Research Results Vol. 14

Markus Luber SJ (ed.)

Gender specific risks concerning HIV and AIDS in Africa.
Pastoral Implications

German Bishops' Conference Commission on International Church Affairs (ed.)

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Bonn, 2022

ISBN: 987-3-940137-91-3

Cover illustration:
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Publisher:
German Bishops' Conference Commission
on International Church Affairs

Obtainable form:
Bereich Weltkirche und Migration
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Content

1 Introduction

HIV and AIDS remain two of the greatest challenges to individuals, the civil society and the churches in Africa. The German Bishops' Conference's Commission on International Church Affairs has engaged more than a decade in medical, pastoral and theological reflection to support a sustained and holistic ecclesiastical contribution for the improvement of the situation.

In 2010, empirical research has been conducted by the Institute for Global Church and Mission (IWM) in a number of Catholic dioceses and the investigation resulted in the publication: "Lessons learned from the responses by the Catholic Church to HIV and AIDS in Africa"[1]. In 2016, the Institute was again commissioned to do a bibliographical study on the HIV and AIDS epidemic in sub-Saharan countries from a theological and contextual perspective, which has been published entitled "The theological reception of spread factors and preventive measures of the HIV/AIDS epidemic in Africa"[2].

Based on this study, the German Bishops' Conference's commission on Global Church Affairs considered it necessary to deepen the analysis with a focus on the gender specific risks concerning HIV and AIDS in order to more appropriately address pastoral challenges of stigmatization, to identify blind spots of societal and cultural developments and to foster exchange between theological teaching and faith-based action. In order to achieve this goal, an international study group consisting of Lilian Dube, Philomena Njeri Mwaura, Linda Hogan, Adriaan van Klinken and coordinated by Markus Patenge (IWM) was formed. The group met in February 2018 at the Institute for Global Church and Mission in Frankfurt am Main to look at HIV from specific perspectives of women, men, youth and sexual minorities. With the pastoral focus in mind, it was decided to create a manual based on case studies. In addition, a workshop was planned to

[1] cf. Fleischer et al., Lessons learned (2015).

[2] cf. Patenge, The theological reception of spread factors (2017).

take place in Harare / Zimbabwe with bishops and church actors to raise awareness of the topic through information, discussion and debate.
Subsequently, two developments had a significant influence on the further implementation of the project. On the one hand, due to the COVID-19 pandemic, the workshop in Harare had to be cancelled. It was finally conducted online in spring 2022 after having been postponed several times. On the other hand, new therapeutic options and expanded access to drug treatment had significantly changed the situation of people infected with HIV in sub-Saharan countries. In his medical report at the opening of the workshop, Dr. Piet Reijer from *medmissio* summed up the therapeutic progress by concluding, that the currently available antiretroviral therapy can inhibit viral replication to such an extent that an outbreak of AIDS can be delayed in the long term or prevented altogether. After several months of continuous medication, the virus can no longer be detected in the blood. This means, that sexual transmission is ruled out, as well. In addition, he pointed out, that in recent years access to medication has been made possible by appropriate programs and continuous price reductions through the offer of generics to ensure an increasingly widespread supply. The possibility of permanent viral suppression means, that infected people can lead largely normal lives, which has changed the face of the pandemic drastically. In some countries in Eastern and Southern Africa increases in therapeutic efficacy are approaching the fulfillment of 90-90-90 target given by UNAIDS for 2020.[3] This shed new light on the burden of stigmatization of those affected. However, it does not eradicate the problem. The UNAIDS Factsheet 2022 shows that in Eastern and Southern Africa the total number of people with HIV who received treatment was about 78%, which translates into more than 4 million people in the region who are not receiving treatment.[4] In the meantime, the situation regard-

[3] cf. https://www.unaids.org/sites/default/files/media_asset/90-90-90_en.pdf

[4] cf. https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf, 9.

ing HIV has changed again in view of global crises. The new UNAIDS report of July 2022 is entitled "In Danger".[5] It offers an analysis of the current situation characterized by an alarming tone: „Over the last two years, the multiple and overlapping crises that have rocked the world have had a devastating impact on people living with and affected by HIV, and they have knocked back the global responses to the AIDS pandemic. The new data revealed in this report are frightening: progress has been faltering, resources have been shrinking and inequalities have been widening. Insufficient investment and action are putting all of us in danger: we face millions of AIDS-related deaths and millions of new HIV infection if we continue on our current trajectory."[6]

The report makes clear how vulnerable drug therapies are to crises, pointing to the persistently high number of AIDS-related deaths that were recorded in 2021 despite treatment options: "The number of people on HIV treatment grew more slowly in 2021 than it has in over a decade: while three quarter of all people living with HIV have access to antiretroviral treatment, approximately 10 million people do not. Only half (52%) of children living with HIV have access to life-saving medicine, and the inequality in HIV treatment coverage between children and adults is increasing rather than narrowing."[7]

The report also points to significant inequalities within and among countries that are widening. In our context, the statement on the gender impact of the COVID-19 pandemic is particularly alarming: "Every two minutes in 2021, an adolescent girl or young woman was newly infected with HIV. The COVID-19 pandemic led to disruptions in key HIV treatment and prevention services, millions of girls dropping out of school, and spikes in teenage pregnancies and gender-based violence."[8]

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[5] cf. https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf

[6] Ibid., Foreword, 4.

[7] Ibid., 4.

[8] Ibid., 4.

Despite the sobering developments, it is not a matter of falling into fatalism. The report also endeavors not to lose sight of the phenomena of resilience and to counter the aggravated situation through increased efforts. This is also where the missionary mandate of the church is central: to draw special attention to the most vulnerable, even in precarious situations, and to provide concrete assistance. For this reason, this manual comes at the right time, when it is important to take a holistic pastoral and theological look at the situation of people living with HIV or at increased risk of infection. HIV and AIDS are complex phenomena that cannot be reduced to a purely medical dimension. Rather, a multiplicity of cultural, social, economic and political factors, structures and circumstances need to be considered, as well. As seen by the distribution of infections, gender is one of the most important factors. Patriarchal patterns in which women are seen as inferior to men and denied self-determination make them even more vulnerable to HIV and AIDS.[9] In order to fight the HIV and AIDS epidemic holistically and consistently, the church has to stand up and speak out against oppressive structures. She has to work for transformation, foremost by leading by example amidst catholic communities. Although, the Catholic Church in sub-Saharan Africa has played a key role in fighting against HIV and AIDS since the outbreak of the pandemic, we also have to admit that she has done too little to liberate women (and men) from unjust structures and oppressive gender roles. Rather, the Catholic Church has taught the subordination of women and gave many believers the impression that male violence towards women was acceptable.[10]

In a holistic framework, the issues raised during the online workshop also deserve attention. First of all, the discussion unearthed a general observation of ineffective communication of moral teaching failing to address the need for orientation, especially for the youth in view of responsible sexual behavior. In this regard, the lack of positive role models for (young) men was also noted, and particular reference was made to the church's responsibility for AIDS orphans, the majority of whom are now in a live-stage of

[9] cf. Patenge, The theological reception of spread factors (2017), 23-27.
[10] cf. Ibid., 26-27.

incipient sexual activity, engaging in partnership and family founding. In addition to developing new formats that aim to reach young people and are characterized by dialogic rather than prescriptive character, the need to integrate local traditions in order to gain up to date cultural language skills in sexual living was highlighted. Positive examples of successful inculturation that serve to improve intergenerational mediation and holistic communication between spouses have been introduced as best practices. This also requires an intercultural effort in moral theology to enable Catholic Christians to contribute to the formation of responsible sexuality in their cultural environment.

All these aspects are undoubtedly culturally sensitive issues which require a climate of dialogue and a spirit of discernment. Therefore, from the very first plans for this project, it was clear that this project could only be realised through intercultural exchange. The development of this publication was also marked by an ongoing exchange of ideas in every phase of research. Thus, the individual building units were continuously put in reference in order to guarantee multi-perspectivism and mutual learning.

The dialogical structure of this project is also reflected - as far as possible - in this publication. The authors shed light on various aspects of the subject matter and would like to invite the reader to transfer the findings to his or her own context and thus enter into an intensive dialogue with this text. To this end, the study analyzes stories about HIV and AIDS. In a first step, women, particularly young adolescents, come into view. While confronting the various forms of discrimination and stigmatization further facets are illuminated. First, intersectionality is used to illuminate how poor women suffering from unjust structures are at higher risk of infection. This perspective opens a range of follow-up questions ranging from prostitution to sex workers in general to sexual minorities and sexual behavior of men living with HIV and AIDS.

This panoramic approach is consistent with the Church's mission to heal all people in all aspects. As Pope Francis states: "Being Church means being God's people, in accordance with the great plan of his fatherly love. This means that we are to be God's leaven in the midst of humanity. It

means proclaiming and bringing God's salvation into our world, which often goes astray and needs to be encouraged, given hope and strengthened on the way. The Church must be a place of mercy freely given, where everyone can feel welcomed, loved, forgiven and encouraged to live the good life of the Gospel."[11] It is therefore by her self-understanding and social teaching that the Church is called to overcome HIV and AIDS. She is also called to the fight against HIV and AIDS by the example of her founder Jesus Christ himself. Therefore, the Church is invited

- ...to a deep pastoral commitment to persons living with HIV and AIDS
- ...to break the culture of silence surrounding sexuality, HIV and AIDS
- ...to denounce in words and deeds any form of sexual, physical and emotional violence
- ...to promote the sexual self-determination of every human being
- ...to take a critical look at cultural oppressive determinations
- ...to engage theologically in inculturation and intercultural exchange
- ...to draw on available cultural and spiritual resources.

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Acting Director of the Institute for Global Church and Mission

[11] cf. Francis, Apostolic Exhortation *Evangelii Gaudium (2013)*, 114.

2 Fighting poverty, transforming gender roles

2.1 Linda Hogan – Human Rights and Responses to HIV and AIDS

The Universal Declaration of Human Rights of 1948 aims to become 'the common standard of achievement for all peoples and all nations' and in the 70 years since its promulgation it has garnered a remarkable degree of support across the world. Of course, it has gradually become clear that the Declaration must be accompanied by a commitment to the implementation of human rights in practice, especially in the context of historic and systemic marginalization of certain peoples. Moreover, it is also clear that the work to promote and embed human rights in practice across the world, especially amongst vulnerable peoples, including persons with HIV and AIDS, will continue to be impeded unless and until all peoples and all nations commit to the fundamental idea that every person is entitled to respect, to live a dignified life and to certain protections that will enable people to live a dignified life in community.

There is some scepticism about the concept of human rights, including from people who are committed to peace and justice but who have concerns about the language of rights. It is often suggested that human rights are 'a Western construct of limited applicability,'[1] and that the promotion of human rights across the world is the new form of neo-colonialism. This is a charge that has followed human rights from the beginning. Indeed, even while the United Nations Declaration was being drafted charges of ethnocentrism and imperialism abounded. It is true that the Declaration was created against the back-drop of significant western power and influence, in an era when decolonisation was only really beginning, and in the context of the imperialism of western thought, including western theol-

[1] Pollis, Human Rights (1979), 1.

ogy. Congolese theologian Bénézet Bujo makes this point when he criticises much of Christian social ethics, which he says serves solely to 'silence other cultures without engaging in any dialogue whatever.'[2]

However, this is only part of the picture and the historical record shows that delegates from the global South played a major role in developing the UN Declaration of Human Rights. Moreover, over the course of the twentieth century, theologians, activists and philosophers, particularly from African and Asian countries, have given a new shape to human rights. They have, for example, insisted on the indivisibility of rights, highlighting that economic, social and cultural rights are as important as civil and political rights. In addition, the voices of theologians from across the African continent have insisted that social justice and the global common good are threshold requirements for the achievement of human rights. Theologians such as Laurenti Magesa[3], Agbonkhianmeghe E. Orobator[4] and Philomena Mwaura[5] in particular have been to the fore in advancing human rights amongst marginalised communities, including persons living with HIV and AIDS, and in bringing the perspectives of diverse African contexts to the global discussion on human rights.

The Christian human rights tradition was very influential in the creation of the UN Declaration and Christians continue to play a vital role in ensuring that all people, and especially those who are vulnerable, have access to the fundamental goods that are essential to their well-being. Human rights values chime with the central message of the gospel. Throughout his ministry Jesus insisted that Christians work for the coming of God's kingdom by implementing patterns of equality in social, economic and political relationships. In addition, he also emphasised the need to look at the marginalised with new eyes. By privileging the outcast, the gospel challenged believers to see the inherent and inalienable dignity and worth of each person. Christianity speaks of humans as being in the image and

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2 Bujo, Plädoyer für ein neues Modell von Ehe und Sexualität (2007), 236-237.

3 cf. Magesa, Anatomy of Inculturation (2014).

4 cf. Orobator, Ethics of HIV/AIDS Prevention (2006), 147-154.

5 Hinga et all, HIV/AIDS, Women and Religion in Africa (2008); see also Mwaura/ Chirairo, Theology in the Context of Globalization (2005).

likeness of God and, in an elaboration of this idea of human dignity, it also speaks about the fundamental equality of all human beings. In the Christian tradition this individual dignity and equality is supported by a commitment to social justice and the common good. For the Christian tradition, social justice requires a commitment to the redistribution of resources, on the basis of need, and it also insists that the society or state has a particular duty of care towards those who are vulnerable. Moreover, this commitment to social justice is an obligation rather than an option.

However, even though the ethical imperative of implementing social justice and human rights is recognised, global inequality is accelerating. The 2019 *Human Development Report* highlights many inequalities in human development have been increasing and continue to do so. Although progress has been made, a new generation of severe inequalities is emerging, linked to lack of access to education, gender inequality, the digital divide and climate change.[6] Notwithstanding the progress that has been made towards the Sustainable Development Goals this pervasive and endemic poverty, coupled with the impacts of climate change, is destroying lives and undermining communities. Unregulated globalisation with its detrimental impact on the environment, continues to destabilise the social fabric of the continent of Africa and new forms of inequality and marginalisation have arisen as a legacy of colonial and postcolonial politics. The 2020 *Human Development Report* highlights the challenges these pose and argues that we must chart an "alternative to paralysis in the face of rising poverty and inequalities alongside alarming planetary change."[7] In this context, the task of protecting human dignity and rights is particularly urgent, and amongst those whose rights and dignity is most in need of protection are those who are marginalised because they live with HIV and AIDS.

There is no doubt that poverty, inequality, and the deprivation and denial of human rights all figure in peoples' vulnerability to HIV and AIDS. In addition, the prevalence of HIV and AIDS has a destructive effect on the

6 United Nations Development Programme, Human Development Report 2019.

7 United Nations Development Programme, Human Development Report 2020.

social fabric of communities. Of course, the relationship between vulnerability to HIV and inequality is complex, but profound. This relationship was described many years ago by Peter Piot as a negative synergy.[8] HIV causes poverty even where it didn't exist and when the virus hits those who are poor its impact is more intense, and it deepens and prolongs deprivation. Moreover, not only are economic inequalities reflected in the pandemic, but they are made worse because resources are diverted from sectors that would otherwise be able to help economic progress, and, as a result, decades of progress are being undermined. Health care infrastructures and social care networks are under immense pressure because of the needs of vulnerable and at-risk populations. Lack of access to education increases vulnerability, as does gender inequality, whose pernicious effects especially impacts women and girl children. In this way the layers of inequality and of inequitable power relations are being re-inscribed both locally and globally as a result of the pandemic.

The church in Africa and globally has a key role to play, both as a key actor, and also as part of a coalition of actors who are committed to ending extreme poverty across the globe in this generation. Addressing extreme poverty an inequality is essential, if the vulnerabilities associated with HIV and AIDS at both the individual and the social levels are to be mitigated. It is vital that work continues, in collaboration with governments, civil society actors and international organisations to secure the kind of political structures that will support the dignity and rights of all human beings, especially the vulnerable. Although progress has been made in addressing extreme poverty and reducing vulnerability to HIV infection amongst some populations, nonetheless new inequalities and vulnerabilities constantly arise, and require our attention. In this challenging context human rights can provide the means through which the human dignity can be protected, and human flourishing promoted, and as such needs and deserves the support of all people of good will.

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8 Piot, Good Politics, Bad Politics (2007), 1934-1936.

Guiding questions for pastoral work

- How can the church's teaching on social justice and human rights be promoted in your context?
- What are the strengths and limitations of the church's social teaching in addressing the challenges of HIV and AIDS?
- How can the church use the gospel message of inclusiveness and equality to address the challenges associated with HIV and AIDS?

Suggested Readings

2. Hinga Mbari, Theresia et al. (eds.): *HIV/AIDS, Women and Religion in Africa: Ethical and Theological Responses,* Pietermaritzburg: Cluster Publications (2008).
3. Smith, Ann/McDonagh, Enda (eds.): *The Reality of HIV/AIDS*, Dublin: Veritas (2003).

2.2 Lillian Dube – Re-thinking Metaphors of Power for Pastoral Responses to Gender Injustice, HIV and AIDS

Introduction

In what follows I will present critical pastoral guidelines that community responders of HIV and AIDS could use in order to fight the AIDS epidemic. Although the paper is framed for the Catholic pastoral context, its parameters of operation are intentionally ecumenical, interreligious and inclusive of non-religious communities in order to overcome the intrusive AIDS epidemic that respects no boundaries. Scaling down HIV and AIDS requires a multifrontal approach. Thus, although my reflection draws from biomedical sources, it is designed to equip responders of HIV and AIDS in the Catholic faith tradition and other traditions who have been on ground zero directly offering communities gifts of love, friendship, medical, social and spiritual care for positive living, offering last rites and burial services. Hereafter, they will be referred to as the Church's 'first responders of HIV and AIDS.'

The Church has been a first responder primarily because of its strategic location in remote communities where other key HIV and AIDS responders such as NGOs and local governments have struggled to access for political and economic reasons respectively. The church is a strategic first responder equipped with clinics that have offered the bulk of Medicare since the epidemic broke out in Africa South the of the Sahara. Church-inspired individuals and NGOs have also responded to the 'Street Children' epidemic that auspiciously lingers in the shadows of the AIDS epidemic. They have supported neglected rural orphans and abandoned children who populate the homeless alleys of African cities often treated as a menace, at best, simply ignored. "Friends of the Street Children" in Kitwe Zambia is a case in point and "Mother of Peace" in rural Zimbabwe is another example of how the Church is abuzz with responders of HIV and AIDS and its offshoots.

One of the most neglected factors of the AIDS epidemic is its gender dimension: Women trapped in extreme poverty whose desperate attempt to survive leads them through AIDS' darker pathways that favor immediate survival needs. A plate of food, and shelter for their dependent children and elders often has priority over HIV and AIDS prevention. As the AIDS epidemic is intrinsically embroiled with a myriad of gender injustices it takes more than knowledge and will-power to survive. Therefore, it is important to break down "systems of detachment" (Framer 2005) and for first responders to find the silenced, judged, and solitary women whose souls are forever shattered.

In order to find pastoral guidelines that will help to reach those trapped in disproportionate gender power imbalances, I will firstly present those persons who are fighting HIV and AIDS on ground zero. Secondly, I will reflect upon indigenous resources as tools in the fight against HIV, AIDS and gender injustice. A special focus will be on the moral lessons that can be drawn from Bemba initiation rituals for the Church of Zambia. It is argued that Bemba symbols of power sharing, gender balance and community equilibrium can reliably inform moral pastoral guidelines on gender justice for a Church fighting HIV and AIDS. Lastly, I will focus on current

trends in African sexuality and rituals of initiation that favor gender justice for a world without HIV and AIDS.

The Church's 'First Responders'

Working closely with affected women, caring men of the collar and women religious form an important category of the Church's 'first responders' not only to the HIV and AIDS epidemic, but to its underlying gender injustice. Needless to mention that the work of priests and nuns who respond to the AIDS epidemic has not been fully explored. Yet, with sacraments and prayers for the sick and dying, they offer spiritual accompaniment under immense pressure created by scarcity of clergy and soring deaths. Often ill-equipped regarding facts of the biological basis of HIV and AIDS or the cultural nuances that could be explored for prevention, they labour and sometimes unconsciously antagonize the intended beneficiaries with stigma and isolation. Sadly, in some cases, they have been infected in the tour of duty. As 'first responders', they confront death with a stride, acting strong for their shuttered communities. They carry the burden of pain and dreams lost to the raging AIDS epidemic. Gory stories shared with them in confidence from death beds and wordless whispers, heaves or sighs of dying men and women haunt them to their early graves with little or no counselling services at hand. It is obvious that their own trauma are lost in the whirlwind of searches for life and stigma-fuelled by secrecy and pious notions of sanctity ascribed to the religious. Their minimal visibility in the AIDS trenches make them salient victims of the AIDS epidemic. Consequently, the statistics of priests and Sisters victims of AIDS have not been openly acknowledged due to the stigma-fuelled secrecy spearheaded by notions of sanctity the church may be responsible for creating through its sexual ethics on tangent with local cultures.

The pastoral mission of the Church in the context of HIV and AIDS is also characterised by the collective response of individual Catholic women found in every community and organized groups of lay Catholic and Protestant women who have buried themselves in 'home-based care' programs. Needless to mention young girls and elderly women who are neither organized nor equipped for the emergencies that demand their self-

sacrifice in care of dying parents and children respectively. Thus, the response of Catholic women to the AIDS epidemic has been characterised by selfless home-based caregiving that grandmothers, mothers and daughters have provided with meagre resources. These 'first responders' have taken the brand of the epidemic into their own bodies without knowledge or means of protection.

When standing by has not been an option for all these vulnerable 'first responders', Catholic theologians like myself are challenged to explore local resources and Catholic ethics on community, individuals and the sanctity of life.

Indigenous resources for fighting HIV, AIDS and gender injustice

A closer look at local rituals of work and play reveals ways in which African communities resolved crisis together, and how the individual harboured full consciousness of the others without being completely subsumed in themselves. These rituals offer important lessons that can be useful for Catholic pastoral guidelines on gender justice, HIV and AIDS.

Work Ritual Theatre: Nhimbe

The community in which I grew up in Zimbabwe is theatrical. We were surrounded by work, social, and ritual drama punctuated by songs and dance performances that were both playful and seriously didactic. The lessons were engrained in traditional moral codes with room for creative spontaneity, collective chastisement geared for moral reform. Needless to say, even if you attended this adult 'work party theater' *nhimbe*, nothing prepared you for their diatribes tightly enshrined in secrets metaphors that left you wondering if you had walked into alien space. Regardless, this was my absolute favorite work art. The village adults were most animated, both serious and hilariously flying opaque jokes around. Years later, the puzzles became clearer. This was an adult talk-show on what is still considered by outsiders as taboo: sex. The tension in heightened crescendos of their quaky voices rising and falling with the work movements, the wild stares cast towards the unmistakable villain whose response carried defiance that gradually marked their relenting tone yielding to ululation from

third party participants, were all mysteries I observed with quiet fascination.

The work theater started with a familiar tune led by someone with a mission to report or chastise rampant immoral behavior or settle a grudge. This invoked animated response from the working community guided by the rhythms of threshing sticks uniformly landing with a thud on the *rappoko* in the middle of the circle. This thunderous exorcism of bad energy was not aimed at shaming the defenseless culprit forced into admission of guilt without due process. On the contrary, the villain vigorously defended their slain character without fear of violence from the aggrieved members of the community because of ground rules that create immunity for all participants of this 'moral community theater' akin to, 'what happens in Vegas stays in Vegas.' Thus, by the end of the work party theater, exposed immorality is collectively processed by a community who, as the judge and jury, are committed to leave the past behind and embrace moral forgiveness. The performance allows the aggrieved to confront their aggressor as they extract grain and leave the chuff behind for the wind. This physical grain-gathering process was clearly a collective moral moment for the community that never imagined HIV and AIDS would claim the center stage.

Looking back at *Nhimbe* work party individual action was coordinated with others, men and women alike, old and young and community was broadly defined in the village. Thus, at *Nhimbe* work party, all were welcome, food was served and work goals were achieved together. This did not preclude moralizing moments through songs and morally chastising rhetoric. Community grievances were resolved through coordinated work rhythms focused on solving both economic, social and sexual problems.

Does this speak to the Church's pastoral efforts to stop AIDS, and gender violence? I think so. There are relevant lessons to be learned about a community pulling together to resolve a crisis, or the child-like patience to understand alien space where familiar faces freely act strangely. There is the relevance to decipher the meaning of metaphors and rhapsodies of the winnowing threshold through partnership with the locals. Though the Church is well entrenched in African communities, the cultural role of

priests and Sisters manning the AIDS frontlines, like children at *Nhimbe* work party, remains tokenized in perpetual infantile state. Many of the Catholic Church's 'first responders' lack cultural prowess to navigate the complex metaphors that define gender justice. So let's take a closer look at some of the rituals I encountered during my youth.

Gender Balance: *Sarura Wako*

In my youth we openly expressed love fantasies through theatrical performances in game rituals like *Sarura Wako.* During *Sarura Wako* we would declare our expectations of dream suitors through song and dance wide eyed scouting anxiously for our love-match from a big circle of boys and girls where everyone was allowed to be a suitor. Each of us had a share on this theatrical stage before passing their turn to the next 'suitor' in search for love. This game equipped the young performers with the language and skills to articulate and confess their heart's desires and prepared them to negotiate or handle rejection skillfully through repeated *games of patience* supported by peers in the circle. Although this hardly lead to real marriages, the underlying message about *owning the power to 'choose'* in *Sarura Wako* sends critical signals for negotiating gender equilibrium that is helpful in surviving the AIDS epidemic today. Another clear message was that love was a patience game that was supported and celebrated by the community. The moral qualities sought after were a strong encouragement for everyone to uphold good moral standards or risk sitting 'unchosen' while everyone else paired up. This precursor to the real-life drama of love, courtship and marriage could yield ethical codes for a church confronting HIV and AIDS with neither courtship language nor much progress on gender balance and equilibrium.

Sarura Wako game ritual emphasized gender balance that shaped skills to navigate the real world of men and women working together as a community. During the game – theater mandatory community response is invoked by the individual who plays by the group rules. After public 'self-expression' of their heart's desire, the suitor then approaches the 'special one.' In this drama, the candidate plays along knowing well this is only practice. The game ends when everyone is paired up. Playing would be

continued in other games that were socially encouraged in preparation for the real-life drama of courtship and marriage.

The village created more gender integration through children's theater/rituals and physical labor that demanded stamina from girls and boys. My father tirelessly reminded his girls that the village was a different world where girls walked like an army, their backs straight looking where they are going. That perceived 'idleness' had no place in the village's social space where work had to be done racing, during daylight, with urgency.

Playing *Brown Girl in the River* in a gender binary context

Catholic boarding schools were a different sphere of living. They favored separate gender development and binary of opposites. Emphasis was on boy or girl education in their separate domains, grooming and conversion. Therefore, negotiating life between the village and the Catholic boarding school was equally theatrical. We adjusted the script as we moved from the village to the Catholic boarding schools where new horizons stretched our imaginations as different stages were set for us to explore. We played games that shaped our identities anew in these diverse settings that invoked emerging unique personalities strange to the village. New games and new rituals, threw girls into overdrive learning to fit the good Catholic-girl model detached from indigenous sex-schools of thought among other taboos. The new circle of girls allowed us full participation and equal chances in the ring as we took turns to skip around in the inner circle supported by girlfriends chanting, *"There is a Brown Girl in the River."* You would stop and challenge a new girl to show off their 'action skills' or dance moves by showing off yours with this line, *"You like sugar, and I like jam can you show me your action?"*. The ritual ended after everyone had a chance to show their individual defining action.

Thus, a juxtaposition of children 'game/play rituals' from the colonial African village I grew up in and the Catholic boarding schools I shared with hundreds of other African children from across racially segregated Southern Rhodesia exude with social expectations and dominant gender perspectives in the African Church today. Although it was a single gendered game of empowering girls to flirt and court other girls in an era where HIV

and AIDS was unfathomable, most of these girls are now the brave lay and religious 'first responders' of the Church deep in the trenches of the AIDS frontlines reading from scripts that have missing cultural pages this essay hopes to augment. It is therefore a task for the post-colonial Church to regain core African values in areas of sex and sexuality.

Bemba Sexual Ethics and Initiation

Faith Encounter Center in Zambia (FENZA) is incapsulated in the Service-Learning study abroad program that I developed. It led students from the Jesuit University of San Francisco to Zambia from 2010-2014. The critical cultural orientation that FENZA provided to my Service-Learning students addressed basic avoidances of taboos and minimized perceived cultural arrogance associated with cultural cross-overs that happen regardless of good intentions. We touched on a wide array of topics designed to prepare the newcomers to Zambia for their journey. The most intriguing was the integration of Bemba initiation rites of passage into the pastoral guidelines of the Catholic Church of Zambia. Initiation of Bemba girls is deliberately shrouded in mystery because it belongs to the secret societies of African heritage whose access has been jealously guarded for preservation and integrity of the tribe. Bemba initiation riddles are loaded with allusions meant for initiates within their circumscribed religious and moral growing-up schools. Through riddle-dance, gestures, clay iconography and images recently transcribed from mud walls to cloths and explained in deep Bemba, *Alangizi,* initiation leaders, impose ethical boundaries on the esoteric ritual content reserved exclusively for devotees.

The Bemba cultural script is not only complex, it is sacred "food for the children," not for the dogs of the Church or any scavengers! Getting into Zambia with the enthusiasm of a Diasporan returnee, thirsty for the cultural treasures I had left behind, I was completely disheartened by the pessimism that met my zeal to explore Zambian initiation rites with my American students. Looking back at my arrogant naivety, I feel some kind of shame. Yet, when confronted with a similar situation, another woman of unrelenting faith decided to plead her case with Jesus, ready to crawl under the table where dogs freely indulged. Pastoral lessons can be drawn from the Canaanite women now memorialized for her unwavering faith.

Kneeling and pleading, defying all religious odds, she achieves reprieve for her demon-possessed daughter as Jesus relented and tossed out the children of Israel's bread to her 'dog' daughter. The feast from below informs this pastoral guideline for a Church's first responders to the AIDS epidemic and gender injustice. It breaks down cultural barriers that reserve critical knowledge of surviving the AIDS epidemic through behaviour change and gender justice located in indigenous secret rituals that are prohibited from entering the holy spaces of the Christian Church.

Understanding things from below was a privilege afforded me by my ritual teachers who insisted on training me rather than teaching me. So, we prayed, sang, and danced and sweated, then sat and learned, mostly through symbolism whose meaning I was challenged to decipher. This ritual falls somewhere in - between *Nhimbe* and *Sarura Wako* - in ritual enactment and didactic outlook. What a world of change there could be if the African Catholic Church fully embraced the wealth of knowledge located in the deeper chambers of indigenous cultures of Africa that deliberately reign in on exclusive manipulation and isolation of the African woman guided by the *Brown Girl in the River* psychology. Just like a Bemba woman, I was trusted to understand their cultural treasure in context by listening with an African ear as I danced to the ritual drums with feet that retrieved the rhythms from my DNA.

What difference would it make to the Church's pastoral work if all Catholic first responders engaged in cultural hermeneutics to retrieve metaphors of liberation in non-conventional ways of ritual dances? What difference would it make if they would allow themselves to take on a perspective from below in order to dismantle decades of moral binaries that formed traps of injustice exploited by the AIDS epidemic?

Questions from Clay Riddles to a Church fighting HIV and AIDS

As Arnold Van Gennep rightly argues, 'elements of any particular rite need to be analyzed and understood in relation to the larger ritual systems in which they are embedded'.[1] If we understand the Bemba initiation rite

1 cf. Stephenson, Ritual (2015), 58.

within its wider context, we see that it cannot be extricated from marriage, funerary and birth rites - the very cycle of life that AIDS has devastated. Therefore, the Church's 'first responders' should stand shoulder to shoulder with other religious traditions, sieving through forgotten rituals to dismantle gender injustices that kill through AIDS. There are Bemba Catholics who are able to translate the secret messages of the initiation ritual for a multi-frontal attack on AIDS.

Fig 1: Initiation ritual-space

Fig 2: STI/HIV-infection

The ritual space shown in Fig 1 is used by Bemba Catholics to explore salvific concepts within their secret traditions of initiation. The Church would learn a lot reading from their scripts on surviving HIV and AIDS as represented in Fig 2.

Suggestions for working with Fig 1 and 2 in a pastoral context:

- Decode the key message in these figures. In other words, what is this 'text' about?
- How does the Hebrew Bible depict the key messages in this Bemba symbol?
- Explore the color symbolism - black, red and white
- What does this shape represent?
- How could this analysis motivate behavior change that stops AIDS in your community?

Repeat these questions with different social groups in the following categories: Gender, Sexuality, HIV Status, Age, Education, Class, Marital Status, Religious Women, Priests, Brothers, Bishops, Traditional Bemba, Other African tribes, Other…

Guiding Questions for Pastoral Work

- When the table is set, and *Banafimbusa* or ritual teachers in your communities seem poised with 'clay, cloth and dance' while also strongly guarded against intrusion, how do you resolve this paradox?
- Bemba Catholics are applauded for working with FENZA to translate select secret messages of the ritual for a multi-frontal attack on HIV and AIDS in what I regard as a ritual sacrifice to save the community. What challenges would your own community have to confront and what solutions do you propose?
- Identify games that shape gender complementarity from traditional work-play curriculum and from Catholic school playgrounds.

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3 The experience of young adolescents in regard to HIV and AIDS

3.1 Markus Patenge – The lack of perspectives of the youth in the context of HIV and AIDS

Story

This is the testimony of Effie, who was 17 years old when she told her story:

"Sujakon is my third child. She is two years old. The first child died a week after he was born. I have a little baby, too, who is home today with my mother. I have never been to school. The father of my children has left me. We were living together when I had them. We were married. I was happy to get married. I thought my future would be very good, or at least a little bit easier. I thought I wouldn't be hungry so often. I was almost 14. My husband just got up and left. Maybe he got tired of me. He is a little bit older than I am, and from another village three kilometres away from mine. We got to know each other when we were younger, and became friends. Then we got married. I guess I was too young. I felt old. I was happy then, but not now. There is no future for me now. All of my life, I am afraid. I am afraid of hunger, of getting a disease, and of being left alone to cope with hungry, sick children. [...] I know about AIDS, but it does me no good to know. I can be faithful and never be with anyone else. But what about my husband? Now we are separated, and he can be with another woman. What if he comes back and gives me AIDS? What if he has already been unfaithful and has already given me AIDS? There is too much to worry about. I cannot worry about AIDS."

Reflection

The testimony of Effie effectively shows the difficult situation of children and adolescents in Africa when we talk about HIV/AIDS. Effie's report

speaks a language of deep hopelessness. Without education she undoubtedly expects a life of poverty, hunger and misery. From this desperate situation there seems to be only one way out for young women - marriage. At not even 14 years, she married (or got married to) a man who she hoped would give her a better life. After the birth of her third child however, this hope shatters. Effie is left by her husband and she is back where she was at the beginning. Without hope, she looks at the future for herself and her children. Unfortunately, we do not know anything about the future life of Effie. Has she found another partner? Can she feed herself and her children?

The lack of ways out of her situation will soon concern us. But first of all, we should focus on another statement by her. Effie seems to be aware of HIV/AIDS and the routes of infection. She knows that sexual faithfulness is an important tool to protect against infection. At the same time, however, she also addresses an imbalance within the partnership that we often find in relationships in Africa and elsewhere: women are expected to be monogamous, while men are more likely to express their sexuality more freely. Effie sums up the dangers of such a relationship: What if he has already infected me? Non-marital sexual intercourse undoubtedly carries a great risk of infection and thus may carry the virus into one's own marriage or family. But even if monogamous fidelity should be expected of men, it is evident that one's own sexual fidelity only promises conditional protection against HIV/AIDS. For as much as one's own protection against infection depends on having no extramarital intercourse, it depends so much on the partner also keeping to faithfulness. Of course, cheating on each other in a relationship is an extraordinary burden and not a few marriages fail. But the virus brings another, lethal potential danger of extramarital sexual intercourse with it: not only could the partnership come to an end, but also one´s own life and that of the partner is recklessly put at stake.

But let's go back to Effie's lack of possible alternatives. The last two sentences of her story reveal the whole sinister connection between the daily struggle for survival and the danger of infection. In Effie's situation, long-term future plans have no place in life. It's about surviving the next day,

the next week, having food, and so on. Her life is overshadowed by everyday worries. Another worry about a possible or existing infection has simply no place here. If you put yourself in Effie's position, her thoughts are quite understandable: what does it matter if you die of AIDS in 10 or 20 years, if you may starve to death or die of thirst next week?

Of course, one might object that medicine has made considerable progress. The so-called anti-retroviral therapy has progressed so far that something similar to a cure is possible. At least the viral load in the body can be reduced to such an extent that the virus is no longer detectable. An infection therefore no longer has to be fatal and it is possible to reduce the risk of infection for others to zero. But can Effie benefit from this? Does she live in an environment that provides the necessary medical infrastructure? Can she afford the treatment? Is it realistic that she will take the medication continuously and reliably over a longer period of time and that the medication will be medically monitored and adjusted if necessary? Unfortunately, part of the truth of medical progress is that not all people benefit equally from it.

So, this understandable prioritization of the immediate future often entails the risk that adolescents consciously risk dangerous behaviour in order to survive. For young women, for example, prostitution offers at least a financial perspective. By selling their bodies, they may be able to secure their elementary needs – and those of their families. But the price is certainly high: on the one hand the risk of possibly being infected with the virus, and on the other hand the risk of transmitting it to somebody else.

Pastoral implications

Both in the past and in the present days, many bishops and priests of the Catholic Church have been particularly concerned to inculcate ecclesial sexual morality in the lives of couples. Of course, there is no doubt that the Catholic teaching of marriage with its emphasis on permanence, monogamy, faithfulness, etc. defends high values. Especially for couples who are not infected with the virus, this ideal represents an unsurpassable protection against infection – provided that both partners maintain conjugal fidelity. More difficult is the practicability of Catholic sexual teaching for

married couples if the virus has already affected one of the two partners. In the literature they are referred to as discordant couples. How they can live their sexuality is another important issue that cannot be discussed at this point.

However, the Church's pastoral commitment must not be limited to proclaiming sexual morality if she wishes to provide comprehensive and effective HIV/AIDS prevention. With this kind of teaching one can only encounter one aspect of the epidemic. Especially in this context, the story of Effie shows us impressively that it is at least as important to provide young people – and especially female adolescents – with a career or financial perspective for their lives because secure perspectives provide an effective basis for reducing potential risk behaviour. In addition, relief from the daily struggle for survival releases important resources to deal with HIV/AIDS protection or treatment.

All of this means that the church should not only focus on the individual ethical accompaniment and education of young people, but should also – as far as possible – influence the socio-economic situation. In concrete terms, this could mean, for example, to offer educational opportunities, create scholarship programs, offer vocational training or even act as an employer. Of course, such numerous activities should be done in close coordination with local government institutions. Where these are missing or only inadequate, the church should take over this task in a subsidiary way

Only such a broad approach of prevention promises long-term and sustainable HIV/AIDS prevention.

Guiding questions for pastoral work

- In your context, where do you see young people living in precarious situations?
- What opportunities do you see for your local church to improve the situation of these young people?
- What institutional support would you like to receive from the Church?

- Where do you see cooperation opportunities between church and state to improve the situation of young people?

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3.2 Markus Patenge – Youth, Stigma and sexual abuse

Story

This is the testimony of Grace, who was 19 years old, when she told her story:

"[...] I'm open about being HIV-positive now. I do interviews on the radio and for newspapers, and give talks in churches. Most people are not open about being HIV-positive. There's a lot of discrimination. It wasn't easy for me to be open about it. My family gave me my own cup, my own soap, my own toothpaste, and told me not to use anyone else's. They wouldn't let me cook. They didn't understand that AIDS is not spread that way. Some of my friends stopped being my friends. [...] At this counselling center, we see a lot of girls who have been raped. [...] The parents die, or one parent dies, and the children are left with relatives while the other parent goes away to earn money. The uncle or older boys or neighbors abuse the children. This counselling center is in a poor neighborhood. No one has anything extra – money, food, or space. There are many widows and many orphans. I'd say that at least three-quarters of the orphans are AIDS orphans. Many of them could also be HIV-positive, but they're not tested, so we don't know for sure. Even if they are tested, they can't afford drugs. Here the really poor people eat only one meal a day. They don't have real jobs. [...] Sometimes family members will know a child has been sexually abused but won't bring her – or him – in for counselling or a check-up because of the shame they feel, especially if the abuser is a relative. And if the abuser is also the breadwinner, the child has no chance."

Reflection

Grace's report on the counselling centre can be read like a compendium of risk factors for adolescents. Although unprotected sexual intercourse is still the main route for the virus, there are usually several factors that promote infection or risk contact. In the story of Grace, we meet several of them: Firstly, she names the climate of silence. The shame of infection often leads to the fact that one's own HIV status is concealed. But if there is no openness to talk about a possible infection, then of course nobody

knows for sure whether the partner has been infected or not. However, the fear of going public with one's own illness, or at least of disclosing it to the family or partner, is only partly related to shame. More serious for those affected is the stigmatisation and discrimination associated with HIV/AIDS. This can affect different levels: Grace describes the stigmatisation and discrimination persons living with HIV/AIDS suffer within their own families. She is excluded from the circle of her family by getting her own utensils, etc. and this is caused by the other family member's fear of infection. Her story shows that many of these exclusion experiences are obviously based on misconceptions about the infection pathways of the HI-virus. In addition, we also find stigmatisation and discrimination at the societal level: There are numerous examples ranging from the disregard of fundamental (human) rights to difficulties in the medical sector to the refusal of banking transactions. In face of these discriminating experiences it is not hard to imagine that persons tend to keep the illness to themselves. Teenagers are particularly hard hit by these forms of discrimination. Stigmatisation and discrimination within the family shatters the feelings of original trust and security. Consequently, these negative family experiences also shape relationships outside the family. As adolescents are usually about to build a future in some way they are affected by discrimination in the social sphere immensely. For a person to build his or her own future the help, trust and concession of families and the society are an important resource. If these resources cannot be accessed or are explicitly denied in the context of HIV/AIDS, persons are suffering regardless of what they are doing: Those who admit their illnesses will have only diminished opportunities in social and professional life, while the others are spared social discrimination but might risk the health and the lives of others.

But is there not a "simple" solution to this problem? Especially in recent years, anti-retroviral therapy has made enormous progress and promises that HIV and AIDS are controllable in that (1) an infection does not have to lead to disease; (2) the viral load in the body falls below the detection limit; (3) the fatal outcome of the disease is eliminated and (4) passing on the virus to third parties is practically impossible. But this therapy is very ambitious. It has to be started in time and continuously monitored by

medical staff in order to adjust the medication. As a rule, it also means that the person concerned has to take medication for the rest of his or her life. It is not a pessimistic question when we ask ourselves whether these people in Africa, who live in absolute poverty, can participate in this progress. For example, the following questions arise: Is there an adequate medical infrastructure? Is the therapy affordable? etc. It is precisely this medical progress that once again makes us painfully aware of the unjust global conditions.

Secondly, Grace's report highlights another life-diminishing aspect of adolescent life with HIV/AIDS: sexual abuse. As Grace suggests, the abuse has different faces. It often happens within the family, but also by acquaintances or, of course, strangers are perpetrating sexual violence. Especially, teenage women are vulnerable to sexual abuse. Within the family, perpetrators are often safe of accusations because of the feelings of shame that go with sexual abuse. The sexual violence is facilitated by the often present physical superiority of perpetrators and also fuelled by problematic contextual gender norms. According to these contextual norms women do not have the right to define and live out their own sexuality and they are more likely seen as tools to satisfy men´s needs. This complex situation encourages sexual abuse, which not only puts young girls and women at risk of being infected with the virus, but also has a serious impact on their psyche and sexuality.

Lastly, Grace effectively describes the sinister link between poverty and HIV/AIDS. A severe risk of poverty for children and adolescents is the loss of parents, more often than not caused by AIDS. Survival for children and adolescents then becomes a daily struggle. Caught in such existential emergencies, persons do not have any money left to afford the necessary medicines that could prevent the outbreak of AIDS. And if the possibilities of disease control are not met, ultimately a test result would be insignificant for the adolescents' own lives.

Pastoral implications

Grace's story functions like a magnifying glass for anyone involved in the HIV/AIDS epidemic in Africa – including church workers. The story

makes clear that the virus can only be contained if the factors that favour its spread are tackled on several levels.

One of the most important pastoral challenges for the Church is certainly to break the so-called climate of silence. Bishops, priests and religious, who in Africa are generally still perceived as moral authorities, have the opportunity to progressively rid the sick of their defects and to recognize them as equal members of the communal and ecclesial community. Any forms of exclusion – especially those based on false ideas of infection – should have no place in the Church. Of course, this is only the first step. Such commitment must be accompanied by further steps that seek to overcome the multiple forms of discrimination. For example, in local churches, priests should have conversations with affected families. At a social level, the Church should not tire of addressing discriminatory practices and working to stop them. However, she should not forget to take a critical look at her own practices, which rather exclude people than create community.

In addition, the church should be a strong voice against sexual abuse of children and adolescents: girls and boys. These acts of violence should not be condemned solely from an HIV/AIDS perspective, but as fundamental human rights violations. The teaching of the Church about sexuality certainly provides valuable impulses insofar as the personal view of sexuality unconditionally and indiscriminately includes the sexual self-determination of every human being. In this context, the Church cannot refrain from taking a critical look at certain African gender and sexuality perceptions. It would be helpful to transform those that are not consistent with the gospel and doctrine of the Church. Victims of sexual abuse need an auxiliary network in which they can open up and receive help and assistance. Undoubtedly, such support is also needed by the HIV/AIDS orphans. They need certainty that their daily survival is assured. They also need a basic education and training as well as medical assistance. Of course, such extensive care would overwhelm the church on the ground. Here it seems appropriate to seek suitable cooperation with state or civilian actors to alleviate the suffering of these children and adolescents.

The same applies to poverty prevention, which has a decisive influence on HIV/AIDS vulnerability. Here, too, an approach is needed that not only helps to survive the acute poverty situation, but also opens up long-term prospects for minimizing the structural risk of poverty.

Guiding questions for pastoral work

- Where do you perceive stigmatizing practices within the Church or society that (partially) exclude people living with HIV/AIDS?
- What opportunities do you see for reducing stigmatizing practices through your pastoral work?
- What places and opportunities exist to talk about a responsible sexuality?
- What personal, financial or non-material resources do you see in your church or community to build or support an aid network for abused children and adolescents and/or HIV/AIDS orphans?

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4 Women's perspectives on HIV and AIDS

4.1 Philomena Njeri Mwaura – Women, HIV and AIDS in Kenya: Confronting Stigma and Discrimination

Stories

Rose as a young woman got married and her husband died soon after the marriage. She later remarried, joined a teachers' training college and started ailing. On being tested, she was found to be HIV positive and was sent away to die at home. Her husband took her to his parents' home and accused her of being unfaithful. His parents mistreated her and her two children. They took her possessions and she eventually had to run away as her health worsened. Her husband in the meantime married someone else. He informed her parents that he no longer needed her because she had brought shame to the family. Rose later joined a support group and found friends who encouraged and supported her. She went back to school and now works with communities towards ending HIV stigma.

Joyce is a mother of three children. Her second child, a daughter, died at age three and after her burial, Joyce went down with typhoid, oral thrush and very severe headaches. Everyone in the community said she was HIV positive and avoided her. Even the clergy stopped visiting her. Joyce could not comprehend the sudden change of attitude towards her.

Due to stigma and denial, her health continued to deteriorate and she feared undergoing testing in case her worst fears would be confirmed. Her health deteriorated until a 'Good Samaritan' visited her and volunteered to take her to the Coptic Hospital in Nairobi, where she tested HIV positive and was put on medication immediately.

The hospital staff also visited her home and tested the rest of the family members. She was counselled to overcome stigma and adhere to treatment. Today, she says that, 'I have learnt that stigma is worse than HIV and kills faster than HIV'. She is now an advocate in her community for people to know their HIV status.

In 2012, Jane went to the hospital due to frequent illnesses and tested positive for HIV. The hospital staff asked her to bring her husband to be tested as well. Jane describes herself as a devout Catholic and was absolutely sure that she contracted HIV from her husband who was a drunkard and promiscuous. Joyce was devastated and confused and did not know how to face the community and her local church. Furthermore, her husband who refused to be tested claimed that he was HIV negative. In 2013, he developed Tuberculosis and died. Joyce died the following year blaming herself and wondering how she contracted HIV. She experienced denial, shame and disgrace. She left two orphaned children.

The above three stories show how HIV women's experiences of stigma and discrimination is exacerbated by gender inequality. This article explores the nexus between gender inequality and HIV stigma focussing more on women's experiences. It also discusses appropriate pastoral responses to HIV stigma.

Epidemiological Facts

Since 2014, one of the main focus in the struggle against HIV and AIDS on the African continent and in Kenya in particular, has been on stigma and discrimination. It is an accepted fact that stigma and discrimination still remains among the most poorly understood aspects of the epidemic. It is a continuing challenge that prevents concerted action at community, national and international levels. During World AIDS Day on 1st December 2017, the Executive Director of National AIDS Control Council in Kenya[1] observed that due to stigma and discrimination there are still high numbers of AIDS related deaths despite the availability of drugs and anti- retroviral therapy country wide. She attributed this to poverty, stigma and discrimination and gender inequalities. Stigma and discrimination therefore remain a significant barrier to many young people and especially women accessing life-saving treatment. Women bear the brunt of the epidemic due to limited access to information, preventive, curative and

[1] Aggrey Ombok, Kenyan Youth Ranked 3RD in New HIV cases; see also, National AIDS Control Council Strategic Plan 2015-2020.

counselling services. In fact, many deaths of women and young people could be prevented if they were not subjected to stigma and discrimination. Retrogressive gender norms also contribute to women's powerlessness and their vulnerability to infections. Guaranteeing the empowerment and rights of women is a moral obligation and a smart investment that will safeguard their health and well -being.

UNAIDS GLOBAL AIDS Update states that women, girls and key populations are at increased risk in sub-Saharan Africa: *"The People with less social power and fewer protections under the law are often at higher risk of HIV infection. Adolescent girls and young women (aged 15 to 24 years) — one of whom becomes infected with HIV every three minutes — are three times more likely to acquire HIV than adolescent boys and young men of the same age group in sub-Saharan Africa (...). Global estimates based on data from 2000–2018 also indicate that more than one in 10 ever-married or partnered women aged 15 to 49 years have experienced intimate partner physical and/or sexual violence within the past 12 months. Furthermore, the epidemic of domestic violence against women worldwide greatly intensified during the COVID-19 pandemic."*[2]

In Kenya, women have a HIV prevalence of 5.4 % and are more vulnerable to infections compared to men with a HIV prevalence of 2.6%[3]. The country therefore has a responsibility to focus on young people in order to stem the tide of HIV/AIDS. These realities from Kenya expose the gendered impact of HIV and AIDS in terms of social stigma, isolation, stress and coping, social support, communication and disclosure, response to illness and other factors.

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2 https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update-summary_en.pdf

3 https://www.unaids.org/en/regionscountries/countries/kenya

Understanding Stigma in the Context of HIV and AIDS

What is stigma? Stigma is a feeling, condition or mark of shame, disgrace and dishonour. It is the condition of being considered 'unworthy or devalued in the estimation of others due to having an alleged fault or character trait'[4]. Stigma causes those who are victimised to be shunned, rejected or discriminated against for perceived impropriety or wrong doing. The impropriety or wrongdoing could be of a moral, religious, class, gender, economic, physical or of a social nature. Stigma usually leads to discrimination in varied forms.

HIV and AIDS related stigma refers to the negative beliefs and attitudes towards people living with HIV and AIDS. Stigma in this case arises from the perception and assumption that people living with HIV and AIDS (PLHIV) are promiscuous or immoral. Stigma is usually caused by ignorance and fear. When people are confronted by a disease whose cause they do not know and that has no cure, they look for someone to blame for the phenomenon in an effort to protect themselves. In the case of HIV and AIDS women, drug users, homosexuals and other groups were initially blamed for the spread of HIV and AIDS. These groups of people were already socially excluded. Thus, stigma serves to create even greater inequalities by ostracising further those that society excludes.

There are two types of stigma, social stigma and self- stigma. In the context of HIV and AIDS, social stigma refers to the attitude and actions of society that display displeasure, discomfort and fear of PLHIV. Societal stigma is manifested through rejection of PLHIV by their families, religious communities and the work place. In the home, this rejection may take the form of neglect, eviction from home, break up of marriages and families and physical violence. In communities of worship, it may take the form of isolation and exclusion from religious activities. In the work place, it may take the form of name calling and discriminatory policies. It may also take the form of stereotyping.

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[4] Philomena Njeri Mwaura, Violation of Human Rights of Kenyan Women with HIV (2008), 132.

Self-stigma is internalized shame. It occurs when the victims of stigmatization cooperate in the stigmatization by accepting stigma and blaming themselves for the situation. This increases the burden of loneliness and exclusion that stigma creates. In the case of PLHIV, self-stigma manifests in fear of associating with others, low self -esteem and depression among others. While stigma and discrimination are experienced by both men and women, women bear its brunt due to gender norms and their status in society relative to men.

The stigma surrounding HIV and AIDS is therefore scandalous. Like in the stories at the beginning of this article, PLHIV fear revealing their serostatus due to the stigma and discrimination associated with the disease. For women, the effects of stigma are so severe that relatives force women to leave their marital homes on the death of their husbands.

The impact of HIV & AIDS related stigma on women reinforces pre-existing economic, educational, cultural and social disadvantages and unequal access to information and services. In settings where heterosexual transmission is significant, the spread of HIV infection has been associated with female sexual behaviour that is not consistent with gender norms. For example, prostitution is widely perceived as a non-normative female behaviour and female commercial sex workers are often identified as vectors of infection who put their clients at risk. In Africa and Kenya in particular, some traditional practices of widow guardianship have also contributed to putting women and men at risk of infection, a practice many rural women and some urban traditional women are powerless to resist. This also includes poverty that many women find themselves in and hence as earlier stated, social stigmatization and discrimination reinforce HIV/AIDS stigma.

Stigma also works against prevention, care and treatment programs and this fuels the spread of HIV and AIDS. People fear being tested in case if diagnosed HIV positive they will be rejected by families and friends. Stigma also encourages silence on issues of sexuality, the body, disease and death, all of which are associated with HIV and AIDS. Open discussion on the subject is therefore hindered and people continue believing in myths about the disease. Stigma also works against treatment because

people who test HIV and AIDS positive fear that their status will become public knowledge and they would be rejected. This results in suffering and sometimes, early death. Stigma also lowers human dignity and worth of PLHIV in the eyes of society. This makes them feel less than human, and it is not surprising some people especially young people commit suicide.

It is important to note that most people in Kenya are aware of the causes, effects, treatment and psycho-social support programs for PLHIV. However, stigma is one issue that has not completely diminished. It takes long for human beings to change attitudes and behaviour. From the above discussion, what are the pastoral implications for the Church in Kenya and Africa in the context of women and HIV and AIDS stigma?

Pastoral Implications

At the beginning of the HIV and AIDS, religious communities were accused of being complicit or propagating stigma against PLHIV on the grounds that such people were immoral[5]. Much has changed since the 1990s and religious communities have acknowledged that HIV and AIDS related stigma causes suffering and has negative effects on prevention, care and treatment programs. In the Faith Sector Response to HIV and AIDS in Kenya Action Plan, it is recognised that faith communities have the interest, moral authority, existing resources and outreach capability to stop new infections and confront its impact.[6] They also have the power to influence changes to address society, cultural and structural factors that impede the capacity of individuals and women to prevent HIV infections, facilitate testing, uptake and adherence to ARVs treatment among congregants[7].

The Catholic Church in Kenya or example, has numerous resources like hospitals and clinics where services related to HIV and AIDS prevention,

5 James F. Keenan, Catholic Ethicists on HIV Prevention.

6 Faith Sector Working Group, Faith Sector Response to HIV and AIDS Action Plan 2015-2020.

7 Ibid. See also, Jacquineau Azetsop (ED.), HIV & AIDS in Africa: Christian Reflections, Public Health, Social Transformation. New York: Maryknoll Orbis Books, 2016.

care and treatments are provided. For example, there are about 513 hospitals owned and run by the Catholic Church. There are also Catholic faith based organisations[8] that provide these services to all Kenyans wherever they are located. The pastoral responses can therefore be seen through these programs and the pastoral care provided by the Church.

Publications on HIV and AIDS theology have drawn attention to the urgent need for pastoral care to PLHIV. People living with HIV and AIDS have similar experiences with those suffering from other chronic illnesses. The main difference is the stigma attached to HIV and AIDS. As we have seen earlier, stigma leads to social isolation, discrimination and exclusion. More pastoral energy should therefore continually be placed in addressing stigma and eliminating isolation, rejection and discrimination. A theology of pastoral presence which includes spiritual accompaniment of PLHIV needs to be continually practiced. An important strategy for integrating the infected persons in society has been home based care. This is as Fredericks observes, the 'principle of cooperation between family, friends, the church, medical personnel and other relevant care-givers to form a network surrounding the patient'[9]. In some parishes, home based care is provided within the framework of the Small Christian Communities thus putting the patient and the family at the centre of care and love. The church networks reinforce the existing care-giving structures.

The principle of human dignity that undergirds Catholic Social Teaching is and should be central to any pastoral care or interventions to PLHIV. At the core of this principle is the inherent value and worth of each person for we are all created in the image and likeness of God (Genesis 1:26). Human beings are therefore worthy of respect and should not be mistreated and dehumanised especially due to HIV and AIDS stigma. Life is also sacred and every attempt should be made to preserve it with dignity and equality of persons. From the scriptures, we learn the duty of every person

8 Examples include: Africa Jesuit AIDS Network

9 Martha Fredericks, HIV and AIDS: Mapping Theological Response in Africa, undated and unpublished paper.

and community to protect, promote, heal and sustain life like Jesus Christ did.

The Catholic Church has also utilized the HIV and AIDS pandemic to reinforce traditional moral teachings and values especially with regard to sexual behaviour. As mentioned earlier, the strategies include prevention programs, pastoral care for the affected an infected, home based care, care for orphans and spiritual accompaniment. More effective programmes still need to be developed to address the issue of stigma and discrimination with a focus on promoting the dignity and worth of every human person.

Suggested Activities

1. Discuss the three case studies at the beginning of this article and
   i) Identify the types of stigma evident in the cases
   ii) Discuss the strategies used to address stigma by the churches or faith based organisations known to you
   iii) How effective are these strategies?
2. What are the effects of stigma and discrimination?
3. How are men and women affected by HIV and AIDS stigma?

4.2 Katharina Peetz – Women in Africa living with HIV and AIDS

Story

"When I decided to go for the HIV test, I never told my husband about it, because he is very difficult. In fact, we have had a rather unpeaceful marriage, fighting very often. He likes drinking so much and is a womanizer. When I go out for our (church, K.P) healing and reconciliation fellowship *Inyakurama*, he complains that I have been out for men. I am always rescued by keeping silent when he picks a quarrel. When the results revealed that I was HIV positive, I did not doubt that my husband was also HIV positive. It took me quite a long time to disclose it to him for fear of his reaction. I began convincing him that we should go for the HIV test since we get STDs (sexually transmittable diseases) quite often. He persistently refused. I got annoyed and told him the truth that I am HIV positive and he also should go for the test. I showed him a packet of condoms, which we were advised to use. Looking me in the face he retorted that I am responsible for it. From that time when he demands for sex I insist that he wears a condom, which he has refused up to now. Instead of accepting to use the condom he goes to look for other women. When I ask him to go for the HIV test he quarrels with a machete in his hand. Whenever we quarrel I do not sleep at home."[10]

Reflection

We don't know the name of this Rwandan woman, but I would like to call her Courage because she decided to go for the HIV test. Let us imagine Courage's feelings while waiting for the test results: maybe she felt a mixture of fear, hope, denial and desperation overcome by hope until one day she knew: "I am HIVpositive." We are not told what Courage initially thought about being HIVpositive, rather we encounter her explaining to us why she struggled to tell her husband about her decision to get tested.

10 cf. Karamera, Mission and Pastoral Care in the Context of HIV/AIDS (204), 78-80.

It seems that Courage had the implicit awareness that something had not been right for a long time, but that she could not talk about it with her husband. She describes her marriage as unpeaceful. According to her, her husband is a drunkard, unfaithful, violent and insanely jealous. Her relationship is characterized by patterns of violent quarrel in which her husband threatens Courage while she keeps silent. Courage's everyday life is characterized by unequal power dynamics. While in her marriage Courage is lacking in terms of power and resources, she can nevertheless draw upon social and spiritual resources provided by her Church. In the healing and reconciliation fellowship *Inyakurama* Courage meets other persons from the Church with whom she can discuss HIV and AIDS. As she refers to the association as "our fellowship" it becomes apparent that she identifies strongly with *Inyakurama*. "Her" fellowship seems to be a place of encouragement and solidarity for Courage as she still goes there after she has been told that she is living with HIV.

So how does Courage deal with that knowledge? First of all, there is the question of telling or not telling her husband. At first, Courage avoids telling her husband as being in an abusive relationship makes such a disclosure very risky. But her story also illustrates that the knowledge of being HIVpositive makes it difficult for her to keep silent. With knowledge, there goes responsibility: others might be endangered if Courage does not speak up. In order to convince her husband to have a joint HIV test, Courage points to the number of sexually transmitted diseases they suffered. Maybe deep-down, Courage's husband also fears that something is not right, but he refuses to get clarification. Courage's conviction that her husband is HIVpositive shows that she is aware of the fact that HIV is a sexually transmittable disease. For her it is clear that the source of her own infection is marital intercourse. At last, Courage can no longer bear the burden of her knowledge alone and tells her husband that she is living with HIV. Instead of giving her comfort and support, her husband belittles her and blames her for being HIVpositive.

Courage's story also shows that the intimate relations of married couples have to be re-negotiated within the context of HIV and AIDS. For Courage, it seems to be impossible to carry on as before. But she cannot convince

her husband that a change in their routine of intimacy is necessary. This becomes obvious when Courage tries to make her husband use condoms during marital intercourse. While Courage is willing to use them, probably because she wants to protect herself and others, her husband refuses to have marital intercourse under these conditions. While the couple theoretically could live in abstinence or engage in alternative forms of intimacy, according to Courage her husband pursues extramarital sexual intercourse. While her marriage was characterized by unfaithfulness before, her disclosure aggravates her husband's deviant behavior.

Courage's confession also leads to an escalation of domestic violence: Her husband not only threatens her verbally but with a machete whenever she mentions that he should have an HIV test. Let's take a closer look at the weapon with which her husband is threatening Courage: While machetes are an everyday tool for cutting grass or splinting wood, they were also the most frequent murder weapon during the Rwandan genocide in 1994. The machete therefore is a symbol of the life-threatening risk of disclosing one's HIV status to other persons or to the wider community.

Pastoral implications

The challenging story that Courage tells us points to the fact that women in Africa are disproportionately affected by HIV and AIDS. Their specific vulnerability emerges from the structural inequality from which women suffer in their everyday lives: Women are disadvantaged in regard to land inheritance, employment opportunities, agriculture and food security and they are frequently victims of domestic and sexual violence. It therefore has many pastoral implications.

Advocating a just Catholic sexual ethics

The Church opposes domestic and sexual violence. As women and men were created in the image of God they have the same rights. These rights include the rights to live, of physical and psychic integrity and the right to develop their personality. A just Catholic sexual ethics must therefore promote women's control over their own bodies and their involvement in sexual decisions that directly affect them. It is also necessary to reflect upon

the question of condom use. Catholic responses have stretched from denial and resistance (condoms as "part of the problem") to active engagement through either stigmatization and marginalization or compassion and care for persons living with HIV and AIDS. There are even some theologians arguing in favour of condom use while reflecting upon the life-threatening everyday social realities African women live in. According to the Nigerian Catholic theologian Daniel Ude Asue, condom use might be legitimate in specific situations. For him, women living with a HIV-positive spouse have the moral right to request their husbands to use condoms as a legitimate form of self-defense: "Condom use in this limited case amounts to proclaiming the gospel of life, striving to live a virtuous life, and to simply live"[11].

Creating safe spaces to discuss sexuality and HIV/AIDS

As we have seen, the phenomenon of HIV and AIDS is linked to the most intimate dimension of human existence: sexuality. Imagine yourself in the situation of talking to men and women about sexuality. It is certainly embarrassing and challenging and it makes us vulnerable. But imagine also the dangers of tabooing sexuality and HIV and AIDS. It leads to stigmatization of women living with HIV and fosters ignorance about sources of infection and prevention strategies. So, we have to ask ourselves what is more important: being spared of embarrassing topics and questions or engaging in discussion about gender relations, human sexuality and HIV and AIDS. It seems that pastoral care for women like Courage is dependent on opportunities and spaces to meet, discuss and exchange ideas. To reduce female vulnerability in regard to HIV, mutual discussions in a respectful atmosphere might be more beneficial than the condemnation of sexually risky behavior or the exclusive insistence on abstinence. From a Catholic perspective, such safe spaces of discussion are never neutral. Rather, before the first word is spoken, they are already coined by God's preferential option for those living with HIV and affected by the disease of AIDS and his wish for all his creatures to live a full life. With the help of the Holy

11 Ude Asue, Bottom Elephant (2014), 284.

Spirit and through joint human efforts they can also become spaces of reconstruction of relationships harmed by the experience of HIV and AIDS.

Caring for women and their networks

On the one hand the story of Courage is difficult to hear but it is also hopegiving in terms of female empowerment. It is essential for us to hear that she is supported and encouraged in her own Church. Her strong identification with the group might give her strength and resilience in the process of negotiating HIV with her husband. She may have found one of the safe spaces mentioned above. However, what is striking is that she had to inform her husband of a painful truth on her own. Where were the members of her fellowship in that moment? It is important to take into consideration that women are no isolated individuals, but persons living in manifolds relations: they are living as daughters, spouses, mothers, neighbors, Church members and so on. Therefore, pastoral care for women living with HIV means to be at their side at every step: While they take the difficult decision to get tested, while they wait for the result, come to know, tell their spouses, families or communities, try to manage their everyday life in face of HIV and AIDS and eventually when they suffer from the disease and may be dying. Throughout this process, pastoral care will have to take on many forms such as mentoring between couples, families and communities.

Challenging misogynic interpretations of biblical stories

Re-reading the Bible in the context of HIV and AIDS is very important: We are in the face of a world that needs healing, liberation and transformation. So how do we look at the rape of Tamar (2 Samuel 12, 1-22) or the plight of the widows (Luke 18, 1-8)? While misogynic readings of these and other biblical texts have been present in the Catholic tradition, there always have been readings that affirmed life. Such life affirming readings highlight the problem of gender violence, interrogate dominant and destructive images of masculinity and fight against the "social death" of persons affected by HIV and AIDS. At the same time, such readings counteract social structures of gender injustice, stigma, poverty and violence that characterize female vulnerability in regard to the HIV epidemic.

Transforming destructive male identities

Last but not least let's not forget the other main protagonist in Courage's story: her husband. At first sight, Courage's husband is the one in power. Yet, he most probably also is infected. Generally, his behaviour reaffirms traditional gendered identities as male personhood is linked in many African countries with the idea of having sexual relations with multiple partners.[12] These gendered identities put women and men at risk. Pastoral care for women living with HIV and AIDS therefore means also to transform destructive male identities. In this process, theological concepts, biblical stories and resources from within the Catholic tradition can be helpful (see van Klinken on St. Joachim, Chapter 5.1)

Guiding questions for pastoral work

- What can you contribute in order to fight the structural inequality between men and women?
- How is it possible in your eyes to improve the spiritual, social and material resources of persons living with HIV and AIDS?
- How would your own concept of inclusive pastoral in the face of HIV and AIDS look like?

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5 Men's perspectives on HIV and AIDS

5.1 Adriaan van Klinken – St Joachim as a Model for Catholic Men in the Context of HIV and AIDS?

In virtually every country on the African continent, the Catholic Church has women's organisations, often with a sizeable membership and making a tremendous contribution to the life of the Church. In several countries, parallel men's organisations exist within the Church, typically smaller than their women counterparts yet also making a significant contribution to Christian life. This chapter discusses the case of one Catholic men's organisation, specifically exploring how this group addresses issues relating to gender, sexuality, HIV and AIDS.

Story

St Joachim Catholic Men's Organisation operates in the Archdiocese of Lusaka and in various other dioceses in Zambia. Founded in the early 1990s with the aim to get Catholic men more actively involved in matters of faith and in the life of the Church, the organisation plays a key role in the evangelization of men. Its patron saint is St Joachim, the father of Mary, the mother of Jesus Christ. According to the organisation's constitution:

Joachim is the model of every Catholic husband and father. He was a model of love, faithfulness, obedience, devotion, diligence, goodness,

openness of husband and wife to one another. He is still a model of Catholic men. Joachim is a symbol of Christian life to all men who persevere to live happy marriages despite the shortcomings and misguiding from the other partner.

The idea of Joachim as a model of marital love and faithfulness is inspired by an ancient text from the early Christian Church, the *Infancy Gospel of James*. This apocryphal gospel (170–180 CE) tells about Mary's infancy. It begins with a story following a general pattern in the biblical tradition: an ageing and childless couple is blessed with a baby in a mysterious way. Joachim is presented as a pious and respectable man who regularly makes offerings in the temple. However, as his marriage remains childless, he goes into the desert, praying and fasting for forty days and nights. His wife, Ann, believes her husband has abandoned her and starts lamenting her fate. Each of them are then visited by an angel, telling them that they will receive a child. Joachim returns from the desert, is reunited with Ann, and brings an offering to God. After a time, Ann gives birth to a baby girl named Mary who, at age three, is brought to the temple and entrusted to the high priest.

About 2000 years later, the Catholic Church in Zambia uses this story to evangelise men and to transform dominant forms of male behaviour – associated with irresponsibility of men in marriage and family and with sexual immorality, alcoholism and violence against women – into a type of manhood defined by Christian moral and spiritual values. The most important virtues embodied by St Joachim, as narrated by members of the organisation, are faithfulness, humility, hard work, and prayerfulness. Talking about their involvement in the organisation, members are likely to tell about the inspiration they receive from St Joachim, and how this has changed their life. For instance, one of them told about his own marriage remaining childless, and the subsequent pressure he experienced from relatives suggesting that he should leave his wife and start a family with another woman. The story of St Joachim encouraged him to withstand the pressure and remain committed to his wife and marriage. Another member suggested that joining the organisation had saved his life from the dangers of HIV and AIDS. He recounted: "I could have been

among the people who died firstly of HIV. Because I was so ruthless with my life. But fortunately I have devoted myself to God, and I have forgotten about playing around with women, drinking."

Reflection

Questions of religion, men and masculinity are of crucial importance in the face of HIV and AIDS. Since the early 1990s, it has become increasingly acknowledged that the HIV epidemic in Africa has a gendered face: women get disproportionately infected with HIV and affected by HIV-related stigma and carry a disproportionate burden of AIDS-related care. As a result, many programmes came to focus on women's empowerment in the face of HIV and AIDS. Yet gradually it was realised that women's vulnerabilities are related to behaviours of men that are undergirded by ideologies of masculinity. The same ideologies, which for instance tend to equate masculinity to sexual conquest and the demonstration of virility, of course also put men themselves at risk. This realisation has led to a shift in the understanding and response to gender and HIV and AIDS, with an increased focus on men and masculinities both as part of the problem and of the possible solution for the enormous challenges posed by the epidemic

"Masculinity" refers to specific social, cultural and religious ideas about what it means to be a man, and the related practices and behaviours through which these ideas are expressed. Prevalent forms of masculinity in contemporary Africa are often associated with an emphasis on sexual performance, multiple sexual partnerships, high-risk sexual behaviour, aggression, violence against women, excessive drinking, irresponsibility in marriage, and absence from the family. They may also encourage risky male behaviours, including risky sexual lifestyles. Such masculine behaviours have severe effects, not only on women and children who suffer from the consequences, but also on men themselves who feel the burdens and pressures of social expectations of masculinity, including the dangers of contracting and transmitting HIV.

Of course, the just outlined picture of prevalent masculinities is a generalising one. Many men behave in other ways and adhere to alternative ideals of masculinity. Yet these men may subsequently be marginalised themselves by socially dominant and culturally normative ideals of masculinity. Thus, a key question is how alternative ideals of masculinity can be more widely promoted, and how men can be assisted in coming to embody them. This is crucial in order to address and overcome what has been described as the "crisis of masculinity" in African societies, especially in the face of HIV and AIDS.

Another crucial question is how religious traditions and faith communities can help developing and promoting such alternative ideals, and can help men to adhere to them. According to the Zimbabwean scholars Ezra Chitando and Sophie Chirongoma, religion 'is a double-edged sword in relation to masculinities in the face of gender-based violence and HIV and AIDS. On the one hand, religion reinforces dangerous masculinities, while on the other it has an enormous potential to transform masculinities' [1]Religion can reinforce "dangerous masculinities" when it emphasises notions of male dominance and supremacy, thus maintaining inequality in the relationship between men and women. As an example of this, one could think of popular interpretations of the Genesis creation story, in which the fact that Adam was created first is taken to suggest that men have priority and supremacy over women, and that the latter are just "helpers". Religion can also offer resources for the transformation of dangerous forms of masculinity, through which men are being liberated from the burden and risks of patriarchy and develop more gender-sensitive attitudes. Biblical stories, stories about the lives of saints and religious role models can be useful here.

Pastoral implications

A central characteristic of Catholicism is the role of saints. Saints are figures in the history of the Church who are believed to present exemplary moral and spiritual lives. Therefore, they are role models to be imitated by

[1] Chitando/Chirongoma (eds.), Redemptive Masculinities. (2012), 17.

the faithful. Individual saints are often associated with particular characteristics and virtues and thus can inspire specific groups of people. Joachim is one of the few saints who was married, and who therefore can be used as a role model for men in the context of marital life. But to wat extent does St Joachim present a model for the transformation of masculinities in the face of HIV and AIDS and gender-based violence?

There are several interesting aspects about St Joachim as a model of Catholic masculinity. Of course, his piety and prayerful life are exemplary, and so is his commitment to his wife and family. As one of the members puts it: 'For me he is a role model in prayer, as he is an example of building a praying family, and he was a very loving husband who was committed to his wife and family.' Within the St Joachim Men's Organisation, there is a strong idea that being a family-man is a "vocation" – a term that usually is used for the priesthood. The suggestion is that just as a priest is called to serve the Church as the Family of God, so laymen are called to serve their own family, the so-called domestic church. St Joachim embodies this vocation and is a source of inspiration.

Retelling the story about their patron saint, many members of the organisation would emphasise that Joachim remained faithful to his wife even though she did not give him a child. This way of telling the story subtly follows a pattern in Zambian and other African societies, where often women are blamed when a marriage remains childless. The stigma of barrenness, like the stigma of HIV, is strong, and often women suffer most from it. The original story about Joachim and Ann does not say anything about the cause of their childless marriage, and who was to be "blamed" for it. Perhaps this suggests that the question of blame – in relation to barrenness, but also in relation to HIV – is not appropriate in the first place. Faithfulness, love and commitment in marriage are stronger than that. Instead of becoming aggressive and abusive towards his wife, Joachim went into the desert to pray for wisdom.

The question of faithfulness has become particularly critical in the context of HIV. Marital infidelity has the risk of bringing HIV into marriages. St Joachim reminds men that it is possible to be faithful to one's partner. He inspires an ideal of masculinity that is not defined by the number of

women a man has slept with, but by the commitment he demonstrates to the woman he is married to. For members of the Zambian organisation, he also represented the model of a family man – that is, a man who takes responsibility for his marriage and family. This is important in a context where many husbands and fathers tend to be rather absent from their homes and tend to ignore the responsibility to provide for their families, not only food but also love and care. Last but not least, St Joachim presents a form of masculinity characterised by maturity, wisdom, and understanding, motivating men to take up their roles in the Church and make a positive difference in the community

Guiding questions for pastoral work

- In your own context, what do you perceive as the characteristics of "dangerous" masculinities? Whyare men attracted to such forms of masculinity?
- In what sense do you believe St Joachim is a useful role model for men in the context of HIV and AIDS? What are the strengths and what are the possible limitations?
- Can you think of any other inspirational role models for men, in the Bible, in the tradition of the Church, or in contemporary society? What makes them inspirational?
- What more can the Church do to promote forms of masculinity that have a positive effect on men, on women, on families, and on communities?

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5.2 Linda Hogan and Adriaan van Klinken – Sexual Abuse and Homosexuality as Critical Issues in the Context of HIV and AIDS

Story

Ben is a committed Christian from a strong Catholic background. His family members are all Catholics. He went to a minor seminary and afterwards he decided to continue his training in the seminary for priesthood in his diocese.

During the intermediate stage of training prior to entering the major seminary, he was involved sexually with the priest in charge of his training. According to Ben, the priest insinuated that if Ben did not sleep with him, he wouldn't recommend him to the next stage of formation. Although Ben could have refused and left, he gave in because he really wanted to be a priest.

He engaged in an affair with said priest. A few months later Ben discovered that he had HIV, which he knew had been contracted from the priest since this was his first and only sexual encounter. Due to the clerical culture in this West African country, in which priests and bishops were treated with deference, he couldn't disclose his status, and what had happened, to anyone. Because there is a HIV test done every year in the seminary, he knew he couldn't continue his studies. He left the seminary without giving any 'valid reason'.

Even though Ben identifies as gay, he can't come out to his family because of fear of rejection. His medication and everything that he does to take care of himself is done in secret, with the help of a few friends.

At the moment, Ben is a philosophy student at university. He tried to move into one of the hostels owned by the Catholic Church. The condition of entry is that one must do a HIV test. His father wants him to enter the hostel but Ben cannot because doing the test will reveal and expose his status. He has refused to enter the hostel and his father cannot understand why. This is the dilemma he is in at the moment. The ironical thing is that the same Church whose minister infected him is demanding that he does a test to determine whether he will be admitted into the hostel or not.

Reflection

Ben's situation is a tragic, but not an unusual one. His experience in minor seminary and his subsequent decision to leave the seminary and abandon his plans to join the priesthood rather than to disclose what happened to him, either to his superiors or to his family, is, unfortunately, all too familiar. Individuals, like Ben, who are exploited by people in institutional settings who have power and influence, often blame themselves, and silence themselves because they carry the burden of shame and the worry of being stigmatized. In Ben's case the shame is associated both with his failure to adhere to the expectation that he will be celibate, but they are more acutely associated with his being gay. The powerful theological messages about compulsory celibacy for clergy and about the immorality of homosexual relationships dominate Ben's responses, but although these are issues that also merit consideration, they obscure the reality that he is a victim of the abuse of power. Moreover, this issue of the abuse of power within the church is one that needs to be addressed continuously, so that the institutional church can be challenged to live up to its own values and principles.

The leadership of many women's religious congregations have also drawn attention to similar experiences amongst sisters in their congregations, many of whom are routinely sexually abused by seminarians, priests and senior clergy and some of whom have also contracted HIV as a result of

this abuse. The late Sr Maura O' Donohue of the Medical Missionaries of Mary and the late Sr Anne Nasimiyu, Superior General of the Little Sisters of Saint Francis led the way in drawing attention to this issue in the 1990s. Sr Maura O' Donohue's 23-nation survey reporting on the problem in Africa highlighted how nuns were particularly vulnerable because they were considered "safe" sexual partners for priests who feared they might be infected with HIV if they went to prostitutes or women in the general population. Some institutional changes have been made in response to the O'Donoghue report including the formation of a Working Group of the Unions of Superiors General. This working Group which consisted of the heads of religious orders of religious sisters, brothers, and priests focused on examining such issues in their own communities, in order to ensure that their policies and practices was founded on compassion and care. However, these issues of the abuse of power, particularly the sexual abuse of power, continues to be a problem within the church. Specifically, among clergy who are gay themselves, the stigma and taboo surrounding homosexuality may lead to a culture of internalised homophobia as well as illicit sexual relationships with seminarians and others entrusted to their responsibility. Obviously, for Ben himself his homosexuality adds another layer to the stigma attached to his HIV status – he carries two big secrets with him that he cannot share and that burden him emotionally and spiritually.

The church's tradition of theological ethics is a resource that can be drawn on in responding to the challenges posed by situations like Ben's or the sisters' who live in the shadow of abuse and its aftermath. The unambiguous commitment to human dignity, and the obligation to treat each person with respect frames the entire gospel tradition of ethics. The gospel tradition also speaks loudly about justice and the restoration of right relationships. Grounded in the texts of the Hebrew Bible and the New Testament, justice denotes righteousness or right relationship.

In Ruth 2:2-23 Boaz cares for Ruth, a widow and a foreigner, giving her far more than the law, while in answer to the question what does God require of you, the prophet Micah answered "to act justly and to love mercy and to walk humbly with your God". Moreover, the righteousness and right

relationship which justice intends is all-embracing, involving individual personal relationships, the relationships that constitute the community and also the relationship with God. “Blessed are those who hunger and thirst for righteousness, for they will be filled, says Jesus in the beatitudes, while in Luke 4:18-19 Jesus has been anointed “to preach the gospel to the poor; he hath sent me to heal the brokenhearted, to preach deliverance to the captives, and recovering of sight to the blind, to set at liberty them that are bruised…”. This commitment to just relationships is expressed through the special concern for the poor and outcast. In the biblical tradition, it is the widows, orphans and strangers who are particularly vulnerable and powerless. They exert no power in society, are dependent on the goodwill of the community and as such can easily be exploited. Still today widows, orphans and strangers are often vulnerable, but the vulnerable also include individuals and groups who are marginalised and can be easily exploited because of their sexual orientation, their gender, their youth or because of their position within institutions like seminaries, congregations or church organisations.

The prophets were outspoken advocates of justice for the outcast and the marginalised. Justice is expected by God in response to his loving kindness. They denounced all forms of privilege and confronted the religious and social elites, insisting that they promote justice and rightrelationships. Indeed, they preached a message of radical justice and warned of the wrath of God if Israel did not transform its institutions. "Let justice roll down like waters, and righteousness like an ever-flowing stream" exhorts Amos 5:25. The demand to do justice is at the heart of biblical faith. It is not an optional extra but a requirement. The challenge for the church and especially for church leaders is to embody this commitment to the dignity of all persons, to denounce all forms of privilege and entitlement, and to model relationships of justice and mercy.

Pastoral Implications

As one begins to unravel the complex issues that are raised by abuse of power, particularly through inappropriate sexual relationships, a number of inter-related themes can be seen to contribute to the experiences of

alienation, disempowerment and stigmatization. These are (i) the theology of the body and sexuality that has framed Catholic ethics; (ii) the related, endemic patriarchy that facilitated abuse of power particularly in relation to sexual minorities and women; and (iii) the ecclesiological issues of the concept of authority, the nature of ministry and ethical leadership in the church.

The Second Vatican Council offered a vision of church as community, a community characterised by relationships of mutuality and respect. While much has been written on the role of the laity and ways to empower and support local communities to have a voice, relatively little attention has been given to the complementary issue of how leadership and power is exercised within the church. In June 2010 Bishop Kevin Dowling (of Rustenburg, South Africa) made headlines when he suggested that "church leadership, instead of giving an impression of power, privilege and prestige, should rather be experienced as a humble, searching ministry together with its people…". The cases we have discussed show just how radically the church will need to change if such a humble, searching ministry is to be its hall-mark. Bishops and senior clergy are central to the promotion of ethical leadership and to the creation of a culture in which abuse of power is challenged and addressed. In this light, also the practice of compulsory HIV testing, although introduced on the basis of good intentions such as the wish to circumvent the risk of transmission, needs to be critically evaluated as it can clearly be counterproductive and reinforce the stigma and taboo around HIV. Undertaking this work is difficult and risky. However, it can only be embarked on in a spirit of solidarity with all who have been abused, and with a commitment to the slow and painful work of restoration of relationships. Shame, stigmatisation and fear have no place in the church, which is intended to be a community of reconciliation and hope. Pope Francis' has emphasized this with his commitment to justice and mercy, not only in his words, for example in his book The Name of God is Mercy, but also through the many and beautiful symbolic acts of mercy he has performed throughout his papacy. These words and deeds have the potential to give new hope to those who experience the abuses of power within the church, but only if they are embraced in the local church and promoted by its leadership.

Guiding questions for pastoral work

- This chapter addresses two major issues: sexual abuse, and homosexuality. Why are these issues critical in the face of HIV and AIDS?
- How can the church adequately address these issues in a way that overcomes the stigma and taboo surrounding them?
- What are the pastoral implications of an ethics of justice, and how should these shape the concrete attitudes and policies of the church regarding sexual minorities and women?

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