

**OTHER WAYS OF BEING A DIVINER-HEALER:  
MUSA W DUBE AND THE AFRICAN CHURCH'S RESPONSE TO  
HIV AND AIDS**

*Ezra Chitando*<sup>1</sup>

Ecumenical HIV/AIDS Initiative in Africa,  
University of Zimbabwe, Harare, Zimbabwe

*Rosinah Gabaitse*<sup>1</sup>

Department of Theology and Religious Studies, University of Botswana  
Gaborone, Botswana

*Abstract*

Scholars of African Christianity have tended to celebrate African women purely as charismatic founders of movements. Alternatively, they focus on African women's active participation in church life. Rarely have young African Christian women been acknowledged for their academic achievements and leadership in addressing contemporary issues that affect the continent. This article examines Musa W Dube of Botswana's contribution to the African Church's response to HIV and AIDS. The first part provides the historical background relevant for appreciating Dube's work. The second part examines Dube's activism in encouraging an effective religious response to HIV and AIDS in Africa. The third part reviews Dube's contribution to the integration of HIV and AIDS in theology and religious studies in Africa. The fourth section provides an overview of critiques of Dube's HIV and AIDS work. Overall, the article acknowledges Dube's leadership in the church's response to the HIV epidemic in Africa and beyond.

---

<sup>1</sup> Researcher Associates, Research Institute for Theology and Religion, University of South Africa, Pretoria, South Africa.

## 1 INTRODUCTION

The study of African Christianity has tended to focus on the achievements made by men within the church. This has prompted African women theologians to call for a shift towards her-stories (Phiri, Govinden & Nadar 2002). However, the tendency has been to concentrate on charismatic women founders of African Independent/Indigenous/Initiated/Instituted Churches (AICs). While this is a positive development, as it brings the achievements of such women to the fore, it runs the risk of overlooking the progress that African Christian women scholars have made in the academic arena. Rarely have young African Christian women been acknowledged for their academic achievements and leadership in addressing contemporary issues that affect the continent.

This article examines Musa W Dube of Botswana's contribution to the theological response to HIV and AIDS in Africa. While situating Dube within the activities of the Circle of Concerned African Women Theologians (the Circle), it highlights her creativity and contribution to the transformation of the church's attitude and response to the epidemic. Dube has published widely on the theme of theology and the HIV epidemic. The present article does not claim to exhaust all the themes that she has raised, but seeks instead to draw out some of the key issues to have emanated from Dube's engagement with the HIV epidemic.

## 2 A TRAVELLER WITH MANY GIFTS: HISTORICAL BACKGROUND

Musa Wenkosi Dube Thembo-Ekwakwa was born in 1964 in Chadibe Borolong in Botswana. Her parents, Zimbabwean nationals, migrated to Botswana in the 1950s, during the period when black people in Zimbabwe were dispossessed of their land by the white settlers. Dube (2000a:153) comments that her parents "had two choices: to remain in the area and become servants on the farms of white settlers, or to move to infertile and crowded lands that were allocated to black people. They chose the former". However, they realised the restrictions imposed by their choice, as they had a very small piece of land on which to grow crops and rear cattle. Choosing not to become

“landless”, Dube’s parents migrated to Botswana and settled in the Borolong area, where Dube was born. Dube’s life therefore represents a personal encounter with settler colonialism, which was to shape her analysis of globalisation and uneven power relations between blacks and whites.

A Methodist by affiliation, Dube is ecumenical in orientation. She attended primary and secondary schools in Botswana, after which she obtained her BA at the University of Botswana, majoring in Theology/Religious Studies and Environmental Science. On completing her BA and coming top of her class she was recruited by the Theology and Religious Studies department as a Staff Development Fellow, a position reserved for students with an exceptional academic record. In 1990 she read for her Masters at Durham University in the United Kingdom. She completed her PhD in 1997 at Vanderbilt University under the tutelage of Professor Fernando Segovia. At the time of writing, Dube was teaching biblical studies to undergraduate and graduate students at the University of Botswana. She has one son, named Aluta Modisaotsile.

Dube is involved in the activities of numerous academic bodies, among them the Circle, where she has served as chair for Biblical Studies research and publication. She also serves on the board of the World Council of Churches (WCC) and is a member of the Society of Biblical Literature. Being a prolific writer, she is an editor of *PULA: Journal of African Studies* and serves on the editorial boards of a number of other journals, including *Equinox* and *Theologia Viatorium: Journal of Theology and Religion in Africa*. Dube has interacted with many departments of Religious Studies and faculties of Theology in Africa and beyond. Her contributions to the study of religion and the ecumenical movement in Africa are outstanding.

Dube has written extensively on HIV and the stigma of AIDS, gender inequality and postcolonial feminist interpretations, interrogating Western institutions and traditions that dominate African economies, scholarship, cultures and health sectors. The present article concentrates on her engagement with the HIV epidemic in Africa.

### 3 “JESUS HAS AIDS”: DUBE AND THE CHURCH’S RESPONSE TO THE HIV EPIDEMIC IN AFRICA

When the history of the church’s responses to the HIV epidemic in Africa comes to be written, Dube’s name will feature prominently in the narrative. Although the Circle had recognised the marginalisation of women in the religions of Africa, and had called on African women to rise up (Oduyoye & Kanyoro 1992), Dube became the most active African Christian woman scholar to challenge churches in Africa to provide an effective response to the epidemic. She combines womanist activism with penetrating social analysis to lay bare the church’s paralysis in responding to the HIV epidemic. She has sought to challenge the complacency of the church by highlighting the extent to which it is implicated in fuelling stigma and discrimination. Her article, “Preaching to the converted: Unsettling the Christian Church” (Dube 2001c) remains one of the most articulate exhortations of the church in Africa to regard the HIV epidemic as lying at the very heart of its mission. Dube’s collected essays, *The HIV/AIDS Bible* (Dube forthcoming), confirm her position as one of the leading voices on the HIV epidemic and theology in Africa.

As the WCC’s Ecumenical HIV/AIDS Initiative in Africa (EHAIA) Theology Consultant on HIV/AIDS and Mission in Africa, Dube played a significant role in shaping theological thinking concerning HIV. The church’s earlier response to HIV (in the mid-1980s) was characterised by denial, indifference and condemnation (Dube 2003c:viii-ix). Although isolated individuals and churches might have provided support to people living with HIV, the general tendency was to regard the epidemic as God’s message to an apostate generation. Alex de Waal tellingly captures this attitude when he states that:

[f]rom the very first days of the epidemic, AIDS was imbued with meaning. Driven equally by delight and disgust, conservative moralists rushed to declare that the virus manifested sin in all sorts of ways. People living with HIV and AIDS - and their partners and families - were marked out as sinful recipients of their just deserts from God. The epidemic itself was heralded as a harbinger of

the apocalypse, a collective punishment from the Almighty, or a “sin” against the cosmic order (De Waal 2006:14).

It was in a context saturated with stigma and discrimination that Dube sought to promote the WCC’s progressive theological interpretation of the HIV epidemic. As early as 1987 the WCC had called upon the church to live up to its identity as a healing community. Its study document, *Facing AIDS: The challenge, the churches’ response* (World Council of Churches 1997) provided valuable theological insights on the HIV epidemic. However, subsequently there had been very little progress in the churches’ theological and practical response to HIV. The emergence of EHAIA in 2002, with Dube as Theology Consultant, galvanised African churches to move HIV and AIDS up on their agenda.

In mobilising African churches and the ecumenical movement to take the HIV epidemic seriously, Dube emphasised the gender dimension. Acknowledging the feminisation of the epidemic, Dube has illustrated that HIV in Africa carries a young woman’s face, and she attributes the rapid spread of the epidemic in sub-Saharan Africa to gender inequality. She has challenged patriarchy and all men who have benefited from it. In particular, she has called upon male church leaders to work towards the liberation of women. The vulnerability of African women to HIV is a result of stifling gender constructions, she avers, and she debunks the “ABC” mantra of prevention (“Abstain”, “Be faithful” and “Condom use”), showing how gender inequality renders women more vulnerable to the virus. It is necessary to cite her at considerable length:

This serious discrepancy in the distribution of power is our unmaking in the HIV/AIDS era. It is the fertile soil upon which the virus thrives. Women who have been constructed as powerless cannot insist on safer sex. They can hardly abstain, nor does faithfulness to their partners help. Men, who have been constructed to be fearless, brave and sometimes reckless, think it is manly when they refuse to admit that unprotected sex can lead to HIV/AIDS infection. Working within some cultures’ allowance of extramarital affairs, many men continue to be unfaithful. In the end, no

one wins. We all die: those with power and those without power. So what is the point of keeping such a gender construct? Who gains by it? (Dube 2003b:88).

Dube insists that the church should not assume that it can remain untouched by HIV and gender issues. Quite the contrary: gender is at the heart of church dogma and practices. And to shock the church out of its complacency, building on the theme of solidarity with people living with HIV, Dube popularised the saying, “the church has AIDS” (Dube 2002b:539). She even went so far as to proclaim that “Jesus Christ himself has AIDS, for the church is the body of Christ (1 Cor. 12:27)” (Dube 2002b:539). With creativity and penetrating insight, Dube interprets 1 Corinthians 13:26a, “If one member suffers, all suffer together” to mean that since people living with HIV are an integral part of the church, the church has HIV and AIDS (Dube 2005:16-17, 72).

The theme of the church living with HIV is echoed by Maria Cimperman, who explains the title of her book, *When God's people have HIV/AIDS*, thus, “I write because the people of God live with HIV/AIDS” (Cimperman 2005:xi). Dube built upon the concept of the church or the world living with HIV to encourage the church to initiate a counter-epidemic of love and compassion. She has been relentless in challenging churches to recognise that stigmatisation and discrimination against people living with HIV is sin, and goes against the will of God. The mere fact that the church exists in the era of HIV implies that individual churches must be transformed into welcoming and hospitable spaces for people living with HIV, Dube argues.

In an endeavour to transform the church's attitudes towards the HIV epidemic, Dube edited the hugely popular *AfricaPraying: A handbook on HIV/AIDS sensitive sermon guidelines and liturgy* (Dube 2003a). The book seeks to equip the church leadership and various groups (youth groups, women's groups, women's fellowship groups and the laity) to provide effective responses to the epidemic. She explains the purpose of the book thus:

This handbook seeks to equip the church leaders/workers with strategies to break the silence and stigma sur-

rounding HIV/AIDS; creating a compassionate and healing church. The handbook seeks also to provide church leaders/workers with tools that will release the full spiritual power, vision and values of the Christian faith, and enable the church to fight HIV/AIDS. It seeks to help the church leaders/workers by underlining how the Christian faith calls us to serve and heal God's world and people-healing bodies, relationships, institutions and structures, and our relationship with God. Given the newness of the epidemic and the overburdened church leader/worker, this handbook seeks to provide an accessible and user-friendly resource that could be readily used by church leaders/workers to break the silence and stigma, and to call the church to HIV/AIDS prevention, provision of quality care, and mitigation of the impact (Dube 2003a:ix).

*AfricaPraying* seeks to mainstream HIV in all aspects of church life. It illustrates how to incorporate the subject of HIV into rites of passage such as birthdays, weddings and death; services within the church calendar such as Good Friday; general themes such as compassion; and services for specific groups such as children, the youth and women. In line with Dube's concern with social factors that fuel the HIV epidemic, *AfricaPraying* also addresses themes such as poverty, gender injustice and violence. Significantly, each entry is built around specific biblical passages.

Dube has demonstrated a keen interest in the Bible in Africa. She shares this interest with many male theologians, who have observed that the Bible occupies an important place in African Christianity. In her view, the church in Africa must read the Bible through the lenses of HIV and AIDS, an opinion that led to her collaboration with Musimbi Kanyoro in co-editing the volume, *Grant me justice! HIV/AIDS and gender readings of the Bible* (Dube & Kanyoro 2004). Having co-edited *The Bible in Africa* with Gerald West (West and Dube 2000), Dube appreciates the importance of the Bible to African Christianity. However, she maintains that the HIV epidemic requires a re-reading of the Bible, as some passages may reinforce stigma and discrimination. Consequently, the era of HIV calls for "other ways of reading" the Bible (Dube 2001b).

Working within the EHAIA vision of building an “AIDS-competent” church, Dube has contributed significantly to the transformation of theological thinking about HIV in Africa, and indeed globally. Her addresses at ecumenical gatherings, United Nations functions, theological conferences and other settings has helped churches to move from denial to engagement. Her artistic talents, intellectual rigour and passion have persuaded many church leaders to revise their interpretations of HIV as divine punishment for sin.

Dube has emerged as a young African Christian woman leader in discourses on HIV and the church. Her achievements challenge the stereotypical representation of “church leaders” as middle-aged men. She has responded to Africa’s call for active engagement with the HIV epidemic, and has made a significant contribution to the transformation of the church’s attitude towards the epidemic. This has been enhanced through her role in the mainstreaming of HIV and AIDS in theological training programmes.

#### **4 OVERCOMING THEOLOGICAL MEDIOCRITY: DUBE AND THE MAINSTREAMING OF HIV AND AIDS IN THEOLOGICAL EDUCATION**

Dube’s contribution to the transformation of the church’s thinking on HIV and AIDS is discernible in her role in galvanising theological institutions in Africa to integrate or mainstream HIV and AIDS in their programmes. She has expanded the scope of this endeavour to include departments of religious studies in public universities. Coming from one such department herself, she felt strongly that no discipline, department or sector should remain untouched by the epidemic (Dube 2003c:vii-viii). This holistic approach was quite significant, given the tension between theology and religious studies in Africa. In a sense, this is an old quarrel that spilled over to Africa from Europe. Dube has sought to transcend the artificial divide, and has encouraged theologians and scholars of religion to contribute to the struggle against HIV.

Dube’s commitment to the HIV struggle emanated from her existential situation. As a member of society, she witnessed the effects of HIV and AIDS on close relatives, friends and acquaintances, and was



thus motivated to contribute to the struggle against the epidemic by real-life situations (Dube 2004a). The sheer number of Training of Trainers (TOT) workshops - both regional and national - that she has held across the continent testifies to her sense of mission and the sense of urgency inspired by her personal involvement. She has in effect become a modern-day missionary against HIV and AIDS, taking her gospel to theological institutions across Africa, and calling for the conversion of students and lecturers.

Dube sought the resurrection of individuals and communities from the death and paralysis wrought by stigma and discrimination to the life of compassion and acceptance of the reality of the HIV epidemic. Central to her crusade has been the conviction that theological colleges are strategically placed to transform the church's thinking on the subject of HIV. Consequently, she has sought to ensure that graduates of African theological institutions and departments of religious studies are adequately equipped to lead the response to HIV. Such was her conviction regarding the urgency of the situation that in 2005 she wrote, "The time for the integration of HIV/AIDS in our theological training programmes was yesterday!" (Dube 2001a:5).

Dube's call for relevant theological education in the era of HIV and AIDS is consistent with trends in African theology. From its inception in the late 1940s, African theology has stridently argued that African issues should be at the centre of the theological task on the continent. Theological debates in Europe and North America should not be exported to Africa without taking the African realities into account. Dube's insistence that graduates of African theological institutions must be "AIDS competent" stems from this underlying conviction that independent Africa should have sufficient intellectual courage to chart its own destiny, and to address its own issues. In this regard, Zimbabwean theologian Ambrose Mavingire Moyo writes:

The root cause of the crises of the ministry and Church in Africa most probably lies in the lack of a dynamic theological perspective on the part of the current Church leadership, in the application to Africa of theological responses to circumstances in Europe or America, and in persistent neo-colonialist missionary structures which

were developed within the context or even in collaboration with secular colonialist regime(s) (Moyo 1990:45).

For Dube, the reality of HIV and AIDS in Africa requires theological maturity on the part of theologians and church leaders. In her addresses to lecturers at theological institutions, Dube has noted that reliance on theological trends in Europe and North America resulted in “half-baked” graduates who were not equipped to respond to African issues. The era of HIV demands that African theologians rise to the occasion by presenting practical, life-saving solutions (Dube 2004c). This task cannot be out-sourced to outsiders, Dube argues. In addition, she maintains that African institutions can no longer afford to engage in abstract biblical studies. This theme is taken up by a fellow African woman biblical scholar, Modipoane Masenya, who argues:

If churches, theological institutions, (and) Church organizations never in their histories felt persuaded and challenged to engage the message of the Bible with peoples’ life situations, the HIV/AIDS epidemic is challenging us to do so today. If we have never considered the negative impact of gender inequalities in our theologies and biblical hermeneutics, the advent of the HI virus challenges us to make such a commitment (Masenya 2005:25).

Dube has provided academic leadership in the area of mainstreaming HIV and AIDS in theological programmes in Africa, illustrating the mainstreaming of HIV and AIDS in her own field of biblical studies. In her view, the onus is on every lecturer in theology and religious studies in Africa to examine their course content and find ways of including HIV and AIDS. Such an exercise would empower African researchers to realise that they have the potential to free themselves from Euro-American intellectual captivity. Dube came to engage with postcolonialism while addressing the theme of theology and the HIV epidemic, and she insists that African scholars have the right to chart their own intellectual destiny.

Dube's commitment to the struggle against HIV in the field of curriculum transformation has included examining the way in which courses such as African Traditional Religions (she prefers the term African Indigenous Religions) could be harnessed. She is convinced that Christianity should overcome its feeling of superiority and cooperate with other religions. Dube (2006a:148) calls for African scholars of religion to become "diviner-healers" in the response to HIV. She contends that the African practice of divining allows members of the community to come together to seek a common solution to their problems. Similarly, scholars of theology and religious studies in Africa must "divine" solutions to the HIV epidemic by probing how gender inequality, poverty, Africa's marginalisation and other issues support HIV and the attendant theologies of death.

Dube's contribution to the transformation of theological education in Africa in response to the HIV epidemic is not confined to residential training institutions, as she has presided over the writing of HIV and AIDS modules for Theological Education by Extension (TEE). Although she had by then left EHAIA/WCC, she continued to show her commitment to the cause by coordinating the production of the TEE modules on HIV and AIDS in 2005. These modules seek to extend coverage of HIV and AIDS in theological education to "the whole people of God". As Lucy K Kithome (2003) has argued, formal theological education is elitist. Dube responded to this challenge by promoting the mainstreaming of HIV in TEE. Although TEE faces many difficulties, Dube sought to ensure that TEE graduates are equipped to respond effectively to the HIV epidemic.

While European traditions have been, and remain, dominant in the study of African religions (Ludwig & Adogame 2004), Dube has regarded the HIV epidemic as an opportunity for African theologians and scholars of religion to assert their autonomy (Dube 2004c). This is consistent with her charge that colonialism and globalisation have not benefited, and do not benefit, Africans. From *Postcolonial feminist interpretation of the Bible* (Dube 2000b) to the *HIV/AIDS Bible* (Dube forthcoming), she has argued that African scholars must challenge European and North American hegemony in the academic, economic, cultural and political spheres. Drawing on her own experience as a student in the United Kingdom and America, Dube

(2000a:154) informs her readers that the bulk of what she learnt there was wonderful, but was not always directly relevant to her Southern African context, and that the HIV epidemic offers African theologians an opportunity to rise to their own challenges without needing to take paternalistic advice from outsiders.

As an active member of the Circle, Dube has played a noteworthy pioneering role in the adoption of the HIV & AIDS Curriculum for Theological Institutions in Africa (World Council of Churches 2001). In response to Dube's challenge to the Circle to publish on HIV and AIDS, the Circle has emerged as the most productive group of theologians writing on HIV and AIDS on the continent (Dube 2006b). Dube herself has been passionate about promoting African women's theology (Njoroge and Dube 2001), while at the same time calling for the mainstreaming of HIV and gender in theological programmes on the continent.

There has been progress in the mainstreaming of HIV and AIDS in African theological institutions following Dube's intervention. In addition, theological institutions in Asia have adopted the curriculum that Dube and others helped to formulate for African theological institutions. Her challenge to African theologians and scholars of religion to research and publish on HIV and AIDS has also elicited positive responses. Journals such as *Missionalia* (2001, 29(2)) and the *Journal of Theology for Southern Africa* (2006, 125(1) & 126(2)) have devoted special issues to the theme of HIV and AIDS. In addition, many lecturers in departments of theology and religious studies and theological institutions have published reflections on HIV and AIDS.

## **5 "FOR SUCH A TIME AS THIS" (Esther 4:14): DUBE AS AN AFRICAN CHRISTIAN WOMAN LEADER IN THE ERA OF HIV**

The theme of leadership in the response to the HIV epidemic has been a recurrent one. Effective leadership at various levels can and does make a difference. The theme for the World AIDS Day (1 December) of 2007 and 2008 is "leadership", promoted under the slogan, "Stop AIDS. Keep the Promise". Similarly, the Young Women's Christian Association (YWCA)/International Community of Women living with HIV (ICW) International Women's Summit, held

from 4 to 7 July 2007 in Nairobi, met under the theme “Women’s Leadership Making a Difference on HIV and AIDS”. From the foregoing discussion, it is clear that Dube has emerged as a young African Christian woman who has mobilised churches, institutions and other faith communities to respond to the HIV epidemic, and she has provided intellectual and practical leadership in this area. In her assessment of Dube’s work, Bridget Marie Monohan (2004:52) concludes that she is “an active realiser/motivator of real African social change”.

Driven by the conviction that the spirit of the Lord is upon her (Luke 4:18-19), Dube has felt empowered to challenge church leaders to journey with women in the era of HIV, and to banish stigma and discrimination. In the spirit of John the Baptist, who dared to call the Pharisees and Sadducees a brood of vipers (Matthew 3:7), Dube has not hesitated to castigate church leaders for their sins of commission and omission in the era of HIV and AIDS (Dube 2004b). She has in turn challenged African women to discard the tag of victim and work for their own liberation. Dube has demonstrated leadership abilities by her capacity to work with professional as well as community-based women.

Two concepts key to Dube’s recommendations concerning responses to the HIV epidemic are helpful in situating her own leadership. These are prophecy and divination. For Dube, prophecy plays a significant role in mobilising the Christian community to respond to the HIV epidemic. Prophecy entails confronting injustice, stigma and discrimination, poverty, exploitation and all forces of death. According to Dube (2003e:55), upholding the Christian identity implies engaging in prophetic action in the era of HIV. She has taken up this role effectively, proclaiming life in contexts of pain and death. Dube is therefore a contemporary prophet, who calls upon society to repent and address the HIV epidemic effectively.

The second concept that Dube has utilised emerges from indigenous African culture. She applies the concept of divination in a refreshing way to indicate a new model of leadership in the era of HIV. Although she has proposed communal divination as a model for future interventions, it is important to note that Dube has already under-

taken the divination. Public divination seeks to unravel the factors that support HIV and AIDS and to secure appropriate healing of both relationships and the physical body (Dube 2006a:149-151). As a diviner-healer, Dube has described the various factors that increase vulnerability to HIV. She has shattered the “us” and “them” dichotomy by demonstrating that the HIV epidemic affects the whole world. Her concept of the world living with HIV and AIDS underscores the need for global solidarity and action.

As prophet(ess) and diviner-healer, Dube has also played a vital role in advocacy. She has addressed important conferences and gatherings, where she has urged the strong and the powerful to respond effectively to the HIV epidemic. In particular, she has called on the rich nations of the world to contribute to the treatment and prevention of HIV. She has asked penetrating questions: Why should poor people die at a time when HIV should be manageable? Why do the rich countries overlook their responsibility to address global poverty? Why do men turn away when women remind them of their responsibilities? Why do adults wish to silence children when issues of justice come up? Dube has called for a transformation of power, arguing that power should be used to liberate, rather than oppress others.

Dube’s advocacy role has seen her place emphasis on the active participation of people living with HIV in HIV and AIDS programmes, and embrace the greater and meaningful participation of people living with HIV. The church should not claim to do theology on behalf of people living with HIV, she argues. Drawing on the concept of compassion, she maintains that people living with HIV and AIDS (PLWHA) constitute the key resource in the development of a theology of compassion. Introducing her TEE module entitled “A Theology of Compassion in the HIV and AIDS Era”, she writes:

The concept of PLWHA and the affected as agents is central to this module. The word **agent is therefore used to emphasize the active participation or role of PLWHA and the affected in the struggle against HIV&AIDS and its stigma.** Agency of PLWHA and the affected is vital to our articulation of a theology of compassion. That is, much as

**compassion refers to solidarity with the suffering and seeking change with them**, the concept of agency of PLWHA and the affected emphasizes their centrality as active subjects in building and giving compassion. Their voices, stories and lived experience must be the foundation of a theology of compassion. Compassion, in other words, does not patronize, silence or replace PLWHA and the affected as active subjects in the struggle against HIV&AIDS and its stigma and discrimination. Compassion, rather, is empowering companionship. A theology of compassion is a theology of empowerment and liberation that fully recognizes the human dignity and initiative of the oppressed in working out their own salvation (Dube 2005:7. Emphasis original).

Relevant leadership in the era of HIV requires upholding the rights and dignity of people living with HIV. During her workshops and seminars, Dube insists on the active and meaningful participation of people living with HIV. This strategy is helpful, as it avoids the pitfall of having people not living with HIV speak for people living with HIV. Dube's HIV and AIDS work is built around the premise that people living with HIV are best placed to articulate a theology of HIV. Solidarity with people living with HIV should not be an excuse for muffling their voices.

Dube's profile and achievements confirm the assertion that women's leadership is making a difference in the struggle against HIV and AIDS. Although men continue to wield power in most sectors, African women like Dube have demonstrated that they are capable of influencing positive change. As a woman of faith, a scholar, an activist and in other roles, Dube has displayed remarkable leadership qualities, and is an embodiment of the Circle's distinctive way of facilitating leadership (Njoroge 2005).

## **6 A REMARKABLE DAUGHTER OF AFRICA: AN OVERVIEW OF DUBE'S ENGAGEMENT WITH THE HIV EPIDEMIC**

The foregoing sections have provided details of Dube's contribution to the church's response to the HIV epidemic. She is a pioneer in

seeking to transform the church's theology, retraining church personnel with regard to HIV, as well as providing effective leadership. Like many women founders of AICs, Dube is a charismatic figure. She is a compelling public speaker, a dramatist and a very strong-willed individual. Her commitment to mentoring young African women scholars is unwavering. She has been keen to recruit as many activists to the HIV cause in Africa as possible. Below we highlight some of the areas in which she has made a distinctive contribution in the context of HIV.

### 6.1 Ecumenism

The church in Africa is fragmented. Alongside the mainline churches and the AICs, the wave of Pentecostalism has swept across the continent. These different strands of Christianity in Africa have responded to the HIV epidemic, but often in isolation. Dube has challenged the African church's immaturity in respect of ecumenism, and has mobilised Christians from diverse theological backgrounds to respond to the HIV epidemic in Africa. In line with her contention that every person and institution should be involved in the struggle against the epidemic, she has transcended denominational boundaries, and thus represents an admirable example of ecumenism from below (Kobia 2003:146). While the male leadership of the church continues to pay lip service to ecumenism, Dube and other African women theologians are actively involved in bringing together believers from diverse backgrounds. Dube has read the HIV epidemic as an opportunity to promote co-operation across denominations.

Dube's HIV and AIDS work is also interfaith in outlook. She has shared the stage with religious leaders representing a range of faiths, including Islam, Judaism, and African traditionalism. Her plea to lecturers in departments of religious studies and theological institutions is to examine how their courses, such as Islam in Africa and Studies in World Religions can be utilised to provide effective responses to HIV. In her own words, "HIV/AIDS calls the church to a wider ecumenism, which includes and embraces interfaith cooperation in the struggle against HIV/AIDS" (Dube 2002b:547). Of particular interest to her is the need to take the African cosmology



seriously when addressing HIV and AIDS (Dube 2006a). Dube's openness to different ways of being religious therefore allows her to accept that other religions can provide effective responses to the HIV epidemic. She subscribes to the view that "people of faith and the organisations they support can be invaluable collaborators in the fight to eradicate HIV and AIDS" (Lux & Greenaway 2006:107).

## 6.2 Redefining mission in the era of HIV

While missiologists debate the meaning of mission in the contemporary period, Dube has charged that the church's mission is to proclaim life amidst the negative impact of HIV and AIDS. Mission for Dube implies wiping away tears from the faces of African women, integrating people living with HIV, and surrounding those affected by HIV with love and compassion. Dube regards the HIV epidemic as an opportunity for the church to truly become church: warm, hospitable and loving spaces where those who are heavy laden find solace. In her own words:

The church needs to realize that today Jesus Christ stands amongst the suffering saying, "Look at me, I have AIDS." In this HIV/AIDS era, the greatest theological challenge for Christian believers is to grasp that Jesus is the face of every individual who is suffering with HIV/AIDS or who is affected and threatened by this disease. Whenever and wherever a person is stigmatised, isolated and rejected because of their HIV/AIDS status, the church needs to grasp that Jesus himself is discriminated against and rejected. All those women, whose gender makes it impossible for them to protect themselves, the helpless widows and millions of orphans, represent Jesus crucified in our midst. Most importantly, they underline the call to proclaim resurrection from all the death dealing social shackles that have buried many (Dube 2002b:540).

For Dube, mission in the era of HIV and AIDS implies that the church will provide an effective and sustained response to the epidemic. Mission entails being HIV and AIDS competent, that is, being able to proclaim life amidst death. HIV-competent churches are character-

ised by compassion and activism. They are “churches with loud voices” that press for the availability of antiretroviral drugs for all those who need them. They journey alongside marginalised groups such as sex workers and men who have sex with men. Dube is convinced that HIV offers an opportunity for the church to recover what it means to be church: a movement that accompanies people in vulnerable situations and reaches their places of pain. For Dube, mission in the era of HIV calls for “in-reach”; the church must begin by re-examining its theology and attitude towards people living with HIV, as well as the affected.

### **6.3 A theology of children**

African Christian theology has grown significantly since its inception in the 1950s, with diverse themes benefiting from scholarly reflections. In its early years it was dominated by men, but the 1990s saw African women theologians come to the fore and became particularly assertive. The observation that African theology has been adult-centred is therefore an accurate one. Dube has challenged this trend by drawing attention to the vulnerability of children in contexts of HIV and AIDS. Noting that the AIDS epidemic has resulted in an enormous increase in the number of orphans and vulnerable children in Southern Africa, Dube has called for a theology that takes children’s rights and welfare seriously. Building on Mark 9:33-37 and Mark 10:13-16, in which Jesus is socially subversive by empowering children, Dube maintains that the HIV era calls for a theology that puts children at the centre. She writes:

We have then sufficient biblical basis to spur us to an activist-oriented theology of children’s rights in the HIV/AIDS era. HIV/AIDS violates a child’s basic human and God-given right; namely, the right to live. It violates their right to grow up as secure people (Dube 2002a:33).

Dube’s exploratory essay on a theology for children in the context of HIV provides a helpful starting point in this discourse. She lays the foundation for theological reflections on children in the era of HIV, and emphasises that it will be crucial for such a theological task to take children seriously. Too often, theologians have undertaken

reflections on behalf of children, yet a theology of children in contexts of HIV in Africa must place children themselves at the centre.

#### **6.4 Socially engaged scholarship**

Dube has been able to combine quality scholarship with activism in the field of HIV and AIDS in Africa. While the debate on whether scholars should be socially engaged continues (Cox 2006:225), Dube has demonstrated the value of harnessing the two strands. Her work demonstrates that scholarship and activism are not mutually exclusive. Dube is equally at home in the lecture halls of prestigious universities and beneath a tree with AIC women in rural Botswana. She is willing to challenge patriarchy in metropolitan centres and within her university.

Given the gravity of the HIV epidemic, African scholars do not have the luxury of conducting research simply for its own sake. Dube's socially engaged scholarship provides a useful model in this regard. Scholars working in faculties of theology and departments of religious studies in Africa need to ensure that their research addresses people's lived experiences. Dube's work on HIV and AIDS in Africa demonstrates the value of socially engaged scholarship, and should inspire other scholars and activists.

#### **6.5 The power of performance**

Within her academic accomplishments, Dube has personally demonstrated the power of performance in addressing HIV and AIDS. Cognisant of the fact that orality and liturgy are key to the African worldview, Dube responds accordingly in her HIV and AIDS work. On this subject, she expresses herself as follows:

Liturgy (prayers, songs, sermons & church rituals) is one aspect that can be used to build constructive understanding and response to HIV&AIDS. To build compassionate churches our sermons, prayers and songs should bring our churches to that point of saying, "We have AIDS"; we are a church living with HIV&AIDS (Dube 2005:74).

Dube's appropriation of drama, songs, poems and symbols in the struggle against HIV and AIDS in Africa is an important reminder of the centrality of oral theology to Africa. Dube herself has been dramatic in some of her presentations, sometimes addressing meetings barefoot to convey prophetic action and urgency concerning HIV. A gripping play dealing with the stigmatisation of HIV and AIDS stigma is probably more effective than a thick volume condemning stigma, and Dube's storytelling method is effective in highlighting the complexities relating to the HIV epidemic. She has retrieved African orality and has made it a key part of the church's response to the HIV epidemic, which draws her closer to women prophetic founders of AICs.

## **7 OTHER WAYS OF READING: AN OVERVIEW OF CRITIQUES OF DUBE'S HIV AND AIDS WORK**

Dube (2003c:xi) admits that alongside that of others, her pioneering work on HIV and AIDS represents "dream" or "war" work that should not be canonised. Emmanuel Katongole (2005) praises Dube's contribution to the struggle against HIV and AIDS in Africa, but observes that she does not grant adequate space to the theological category of lament. Lovemore Togarasei (2007) acknowledges the importance of a re-reading of the Bible in the era of HIV and AIDS, but remarks that Dube and other scholars who "fight HIV and AIDS with the Bible" have not articulated a concise and convincing methodology as to how this could be done.

Perhaps one of the sharpest criticisms has come from the pen of Dube's colleague and compatriot Obed Kealotswe, who charges that the work of the WCC is elitist and does not integrate people living with HIV. Thus:

First, the problem with the works of the WCC is that they are academic and have nothing to do with people at grassroots level. Most of the writings are done by academics who provide theories on how to address the HIV/AIDS problem. Many of them have no research evidence that includes the actual experience of people living with HIV/AIDS. The works are not easily accessible

to the general public in sub-Saharan Africa. As a result, these works do not have any strong impact in providing a theological and ethical evaluation of the work of the Church in addressing HIV/AIDS in sub-Saharan Africa.

Secondly, none of the writings takes into consideration the different theological and ethical standpoints of the churches in sub-Saharan Africa. They lack theological and ethical contexts. As a result, they are completely ineffective and silent in addressing the political and economic problems that contribute greatly to the spread of HIV/AIDS in sub-Saharan Africa (Kealotswe 2007:24).

Our own analysis of Dube's work on HIV and AIDS and theology in Africa persuades us that she has perhaps placed too much emphasis on structural factors that increase vulnerability to HIV. While it remains critical to highlight the role of poverty, gender inequality and other factors, there is a danger of erasing individual responsibility in contexts of HIV. However, this should not lead to stigma and discrimination. Individuals should not feel powerless against HIV, as it is possible to adopt strategies that minimise vulnerability to it. In short, however, Dube's work on HIV and AIDS focuses on structural issues and downplays personal responsibility.

Although Dube has always been open to the possibility of active male participation in the response to HIV (Dube 2006b:5), she has tended to focus on women's vulnerability to HIV. This is understandable, given the numerous factors that have sponsored covenants of death against African women. It is clear, however, that the involvement of men will make HIV and AIDS programmes more effective. The empowerment of women must be accompanied by a transformation of masculinities if progress is to be achieved in the struggle against the epidemic.

Criticisms of Dube's HIV and AIDS work in no way undermine her sterling contribution to the field. In fact, some of the criticisms (those relating to lament and grassroots involvement, for instance) are shown in this article to be groundless. Other critics charge that Dube is "too feminist" or "too radical" in her challenge to the churches of

Africa. Such critics fail to appreciate her passion for the transformation of the continent. She is an advocate of gender justice and the inauguration of a new heaven and a new earth: one where women, children and men will enjoy abundant life.

## 8 CONCLUSION

The history of African Christianity has been characterised by a focus on charismatic women who initiated different movements across different historical epochs. Rarely have the intellectual achievements of African Christian women been the focus of discussion. There is a need to document and analyse the contribution of contemporary African Christian women to the growth and vitality of the faith on the continent. Musa Dube's significant contribution to the church's response to the HIV epidemic merits attention. Her exuberance, scholarly output and commitment to a world without HIV and AIDS make her a notable figure in contemporary African Christianity. Dube (2004b) calls upon the church to initiate a conspiracy of hope. She is a diviner-healer who has sought the healing of her continent in the time of HIV. It is said that revolutionaries never retire; Mma Aluta (Dube 2003d:104) was surely prophetic in naming her son Aluta, for the struggle against HIV and AIDS continues.

## WORKS CONSULTED

- Cimperman, Maria 2005. *When God's people have HIV/AIDS: An approach to ethics*. Maryknoll, NY: Orbis.
- Cox, James L 2006. *A guide to the phenomenology of religion: Key figures, formative influences and subsequent debates*. London: Continuum.
- De Waal, Alex. 2006. *AIDS and power: Why there is no political crisis – yet*. Cape Town: David Phillip.
- Dube, Musa W 2000a. *Batswakwa*: Which traveller are you (John 1:1-18), in West, Gerald O and Dube, Musa W (eds.), *The Bible in Africa: Transactions, trajectories and trends*, 150-162. Leiden: Brill.

- Dube, Musa W 2000b. *Postcolonial feminist interpretation of the Bible*. St Louis: Chalice.
- Dube, Musa W 2001a. Foreword in *HIV and AIDS curriculum for theological institutions in Africa*. Geneva: World Council of Churches.
- Dube, Musa W (ed.) 2001b. *Other ways of reading: African women and the Bible*. Geneva: World Council of Churches.
- Dube, Musa W 2001c. Preaching to the converted: Unsettling the Christian Church. *Ministerial Formation* 93, 38-50.
- Dube, Musa W 2002a. Fighting with God: Children and HIV/AIDS in Botswana. *Journal of Theology for Southern Africa*, 114, 31-42.
- Dube, Musa W 2002b. Theological challenges: Proclaiming the fullness of life in the HIV/AIDS and global economic era. *International Review of Mission* 91(363), 535-549.
- Dube, Musa W 2003a. *AfricaPraying: A handbook on HIV/AIDS sensitive sermon guidelines and liturgy*. Geneva: World Council of Churches.
- Dube, Musa W 2003b. Culture, gender and HIV/AIDS: Understanding and acting on the issues, in Dube, M W (ed.), *HIV/AIDS and the curriculum: Methods of integrating HIV/AIDS in theological programmes*, 84-100. Geneva: World Council of Churches.
- Dube, Musa W 2003c. Introduction: Towards multi-sectoral teaching in a time of HIV/AIDS, in Dube, M W (ed.), *HIV/AIDS and the curriculum*, vi-xiii. Geneva: World Council of Churches.
- Dube, Musa W. 2003d. Social location as a story-telling method of teaching in HIV/AIDS contexts, in Dube, M W (ed.), *HIV/AIDS and the curriculum*, 101-112. Geneva: World Council of Churches.

Dube, Musa W 2003e. The prophetic method in the New Testament, in Dube, M W (ed.), *HIV/AIDS and the curriculum*, 43-58. Geneva: World Council of Churches.

Dube, Musa W 2004a. Doing theological/religious education: A paradigm of shattered dreams and cul de saced roads. *Ministerial Formation* 102, 4-12.

Dube, Musa W 2004b. The conspiracy of hope: Yea still we rise! *Rethinking Mission* 2(3), 4-16.

Dube, Musa W 2004c. Theological education, HIV/AIDS and other challenges in the new millennium, in Galgalo, J & Le Marquand, G (eds.), *Theological education in contemporary Africa*. Eldoret: Zapf, 105-130.

Dube, Musa W 2005. A theology of compassion in the HIV and AIDS era. TEE Module 7. Unpublished/forthcoming.

Dube, Musa W 2006a. *Adinkra!* Four hearts joined together: On becoming healing-teachers of African Indigenous Religion/s in HIV and AIDS prevention, in Phiri, Isabel A & Nadar, Sarojini (eds.), *African women, religion, and health: Essays in honor of Mercy Amba Ewudziwa Oduyoye*, 131-156. Maryknoll, NY: Orbis.

Dube, Musa W 2006b. "In the circle of life": African women theologians' engagement with HIV and AIDS. Unpublished Consultancy Report submitted to the Ecumenical HIV/AIDS Initiative in Africa, Harare.

Dube, Musa W [forthcoming]. *The HIV/AIDS Bible: Selected essays*. Scranton: University of Scranton Press.

Dube, Musa W & Kanyoro, Musimbi (eds.) 2004. *Grant me justice! HIV/AIDS and gender readings of the Bible*. Pietermaritzburg: Cluster.



- Frieder, Ludwig & Adogame, Afe (eds.) 2004. *European traditions in the study of religion in Africa*. Wiesbaden: Harrassowitz Verlag.
- Katongole, Emmanuel. 2005. Embodied and embodying hermeneutics of life in the academy: Musa W. Dube's HIV/AIDS work. Unpublished paper. SBL/AAR Annual Meetings, Philadelphia, 19-22 November.
- Kealotswe, Obed 2007. The church and HIV/AIDS in Africa: An overview and ethical consideration, in Amanze, James A (ed.), *Christian ethics and HIV/AIDS in Africa*. Gaborone: Bay.
- Kithome, Lucy K 2003. Utilization of distance learning methods in combating HIV/AIDS among rural women Christians in Africa, in Phiri, Isabel A, Haddad, Beverly & Masenya, Madipoane (eds.), *African women, HIV/AIDS and faith communities in Africa*. Pietermaritzburg: Cluster.
- Kobia, Samuel 2003. *The courage to hope: A challenge for churches in Africa*. Nairobi: Acton.
- Lux, Steven & Greenaway, Christine 2006. *Scaling up effective partnerships: A guide to working with faith-based organisations in the response to HIV and AIDS*. Geneva: Ecumenical Advocacy Alliance.
- Masenya, Modipoane 2005. HIV/AIDS and African biblical hermeneutics: Focus on Southern African women. *Chakana: Intercultural Forum of Theology and Philosophy* 3(5), 21-35.
- Monohan, Bridget M 2004. Writing, sharing, doing: The Circle of Concerned African Women Theologians. Unpublished undergraduate Honours programme, Theology. Boston College.
- Moyo, Ambrose M. 1990. Theological education for ministerial formation and the Church in an African context, in Pobe, John S & Kadadjie, Joshua N (eds.), *Theological education in Africa: Quo vadimus?* 32-45. Geneva: World Council of Churches.

- Njoroge, Nyambura 2005. A new way of facilitating leadership: Lessons from African women theologians. *Missiology: An International Review* 33(1), 29-46.
- Njoroge, Nyambura & Dube, Musa W (eds.) 2001. *Talitha Cum: Theologies of African Women*. Pietermaritzburg: Cluster.
- Oduyoye, Mercy A & Kanyoro, Musimbi R A (eds.) 1992. *The will to arise: Women, tradition, and the church in Africa*. Maryknoll, NY: Orbis.
- Phiri, Isabel A, Govinden, Devakarsham Betty & Nadar, Sarojini 2002. *Her-stories: Hidden histories of women of faith in Africa*. Pietermaritzburg: Cluster.
- Togarasei, Lovemore 2007. Fighting HIV and AIDS with the Bible: Towards HIV and AIDS biblical criticism. Unpublished paper. AASR Conference, University of Botswana, 8-13 July.
- West, Gerald O & Dube, Musa W (eds.) 2000. *The Bible in Africa: Transactions, trajectories and trends*. Leiden: Brill.
- World Council of Churches 1997. *Facing AIDS: The challenge – The churches' response*. Geneva: World Council of Churches.
- World Council of Churches 2001. *HIV and AIDS curriculum for theological institutions in Africa*. Geneva: World Council of Churches.

