

Women, Religion and HIV/AIDS in Africa

Responding to Ethical and Theological Challenges

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Edited by

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Dedication

Dedicated to women of WOFAK
and in memory of Brigitte Syamalevwe
Our sisters who have faced AIDS
with hope and courage

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Introduction

Teresia M. Hinga

The Circle of Concerned African Women Theologians (*hereafter*, the Circle) is a Pan-African organisation of women doing theology, practically, academically and institutionally. Founded in 1989, one of its primary commitments is that of research and publication concerning African religions and cultures and their implications for women. Because women bear the brunt of its impact, we identified that a gendered analysis of the HIV/AIDS pandemic in Africa was one of the most urgent issues crying out for attention and therefore decided that the third Pan-African Circle Congress held in Addis Ababa Ethiopia in August 2002 would be a good forum in which African women theologians could spell out their analytical responses to this painful situation.

For the duration of a week, one hundred and forty women delegates worked in thematic groups to analyse, discern, debate and reflect on ways in which gender and religion intersect in Africa, and how this intersection ought to shape an African response to HIV/AIDS. At the end of the consultation, it was decided that the outcomes of the discussion and deliberation should be published. Three volumes based on three clusters of discussion themes were mandated by the Circle. This current volume consists of essays that focused on the theological and ethical challenges posed by the HIV/AIDS pandemic in Africa. It is roughly divisible into three parts:

- Part I is comprises of essays that examine factors that render African women vulnerable to HIV/AIDS. Essays by Ruth Muthei, Anne Kubai, Hazel Ayanga and Pacificah Okemwa fall into this category.
- Part II consists of essays that name and analyse the ethical and theological issues raised by HIV/AIDS. Teresia M. Hinga, Denise Ackermann, Philomena Njeri Mwaura and Constance Ambasa Shisanya have each made an important contribution to this discussion.

- Part III is a ‘call to action’ and outlines practical responses to the ethical and theological challenges named in Part II. Here we find Evelyn Wakhusama’s essay that calls for a communal response to the challenges of AIDS and Nyambura Njoroge’s call to church leadership to respond in practical ways to the challenges posed by HIV/AIDS in Africa as a matter of ethical and theological urgency.

In Part I, Ruth Muthei James examines the socio-cultural and economic factors that render the girl-child vulnerable to sexually transmitted infections and HIV/AIDS. Some of these include poverty, rape, lack of education, and gender-biased socialisation. She observes that women and girls’ experiences of poverty compound their vulnerability to HIV/AIDS. This is because poverty restricts women’s choices in terms of access to education, healthcare and adequate wage employment. When circumstances, such as the death of their parents make girl-children the *de-facto* heads of household, they often end-up dropping out of school and engaging in risky employment, including sex-work to make a living. Such employment exposes them to abuse and places them in the path of the ravaging HIV/AIDS epidemic.

Pacificah Okemwa explores the vulnerability of girl-children and young women due to risky employment through an in-depth examination of the web of intrigue and intricacy surrounding the lives of female domestic workers in Kenya. These are mostly female adolescents although some can be as young as eight years old. These girl-children are subjected to harsh working conditions, often overworked and barely paid for their labours. As Okemwa explains, some are subjected to conditions of virtual sexual-slavery by male members of the household. Herein lays the irony of the assumption that the domestic sphere is a place where women and girl-children can find safety and protection. Instead, it often becomes a site where their human rights are grossly abused and dignity destroyed through sexual abuse and violence. Sadly, some female employers show little empathy and treat them harshly and unjustly, casting blame on them for their situation. Okemwa’s analysis challenges privileged women to embrace the quest for justice by critically evaluating the way higher social status can often blind them to the plight of other women. The objective is for women to be in solidarity with each other rather than participate in practices that disempower and oppress. To alleviate the suffering of young domestic

female workers and to curb their vulnerability to HIV/AIDS, Okemwa recommends that such girls should be made aware of their human rights and be given access to information on HIV/AIDS prevention and care.

Hazel Ayanga discusses the religio-cultural challenges that Kenyan women face in their struggle against AIDS. She observes that women's vulnerability to HIV/AIDS can be traced to cultural attitudes and practices concerning women's sexuality conspiring with their low social status in society. These include women's exposure to sexual activities (often without their consent) through early marriages and rape. Women also suffer from a distinct lack of control over their own sexuality and a lack of information on STIs including HIV/AIDS.

Ayanga argues that the church aggravates women's helplessness by propagating theologies that reinforce and legitimise traditional gender stereotypes and encourage the socialisation of women into learned helplessness. In particular, Ayanga highlights the culture of silence fostered by the church that renders women even more vulnerable, being unable to openly discuss matters of sexuality, negotiate safe sex or make appropriate decisions about their own lives, even when such decisions concern their very survival. Ayanga therefore challenges the church as an institution to emerge from this 'conspiracy of silence' and to utilise its resources in the struggle against AIDS. She concludes by challenging the church, women's organisations and government to address those factors that make women vulnerable to HIV/AIDS. She insists that women theologians, in their fight to save lives as well as souls, must persist in raising critical questions even at the risk of being called heretics. Women theologians are also called to be in solidarity with those working for the human rights of women and young girls. Such solidarity, Ayanga insists, will go a long way to curb new infections, promote behaviour change and provide care for the infected and the affected.

Anne Kubai writes of the situation in Rwanda and how the context of armed conflict resulted in the genocide of 1994. She narrates and analyses the ways this context of gross violence affected women and girls, and how it created multiple levels of danger for women who were sexually violated and raped, as well as maimed and killed in the ensuing genocide. Rape and sexual assault of women became a weapon in the hands of

the militants. Further, according to Kubai, the genocide occasioned unprecedented levels of displacement of people as they fled the violence into congested refugee camps both internally and in neighbouring states. These abrupt demographic shifts ruptured the social fabric, impacting in particular the structures of community and family. In the refugee camps, the checks and balances that would have ordinarily applied within the traditional community, including sanctions against errant sexual behaviour, were no longer available. The environment of the refugee camps therefore rendered the refugee population, particularly women, vulnerable to HIV infection since risky sexual behaviour was more difficult to monitor and control.

Kubai goes on to point out that genocide pushed women further into poverty. It created a new category or social class, namely, ‘the very poor,’ comprising mainly of women and girls who in becoming heads of households had access to little or no essential resources. Often, they were forced to resort to sex-work, a move that virtually guaranteed their exposure to the HI-Virus.

Kubai’s essay narrates painful stories of how poverty and violence converge in Rwanda to make women vulnerable to HIV/AIDS. Provoked by the suffering that she witnessed, Kubai rejects the ideology that nurtures such gendered violence, and asks the haunting question: “Where was the church in Rwanda in all this, and what, if any, was the role of religious leaders in this context?” She reveals that instead of being a beacon hope, a sanctuary of peace and a champion for justice, the church in Rwanda engaged in a long-term, morally ambiguous relationship with the government. Specifically, Kubai documents how colonial and missionary anthropology defined ethnic groups in Rwanda in a manner that created a marked hierarchy between Tutsi and Hutus, with the Tutsi population being presented as ethnically superior, at least in the eyes of certain ethnographers. While this historical reality may not directly or even causally be related to the 1994 genocide, Kubai makes a persuasive case for the eruption of such unprecedented violence being connected to the perceived hierarchy between the ethnic groups, dating back to the 1950s.

In the face of such violence, it is the deafening silence of the church that Kubai finds most disturbing. She leaves the reader with some haunting

questions: “How did churches and hospitals, which should have been holy sanctuaries and places of refuge, become houses of slaughter?” and further, “How can the church in Rwanda regain credibility as an agent of salvation and healing given its palpable participation in the carnage and violence of the genocide?” For Kubai, this question is even more disturbing considering the difficult task of reconstruction and reconciliation that Rwanda faces, and the challenge of healing the many wounds that still remain. Rwandan women not only have to endure painful memories of violence, rape, and the death of loved ones, but they also face a bleak future, threatened by poverty and compounded by HIV/AIDS. The question of the accountability of the church and the imperative for the church to speak, even if only to express remorse and regret, becomes a major step in the direction of healing.

While the authors in Part I expose the multiple and intersecting factors that render women vulnerable to HIV/AIDS, essays in Part II analyse the ethical challenges more directly. Four related questions are discussed:

1. What ethical challenges are raised by the AIDS pandemic and how should we respond to the challenges?
2. How does the HIV/AIDS pandemic challenge the received theological frames of reference?
3. To what extent, if any, can the old theological and ethical answers continue to suffice, given the scourge of HIV/AIDS?
4. If so, what are the consequences for women?

Teresia M. Hinga opens the debate by elucidating a number of related ethical and theological themes. Beginning with the issue of stigma, (a recurrent theme in all the essays), Hinga points out that the stigma surrounding HIV/AIDS in Africa is exacerbated by the pre-existent stigma surrounding the continent itself. Persistent western stereotypes have described the African continent and its peoples as being morally suspect at best, if not totally decadent. These stigmas and stereotypes have, in subtle but important ways, shaped the response to the many concurrent crises in Africa, of which the AIDS pandemic is one. As a result, AIDS, in having the stigma of Africa attached to it, has led to highly problematic responses, with some analysts insinuating that part of the problem lies in the alleged ‘moral inadequacies’ of African people. Consequently, the fear of further stigmatisation and possibly punishment by the international community of

donors has led, on the part of some African governments, to a deadly denial of the magnitude of the crisis in Africa. Hinga therefore insists that part of the ethical challenge, particularly for African scholars, is to conduct research that debunks these pre-existent myths and stereotypes, and also to undertake research that is honest and accountable to the people about whom they write and claim to represent. It would seem that the fight against stigma begins at home.

Hinga goes on to discuss the important issue of sexuality (that has been acknowledged in most of the essays in Part I). She emphasises the need to rethink sexuality and reclaim it as an integral dimension of who we are as human beings. She notes that far from being an option, we are all sexual beings. The challenge is how to respond to this dimension of our being in a way that appreciates rather than misuses, demeans, or demonises the gift of human sexuality. She suggests that there is a need to rediscover and reclaim the virtue of chastity. While for many, this is synonymous with abstinence from sex as a physical and biological exercise, Hinga reminds us however that, “Chastity is a virtue that allows us to express (not repress) our sexuality in morally viable ways.” These ways include an appreciation of human sexuality, reaffirming the dignity of sex as a part of the gift of human sexuality, nurturing the dignity of the persons involved and abstaining from expressions of sexuality that are destructive. Such an understanding of chastity would include naming sexism, (whereby, someone is demeaned and devalued because of their gender), a sin against chastity. In the context of AIDS such sexism literally kills. According to Hinga, such a rediscovering, reconstructing and reclaiming of the virtue of chastity in this broader sense becomes a major step in the battle against AIDS, in that the solution calls for high levels of stewardship and accountability in regards to the gift of human sexuality.

Other themes that Hinga addresses include theologies of marriage implicit in Africa’s triple religious heritage of Islam, Christianity and African Traditional religions. Hinga analyses the ways in which these theologies of marriage conspire to muzzle and silence women within marriage relationships. Such a silencing, she points out, is often lethal, particularly in the context of the HIV/AIDS pandemic. Hinga also examines how prevailing ecclesiologies that limit creativity, critical thinking, and the

exercising of moral agency by the laity, particularly women, can also render women vulnerable to HIV/AIDS. Finally, she examines the issues of theodicy in the context of HIV/AIDS in Africa and suggests that there is an urgent need to critically rethink prevailing theodicies and reject those that exacerbate the stigma of AIDS or render the community paralysed through hopelessness and fatalism in the fight against AIDS. The unfathomable pain and destruction that has resulted has led many to adopt an attitude of despair that Hinga refers to as *shauri ya Mungu* (Lit: 'it is God's will'). By way of conclusion, Hinga suggests that despite the many painful, mystifying and complex realities that surround HIV/AIDS, despair and surrender should not be the last word. She thus calls for a practical hope that energises compassionate solidarity with those infected and affected by HIV/AIDS.

In her contribution, Denise Ackermann focuses on the impact of AIDS within the South African context and the ethical and theological challenges that the 'bleak immensity' of AIDS poses. She names other 'viruses' that work in synergy with HIV and which have particularly lethal consequences for women. These 'viruses,' which include violence against women, poverty, sexism and denial, have a 'multiplier' effect on HIV/AIDS and its implication for women.

Ackermann also considers how the bleak immensity that is AIDS, specifically challenges feminist ethics. She affirms the past achievements of feminist ethics particularly in the insistence of the "inherent and inviolable worth of all people as made in God image" and reminds the reader that people living with AIDS are also made in God's image and therefore have an inherent God-given dignity. She calls for an embodied ethic of resistance and affirmation born out of suffering caused by AIDS. Her essay specifically addresses the embodied nature of the HIV pandemic and in a creative language play she considers how the conceptualisation of the "church as the Body of Christ" challenges us to face HIV/AIDS that is "deep in the flesh" of the sufferer as well as deep in the flesh of the church as "the body." As Ackermann emphasises, far from being an abstraction, the church comprises of human bodies, even bodies affected and infected by AIDS. In this sense, "the church itself has AIDS" since many of its members are infected or affected.

The church as the body also is purposed to be a moral community. For Ackermann, in the context of HIV/AIDS, being a member of the body of Christ means the constant formation and transformation of personal and communal ‘moral identities’ in order to better enable the task of nurturing and upholding the human dignity of all. Faith becomes real and embodied in the practice of justice, compassion and solidarity with those infected or affected by HIV/AIDS. Faith also becomes embodied in the hope inspired by many in the body of Christ, particularly women, who refuse to succumb to despair even though they carry deep within their flesh the painful thorn of AIDS. Ackermann cites the specific stories of Gloria, Boniswa and Judy as evidence that the body of Christ has AIDS. She invites the reader to rethink the theology of suffering, death and resurrection of Jesus in the context of AIDS and embrace with love those wounded and suffering from AIDS. For Ackermann, the resurrection of Jesus becomes a metaphor of hope because though the body of Christ has AIDS, the tomb of despair does not possess the last word. As with Gloria in her narrative, Ackermann invites the reader to remember “there is life after infection.” The faith of these women inspires us all to resist the monster that is AIDS and to see hope, even where circumstances would like to dictate otherwise.

Philomena Mwaura investigates the issue of basic human rights that are denied women because of HIV/AIDS. She too highlights the role of religion and culture in engendering unequal gender-power relations which in turn aggravates HIV infection rates. Mwaura argues that the use of culture and religion to support the stigmatisation of those infected by HIV often compounds the denial of human rights that women often suffer because of their gender. She calls upon the church to cultivate a theology of wholeness and inclusiveness rather than perpetuating a culture of exclusion. In particular, Mwaura names the tendency to blame or demonise the work of women, their bodies, and particularly their sexuality as the “feminisation of sin.” Such unjustifiable blaming and demonising has led to women being held responsible for a number of social ills, including that of HIV/AIDS. Mwaura therefore challenges the churches to go beyond changing attitudes, myths and cultural practices that destroy women’s well-being and self-esteem, thus rendering them more vulnerable. Instead, the church must break its pernicious and often deadly code of silence and come to grips with the issue of human sexuality.

In her contribution, Constance Shisanya identifies the issue of stigma surrounding women living with HIV. For her, such stigma is reminiscent of that faced by those who lived with leprosy during the time of Jesus. Through the recounting of heart-rending stories of actual women who have experienced the effects of stigma, Shisanya gives us a rare insight into how deadly and costly our attitudes to those with HIV/AIDS can be. We learn from these testimonies how women living with AIDS have been denied basic rights such as shelter because landlords evict them from their rented accommodation when their status is discovered. We also learn of women whose means of livelihood as vendors of food and vegetables is destroyed, when people discovering their status, cease to buy from them. Their right to work is threatened since they are considered to be a human burden that is not only embarrassing, but ultimately disposable.

The story that Shisanya tells however, is one of hope. Women living with HIV/AIDS have refused to accept marginalisation and stigmatisation as the last word over their lives. Instead, they have organised and committed themselves to fight for change. Through organisations such as WOFAK (*Women Fighting AIDS in Kenya*), such women reject the idea that they are victims of circumstance. Instead, they exercise their moral agency to work for systemic change by openly speaking about their status. They thus courageously name and describe the specific painful realities that reveal stigmatisation to be a gross understatement of reality. Shisanya closes her essay by making an urgent appeal to rediscover and emulate Jesus' exemplary attitude of unconditional love to those shunned by society because of disease or other stigmatising conditions. The challenge, Shisanya insists is to embrace "today's lepers," those living with AIDS, and to work in solidarity with them.

In Part III, Evelyn Wakhusama demonstrates the ways in which cultural, scriptural and theological worldviews have worked to silence women, thereby robbing them of their dignity and power to name their issues of concern. She speaks of "cultural sexism" implicit in the patriarchal arrangements of the institution of marriage. Defined through patriarchal lenses, marriage seems to be based on unbalanced relationships between spouses. This inequality seemingly facilitates or even possibly condones unfaithfulness on the part of the husband, leaving the woman disempowered,

without a voice to adequately name the pain and violation that result from such betrayal. Today, given the context of HIV/AIDS, women have not only to contend with the pain of such betrayal, but also the fear that a wayward husband may become infected with the HI-Virus and thereby bring it home.

Wakhusama reminds us that unbalanced spousal relationships are not only nurtured by cultural sexism implicit in some traditions and customs in Africa, but are also effectively nurtured by sexist and patriarchal readings of the Bible as well as by the application of theological frames of reference that exacerbate the process of silencing. In particular, Wakhusama takes on the issue of psychological suffering that women living with HIV/AIDS endure beyond physical pain. HIV/AIDS not only kills, maims and debilitates, but due to cultural, scriptural and theological frameworks, it also scandalises. Often, women are blamed for their status since the disease is connected with their alleged moral failure. Instead of supporting women in their suffering, society imposes shame on those infected and duly rejects them.

Wakhusama considers the blaming and consequent rejection of those living with HIV/AIDS to be one of the greatest scandals of our time. In response, Wakhusama calls for individual and collective action in naming and dismantling those aspects of culture, theological statements and scriptural readings that impose further pain and suffering on women instead of offering them hope and justice. As with Shisanya, she insists that to effectively erase the stigma associated with AIDS, all must commit to offering practical unconditional love, solidarity and support. This, for Wakhusama, is a communal, moral imperative.

Nyambura Njoroge closes our discussion by focusing on the issue of leadership in African Churches in the light of the unprecedented crisis of HIV/AIDS. She urges religious leaders to speak the truth about human sexuality. As a matter of urgency, they must encourage openness in addressing the issue of HIV/AIDS and teach life-skills to the youth. The churches are urged to address the issues of violence in the family and to work towards changing cultural attitudes and practices that encourage silence as a virtue even in the face of such serious violations as family incest and rape.

In her essay, Njoroge argues that stigma and marginalisation supported by religio-cultural structures leads to painful “social death” even before actual physical death. In suggesting new models of life-giving and empowering leadership, Njoroge calls for leaders that focus on the human condition and social location of those in the congregation. Leaders must be prepared to challenge disempowering cultural structures, sexism and social injustice. To provide a better equipped and informed leadership, ministerial formation needs to be transformed so that it can become a channel through which church leaders can respond in practical ways to the HIV/AIDS crisis.

Each contribution to this volume has added a valued and unique perspective of analysis to the AIDS crisis and its implications for the women of Africa. All are in agreement that the HIV/AIDS crisis is urgent, complex and life threatening to women. Each goes beyond the biological and epidemiological dimensions of the disease to name the scandal of stigma as a major factor in the ethical challenge posed by HIV/AIDS. They dig deep into the religio-cultural worldviews that shape our understandings of the world in which we live, thus exposing some of the deadly cultural, theological and scriptural roots, attitudes and practices that have compounded the crisis of HIV/AIDS in Africa, ultimately robbing millions of women of their dignity and lives.

The writers in this volume call for multi-pronged strategies and actions in combating the multi-headed hydra that is HIV/AIDS. In considering the stigma and social death that HIV/AIDS imposes on its victims as the most fundamental ethical challenge, the authors collectively call for unconditional love and compassion for those infected or affected by the disease.

In view of the overwhelming threat that HIV/AIDS poses upon the continent of Africa, the authors call for a practical hope. Such hope is modelled and bravely demonstrated by those among us who have first-hand experience with the disease. May the fighting spirit of women such as Gloria, Boniswa and the women of WOFAK continue to inspire acts of *compassion, justice and hope* in us all, as individually and collectively, we continue to fight the monster that is called HIV/AIDS.