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Overcoming HIV/AIDS-related Stigmatisation and Affirming Life in the African Context: The Role of Theology

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Introduction

The HIV/AIDS pandemic is a global problem, with as many as 33.2 million people living with the infection or the disease worldwide.[1] Sub-Saharan Africa is the most affected region in the world, being home to 68% of the world's HIV/AIDS infected people. Among these a majority are women (61%).[2] Within Sub-Saharan Africa[3] it is Southern Africa which has the most people living with HIV/AIDS. According to The Joint United Nations Programme on HIV/AIDS (UNAIDS), this sub-region in 2007 accounted for almost a third (32%) of all new HIV infections and AIDS-related deaths globally.[4] The extent of the pandemic in Sub-Saharan Africa poses a serious challenge for civil society at all levels, including the churches, and diverse responses and strategies have been put into play in order to deal with the situation caused by the pandemic.

In this article I will explore some aspects of how churches and theologians in Africa have reacted to, and dealt with, the enormous challenges to people, church and society caused by the pandemic. The focus will be on how theo-

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[1] AIDS is an abbreviation for Acquired Immune Deficiency Syndrome and is a disease caused by the Human Immunodeficiency Virus, abbreviated HIV. *Grace, Care and Justice: A Handbook for HIV and AIDS Work*, (Geneva: The Lutheran World Federation, 2007). 12. This handbook gives a clear and instructive introduction to the medical facts concerning HIV/AIDS.

[2] *Key Facts by Region – 2007 AIDS Epidemic Update*, (2007, accessed 01.12. 2008); available from http//www.unaids.org/en/KnowledgeCentre.

[3] Sub-Saharan Africa consists of the following subregions: Southern Africa, East Africa, West and Central Africa.

[4] National adult HIV prevalence in 2005 already exceeded 15% in eight countries (Botswana, Lesotho, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe). *Sub-Saharan Africa: AIDS epidemic update. Regional Summary*, (UNAIDS, 2007, accessed 20.11 2008); available from www.unaids/org/en.

logical reflection is used as a conscious strategy in fighting stigmatisation and in affirming positive living.

The material for this study mainly consists of official Church documents from ecumenical and denominational pan-African conferences, in which church-leaders have met and discussed common problems and challenges, including HIV/AIDS, as well as scholarly work by African theologians and others who have discussed the HIV/AIDS pandemic in the African context. On the basis of this documentation it is possible to say something about how church leaders and theologians in Africa interpret the situation and what kind of responses and strategies they envision with regard to the HIV/AIDS pandemic. Some examples of the available documents are: 'The AACC Covenant document on HIV/AIDS' by the All Africa Conference of Churches (AACC),[5] 'Breaking the Silence: Commitments of the Pan-African Lutheran Church Leadership Consultation in response to the HIV/AIDS pandemic, Nairobi, 2-6 May 2002',[6] the 'All Africa Anglican AIDS Planning Framework',[7] and the message 'The Church in Africa in face of the HIV/AIDS pandemic' issued by the Symposium of Episcopal Conferences of Africa and Madagascar (SECAM).[8] Concerning theologians who have addressed the problems of the HIV/AIDS pandemic in Africa, we note among others Musa Dube, John Mary Waliggo and Gerald West.

One should note, however, that what is stated in the documents is not necessarily implemented in the local churches. Also it might not be representative of how the local pastor or church-goer thinks and reflects about these issues. In her mapping study from 2005, of how churches respond to HIV/AIDS in

[5] *The AACC Covenant Document on HIV/AIDS*, (2003, accessed 19.11 2008); available from http://www.oikoumene.org/en/resources/documents/wcc-programmes/justice-diakonia-and-responsibility-for-creation/ehaia/declarations-and-policy-statements-on-hivaids-by-churches-and-faith-based-organisations-2001-2005/aacc-covenant-on-hiv-and-aids.html. For more information on the ecumenical fellowship AACC, see http://www.aacc-ceta.org/en/default.asp

[6] *Breaking the Silence: Commitments of the Pan-African Lutheran Church Leadership Consultation in response to the HIV/AIDS pandemic Nairobi, 2-6 May 2002*, (The Lutheran World Federation, accessed 26.11.2008); available from http://www.lutheranworld.org/LWF_Documents/Breaking_Silence-En.pdf.

[7] *All Africa Anglican AIDS Planning Framework*, (Worldwide Faith News archives, 2001, accessed 26.11.2008); available from www.wfn.org.

[8] SECAM, 'The Church in Africa in Face of the HIV/AIDS Pandemic: 'Our Prayer Is Always Full of Hope',' in *Catholic Bishops of Africa and Madagascar Speak out on HIV & AIDS: Our Prayer Is Always Full of Hope* (Nairobi: Paulines, 2004).

South Africa, Sue Parry notes that there is a discrepancy between official church policy and what is actually practiced and preached in the churches. She argues that:

> Churches may have policies on HIV/AIDS but these policies may not be translated into plans of action and implementation. Church leadership may acknowledge issues related in HIV/AIDS in public forums yet the message from the pulpit may convey quite a different picture.[9]

Research on how the common church-goer and local church leadership think about and react to the challenge of HIV/AIDS is, however, scarce. Thus there is a need for further study. As a consequence, I cannot in this context present the realities at the grassroots level. Therefore, the kind of attitudes and operating strategies which might be at play must be deduced from the official documents in terms of what they distance themselves from, and from the constructive work of theologians who have addressed the issue of HIV/AIDS.

The structure of the article is as follows. First, I introduce three phases of African responses to the HIV/AIDS pandemic. Second, I briefly address the concept of stigmatisation. Third, I analyse three examples of engagement which aim at fighting stigmatisation and affirm positive living. My focus is on what role theological reflection has in this engagement.

Three phases of responses to the HIV/AIDS pandemic

In her article ‘AIDS Related Stigma. Thinking Outside the Box: The Theological Challenge’, Gillian Paterson argues that generally speaking it is possible to discern three phases of how churches have responded to HIV/AIDS. In *the first phase*, she argues, the main concern of the churches was to go out into the world to take care of those infected by HIV/AIDS. Thus the focus was on care. She says: ‘Many churches, particularly (but not only) in Africa, responded with great compassion by opening their mission hospitals to patients whom other hospitals rejected, by adapting community based care programmes or by finding ways of assisting orphaned children and their carers.’ The attitude was, however, that HIV/AIDS was something which

[9] Sue Parry, ‘Mapping Study: Responses of the Churches to HIV and AIDS in South Africa,’ in *Resource Material for Churches and Communities: Ecumenical HIV/AIDS Initiative in Africa* (Geneva: World Council of Churches, 2005), 80.

happened out there, in the world, and that the church had to reach out to the world. In *the second phase*, this changed. The churches realised that they were not immune against HIV/AIDS. In fact, their members and leaders were infected and affected by HIV/AIDS. This realisation was expressed in the slogan 'the Body of Christ has AIDS'. *The third phase*, according to Paterson, started when the churches began to realise, first, that one of the most serious effects of the HIV/AIDS pandemic is a social stigma with a resulting silencing and discrimination which people infected and affected with HIV/AIDS experience; and second, that they as churches had contributed to stigmatising people.[10]

When reviewing the covenant and commitment documents concerning the HIV/AIDS pandemic which have emerged from the ecumenical and denominational pan-African structures and conferences,[11] it becomes clear that the churches in Africa have a comprehensive approach to the pandemic, which reflects that they gone through all three phases which Paterson refers to. They have clear aims and strategies with regard to several important areas concerning, for example, the need for information, preventive efforts, care and counselling, and advocacy. Further, they affirm the need for breaking the silence and stigmatisation surrounding HIV/AIDS and for theological reflection. I will especially comment on the last two points.

First, with regard to the role of theology, one is struck by the fact that it is used to motivate all the different approaches presented. Taking the covenant document on HIV/AIDS by the All Africa Conference of Churches as an example,[12] the importance of prevention, for example, is stressed on the basis that it protects life, which is God's gift to humankind. Care is motivated in God's love toward humankind. The fight for justice is motivated by the fact that God sees the suffering of his people and takes steps to liberate them, and so on.

Second, when reviewing the different statements and commitments made by pan-African church councils and ecumenical bodies there seems to be unanimity in their willingness to acknowledge that the churches have con-

[10] Gillian Paterson, 'AIDS Related Stigma. Thinking Outside the Box: The Theological Challenge,' (Geneva: The Ecumenical Advocacy Alliance and the World Council of Churches, 2005), 2.

[11] See notes 6-9.

[12] See note 6.

tributed to stigmatisation and discrimination, either consciously or unconsciously through their attitudes and actions. An example is the following quotation from the 'Plan of Action' issued by the Global Consultation on the Ecumenical Response to the Challenge of HIV/AIDS in Africa, held in Nairobi in 2001.

> Today, churches are being obliged to acknowledge that we have – however unwittingly – contributed both actively and passively to the spread of the virus. Our difficulty in addressing issues of sex and sexuality has often made it painful for us to engage, in any honest and realistic way, with issues of sex education and HIV prevention. Our tendency to exclude others, our interpretation of the scriptures and our theology of sin have all combined to promote the stigmatisation, exclusion and suffering of people with HIV or AIDS.[13]

On the basis of the realisation that churches have contributed to stigmatisation and discrimination, instead of promoting and affirming life, many churches have made it an explicit aim to fight stigmatisation and affirm life. In this work theological reflection is pointed out as a major tool or strategy by which to address both the problem of stigmatisation and the question of how human dignity and positive living can be affirmed.

Given the importance which the churches' documents on HIV/AIDS have put on fighting against stigmatisation, as well as the important role which theological reflection has in this regard, I will especially focus on what has emerged in the third phase as one of the clearest challenges to churches with regard to HIV/AIDS, namely to fight stigmatisation and the silencing and discrimination which follow stigmatisation, and to fight for the possibility of positive living for people living with HIV/AIDS.

Hence, the question I will explore in the following is how and in what ways can/does theology play a role with regard to fighting stigma and affirming life in an African context? That is, what is the role of theology in overcoming stigmatisation of people infected and affected by HIV/AIDS, and ensuring that life can be experienced as positive and valuable?

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[13] Global Consultation on the Ecumenical Response to the Challenge of HIV/AIDS in Africa, Nairobi, 25-28 November, 2001, 'Plan of Action: The Ecumenical Response to HIV/AIDS in Africa,' in *Resource Material for Churches and Communities: Ecumenical HIV/AIDS Initiative in Africa* (Geneva World Council of Churches, 2006), 5.

In the following I will briefly examine stigmatisation itself and then look at three examples of engagement which aim at fighting stigmatisation and at affirming life or positive living. The examples focus on contextual Bible study, healing, and fighting patriarchal structures as means of overcoming stigma and affirming life. Through this examination I will try to shed some light on the question just related, namely: how and in what ways can/does theology play a role with regard to fighting stigma and affirming life in an African context?

Stigmatisation

Before turning to the three examples we need to address the following question first, namely, what is stigmatisation?

In this article I will take as my point of departure the following definition of stigmatisation: stigmatisation 'implies the branding or labelling of a person or a group of persons as being unworthy of inclusion in human community, resulting in discrimination and ostracization.' This branding, which is not always expressed openly, can be physical, psychological or morally conditioned and 'often involves a conscious or unconscious exercise of power over the vulnerable and marginalized.'[14]

This definition points out important aspects of the process of stigmatisation. First, it highlights that stigmatisation labels people as unworthy of inclusion in the Christian community. Second, it stresses that the reasons behind stigmatisation may vary. It might be physical, psychological or morally conditioned. Third, it points out that stigmatisation is a constructed entity, which is constructed by individuals and community. Fourth, it emphasise that it also has a profound impact on the one who is stigmatized. The person who is stigmatised will often internalise the feelings of stigmatisation and feel shame and fear.[15] This last point is succinctly summed up by an Ugandan priest, who states: 'It is now common knowledge that in HIV and AIDS, it is not the condition itself that hurts the most, but the stigma and the possibility of rejection and discrimination, misunderstanding and loss

[14] 'A Report of a Theological Worshop Focusing on HIV-and AIDS-related Stigma,' (Supported by UNAIDS, Windhoek, Namibia, 2005). 11.

[15] See also: 'Fact sheet: An overview of HIV/AIDS-related stigma and discrimination,' (UNAIDS, 2001).

of trust that HIV positive people have to deal with.'[16] In sum, stigmatisation implies both external exclusion and rejection, and internal feelings of anxiety, loneliness and shame.

I will next turn to three examples of engagement which aim at fighting stigmatisation and at affirming life or positive living. The examples are given with a view to examine the role of theology with regard to fighting stigma and affirming life in an African context.

Reading the Bible with people living with HIV and AIDS

In South Africa, one of the strategies which is used to fight stigma and discrimination is to read the Bible with, and from the experience of, people living with HIV and AIDS. Support groups are established for people living with HIV/AIDS, in which the study of the Bible plays an important role with regard to tackling stigmatisation and discrimination, for promoting positive living, and affirming human dignity. The support groups, named Siyaphila – meaning 'we are alive' – are part of the work of the Ujamaa Centre for Community Development and Research which is located at the University of KwaZulu Natal in Pietermaritzburg.[17] Bongi Zengele, programme director and co-ordinator of these programmes, and Gerald West, professor of Old Testament at the same university, have been central figures in developing this work.

West describes the situation which is the background for their focus on reading the Bible with people living with HIV and AIDS as follows:

> […] the predominant view in most Christian communities is that HIV/AIDS is a punishment from God. That HIV is transmitted mainly by sexual intercourse (in our context) only confirms this opinion […]. There is no doubt that this is the dominant theology that people living with HIV/AIDS encounter in

[16] Ugandan priest Gideon Byamugish, quoted in Elizabeth Knox-Seith (ed.), *One Body. Volume 1: North-South Reflections in the Face of HIV and AIDS* (The Nordic-Foccisa Church Cooperation, 2005). 5.

17 The centre was formerly called 'The Institute of the Study of the Bible and Worker Ministry Project (ISB&WM), see Gerald West and Bongi Zengele, 'The Medicine of God's Word: What People Living with HIV and AIDS Want (and Get) from the Bible,' *Journal of Theology for Southern Africa* 125 (2006), 52.

> our South African society, both in and outside the church. They bear in their bodies God's punishment for their 'sins', particularly their sexual 'sins'.[18]

The Bible, particularly the Old Testament, is used to justify the view that God ensures that a person reaps what he or she sows, and that illness and suffering is the result of a person's sins or of the sins of their parents.[19] This interpretation of the Bible, West contends, has led to stigmatisation and discrimination of HIV/AIDS infected persons in the churches and local communities.[20] In relation to this background the Bible is studied from the point of view of people living with HIV/AIDS with the aim of gaining a different theological perspective, one which emphasises the dignity and worth of people living with HIV/AIDS, and affirms God's presence in their lives.[21]

A set of questions are formulated in order to help the reader reflect both critically on what the text is saying within its contexts and how to relate this to the experience and situation of the reader. When reading the Gospel texts, typical questions are:[22]

1. What is happening in the text?
2. Can you relate to what is happening in the text? How does what is happening in the text relate to you?
3. What is Jesus saying and/or doing?
4. What will we do in response to this Bible study?

When reading the Bible for themselves within groups the participants especially noted and took to heart that Jesus is on the side of, and stands up for, those who are marginalized and discriminated against by families,

[18] Gerald West and Bongi Zengele, 'Reading Job 'Positively' in the Context of HIV/AIDS in South Africa,' in *Job's God*, ed. Ellen van Wolde (London: SCM Press, Concilium 4/2004), 115-116.
[19] Ibid., 114-116.
[20] West and Zengele, 'The Medicine of God's Word: What People Living with HIV and AIDS Want (and Get) from the Bible', 52. Interestingly enough, West refers to research in the KwaZulu Natal province which shows that church leaders are struggling to come to grips theologically with the dilemmas of HIV/AIDS. 'What is also clear, unfortunately, is that church leaders have not allowed ordinary church members to witness their confusion. They have instead resorted to a prevalent theological position with which they are familiar.' See ibid. 52.
[21] Gerald West, 'Reading the Bible in the Light of HIV/AIDS in South Africa,' *Ecumenical Review* 55, no. 4 (2003), 337.
[22] Ibid, 337.

religious authorities and societies. The different Bible stories were felt by the readers to be about themselves and their lives. Examples are the story about the woman with a haemorrhage (Mark 5: 25-34) and stories about the lepers, all about people with incurable diseases who were stigmatised, but whom Jesus saw and reached out to.[23] The textual interpretation had a liberating function on the participants in that they realised that they are accepted and embraced by God in their situation as people living with HIV and Aids. West relates that for one of the persons in the group this had been so empowering that she had 'confronted her own minister about the way he was using the Bible against people like her'.[24] Hence West concludes that 'at a personal level it can be said, the Bible study nurtures a spirituality of affirmation and acceptance. At the social level, the Bible studies breed the spiritual resilience necessary to survive in an HIV-hostile world.'[25]

In reading the Bible the people discovered for themselves that the understanding they had been presented is countered by another line of thought, namely that Jesus Christ has compassion with and reaches out to people whom the religious elite look down upon and exclude. They also found the Bible to affirm their right to question the dominant theology and get assurance that God is with them. Hence, the reading of the texts gave them resources and understanding which allowed them to gain a new understanding of dignity and worth and spiritual means to disclose or uncover stigmatisation and discrimination.[26]

Healing

Another example of an approach to the HIV/AIDS pandemic, which aims at fighting stigma and affirming positive living for people infected or affected by HIV/AIDS, is seen in the discussions and attempts regarding how to provide holistic care, or healing.

[23] West and Zengele, 'The Medicine of God's Word: What People Living with HIV and AIDS Want (and Get) from the Bible', 59-61.

[24] Ibid, 58.

[25] West, 'Reading the Bible in the Light of HIV/AIDS in South Africa', 343.

[26] The power of Biblical texts to empower people living with HIV/AIDS to reject stigmatisation is also confirmed by a new dissertation submitted to the Faculty of Theology, University of Oslo earlier this year. Elia Shabani Mligo, 'Jesus and the Stigmatized: Reading the Gospel of John in a Context of HIV/AIDS-Related Stgmatization in Tanzania' (Submitted to the Faculty of Theology for the Degree Philosophiae Doctor, University of Oslo, 2009).

It is noted that many people seek African Independent Churches, abbreviated AIC,[27] and charismatic churches because the off the healing that is central to life, beliefs and practices.[28] In his article 'Healing in the African Independent Churches in the Era of AIDS in Botswana: A Comparative Study of the Concept of Dialoego and the Care of Home-Based Patients in Botswana', Obed N. Kealotswe discusses why people seem to prefer the *dialegos*, which is the Churches' own clinics, to modern hospitals. The answer he has found is that: 'the treatment of patients at the *diagelo* is found to be better than that in hospitals because patients get the spiritual support that they do not get in a hospital or from their parents.'[29] In other words, people with HIV/AIDS turn to the AIC clinics because these offer spiritual care.

Why is spiritual care considered so important?

In African traditional thinking ill-health and disease are not first and foremost considered to be a physical problem. Illness is rather regarded as a physical symptom of a deep-rooted spiritual problem, namely an imbalance or disorder with regard to the central relationships in which every human being experiences: family, kinship, society, ancestral spirits or God.[30] With regard to what has caused the affliction, different answers might be given. A common explanation is that it is caused by magic or evil spirits, but as Laurenti Magesa states:

> 'Whatever the cause of the affliction is, it ultimately means that there is no order or peace – either among human beings, or between them and the spirits, ancestors or God, that is, the universe.'[31]

[27] These churches are also called African Indigenous Churches and African Initiated Churches.

[28] Obed N. Kealotswe, 'Healing in the African Independent Churches in the Era of AIDS in Botswana: A Comparative Study of the Concept of *Dialego* and the Care of Home-Based Patients in Botswana,' *Missionalia* 29, no. 2 (2001), 224. Cf. also Parry, 'Mapping Study: Responses of the Churches to HIV and AIDS in South Africa', 70; John Mary Waliggo, 'Inculturation and the HIV / AIDS Pandemic in the AMECEA Region,' *African Ecclesial Review* 47-48, no. 4-1 (2005-2006), 305.

[29] Kealotswe, 'Healing in the African Independent Churches in the Era of AIDS in Botswana: A Comparative Study of the Concept of *Dialego* and the Care of Home-Based Patients in Botswana', 230.

[30] Øyvind M. Eide and others, eds., *Restoring Life in Christ. Dialogues of Care in Christian Communities: An African Perspective*, Makumira Publication Nineteen (Neuendettelsau: Erlanger Verlag für Mission und Ökumene, 2008), 135.

[31] Laurenti Magesa, *African Religion: The Moral Traditions of Abundant Life* (Nairobi: Paulines Publications Africa, 1998), 164. Cf. John S. Mbiti, *African Religions and Philosophy*, 2nd. ed. (Oxford: Heinemann, 1990), 205.

On this background one may understand both the fear and the longing for spiritual care which many Christians experience when they are infected and affected by HIV/AIDS. It seems that when interpreting HIV/AIDS within the framework of African traditional understanding of illness many Christians and churches have consciously or unconsciously interpreted the causes of HIV/AIDS as a punishment or curse from God. This has strengthened fear and stigmatisation and made visible the need for holistic care.

With regard to how to meet the need for holistic care, different strategies might be envisioned.

For example, in some of the African Independent Churches this seems to be done by supporting the people infected with HIV/AIDS in their beliefs that the illness is caused by magic or evil spirits. Thus traditional treatments might be prescribed in order to get rid of evil substances. Additionally it is emphasised that God is the greatest healer. Thus the infected person is encouraged to trust in him.[32]

Another strategy might be to reflect theologically on practice. One example of such reflection is found in the book *Restoring Life in Christ: Dialogues of Care in Christian Communities. An African Perspective.* The reflection takes as its point of departure a case study in a Tanzanian Lutheran context, where a pastor counselling a person with HIV/AIDS is able to give the sick man the spiritual support he needs. This is because the pastor understands that the deepest problem for the sick man was spiritual, not physical. Reflecting on how spiritual care could be accomplished in a context where illness is interpreted as punishment from sin, the authors of the book point to the importance of distinguishing between law and gospel in a traditional African context. The law is given to expose and prevent evil. It is the gospel, however, which is God's response to evil already done. Like in the parable of the lost son (Luke 15:11:32), God welcomes those who come to him and restores them into a fellowship of forgiven sinners.[33]

[32] Kealotswe, 'Healing in the African Independent Churches in the Era of AIDS in Botswana: A Comparative Study of the Concept of *Dialego* and the Care of Home-Based Patients in Botswana', 230.

[33] Eide and others, eds., *Restoring Life in Christ. Dialogues of Care in Christian Communities: An African Perspective*, 138-139.

Fighting patriarchal structures

It is generally agreed that providing and spreading information and developing effective strategies with regard to how to prevent further spread of HIV is important both to protect and secure life, but also to fight stigmatisation. A well promoted strategy has been the ABC approach which stresses that the best way of preventing HIV/AIDS infection is to **A**bstain, **B**e faithful and use **C**ondoms. Critical voices have, however, argued that this approach has contributed to further stigmatisation of people infected by HIV/AIDS. It is also argued that this approach reveals the extent to which churches are blind to, and unwilling to address, patriarchal structures which make women suffer the most in the HIV/AIDS pandemic.

First, among others, the African Network of Religious Leaders Living with or Personally Affected by HIV and AIDS points out that the ABC approach contributes to the stigmatisation of people since it implies that those who are HIV-positive have failed in abstinence and faithfulness.[34] This has contributed to the fact that people who have been infected are looked down upon as sinners who do not reach the expected standards. Being infected is the visible sign that one has sinned and hence is punished by God for one's sins.

Second, the Botswanan theologian Musa Wenkosi Dube criticises the ABC approach for turning a 'blind eye to the structures which make abstaining, being faithful and condomizing *not* as easy as ABC.' HIV/AIDS cannot be reduced to an individual lack of morality since women especially are not in control of situations which might lead to them being infected. In fact, women in heterosexual marriages are among those at greatest risk of being infected, because they are not in the position to make demands with regard to their husbands' faithfulness and use of condoms. Hence Dube contends that: 'when our relationships are based on gender, race and class inequalities, fighting HIV/AIDS is more than just abstaining, being faithful and condomizing.'[35]

According to Dube, the focus on individual morality which is a premise behind the ABC approach overlooks or ignores the fact that there are patriarchal structures at play both in church and society, and that these limit the possibility of women to be in charge of their own life and health. In other words, the

[34] *SAVE Prevention Model*, (INERELA+, accessed 27.11 2008); available from http://www.anerela.org/prevention-model.html.

[35] Musa W. Dube, 'Unsettling the Christian Church,' *Reformed World* 51, no. 4 (2001), 169.

discussion around prevention might conceal or overlook the fact that there are gender inequalities and patriarchal structures at play which contribute to the spread of the HIV/AIDS pandemic. Thus due to the focus on individual morality rather than structural sins, in Dube's opinion, the churches can be accused of focusing on symptoms rather than root-problems.[36]

Musa Dube is not alone in pointing out that patriarchal structures in the church have contributed to further alienation and stigmatisation of women infected by HIV/AIDS. In an article which surveys African women theologians' search for an adequate theology in response to the HIV/AIDS pandemic, Sara Björk sums up her findings as follows:
'According to the African women theologians, HIV/AIDS reveals and unveils a biased Church permeated by patriarchal thinking, which systematically fails to take women's experience seriously.'[37] The churches are accused of contributing to the stigmatisation, discrimination and oppression of women both through their teaching and practices.[38]

Hence, in order to counter what she regards as theologies and understandings which support stigmatisation and oppression, Dube calls the church to a thorough theological reflection which must focus on the equality and worth of all human beings as made in God's image and on the example of Jesus, who indiscriminately accepted people of all ages and life- situations.[39]

Concluding remarks

Based on what I have said so far it is possible to draw the following conclusions. In their responses to the HIV/AIDS pandemic, the African churches

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[36] Musa Dube, 'HIV-and AIDS-related Stigma: responding to the challenge. Stigma: communication the message, influencing church leaders and members,' (Supported by UNAIDS, Windhoek, Namibia: 2005), 51.
[37] Sara Björk, 'The Unveiling of the Patriarchial Church: African Women Theologians in Search of Ecclesiological Transformation in the Struggle against HIV and AIDS,' *Swedish Missiological Themes* 94, no. 3 (2006), 314.
[38] Ibid, 314.
[39] Musa W. Dube, *The HIV & AIDS Bible: Selected Essays* (Scranton and London: University of Scranton Press, 2008). Introduction and Dube, 'HIV-and AIDS-related Stigma: responding to the challenge. Stigma: communication the message, influencing church leaders and members', 51; Dube, 'Unsettling the Christian Church', 173, Musa W. Dube, 'Theological Challenges: Proclaiming the Fullness of Life in the HIV/AIDS & Global Economic Era,' *International Review of Mission* 91, no. 363 (2002), 539-540.

have in general made it an explicit aim on the one hand to fight stigmatisation and on the other hand to underline human dignity and positive living. Further, they recognize that as theological pre-understandings and assertions form an important basis for attitudes and praxis among African Christians, theological reflection becomes an important tool or strategy by which to address both the problem of stigmatisation and the question of how human dignity and positive living can be affirmed. Finally, it is acknowledged that theological reflection is needed because theology, as we have seen in the three examples I have presented, also has contributed to strengthen and affirm stigmatisation.

The three examples of how theology and theological reflection are used in the fight against stigmatisation and as means of affirming life have shown that theological reflection indeed has a great potential to be a positive resource in the fight against the stigmatisation people living with HIV/AIDS experience in Africa.

The first example, on reading the Bible with people living with HIV and AIDS, shows that while theology can contribute to stigmatisation and discrimination it also has the potential to fight stigmatisation and affirm positive living. By not accepting the status quo or what they had been told from the pulpit, but instead by reading the Bible themselves, the participants in the Siyaphila groups found that theology and theological reflection became empowering and liberating tools.

The second example, on healing, shows that while cultural and theological assumptions together might contribute to stigmatisation and discrimination, theology, in a critical dialogue with culture, has the potential to give pastors and others who counsel people living with HIV/AIDS the necessary tools to affirm life through holistic care.

The third example, on fighting patriarchal structures, underlines the potential which theology has for being a critical tool in the churches for pointing out and highlighting theological and cultural assumptions which either strengthen stigmatisation or represent a hindrance towards the shared goal of preventing HIV/AIDS and saving lives.

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