGS: 1381)
(Fareed! the Creator abides in creation, and the creation abides in Creator.
When there is none without Him, Whom should we call as bad? )

This basic preaching has been further expounded by Bhai Gurdas, the Key Interpreter of Sri Guru Granth Sabhib and the teachings of the Sikh Gurus (prophets). He has held that even those whom we consider to be dire sinners can be redeemed. Hence we should not harbor hatred towards them. He cited a fable about a prostitute named ‘Ganika’ who almost wore the necklace of misdeeds around her neck. But, turning to God brought her solace and salvation. Thus, according to Sikh dictates, any one can be redeemed if one turns to God with single minded devotion. Reference to the fable also exists in Sri Guru Granth Sabhib ( SGGS: 632)53

Efforts to propagate such messages of the gospel are not confined to a country or a single region. Sikh theologians remain committed to widely disseminating these reminders to Sikh followers all over the globe. The Sikh preachers narrate such fables as a routine in the Sikh shrines before the sangat (congregation of Sikh followers). Modern

50 http://www.jkhealth.org/jkaps.php?link=granthis
52 Fareed is the name of the saint-composer affixed with every stanza as was the poetic traditional practice those days. Transliteration: Shabad Guru Explorer. Translation: SGPC: Bhai Manmohan Singh
53 That God is one and good or bad are all His children or that turning to God washes away all sins has not been put forward to justify any body’s acts or way of life. It is an advocacy not to be judgmental and harsh.
communication media is well placed to disseminate these preachings through all media. Internet has become a very handy vehicle to put the message across for wider inroads, though not directly for HIV. This fable was posted on their Web by Sikhs in Holland\textsuperscript{54} on February 07, 2010. This well exemplifies the Sikh religion’s advocacy to counter social stigma.

Whether one actually practices it or not, religions do teach that we must embrace those who are suffering and show them sympathy and mercy in place of rejection. It is religion alone which can prevent their alienation and offer them faith, hope, love, forgiveness, and grace. Spiritual support is very different from that which either business or government can offer. It can change one’s thinking for the better for the rest of one’s life.

Rather than accentuating hatred, discrimination and stigma, the spiritual pathfinders favour tolerance, human equality, patience, service, care, help and relief to suffering of all hues and colours. The feeling of discrimination and social prejudice coupled with shattering pain and social privation call for a compassionate and healing touch.

**Care of the Chronically ill**

Due to queer nature of the infection, there have been varied opinions on the relief services needed to be provided in this situation. But in ultimate analysis human hand of healing touch seems to be nearest to the gospel teachings.

Nevertheless, all religious teachings highlight Seva (or Selfless service) of others, particularly care of the sick and wounded, without any personal motives. Sikh Theology has underscored the quality of selfless service at a great length. In Sikh theology, the expression of selfless service is as much broad-based as is the relevance of human life itself in this universe. The word Seva or selfless service has acquired such a significant place in Gurbani (Sikh Gurus’ teachings), and has gained such broad-based meanings that no word in any other language can be its substitute with the capability to fully express its loaded meanings.

Without selfless service, the life of a true Sikh can neither remain up to the mark, nor fulfilled. Therefore, in common parlance, it conveys the message that for a true follower of the Guru, a good and successful life cannot be even imagined without selfless service. It has been ordained in *Sri Guru Granth Sahib* that:

\begin{quote}
\textit{Vich dunia sev kamaiye, Taa dargeh baisan paiy}\textsuperscript{55} (SGGS: 26)
\end{quote}

(In the midst of this world, do seva (service without personal motive—selfless service), and you shall be given a place of honor in the Court of the Lord.)

One of the greatest examples of selfless and loving care of the infected and sick is provided by our 8\textsuperscript{th} Sikh Guru Sri Harkishan Sahib ji, who did not care even for his own safety while doing such a humane service.

\textsuperscript{54} Website of Sikhs in Holland, [http://tuhitu.blogspot.com](http://tuhitu.blogspot.com)

\textsuperscript{55} Transliteration: Shabad Guru Explorer. Translation: Dr. Sant Singh
Selfless service (or nishkaam seva in Sikh parlance) has been the badge of the Sikh Gurus and their ardent followers. We have examples of Gurus after Gurus who blazed this torch. Sikh recorded history shows that once a plague and smallpox epidemic engulfed Delhi during the time of the 8th Guru Sri Guru Harkishan ji. In that situation, even close relatives of the infected were avoiding getting near to them for fear of catching the infection and possible death. But the Guru did not fail them. Along with his followers he would visit the sick, help with medicines and try every possible way to provide them relief from the illness. Guruji’s and his followers’ personal attention brought cheer to the sick and boosted their morale. He was least careful about himself while mixing with the infected. So much so that he himself fell prey to it. But the flame of selfless care and service which he lit has been kept ablaze by his followers. Guru Gobind Singh the Tenth Guru paid a tribute to this sacrifice by recording that:

“Guru Harkishan Dhiyaiye Jis dithey sab dukh jaiye”
(“Meditate on Sri Guru Harkishan whose sight dispels all ailments and sorrows”).

We remember Sri Guru Harkishan every time through our prayer, since this homage forms part of the official Sikh Prayer format, followed in every Sikh prayer held at the end of any religious programme or discourse.

Service to others and keeping it above one’s person and maintaining one’s humility has been deeply appreciated by the Gurus.

In Sukhmani, Guru Arjan Dev had also provided clear guidance:
Seva karat boye nehaam 
Tis ko boat pratpat swami
(One who performs selfless service, without thought of reward Shall attain his Lord and Master)

Bhai Gurdas, the key interpreter of Sri Guru Granth Sahib and Sikh theology has laid great emphasis on selfless service, saying that without the service of others, our limbs are of no use:

vin seva dhrig bath paer, hoar nephal karni Bhai Gurdas, Vaar 27, Pauri 10
(Cursed are the hands and feet sans service, futile is any other act).

Bhai Gurdas has gone a step further. He says that we should keep doing good to others even if they have not done good themselves. He opines that it is ordinary if we return goodness in return to goodness. But it is extraordinary and praiseworthy if we return goodness even to those who have done bad deeds.

The Guru loves those who do good even in response to bad deeds:

Gun keetey gun karey jag, avgun keetey gun gur bhaaye  (Vaar: 29, Pauri: 11)
(Return of goodness in response to good deeds is wordly but goodness in return of even bad deeds is liked by the Guru).

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56 Sikh Gurus have not only shown others the way for Seva but have set their own examples as well
57 Transliteration: Shabad Guru Explorer. Translation: Dr. Sant Singh Khalsa
SEVAPANTHIS (ORGANIZATION OF SELFLESS SERVICE)

In Sikh religion there is an inspiring example of Seva Panthis 58 (Organization of Selfless Service) who play an exemplary role in selfless service to others. There is a story of Bhai Kanahiya serving the needy, religiously following the Guru’s teachings. He used to serve water to the thirsty. It relates to the time of the last living Guru of the Sikhs.

Sometimes there were armed conflicts between ruling persecutors and early Sikhs. In one of such battles, the Tenth Guru bestowed upon Bhai Kanahiya the duty of serving water to the needy in the battlefield. On the 15th April 1687, the enemy attacked the Sikhs. In the battlefield, whosoever was thirsty came to Bhai Kanahiya. He served them water. Hindus, Muslims, Sikhs and Pathans were given a drink of water by him. Thus refreshed, they again took to fighting.

When the Sikhs saw Bhai Kanahiya serving water to their enemy, they were annoyed. The Sikhs thought, “If Bhai Kanahiya does not serve water to the wounded soldiers of the enemy, they will surely die of thirst.” The Sikhs went to the Guru and complained about it. They beseeched that Bhai Kanahiya be prevented from serving water to the enemy. The Guru called Bhai Kanahiya and asked him, “Brother, is it true that you are serving water to the enemy soldiers who are thirsty and wounded by the Sikhs, thus refreshing them to fight against them again?”

Bhai Kanahiya replied, “O’ True Lord, I donot see any enemy. I behold you everywhere. Whom should I serve water and to whom should I refuse? I serve water to everyone who is in need and comes to me. You, yourself, have bestowed the service of giving water to those in need.” The Guru was very pleased to hear the answer of Bhai Kanahiya. Giving him balm and bandages, the Guru said to him, “Bhai Kanahiya from now on besides serving water, you should also bandage the wounded. Take some other Sikhs with you and raise a team. You will be the leader of this band.”

58 Red Cross word used by the website of sevapanthis: http://www.4to40.com/katha/print.asp?id=1472. The International Committee of the Red Cross (ICRC) is a private humanitarian institution founded in 1863 in Geneva, Switzerland by Henry Dunant. Its 25 member committee has a unique authority under international humanitarian law to protect the life and dignity of the victims of international armed conflicts. (We just need to compare this with what the 10th Sikh Guru ordained on 15th April, 1687, about two hundred years before ICRC was founded).
Bhai Kanahiya did as directed. He set up a band of the Sikhs. He became the head of that band. This was the beginning of their first 'Red Cross service'. Afterward the bands looking after the needy and wounded began identifying themselves as ‘Sewa Panthi’ (The Selfless Service Brigade).

Sikhs are supposed to do honest work, worship, charity, sharing and caring. Selfless service and meditation have been called the main Pillars of Sikh life.

**PINGALWARA: A TOWERING ORGANISATION ENGAGED IN CARE OF THE CHRONICALLY ILL (THE HOME OF PHYSICALLY AND MENTALLY CHALLENGED SICK AND DESTITUTE)**

*Pingalwara* is a premier Sikh faith-based human service institution. It is an all-in-one organization. It selflessly looks after destitute, underprivileged, poor, sick, physically and mentally challenged, terminally ill, incurable, helpless and hopeless persons. This humane service is rendered gratis, without discrimination of caste, colour, creed or gender; or the type of ailment.

The institution holds no stigma against any inmate. *Pingalwara* extends its healing touch of compassion and care to everyone, including those infected with HIV.

*Pingalwara* is the result of pioneering efforts of late Bhagat Puran Singh who began his work in 1934 while in Pakistan. He continued it in Amritsar after partition of India, when there was a dire need for human service in that turmoil. Soon, he turned these efforts into a fully fledged service.

*Bhagatji* has been described as picking up human pebbles cast away on the street by a cruel destiny or an uncaring society. For 14 years he had been carrying a spastic child on his shoulders. He called him ‘Piara’ or the loved one. God helps those who help themselves; Bhagat Puran Singh had vowed to help those who can’t help themselves. He has been described as the saint of our times. Many scholars have likened him to Mother Teresa.

This *Pingalwara* is a temple of God without any idol or a representative religious symbol of God installed in it. The only symbol of God in *Pingalwara* is the destitute bodily helpless man.

With diseases and sufferings of many kinds, bringing new challenges, *Pingalwara* kept up its tradition of accepting any sufferer or victim. So has it continued to be with the onset

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59 *Pingalwara* means home of the cripple. That is what for the scratch work began. Now it covers a broad spectrum of chronically and terminally ill, destitute, helpless and hopeless.

60 Bhagatji means a saintly person.

61 *Pingalwara* means home of the cripple. That is what for the scratch work began. Now it covers a broad spectrum of chronically and terminally ill, destitute, helpless and hopeless.
of HIV in the country.

Such a traditional and great organization extending its helping hand in this way is quite an exemplary step, true to the spirit of Sikh theology.

*Pingalwara* is presently steered by Bibi Dr. Inderjit Kaur, herself a physician. It has numerous branches in many big towns in Punjab State and elsewhere. The institution has grown tremendously and become the nucleus of a voluntary, socio-religious service movement.

The more its pioneers and stewards remained reticent about their noble work, the more were they put on a pedestal by the common people who looked at them as true followers of the teachings of the Gurus. Its stewards travel globally to strengthen *Pingalwara* bonds with all humanity.

Eight patients join the *Pingalwara* family every month. Any destitute person found on the roadside is immediately picked up by the *Pingalwara* staff. Patients are also received from *Sri Darbar Sahib* (Golden Temple-Amritsar) where they are at times abandoned. School and college students, made aware of their social obligations by *Pingalwara* also pick up sick and destitute persons including those with HIV infection and bring them to *Pingalwara* Home.

When patients come to Pingalwara, they are received well, so that they do not feel rejected and unwanted. Pingalwara is rightly called the home of the destitute and chronically ill including people living with HIV.

Just in accordance with the Sikh theological teachings, its founder, late Bhagat Puran Singh feelingly wrote in an article:

> “Every man and woman should spend some of his/her time and energy in the service of others. You should devote your thoughts, your time and actions for them. Manual service is a first step towards a virtuous life. It teaches you how to be magnanimous. Selfless service is the base of a religion...”

The journey was arduous and painful. But Pingalwara, toiling day and night, in scorching heat and biting cold, in rains, thunderstorms, undeterred by adversities, and undaunted by criticism, continued to pick up these wretched, dying, dirty, infectious creations of God from wherever they could be found. Pingalwara had 10 residents living with HIV by 24th April, 2008, up to when the figures were available on the website.  

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62 [http://www.pingalwaraonline.org/about_pingal/intro.htm](http://www.pingalwaraonline.org/about_pingal/intro.htm)
Conclusion

Sikh Theology is heavily committed to bringing peace, happiness and solace to individuals and humanity at large. *Sri Guru Granth Sahib* provides all that is needed to bring it about.

*Gurbani* has clear cut guidelines and signals on all issues concerning material and spiritual life. Be it your own behavior, a difficult situation for a woman, poverty, drug abuse, violation of human rights, persecution of the weaker, exploitation or a dark phase of life, adhering to Sikh gospel teachings provides a lot of remedy and solace. Anything which poses a problem, *Gurbani* provides appropriate counsel, if there is a willingness to listen to it with a pure heart.

The Sikh Gurus’ teachings for the followers remain always to adopt a positive life style in order to strike social, physical and spiritual equilibrium.

God has set limits for all creation. Sun, Moon, Stars and other planets have their own paths.

Rivers and oceans theirs. Their going beyond their confines is dangerous. Religions, according to their divine wisdom, have tried to define human behavioral confines. *Sri Guru Granth Sahib* has given clear leads to the followers on every conceivable human issue.

There are millions who seek relief from their sorrows. God’s loving lap gives comfort to everyone. In adversity and difficulties, *Sri Guru Granth Sahib* provides the desired guidance, refuge and support to face any dark phase of one’s life.

Meditation on God and firm faith mitigates sufferings. Living with HIV can become somewhat easier with positive attitudes propounded by Sikh theology. Holy *Gurbani* ardently addresses human problems and difficulties. Having the needed faith and belief rests with the followers and Guru’s Grace.

Sikhism is for the protection of the marginalized, downtrodden and victims of social excesses. For their protection the Gurus themselves made untold sacrifices, not caring for their own safety. They always stood for the right and truth. All human beings have been made in God’s image. Discrimination and holding stigma against anyone is violation of Guru’s teachings. Sikh theology deprecates discrimination explicitly. It advocates that besides God there is none other, and then who can you call bad?

Gurus have attached high importance to serving the ailing and suffering with single minded devotion. It is another important and inseparable pillar of Sikhism. *Nishkaam Seva or Selfless Service* has been the motto of Sikh religious and social organizations the world over. Wiping a tear and putting relieving ointment of sympathy and mercy on the sufferer has ready blessings and affirmation from the Guru. Service to humanity is service to God.
Difficulties and problems are part of life. We cannot run away from life or renounce it. We can get happiness and solace while being part of the world and family life. One needs to have unshakeable faith that one can overcome knotty questions posed by human life.

Sikh theology preaches that rational behavior is helpful in prevention. It also shows the way to the sufferers how to cope with any major crisis in life with prayers, meditation and attuning oneself to the Supreme Will of God. While seeking almighty’s blessings one can continue with other remedies and treatments. Gurbani has a strong message for its followers and society at large, that all creation is one. It is composed of all sorts of people and we should not breed hatred for those who are suffering for following a different course.

Divine wisdom, the true education, imparted by Sri Guru Nanak Dev, delights the soul, illumines the heart, is the basis of all morality, the foundation of all truthful living and is the source of true character building. He has underlined a practical life style as the essence to reach Reality:

- Not long prayers,
- Not recitations and torturings,
- Not the ascetic way,
- But a life of goodness and purity,
- Amid the world’s temptations°

Sikh Theology has a lot to offer. Its ethical and moral teachings can contribute significantly to confining and halting the spread of HIV. *Sri Guru Granth Sahib* has a word of comfort for everyone. People Living with HIV, with their devotion and belief can also derive strength from it. Religion shows the correct path but faith is never revengeful. Gospel teachings are a clarion call for providing relief to the marginalized and for promoting social responsibility in mitigating human suffering, with blessings of the Almighty:

*Sarah rog kaa a-ukhad naam*°° *SGGS:* 274
(Lord’s Name (Naam) is the panacea of all the ills.)
WHAT DOES GOD THINK ABOUT HIV?

STEPHEN SSENKIMA

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Introduction

This article therefore is based on my own experiences working with Christian communities affected by HIV and a believer in the body of Christ. On the other hand, the article is also based on real practical experiences of working with the religious leaders and the one to one interviews I have held with them in relation to their perceptions about HIV and AIDS. This article will provide a critical analysis of the biblical interpretation of HIV and AIDS and provide the other side of the issues as seen from a developmental perspective.

HIV and AIDS and Sin

As Christians, the bible is our greatest point of reference and when we read it, we see God manifesting Himself and directly speaking to us. Therefore, if we want to seek and understand God’s view about HIV and AIDS, we must get that wisdom from the Bible.

Christians believe that all diseases are a judgment and punishment from God for misbehavior, sin or disobedience. When Adam and Eve disobeyed Gods command and ate of the forbidden fruit, God cursed them. God made judgment over Adam and Eve. Christians believe that death entered into the world when the first human beings disobeyed God. (Genesis 3) “The Lord saw that the people on earth were very evil. So He said; I
will destroy all the people I created” (Genesis 5: 7). Along with other diseases, HIV and AIDS is perceived to be part of God’s judgment in a wicked world.

The bible teaches about faithfulness. Among the 10 commandments that God gave to Moses, one of the commandments is that “You shall not commit adultery” (Exodus 20:14) In modern times adultery is also viewed as immorality and, as such, punishable. It is also known that the greatest mode of HIV transmission is through sexual immorality.

(Hebrews 13.4) states that God will judge all the sexually immoral” Marriage is honorable among all and the bed undefiled; but God will judge the fornicators and adulterers”. It is also known that being faithful to your sexual partner and practising fidelity within marriage greatly reduces one’s risk of acquiring HIV infection.

Repentance

Some Christians believe that according to God, HIV and AIDS is not a problem because he has the power to heal the world; but the issue is sin. He wants people to repent and turn away from worldly ways of living that is why Jesus began his ministry by saying, (Matthew 4:17) “……… turn away from your sins, because the Kingdom of heaven is near”. This therefore implies that even today, the world needs salvation from HIV and AIDS; we need to respond to that call of turning away from sin.

According to the bible, God is seeking complete transformation of mankind in order that it may be healed. (Roman 12: 2) “Do not conform your selves to the standards of this world, but let God transform you inwardly by a complete change of your mind”. However, nobody has power to transform themselves or others; it is God who has and reserves all such powers. This ties very well into the modern concept of behavioral change. People should be encouraged to abandon risky practices which predispose them to acquiring HIV.

(Romans 1: 16) “I have complete confidence in the gospel; it is God’s power to save all who believe, …”. We need God’s power to transform; that is why a medical doctor may be addicted to smoking cigarettes and fails to stop smoking when he knows the danger it involves. (Romans 7: 19_20) “I don’t do the good I want to do; instead, I do the evil that I don’t want to do …now I do what I don’t want to do; it is no longer I who do it, but sin that dwells in me” This therefore implies that the evil things that people do are not their own calling but an influence of the devil. People therefore need to repent and obtain forgiveness from God for such sinful ways including sexual immorality.

The bible sounds a strong warning against people’s disobedience in relation to repentance and seeking God’s reprimand on sinful ways. (Revelations 2: 21 -23) notes that “I have given her time to repent of her sins, but she does not want to turn from her immorality. And so I will throw her on to a bed where she and those who committed adultery with her will suffer terribly. I will do this now unless they repent of the wicked things they did with her”
What people can do effectively is to work on some adverse effects like providing food for weak, helping them access drugs, providing shelter to affected families, etc. This we can do since it is God’s will for us to love and care.

Following the above excerpts from the Bible, one can easily be convinced that AIDS is really a curse/punishment from God for man’s disobedience and wickedness. On the other hand the bible does not provide an explanation about other modes of HIV transmission. The above explanation for instance places much emphasis on the sexual transmission of HIV; leaving out other modes for instance the mother –to- child transmission, blood transfusion, sharing tools and cutlery which are considered as potential transmitters of the HIV virus.

Some people for instance have been infected with HIV through blood transfusion from an HIV infected person or from mother to unborn child. Singling out the example of the unborn child acquiring HIV, such children before birth or during birth have not committed any sin at all. One can ask why God would punish such children.

It is apparent from the discussion that the ecumenical response to HIV and AIDS should embrace the concept of Grace and Mercy; no matter how HIV was contracted. Our ultimate responsibility as Christians is to emulate Christ by not judging, discriminating against or hating others, for God said “… I am the one to hate”. God provided love and justice to all; including those that were considered unjust. Therefore as Christians, we should be ambassadors of grace, hope, love and forgiveness. We have a duty to do good to others irrespective of culture, tribe, ethnicity or the gravity of their sins. We need to emulate Jesus because he lived for the salvation of everyone who believes.

(Romans 1.16) preaches tolerance, love and acceptance for every one, “…for am not ashamed of the gospel of Christ, for it is the power of God to salvation for every one who believes, for the Jews first and also for the Greek”.

Therefore, Christians and the church should condemn in the strongest terms and challenge directly all acts, behaviors and teachings which perpetuate stigma and discrimination that are biblically inclined and fuelled by wrong attitudes and beliefs sometimes found among Christians.

The Bible and “Drivers” of the HIV and AIDS Epidemic

The Bible condemns in the strongest terms the “drivers” of the HIV and AIDS epidemic. More specifically, the Bible categorizes the drivers of the epidemic as sins which can lead to death. Homosexuality for instance is a sin and is punishable by death (Genesis 19.1) teaches how the homosexuals who had come to attack Lot in his house in order to have sex with the two men in Lot’s house were made blind. The Bible further proclaims homosexual offenders as sinners and who will never inherit the kingdom of God. (1 Corinthians 6:9). Although homosexuality is being advocated for as a human right by
some communities and nations, we should not underrate the risk it carries in light of the current era of HIV and AIDS.

Similarly the Bible talks about prostitution as a sin. The Bible says that our bodies belong to Christ. So we should not take what belongs to Christ and join it with prostitutes. Therefore anyone who joins his body with a prostitute becomes one with her body. The Bible advises us to run away from sexual sin because it involves our bodies. If one commits a sexual sin they are sinning against their bodies. The bible emphasizes that our bodies are temples of Christ.

Prostitution is characterized as sin and great disobedience to God. The bible cautions humanity about the dangers of disobeying God’s Law and commands. (Deuteronomy 28: 21-22) cautions of the dangers of disobedience. “The Lord will send you terrible diseases until you no longer exist, until you are completely gone from the land…” The Lord will punish you with diseases, fever and swelling; He will send you terrible heat and you will have no rain. Your crops will die from heat and disease. All these bad things will happen until you are destroyed”.

The Bible also, however taught about Love and forgiveness even for those considered to be sinners. (Matthew 22:39) “Love your neighbor the same way you love yourself.” This emphasizes the fact that we should not be judges. Let us Christians extend love even to those considered sinners. The Lord once said that he didn’t come to save the righteous but sinners. He died so that all could have eternal life and enjoy it to the full.

As a development worker and a Christian, I have learnt that most people engage in prostitution not for their own sake; but as survival mechanism, having lost out on other sources of income. Therefore, we need to accept them first and welcome them. We need to facilitate their acceptance of Jesus Christ as savior. Following which we can assist them in finding better forms of employment.

The role of the church and religious Leaders-Faith Based Healing
It is undisputable that during the time Jesus Christ walked this earth he healed the sick. To prove his powers of healing, Jesus brought the dead back to life. Lazarus is a very good example of such powers. Jesus confirms the powers of healing in belief and faith. The emphasis is, however, placed on spiritual healing. “Whatever we ask in God’s name he shall give” says the Bible.

Unlike the times of Jesus when he performed miracles physically, it is rare today to find miracles happening physically, especially in the area of HIV and AIDS. However God has given us the opportunity to use our local means and responses to obtain the healing we need.

Some religious leaders have misinterpreted the precious opportunity that God places in the hands of experts who have acquired the wisdom from God to make the drugs available to treat God’s people. For instance as Christians we should believe that the discovery of ARVs was God’s miracle at work since God gives the wisdom to doctors and scientists to manufacture the drugs. Therefore if God has provided the opportunity through others, we don’t need to challenge God’s plans. As Christians/religious leaders we need to encourage the congregation to use the available opportunities to better their lives.

Religious leaders and the church need to emphasize the power of prayer, care and support for those infected and directly affected. HIV and AIDS can be so stressful and isolating. Therefore, prayer can be more comforting and helps to rebuild the lost hope. When things are not going well, a conversation with God can provide an opportunity of overcoming negative thoughts and expressing grief.

From the above one can draw conclusions about the Biblical and religious perception of HIV and AIDS. We note that AIDS is not a curse from God as has been portrayed by some religious leaders. We ought to handle HIV and AIDS like any other disease. From the above, I have drawn some recommendations which should be considered to effectively address HIV and AIDS in religious communities.

**Recommendations**

1. Christians and religious leaders must be cautious in the way they interpret the Bible in relation to HIV and AIDS. Some issues have been misinterpreted for selfish gain which is completely against the teaching of the Bible. If we are preaching the gospel especially in the light of HIV and AIDS, we should really preach the correct gospel. Some churches have preached completely against ARVs and have instead encouraged those infected with HIV to rely solely on spiritual healing.

2. We all must embrace Voluntary Counseling and Testing as an entry point to HIV and AIDS prevention, care and support. Religious leaders should take the lead in encouraging people to go for VCT. Religious leaders should also act as examples by going for the test themselves to demonstrate leadership by example and because we’re all at risk of HIV infection in one way or another. Religious leaders command respect from the congregations they lead. Therefore, by taking the courage to go for VCT others will also be encouraged to follow.
3. HIV and AIDS has taken its toll among married couples. Christians and religious leaders must also embrace this reality. Churches should now encourage Christians who intend to marry to go for HIV testing before they are officially wedded in church. Even when the intending couples are positive, the decision to wed them in church should be made after both couples have tested and consented.

4. Church leaders need to embrace evidence based approaches/interventions in the response to HIV and AIDS. For instance, a number of researches have been undertaken and have yielded positive responses in a bid to curb the AIDS epidemic. One significant research is circumcision. However in some areas, Christians have come out strongly to reject the power of circumcision and the preventive potential it carries. The misconception surrounding their refusal of circumcision is that their Muslim counterparts will say that they have now turned into Muslims.

5. Religious leaders should be more sensitive while preaching their sermons. They should create an open space especially for PLHIV to feel loved, cared for, accepted and comfortable. Religious leaders should desist from delivering sermons which are seen to stigmatize and demean those already infected and affected by HIV and AIDS. The church is in a unique position. Christians and non believers respect messages from religious leaders. Therefore, messages from religious leaders should be accurate!

6. The church as an institution, is a place of refuge and therefore should welcome PLHIV and give them all the available and appropriate support rather than blaming them and casting them out for being promiscuous and adulterous.

7. Religious leaders should be ambassadors of hope. Since time immemorial, religious leaders have always played the role of messiahs. They are seen as “nearer” God than any other ordinary person. That picture has not changed even in modern times. Therefore, religious leaders ought to exploit this God-given treasure to preach the gospel of peace, tolerance, acceptance and love for those infected with AIDS rather than preaching a diversionary and discriminative gospel which promotes hatred, denial and rejection. When the gospel remains diversionary, the church will lose its credibility of being a safe haven for Christians where they seek refuge, comfort and peace.

8. There is a need to create flexibility among religious doctrines. As Christians, we agree that most religious doctrines are dogmatic and we must believe them “as is”. However, we cannot continue folding our hands when the members of the congregations are dying of even the most preventable causes!! The church must come out to promote what is considered to be safe practices. Condom promotion has come under strong attack from some religions. Some religions have discouraged condom use. This campaign should strongly be rejected. A condom is important and has been scientifically proven to save life. The church has emphasized abstinence but we know how difficult it is for people to abstain. We know that people only abstain in the short run and in the long run they revert to their earlier practices.
Conclusion

Christians are challenged to follow Jesus Christ and act the same way he acted. This is manifested in the statement “I came to save the sinners not the righteous”. Christians need to extend a helping hand to those who have succumbed to the AIDS epidemic by offering care, support and hope. In doing so, Christians will build a strong HIV and AIDS competent society premised on the understanding that we are all God’s creation and therefore deserve equal treatment and opportunity.

By doing this, we shall not only be able to pick up from where we left off, but do so in a way that opens a new window of opportunity which promises love for everyone, hope for the depressed and meaningful improvement in the lives of those directly infected and affected by the HIV and AIDS epidemic.

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HUMAN SEXUALITY

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Introduction

It is common knowledge that the issue of homosexuality is threatening the unity of the body of Christ. Swords are drawn on both sides of the fence. Each side is convinced that it is on the right track. There seems to be no solution in sight. Scripture is used to entrench different opinions. Name-calling is usually resorted to. Those who voice a negative opinion towards same sex unions are called conservatives. This block, by and large, represents the African continent. Those who support the union of the same sex are called liberals and or enlightened. This community is found in Europe, Nordic countries and North America. It must be stated, however, that all groupings are found in all continents. Unfortunately the Church of God is caught in the middle. She is expected to give guidance on this extremely complex issue. The Church is therefore, called to engage herself in equipping her saints so that they will be good servants of the One who called them to proclaim the liberating gospel.

I will try to map out different opinions on the issue and come up with a suggestion of way forward. I will focus on homosexuality and I will endeavor to raise arguments for and against the issues at stake. Both arguments will be rooted in the bible, culture, experience and case study.

What is Homosexuality?

In all fairness the issue at stake is not homosexuality but sexual orientation and practice. The term homosexuality (noun) means “sexual attraction to or sexual relations with members of the same sex,” according to Collins Concise Dictionary. Christian, African and other oriental traditions accept marriage as a union between man and a woman. In these communities the main purpose of marriage is procreation. A well respected marriage must have a child or children. It also goes without saying that a boy child is, or was more respected than a girl child. A boy child was regarded as an heir apparent because of the perpetuation of family and clan name as procreates. A girl child was understood
to be a mother of other family as she would be married and give birth to their heirs. She was also regarded as the one who would bring cattle to her parents through bridal price. This was not perceived as buying her but a token of appreciation and that her children would have the right to her husband’s surname. Hence, same sex union was a non starter in such communities.

But this issue of homosexuality is more complex. It is argued that lines of demarcation are drawn long before birth. There is a school of thought that argues that such differentiations are determined at conception: “Physical sexual history begins at conception and continues in a definite sequential pattern until birth,” Harvey (1996:33) argues. The pair of sex chromosomes at conception determines genetic sex, biology teaches us. Seven weeks after conception sexual development begins in human fetal life (Harvey 1996:33). The rest is normally taken care of by society that appropriates gender roles.

Homosexuals advance the same argument in their rebuffing of naming homosexual relationship as sinful. They say it is their biological make up that they are attracted to members of the same sex. They are wired differently, they argue. Society is, therefore, unfair in judging them as immoral and or sick people. The faith community, too, has no right to call them sinners because of their same sex union. They just want to consummate that which God has created and declared good!

This development, however, cannot be the only factor. Human beings are social beings who are influenced though not enslaved by culture and societal norms. People cannot just do what they like without considering the norms of a larger community. It is important to safeguard one’s community without being enmeshed or sacrificing one’s identity.

Our sexual conscience is influenced by; *inter alia,* psychology, economy and theology. Hence Jesus stretches the psychosexuality to include lusts: he who looks at a woman lustfully has already committed adultery (Matt.5:28). No one can be saved but by grace through faith in Jesus Christ (Rom.3:23-24). Therefore, the complexity of this phenomenon should not be reduced to homophobia and other erratic behavior that is informed by and not limited to, fear, ignorant and prejudice or *holier than thou* attitude. Neither can anyone advocate for the acceptance of homosexuality on the basis of love relationship only. Judgmental attitudes will not help us either.

Unfortunately these attitudes are displayed by both camps. There are those who simply conclude that homosexuals are sick people and the homosexuals consider heterosexuals sick. Then who is sick? Where will such an argument leads us? No-where. It is, therefore, proper for me to present some of the common arguments advanced by theologians in both camps.

**Voices Opposed to Homosexuality**

Cardinal Joseph Ratzinger (now Pope Benedict XVI, 1994:41) locates homosexuality in the terrain of sin. He argues: “[God] fashions mankind, male and female, in his own image and likeness. Human beings, therefore, are nothing less than the work of God him-
self; and in the complementarity of the sexes, they are called to reflect the inner unity of the Creator. They do this in a striking way in their cooperation with him in the transmission of life by a mutual donation of the self to the other.” He goes on to cite the stories of the fall of humankind in Gen.3 and that of Sodom in Gen.19:1-11, as a consequence of broken relationship between humankind and God. Drawing from the Holiness Code, Lev.18:22; 20:13; 1 Cor.6:9; Rom.1:18-32 and 1Timothy 1, Ratzinger asserts that people who behave in a homosexual fashion “therefore acts immorally.”

Homosexuality, according to Ratzinger, annuls the very essence of marriage as a channel through which life is transmitted. It jeopardizes the nature and rights of the family. He admonishes the church not to give in to either pressure or civil laws that are enacted to legalize same sex marriages or union.

Ratzinger urges his audience to withstand and ward off pressure that is brought about by the group that advocates the acceptance of homosexuality. However, he deplores violence meted out to homosexuals: “It is deplorable that homosexual persons have been and are the object of violent malice in speech or in action... The intrinsic dignity of each person must always be respected in word, in action, and in law.” (ibid:43). He continues to caution law makers that they should not enact laws that encourage similar distorted minds both in Church and society to react violently against homosexual persons.

Ratzinger refutes the notion that homosexuality is genetically engineered and not a choice. He strongly argues that it is a chosen life style. Homosexual persons can abandon their practice: “As in every conversion from evil, the abandonment of homosexual activity will require a profound collaboration of individual with God’s liberating grace” (ibid:44). He admonishes homosexual persons as well as heterosexuals to live a chaste life in the context of the Cross: “The Cross is a denial of self, but in service to the will of God himself who makes life come from death and empowers those who trust him to practice virtue in place of vice” (ibid:44).

He called on his Catholic Bishops to render a pastoral service to their congregants who are homosexuals. He further cautioned them not to succumb to the pressure that purports to derail them from the teachings of the Church on human sexuality. Similarly Catholic theologians were encouraged to teach and interpret the scripture in such a manner that it will foster loyalty to the teachings of the Church.

The South African Marriage Alliance expressed similar views in rejecting same sex union or marriage. They based their arguments on similar Biblical grounds that marriage is between a male and female for the purpose of procreation (Gen 1.26-27; 2:22-24). The community of heterosexuals is at times, puzzled by homosexuals who father children but then abandon them for other men.

In the context of African culture marriage is between man and woman or women. There are some royal families that are run by queens who ‘marry’ women but pair them with selected men for procreation. This is a guarded secret that foreigners may not know that those queens do not sleep with their ‘wives’ but the selected men who are closely related to the royal family. Heirs born through such arrangements are never ostracized or treated
and resistance to Jesus Christ who frees all His followers from the bondage of sin, irrespective of its nature (Gal.5:1-6).

A casual survey in my congregation that I did shortly after the 30th Celebration of ELCSA met with scorn and resistance in answering the question whether homosexuality should be discussed in the congregation or not. One lady just said: “The bible is very clear on the issue. If the Lutheran Church is not bound by the Bible we will discuss it. Since the Bible is our guide there is no reason to go against it. Close the book on this topic bishop!” (25.11.2005, Soweto).

The impression created in this kind of opinion is that whoever accepts or embraces homosexuality is a non-Christian. One may dismiss it as irrelevant but there are millions of Christians who hold similar views. One cannot dismiss them as fundamentalists or religious fanatics. They are entitled to their opinion. What people should be encouraged not to do is to commit violent acts against homosexuals. These acts may be physical, verbal or emotional abuse which must not be condoned within the Christian community.

Voices for Homosexual Persons

I found the debate engaging and highly informative. I will use the arguments of John McNeill to highlight different opinions on the issue at table.

McNeill’s point of departure is the doctrine of creation. He argues that homosexual persons are created by God and therefore they have no choice but to behave as created. He argues: “It should be stressed here, in opposition to certain current views, that human beings do not choose their sexual orientation; they discover it as something given…The claim of certain groups to be able to change homosexuals into heterosexuals has been shown to be spurious and frequently based on homophobia. The choice that faces lesbians and homosexuals is not between heterosexuality and homosexuality but between a homosexual relationship and no relational intimacy whatsoever” (MacNeill 1994:51).

He further argues that lesbians and gay people have a constructive role to play in the development of the society and they also help in stabilizing families. Patton and Childs (1988:20) may concur with him on the basis of care as the core reason for human existence or marriage. They assert: “What is normative, or essential, for human beings is the care of the generations that immediately touch our lives, usually the generation before, one’s own generation, and the generation after. Human beings are God’s creatures entrusted with the care of the earth” (Ibid: 13 &20).

MacNeill refuted a notion that equates same sex love with sin, sickness and that it alienates lovers from God by asserting that such a relationship “can be holy love, mediating
God’s presence in humanity as effectively as heterosexual love” (Ibid:51). He further cited psychological data that has cast new light into psychosexual development that one has no choice about sexual orientation; and the only healthy reaction to being homosexual is to accept it.

Clinging to the conviction that homosexuals are created by God and that they should be treated like heterosexuals in their faithful relationships, he argues: “Only a sadistic God would create hundreds of thousands of humans to be inherently homosexual and then deny them the right to sexual intimacy. I, for one, would prefer to believe that the church is wrong about homosexual activity than that this sadistic, superego God has any true relation to the God of love revealed by Jesus” (Ibid: 53).

He goes on to tackle the most misconstrued story of Sodom in Gen 19. Scrolling through the history of interpretation of the same story in both Old and New Testaments he concluded that that story has nothing to do with sodomy or homosexuality but “that sin was understood as selfishness, pride, neglect of the poor, and inhospitality to strangers. (In the desert context of these passages, inhospitality to a stranger meant certain death” ) (Ibid). Both Ezekiel (16:49-50) and Jesus (Lk 10:10-12) refer to both injustice and inhospitality as cardinal sin that led to the destruction of Sodom and that the city that shows inhospitality to the disciples would be dealt with more severely than Sodom:

“Now this was the sin of your sister Sodom: She and her daughters were arrogant, overfed and unconcerned; they did not help the poor and the needy. They were haughty and did detestable things before me. Therefore I did away with them as you have seen” (Ezekiel 16:49-50).

And as for Jesus in Luke 10:10-12 the cardinal sin of Sodom is described as follows:

“But when you enter a town and are not welcomed, go into its streets and say, ‘Even the dust of your town that sticks to our feet we wipe off against you. Yet be sure of this: The kingdom of God is near. I tell you, it will be more bearable on that day for Sodom than for that town.”

McNeill argues that every human being has a need for fellowship and stable companionship. He regards same sex unions as part of God’s plan in fulfilling such a need. He then dismisses condemnation of same sex unions as inherently sinful.

On the question of procreation, the question that arises concerns those marriages that have no children. Is their authenticity or credibility diminished because of that? I will share our cultural explanation and practice on the topic of procreation.

In the New Testament, Paul advances another reason for marriage: uncontrollable sexual desire (1Cor.7:9). Paul’s main injunction to Christians was to admonish them to be celibates. He encouraged Christians to remain single for the sake of advancing the Gospel of salvation but acceded to the fact that sexual passion could be unbearable. He minced no words in saying that marriage is between a man and a woman.
In rejecting what has been widely interpreted throughout Christian history namely, homosexuality, (although Paul and his contemporaries did not know the term), Siker (1994:185) asserts that Paul was condemning pederasty and male prostitution “which were but an expression and consequence of their idolatrous rejection of God”. He asserts that Paul was informed about sexual matters by his Jewish culture and religion. He was, therefore, basing his rejection of sodomy on the Holiness Code, Wisdom literature, 3 and 4 Macabees, as Cranfield (1977:126) argues. However, Paul by and large regarded marriage’s essential purpose as procreation. The fact that Paul added another dimension to that norm does not mean that he played down or excluded procreation. It could be that he took it for granted that his audience knew and it was widely accepted as a norm governing the society. In short, Paul was concerned with the doctrine of creation.

On the one hand Paul, like Jesus, was concerned with the ethics of the new community of believers who were drawn from both the Jews and the Gentiles into the Household of God. Both emphasized the quality of relationship between human beings and God and within this new community. Paul wrote: “Therefore, if anyone is in Christ, he is a new creation; the old has gone, the new has come” (2 Cor.5:17). The entrance into this new Household is Faith in Jesus Christ. Paul could admonish the Galatians that race, gender, social status, et al, no longer count: “For in Christ Jesus neither circumcision nor un-circumcision has any value. The only thing that counts is faith expressing itself through love”(5:6).

On the other hand, some advocates for homosexuality are Christians. They argue that they condemn sexual promiscuity, abuse of women and children and rape as much as heterosexuals do. They profess that their union is based on love between two adults who love each other and are involved in a monogamous union. They agree with Paul in so far as he condemns pederasty and male prostitution, but dismiss his apparent rejection of homosexuality on the basis that he is out dated. His knowledge of human sexuality is limited compared to what they now know. They also argue that Paul seemed to have a sexual problem hence he was not married.

However, I submit that Paul knew the onslaught of sexual desire hence he admonished his audience to marry rather than to suffer. Paul was also convinced about the imminent second advent of Christ Jesus who would come to judge the world. Marriage was no longer an option for him but only preaching the gospel. Furthermore, Paul was describing the status of a fallen human being in listing vices that such a rebellious nature of an alienated humanity indulges in. Consequently, it excludes itself from the household of God. Therefore, the argument that Paul had sexual problem does not hold water. It has no base but is a speculation at best. Williams (1981:214) sees this argument as a reflection of a “new consciousness of what sexuality is, and a conviction that the Christian tradition has misunderstood and rejected the creative function of sex.” What has changed, according to this trend of thought, is not human beings but that the latter have developed a new consciousness about sex which he/she values highly.

It is interesting to note that Paul includes malice and slander “to denote people who go about destroying other people’s reputations by misrepresentation” (Cranfield 1977:130f). Paul views such attitudes as an affront to God who created men and women to be
complementary in perpetuating the human race through procreation. Paul condemns injustice meted out to one man by another. Homosexuality was regarded as demeaning or dehumanizing the one who would play a female or passive role in the very act of homosexuality. One should not conclude that Paul was not aware that some marriages could not bear children. He knew that but it was not an issue since the two had intended to do things in a “natural” way. This is true to date.

It does happen, however, that one partner could be impotent or barren. Does it mean that such a marriage is incomplete or not blessed by God, as I mentioned earlier on? In cultures where such a functional role of sex was elevated above pleasure other plans would be devised to make sure that children would be born. In many communities, polygamy or polyandry will be perceived as the solution. The main concern was the perpetuation of the paternal lineage. Men were not blamed for being impotent but women were for being barren.

Among the Vhavenda tribe, once it was established that the couple had a challenge of birthing children and once it was established that the challenge was with either a husband or wife, they would resolve to ask an uncle or elder brother to get into the bedroom and birth children for his brother without the latter’s knowledge. The same arrangements would be done for the wife if she was barren. The difference would be that the wife’s younger sister would be sent to the family to bear children for her elder sister.

Children born through such arrangements would never call their biological mother their mother but aunt and their aunt would be their mother. Marriages were held together through such practices. The same applied to the widows and widowers. Arrangements would be made for the widower to have his sister-in-law, normally a younger sister to the deceased, to go to his homestead to nurse her late sisters’ children. Widow/widower inheritance was an accepted practice.

Homosexuals

Harvey (1996:55) distinguishes three types of homosexual persons. These three types are compulsive, symptomatic, and episodic.

A. COMPULSIVE HOMOSEXUALITY:

Referring to the results of the study that was conducted by Charles Socarides, a psychoanalyst, Harvey asserts that this type of homosexuality has its origin “in the second and third year of life as a result of disturbed mother-child relationship at the time of individuation.” What may prompt this kind of reaction is when one discovers that one’s sex was a disappointment to one’s parent(s). The main objective of this type in having same sex relationship is not sexual gratification.

It becomes a tool for protecting ego and gender identity by a sexual fusion with another person of same sex. It can be described as an affirmation of the rejected self. The warning to all parents and the church is that negative words directed to people may create a deep-seated anxiety and degradation of the ego that the victim may end up committing
suicide. It is less gratifying to a child to be told that we wanted a girl (boy) but took you because you are a gift from God.

Advocates of this school of thought argue that homosexuality should be understood as “an attempt to restore and repair” the broken relationship with one or both parents by attaching itself to a same sex relationship. This is a yearning for acceptance.

Symptomatic Homosexuality: This is the second category which is described “as a symptom of a more general personality problem” (Harvey 1996:58). Ruth T Barnhouse in Harvey (1996:58-9) defined unresolved issues as follows:- “problems of unsatisfied dependency needs, unresolved power or dominance needs, and fear of heterosexuality.” Harvey continues to argue that for some, homosexual behaviour may be an “obsessive search for affirmation. For others, homosexuality may be a quest for dominance or a sense of power” (1996:59).

The male homosexual person tends to use the other as a way of proving his power by demeaning, oppressing or exploiting his partner. This may also be an expression of self-hatred. Fear of heterosexuality may be triggered by childhood sexual abuse, sexual mal-adjustment or broken relationship between parents in such a manner that the girl child may resolve not to destroy a man as her mother destroyed her father.

B. EPISODIC HOMOSEXUALITY

This category of homosexuality may be known as situational, variational or episodic. This kind of homosexual behavior may occur in situations where heterosexual activity is not possible, e.g. in prison or single sex hostels. Adolescents may engage in homosexuality out of curiosity or as a rebellion against the dominant culture governing the society or community that they feel is oppressive. In this context, homosexuality is used as an expression of liberty: free at last!

In all fairness to the subject of human sexuality, a lot more research needs to be done. There are various factors that contribute to homosexuality such as I mentioned above. Some are “born” homosexual, whereas others adopt the orientation as individuation which takes place during the child’s developmental stages. Either way, people should not be discriminated against because of their sexual orientation.

IS THIS A FOREIGN OR COMMON PHENOMENON IN AFRICAN COMMUNITIES?

It is interesting to note that by and large, many Africans believe that this behavior is not African. I once said to an African female pastor: “you are one of those young and energetic pastors who advocate in favour of same sex marriages!” She looked at me and responded: “I am an African I believe in natural practice. Marriage to me is between man and woman. This is non-negotiable”. Her response prompted me to scroll down some of African languages in search of nouns or verbs that name or describe homosexuals both male and female.

In my own mother tongue, Tshivenda, I failed to get a noun for defining homosexuals. I found infinite verbs that describe sodomy and lesbian act. These are u la matanyula...
and u kwevha respectively. In the Tshivenda bible translation the sentence used is the same as having sexual intercourse with a woman: vhadzua u lala na vhanna ngavho- those who sleep with men like themselves. The verb for sexual intercourse is lala literally to sleep. It is used to describe sexual intercourse between a man and a woman whereas ula matanyula describes sodomy and u kwevha defines the sexual act between women. This is also a contested area as some women define u kwevha as an act of stretching a woman’s birth passage, an act which has nothing to do with sexual intercourse but a preparation for male penetration in marriage. It may also describe the business of buying and selling goods which has nothing to do with sexual relations. This act should be differentiated from u pongwa or vhnpongwe- prostitution.

The Pedi/Sesotho language has lekgara matona meaning bisexual or homosexual. In Nguni languages we have isitandane or ngungumbili which are the terms that are used to define people of homosexual orientation or bisexuals. This discovery convinced me that homosexuality is not a foreign phenomenon but that modernity or post-Christianity encouraged its naming.

A problematic trend in Africa is that issues of human sexuality are not written down but transmitted through by word of mouth from generation to generation. This tabooing of human sexuality makes it difficult for scholars to unearth customs and norms that governed human sexuality in ancient communities. It is commonly assumed that sex, in those ancient communities, was for procreation only. It is further argued that Africans did not have sex education as talking about sex was indeed a taboo. Smith, however, observed that:

“To write of the Ba-ila and omit all reference to sex would be like writing of the sky and leaving out the sun; for sex is the most pervasive issue in their lives. It is the atmosphere into which the children are brought. Their early years are largely a preparation for the sexual function; during their years of maturity it is their most ardent pursuit, and old age is spent in vain and disappointing endeavours to continue it… To them, the union of the sexes is on the same plane as eating and drinking, to be indulged in without stint on every possible occasion” (in Parrinder 1996:127).

In this context same sex marriage or union would be denounced for its inability to birth children. Some African myths depict love-making between the deities, male and female, to illustrate the importance of sexual intercourse between two sexes that results in the human race perpetuating itself. The prime example is that of the Dogon of the western Sudan whose supreme god Amma was bored and wanted to have sexual intercourse with the earth but could not make it because of the anthill that prevented penetration until Amma cut it and he could penetrate. Consequently children were born because the seed of Amma fertilized the earth. Therefore, clitoridectomy of women is justified from this “divine” example (Parrinder 1996:130).

However, gay and lesbian people were found amongst the African communities but were never called names or referred to as worse than dogs as other African political leaders would like us to believe. Demonization or name-calling leads to discrimination that may
culminate in death or murder of the other who does not look and behave like ourselves. Human sexuality concerns human communities wherever and whoever they are.

The most misconstrued practice amongst the Vhavendas and the Modjadjis clans is the perception that queens engage in same sex marriages. Yes, they do marry women but not as sexual partners because such women are paired with selected henchmen who will bear royal children for the families concerned. Such women are never meant to have sexual intercourse with their queen “husbands.” I shared more light on this dimension earlier in this paper.

Challenges Facing the Church Today

The historical Church does not have an adequate view of human sexuality or sex in general. This is contrary to the doctrine of creation which asserts that God created everything and it was good. Williams (1981:218) cites two factors that contributed to stifling sexology in the life of the Church, namely a) sexuality has meaning within marriage, and b) lack of knowledge on how sexuality influences human growth. Consequently both the Church and home failed its members in sex education. It was assumed that all sexual problems could be resolved in marriage. The Church must inform herself on matters of human sexuality since such knowledge abounds.

The Church does exist in context. Christian ethics cannot be exercised in isolation but have to be adapted to and remain critical of adopted norms and values in the interest of serving the larger community whilst affording an individual breathing space to express himself or herself in any manner deemed acceptable to the whole society. Put simply, an individual exists because she/he belongs: I belong therefore I am: is the underlining philosophy that the Church as the Body of Christ Jesus should always be mindful of. In this redeemed community, self interests do not have a final word but the other. St. Paul could urge a Christian to abstain from eating meat if, by eating it, he/she may cause the other sister or brother to stumble (Rom.14:15). An individual act should always be measured or gauged in terms of whether it enhances or weakens the faith of the other. This, to me, is a clear indication of what the inclusive community is all about.

The Church should be able to critique the world because it is not true that human friendship is only fulfilled in sexual intimacy. In a society where gender roles are differentiated same sex friendship is not suspected of homosexuality. When two or three boys develop such friendship parents may even be drawn closer together, but it could never be linked to something sexual. Society should allow people to develop friendship just like David and Jonathan in the Old Testament. But a corrupt mind may read homosexuality into that story as well.

The modern Church should avoid the mistakes of the past where she did not involve herself in scientific development but allowed the it to develop under the auspices of secular society. She should not retreat into dogmatism but create space for different views to be debated and knowledge on human sexuality to be acquired through relentless research using scientific tools. Faith of her members should be encouraged to enlighten
and influence their research on this sensitive matter of human sexuality. The underlining philosophy should be that: Now we know only in part; then we will know fully, even as we have been fully known, to paraphrase Paul in 1Cor.13:12.

Faith communities should draw clear guidelines to enable their members to handle matters of human sexuality. It is good and noble to urge people to abstain from sexual intercourse but what about those who are not born eunuchs? It must also be kept in mind that abstinence is not a prerogative of homosexuals but heterosexuals too. My observation is by and large, that abstinence is geared towards gay and lesbian communities.

It is worse because the first community to be diagnosed with HIV was that of homosexuals or men having sex with men. Both political and church leadership became so stereotyped in their thinking that it was difficult to explain that HIV has no boundary. The fact that there are many ways of acquiring the virus that causes AIDS was ignored.

Some of the means of getting infected are, mother to child transmission, blood transfusion (although medical science has become more strict in screening blood products, thereby reducing this mode of transmission to almost nil), sharing unsterilized needles for drug users who inject themselves in order to get a quick high, breast feeding and unsafe sex. Therefore, one cannot argue that gay couples are responsible for the spread of HIV.

Similarly, The Holiness Code in Leviticus 17-26 needs to be understood in its context so that it may be embraced in its totality. In the same vein the prohibitions in Romans 1:26-32 should be seen in its illustration of what happens when human beings turn against God. It should not be understood as something that is extra-ordinary. Paul lists vices that are clear examples of an alienated human being. This is not meant to be isolated or to be implemented in a piece-meal fashion but in its entirety. Christians should avoid selective reading of the Scripture. Where bestiality, gossip, murder, incest, homosexuality, etc., are refuted, Christian theologians should not accept the rest but ignore homosexuality. The authority of the Scriptures should be upheld.

Luther secularized marriage. He was moved by seeing priests assaulted by sexual desire. He was convinced that people are created for communion (Gen.1-3). There were many priests who had families but they were not recognized by the church. He declared marriage a civil institution. The following questions may be raised: Does it mean that this civil institution should be left in those powers to do as they wish or deem fit in accordance with their secular constitutions? Was Luther equating sex with water/drink or hunger/food? Does it mean we can do as we wish irrespective of the social norms that govern each community?

Science is opening up new horizons that may inform the church as it deliberates on the human sexuality issue. If there are bisexuals, albinos, and so on, and if the chromosomes are responsible for the formation of our sexuality, the possibility exists that there are men clad in female bodies and vice versa. I know that the medical fraternity is divided on this issue. This should not deter the church from seeking theological guidance and making pronouncements that are simple and clear. The Church should sensitize her members to refrain from discrimination towards and judgment of homosexuals. Our
motivation is the Justification doctrine. People are justified by grace through faith in Jesus Christ who calls all believers and non-believers to be other centered.

Human dignity does not depend on sexual orientation. Paul discounted gender inequality as well as other human boundaries that were erected to bolster and safeguard the interests of the “haves” or the powerful in his contemporary society. We need to ask ourselves a few questions that will guide us in making an informed pronouncement on this sensitive issue: What does it mean to be invited into a new community of believers or to be invited into the fellowship with Christ Jesus who dined with and touched the outcasts? What about polygamy that has been a feature of many communities including African ones? Are we discussing homosexuality because the church in the north has put it on our agenda? In other words is the Church in the south able or willing to draw its own agenda and discuss issues that are close to her heart? Does the Church in the south regard Scripture as binding or normative?

Conclusion

The matter of human sexuality has the potential to split the Body of Christ into two. Christians should be bold enough to listen to what the other is saying and be willing to accept and embrace the other who is not like them, without discriminating against him or her. Jesus Christ invited the marginalized to His circle to the dismay of the religious leaders of His time who labeled Him a rebel because His philosophy was that human life is more precious than the Torah. This was displayed in His healing people even on the Sabbath day. When confronted by religious leaders of His time on the question of healing on the Sabbath day, Jesus responded: “I ask you, is it lawful to do good or to do harm on the Sabbath, to save life or to destroy it?” after looking around at all of them, he said to him, ( a man who had a withered hand) “Stretch out your hand.” He did so, and his hand was restored (Luke 6:6-10).

The Church should not enthrone theology at the expense of human life irrespective of sexual orientation. The Church should retain its saltiness and expose things that are detrimental to the life of human beings, irrespective of their popularity. This is the work of the light. It exposes things for what they are without judging them.

The other area where the Church does good work is in caring for the sick. She should strengthen her home base care programme so that people may experience God’s love and die in dignity. It is sad that some HIV sufferers chose to go to the sugar cane fields to die there like wild animals because of the rejection that is the other side of the same coin as stigma. This happened in KwaZulu-Natal in the early eighties and nineteen nineties. In exercising God’s love of caring for the sick, the Church should avoid encouraging infection because she will take care of the sick. Instead the Church should encourage people to aim at prevention by doing everything possible to practice safer sex.

The Church should also encourage people to know their HIV status as part of prevention method. Those who are negative should remain in that status by always being cautious whenever they engage in sexual intercourse with a partner whose status is not
known. Parishioners and members of the communities should be encouraged to do voluntary counseling and testing at least twice per year. In other words people should be encouraged and admonished to avoid a life style that compromises their health in as far as HIV infection is concerned. This applies to all human beings irrespective of their sexual orientation or those who inject drugs using contaminated needles and those who use one blade or knife in attending to their clients, especially African traditional healers. The Church should educate community members on matters of health.
**DOES “GOD STILL HATE FAGS”?65**

**REV. HANNU HAPPONEN**

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**Introduction**

One day I was on Google trying to get some ideas on what I could use as an image for a Power Point presentation on God. When I typed in “God” one of the first images that came up was of a protesting man with a sign “God still hates fags.” The image began to haunt me and I started to think: “does God still hate fags?”

Many people have a difficult time understanding those who are attracted to people of the same sex. They are “wired” differently; their “computer” has contradictory software loaded. We have a fear of what we do not understand, what we cannot comprehend. It can lead us to discriminate against others of a different sexual orientation. Some may think that if we show sympathy for “sinners” or stand beside them, our actions show that we are condoning the sin.

A person may see homosexuality as an abomination, a perversion, a sin. However, Jesus associated with marginalized people: the sinners, tax collectors, drunkards, women, lepers, prostitutes, Samaritans, and children. I believe that today Jesus would be there where the gay community is. He set us an example that we should follow (Jn 13.15). We need to treat marginalized people the same way he did. God treats the “righteous” and “unrighteous” equally setting us an example to follow. Even if a Christian sees homosexuality as “sin,” the question we should ask is “how should we treat sinners?” God loves everyone regardless of what they do or do not do. It is not based on our works, nor is it based on sexual orientation. This is the very love that Christians need to reflect.

The issue is quite divisive and splits denominations, churches and Christians. This article will not debate whether homosexuality is right or wrong. I will attempt to look at its relationship to HIV and AIDS and what the response of the church should be. By way of contrast, there are issues which can unite Christians in this thorny thicket of HIV and AIDS.

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65 The word “fag” is an offensive term used of homosexuals. The title for the article is adapted from the picture that I saw on the internet and is not intended to condone it’s usage.
Definitions

Sexual orientation refers to the sexual and emotional attraction based on the gender of one’s partner. Heterosexuality refers to people who are sexually attracted to people of the opposite sex. Homosexuality refers to a person (usually a man) who is sexually attracted to people of the same sex. This is distinct from homosexual behavior. Behavior has to do with what a person actually does – what the attraction leads a person to do.

Today the term “men who have sex with men” is commonly used to describe a behavioral phenomenon rather than a specific group of people. It includes people who call themselves gay (or homosexual) as well as those who are bisexual (those who are sexually attracted to both men and women). It further includes those who engage in male–male sex but identify themselves as heterosexual as well as transgendered males. There are also men who have sex with men but are married to a woman, have a family and do not identify themselves as being gay. Others may engage in male–male sex in certain settings (for example, when incarcerated in a prison), but when released, cease from such activity.

Origins of same-sex orientation

People do not consciously choose their sexual orientation. A heterosexual or a homosexual does not decide what their sexual orientation will be. Studies that have been done on same-sex orientation have come up with biological theories and psychological theories as to the origin. The biological theories see that a person is “born” a homosexual; that there are genetic or hormonal factors that cause a person to be inclined towards homosexuality. The psychological theories look more at the social and environmental factors. Some argue that factors such as a dominant mother and passive or absent father contribute to a person becoming gay.

No consensus has been reached on this hotly debated subject. Research on the origins of sexual orientation has focused on homosexuality and not heterosexuality. There has tended to be a bias that homosexuality is not acceptable or normal and has thus skewed the research results. Research should examine the origins of sexual orientation in general, not the origins of one type of orientation.

Homosexuality is a reality

Homosexuality has existed and exists in society. Although the advocacy for gay rights is being pressed for by the developed nations into Africa, it existed before this pressure was exerted. In the history of Uganda, one of the Baganda kings, Mwanga (1868–1903) was well known for his homosexuality and it is argued that the Uganda martyrs died because

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68 Tony Campolo, Speaking My Mind (Nashville: W. Publishing Group, 2004), 58.
some young boys and men refused to be part of his homosexual practice.  

Homosexuality is shrouded in secrecy because it is illegal in most African countries. To condemn it or to legislate against it will not make it go away. It is a reality that we have to come to terms with. To deny or ignore this reality will also lead to denying and ignoring the dangers associated with it.  

One of the challenges we have is to get hard data in Africa about same-sex practices. It is difficult to gather the data because if one admits to engaging in this behavior, it would be tantamount to admitting to breaking the law and would, thus, make one liable to criminal prosecution.

**What does the Bible say?**

The Bible does not speak much about homosexuality, but there are some passages that do address the issue (Gen. 19.1–38; Lev. 18.22; 20.13; Judg. 19.22–23; Rom. 1.26–27; 2 Cor. 6.9; 1 Tim. 1.10; Jude 7). There are passages that refer to “male shrine prostitutes” (Deut. 23.17–18; 1 Kings 14.24; 15.12; 22.46; 2 Kings 23.7; Job 36.14) but it is unclear what exactly this entailed.

In the towns of Sodom and Gomorrah the men wanted to rape Lot’s male visitors (Gen. 19.1–38; Jude 7). In a similar story, a Levite man was going to be gang raped by the men of Gibeah who ended up raping and killing his concubine (Judg. 19.1–30). In the holiness code it was forbidden to have “sexual relations with a man as one does with a woman” (Lev. 18.22; 20.13).

Paul views homosexual behavior (male or female) as a consequence of idolatry and an expression of excessive lust (Rom. 1.26–27). He states that those who “practice homosexuality” along with many other persons engaging in various practices, will not inherit the kingdom of God (1 Cor. 6.9-10; 1 Tim. 1.10).

These passages have caused much discussion. Some argue that they are culturally relative and have more to do with abuses that happened within the context in which they occurred. Others state that this is the Word, the Bible which transcends culture and applies to all people at all times.

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Same-sex relations were understood in antiquity as typically exploitive and a perversion of the natural order. The modern understanding differs significantly. Today it is not seen as exploitive but as mutuality. It is understood as a naturally occurring sexual orientation.74

Another thing to consider is that the Bible includes various sanctioned sexual relationships that today are generally understood as unethical (e.g., polygamy,75 levirate marriage76). The church has sought to discern what constitutes appropriate and inappropriate expressions of human sexuality.

Today the church is divided regarding the questions of gay, lesbian, bisexual, and transgender Christians within the church and in society in general.

**Inclination and sin**

The New Testament speaks about the “sinful desires” that a person has that “wage war against your soul” (1 Pet 2.11; Gal 5.16–17; Rom 8.2–4). These desires cause a person to do what is contrary to what the Spirit of God wants. These sinful desires are entrenched in each person. For example, Paul instructs “those who have been stealing” to cease from

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75 Lamech had two wives (Gen 4.19); Nahor had a wife (Milkah) and a concubine (Reumah Gen 22.20–24); Abraham married Sarah in his concubines Hagar and Keturah (Gen 11.29; 16.1–4; 25.1–2); Essau had at least three wives (Gen 26.34; 28.6–9; 36.2); Jacob married Leah and Rachel (Gen 29.16–30; 30.1–24); Moses had two wives Zipporah and a Cushite woman (Ex 2.21; Num 12.1); Gideon had “many wives” (Judg. 8.30–31); Samson had two wives (Judg. 14.1–20; 16.4); Elkanah had two wives Hannah and Peninnah (1 Sam 1.1–2); Saul’s wife was Ahinoam and his concubine Rizpah (1 Sam 14.50; 2 Sam 3.7; 21.8); David had seven wives (2 Sam 2.2; 3.2–5; 1 Chr 3.9; 14.3) and additional unnamed ones (2 Sam 5.13); Solomon had “seven hundred wives of royal birth and three hundred concubines” (1 Kings 11.1–3); Ahab married Jezebel but had other wives (1 Kings 16.31; 20.7); Rehoboam had eighteen wives (2 Chr 11.18–21); Abijah had fourteen wives (2 Chr. 13.21); Jehoram had “wives” (2 Chr. 21.14); Jehoiachin had “wives” (2 Kings 24.15); Ashur had two wives Helah and Naarah (1 Chr. 4.45); Mered had “wives” (1 Chr. 4.17); Shaharaim had three wives Hushim, Baara and Hodesh (1 Chr. 8.8–11); Jehoshaphat had “wives” (2 Chr. 21.14, 17); Joash had two wives (2 Chr 24.3). It could be that Jair (Judg 10.4) Ibzan (Judg 12.9) and Abdon (Judg 12.14) had more than one wife because Jair had thirty sons, Ibzan had thirty sons and daughters and Abdon had forty sons. Adrienne Forrette and Young Lee Hertig, “Marriage, Marriage Practices,” Evangelical Dictionary of World Missions, Edited by A. Scott Moreau (Grand Rapids: Baker Books, 2000), 599.

76 The term “levirate” comes from the Latin word *levir* which means “brother-in-law.” In the Bible if a brother dies, leaving a widow without having a son, the brother-in-law is to “take her and marry her and fulfill the duty of a brother-in-law” (Deut 25.5). This “duty” was to produce a son “so that his name will not be blotted out from Israel” (Deut 25.6). The son was to “carry on the name of the dead brother” (Deut 25.6). Examples of levirate marriages in the Bible are the case of Judah and Tamar (Gen 38.1–30), Boaz and Ruth (Ruth 2.20; 3.12; 4.1–12) and in the story where Jesus is questioned about marriage at the resurrection (Mt 22.23–33; Mk 12.18–27; Lk 20.27–40). Victor P. Hamilton, “Marriage (OT and ANE),” in Anchor Bible Dictionary edited by David Noel Freedman (New York: Doubleday, 1992), 4:567–568.
doing so (Eph 4.28). To have a tendency (“sinful desires”) to steal is not wrong in itself. To act on that inclination is. Paul advises to “put to death whatever belongs to your earthly nature” (Col 3.5) and to crucify “the sinful nature with its passions and desires” (Gal 5.24). As James puts it, a person may have an “evil desire” and “after desire has conceived it gives birth to sin” (Jas 1.13–15). If that “evil desire” does not conceive, it does make it something contrary to what God desires.77

People do not choose their tendency towards homosexuality. It comes about and is difficult to explain. If a person has this tendency, it is not wrong in itself.78 There is a distinction between a person’s sexual orientation and what behavior this leads to. A person is not condemned for their inclinations, but what they do with those inclinations.79

The more relevant question is: is homosexuality a sin? This is where people are divided. This is where churches and Christians are divided. As I stated earlier, I will not attempt to answer that question in this article but will focus on the issue in relation to HIV and AIDS and how the church should respond.

Homosexuality and AIDS

The Centers for Disease Control and Prevention (CDC) reported the first cases of AIDS occurring in gay men in 1981. It was referred to as Gay–Related Immune Deficiency (GRID).80 AIDS was originally identified as a “gay disease” causing many Christian leaders to be outspoken in their condemnation. Even though HIV is transmitted almost exclusively heterosexually in Africa, there are also cases of homosexual transmission. The problem is that hard data is not available and is difficult to ascertain.

The membranous lining of the rectum has blood vessels which are more easily torn than those of the vagina. This is why anal intercourse with internal ejaculation without a condom poses the highest risk of HIV transmission in sexual activity.81

Men who have sex with men and vulnerability

According to the UNAIDS annual report, in most African countries there is nothing in place in the national prevention programs for most-at-risk populations which are defined as injecting drug users, sex workers, and men who have sex with men.82

The criminalization of men having sex with men increases vulnerability to HIV infec-

78 As the Catechism of the Catholic Church puts it: “Homosexual persons are called to chastity” Catechism of the Catholic Church (Nairobi: Paulines Publications Africa, 1994), 2358–2359.
79 However, Yusufu Turaki states that it is “academic to try to make a distinction between a homosexual person and a homosexual act, as if the latter is sinful and the former not. Both are sinful.” Tokunboh Adeyemo, editor, Africa Bible Commentary (Nairobi: Word Alive Publishers, 2006), 1355.
80 It wasn’t until 1982 when the acronym AIDS was adopted. Randy Shilts, And the Band Played On (New York: St. Martin’s Press, 1987), 171.
tion. This severely limits the ability of many men who have sex with men to access HIV prevention information as well as treatment and care.\(^{83}\) It is estimated that less than one in twenty men who have sex with men have access to the HIV prevention and care services they need.\(^{84}\)

Homophobia

Homophobia is defined as a strong dislike and fear of homosexual people. A blatant homophobia exists among some African leaders that is expressed in their statements. Former Kenyan President Daniel Arap Moi described it as a “scourge.” Ugandan President Yoweri Museveni stated that the law should be used against such “abominable acts.” President Robert Mugabe of Zimbabwe described homosexuals as “lower than pigs and dogs.”\(^{85}\) Namibian President Sam Nujoma warned that “the Republic of Namibia does not allow homosexuality [or] lesbianism here,” and “the Police must arrest, imprison and deport homosexuals and lesbians found in Namibia.”\(^{86}\) There has been much media attention to the new anti–homosexuality bill which was tabled in the Ugandan parliament in 2009. It has created much debate for and against the subject and drawn much international attention.

Even though the statements are harsh and the practice is prohibited, it does not mean that it does not exist.\(^{87}\) If we dismiss the issue by blanket homophobic statements, we will never make an impact on the issue and help those who are vulnerable to HIV because of the sexual practices they are engaged in. “Without frank discussion of what exactly people are doing in bed and behind bushes, it will be impossible to curb the epidemic.”\(^{88}\)

Stigma, discrimination and human rights

Stigma and discrimination are interrelated. “Stigma” means to mark someone as unacceptable or inferior because of their HIV status or perceived status.\(^{89}\) Discrimination may be defined as unfair treatment of a person based on their HIV status or perceived status. Stigma and discrimination reinforce and legitimize each other. Stigma lies at the root of discriminatory actions, leading people to engage in actions or omissions that harm or deny services or entitlements to others. Discrimination can be described as the enactment of stigma. In turn, discrimination encourages and reinforces stigma.\(^{90}\) Human rights are the rights held to be justifiably belonging to any person.

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\(^{85}\) http://news.bbc.co.uk/1/hi/talking_point/465849.stm

\(^{86}\) http://www.afrol.com/News2001/nam009_gay_purges2.htm


\(^{89}\) Stigma has also been defined as the process of devaluation that significantly discredits an individual in the eyes of others. HIV–Related Stigma, Discrimination and Human Rights Violations (Geneva: UNAIDS, 2005), 7.

Can a person be discriminated against because of their sexual orientation? It happens in Africa. It is illegal in 29 countries and lesbianism in 20 countries. Is it right to have those laws? What are the consequences of those laws? How do they contribute to the spread of HIV and AIDS? These are questions that should be addressed when thinking of the issue.

To legislate against homosexuality will not make it disappear but will drive it underground. Homosexuality exists even in those countries where it is forbidden by law.

South Africa is an exception among the African countries. The constitution of South Africa affirms that everyone is equal before the law and that the “State may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language or birth.” It is the only country in Africa where sexual orientation is mentioned in their constitution.

Sexuality and the law

Can sexual behavior be legislated? Is it private? Is it the business of government to say what should and what should not happen in bedrooms? Do other nations have the right to impose their agendas on other countries? Is it right for donor nations to say to recipient nations that you need to uphold the rights of gays before they will give assistance?

When homosexuality is criminalized, it contributes to the spread of HIV. It makes it difficult to access educational programs for those with same-sex orientation. How can a person ask for information about safer sexual practices if what they are engaging in is criminal? Health workers and educators can be looked upon as engaging in promoting criminal behavior if they give out information about safer practices to those engaged in such criminal behavior.

Criminal law prohibiting sexual acts between consenting adults in private should be reviewed and they should not be allowed to impede the provision of HIV and AIDS prevention and care services. The Secretary–General of the United Nations, Ban Ki-Moon has stated:

“In countries without laws to protect sex workers, drug users and men who have sex with men, only a fraction of the population has access to prevention. Conversely, in countries with legal protection and the protection of human rights for these people, many more have access to services. As a result, there are fewer infections, less demand for antiretroviral treatment and fewer deaths. Not only is it unethical not to protect these groups; it makes no sense from a health perspective. It hurts all of us.”

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91 http://www.afrol.com/Categories/Gay/index_legal.htm
95 Universal Access for Men who have Sex with Men and Transgender People (Geneva: UNAIDS, 2009), 1.
What should the response of the church be? Religious leaders and churches should also review their stance on people who have same-sex orientation. Even if the church would not accept (as some have) homosexuality, they should have the preservation of human life and the prevention of the spread of HIV at the top of their agenda. Every life has equal worth, regardless of sexual orientation. Saving lives is the highest ethical act and has priority.

**Everyone’s life is sacred and needs to be protected**

No matter how a Christian feels about homosexuality, each person is loved, and sacred before God. Every person’s life is sacred and needs to be protected, including the life of a homosexual. No one has the right to take away the life of another. This means that we need to do what we can to protect people. It can mean the provision of safer sexual practices for those who engage in sex with those of the same sex. Information needs to be provided about risk behavior and how to protect oneself; HIV prevention and care. Laws that criminalize same-sex acts between consenting adults in private need to be reviewed, and antidiscrimination or protective laws enacted to reduce human rights violations based on sexual orientation.96

**Attitudes towards homosexuals**97

We fear the unknown. Many people have a difficult time understanding those who have a different sexual orientation their own. It causes them to feel uneasy in the presence of those who are different.

A person may see homosexuality as an abomination, a perversion, a sin. A Christian may have a clear understanding of their own view on homosexuality, but they should also know how a Christian should act towards everyone, even those who may have a different sexual orientation.

If one sees a homosexual as a “sinner,” the question we need to ask ourselves is “how should we treat sinners?” Christians need to love everyone, including homosexuals.

Jesus associated with marginalized people: the sinners, tax collectors, drunkards, women, lepers, prostitutes, Samaritans, and children. He set an example that we should follow (Jn 13.15). We need to treat marginalized people the same way Jesus did. God treats the “righteous” and “unrighteous” equally setting an example for us to follow, so that we “may be children of your Father in heaven” (Mt 5.45). Jesus was a “friend of sinners” (Mt 11.18; Lk 7.34). He set the example for us that we should follow. As Paul stated: “follow my example, as I follow the example of Christ” (1 Cor. 11.1). No matter what a Christian may feel about the issue of homosexuality, whether they feel it is right or wrong, they need to love everyone, including those with a different sexual orientation than themselves.98

98 Philip Yancy, What’s So Amazing About Grace (Grand Rapids: Zondervan Publishing House, 1997), 172.
God’s love is not based on sexual orientation

Those who feel that homosexuality is wrong should have the right to their opinion. It is not necessarily a phobia that one has, but an opinion. It may be based on how they understand the Scriptures. However, respect should be shown to all people. All people are created equally in the image of God. We may rephrase the original question in the title of this article to “Does God hate a person of a particular sexual orientation?” The answer is: God’s love is not based on a person’s sexual orientation. God does not love someone who is heterosexual more than those who are homosexual in their orientation. God’s love is not based on a person’s sexual orientation. He does not give preferential treatment on the basis of sexual preference. He makes the “sun rise on the evil and the good, and sends rain on the righteous and the unrighteous” (Mt. 5.45). “God demonstrates his own love for us in this: While we were still sinners, Christ died for us” (Rom. 5.8). This same type of love should be exhibited in those who “belong to him.” If a person claims to be a Christian, this same love for “sinners” needs to be exhibited in them: “since God so loved us, we also ought to love” (1 Jn. 4.12). “We love because he first loved us” (1 Jn. 4.19, 10).

However, it is often the opposite that is true. Christians, who preach love and tell people to turn the other cheek, may convey a message of hatred for gay people. As Christians we are required to love. It is not optional, but is a demand, a requirement. Christians are to love others the same way that God has loved them (Jn. 13.34; 15.12; 1 Jn 4.11). We need to love homosexuals as ourselves (Mt 7.12). They need to be treated with the same kind of grace, respect, care and compassion with which we want to be treated. It means that we will defend them when there is hateful action aimed at them. It means all of this even if we do not agree with their sexual ethic.

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CAN FAITH COMMUNITIES REALLY IGNORE SEXUALITY?

THE REV’D FR. JOHANNES PETRUS MOKGETHI-HEATH

The Rev’d Fr. Johannes Petrus Mokgethi-Heath is the Director of Advocacy and Partner relations – INERELA+. He has played an important role in helping faith communities to work more holistically with HIV, working not only in the reduction of stigma and discrimination, but also in more holistic models of prevention, treatment, care and support.

The journey of forming, belonging to and working for INERELA+ over the past eight years has been a journey of joy, pain, discovery, reinforcement, longing and celebration. We started as a small group of religious leaders, lonely and isolated, separated from colleagues and society by the effect a virus had on our lives. Solidarity joined us, our unique calling inspired us and determination to make a difference for all people living with HIV directed us. This journey took many of us down a road of self discovery, self acceptance as creations of God, and self actualization within the love of God. God’s self-giving sacrificial love challenged us to reach out not only to those whom we were comfortable with but rather reach out to those whom God is comfortable with; God’s people, God’s creation, the ones who God had given God’s self for in sacrificial love.
Responses to HIV have been as varied as the scientific knowledge and understanding of HIV. Initially when the syndrome, which was causing the unexplained deaths of a growing number of men in America, was first defined they called it GRID – Gay related Immune Deficiency. At this early stage, 1981, there was no knowledge of what caused it, and this only served to intensify the fear, the anxiety. By 1984 a virus had been isolated – the Human Immunodeficiency Virus – HIV, and the syndrome more accurately renamed AIDS – Acquired Immunodeficiency Syndrome. Lack of understanding had immediately led to condemnation, judgement, and the first response coming from faith communities still lingers to this day – “AIDS is God’s punishment for sin”. In recent discussions with Canon Gideon Byamugisha, a co-founder of INERELA+, he related that typical prayers in churches in Uganda in those early days reflected this;

“We thank you our Heavenly Father
that you have struck down 300 sinful people
who refuse to listen to your word.
Strike down more, Oh God,
That your people may know Your wrath,
And be led into righteous life.”

AIDS was no longer being seen only in gay men. The classic three “H”s had immerged in North America. The syndrome was now identified with Homosexuals, Hispanics and Haemophiliacs. Roots of transmission had to be identified – prevention had to be applied. Soon we knew that this virus could only be transmitted through high risk body fluids; blood, semen, vaginal fluid and breast milk.

The scare tactics which were employed in those early days for prevention remain an ever present shadow. AIDS KILLS! Undertakers refused to handle the bodies of people who died of AIDS related illnesses; bodies were sealed in plastic and buried; many churches refused Christian burial for those suspected of dying of AIDS related illnesses; fear and judgement fed on each other. Stigma was intensified. Laws were put in place to restrict the movement of people living with HIV. People living with HIV were losing their jobs, being thrown out by families, isolated from faith communities. A cycle of response, started in prevention, was creating an environment which it would take years to overcome, an environment which still exists in pockets today.

In my own understanding the formula which was driving stigma can be defined as:

AIDS = SEX = SIN = DEATH

The stigma and discrimination which were and are associated with HIV and AIDS remain a significant stumbling block in responding holistically to what was defined in 2000 by the United Nations as “Universal Access to prevention, treatment, care and support”. Breaking the stigma formula is essential for us to challenge the stigma and resulting discrimination. The little information already provided in this article is enough to begin the process:

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102 Global Working Group in Faith, SSDDIM and HIV held in Kigali, Rwanda, 8 – 12 November 2010
103 Social Constructions of People with AIDS, MC Donavan 1993
AIDS = SEX

Is it possible to get AIDS from sex? The answer is a resounding NO! The only way get AIDS is to be HIV positive and not employ the many “treatment, care and support” options both known and available today in the response to HIV and AIDS. The syndrome is not the virus, but a result of not managing it. If a person is HIV positive, using the corpus of drugs developed to inhibit the virus’ ability to replicate itself (ARV or Antiretroviral) will mean that the body’s immune system has the opportunity to kill the virus in the same way our immune systems respond to all other viral infections – influenza, chickenpox, measles etc. In addition there needs to be good nutritious food to support the body in returning to health. The treatment (both medical and nutritional) is however not enough, there also needs to be the care and support. One can however be infected with HIV through having unprotected sex with a person who is HIV positive and has a high viral load.

Tackling the end of this formula is also very possible:

SIN = DEATH

This part of the stigma formula is not without support from sacred texts. In the Christian scriptures St Paul is very explicit on this. Many other passages within the bible would seem to lead us to the same conclusion. While this is a strong theme in the bible, there is also enough reference to indicate that in the new covenant, God’s engagement with God’s people moves to a different plain. Seeds of this movement in theological understanding can already be found in the Old Testament. In the book of Job a parable is related where a man name Job is blessed by God for his faithfulness. The devil or Satan challenges God saying that Job is only faithful because God blesses him. After God give Satan the right to challenge Job through suffering, Job’s friends start questioning him as to how he has sinned. By the end of the book of Job, Job has cried out in despair accusing God of not treating him fairly and God responds relating to Job the place that God almighty plays in creation. Job repents of “judging God” and is restored by God. The parable uses themes of prosperity, suffering and restoration to show how God does not engage negatively with God’s people but rather that “the rain falls on the righteous and the unrighteous alike”.

Ironically, the iconic text in terms of sin and death also holds much of the answer of liberation from this condemnation. The balance of Romans 6:23 reads “but the gift of God is eternal life in Christ Jesus our Lord”. Judgement which would justifiably be ours is removed as a result of God’s grace – free gift. In the Pericope Adulterae, or the pas-

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104 Romans 6:23a “For the wages of sin is death” (New International Version ©1984)
105 Genesis 2.17; Proverbs 11:19; Isaiah 3:9; Ezekiel 18:4
106 Job 1:1
107 Job1:6-11
108 Job 1:12
109 These themes and references to Job are mirrored in the Qu’ran referencing to Ayyub 4:163; 6:84; 21:83-84; 38:41
110 Job 37 - 41
111 Job 42
112 Matthew 5:45
113 NIV © 1984
sage relating to the woman caught in Adultery,\footnote{John 7:53 – 8:11} Jesus highlights that sin is universal to humanity, than none has the right to judge another. “Vengeance is mine, I will repay, says the Lord.”\footnote{Romans 12:19} But when we are talking about HIV, are we talking about sin?

The place we most often get stuck remains the second part of this stigma formula:

\[
\text{SEX} = \text{SIN}
\]

This inaccurate and simplistic understanding has crippled efforts to tackle HIV. Many of the current attitudes relating to sex and sexuality seem to have originated in the Victorian era. In Victorian times it was unthinkable for a woman to show her leg. This attitude was taken so far that it became fashionable and “proper” to drape the legs of pianos with curtaining so as not to reveal the leg. It was however always the woman’s body that had to kept under cover.

A few years ago in South Africa we had the case of women who arrived at a taxi rank waiting for a taxi. They were wearing miniskirts and men at the taxi rank raped them. The justification was that by wearing miniskirts, by exposing their legs, they were inviting sex. In the same way many African countries frown on women wearing pants. Skirts or dresses should be worn, and although the ankle may be shown, any more of the leg is unacceptable. In the same way many cultures require women to cover their shoulders, cover their heads. The woman in the rape trial against President Jacob Zuma was reported to have been wearing a kanga. This loose rap around skirt was then supposed to mean that she was inviting sex. President Zuma’s defence was that as a Zulu man he had an obligation to sexually satisfy a woman who was inviting sex.\footnote{en.wikipedia.org/wiki/Jacob_Zuma_rape_trial} It is almost as if we intimate that men are wild beasts, and if any of a woman’s flesh is exposed we have a ferocious appetite which has to be satisfied. We dare not see a man aroused because if he is then he can justifiably act like an uncontrollable wild animal needing to follow his “base” instincts.

Prevention strategies for HIV transmission have fallen into the trap of demonizing sex as well. The ABC approach to HIV preventions, first developed in Uganda in the 1980’s, when presented in a hierarchical order reflects a view of sex which intimates that no sex is the best sex. ABSTAIN. If you can’t abstain then at least BE FAITHFUL. If you really can’t be faithful then use a CONDOM. It seems that it is presented with a big A, A being first price. Second price, a barely acceptable option is much smaller B. Way down on the list, almost not worth talking about comes a small and almost insignificant C.

\[
A_{B_C}
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The initial guidelines for PEPFAR funding, set up by President George Bush in response to the HIV pandemic, went so far as to say that the only sex that could be spoken about to children of 15 and under (if using PEPFAR funding) was abstinence. Guidelines went
further and allowed HIV prevention strategies to be taught that exclusively focused on abstinence and faithfulness, totally ignoring one of the most effective tools in preventing sexual transmission of HIV.

This attitude expressed in policy then amplifies the notion that it is promiscuous sex which is driving the HIV pandemic. If men can simply keep their flies up all will be well. And yet between 61 and 67% of African women living with HIV have never known more than one sexual partner.

What really drives these negative attitudes towards sex and by extension sexuality? Is it the bible? It is other sacred texts? Certainly not! Within many of our sacred texts we find much which would affirm the joy and wonder of sex. The Qu’ran insists that sex within the confines of a committed relationship, within the confines of marriage is to be seen as worship, as aiding ones spiritual journey and relationship with Allah.117 Sex is not just for procreation, it is for mutual enjoyment. Can anything be more liberating?

We are born in human bodies, bodies which include not only arms and legs and faces, the outward and always visible, but also the parts we don’t want to mention in faith communities, vaginas and penises and testicles and ovaries. I have yet to hear a sermon in any church which focuses on Ezekiel 23:11-21. I have yet to hear this passage read in church! And yet here the author has no difficulty in using graphic terms to describe the way God’s people Israel behaved.

“There she lusted after her lovers, whose genitals were like those of donkeys, and whose issue was like that of horses.”118

Certainly less graphic but no less sexual and intimate is the book of Song of Songs also found in the bible. Some see it as a parable showing the relationship between God and God’s people. For others it is simply the poetic words of King Solomon speaking of his deep love for one of his wives. Both are valid, but more importantly show us that the current prudish attitude in many faith communities related to the ways we engage in discussions and expressions around sex cannot be supported from our holy texts.

Our sexuality remains part of who we are. In very real ways it affects every part of who and what we are and the responses which we make to events and circumstances around us. Negative and discriminatory notions we hold about particular expressions of sexuality may indeed influence the way we read and interpret our sacred texts, rather than allowing our sacred texts to influence the way we think and respond to sexuality.

A good example of this would be the often quoted case of Sodom and Gomorrah. Today many biblical scholars, hermeneutically examining the events around Lot and his family’s engagement with the people of Sodom, and examining customs and cultures of the time, believe that the crime of Sodom was one of breaking the sacred code of hospitality.

In that time, visitors who were invited into and received into your home fell under a sacred protection. Their goods and their lives became the responsibility of their host.

117 Wasa’il ‘sh-Shi’ah, Vol. 14, p. 74
118 Ezekiel 23:20 NIV © 1984
All their needs had to be met by the host. Scholars believe it was not even considered strange that a visitor would be offered the “comfort” of the host’s wife during their stay. However much this notion goes against current understandings of the rights of women, their place in society and their value as human beings, it does not negate the fact that Lot in his attempt to protect his guests, to honour the code of hospitality, went so far as to offer the men of the city his daughters rather than have his guests violated.

In contrast to this many still hold that the sin of Sodom was that of homosexuality, even referred to as sodomy. Reference to men engaged in anal sex as sodomites is not uncommon. Regardless of what we believe other passages of scripture may or may not actually say about homosexual activity this is a clear case of allowing one understanding of homosexuality to influence the way we read the text and interpret that text, rather than looking for the real meaning behind what inspired this passage to be written in the first place.119

Our lack of ability and our unwillingness to communicate on sex and sexuality leave us vulnerable to major miscommunication with disastrous consequences. In a recent workshop run by INERELA+ in South Africa, sex, sexuality and gender were under discussion. Cannon Paul Germond discussed some experiences he had had in questioning different parts of a congregation on their understanding of sex. Youths within the parish were asked what they viewed as a sexual progression and where they drew the line of acceptability before marriage. A continuum was described starting from holding hands, moving on to kissing, touching, feeling, mutual masturbation and right through to penetrative sex. They said they would draw the line before penetrative sex. When the elders of the church were then gathered in a different meeting with the same question, they only described penetrative sex, and said “No sex before marriage!”120 The total disconnect between what the two groups were talking about is obvious. It also shows why many youth would say; “they don’t understand us”.

HIV remains a virus which is most frequently sexuality transmitted. Sex in and of itself is however not sin. Sex is a gift from God. If it were not for sex the human race would have disappeared a long time ago. Sex is as natural to us as eating and drinking, sleeping and waking. Trying to suppress it continues to have disastrous consequences on how efficiently and holistically faith communities can engage in our work related to HIV.

In a recent interview I participated in on SABC 2’s Morning Live show.121 I was introduced as a “rarity” – An Anglican Priest openly living with HIV. Later in the show it was also stated that I was openly homosexual. The interview lasted for 15 minutes in which we spoke about HIV. We addressed stigma in many of its forms. We spoke about holistic prevention, particularly using the SAVE122 approach developed by INERELA+. Finally we spoke about what the responsibility of Religious Leaders was in regards to HIV. At the end of the interview SMSs from the public started coming in. Not one of them related to HIV. All of them related to homosexuality or my being gay. The first

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119 What the Bible really says about Homosexuality, Daniel A. Helminiak, 2000
120 INERELA+ South Africa workshop on Sex, sexuality and Gender. Twickenham Guest House, October 2010
121 SABC 2 Morning Live, 16th November 2010
122 SAVE – Safer Practices; A- Available Medical and Nutritional Interventions; V – Voluntary and routine stigma free counselling and testing; E – Empowerment. See www.inerela.org for further information
SMS which came in read, “Rev JP is straight from the pit of Hell”. Sex and sexuality obsess us, and sometimes even seem to possess us. Our negative attitudes can totally blind us, rendering us incapable of responding positively and productively to anything which might engage with matters of sex or sexuality.

The impact that HIV has had on the world is massive; it has crippled economies, left millions of orphans, wiped out entire communities and entrenched negative attitudes.

Today we know more than enough about how to prevent HIV transmission, how to incapacitate the virus’ ability to replicate itself. We know how to stimulate the immune system. We know how to help people live their full length of days without them being cut short by HIV.

Faith Communities are or should be at the coal face of engagement with humanity in all its diversity. If we are not able to overcome our reticence to embrace sex and sexuality we will remain trapped in a paradigm where everything related to HIV is tainted by our self imposed connotations of sin and sinfulness. Without holistically engaging in all aspects of HIV, faith communities will hinder the drive toward eradicating the impact of HIV on our communities, countries and continents. If we continue to respond from a standpoint of judgement born from our negative images of sex and sexuality, we will continue to drive the stigma, shame, denial, discrimination, inaction and misaction (SS-DDIM) which renders all interventions on HIV prevention, treatment, care and support significantly less effective than they can and should be.

Faith communities have the capacity to facilitate the end of HIV, but we also have the potential of increasing vulnerability to HIV if we remain trapped in the straightjacket of trying to respond to humanity without engaging realistically in sex and sexuality.
1. Introduction

It is common knowledge that sex and human sexuality in Africa are shrouded in myth. This makes the prevention and eradication of the HIV and AIDS pandemic very difficult. The mythological aspect of human sexuality in Africa is seen in the context that it is not a subject for frank and open discussion between parents and their children.

When discussions on sex and human sexuality are held among adults, the language used is mythological. It is intended to hide the true meaning of what is being discussed. Such mythological language is difficult to decode unless one has been initiated at an initiation school. Since not everybody goes through initiation schools in modern times, there is a vacuum in terms of understanding on sexual matters between the old and the new dispensation.

In this paper it is argued that, as a result of the devastating effects of the HIV and AIDS pandemic, the spread of which is mainly through sexual intercourse, there is an urgent need to decode the language people use when discussing issues of a sexual nature. This will help the youth to get a clear message on HIV and AIDS that can lead to behaviour change.
2. Theoretical framework: Bultmann’s theory of demythologization

In writing this paper, the author has used Rudolf Bultmann’s theory of demythologisation, as he applied it to Biblical interpretation. In this study the term demythologisation will mean the elimination of euphemistic language in sexual discourse and its replacement with scientific language or “straight talk”, which can be understood by the modern generation of Africans.

It is contended in this paper that the language used in everyday discussions by Africans on matters pertaining to sex and sexuality blurs the message to such an extent that it does not reach its intended recipients. This denies them the opportunity to make informed decisions pertaining to their sexual life, which can enable them to avoid falling prey to the dreaded consequences of the HIV and AIDS pandemic and empower them to enjoy good health.

According to John Macquarrie, the method of demythologizing, as developed by Rudolf Bultmann, is not intended to eliminate the mythological statements found in the Bible but to interpret them. It is a method of hermeneutics.\(^\text{123}\)

The primary purpose of demythologizing the Biblical message, we are told, is to unravel the message that is enshrouded in the myth in order to bring out the kerygma (message) hidden in the biblical text. Such a message (kerygma) can challenge the reader to make decisions pertaining to his/her own existence. The decision can be either to follow the way of Christ which leads to salvation or the way of reckless living which leads to perdition. In this paper we argue that, as regards the language of sex and sexuality in African cultures, the issue is not just a matter of providing new interpretation of the euphemisms used in sexual language. We argue that such language should be eliminated altogether and that sex educators, particularly parents, should name the thing for what it is.

They should be able to call a spade a spade. It will be argued in this paper that preference should be given to the use of scientific language or direct translation of the biological names of the genitalia, sexual activity as well as the consequences inherent in their indulgence and use. If the youth are faced with the naked truth pertaining to sex and human sexuality it will empower them to live a healthy life free of HIV and AIDS.

3. Sex and human sexuality: A definition

The New Penguin English Dictionary has defined sex as” the condition of being either male or female into which categories organisms are divided according to their reproductive role; notably the type of gamete produced, and sexuality as the condition of having a sexual nature of being either male or female and of experiencing sexual desires.”\(^\text{124}\)

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Hermeneutics is the theory and practice of interpretation Ed.

Sexuality refers to the reproductive mechanism as well as the basic biological drive that exists in all species and can encompass sexual intercourse and sexual contact in all its forms. The biological aspects of human sexuality deal with human reproduction and the physical means with which to carry them out.\textsuperscript{125}

The World Health Organisation (WHO) has provided us with a comprehensive definition of sexuality. It states that:

> “Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the inter-action of biological, psychological, social, economic, political, religious and spiritual factors”.\textsuperscript{126}

Before going further, it is important here to clarify the confusion that is sometimes made between the word “sex” and “gender”. According to the WHO, “sex”, on the one hand, refers to the biological characteristics that define men and women. For example, while women have a vagina and can menstruate, men have a penis and cannot menstruate. Again, while women have a vagina and can menstruate, men have a penis and cannot menstruate. Generally speaking, men have rather more massive bones than women.

On the other hand, the word “gender” refers to the socially constructed roles, behaviours, activities and attributes that a given society gives to its members who it considers appropriate for men and women.

For example, in some societies, men are allowed to drive cars while women are not, as is the case in Saudi Arabia. In other societies it is a normal thing for men to do a lot of housework such as cooking, washing plates in the kitchen, while in other societies these activities are considered as the women’s domain.\textsuperscript{127}

It is important to note that at other times the term sexuality is used to refer to a person’s sexual orientation as a homosexual, heterosexual, bisexual, transgendered, or other preferences.\textsuperscript{128}

Scholars on this subject have noted that sexuality in humans generates profound emotional and psychological responses and that sexuality plays a very important part in the development of human personality whether people are aware of it or not.\textsuperscript{129}

\textsuperscript{125} http://en.wikipedia.org/wiki/Human_sexuality assessed on 7/14/9
\textsuperscript{128} The New Penguin English Dictionary ...p.1282.
\textsuperscript{129} http://en.wikipedia.org/wiki/Human_sexuality assessed on 7/14/9
Ludwin Molina has pointed out that human sexuality plays a very important role in everyone’s life regardless of whether one is young or old, man or woman, American or Japanese, black or white. It forms an integral part of what human beings are. It has been observed that next to sleeping and eating, human sexuality is one of the most important drives people deal with as human beings.

One thing that all scholars agree is that human sexuality is different from the sexual behaviour of other animals, in that it is governed by a variety and interplay of different factors. That is, while lower animals or species are driven only by a “force” to reproduce themselves and, therefore, partake in sexual behaviour, human beings are not sexually active just for the sake of reproduction. Rather, there are a variety of complex factors that lead people to have sexual relationships. These include cultural, political, legal, moral, theological, emotional and religious factors.130

According to Molina, human sexual behaviour encompasses the search for a partner or partners, interactions between individuals, physical, emotional intimacy, and sexual contact.

Different sexual practices, however, are limited by laws in many places. For example, in some countries, mostly those where religion has a strong influence on social policy, marriage serves the purpose of encouraging people to only have sex within marriage. There are also sodomy laws that discourage same-sex sexual practices. In addition, there are laws that ban adults from committing sexual acts with anyone under the age of consent, performing sexual activities in public or engaging in sexual activities for money (prostitution). Breaking these laws may lead to severe punishment depending on the social location in which people find themselves.131

Paulina Makinwa-Adebusoye and Richmond Tiemoko in their paper entitled “Healthy sexuality in East, West, North and Southern Africa” have noted that when it comes to matters of sexuality, most African societies insist on procreation as its primary purpose. This has, consequently, given rise to patriarchy with its concomitant elaborate systems of sacred rituals of initiation to sex and the subordination of women to men.

It has also been argued that it is this emphasis and concern for the survival of society that has become the main reason for imposing conditions and limits to individual expressions of sexual feelings. This has developed a culture of silence around sexuality issues that are seen as pertaining only to initiate adults.132

130 http://www.csun.edu/~vcpsy00h/students/sexual.htm assessed on 7/14/9
131 http://www.csun.edu/~vcpsy00h/students/sexual.htm assessed on 7/14/9
4. African conceptions of human sexuality

Human sexuality in Africa occupies the central part of human life. It is above anything else. Since sexuality performs such a large and important function in human life, it is perceived by all Africans as the heartbeat of society.

The issues of sex, sexuality and gender, in African societies are embedded in their stories of creation. It is taken for granted that all of these are part of God’s creation and not a social construction of reality. By and large, many African societies have myths which account for the earthly existence of human beings. Many of these stories are similar but not identical with the Biblical stories of creation.

John Mbiti in African Traditional Religions and Philosophy has given us a wide array of creation myths collected from across Africa. They are found among the Abaluyia, Lozi, Mende, Akamba, Basutho, Shona, Maasai, Bannyoro, Shilluk, Ovimbundu, Luo, and Ewe to name but a few. The first human beings are said to have come from various sources including, among others, clay, a hole or marsh in the ground, a tree, a vessel, a leg or knee, clouds, heaven, or” another world out there".

The common feature of such stories is that human beings appear on earth in pairs as male and female, as husband and wife right from the time of creation by divine providence. In most of these myths the husband was created first and then the wife. In other myths, however, man and woman or husband and wife appear at the same time very much as in the first biblical story of creation in Gen. 1:26 where it is stated that when God created human beings he created them male and female, i.e., by divine command.133

Connected with the general myths of creation of the African people, there are also specific myths which account for the emergence of human sexuality. One of such myths is preserved among the Kaonde people of Zambia. According to their myth, at the beginning God created two people, Mulonga and Mwinambuzhi who were to become the first man and the first woman.

When God created them they had not been differentiated into male and female. They also lacked the organs to relieve themselves. They, therefore, asked God for some help. God gave them some packets and ordered them to put them on their crotches before they went to bed. They did this and when they woke up the following morning they found that they were changed.

Mulonga turned into a man while Mwinambuzhi turned into a woman. Then, suddenly, they desired each other and had sexual intercourse. However, they were afraid of this new thing. Thereupon they went to ask God whether this thing of knowing one another was good. God told them that they should not be afraid of knowing one another because this was the way in which the woman would conceive and bear children and fill the earth.134

The Shona of Zimbabwe too, has a myth pertaining to sex and human sexuality. According to their myth, in the beginning Mwari created Mwedzi in a pool. Mwedzi complained to God that he wanted to go out of the pool with Massasi, who was a beautiful wife created by Mwari. Mwedzi and Massasi went into a cave.

Mwedzi had a medicine horn. He grabbed it and rubbed its oil on his index finger. Mwedzi dipped his horn in Massasi and out came all vegetation and the rest of human beings. Massasi returned to the pool and Mwedzi complained to Mwari again. He was given a second wife called Murongo.

They had fireworks in a cave and produced a number of daughters. Later Murongo ran away due to Mwedzi’s demands which were intolerable. Murongo became promiscuous and was bitten by a snake and was returned to the pool by his daughters.135

A quick glance at these myths shows at once how, African story teller has encoded the sexual language used in the stories. Using anthropological glasses, one sees that there are a number of terms used in the stories that have deep meaning.

From an anthropological perspective, we know that terms such as “pool” and “water” mean femininity. They represent women, womanhood and female genitalia in general. They are symbols of life for it is through them that life comes into existence.

The horn and the finger in the story represent manhood, the male genitalia - the penis - which is often dipped into the female sex organ - the vagina for reproduction or for pleasure. The terms “fireworks” and “knowing” refer to sexual intercourse. All of these are encoded in the stories and they make sense only to the initiated and this is where the problem of sexual language requiring demythologizing begins.

5. The mysticism of African sexuality

It appears that the bulk of studies that have been carried out in much of Sub-Saharan Africa have revealed that human sexuality in Africa is enshrusted by great secrecy, and hedged in with taboos that carry serious consequences if broken.

To talk openly about sex among people of different ages and in public is not easy. For example, Michigu Kiiru, in a paper titled “Delaying gratification as a beautiful choice” has observed that among the Kikuyu people in Kenya there are taboos that regulate words that must not be used in public in regard to human sexuality. He notes that “regarded as obscene, the words, as well as the subjects, more often than not centre on or revolve around human genitalia, sexual desire, or sexual acts. Forbidding their indiscriminate use, the taboos seek to make sex, on which the reproduction of society depends, sacrosanct”.136


The secrecy surrounding human sexuality in Africa has also been underscored by Scholastica Nganda in her paper titled “Sex education: Do our teens need it?” in which she has indicated that traditionally among the Akamba people of Kenya, sexual activity was performed in the house, at night when it was dark, when the animals and the children were fast asleep, preferably under some cover. In Africa, she notes, sexual matters are discussed in public only when there is a problem. Even then, they are discussed in figurative language and among equals in age.137

Bene E. Madunugu in his paper entitled “Empowering youth through sexuality Education: The challenges and opportunities” has intimated that the purpose of surrounding human sexuality with secrecy is to enhance male domination and the subjugation of women. Madunugu puts it succinctly thus:

“One of the most efficient ways that patriarchy uses sexuality as a tool to create and sustain gender hierarchy in African societies is by enshrouding it in secrecy and taboos. Denial of the use of the term sexuality is part of patriarchal power and socio-cultural norms reinforced by religious beliefs and injunctions to suppress, in particular, girls and women from the free expression of their sexuality. This is why we still see forms of repression in practices such as virginity testing for girls, female genital mutilation, widowhood rites and wife inheritance, all still practised in African communities. Thus, policies around human sexuality rest on the desire to control female sexuality rather than from an understanding of the ‘naturalness’ of human sexuality”.138

Eno E. Ikpe, in a paper purported to give a historical dimension of human sexuality in Nigeria has revealed that the culture of silence surrounding matters pertaining to sex is archetypical of the majority of Nigerian society. According to Ikpe, in most Nigerian communities the rules of the game have been to consign sexuality to the realm of marriage. The subject of sexuality has been full of silence and discretion whereby sexual discussions between parents and children have not been possible. Sexual discussions have been, in most instances, clothed in languages which are not explicit to the uninitiated. Ikpe, reflecting on matters of human sexuality in traditional societies in Nigeria in the past documents as follows:

“It was a taboo to discuss sexual matters in front of children until they were ready for their passage to adulthood. Although children recognised differences between the genders, they were not supposed to know what the usefulness of such differences were; except with regard to the allocation of household roles. They were aware that women brought forth babies but how that actually came about was kept a secret”.139

Ikpe has noted that in the past young children came to know about their sexual side through self-discovery. Some pre-adolescent youths engaged in sexual exploration of self which the Ibibio people of Nigeria refer to as ukap. This is a process of body exploration including the exploration of the genitals with the fingers. Sometimes this took place between girls, between boys and between boys and girls. Recent research, however, shows that when children were caught in this act they were given a thorough beating.140

Mumbi Chamera, in her paper entitled “Opening a can of worms: A debate on female sexuality in the lecture theatre” reports that her students in the lecture theatre told her that it is not conventional for people in their communities in Kenya to identify the private part of the female body the- vagina by its “name” because it is considered an insult and that it generates a sense of shame.

From Chimera’s study one gets the impression that the sense of shame is the main reason why there is an avoidance approach in naming both male and female sex organs by their actual names. Consequently, this has led people to use euphemistic terms to refer to both male and female genitalia.

For example, Machera has noted that among the Kikuyu names used to describe the male genitalia are characteristic of the shape of sexual functions of the penis. Among this group of people the penis is called mucuhe which means “tail”. Among the Embu it is called mutbimo while among the Ambeere it is called mucino words which mean something used for pricking or digging or something that is meant to go into something else.

In some communities the penis is called karamu, which means pen. In the Kenyan context it appears that there are no pseudonym for vagina, which is considered even more shameful to name.141 Machera has reported that when she was about nine years old she was caught by her mother red-handed looking at her private parts through a mirror. Her mother gave her a thorough beating because it was considered bad manners to do such a thing. She was told never to do it again. Besides, her mother told her that good girls never talk about issues regarding the vagina.142

The mysteries of sex and human sexuality seem to be well spread across Africa. In most African societies and cultures discussions pertaining to human sexuality are considered a very sensitive subject. As a result, parents cannot directly discuss sexual matters with their children. Studies which have been carried out in most African countries have found that both rural and urban parents, and even the professional community, feel that sexuality can only be discussed through a third party, who might be an aunt, an uncle or grandparent. 143

This is very much the case among the Chewa of Malawi where coded language is used to describe issues of a sexual nature. In his paper “Towards a study of the lexicon of sex and HIV/AIDS”, Francis Moto has observed that among the Chewa, communication

143 Subsaharan Africa: General notes http://www2.hu-berlin.de/sexology/GESUND/ARCHV/GUS/AFRICA.

HTM assessed on 3/4/2010
pertaining to sexual matters is done mainly in an indirect way. For example, a woman wanting to say that her husband is not able to have sexual intercourse with her would say “amuna anga salowa mnyumba" which literally means “my husband does not get into the house”. Again, a husband complaining that his wife is unwilling to have sex with him would say “akuzi anga akundikaniza mvendo” which literary means “my wife is denying me her leg”.

In the same vein, male and female genitalia are not normally called by their real names. For example, although the penis is directly defined by its vernacular counterpart as mbo-lo, people use euphemistic terms such as chikodzero or chokodzera meaning “that you use to urinate”. Similarly, the vagina who’s direct translation in Chichewa is nyini, euphemistic terms such as njira yamkazi (woman’s path or path into a woman); malisebe amkazi (female’s nakedness), and chitevelo chamkazi chomwe chimatulukira mwana pohadziswa (that part of the body through which a child is born) are used.

The same euphemistic language is used to describe sexual intercourse. While the direct translation in Chichewa is kuchindana, people use coded terms such as chirwerewere (promiscuity), mkwato (marriage), or mankhwala owongola nsana/mchiuno (medicine to heal your backache) to name but a few. Again, the word chibwenzi (friendship), if referred to between a boy and a girl, signals that the people concerned are sexually involved with each other. Among the Tumbuka and Tonga peoples of Malawi the term mbulu (friend) has sexual overtones.

Another word, which has been found to be pregnant with sexual meaning among the Chewa, is chikole a material gift given by a man to a woman or her parents or guardians in courtship which may end up in marriage. The word chikole means “to get hold” or “capture” or “take control”. From a sexual perspective it means that the man has access and claim to the woman’s sexual territory.144

It is important to note that in the context of Malawi, the coded language used in sexual affairs is also used to refer to matters pertaining to the HIV and AIDS pandemic which makes matters even more complicated. The disease itself has been coded as magawagawa (that which is shared), kachilombo (a small beast); matendra a boma (the government’s disease) due to the fact the government has shown unprecedented interest in the disease. Other terms used to describe the disease are kanyera and tsembo diseases in traditional setting connected with weight loss, generalised oedema, diarrhoea, body chills and other symptoms.145

The trend of using coded language in sexual matters is also fairly common among the Shona of Zimbabwe. For example, among this group of people metaphors are used to convey messages of a sexual nature since sex is considered as taboo.

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Genital parts are called *pamberi* (front). This practice has also been used to call the HIV and AIDS pandemic by euphemistic terms such as *Shuramatongo* (disaster that wipes out everyone), *Chakapedzambudzi* (disease that kills goats), *Gurukabundi* (rain that falls in autumn), *Jehovha Ndouyako* (Lord I am coming), and one who is infected has been referred to as *Ane pemu* (thinning with loss of hair shine), or *akarobwa namatsotsi* (attacked by thugs). As for condoms these have come to be known as *jumbo* (gumboots) or “raincoat”.

My own research in Botswana also shows that the Batswana use a great deal of euphemistic language when it comes to matters of human sexuality. For example, the direct translation for penis is *polo* (Setswana) and *mbolo* (Kalanga). But people find it difficult to use these terms in public conversation. Instead, they use figurative language such as *thobane* (Knobkerrie); *molamu* (stick), *bonna* (manhood) as well as *montwana* (finger). Similarly, the direct translation for vagina is *nyywana*, or *mpapa* or *nyyo*. These terms, however, are not in common use. Instead, indirect words such as *bosadi* or *kobosading* (womanhood) are used at meetings and other occasions where sexual matters are discussed.

This is also common in the Hambukushu culture where the direct translation for the penis is *didha*. However, instead of using this term, which sounds rather insulting, people use terms such as *ngurume wange* (my manhood), *ghukafimu wange* (my chieftaincy), *thitondo thange* (my stick). When it comes to female genitalia people find it even more difficult to mention it let alone to pronounce it.

While the direct translation for a vagina is *nyyu*, people prefer to use the words *ghukamadi wange* (my womanhood). Again, while the direct translation for sexual intercourse is *kuruma*, people commonly refer to it as “food”. Thus a man wanting to have sexual intercourse with his wife may say to her “*nina di yidya* or *naku shana yidya* which means “I have food” or “I want food”.146 All these terms can be misleading to the uninitiated in the era of HIV and AIDS.

Rev. Dr. O. Kealotswe informed me that when the news about HIV and AIDS reached Botswana in the second half of the 1980s, people were told that they should be aware of a new disease which attacks people when they “sleep”.

In order to protect themselves, people were advised to wear socks when they sleep. When one old lady heard about this, she phoned her friend in Johannesburg warning her about the new disease. Towards the end of the conversation, she asked her friend that on her way back to Botswana she should buy her as many pairs of socks as possible so that she can protect herself against the new disease when she goes to bed to sleep. It was only a year later that she learned that the new disease is caused by HIV and that people are infected by the virus if they have unprotected sex with someone who is already infected. She was further told that in order to protect oneself, one need to use condoms.

147 Interview (henceforth int. with) with Rev. Dr. Kealotswe, Gaborone, University of Botswana, 6th April, 2010.
148 Int. with Mr. K. Mothoiwa, Gaborone, University of Botswana, 6th April, 2010.
The old lady was very upset about this. She felt she was made a fool because the person who communicated to her in the first instance used figurative language to describe the disease. She thought this was unhelpful for she took everything literally.

6. Demythologisation of sex language: A gateway to prevention and eradication of AIDS

It has been noted in the introduction of this paper that the method of demythologisation was used by Rudolf Bultmann as an interpretative method in Biblical studies. In this paper we intend to apply it to the interpretation of sexual language in Africa, which is full of euphemisms. We argue that in the era of the HIV and AIDS pandemic, euphemistic language used in matters of human sexuality common in African societies as discussed above is a barrier towards effective sex education designed to save the lives of many people in Africa.

Certainly, euphemisms are not helpful to the uninitiated especially the youth who have not gone through initiation ceremonies. This, therefore, necessitates the demythologisation of both the attitude towards sex and human sexuality in African societies as well as the language used to discuss sexual issues. It is only through the process of demythologizing that the true message pertaining to the dangers posed by the HIV and AIDS pandemic can be conveyed to young people so that it can help them to change their sexual behaviour accordingly and as a result enjoy good sexual health.

According to the WHO, “sexual health is a state of physical, emotional, mental and social wellbeing related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe experiences, free of coercion, discrimination and bad health. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled”.149

It is important to note that in recent years, as a result of a complexity of factors, the myth surrounding human sexuality in Africa is being challenged by societal needs arising from, globalisation, modernisation, rapid urbanisation in African societies, the mass media and, more recently, the international agenda and consensus goals for development.

Consequently, African conceptions of sex and human sexuality have come under attack by feminists and rights activists. Makinwa-Adebusoyle and Tiemoko have observed that myths of human sexuality in Africa and the traditional, religious, and moral perspectives and ideologies they breed are particularly suited to the needs of a male-dominated agrarian societies.150

They have also noted that in view of the negative consequences of sexually transmitted diseases which include, among other things, HIV and AIDS, teenage pregnancies, rape and other forms of violent sexual behaviour demand a re-thinking in the way in which the African people view sex and human sexuality. There is a need to transmit proper, accurate and scientific knowledge to young people as part of their defense in the fight against the AIDS scourge.  

Demythologizing African concepts of sexuality will lead to health and responsible sexual behaviour. It will also lead to the empowerment of women and protecting their human rights. The method of demythologizing should entail a complete overhaul of the way in which the African people view and understand human sexuality as well as the elimination of euphemisms whose primary purpose, as we have seen, is to conceal the meaning of that to which it is being refereed.

Demythologizing African conceptions of human sexuality will possibly relieve the burden of diseases and risks related to sexual and reproductive health which, according to Makinwa-Adebosoye and Tiemoko, is heavy and poses a great threat to the attainment of the Millennium Development Goals (MDGs). This, therefore, necessitates proper sexual education whose goal is to equip individuals with knowledge and skills to foster health and responsible sexuality. In my view, this can only be achieved, if the African people can take the bold step of unmasking both their conceptions of human sexuality and its various expressions in society.

It seems to me that the mythological aspect of human sexuality does not allow frank discussion on matters of sex. The fear to talk frankly and openly about human sexuality arises from the fear that talking about sex may encourage young people to experiment with sex with their playmates. This, however, need not be the case. Scholastic Nganda has indicated that the importance of sex education lies in the fact that it “addresses the biological, social-cultural, psychological and spiritual dimensions of sexuality from the cognitive domain (information), affective domain (feelings, values and attitudes), and the behavioural domain (communication and decision-making skills). Such education enables the young person to know him/herself and hence relate comfortably with others”. And I would add with the environment, the social order and ultimately with God.

Nganda has pointed out that sex education programmes teach knowledge and skills of critical issues such as intimacy, human relationships, sexual identity and gender roles, reproductive anatomy and body image, emotional aspects of maturation, the value of abstinence among teens who are not sexually active, alternative methods of contraception and HIV/STI prevention and the health consequences of avoiding contraceptives and prevention methods among sexually active youth.

I am in total agreement with Nganda that if this is to be achieved, there is a need for an “honest, open communication between parents and children through childhood,

151 Makinwa-Adebusoye and Tiemoko, “Health sexuality ....”, p.3.
154 Nganda, “Sex education....”, p.56.
pre-teen years, adolescence and young adulthood, which can help lay the foundation for young people to mature into sexually healthy adults. The urgency for demythologizing sexual language in Africa, which can lead to effective sexuality education, lies in the fact that:

“due to the breakdown of tradition and the extended family structures, effects of urbanisation and migration of people from the rural to urban areas, the role taken by aunts, uncles and grandparents in educating children about sex is diminishing. Uncles, aunts and grandparents now tend to live far away and this makes it impossible for them to provide sex education. Their roles have been taken over by the teachers in schools and parents in the home. Children at home or attending school do not receive adequate and realistic information about sex because it is viewed as embarrassing. As a result, children get too little or no meaningful information at all about sexuality and tend to experiment with sex, based on the little information they come across in books, on television and from their peers.”

At the ecumenical conference in Gaborone, Botswana, which was organised by the Botswana Council of Churches (BCC), the Evangelical Fellowship of Botswana and the African independent Churches in 2003, the then BCC’s General Secretary, Mr. David Modiega, noted that the traditional form of sex education which was based on paternal aunt/uncle system in Africa has become eroded and lost some credibility as a result of urbanisation and social change.

The negative attitude of the churches towards sex education provided in schools has left young people vulnerable to the whims of mixed messages from the media, advertising, culture and religion. At the conference, the author, who served as one of the resources persons, made a passionate appeal that in order to make sexuality education effective there is a need to demythologise the language that parents use at home in counselling their children on matters of sexuality.

There is a need for a straight talk, of calling a spade a spade. What this means is that there should be open and frank discussion with children in the home. The genitalia and sexual activities must be called by name as they are and not by euphemistic terms. The stark message which children will receive from parents will equip them with the necessary knowledge they need to live an authentic life which focuses on behaviour change.

In order to do this, sex education educators and parents must find a way of addressing young people in a language that they can understand in order to enable them to make informed decisions that can help them to tackle decisively the dreaded consequences of the HIV and AIDS in the world today.

7. Conclusion

In conclusion, in this paper it has been argued that the language used in ordinary conversation on issues pertaining to sex and human sexuality in Africa is replete with euphemisms which in the process conceal the meaning of the subject under discussion.

The paper began by defining the terms sex and human sexuality and went on to discuss the myths that account for the emergence of sex and human sexuality in African societies. After that the paper has discussed the various facets of mythological terms or euphemisms used in sexual discourse in Africa with examples from various African societies.

It has, finally, been argued that such language must be demythologized in order to enable young people to get the message on matters of human sexuality that can help them make informed decisions in their sexual life that can ultimately help them to enjoy good sexual health free from the threats of HIV and AIDS.

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A FAITH-BASED APPROACH TO HIV PREVENTION AND CARE:
PERSPECTIVES OF A MUSLIM

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Introduction

The HIV epidemic has been spreading steadily and no country in the world is immune to its spread. The number of people living with HIV continues to rise every year
(Haleprin et al, 2004). With the wide spread of HIV, a faith based approach became an important part of HIV prevention. The words of religion have an effect within souls, and Religious Leaders have the qualifications that can have an effect in peoples’ hearts, thus their role would be significant and effective in HIV prevention and care programs.

Religious Leaders are the gate keepers for many social and cultural issues. The role of Religious Leaders in Islam is not restricted to calling people for prayer, fasting, almsgiving, pilgrimage and other religious activities and juristic regulations; but this role extends to include inviting people for various medical, social, cultural and religious fields of life (Omran, 1992). In belief of the role of religious leaders, bringing them to the field of HIV and networking with them and using the faith based approach; the efforts to tackle the problem would be more effective.

HIV in the Middle East and North of Africa

Countries in the Middle East and North of Africa (MENA) region share certain characteristics that shape the sexual and reproductive behaviour of adolescents despite their geographical spread and diverse politics (De Jong et al, 2007). The population is predominantly Muslim so Islam has a great influence on sexual and reproductive health behaviour.

The region faces many challenges: strong taboos attached to HIV make it difficult to measure the scope of the problem and to plan accordingly. Extreme stigma not only marginalizes PLHIV, but also inhibits people from going for testing. PLHIV are commonly expelled from their homes, are sometimes fired from their jobs and even have trouble in getting medical care for fear of infection by health professionals (Ragab and Mahmoud, 2006; Obermyer, 2006; Jenkins and Robalino, 2003).

In the early phases of the epidemic, obedience to Islamic Teachings was thought to offer the best protection (Ragab and Mahmoud, 2006, Kandella, 1993). Denial characterized the early phases, especially among the policy makers and the community leaders (Ragab and Mahmoud, 2006, Kandella, 1993) HIV was presented as a disease brought from countries where sexual morale were decadent (Ragab and Mahmoud, 2006, Kandella, 1993).

Estimates of WHO and UNAIDS show that HIV prevalence is low in the region (0.2%) (UNAIDS, 2006). It has been hypothesized that the low prevalence of HIV in the region is somewhat linked to Islam and its influence on the behaviors that affect transmission (Obermyer, 2006). Gray (2004) comparative analysis of data from African countries showed that the prevalence of HIV was negatively associated with the percentage of the population that is Muslim. However, the study affirmed that the link between being Muslim and sexual risk factors is ambiguous and variable.

Currently, all countries of the region compile statistics on reported cases of HIV, but case definitions are inconsistent and local capacity for diagnosis and reporting is uneven (Obermyer, 2006). Nearly all countries screen blood donors, but epidemiological surveillance is lacking and monitoring of special risk groups is infrequent and at times hampered by local sensitivities (Obermyer, 2006).
The estimates of the number of PLWA in the region is about half a million (UNAIDS, 2006), the reliability of the estimates is questionable, because of the nature of the syndrome and the strong stigma that may hinder many of those who are suspicious of being infected from being tested (Obermyer, 2005, UNFPA, 2004). Furthermore, the prevalence of sexually transmitted infections is relatively high and indicative of unprotected extramarital sex (Heikle, et al 1999). People living with HIV are commonly expelled from their homes or alienated from their families, are sometimes fired from their jobs and even have trouble getting medical care for fear of infection by health professionals.

The region faces tremendous challenges which have potential implications for the spread of HIV: war related forced migration, economic and physical embargo in some places, rapid urbanization and poverty in many countries as well as a population structure in which the majority are young people. In addition there are hundreds of thousands of travellers and workers from high prevalence countries who enter and leave each year. Furthermore, there is evidence of an increase of intravenous drug use which carries the potential for HIV transmission. In addition, men who have sex with men became significant recently. The issue of blood safety remains a persistent concern in the region, where millions of blood units are donated each year and screening is still far from comprehensive in several countries (Ragab and Mahmod, 2006; Obermyer, 2006; Jenkins and Robalino, 2003).

Further spread of the virus, and especially deaths from the disease, could lead to a drastic decline in productivity, a decrease in the labor force and a reduction in capital investments. The World Bank estimates that HIV in the Middle East and North Africa could cause a loss of one-third of the region’s current gross domestic product by 2025.

Harm reduction approach faces a great challenge. While distributing needles is widely accepted, promoting the use of condoms is a problem in the region. There is a strong negative attitude, particularly amongst the religious leaders to the distribution of condoms.

It is commonly believed that, among the policy makers and the population at large, that the region is governed by conservative socio-cultural norms. However, a critical observer of the region would come to a conclusion that there are rapid socio-cultural changes. These changes led to the decrease of the major bulk of the moderate population. There is an observed increase in both extremes: The conservatives and the more liberal. Both groups, the conservatives and the liberals, are negatively influencing efforts to tackle the problem: While the first have strongly stigmatised PLHIV, the second is contributing to the increased number of PLHIV.

What Muslim Religious Leaders Can Do

In order to answer this question, it is necessary to understand the Basic Islamic Principles.

Islam is a code of life; consequently Islamic legislation is very comprehensive. It does not deal exclusively with questions of faith and worship. It also regulates moral behav-
bour, social interaction, husband wife relationships -including sexuality, family formation, family planning, and abortion (Omran, 1992, Musallam, 1978).

Contrary to the popular image of Muslims and Islam, Islam at its ideal level is a religion of peace. One of the fundamental characteristics of Islamic law is the principle of ‘liberty’ or permissibility ‘ibaha’, that is ‘everything is lawful unless explicitly designated otherwise’ Also: It is a Religion of Ease (Yusr) Not Hardship (Usr) and a Religion of Moderation (Omran, 1992, Musallam, 1978).

In Islam there is no hierarchically organized clergy, nor a central authority that dispenses a single interpretation of the faith. This decentralization means that the various schools of law and religious sects follow codes that are sometimes dissimilar (Omran, 1992, Musallam, 1978), consequently, as it has been observed there are many differences among scholars which fosters the confusion regarding Islam among its followers and others.

At its ideal level, Islamic Shari’ah regulates all types of human behaviour. It regulates relations between husband and wife, parents and children, among neighbors, with individual and within the society. Being the last revealed religion, the provisions of Islamic Shari’ah had to apply at all times and places as it was considered inconceivable that Shari’ah should lack capacity to cover and cope with all conceivable developments. (Omran, 1992, Musallam, 1978).

The Shari’ah is a comprehensive system of rules and regulations that practically covers all aspects of individual or collective human affairs, with the ultimate objective of assuring human welfare in this world and in the hereafter.

THE PRIMARY SOURCES OF SHARI’AH ARE:

- The Qur’an, the very word of Allâh
- The authentic tradition and sayings of the Prophet
- The unanimous opinion of Islamic scholars, and
- Analogy, the intelligent reasoning by which to rule on events that the Qur’an and tradition do not mention, by considering and weighing the merits of similar or equivalent events already ruled on.

There are several secondary sources of Shar’iah., Shari’ah is therefore not fixed except in worship rituals, codes of morality and only a small amount of legislation, leaving latitude to adapt to new situations in different times and places, and accommodating even differing honest opinions as long as, they do not conflict with the letter or the spirit of the Qur’an and Tradition.

The development of the of Jurisprudence (Fiqh) resulted in the establishment of certain guiding principles to help drive rulings which are important for HIV programs, such as “necessities overrule prohibitions” – “harm should be removed” – “the choice of the lesser of two harms” – “Public interest takes priority over enjoying benefits” – and the so called rule of rules: “Wherever welfare goes, there goes the statute of Allah”. All these principles would be the basis of the faith based approach in Muslim Countries (Omran, 1992, Musallam, 1978).
The objectives of Shari’ah are the preservation and protection of, among others:

- Self (life, health, hygiene, nourishment, prevention and treatment, protection, etc).
- Mind (prohibition of alcohol and drugs, freedom of thought and pursuit of knowledge, etc.) (Omran, 1992, Musallam, 1978).

Logically, emphasizing these objectives helps much in fighting HIV. Human life is highly valued in Islam; it is considered a gift from Allah. Muslims believe that bodies are a trust from Allah that must be returned one day and they will be asked, among other things, how it was looked after. Therefore they should avoid any act which will harm their health.

**Sex Education in Islam**

Islam appreciates the sexual desires that humans have. Therefore, it encourages that these desires be fulfilled. Like other heavenly religions, Islam encourages marriage, so that through marriage, sexual desire can be fulfilled. The Prophet (PBUH) has always encouraged discussion on matters which help protect sexual health. Muslim men and women never felt shy to ask the prophet (PBUH) about intimate sexual matters. The Holy Qur’an has discussed reproduction and sexual health in several verses (Omran, 1992, Musallam, 1978).

Sex education in Islam was provided side by side with other teachings. Followers of Islam never felt shy to ask the Prophet or His wife ‘Aisha’ questions related to their intimate sexual matters. Clear instruction of the Prophet (PBUH) was given regarding sexual rights for both men and women. Ensuring mutual satisfaction was mentioned clearly by the Prophet (PBUH) and the right of women to achieve their orgasms was strongly emphasized. Islam forbids all acts which are believed to harm sexual health, like sex out of wedlock, sex with a menstruating woman, homosexuality, sex with animals and anal intercourse. It is safe to argue that, while Islamic Sex education not only puts a high value on abstinence and be faithful approaches, it is also comprehensively conditioned and influenced by marital status: Sexual intercourse should only take place within the marital bond.

**It is not abstinence only; rather it is a comprehensive one**

At the time of the Prophet, a comprehensive package of sex education was given side by side with other teachings of Islam. The followers (men and women) used to ask about their sexual problems, and the Prophet used to clarify what was obscure. In addition, women used to ask ‘Aisha’, the Prophet’s wife, about some aspects of reproductive health. Different sex education messages are mentioned in the Quran and the Hadith (Sayings of the prophet) among them are:
The Rights and Duties in Sexual Relations in Islam

All scholars indicate that the right to sexual enjoyment is one of the wife’s rights (Omran, 1992). They never denied her right to sexual fulfillment. Sexual fulfillment for women was understood to depend on the completed act of intercourse, something which did not include withdrawal. (Musallam, 1978). Accordingly, some scholars disallowed withdrawal without the consent of the wife as they believed that it would interfere with her right to enjoyment. However, these rights are balanced by women’s duties, women should not reject their husbands’ request to have sex.

Islam and Sex Outside Marriage

Islam forbids all types of sex outside marriage: premarital and extramarital. Islam advocates a number of specific measures to reduce the temptations towards it. First, the Prophet advised all followers (especially the youth) to get married if they could, so that their natural desires would have legitimate fulfillment. Sex outside marriage is considered in Shari’ah not only as a sin but also as a crime which is punishable under law.

Islam and Sexual Health

Classic Muslim Scholars forbid all that which was believed, according medical knowledge that was available at their time, to be damaging to sexual health: anal intercourse, sex with animals, sex with menstruating women and homosexuality. Although some of these practices are debatable and there are question marks regarding their damaging effects, however, what is important is the general principle, that Islam is against all what could be proven to have a bad influence on sexual and reproductive health.

Islam and People Living with HIV

Contrary to a recent impression about Islam and Muslim Population, Islam is a religion that is full of compassion, love and mercy. The Prophet Mohammed (PBUH) reminded his followers that “You will not enter paradise until you believe, and you will not believe until you love one another”. In another statement by him, he is quoted as saying: “Allah shows compassion only to those who are compassionate”. Love and compassion are the qualities of a good Muslim and are needed by PLWA. These facts would be of much help for faith based programs and give grounds for calling for support for people living with HIV.
Most of the programs that involve religious leaders assume that, they only need the information about HIV and they will then automatically get involved in the relevant programs. However, having worked in many programs, I have come to the conclusion that providing information does not ensure changing attitudes and changing attitudes does not necessarily ensure that the behavior changes. The cultural and social environment within which such programs are carried out greatly influence the outcome of such programs.

Applying this argument to the current HIV prevention and care programs among Muslims, one can witness a division among the religious leaders, and some believe that HIV is a punishment of Allah to those sinners and drug addicts. Consequently they think that people should be treated according to how they contracted HIV. For instance, the people who contracted the HIV by indulging in extramarital sex should not be treated with mercy. This is contrary to the official religious leader’s authority, that there should not be any form of discrimination based on the mode of transmission. Each group support their argument with texts from Quran and Prophet (peace be upon him) traditions.

Due to certain political factors (armed conflicts in many countries, the wide perception of western conspiracy against Muslim population by many, etc) and economic factors (increasing unemployment and poverty, wide spread corruption), there is an increase in the number of conservatives. With the increasing conservatism in most countries, people living with HIV will face problems in the near future, unless there are drastic actions that bring back moderation to the Muslim countries. Moderation is a characteristic of Islam at its ideal level (Omran, 1992).

Prof. Ragab speaking to male Muslims on sexual and reproductive health education in Egypt
Conclusion

The Middle East and North Africa have the potential for the rapid spread of HIV. Within the context of the challenges that the Middle East and North Africa face, it is safe to conclude that a Faith Based Approach has all the potentials for success in the Muslim countries, if it is presented and handled appropriately and use the sources of Shari’ah at its ideal level. Islam forbids all acts which are believed to be harmful to sexual health, like sex out of wedlock, sex during menstruation, homosexuality, sex with animals and anal intercourse. Applying these teachings will help in maintaining sexual health and prevent sexually transmitted diseases including HIV.

Critical examination of Islamic teaching shows that there are elements of a comprehensive package of sex education; however, in order to overcome the expected resistance, abstinence should be in the center of the package.

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HOW DO WE PROVIDE CARE WITHIN OUR FAITH IN THE FIELD OF HIV AND AIDS?
A PERSONAL LIFE EXPERIENCE

MERAB KAMBAMU KIREMIRE

Merab Kambamu Kiremire is the initiator and director of MAPODE, the movement of community action for the prevention and protection of young people against poverty, destitution diseases and exploitation, in Namibia. She and Birgitta Rantakari (Finland) initiated a non-governmental organisation called TASINTHA that aims at reducing vulnerability of sex workers to HIV infection in Zambia for which they won a FAWE award in 1997. She is married to Prof. E. M. R. Kiremire (Dean of Science University of Namibia) and are blessed with three children. She continues to advocate for the rights of women and children across Africa as well as coordinate CUAHA-Namibia and CUAHA advocacy strategy for Eastern and Southern Africa.

Theme: (But the teacher of the law... asked Jesus, ‘Who is my neighbour?’ And Jesus concluded, ‘in your opinion, which one of the three men acted like a neighbor towards the man attacked by the robbers?’ The teacher of the law answered, ‘the one who was kind to him.’ Jesus replied, ‘You go, then, and do the same’) Luke 10:29.
Background

For over a decade, between 1996 and 2006, I spent more than 6 years living in a house by myself. After teaching at the same University for nearly a quarter of a century my husband decided to change jobs in order to advance his scientific research interest at a time when I was still heavily engaged in operationalizing an HIV focused community-based organization which I had initiated a couple of years earlier and was therefore not in a position to leave it.

This career move also happened to coincide with other life-changing events in our situation. Apart from endless struggles against perpetual xenophobia to stop me from running a Community Based Organization (CBO) and the empty-nest syndrome which had, for sometime been slowly knocking on our door, back in my country of birth, death had decided to aggressively hit my family, taking my three younger sisters, my mother and a well loved six-year-old niece one after another.

This complex combination of problems and disasters, together, culminated in a high degree of insecurity which put my nerves on alert 24 hours a day, not only in anticipation of bad news that could reach me at any moment, but also the fear of possible physical danger became part of my daily living.

So as a safety measure, I developed a habit of always resting or sleeping with my lights on and my cell phone right under my pillow whether on a couch or in bed. This state of affairs continued until 2006 when I finally felt my CBO was strong enough to endure my absence and went to join my husband. However, as the old adage goes, “habits die hard”. To this day, I still rest or sleep with my lights on and my cell phone right under my pillow.

CASE STUDY

It was against this background that late one night in October 2009 my cell phone rang. As I pulled the phone from underneath my pillow to answer, I was sure that all was not well. Experience had long since taught me that a telephone call at 0230 hours in the dead of the night could hardly be a carrier of good news. The only question was what type of bad news?

Amidst sobs, the breaking voice at the end of the international waves sounded dreadfully faint, close to a whisper: ‘Good bye, your niece will tell you the rest’, as the phone cut off.

With trembling hands, I quickly dialed my “dying sister’s husband’s telephone number. He promptly answered. The gentleman sounded so cool, so composed that for a flick of a moment I concluded he couldn’t possibly be anywhere near his wife, leave alone know her condition. So I gently ventured, ‘are you at home sir?’ ‘Yes’, he answered. ‘Are you with my sister’, I politely continued. ‘Yes’. ‘But what’s going on, she says she is dying?’ I slowly added. ‘I don’t know’ her husband replied. ‘She has been well since she was discharged
from the hospital a month ago, until this evening when she started complainting about pain in her abdomen’. I interjected ‘I am sorry to bother you sir, but may I request you to most kindly take her to the hospital without any further delay - will you Sir, please? She sounds in the last moments of her life and it might be better that she dies in the hospital so that doctors can attend to her body in dignity. Please’. ‘Ok’, he assented, I will take her immediately.’

My eyes fixed on the ticking hands of the wall clock directly opposite my bed. Being my age, I can’t say I had not lived through tediously long hours before, but the two hours I endured, to what I figured would be day-break back home, will truly find a lasting space down my memory lane.

As soon as I confirmed that my sister had lived to see another sun-rise, I phoned my 90-year-old father and requested him to immediately send his wife to go and nurse my sister in hospital. Without hesitation, the lady got ready and by 0800 hours, she was on the bus heading 400km west of the capital city. By the afternoon, she had joined the line of hospital health workers who worked around the clock to save my sister’s life from a bout of rising AIDS-triggered sugar.

The seven days that followed were not only a nightmare but also a test of human patience, perseverance, endurance, hope and faith. I prayed, not only for my sister’s life-restoration but for her 15-year-old daughter who was due to start Secondary School in the new-year. I couldn’t imagine what it would be like adding another orphan to the 6 young boys my husband and I were already caring for. And yet, there was my old father in a house alone without anybody to care for him.

The constant nagging in the back of my brain couldn’t go away. Was I about to bury two close family members at virtually the same time again? Day in and day out, I could hardly think right, eat or smile. Every step I made felt extraordinarily heavy, so heavy that it felt as if I was hurting the ground I walked on; and every phone conversation I had with my father just broke my heart. The poor frail man was in constant tears. Listening to him weeping through the phone convinced me that history was about to repeat itself. Not only was I about to lose one more loved sister, but my father too.

Memories were still fresh. I recalled the day my mother and I had walked hand-in-hand up Cathedral Hill to bid farewell to our well-loved daughter and sister. My mother had insisted on walking to the Cathedral. As we had briskly ascended the steep hill, she had affixed her tear-dripped face towards the heavens and softly sang, ‘coming home, coming home, Lord I am coming home’. It was to be the last time I walked with my mother. She had grieved her daughter’s death to her own grave five months later.
My spirits were rapidly waning, washing away every grain of faith and hope that had held my inner fabric together through the crisis years. I felt tired, sad, angry, bitter and desperate. I couldn’t understand why my family had to endure so much pain and hurt. What was it that we had done to deserve all this suffering? Why us? Yes, it was true that in close to three decades, the HIV had afflicted millions of individuals, and devastated numerous families and communities and nations. But it was also true that it had not affected the majority of the World’s people. So why us, why my family, why my sisters? Why did we have to be among the 40 million World’s people afflicted by the HIV pandemic? Were we cursed, and if so, for what? What had we done to displease God so awfully that He had turned His face away from us, forsaken us? Were we Job?

I was still struggling with my internal conflict when I received news that my sister had had a respite. So I requested her doctors, as soon as they felt confident that she could endure the 400km bus drive to the City, to kindly discharge her so that she could be closer to specialized treatment and so that my father’s wife could care for him. But by the time my sister arrived in Kampala, she was so wasted that all my father could do was to cry.

To make matters worse, my sister felt so hopeless that she refused to go to hospital.

She remained in bed and didn’t want to see anybody. She told whoever tried to take her to hospital that she was ready for the ‘next life’ and that she was sorry for all those human beings who were not prepared for life after this earth. Gross stigma had taken its toll. Her body became nothing but bones, her legs erupted into sores, she could not stand. All of us near and far were devastated. We lost hope. Everything was out of control.

Then a miracle happened. At the end of October while CUAHA (Churches United against HIV and AIDS in Eastern and Southern Africa) was launching its handbook, ‘Towards an HIV and AIDS Competent Church’¹⁵⁸ at a media forum in Nairobi, I met a man I had often heard about but never had an opportunity to meet. Rev. Canon Gideon Byamugisha¹⁵⁹, the founder of INERELA (International Network of Religious Leaders Living with, or affected by HIV or AIDS) had just arrived in Nairobi from Uganda, travelling to Western Kenya to attend the burial of one INERELA member who had passed away a few days earlier. CUAHA leaders had quickly grasped the opportunity and requested him to briefly join the media forum which had followed the handbook launch. The media forum room was packed but I picked a chair and kept creeping closer to the high table in the hope that I would be able to talk to him.

¹⁵⁸CUAHA ecumenical handbook ‘Towards an HIV and AIDS Competent Church’ to define HIV and AIDS competency was launched at Nairobi’s Gracia Gardens Hotel on Friday 29 October 2009
¹⁵⁹Rev. Canon Gideon Byamugisha is the Goodwill Ambassador for Christian Aid on HIV and AIDS for Eastern Africa, Sudan and The Horn of Africa.
Finally I came face to face with Africa’s first religious leader who had confronted HIV head-on when hardly anybody survived it. Watching him narrate his own experience, I became convinced that he held a key to my sister’s situation. As soon as he completed his short address and stepped down to chat with the media practitioners I stepped forward towards the group. But time was against me. The Reverend’s host was summoning him to rush to catch a plane. So I quickly stretched out my hand, introduced myself, mumbled something about our collective gratitude for his unique efforts to beat HIV-based stigma and delivering thousands upon thousands of hopeless Africans from unnecessary premature death. I then told him I had an urgent assignment for him. Would he find time to go, as soon as he returned to Kampala, to go and pray for a woman who was dying from AIDS? I slipped a piece of paper with my sister’s cell phone number into his hand, adding, ‘even if she doesn’t recover, at least she will die in peace’.

Two weeks later, my sister phoned me to inform me that she felt uplifted and hopeful again. An Anglican Reverend who, together with his wife, had lived with HIV for many years had visited her. He had been accompanied by a Kampala medical doctor renowned for taking good care of AIDS patients. After praying and encouraging her that ‘there was life beyond AIDS’ the doctor had taken her for a thorough medical examination. The results had revealed that while both her heart and lungs were still in good working condition, her other key internal organs, the liver, kidney and pancreas, had been badly damaged, primarily by the type of ARVs she had been using for the past four years. Her situation was so bad that in order to sustain her, her pancreas would require surgery. However, with her body wasted to the extent it was, she was not in a position to withstand surgery. So the doctor had prescribed remedial medication to sustain her until such time as her body was strong enough to endure surgery.

That was over a year ago. My sister has not undergone pancreatic surgery yet but has recovered well enough to return to her home and job. She recently registered to study for a degree in Theology at university in Uganda. She recently held discussions with her Archdiocese Bishop on ways of working with school learners and their families to combat HIV driven stigma in her community. She was even able to travel to Nairobi, Kenya, to attend CUAHA’s first ever conference for Church Women Leaders under the theme ‘African Women, Culture, the Church and the HIV and AIDS’ from 5th to 7th October 2010 during which, for the first time, she publically shared her experiences. She is no longer on her death bed. Instead she is hopeful and sees her AIDS status as an opportunity to serve humanity. She, like her mentor and counselors, Rev. Byamugisha and his doctor friend, now believes in ‘life before death’.

160 Hope is a Teacher at an all girls secondary school in Western Uganda. She and her husband are born-again Christians in the Church of Uganda.
161 Friends of Gideon Byamugisha’s motto is ‘We believe in life before death’.
Her husband has asked her for forgiveness for giving up on her and enjoying a good night’s sleep while she faced death. Just before she travelled to the Nairobi Women’s conference, she travelled 150km to a secondary boarding school to visit our late sister’s orphans. The two boys, now aged 20 and 19-years respectively lost their mother when they were infants and their father last year in October. While she was with the boys, she phoned me so I could talk to them. Tears of joy rolled down my face as I talked to the three of them on the phone one after another. All I could do was to thank God for His little mercies and abundant grace.

Job’s personal experience had become a reality in my own life, ‘I know Lord that you are all-powerful; you ask how I dare question your wisdom, when I am so very ignorant; I talked about things I did not understand, about marvels too great for me to know – now I have seen you with my own eyes — I am ashamed of all I have said’ (Job 4:2-6).

Contextualisation

I was later privileged to convene a meeting of CUAHA stakeholders with a view to forming a CUAHA Namibia country team. At the beginning of the meeting, the representative of the African Methodist Evangelical Church (AMEC) informed the gathering that he had decided to come to that meeting to join forces with other Churches to better fight HIV, and in so doing, answer Jesus Christ’s call, ‘who is my neighbour?’ (Luke 10:29)

He strongly believed that it was still possible for the contemporary Church, to, just like Jesus Christ who, during his three years’ ministry, not only spread the good news of God’s mercy and love by word of mouth, but walked miles and miles feeding the hungry, healing the sick, restoring sight and hearing for the blind and the deaf, and resurrecting the dead, to deliver God’s people from the pangs of HIV. He emphasized the need for Church leaders to move from talking to practical actions that would restore hope among the hopeless, faith in the desperate, life in the weary and energize God’s people to beat HIV.

He proposed that the Church should rise to equip people living with HIV, their families, communities and nations, with the most appropriate information on HIV that would enable them to not lose faith in God and hope in life.

His sentiments were echoed by Bishop Kameeta of the Evangelical Lutheran Church in the Republic of Namibia who told a gathering of interdenominational religious leaders that, ‘For us as church leaders, we are faced with an enormous challenge – to lead our people and their care-givers out of the bondage and silence of HIV and its stigma.’ In this connection, the Church needs to fully recognize the importance of building adequate capacities among health workers, home-based caregivers and field workers through training and knowledge creation.

162 Bishop Kameeta’s address to the Council of Churches of Namibia’s Church Leaders training workshop on HIV/AIDS held in Windhoek on 11 December 2009.
Lessons learnt

Sitting there internalizing this Church leader’s analysis and practical proposals on the measures the Church needs to take to become HIV competent, I couldn’t have agreed with him more. Indeed, with such a practical approach, HIV patients like my sister could be prevented from being confronted by deadly stigma with its awful side effects of hopelessness, despair and premature death.

Not only did practical interventions that followed her ‘intended last words’ serve to prevent her from unnecessary death, but they mobilized critically needed resources and expertise to come to her rescue. The level of willingness and self-sacrifice that was demonstrated by the many players during her critical condition was phenomenal. The hospital personnel had swung into immediate action; age and lack of adequate social capital did not deter the old man and his wife to move swiftly into action; Rev. Byamugisha and his doctor-friend did not hesitate to avail their valuable time, financial resources and expertise to rescue a dying strange woman. Close family members and care-givers like her husband and I could be spared the impact of burn-out that leads to neglect, irresponsibility and eventual regret.

Conclusion

To-date, HIV and AIDS remain without any known cure. However, HIV as a predominantly behavior oriented infection; it need not develop into AIDS and kill those it afflicts, nor devastate its secondary victims. Being HIV positive is not the same as having AIDS; and having AIDS is not the same as dying. Individuals, families, communities and nations can control, not only the spread of the HI Virus but manage AIDS, the disease it produces. All it takes is concerted and better coordinated human efforts. Faith driven efforts have a central role to play in reducing its spread and encouraging and motivating both the infected and the affected. To this end, the Church and faith organizations have a critical responsibility to respond to the holistic needs of their congregants and communities – which is the educational, social and economic and spirituals needs, to restore not only their souls but physical and mental health.

References:

1. Introduction

Van Dyk in her book, *HIVaidS Care & Counseling: A Multidisciplinary Approach*, sagaciously asserts, “HIVaidS (sic) has forced us to think of *caring* rather than *curing*....Because we have no *cure* for HIVaidS (sic), we must focus on *caring* for the psychological and mental welfare of people living with HIVaidS (sic)” (2005:174 emphasis hers). It is my humble intention, therefore, to look at the care of people living with HIV and AIDS in Zambia from an evangelical standpoint.

Evangelical Christians in Zambia have ample endowments (e.g. human resource, presence, a message of hope, etc.) to give meaningful pastoral care to PLWHA without the blight of stigma (as they have been known to do in previously).

This paper will describe pastoral care, posit an interdisciplinary perspective to pastoral care, highlight the role of psychology in pastoral care, locate the place of spirituality as a unique contribution of pastoral care, and recommend a feasible evangelical pastoral approach to HIV care. In short, this paper will posit an approach to pastoral care of PLWHA that will both be evangelical and germane to a Zambian worldview.

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163 This paper represents, with slight modification, a chapter of the writer’s recent book *Empowering Church-Based Communities for Home-Based Care: A Pastoral Response to HIV/AIDS in Zambia* (Saarbrücken, Germany: VDM Verlag Dr. Müller Aktiengesellschaft & Co. KG, 2009). The book is an outworking of an MA dissertation submitted to the University of Pretoria for the Degree of MA in Practical Theology.

164 This approach is based on the premise that when pastoral care does not transform the counsellee’s worldview it will not be effective. The counsellee will see it as an intrusion in his/her way of life and will resent and reject it as irrelevant.
2. An Interdisciplinary Perspective of Pastoral Care

As a point of departure I will discuss the concept of pastoral care from an interdisciplinary standpoint. What precisely is pastoral care with specific reference to people living with HIV and AIDS?

2.1 THE SCOPE OF PASTORAL CARE

Maldonado (1990:17) makes a pithy distinction between the ideas of pastoral care and pastoral counselling with HIV affected persons. He notes that pastoral care is like a larger “umbrella that encompasses all the actions that the church is called to undertake in relation to the physical, spiritual, economic, social and even political needs of those who are affected by the virus.” He clarifies that pastoral counselling is a component of the same umbrella, which is a sort of focused type of action. He views counselling in this sense as a temporary helping relationship between a pastoral counsellor and counsellee(s) seeking help.

Pastoral care, according to Gerkin, is the “caring task of the pastor in relation to individuals and communities” (1997:11). “Communities” in this usage alludes to families living together, especially communities of faith, who have a common fellowship and want to be faithful disciples of Jesus Christ in the world. Gerkin (1997:19) further asserts that pastoral care has “application to the broadest range of pastoral and communal practices in the life of the church and the world.” Gerkin’s view of pastoral care is not limited to person to person encounters only, but is also applicable to caring for the church family and its community, the ‘environment’ of the community of faith. Pastoral care to the ‘environment’ of the community of faith entails the fulfilment of the church’s evangelistic task to the world at large (Gerkin 1997). Thus the terms “pastoral care” and “pastoral counselling” are often used interchangeably, although a distinction can be made, as shown in figure 1. So it can be said that in talking about pastoral care, pastoral counselling is implied or assumed. In this sense then a person cannot be a pastoral caregiver without being a pastoral counsellor. It is my view that these activities constitute what in theological terms is called the *cura animarum* or ‘cure of souls’.

Pastoral care is therefore a unique activity of caring for human life because it is created by God and belongs to Him (cf. Louw 1997).

Figure 1 on page 107 diagrammatically represents Maldonado’s idea of pastoral care of PLWHA within which pastoral counselling falls (cf. Marshall 1995).

White (1998:99-103), on the other hand, elaborates pastoral care as having five critical tasks, namely, spiritual nourishment, herding (i.e. to collect and keep together), protecting, healing, and leading God’s people to their eternal destiny. The pastoral responsibility of spiritual nourishment relates to teaching, preaching, and explicating Scripture in the context of life experiences and challenges. The pastoral task of herding alludes to the preservation of the family and community of believers. Protecting the flock is closely implied in the spiritual nourishment motif, but vitally points to checking destruction which flawed teachings bring in the lives of the faithful. The healing task of “pastoral care is that it fol-
allows up distress with practical mercy and kindness” (White 1998:102). It is this healing task of pastoral care that takes centre stage in the care of people living with HIV.

Magezi (2005) includes two additional vital functions of pastoral care. He identifies seven functions of pastoral care—namely, healing, sustaining, guiding, reconciling, nurturing, liberating, and empowering (Magezi 2005:137). The first five functions are the same as White’s, while the last two (liberating and empowering) are his inclusion. The latter two purposes of pastoral care will be the focus of this work in as far as care for people living with HIV is concerned. PLWHA need freedom from limitations like stigma and enablement to develop a successful life outlook. Table 4.1 is a summary of Magezi’s seven functions/tasks of pastoral care from a historical perspective.

Table 1—Summary of Pastoral Care Functions & Expressions (Source: Magezi 2005:137)

<table>
<thead>
<tr>
<th>Pastoral Care Function</th>
<th>Historical Expression</th>
<th>Contemporary caring and counselling expressions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healing</td>
<td>Anointing, exorcism, saints and relics, characteristic healers</td>
<td>Pastoral psychotherapy, spiritual healing, marriage counselling and therapy</td>
</tr>
<tr>
<td>Sustaining</td>
<td>Preserving, consoling, consolidating</td>
<td>Supportive caring and counselling, crisis counselling, bereavement caring and counselling</td>
</tr>
<tr>
<td>Guiding</td>
<td>Advice-giving, devil-craft, listening</td>
<td>Educative counselling, short-term decision-making, confrontational counselling, spiritual direction</td>
</tr>
<tr>
<td>Reconciling</td>
<td>Confession, forgiveness, disciplining</td>
<td>Marriage counselling, existential counselling (reconciliation with God)</td>
</tr>
<tr>
<td>Nurturing</td>
<td>Training new members in the Christian life, religious education</td>
<td>Educative counselling, growth groups, marriage and family enrichment, growth-enabling care through development crises</td>
</tr>
<tr>
<td>Liberating</td>
<td>-</td>
<td>Raising awareness about sources of oppression and domination in society</td>
</tr>
<tr>
<td>Empowering</td>
<td>-</td>
<td>Encouraging one to develop one’s own/alternative base</td>
</tr>
</tbody>
</table>

Figure 1 Pastoral Care of PLWHA (Source: Maldonado 1990:6)
Pastoral care is thus a composite process of caring for individuals and communities with the goal of meeting a need which has emanated such as the need for healing, sustaining, guiding, reconciling, nurturing, liberating, or empowering. Pastoral care implies pastoral counselling with a view to enabling the counselee to tackle his or her challenges more effectively. It must be noted further that counselling is the salient manifestation of pastoral care especially as it relates to the care of PLHIV (Maldonado 1990; Louw 1997; van Dyk 2005). Therefore it is imperative that every pastoral carer be equipped as a pastoral counsellor. I think that this is what Gennrich means by “being there” when she writes that care involves much more than counselling:

“Care involves really understanding a person’s many social, personal, physical, cultural, spiritual needs and understandings, and responding to them in an integrated way. But above all, it simply means being there. Others call it accompanying a person, or walking life’s journey (or part of it) with them….This is akin to the African traditional value of ubuntu - doing whatever is necessary to care for the sick person because their sickness affects everyone in the community and in the family, and working hard to ensure that life flows on as normal” (2004:47 emphases added).

Gennrich captures the essence of pastoral care in an African setting, particularly, the community orientation of pastoral care. Effective pastoral care in an African setting is certainly not individually oriented, but is more of a community oriented activity (Cou- ture & Hunter 1995, Louw 1997).

Now, if it is true that African pastoral care is not person-centred as is western care and counselling, what is it that makes pastoral care African? Louw (1997:393) aptly asserts that “Pastoral care becomes African when it reflects the philosophy or life view of the African culture.” Louw (1997:401), Citing Mtetwa, describes the defining trait of African pastoral care as follows:

“One of the most remarkable and tangible dimensions of African Spiritu- ality relates to the unique notion of communality and collective solidarity that the African society exhibits in all spheres of life. There is a profound sense of interdependence, from the extended family to the entire community. In a real sense, everybody is interrelated, including relations between the living and those who have departed.”

I think that the evangelical church in Zambia should harness this characteristically African life-view of community in fellowship and ‘integrate’ it with the metaphor of the church as a family of God’s people where authentic fellowship translates into care for those affected and afflicted by HIV. This approach does not mean that pastors in Africa must do away with the insights of other disciplines such as psychology, medicine, etc. These disciplines have a vital relationship to pastoral care which when neglected will do a disservice to the care of PLWHA. The question may be posed as to where and how pastoral carers would maintain a sound relationship between the Bible (Christianity) and

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165 This does not mean to say that I am urging Christians in Zambia to have fellowship with their departed, Christian or non-Christian. Even in harnessing the strengths of an African concept described by Mtetwa care must be taken that African Christians do not revert to ancestor worship.
the scientific discipline of psychology, for instance. Are the two disciplines antithetical and irreconcilable? What benefits can be drawn from the “tension” between them? Put simply, what is the value of psychology in pastoral care?

2.2 THE ROLE OF PSYCHOLOGY IN PASTORAL CARE

It was found in the foregoing section that for Africans counselling is a community and extended family issue, but now it is necessary to know whether psychology is germane to pastoral care in the African context. To help resolve this matter it may be vital to ask another question: ‘Why is the question of the connection between psychology and Christianity (the Bible) relevant to pastoral care?’ First, psychological counselling/care seems to dominate the relationship. For instance, most NGOs who provide HIV care and counselling in the sub-region prefer to employ staff with psychological training to pastorally trained persons. Furthermore van Dyk (2005) presupposes a psychological approach to care and counselling of HIV affected people as the most effective when she says that:-

“Counselling must always be based on the needs of the client. Counselling has a dual purpose (Egan 1998):

- to help clients manage their problems more effectively and develop unused or underused opportunities to cope more fully; and
- to help and empower clients to become more effective self-helper for the future” (van Dyk 2005: 175).

Van Dyk’s goal of counselling—“to help clients manage their problems...and become more effective self helpers...” seems to be only partially accurate. That goal of counselling becomes trite when the HIV sufferer is on the brink of death and needs more reassurance and comfort than anything else. I posit that something much more than the two facets posited by van Dyk must be targeted in pastoral care of PLHIV. A specific “pastoral or hope therapy” (Louw 2006) should be given at this point in the life-journey of PLHIV. It is my opinion that pastoral care (and counselling) is more holistic than any other approach as it not only aims at facilitating the clients ability “to explore and discover ways of living more fully, satisfyingly, and resourcefully” (van Dyk 2005:175), but also seeks to impart hope (Louw 2006) beyond HIV infection. Basing his argument on the fact of Christ’s resurrection as the source of hope beyond suffering for PLHIV (cf. 1 Cor. 15:10ff), Louw aptly asserts that “…one can view the resurrection of Christ as the final critique of God on death, suffering and stigmatizing. Resurrection hope is about the death of death, about the fact that every form of rejection, stigmatization and isolation have been finally deleted by God. People suffering from HIV should therefore be empowered to start to live despite the reality of the virus” (2006:104). This is a more holistic approach to the care of PLHIV as it not only points to positive living here and now, but also addresses the issue of hope in the afterlife (cf. Yancey 1990) when all pain will be no more (cf. Rev 21:4-5; Rom 8:18-25).

White (1998:97) sums it up this way: “The fact is, only the Christian carer is engaging with the whole of a person: a body-soul-in-community, with an eternal destiny. This
is our confidence: he may expect to reach areas which no other carer can touch.” It is precisely at this point (hope impartation) at which pastoral care of PLHIV differs from other approaches to care. This observation, however, does not mean that psychology has not made any meaningful contribution to pastoral care and counselling. There are two ways one can look at psychological and biblical approaches to counselling. There are two schools of thought on this matter: Psychology against the Bible and psychology ‘integrated’ with the Bible.

The ‘Psychology against the Bible’ school of thought holds that psychology has no relevance to the pastoral (spiritual) care. Jay Adam’s book Competent to Counsel (1976) categorically condemns the use of psychology in pastoral care and counselling and serves as an example of this school of thought. Adams holds that since the Bible is inerrant it is the only standard for faith and practice. He sees three elements in his nouthetic\textsuperscript{166} approach to counselling. Firstly, he contends that when something is wrong some sin or some problem needs to be acknowledged and resolved. Secondly, nouthetic contact is personal conference and discussion aimed at bringing change toward greater conformity to biblical principles and practices. Thirdly, nouthetic confrontation changes which in life hurts counsellees head-on by verbal means. Adams infers that some of the causes of people’s sicknesses are that they are not living as God requires and are not doing what they should be doing. Therefore, Adams sees psychology as anti-Bible and to be avoided by Christians.

A second school of thought contends that biblical and psychological counselling can be integrated. Integration in this instance does not mean to merely blend the Bible with psychology “half-half”. From the onset it must be noted without hesitation that a danger exists in uncritically accepting any model of pastoral counselling. Integration in itself can easily become syncretism\textsuperscript{167}. Psychology has some value, however. Miller and Jackson (Magezi 2005:146) give clarity to the issue when they helpfully observe that “God also has given to humankind the gift of reason and through it the marvellous techniques of modern medicine and psychology.” They add, “We view such secular technology as a set of tools, to be employed within any system that does not exclude it.” In what way, then, can psychology be used in pastoral care?

By implication, psychological insights can be used in pastoral care and counselling as long as they are not opposed to any biblical teaching. It might also be asked, ‘How would Christians harmonize the inerrant, inspired Word of God and the science of psychology without being syncretistic?’ Christianity insists on the centrality of Christ as revealed in the Bible, but psychology holds to humanism—a teaching which ardently maintains that humans are the highest beings and at the centre of all things. It seems there is no meeting ground for the two. To resolve this apparent incongruity, Crabb (1979) proposes four options, which he terms the “Separate but equal”, “Tossed salad”, “the Nothing battery” and the “Spoiling the Egyptians”.

To start with, the “Separate but equal” view argues that the Bible is not a textbook of

\textsuperscript{166} Adams (1976) terms this method of counselling as nouthetic counselling (from the Greek word noutheteo, to admonish, warn, instruct). He out-rightly condemns psychological counselling as an enemy of the Bible.

\textsuperscript{167} Syncretism is an admixture of paganism and Christianity resulting in inauthentic (anti-biblical) Christianity.
psychotherapy or medicine; therefore, if a person has a problem he should visit the right profession. Fields of legitimate concern, like medical, dental and psychological disorders are outside the area of Christian responsibility and professionals must handle them (Crabb 1979:34). This school of thought contends that the Bible is not a textbook of any other discipline except religion alone. Proponents of this view presuppose that emotional problems (for instance) do not have a bearing on spiritual issues. However, this inference seems to ignore the fact that certain psychological malfunctions are rooted in emotional problems such as guilt, anxiety, resentment, a poor self esteem, etc. The Bible is replete with instances when these emotional issues have had to be confronted or resolved by asking for God’s help. The Psalms, for instance, address these issues (see Ps 34; 51; etc). Thus such a simplistic separation between scripture and psychology (as the ‘separate but equal” proposes) is untenable and a misapprehension of the Bible.

Secondly, the “Tossed Salad” (Crabb 1979:35) approach seeks integration in the way a ‘tossed salad” is prepared by mixing a number of ingredients together in a single utensil to make a “tasty blend.” This model says that Christianity offers great truths that are vital to good living. Psychology too has truths that are beneficial to humanity. So when the creams of biblical and psychological insights are mixed, effective Christian psychotherapy will be the outcome. Opponents of the tossed salad model do not appreciate psychology, but caution Christians against careless acceptance of secular notions which may compromise Scriptural teaching.

Thirdly, there is the “Nothing Battery” model (Crabb 1979:40). According to Crabb (1979) this model is a reaction against the above two models. The “separate but equal” model refuses to recognize the pertinence of Scripture to psychological problems. Whereas the “tossed salad” model compromisingly mixes Scripture with ‘secular’ psychology. The basic premise of the “nothing battery” model is “nothing but grace, nothing but Christ, nothing but faith, nothing, but the Word.” Jay Adams’ nouthetic approach is an example of the “nothing battery” model. Adam’s nouthetic approach maintains that psychology is a foe of the Bible. Adam’s approach, however, must be noted for its high view of Scripture because no person can claim to be a Christian carer or counsellor if he/she does not obey biblical teaching. So Adam’s approach has immense value to pastoral care except that it seems to ignore that man is a psychological being whose complex emotional mechanisms play each other in day to day life.

Fourthly, there is the “Spoiling the Egyptians” approach. The carefulness of the “separate but equal” towards psychology, the permissiveness of the “Tossed Salad”, and the overreaction of the “nothing battery” obliges a fourth school of thought to embrace the “Spoiling the Egyptians” standpoint. The expression “Spoiling the Egyptians” is derived from the occurrence in Exodus chapter 11, when God ordered the Children of Israel to take with them articles (as spoils) as they left the slavery of Egypt. This view critically evaluates psychology and picks some truths not dissonant with the Bible for use in counselling. Crabb (1979:49-50) is quick to point out that the “Spoiling the Egyptians” approach has an inherent risk of taking with it a mixed multitude which can eventually cause problems as was the case with Israel in the desert. The rebellion in the desert is blamed on the mixed multitude from Egypt. This approach looks at psychology through the eyes of Scripture and not vice versa.
Crabb (19979:49-50) prefers the “Spoiling the Egyptians” standpoint and gives principles to govern a truly evangelical integration of Christianity and psychology. Firstly, for evangelicals psychology must come under the authority of Scripture. Where the two contradict each other, the Bible is accepted as the truth. Secondly, the Bible is God’s infallible, inspired, inerrant revelation in proposition. Thirdly, Scripture should have functional control over our thinking. Fourthly, functional control of the Bible can be achieved over psychology by spending much time studying the Bible systematically to understand overall content and to equip the Christian for a competent helping profession. Crabb’s thoughts are useful toward the understanding of the role of psychology in Christian counselling. But the “Tossed Salad” and the “Spoiling the Egyptian” approaches are hard to distinguish and one may easily confuse the one for the other. Therefore this approach is also inadequate.

Fifth and finally, Magezi (2005:151-55) embraces the “Convergence Model” (following Louw [1998] in A Pastoral hermeneutics to Care and encounter) as a balanced solution to the debate on the integration of the Bible and psychology. He handles the dilemma of integration between psychology and pastoral counselling as a tension. He says that the tension between the two is healthy (Magezi 2005:150). The convergence model views pastoral care and counselling from an eschatological standpoint. Eschatology points to the essence of the Christian’s ‘already but not yet’ existence by virtue of being a new being in Christ. Magezi (2005:151) asserts “Eschatology is not only a description of the end of history, but also reveals the essence of our new being. Eschatology defines the theological stance of pastoral care in terms of the cross and resurrection.” In the convergence model an inevitable implication of pastoral care is hope. Hence, the practice of pastoral care is “a sign of hope to the world. This hope is the fountain of peace and the motivation to live in this life, even with HIV/AIDS infection” (Magezi 2005:154). Eschatology entails that pastoral care is essentially linked to hope and confers the task of care on the community of faith. The convergence model recognizes that the tension exists between the “already” of our salvation and the “not yet” of the coming kingdom.

The researcher prefers the Convergence Model as it scrutinizes psychological information on the basis of Scripture without depreciating the need for repentance as a prerequisite to salvation. The complementarism of the “Tossed Salad” should be avoided. The separation of the “ Separate but Equal” makes life unreal. It is the researcher’s view that pastoral counselling should integrate the Bible and psychology with the proviso that the uniqueness of pastoral counselling is preserved every time. But the integration must be healthy, without compromising biblical Christianity.
3. Pastoral Counseling within an African Setting

Another fundamental question may be posed in this connection: ‘What is the nature of pastoral counselling that makes it uniquely suited to address the dilemma of PLHIV in Africa?’ Whenever a person in an African context encounters a difficulty such as an illness or a calamity the why question is posed. Why me? Why am I suffering in this way? HIV infection elicits this question too. HIV infected individuals in an African setting invariably ask themselves—why should I be HIV positive when there are many others who exhibit similar risky behaviour like me and do not get the HI virus? The African worldview seems to believe that HIV infection is something that occurs as a misfortune when a taboo is broken either by the individual or his close relative. Sometimes an HIV positive diagnosis is attributed to a punishment for an abomination committed or to witchcraft. So HIV carries a lot of stigma partly due to this mindset. Magezi (2005:190) says that when an African asks the ‘why?’ question (cause and effect); he or she receives an answer from the witchdoctor or diviner. So the witchdoctor or diviner is the therapist in this setting. He describes African therapy as a process of finding causation of a crisis when he explains:

Your sickness, misfortune, or condition can be traced to either an inappropriate action by one member of the family or a conflict that existed among members of the family who may be dead. The purpose of the therapy is to say to the offender, you have done wrong or wrong deeds done by someone else; we have accepted responsibility, confessed the guilt/shame/damage by an appropriate ritual. If it was a past conflict, descendents of the parents who gave rise to the conflict do the confession on behalf of the dead (Magezi 2005:190 emphasis his).

This African frame of reference necessitates that a biblical (Christian) worldview or understanding be adhered to in Christian therapy. Therefore, Christian therapy addresses a fundamental transformation of worldviews through Bible teaching. Otherwise the age-old decry that Christianity in Africa is superficial and profoundly misunderstood will persist as we seek to have a germane pastoral care of PLHIV.

What makes pastoral care and counselling unique and apt to give spiritual healing? Meier et al. (1991:134), identify the following principles which are distinguishing traits of Christian Counseling that make it apt to give spiritual healing in any perplexing life situation including an HIV positive diagnosis:

- Christian counselling accepts the Bible as the final authority. Christians are not tossed back and forth and do not rely on their conscience, but they have the word of God that is valid and defines men’s telos and purpose.

- Christian counselling does not only depend on the human will to be responsible, but they have the Holy Spirit that assists them.

- Although human beings, by nature, are selfish and ignore or hate God, through faith they receive the Holy Spirit who gives them victory in overpowering their sinful nature.
■ It deals effectively with the counselee’s past. Because people’s past guilt is forgiven (1 John 1:9), they can look to the future (Php 3:13-14).

■ It is based on God’s love. God loves us and His love flows through us as we care for others (Ro 12:9-21). A Christian counsellor feels a spiritual relationship to others and helps them grow in Christ as they solve their problems.

■ Christian counselling deals with the whole person. It recognizes that the physical, psychological, and spiritual aspects of humans are intricately related (Meier et al. 1991:134, see Minirth 2003).

Crabb (1979) focuses on the ultimate aim of pastoral counselling to demonstrate its uniqueness. He points out that when people have problems, they ordinarily emphasize finding happiness as of primary significance more than “becoming Christ-like in the middle of problems”. It should be noted, however, that the goal should not be happiness (as psychology may claim), but to live a life in obedience to Scripture by putting God first (Matt 6:33). In other words, it will be as we devote ourselves to becoming what Christ wants us to be that God fills us with unspeakable joy and peace, outside of what the world can give us. Crabb (1979:22) thus helpfully summarizes the ultimate aim of Christian counselling as “to free people to better worship and serve God by helping them become more like the Lord. In a word, the goal is maturity.” Pastoral counselling of PLWHA should also should aim at helping them grow toward spiritual maturity.

Crabb (1979:24ff) further explains that maturity is both spiritual and psychological. For a person to become psychologically sound and spiritually mature, he/she must grasp the fact that their acceptability before God is not based on their behaviour, but rather on Jesus Christ’s behaviour (cf. Tit. 3:5). He says, “The foundation of the entire Christian life then is a proper understanding of justification.” Christian counselling, according to Crabb, is thus about whether the individual is responding biblically in whatever situation he/she experiences. “A counsellor must help the client to move OVER to the pathway of obedience” writes (Crabb 1979: 26). “Moving over” involves getting rid of barriers in the way, such as “I can’t” or “I won’t”. This change of position (“moving over”) is about behaviour change. Christians, however, should experience much more than change. He points out:

Attitude must change, desires should slowly conform more to God’s design, and there must be a new style of living…. The change must not be only external obedience, but also an inward newness, a renewed way of thinking and perceiving, a changed set of goals, and a transformed personality. I call this second, broader objective the up goal. People need to move not only OVER but also UP (Crabb 1979:27 emphasis his).

Psychological counselling does not consider as essential this reality of moving OVER to biblical conformity and rising UP toward an attitude of Christ-like submission to God’s will. Pastoral counselling on the contrary pays scrupulous attention to this issue which underscores its characteristic contribution to the helping ‘profession’. In HIV care where death is imminent and the individual experiences anger, guilt, and despair, a carer should stress God’s acceptance and unconditional love of the person. This means that
HIV carers (and counsellors) are therefore to be sensitive to spiritual needs which are only met in sharing and accepting the message of grace in the gospel. PLHIV will stand a better chance of being healed spiritually when they see themselves as acceptable before God, and entrust themselves to His care. At this point PLHIV would have ‘moved over’ (i.e. started to think biblically) and begun ‘moving up’. The ‘moving up’ (spiritual maturity or faith development) will not happen in isolation but in an environment of authentic fellowship, mutual support, and encouragement.

Meier et al (1991) point out that the environment of pastoral counselling is the community of faith. God’s love flows through the believers as they mutually take care of each other (cf. Heb 10:24-25). A Christian counsellor has a spiritual relationship to others and helps them to grow in Christ as they solve their problems (Meier 1991). Pastoral counselling therefore implies that believers who experience God’s love and grace share it with others. PLHIV are also accepted and become part of the church family. Thus individuals involved in HIV counselling should, in the course of their work, have the desire to allow PLHIV to experience salvation since works of mercy are not an end in themselves but a means of God’s saving mission. The experience of conversion by a person living with HIV is a facet of care of Crabb’s (1979) calls “moving over”. It is the opinion of the researcher that it is important for a pastoral carer of PLHIV, at some point in the relationship, to share the message of salvation\(^\text{168}\) and encourage them toward growth as disciples of Christ.

Crabb astutely points out that because pastoral counselling is the responsibility of every Christian, Christian leaders have a dual function—“to equip the body and offer back-up resources” (1979:16). He sees pastoral care and counselling in three senses. Firstly, there is the counselling by every Christian through encouraging, empowering and loving one another. Secondly, pastors, elders and church leaders teach biblical principles of loving one another to the community of faith. And thirdly, specially trained people deal with counselling and exploring deeper and more complicated issues, as the role of Christian professional counsellors. Crabb’s model of congregational care is practical and germane to African HIV pastoral care. The wider community of faith would be involved in home care, as their ability permits, but pastors, elders or specialists from outside should equip those who commit themselves to the ministry of home-based care.

Therefore, pastoral care and counselling is characteristically different from psychological counselling in the following four points—its context, means, goal, content, and target group (counselees) (Crabb 1979, Meier et al 1991, Louw 1997; Magezi 2005). The context of pastoral care is the community of faith; it is accomplished through Christians’ mutual care; its ultimate aim is spiritual maturity (and faith development) motivated by unconditional love (agape) enabled by the Holy Spirit; its content is God’s promises in the Bible, and the target group (counselees) are church members and all in need of help (e.g. PLHIV both Christians and non-Christians). Since pastoral care/counselling of PLHIV is the focus of this paper, it is imperative to point out critical issues in HIV care and counselling in Zambia beginning with HIV counselling.

\(^\text{168}\) This is not to say PLHIVA got infected because they are not born again, but rather to stress the biblical teaching that salvation is about having eternal life after death (cf. John 3:16; 5:24; 1 John 5:11-12; etc) through faith in the propitiatory work of our Lord Jesus Christ, which is a central tenet of evangelicalism (see chapter 3 above). This point also assumes that the pastoral carer is helping an HIV positive individual who at the beginning of the relationship is not a Christian.
4. HIV/AIDS Counseling in Zambia

PRE- AND POST-HIV TEST COUNSELING

There are two basic phases of HIV counselling, i.e., pre-and post-HIV test counselling, normally done through Voluntary Counseling and Testing (VCT). The purpose of pre-HIV test counselling is to find out why counsellees want to be tested, assess the nature and extent of their current and past high-risk behaviour, and advise on prevention of HIV transmission (van Dyk 2005:202-213). Pre-HIV test counselling is critically vital as it provides an excellent opportunity to educate people about HIV and safer sex because some counselees may choose not to return to collect their results. VCT is an entry point to prevention and care for HIV and AIDS. Figure 1.2 summarizes the various opportunities VCT presents to counsellees. Furthermore it is recommended in HIV counselling that the same person who gives pre-test counselling should give the post-test counselling because the latter is a continuation of the former (Haworth et al 1991, van Dyk 2005, Magezi 2005, etc).

Figure 2 Voluntary Counselling and Testing as an entry point for HIV prevention and care [Source: van Dyk 2005:104]

HIV counselling is very important since PLHIV usually experience psychological, spiritual and socio-economic needs. Fear, grief, denial, anger, anxiety, low self-esteem, depression, suicidal behaviour and thoughts, obsessive conditions, spiritual concerns and socio-economic issues are intensified after an HIV positive result. A further intricacy of an HIV positive result is that it adversely affects significant others, such as family members and friends. These people too should be helped to come to terms with the situation through counselling. The aim of counselling the significant others of a person infected with HIV is to empower them to become a care and support base for the person. Pastoral care is crucial to giving acceptance and sustained support of the infected person and his or her signifi-
5. HIV Pastoral Counselling in Zambia

Van Dyk calls HIV pastoral care/counselling “spiritual counselling” (2005) and does not mind even if the counselling or care is non-Christian. She acknowledges the need for pastoral care of PLWHA. She asserts, “Researchers often refer to the importance of dealing with the spiritual and emotional needs of HIV-positive clients and their loved ones, but this process remains one of the most neglected aspects of counselling, especially within the HIV/Aids (sic) context” (van Dyk 2005:249). Her observation is valid for the Zambian HIV counselling situation where until very recently the training of ministers paid ‘little’ attention to HIV counselling (Dube 2003a; Chirwa 2005169). It was seen as a specialty of health professionals alone. Van Dyk advises HIV counsellors not to ignore the religious needs of PLHIV, but cautions that counsellors must not “force” their religious convictions on their counselees.” She holds that in the HIV situation any religion can help PLHIV come to terms with their predicament and find some peace. However, I am of the view that Christian counselling is the most appropriate form of care for people living with HIV because it does not only impart positive living now, but also gives hope for eternal life in heaven. But one may ask the question: ‘why are many pastors in Zambia so uncomfortable counselling people living with HIV?’

Van Dyk (2005: 249) rightly posits that “many clergy find it difficult to counsel HIV positive people properly because they are themselves ignorant about the disease and its ramifications…. [and] many HIV-positive people avoid approaching their religious leaders for advice or consolation because they fear that they may well be condemned rather

169 Chirwa’s (2005) findings of the lack of emphasis on HIV/ counselling training in ministerial and theological colleges in Malawi agrees with the situation in Zambia where pastors-in-training have little or no training in HIV/AIDS. The researcher’s first formal theological training in Zambia had little emphasis on HIV/AIDS counselling. The researcher’s class was merely given a two-day HIV awareness seminar and yet one of the pressing pastoral challenges in the researcher’s country and sub-region is tackling the HIV/AIDS epidemic. Parry (2005:61) in a mapping study on ‘the responses of Churches to HIV in South Africa,’ found that much of the apathy among evangelical Christians in south Africa was due to lack of pastoral leadership. She pointed out;

“The major problem seems to lie with the Pastors, who lack a theological perspective on HIV and AIDS, as they concentrate their efforts on evangelism. Many still believe that HIV/AIDS is retribution for sins committed. It is acknowledged that Pastors can play a critical role in changing people’s perspectives, and need to be well engaged and positively interactive with PLWHA….Others receive only a one-day course on HIV/ AIDS ….Affluent Churches tend to do more, not only because of the additional resources but because they have the supportive infrastructure. There are few support groups for PLWHA” (Parry 2005:61).

This apathetic posture from evangelical pastors in South Africa is not so different from their counterparts in Zambia. It is the opinion of the researcher that it wouldn’t be farfetched to claim that Parry’s (2005) observation is valid for all evangelicals in the Southern African sub-region. We need to change.
than supported.” Both these points highlight valid obstacles to effective pastoral care of PLHIV in Zambia. It is an aim of this researcher to come up with means of overcoming these impediments to effective evangelical pastoral care PLHIV. Chapter two showed that it is critical for pastoral carers to have a good understanding and knowledge of the HIV pandemic, chapter three proposed that when the church in Zambia embraces the family metaphor taught in the Bible it will become a channel of inclusion, acceptance, and compassion to PLHIV. But how can evangelical HIV pastoral carers in Zambia achieve this much needed ministry?

Firstly, pastoral carers must be relationship builders. It has been shown above that counselling is a relationship (counselor-client) which facilitates the client’s growth. In this instance, the relationship is between the pastoral caregiver (who can be the pastor or congregation member committed to the task) and the HIV affected person or people. A good relationship with PLHIV is necessary for them to open up. The counsellor will in this way facilitate the growth of the HIV-positive individual. Facilitation means to create a favourable environment toward positive growth in the person living with HIV. Growth here means that the pastoral counsellor will aim at enabling the client to make changes toward living positively with the HIV/ status.

Secondly, the pastoral carer should not have a condemnatory attitude toward PLHIV. Even if the person thinks that he or she has sinned (for all people do sin) emphasis should rather be placed on acceptance, forgiveness and reconciliation to God and His people. While pastor of an evangelical church in Lusaka I observed how individuals diagnosed with the HI virus were ‘feared’ and isolated by fellow believers. This was partly attributable to the lack of information on HIV on the part of congregants and a sheer ‘holier than you’ attitude towards PLHIV. The pastoral carer therefore has a task to communicate grace and acceptance to PLHIV. He/she should embody a gracious posture of compassion. The Bible is replete with examples of people who sinned and were subsequently forgiven by God. Some of them are heroes of faith such Abraham (Gen 20) and King David (2 Sam 11-12; Ps 51). The prostitute in John chapter 8 can also be used as an example of God’s desire to pardon those who come to Him in repentance rather than punish and condemn them (cf. 1 John 1:8-9).

Thirdly, the pastoral care giver should become a “companion on the journey ” (see Müller 1999) of PLHIV. It’s not sufficient to show acceptance and compassion to PLHIV. There will always be a need to console and practically help PLHIV as they grapple with a lot of uncertainties and declining physical health as the disease progresses. The experience in Zambia is that when people are in their ‘terminal’ stages of the disease, they are shunted to their extended family for care. It is my hypothesis that evangelical churches in Zambia can walk alongside PLHIV by giving consolation and practical home-based care.

And fourthly, pastoral care, which is germane to the needs of PLHIV, should not be ashamed of the belief in the afterlife. Evangelical belief in the afterlife is about hope. This hope has two implications. First, it is a belief in the “final hope” (Yancey 1990:213) i.e. the hope of the resurrection. Yancey (1990:245) puts it this way: “For the person who suffers, Christianity offers one last contribution, the most important contribution of all….The resurrection and its victory over death brought a decisive new word to the vo-
cabulary of pain and suffering; it is temporary.” He points to the afterlife when the pain and sufferings of PLHIV will be no more. The Bible is unequivocal about such a day. Secondly, faith in the afterlife for a Christian, means that something good lies ahead. PLHIV need constant encouragement to have hope for a better day. This is not the same as optimism or wishful thinking. It is about faith in God’s compassion toward all people in trouble/suffering (cf. Ps 46:1 and 2 Cor 1:3-11). Paul says that hope is an expression of faith in God’s faithfulness (cf. Rom 8:24-25). Christians believe that no matter how bleak things look at present something good does really lie ahead. Therefore, the pastoral carer should not be embarrassed to lead PLHIV to a place where they too can own the assurance of a better day in the afterlife through faith in the Lord Jesus Christ. This hope is about a day when HIV will be no more.

Scripture’s statement on the matter of hope should be used to inspire PLHIV to hope for God’s final day. Paul describes this hope in glorious terms when he writes: “…our citizenship is in heaven. And we eagerly await a Saviour from there, the Lord Jesus Christ, who, by the power that enables him to bring everything under his control, will transform our lowly bodies so that they will be like his glorious body” (Phil 3:20-21). Even a body with HIV (here on earth) will be transformed to be like that of the Lord Jesus Christ—There will be no HI viruses in the afterlife. PLHIV can live positively in the light of this anticipation. This hope is an implication of the Lord Jesus’ resurrection from the dead (cf. 1 Cor 15:51-55).

6. Conclusion

This paper has argued for the position that pastoral care is the best approach which adequately and meaningfully deals with the predicament of people affected with HIV and AIDS. I have also posited that pastoral care of PLHIV be performed by both clergy and laity. The paper has demonstrated that a crucial element of the ‘professional’ pastor’s care is to equip members of the community of faith to be carers of HIV/ afflicted individuals. Issuing from the foregoing I will summarize, in conclusion, the key findings of this paper.

First, pastoral care and counselling (cura animarum, ‘cure of the soul’), is a classical expression for pastoral work, designating the special process of caring for human life because God created it and all people are His. PLHIV belong to God and they too must receive pastoral care.

Second, the pastoral care task has shifted from the ‘professional’ pastor to the mutual care of believers (koinonia). This mutuality of care in the church family will entail relationship building (counsellor-client) where the counsellor will facilitate the client’s faith development. The mutually beneficial relationship will not only aim at faith development in the counselee, but will also facilitate the improvement of the counselee’s “capacity and ability to cope with and manage … presenting problems in order to enable [him or her] live a more personally satisfying life” (Haworth et al. 2001:3) in spite of an HIV-positive status.
Third, the shift of pastoral counselling from the professional counselling room to the faith community is very significant for African pastoral care of PLHIV. It creates a vital link between koinonia care and the community and the extended family care. Christians are encouraged in Scripture to care for one another through fellowship (koinonia). It has been shown above that pastoral care in an African setting is arguably the only structure that can replace the extended family if it collapses or is strained since the two share similar traits.

Fourth and finally, pastoral care is uniquely able to address the plight of PLHIV in Zambia as the community of faith is a viable means for providing this much needed dimension of care. (Cf. Richardson 2006).

7. Bibliography


CHRISTIAN FAITH COMPELS RELIGIOUS LEADERS AND THEIR COMMUNITIES TO WORK IN THE FIELD OF HIV AND AIDS

REV. DR. VEIKKO MUNYIKA

After his initial theological studies at Umphumulo Theological Seminary from 1977 to 1980 where he earned a Diploma in Theology, Veikko Munyika was ordained to the holy ministry in the Evangelical Lutheran Church in Namibia (ELCIN). While teaching and serving as student chaplain at Ongwediva College of Education in Namibia, he was Organizing Secretary for the Students Christian Movement (SCM) of Namibia from 1982 to 1992 and obtained his BTH and BTH Honors with UNISA. After completing his masters and doctoral degrees at the University of Kwa-Zulu-Natal between 1992 and 1997, Veikko first served ELCIN as Secretary for Education and then General Secretary between 1997 and 2006, before joining a network: Churches United against HIV and AIDS in Eastern and Southern Africa (CUAHA) as its General Secretary in 2007 until 2008. Since October 2008, Veikko is in the serves of the Lutheran World Federation (LWF), coordinating its HIV and AIDS Campaign. Veikko is married and blessed with three adult sons.

Introduction

At the outset this paper is about theological practices inspired by faith on matters such as HIV and AIDS. Today Christian mission and ministry are challenges as to how to preach the Word of God to people infected and affected by HIV and AIDS and how Christian ministry is administered in times of HIV and AIDS. Therefore, in this paper I shall con-
centrate on how our faith compels us to be engaged in the ministries of HIV and AIDS. I shall address various aspects from biblical, theological, pastoral, and ethical perspectives.

**Faith and its response to the HIV and AIDS pandemic**

As Christians or people of the Bible we are not ashamed of the word of God or the Gospel (Rom. 1:16-17). It is our food (Rev 10:8ff) and the power of God to save all who believe (Rom.1:16). In his Word, God addresses us and communicates the good news to us. He reveals his nature and attitude toward us, his intentions and actions past, present and future. The Word of God therefore, comes to us as a *living voice of the gospel*. The Gospel is the primary source of the word of God and is contained in the Bible. But we also know that God comes to us in other ways, such as in sermons, music, liturgy, prayers, poetry, films, movies, and the mass-media. Whatever form it takes though, the Word of God serves as a means or vehicle to bring God to us. God does not only speak to us, but we actually meet him in his Word.170

To put it differently, the content of the Word of God is the living Gospel, the good news. It is “good news” because it teaches us that (i) God is the Creator who is present and in charge of the whole reality and that (ii) this God is for us (Rom. 8:31). Although this is just a promise, the Word of God teaches us that this promise is true and should be trusted and accepted! Although this promise can shape our lives right here and now, most of it points to the future and remains in the process of being realized.

To say that the Word of God is a *living voice* is to suggest that when we hear and receive it, it makes an impact on us, causing us to respond. Such response to the Word of God is called *faith*. For the Triune God in Jesus Christ to come into the situation of sinful human beings is, indeed grace, it is good news. For human beings to accept God in his Word is an act of faith. Faith is the means by which we acquire salvation.

Lutherans are well known for their emphasis on the view that salvation is received by *grace alone through faith alone*. The interdependence of grace and faith may be expressed this way: *grace creates faith, faith accepts grace*. In short, faith *is trust* in God’s promises, a commitment to cling to the promises of God even when life become very difficult as it is in this era of the HIV and AIDS pandemic. Faith is a resolution to follow the example of Christ, and carry the cross, no matter what. It is a strong and public *nevertheless* (Ps 73:23). An act of faith is an act of entrusting one’s life to the God proclaimed in the Word of God. Such a faith results from hearing the Word of God which, in fact, as we said earlier, creates it in us.

At the same time, such faith has to address contemporary issues, more specifically the ministry to HIV and AIDS affected communities. Today, we need both grace to create faith in us, and faith to accept the grace of God. By grace, God accepts us as we are.

This means, he welcomes and forgives us and by so doing, liberates us from our past. This creates faith in us, by which we trust God and entrust ourselves to his promises.

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170 Nümberger, Klaus, 2005. *Martin Luther’s message for us today: A perspective from the South* (Cluster Publication: Pietermaritzburg: Cluster Publication), 4
Again we see here how faith is important in the ministry of HIV and AIDS. This faith will serve as a motivational force in us to share this good news with others who share the same experience with us, infected and affected by HIV and AIDS.

Faith become very important here because it helps us to accept this promise and live by it right here and now, and plan our future around it. “If God is for us” and we believe it, “who can be against us?” Can HIV and AIDS, stigma and discrimination separate us from this love of and commitment to God? Faith tells us, never! Faith helps us not to give in to temptations and affliction. We stick it out with God and his promises.

Faith in God means trusting God or entrusting ourselves to God through believing the promises made in his Word, that God is for us. In Jesus Christ, God demonstrated that he is, indeed Immanuel. This means, God is not only for us, but also with us. If God is for us and with us, this also means, he is not against us. Faith tells us that surely, God’s presence works in our favor. To entrust our lives to God, is to choose God above something or somebody else. Some people put their trust in ancestors, the power of sorcery, demons, witchcraft, possessions, money, power, even in themselves. Of course what or who you put your trust in becomes the power that controls you, in fact, your god. Many have done or are doing so under the threat of HIV and AIDS. Faith tells us to teach and confess that we should not have gods besides the Creator who is in charge.

The basis of faith in God is important and must be spelled out as such. Many would expect faith to yield fruit right now. For Christians what is important is what is hoped for. For others, faith looks at the past and the present. For Christians, it looks to the future with God. The danger of relying on the past or present lies in that what we experience is not what is promised by the Word of God. Reality is experienced as a mixture of blessings and curses. Judging from our daily experience such as poverty, natural disasters and diseases, many are not sure anymore, who this God is or whether his intentions are indeed good or bad, or whether we have not really been fooled by empty promises.171 For the people who are suffering from HIV and AIDS and for those who have been stigmatized and discriminated against, these are natural questions resulting from their suffering and pain. They are natural responses to suffering, just as Jesus cried out to his Father: “why have you forsaken me.” (Mat. 27:46). When people ask such questions, we should try to understand and feel with them.

Fortunately, faith looks not to our present experience, but beyond it, to the promises of God. It is based on the crucified Christ. Believers look, not at the world, but at what God wants to do in them, through them and among them. Therefore, faith is in direct conflict with what is being experienced. It is a protest! Faith refuses to doubt that God is for us and that his intentions are good. That God is for us has been demonstrated in the life of Christ, who not only suffered, but also died ‘for us’ (pro nobis). Faith is, therefore an unending battle against our daily experiences, especially hardship, suffering and misery. But, it is also an uphill battle against affliction, the very “impression that God does not care; that he has turned against us; or that he does not even exist and we have been fooled by empty promises.”172

171 Ibid., 44
172 Ibid., 45
With regard to temptations, suffering and affliction, faith draws our attention to the
gospel which tells us of the intentions and redemptive actions of God, even if they are
hidden from us. Faith dictates that we accept the hard fact that ‘God acts’ redemptively
even through meaninglessness, humiliation, hardship and death. This means, even in
our suffering from HIV and AIDS, or stigma and discrimination, God is able to act, ei-
ther through us towards others, or through others towards us. That is how faith involves
us in the plight of people living with HIV or affected by AIDS.

Faith has liberating power. It liberates us from all kinds of bondage. As human beings,
we are part and parcel of the vast network of relationships and dependencies from which
we cannot be independent. The Bible teaches that we are created in the image of God.
This means we share in God’s authority over the world. As a matter of fact, we are God’s
representatives on earth. But at the same time, as God’s representative we cannot achieve
this liberation all on our own. We need to have a share in God’s freedom from the world
and his authority over it. This is completely possible because we bear the image of God
and everything required to achieve this status.

The issue of being God’s representatives brings us to the issue of responsibility. In regard
to our responsibility for the world we are serviceable servants to everyone. No one can be
responsible if not also free. Freedom presupposes responsibility. Some people are im-
prisoned by things such as culture, expectations, and peer groups. One may be enslaved
by one’s own history or history of family, own desires, sexual urges, alcohol, drugs or
diseases such as AIDS. This is called fatalism. Fatalism becomes even more dangerous
when people involve ascribe their helplessness and hopelessness to God and take it as
divinely ordained. Faith overcomes fatalism. An undesirable situation can be challenged
and changed (James 1:12-18).

Change can be brought about by God’s action through us. Actually, the actions of
God empower ours. God acts redemptively through us. Accordingly to two Lutheran
theologians, Klaus Nürnberg and Simon Maimela, God acts redemptively through hu-
mans. This means that we participate in God’s own freedom, authority and creativity.
We should not wait for God to solve our social problems, but must believe that our faith
in God motivates us, and gives us enough reason to get involved in changing our own
situation or those of others. What God does promotes and enables our involvement.

In this regard, Luther saw God as the primary cause of events (causa principalis), and
humans as instrumental cause (causa instrumentalis), meaning that we can only act be-
cause God does. It is not true therefore, that there is a contradiction between faith and
medication, for instance, as some churches have it. By faith, we see and believe that
life-saving medication is part of God’s answer to the many questions about HIV and
AIDS as a life-threatening pandemic. We also believe that the HIV and AIDS epidemic
will not last for ever, because our God is at work, inspiring research by the scientists to
discover the required methodologies and drug regimens. Another break through is quite
possible. Faith tells us that it is not a question of whether or not there will be another
break through, but a question of when it will happen. Both God and we are responsible,

173 Maimela S. 1984. God’s Creative Activity through the Law: A constructive statement toward a theology of
transformation (Pretoria: University of South Africa), p. 201.
only the levels are different. We have to “work out our salvation with fear and trembling, because it is God who is at work in you, empowering you both to will and to do according to his good pleasure” (Phil.2:12f). Faith requires our full participation, whether as scientists, theologians, laity, people infected and affected by and with HIV and AIDS, and many other categories. Each one of us has a contribution to make. Such contributions are made from the perspectives of faith. I shall now address the centrality of our faith in regard to HIV and AIDS.

Faith makes us share the intentions of God for the world

Who God is and what his intentions are for us is revealed in scriptures. We believe that ‘God is for us’, with us and not against us (Romans 8:31). In faith we see that His eternal intentions and plans for us are always good, in spite of our daily experiences that seem to contradict them. Both the Old and New Testaments pay tribute to the fact that God’s original plan is for human beings and the entire creation to enjoy life. In Jeremiah 29:11, God assures the faithful: “For I know the plans I have for you…They are plans for good and not to harm you, plans to give you hope and a future.” Likewise, “I have come in order that you might have life – life in all its fullness” (John 10:10).

The Bible is clearly united on these good intentions of God and our participation in them. Our participation in the plan of God is an act of faith. Already in Genesis God is presented as busy creating an environment conducive for us human beings to enjoy complete wellness in the garden full of life-sustaining fruit. God has put everything necessary in the right place at the right time for us before creating human beings who are the primary beneficiaries of the project. But he remains present in his creation, creating and sustaining it. So, our involvement and tackling of social challenges such as poverty and the HIV and AIDS epidemic is joining God in his project to transform the world into a better place for us all to live in. Faith compels us to get involved and make our contribution.

Faith compels us to accept that the presence of God in our concrete situation will translate directly into the experience of “life in all its fullness”, salvation (John 10:10). This is shalom, soteria, comprehensive wellbeing and the kingdom of God for which we pray “to come” (Lk 11:2). Praying alone is, of course, not enough. It is necessary that we join God in his redemptive activities. We do not only pray, we also engage in activities to bring about human well being, believing by, for instance, fighting stigma and discrimination, gender inequality and exploitation of women. We are deeply involved because we are motivated by our faith in God. Faith dictates that with God on our side, we must remain hopeful that this is possible. (Hebrews 1:11). As a matter of fact, there are already many signs that victory has been won to a certain degree. This is quite true, especially if we attribute break throughs such as in medical science on HIV and AIDS. According to S Maimela, “even though divine acts are not transparent, the believer, in faith, still sees the birth of child, a healing of illness, an escape from accident, or a loaf of bread on the table as blessings from the hand of the Creator and Sustainer.”

174 Ibid., 165
In short, we believe that in the face of HIV and AIDS we shall never be defeated. I now turn to this aspect.

**Faith refuses to accept the sky-rocketing HIV and AIDS statistics**

We believe that God created every single person for a purpose. Every person is offered an opportunity to enjoy life in its fullness and in relation to God and to the rest of creation. Our life-span is, according to scriptures not less than 70 years. The presence of HIV and AIDS makes this nearly impossible. In many countries, life expectancy has been reduced almost by half. So many people are dying, leaving behind scores of orphans, widows and widowers. Church leaders and communities are so busy with mourners and funerals to the point of burn out from exhaustion.

Today, statistics are shocking! By the end of 2008, people living with HIV worldwide reached an estimated 33.4 million. New infections were 2.7 million. Sub-Saharan Africa remains the most heavily affected region, accounting for 71% of all new HIV infections. The estimated number of AIDS related deaths in 2008 is 2 million. An estimated 430 000 new infections occurred among children under the age of 15 in 2008, most of them stemming from transmission in utero, during delivery or post-partum as a result of breastfeeding. Much has been achieved, but the epidemic is still far ahead of us, because, for every two people put on life-saving medication, five others get infected. Once again, such statistics are shocking but our faith is not paralyzed.

This is a serious challenge to our faith in God, his love, his grace and his good intentions which we share. Exactly because of our faith in God and his promises, we refuse to accept this condition or allow it to direct our thoughts and actions. Faith motivates us to put on a rebellious attitude against our daily experience and fight back. It compels us to be available to and get involved in the situation of those who suffer. Faith in God, according to Karen Bloomquist “impels us to respond with love toward any human being in need, especially those who suffer … Churches are called to act out of the heart of Lutheran theology, out of justification by grace through faith… Justification by grace through faith (is) understood as the fundamental basis for the churches to oppose and work to counter all kinds of discrimination, ostracism and exclusion which continue to kill people.”

Christian faith creates in us an urge to get involved in the project of God to transform the situation of those infected with HIV or suffering from AIDS, those stigmatized or marginalized, the orphans and the widows. As believers we believe it is our moral duty to mitigate the effects of the AIDS on individuals, families and communities. In short, faith makes us very uncomfortable as we are confronted with the shocking statistics of the HIV and AIDS epidemic casualties. At this stage we ought to ask the theological-ethical question: What should we do?

175 UNAIDS Outlook Report, 2010:7
Faith protests against our daily experience

Our understanding and expectations of having the presence of God in our situation translate directly into the experience of salvation (shalom) and are constantly challenged by our unpleasant daily experience of hardship and suffering. Our faith in God is challenged by the presence of natural disasters; dangerous viruses such as the HIV and diseases including AIDS; by stigma and discrimination experienced by the infected and the affected. HIV and AIDS in particular continue to push us back and forth between the harsh and negative experiences of HIV and AIDS on the one hand and the divine promise of the Word of God on the other. Our experience with HIV and AIDS is malevolent, so much so, that some people are literally forced to think that God does not care, or that he has turned against us, or that he does not even exist and we have been thoroughly fooled by empty promises.

However, biblical witnesses insist and faith dictates that ours is a benevolent God and that every person is precious to him like the very apple of his own eye (Zechariah 2:8 cf. Ps.17:8, Deut. 32:1)! Thus, in spite of our daily contradictory experience, faith teaches that God is for us and that he cares for our wellbeing. So, in faith, we do not look at or act according to the directives of the HIV and AIDS epidemic or any other challenges for that matter. We respond to our daily experience guided by the overarching goal of God’s original plan. Faith enables us to availing ourselves to him to accomplish what he wants to do in us, through us and among us, namely the transformation of our experienced reality. Next to the issue of protesting faith we find the affirmation that God has faith in us. That is a word of comfort and we now look into this aspect.

Faith helps us realize that God has faith in us

God created us humans and graciously appointed human beings as his co-creators and agents of its transformation. This act of God is a demonstration of his basic trust or faith in us. So, with Maimela we affirm that “God has appointed us to this unique position because of the faith our Creator has in us” 177 God has been, since the beginning and by grace, willing to share his intentions, power, and authority with human beings to bring his project of creation to completion. For instance, God gave human beings a task to name other finite creatures (Gen. 2:19-20), multiply, fill the earth and have dominion over it (Gen. 2:28), till the garden and take care of it (Gen 2:15). When the world is infected with HIV and is dying of AIDS, this faith and trust of God in humans, compels our leaders and their communities, to spare no effort, but get involved in every step in the implementation of the project of God to create and sustain the world and make it a better and safer place for all to happily live in. This is a divine honor no one wants to miss out on – God’s blessings upon the human race.

God’s faith in human beings directly translates into a lasting partnership between the Triune God and us humans. As God continues to create, sustain and direct the world, he does so in partnership with us. The Bible presents God as a missional God who trusts human beings and enjoys partnering with them. Thus he calls us, liberates us, empowers

177 Maimela, God’s Creative Activity, 165.
and involves us in his mission to achieve the total wellbeing of his creation (Gen 1:26-31; Eph.2:10). God involves us in making sure that “life in its fullness” is being experienced. This we do in our different vocations whether theologians or scientists. Different gifts are bestowed on individuals for the benefit and wellbeing of all. So, we believe God trusts us and acts through our different gifts and with Nürnberg conclude that “God’s action does not make our action superfluous … it makes our action possible. God’s responsibility does not obviate our responsibility … it arouses our responsibility. God’s initiative does not smother our initiative … it prompts our initiative. God does not enslave us … he liberates and empowers us.” 178

God did not only appoint us, he also gave us the ability necessary to effectively participate in his project. Human beings have the ability to create culture. So, faith compels us to be involved for it tells us that we have the necessary tools to tackle any problem that comes our way, be it HIV or AIDS.

At the same time, God has given us a free will to make choices. Humans can, therefore, choose to destroy others and themselves like Samson in the Bible (Judges 16:23-31), or to save the world and themselves. (Mat.1:21). That is why faith is necessary, in order for us to create according to the master plan which God has provided. Human ability to create and further history is known as the Imago Dei, the image of God. Because of our belief that God has given us the necessary ability and that he actually empowers us, we feel determined to participate in God’s creative activities through research, education, diakonia, health services, sermons, prayers, feeding programs, anti-stigma initiatives, etc. Some or many of these do not require too much money, but do require our willingness to promote the intentions of God (Heb 2:6-11, Ps 8). It is with such faith that we are engaged in theological practices that matter and our faith dictates such engagement. We now turn to this aspect of our engagement.

**Faith persuades us to trust God and be engaged**

Our involvement with worldly challenges such as the HIV and AIDS pandemic is thus a result of our faith in God whom we believe to be a merciful and gracious Father, in spite of experiences of injustices and brokenness of the human community. Faith in God is our reason for our involvement. Our faith “sees God as the other side of (experienced) life” … “even though divine acts are not transparent, the believer, in faith still sees a birth of a child, a healing of illness, an escape from an accident, or a loaf of bread on the table as blessings from the hand of God.” 179

We have faith in God. This faith in God as the Creator of the world leads us to the conclusion that, in spite of what we experience, God is the source of our comfort and hope because He is in charge. Faith dictates that, if God is in charge, we are safe. I illustrate this with a short story:

178 Nürnberg, Martin Luther’s message for us today, 215
179 Maimela, God’s Creative Activity, 165
A family was traveling by boat across the sea. While right in the middle, there was a storm and their father who was the pilot had a very hard time controlling the boat. His wife was terrified and cried out loudly for help. But his son was asleep as if nothing was happening. When the storm got even stronger and there were signs that the boat could capsize at any moment, his wife tried to wake their son up, crying: we are going to die! We are going to die! The son, still lying down, opened his eyes and asked his mother “who is piloting?” When the mother replied: “your father”, the boy went to sleep again. Finally the storm stopped and the family was saved.

Faith persuades us to believe that, if God Our Father is indeed in charge, victory is assured. So, our involvement in the ministry of HIV and AIDS includes teaching and promoting this trust in God. Whatever our situation might be, infected or affected, even when rejected and marginalized, we must insist that God is able to save us. We must continue to affirm the words of Ps 23 “The Lord is my shepherd; I have everything I need.” With such faith we are sent into the world to be Christ-like and that means the following:

**Faith compels us to imitate the life and follow the teaching of Christ**

As Christians and people of faith, our values are inspired and guided by Holy Scriptures, by Christian traditions, teaching, theological thoughts, pastoral letters, liturgical celebrations, but especially by the life and teaching of our Lord Jesus Christ. About his coming and descent into human history; he said: “I have come that you may have life – life in its abundance” (John 10:10). We want to follow his example, teaching and adopt his ‘attitude’ of humility and concern for the interests of others, not only our own (Phil. 2:1-8). If Christ has been available for us, we must be available for others, especially in difficult times.

Jesus Christ identified with human suffering. He gave his own life in order for us sinners to have life in its fullness. This attitude and love towards others is a compelling and motivating power for many Christians to get their hands dirty in tackling the HIV and AIDS epidemic for the sake of others’ lives. In fact, our involvement is a way of fulfilling the commandment of love as Jesus Christ taught us to love not only our God with all our heart, mind, soul and strength but also our neighbor as we love ourselves (Luke. 10:27).

The intentions of Jesus Christ, his attitude and actions where aimed at one thing, for God’s people to enjoy the whole of salvation (shalom in Hebrew), comprehensive well-being and life in its totality. So, he preached the good news of salvation – understood as life in its fullness – for everyone who believes. He forgave sins and healed the sick without stigma (Mark 1:32). He embraced the stigmatized and the excluded such as people who were living with leprosy (Mark 1:40-42). He washed the feet of his disciples and served God’s people with deep humility and compassion. He invited all his followers to be compassionate, Luke 6:36. These examples and many others from the life and teaching of Christ, inspire us to get involved in the AIDS ministry.
Most of the concern and directives of Jesus Christ are found in the parables he taught. In the parable of the prodigal son, or the forgiving father, he teaches on repentance, inclusive acceptance, and unconditional forgiveness (Luke 15:11-24). When Jesus was criticized for associating with sinners and outcasts, he argued in defense: “It is not the healthy who need a doctor but the sick” (Mat.9:10-12). Jesus did not exclude the marginalized or judge the stigmatized, such as the woman “caught in adultery” (John 8:7). In fact, he protected that woman from the community which stigmatized and almost stoned her. In the parable of the ‘Good Samaritan’ Jesus teaches us to come to the aid of those who are robbed, beaten and left to die, even under dangerous conditions, without expecting a reward for it (Luke 10:). “The church is called to be a prophetic voice and a healing institution as part of the journey to fight stigma and discrimination.”\(^{180}\)

According to Jesus, we will be blessed if we feed the hungry, if we give water to the thirsty, accommodate the strangers, clothe the naked, take care of the sick, visit the prisoners, because, as Jesus himself puts it, whatever one does “for the least among my brothers and sisters, you do to me” (Mat. 25:31-46). We are members of the one body of Christ called to share the suffering of all those who suffer and share the new life of Christ with them. We are ‘bound together’ “such that the suffering and challenges of some are shared by all”\(^{181}\). I extend and end this sub-heading with a brief discussion on one of the best known principles of Christian living known as the “golden rule”.

**Faith compels us to live by the “The Golden Rule”**

In discussing the need for mutual accompaniment and support in the this era of the HIV and AIDS epidemic, Martti Lindqvist\(^{182}\) reminds believers to uphold the principle of the “golden rule” laid down by Jesus Christ. Humans are relational beings. “Everyone has a share in the same humanity.” Therefore, “the fate of each person affects our own in the same way.” We share, not only our inherent human dignity, but also responsibility for it when being violated. “We have to learn to view the world (and life) through the other person’s eyes and to experience genuinely his or her part in his or her life situation”. The HIV and AIDS epidemic challenges us, not only to share the experience of the infected and the affected, but also to do unto them exactly what we would expect them to do to us if we ourselves were in their positions. “So whatever you wish that men would do to you, do so to them; for this is the Law and the prophets” (Mat.7:12). The Law finds its summary in the double commandment of Love: Love you God and love your neighbor (Rom.13:9-10).

At an emotional level, it is about being able to enter into another person’s experience, to show empathy. This is the essence of ‘the golden rule’ which urges us to do unto others that which we would have them do unto us, and to refrain from doing that which we would not wish to be done to us. Placing oneself in the other person’s position makes it possible to abide by the golden rule in practice.” “This command calls on Jesus’ fol-

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180 Bible study from Mozambique in One Body Vol. 2, p.23
lower to suffer with the sufferers and actively take measures to ‘right the wrongs that cause suffering.’ The golden rule brings us right back to the criterion put down by Jesus Christ for the final judgment in Mathew 35:31-46. The measurement stick is either serving or not serving those in need, the thirsty, the hungry, the sick etc. “Whenever you refused to help one of these least important ones”, says Jesus, “you refused to help me.” Thus, for Mother Teresa “a needful person is ‘Christ in his distressing disguise’”. We are now in the position to address one aspect we have thus far left in suspense, namely theological anthropology.

Faith affirms the worth and dignity of every person

It is our Christian understanding that God stands in loving solidarity with human beings, especially those who are abandoned, mistreated, stigmatized, and discriminated against. This sacred value of a human being is a gift from God to every human being, known as the Image of God, which must be acknowledged, respected and protected. Our involvement with HIV and AIDS is meant to do just that. Donald E Messer argues that “To treat any person as less than valuable or as somehow disposable is to offend God. It is to deny the special sacredness of every human life. Stigma and discrimination are blasphemous actions against God as well as individual persons. God is incognito in every person.”

The story of the Good Samaritan invites each one of us to get involved in redemptive actions towards others, especially those who are suffering. Calle Almedal, in an email to Ray Martin, related a contemporary paraphrase of the same story as quoted by Donald Messer:

A HIV and AIDS afflicted person fell into a pit and couldn’t get himself out. A pharisaic fundamentalist came along and said: “You deserve your pit.” A psychologist came along and said, “Accept your pit. That way you will be happy.” An apostate liberal came along and said: “Your pit is God’s beautiful gift to you.” An activist came along and said: “Fight for your right to stay in your pit.” A researcher came along and said: “Discrimination against pits is illegal.” A charismatic came along and said: “Just confess that you’re not in the pit.” Respectable people came along and said: “We don’t associate with pit-dwellers.” His mother came along and said: “It’s your father’s fault you’re in that pit.” His father came along and said: “It’s your mother’s fault you’re in that pit.” Moralists came and said, “It’s the fault of the company of friends you kept all these days. But Jesus, seeing the man, loved him, and reaching into the pit, put his arms around the man, pulled him out and said: “Come my friend, share your painful story.”

We must be involved with the AIDS ministry, because we want to further the attitude and actions of Jesus. We want to listen to the stories of those who are stigmatized and discriminated against and literally join them in creating hope for them. Rejecting stigma does not

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184 Mother Teresa, quoted in Happonen, in Challenging current understanding around HIV and AIDS p. 152.
186 Ibid., 93
cost too much but it creates space for hope. In fact, it is far more expensive to deal with the
effects of stigma and discrimination than preventing it and dealing with the consequences
of hope. I now move to my concluding discussion of this article, which is hope.

### Faith evokes hope in believers

Faith, hope and love constitute the trinity of Christian virtues according to St Paul in 1 Cor.13:13. Although “the greatest of these is love” faith and hope are equally important, especially with regard to every day challenges such as the HIV and AIDS epidemic. Suffering looks back, worry looks around, faith looks up and forward and evokes hope. Hope creates space for us to do our best and for God to do the rest. God acts in history directing and leading it towards its final goal, the Kingdom of God. Faith teaches that this is an ongoing activity of God which does not stop, as can be gathered from the names by which God is known. The names by which God is known in scripture affirm his omnipresence in the history of his people, in the here and now and in the future of and among his people. God’s names: “I AM WHOM I AM” (Ex. 3:14); “I am the Alpha and the Omega.” (Rev. 22:13) indicate that he is all-encompassing, give us a clue that God does not change, especially regarding his love and intentions for us. God is also known as “who is and who was and who is to come” and “The same yesterday, today and for ever” (Heb. 13:8). The very content of these names create in believers, not only faith, but also hope. And as Shakespeare once said: “The miserable have no other medicine ... only hope”.

So, God has always been present. Faith and hope dictate that he will be present in the future. This presence means that he takes care of the present and the future just as he took care of the past. When the world shouts: “Give up”, hope whispers, “Don’t”!

Risto Ahonen teaches that “Christian faith, in its entirety, is clearly future-oriented”. This means, Christians are people of hope. “Hope is based on God’s promises of blessing, protection and guidance in human life”. Faith is trust and carries the same meaning as hope. “Faith is,” according to George Iles, “faith holding its hand in the dark.” Believers should be channels of hope and the “the church should be in the role of carriers of hope” among the most marginalized of society. Faith creates hope in the life of those who have lost all hope under severe conditions, and then recreate their human dignity and self-esteem. In other words, faith creates hope, hope creates new life in them. New life of Christ encourages the sufferer “to struggle for the improvement of his or her own living conditions.” Hope opens, as it were, a window of hope into the future of God, for “the breaking of eternal life into the present” (Tim.2:13, Luke 22:16). It gives those trapped in bad conditions wings to fly over the problems they are experiencing. Hope is the bread of those infected with HIV and those affected by AIDS. It is their medicine.

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191 Ahonen, From Faith To Action. p. 286.
Conclusion

Christians are people of faith and faith is trust in God. We sincerely believe that God is for us and his plans are good. We hold on to this conviction by faith. Faith serves as a motivating factor for Christians to reject any suggestion from inside or outside that God’s love has been reduced to a lower level by the existence of HIV and AIDS in our midst and that God cares less about us humans. There are many challenges resulting from the HIV and AIDS epidemic. Faith challenges us to face them, following the teaching and example of Jesus Christ.

So, the church has no choice, but to follow in the footsteps of the Master. Faith persuades us to capitalize on the reality of being a follower of Jesus Christ. Therefore, the church is not only mandated, it is also expected to be involved in challenging and transforming situations such as the one posed by the HIV and AIDS epidemic. Faith serves as a pull-factor, for all members of the body of Christ, to get involved in responding to the HIV and AIDS pandemic, believing that it cannot last for ever. It gives us hope. There must be a breakthrough and in our faith in God we declare so.

Faith keeps believers focused on the positive, trusting God and taking him at His Word. The faithful, in spite of the hardship, remain hopeful that there will be a solution to the challenge being experienced. We continue to ‘pray and work’ in the understanding that the two are neither contradictory nor mutually exclusive. Following the advice of St Ignatius of Loyola we continue to “pray as if everything depended on God, and work as if everything depended on” us.192

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CENTERING THE BODY

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Introduction: HIV and AIDS as a Revelatory Journey

Three decades of living with HIV and AIDS in our world has been a journey of revelation, self-understanding and re-awakening to our membership in the earth community. As I wrote elsewhere, “The onslaught of HIV is an apocalyptic event which reveals starkly the existing social evils and the most terrible forms of suffering. As an apocalyptic event, however, HIV also underlines the urgent need for transformation and justice in the society and the lives of individuals” (Dube 2003: vii).

When the HI virus was first scientifically discovered in 1981, we responded to it medically, taking care to ensure that we use disposal injections and ensuring that all blood transfusions are thoroughly checked before being used.

Quite quickly, it became evident that HIV and AIDS is not just a medical issue, but was everybody’s business as well (vii). A multi-sectoral approach was thus introduced, which encouraged all sectors and departments, individuals and families, communities and nations, countries and continents to mainstream HIV and AIDS prevention, care and mitigation of impact in their core business. For example, if you were an educator you were to think of ways of mainstreaming HIV prevention, care and mitigation of impact in your curriculum as well as designing HIV specific projects and programmes. If you were a church member or leader, you were to think of ways of including HIV concerns in your worship, sermons, prayers, teaching, projects, programmes and among all the various departments such youth, women, Sunday school and men’s sector. In short, each department was to utilize its own particular business and resources for an effective HIV and AIDS response. The journey with HIV and AIDS had revealed to us that HIV and AIDS is not just a medical issue, rather it is everybody’s business.

It was the second stage that attention was focused on behavioral change. The popular formula slogan “ABC” (abstain, be faithful and condomise) was thoroughly advertised through print media, radio, TV and community gatherings such as church, workshops and public meetings. Moreover, this approach encouraged care giving to those amongst us who were already-living with and affected by HIV and AIDS, such as orphans.
This approach firmly recognized each individual as possessing the power and the capacity to stop the spread of HIV by either abstaining from all sexual practices if not married; being faithful to one’s partner if married or in a relationship; practicing protected sex if one is sexually involved, either unmarried or married and, lastly, giving care to those of us affected by HIV.

This strategy promised us much, for it underlined that we individually possess the power to significantly inhibit the spread of HIV in our lives and to mitigate its impact by giving care to those amongst us living and affected by HIV.

One cannot overemphasise the importance of individually empowered members of the community and their capacity to protect themselves from a deadly virus and to protect those that they love and live with.

The behavioral change strategy of promoting abstinence, faithfulness in relationship, practising protected sex and care giving thus remains vital in our continuing journey of living with HIV and AIDS in our earth community.

Yet for all the continuing journey of facing HIV and AIDS (Bongmba 2007), for all the intensification of efforts to combat its spread, the national documentation of infection and death rate worldwide consistently rose to millions, with very little improvement (Dube 2006:131-156). Why was the powerful message of abstain, be faithful, condomise and caregiving so ineffective? Why was such a simple and powerful message, one that is capable of being implemented by anyone anywhere, so difficult to implement? Why would people faced with a deadly virus, one that was claiming millions of lives and causing such intense suffering, fail to observe such simple preventative measures?

When we started asking these questions, HIV and AIDS had brought the earth community to a moment of revelation in the global history (Dube 2008: 102-108). HIV and AIDS had forced us to come to a point of both self-understanding and self awakening. It had brought us to a point where we were forced to acknowledge our embodiedness, our interconnections and our need to become a justice loving earth community. These revelations are key issues to consider for our current and future engagement with HIV and AIDS.

**Centering the Body**

Three decades of living with HIV and AIDS in our world has forcefully brought us to be aware and to acknowledge our embodiedness. In other words, we are members of the earth community, birthed, living on and in the earth in all its concrete material ways. This means we have physical needs such as food, shelter, clothes and love that should not be undermined. It means we are fully grounded people, living on the earth as physical bodies. It means recognizing the sacred embodiment of the earth and its needs. Yet centred, as we often are, in Christian theologies, cultures and philosophies that are heavily invested in denying the importance of the body; centred, as we are, in structures that do not always
serve justice to the earth and all members of the earth community, we were, over these three decades, ill prepared to respond adequately to HIV and AIDS.

Consequently, our efforts to combat the spread of HIV; to mitigate impact; and to provide quality care to those among us living with HIV could not bear the expected fruits in the past three decades. The supposedly simple, powerful and effective behavioral change ABC message fell far too short of the desired results, primarily because we are a world that has denied the bodily needs of many of our earth members. Indeed, millions of our earth members do not have food, shelter, clothes and love. Research and documentation on HIV and AIDS has made it quite clear that individuals and communities that are denied the most basic human needs possess limited powers for making and implementing decisions over their lives.

Those amongst us who are denied the most basic human needs often find their lives governed by the circumstances surrounding their lives. Many times their lives are determined by those who have the power in the society. Being embodied individuals thus means we do not only inhabit our own physical bodies in isolation of others. It means that our individual bodies are enmeshed in other bodies of our families and friends, nationally and internationally. We are interconnected bodies. It means that we belong to the social, economic and political bodies that impacts equally on our lives; either empowering us, disempowering us’ or both.

Unfortunately, in many places of our world, the social bodies that individuals inhabit disempower people according to class, age, gender, sexual orientation, race and geography. The disempowerment of others is often justified according to culture, religion, law, policy, practice, and, many times, unbridled greed. Full health and a effective response to HIV, however, greatly depend on the full health of our various social bodies that we inhabit as individuals and communities. One, therefore, cannot over-emphasise that we are fully embodied people individually, communally, nationally, continentally and globally. We live in physical, social, economic, political and spiritual bodies that impact and determine our health. It is thus imperative that we our quest for justice-loving earth communities and center bodiliness in our theological frameworks continues.

The body metaphor evokes, of course, the physicality of our being; diversity, interconnectedness and systematic coordination. As we look ahead to another decade of responding effectively to HIV and AIDS, I propose that we should center the metaphor of the body as a framework of seeing and acting. We need to promote the health of individuals and communities; we need to assess the health of our social, economic and political bodies that house people, enabling or disabling individuals to make decisions and to act on them. A major part of centering the body and creating healthy social bodies in our HIV and AIDS response involves a quest to become particular communities, which I wish to call, justice loving earth communities. But what are justice loving earth communities? What is the theological base for building justice-loving communities?
Conclusion: On becoming Justice Loving Communities

Justice loving earth communities are sacred communities, that embrace the idea that the earth and everything in it are sacred—created by God’s design and created good. Justice loving earth communities embrace the goodness, sacredness and embodiment of the earth. They embrace that all people were created in God’s image, all blessed and all given leadership through stewardship of God’s creation. Justice loving earth communities accept that God blessed all people and gave them resources for food, shelter, clothes and love. In the justice loving earth communities individuals are fully embodied people and sacred in their bodily forms, since God created in them in God’s own image and placed them in the concrete living and sacred body of the earth.

The justice loving earth community is the creation community. The justice loving earth community is a healing community. The justice loving earth community is interconnected and interdependent. The justice loving earth community is also an empowering community. It is an earth loving community. It is a space and the place that embraces sacredness of all creation and serves justice to all its members. In this space and place we are better equipped for a much more effective HIV and AIDS response. Most of our methods for HIV and AIDS prevention, care, treatment, mitigation of impact and elimination of stigma and discrimination stand a better chance of yielding a better and richer harvest in such a sacred space.

Our denial of the body, its sacredness and provision for its needs as a form of worship has meant being ashamed of that which God found worthy of being created in God’s own image. The undermining of our physical bodies has often meant we have no words or programmes to talk about sexuality, an issue that is undeniably central to the spread of HIV and AIDS. In those times when we do speak about human sexuality we tend to equate it with sin, and consequently, to hold those amongst us living with HIV and AIDS as unethical or sinful. Yet it is a larger picture of denial of the body and failure to be justice loving earth communities. Denial of the body and its sacredness often means we have no paradigms of thinking that allows us to affirm difference—people of various genders, various races, various sexualities, various ethnicities, various abilities (physical challenge) and the earth body as our parent. We have denied and disempowered the bodies of difference among us by regarding them as inferior, unacceptable, sinful and available for our exploitation. This attitude often allows us to be communities that deny justice to millions of our members including exploiting, oppressing and damaging the earth.

Our failure to occupy the earth as justice-loving earth communities has meant that we have found it easy to deny some people access to food, shelter, love and that which they need for clothing. We have created poverty, which undeniably is one of the greatest forms of violence we can unleash upon other human beings. Poverty is a violation of God’s will. This denial of God’s will for all people has created millions of disempowered people. In these past three decades, it has meant that we are communities that are not prepared for an effective response to HIV and AIDS, since we have not created the space and place that empowers and heals all the members of the earth community.
For Christian communities, the Bible gives us sufficient scriptural base to embrace the embodiedness of our being. God did not just create the earth and all that is in it, God also created all people in God’s own image (Genesis 1). This is, undoubtedly, a major statement about the sacredness of the body and all creation. In the New Testament, not only did Jesus assume the human body, He also dwelt among us and embarked on the resurrection of His body, hence, resisting all that negates life—including death.

HIV and AIDS has been a massive attack on the body and it has been hugely assisted by the social, economic and political bodies that do not affirm the sacrality of all life and people.

As we enter another decade of seeking to be an HIV and AIDS competent church (Chitando 2007) we need increasingly to look for ways of becoming justice loving earth communities. We need increasingly to appreciate our physical bodies and their needs. We need to constantly examine the social, economic and political bodies that we have created—nationally and internationally. We need to examine their interconnectedness and impact on the worldwide community. We need to seek to structure our systems according to the goodness and sacredness of the whole creation. We need to actively and continuously strive to build social, economic and political bodies that become spaces of justice and healing. In so doing, we shall participate in our God given responsibility of being good stewards of God’s creation and keeping its goodness available to all.
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