

## On Becoming a Change Agent: Journeys of Teaching Gender and Health in an African Crisis Context\*

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### ABSTRACT

This paper discusses my activities in the classroom and beyond to address African contexts of the HIV and AIDS crisis. Alongside an account of my strategies, encounters and journeys, I discuss the activist Gugu Dlamini and Mmutle, a trickster of African folklore. Both act as inspirations for the role of change agent.

### KEYWORDS

Botswana; Change Agent; HIV and AIDS; Gugu Dlamini; Mmutle

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### Introduction

A *change agent* is someone who is prompted by the demands of her (or his) context to take on the role of public leadership in order to effect change. This, in turn, changes the change agent herself in the process. In this paper, I share my journeys in the academy and with Faith-Based Organizations, highlighting how inhabiting the space of being a change agent is shaped by context, by experiences and by commitment to convictions, which in this case pertain to the alleviation of suffering and to the quest for liberation and the empowerment of the marginalized and oppressed. Whereas my commitment to teaching about the protection of rights on the grounds of gender, race, class, age, sexuality, ethnicity and colonial boundaries was nurtured in part by my identity, historical background and academic training, this paper highlights how the social category of health was thrust into my teaching and research agenda by living in the midst of the HIV and AIDS epidemic. Challenges and opportunities for teaching gender and health in African contexts will be drawn from the University of Botswana classroom experience, my travels within the continent of Africa, and from the interactions I have had with theologians and religious leaders on the subject of transforming the curriculum for mainstreaming gender, HIV and AIDS. I will preface these examples with two narratives, in order to capture more vividly something of the risk and something of the agility required for being a change agent. The first narrative is the true and tragic account of South African activist

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Gugu Dlamini. The second is the figure of Mmutle the hare, the trickster of southern African folklore stories.

## Remembering Gugu Dlamini

The year 2019 brings us to twenty-one years since the brutal killing of Gugu Dlamini.<sup>1</sup> Born in 1962, and beaten, stoned and stabbed to death in late 1998, Gugu Dlamini was a Zulu South African single mother and HIV+ activist. She had joined the National Association of People Living With HIV and AIDS and volunteered as one of their community educators. On December 1<sup>st</sup> 1998 (World AIDS Day), she disclosed her HIV+ status, speaking out both in a public stadium and on a Zulu language radio broadcast. Following her bold act, Dlamini was harassed, assaulted, beaten and pushed down a cliff. She was violently killed for openly telling her story and for assuming the role of teaching about HIV and AIDS in her community. As the Gugu Dlamini Foundation, inspired by and established in her memory, states on their website “[Dlamini’s] death highlighted the level of stigma in South Africa and the world in general for people living with HIV... and [the need] to keep fight[ing] against HIV and AIDS and Gender Based Violence.”<sup>2</sup>

Dlamini’s story brings us to the topics of women’s health, agency and teaching, which are potentially, as her tragically and brutally cut-short life demonstrates, acutely risky topics, especially so when women are on the margins. Dlamini was marginalized on account of many factors: she was poor, Black, a woman, subaltern,<sup>3</sup> a single mother, HIV+. Her story also brings us to Gayatri Spivak’s tough question: namely, “Can the Subaltern Speak?”<sup>4</sup> In this classic article Spivak tells the story of an Indian woman who is caught between Western imperialism and the patriarchy of her own people. In an attempt to resist the power of both, this woman is caught between a rock and hard place. She ends up committing suicide and is thus silenced in her very act of attempting to break silence. Spivak concludes that the subaltern can *not* speak, unless her status changes—when she is no longer subaltern. Spivak’s question and

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<sup>1</sup> Gugu Dlamini is not to be confused with sex worker activist Dudu Dlamini. Dudu Dlamini is another health leader of South Africa. Like Gugu Dlamini she has suffered brutal experiences. Dudu Dlamini is winner of the Prudence Mabele Award (July 2018), which was created in honour of the first Black woman in South Africa to reveal her HIV status publicly. The award is given in recognition of outstanding work in the area of gender justice and health equity activism. See Amy Green, “We Speak to Award-Winning Sex Worker Activist Dudu Dlamini,” Health E-News, 9 August 2018.

<sup>2</sup> For the Gugu Dlamini Foundation, see <http://gugudlaminifoundation.org/#>.

<sup>3</sup> The term ‘subaltern’ was coined by Antonio Gramsci and is used in postcolonial critical studies to designate colonized populations who within the power hierarchy established in colonial settings, are excluded or displaced and thereby denied any political voice. It refers to systemic and systematic oppression and to being designated “other” and barred access to the resources of cultural imperialism.

<sup>4</sup> Gayatri Chakravorty Spivak, “Can the Subaltern Speak?” in *Colonial Discourse and Post-Colonial Theory: A Reader*, ed. by Patrick Williams and Laura Chrisman (Hertfordshire: Harvester Wheatsheaf, 1994), 66–111.

conclusion are very important for underlining the suffocating constraints within the cultural, economic and political structures, which all marginalized people, and marginalized women in particular, endure – though, of course, to varying degrees, according to other factors of social location.

## Mmutle the Trickster and Being a Change Agent

I wrote and published an article that is in conversation with Spivak's and entitled "The Subaltern Can Speak: Reading the Mmutle (Hare) Way."<sup>5</sup> In this article I feature and analyze the folk stories of the southern African trickster figure, Mmutle<sup>6</sup> the hare. The hare, a small and weak animal, has to exist alongside the big and powerful animals, such as lions, elephants, rhino, hyenas, and human beings. Nonetheless, for all his disadvantages, Mmutle consistently and constantly challenges and tricks everyone – even those who had not made any attempt to oppress him, and even when he is invited to participate. It seems that the subtext of the southern African trickster stories is that the powerful have already been judged and found guilty by the subaltern and hence, they have to be challenged and treated at all times with suspicion, never to be humoured or trusted. Mmutle the hare trickster always mocks, provokes, challenges, insults and lies to the powers that be and to his whole community, with or without any apparent cause. Mmutle's persistent challenge and rejection of the powerful and the rest of the community, too, can be disturbing and almost borders on anarchy. Yet, in doing so, the Mmutle discourses underline that subalterns should remain highly conscious of the structures that they occupy and which militate against them. Consequently, what I take from this and want to stress is that *dedication to resistance should become an imperative way of life*.<sup>7</sup> This can mean that relentless dedication to resistance puts life in danger: in most stories about him, Mmutle faces danger and comes very close to death. But he escapes and wins, because Mmutle's weapon is his brain and his feet—that is, both the capacity to think

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<sup>5</sup> Musa W. Dube, "The Subaltern Can Speak: Reading the Mmutle (Hare) Way," *Journal of Africana Religions* 4/1 (2016): 54–75.

<sup>6</sup> This trickster, depicted as a hare, or rabbit, has other names and manifestations in a variety of African settings. He is called Uvundla among the Ndebele, for instance, and also Tsuru Magen'a. See Munyaradzi Mawere, *Divining the Future of Africa: Healing the Wounds, Restoring Dignity and Fostering Development* (Langaa PRCIG, 2014), 42.

<sup>7</sup> As with any other stories, the trickster narratives have multiple meanings depending upon each reader and their agenda. In this paper, the trickster is read from the perspective of the marginalized who employ multiple tools of resistance against their oppressors. Whereas, for example, the colonizers regarded the colonized as lazy, for the colonized, laziness was a strategy of resistance: the refusal to be exploited yet more in the colonial wage labour and its structures. In southern Africa, for example, hut tax was introduced to force African men to move away in order to undertake work in the mines. Needless to say, the colonial archives and persisting attitudes may still associate former colonized people with laziness, which reflects a colonial mindset—given that the supposedly lazy people powered plantations and homes of the comparatively inactive colonizers during the slavery era and afterwards. Arguably, trickery could also confirm stereotypes of subaltern untrustworthiness but my focus here is on dexterity and invention in the face of oppression.

creatively and trick the powerful, and the capacity to run away. The fate of Dlamini, however, confirms that brains, bravery and effort do not always win: risk is real.

In the southern African trickster discourse, which I read as a radicalizing subaltern discourse, there is an emphasis on the marginalized challenging the structures of oppression. The subaltern, as exemplified by Mmutle the hare, is inculcated never to give the structures of oppression any ease, but consistently to challenge and subvert them. Be that as it may, this indigenous discourse of agency does not deny that in doing so the change agent faces real danger: her or his life is on the line for daring to challenge the powers that be, their structures and their institutions. There is some agreement between Spivak's and Dlamini's stories: both graphically show that the subaltern's voice and acts of agency can be so constricted by structures of power that speaking becomes simultaneously the violent and permanent silencing of the subaltern. Perhaps, the most instructive rhetoric of Mmutle the trickster is that no matter how much danger one faces, the subaltern must never give up on disturbing those who hold power and must persevere in the quest for agency.

Sarah Gammage, Naila Kabeer and Yana van der Meulen Rodgers explain, focusing particularly on feminist activism, that "structure and agency are closely intertwined with manifestation of power." They point out, too, that, "feminists from all disciplines ... locate agency in the context of structural constraints."<sup>8</sup> Feminists, like other change agents, work within "structures [that] shape the agency of individuals and groups, but agency exercised by individuals and groups in turn shapes structures, reproducing, modifying and transforming them."<sup>9</sup> In other words, change agents bring about change even within settings that obstruct them – and they are also themselves transformed by this agency. Change agency is, therefore, a process of expanding empowerment through tenaciously employing various strategies and at various levels, both individually and collectively, against structures that constrain women and other marginalized persons and groups in a variety of contexts. Agency is practised in an array of forms and manifestations, such as in subtle bargaining, passive resistance, outright rejection, negotiation, and intentional moves to start a revolution—but always within constraints of structures and always towards the quest to increase or maintain representation and empowerment.

## **HIV and AIDS and Women's Health**

Opening this paper with Gugu Dlamini's story is meaningful and strategic for several reasons when exploring the theme of teaching about gender and health in Africa. First, it is important to remember that Dlamini was a community educator who has gone on, through the foundation named after her, to educate others long after her violent death. She was an educator and also part of a collective, because she had joined and she represented a support

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<sup>8</sup> Sarah Gammage, Naila Kabeer and Yana van der Meulen Rodgers, "Voice and Agency: Where Are We Now?" *Feminist Economics* 22/1 (2016), 2.

<sup>9</sup> Gammage, Kabeer and van der Meulen Rodgers, "Voice and Agency," 1.

group. Second, her story throws into stark relief the structural constraints working against Dlamini as she sought agency and gave her voice and then her life to defend persons struggling on the peripheries. Dlamini's story also highlights embodiment, since she was both a person living with HIV and a victim of gender-based violence.

The atrocity committed against Dlamini in response to speaking out, highlights violence against women as another major health issue. HIV and AIDS always bring out matters of power and oppression, through revealing the numerous interconnections between class, sexuality, gender, reproductive health, the disadvantages of the girl-child, and mental health. The HIV and AIDS epidemic shows up clearly how both the health of individuals and communal health are invariably connected by the social categories of gender, class, race, age, sexuality and disability, among others. And this has the consequence that the HIV and AIDS epidemic persistently reminds us that health is enmeshed with questions of justice and with the need to expand the boundaries of justice to encompass all members of our communities. In the past four decades, HIV and AIDS has functioned much like an apocalyptic<sup>10</sup> text, graphically and brutally revealing the truth we always knew: in this case, that those who do not have accommodation, food, jobs, clean water; those who do not have power to make decisions about their lives and to implement them; those who cannot speak and be heard; those who do not have resources; those who have no access to education are far more likely to find their health compromised and their potential and their life cut short. The situation has already placed them in harm's way.

It has, consequently, become a slogan to say HIV and AIDS is an epidemic within other social epidemics. This is because the epidemic demonstrated that individuals' power to abstain, be faithful, or to condomize,<sup>11</sup> was in large part dependent on their resources, their power to make decisions and implement them, as well as their capacity to control and protect their bodies—which, again, are all affected by the categories of gender,<sup>12</sup> class, race, sexuality and age. Hence, where people are subjected to gender inequality, poverty, age-based disempowerment, stigma, racial or ethnic discrimination, among others, they also tend to be less able to implement healthy choices. By this I mean choices that protect from infection in the first place and that, in the event of becoming ill, enable access to quality care and to compassionate embracement that protects from stigma and discrimination. Power hierarchies, institutions, agency, empowerment and health are all inter-connected and those lowest in the social hierarchy are most vulnerable to becoming infected with HIV and least

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<sup>10</sup> The word "apocalypse" literally means "revelation". While this revelation traditionally pertains in the Bible to a (frightening) future time, it is also rooted in turbulent and violent social circumstances. The two biblical apocalypses (chapters 7–12 from the book of Daniel and the book of Revelation) are believed to have originated in communities experiencing oppression from the Seleucids and Romans respectively.

<sup>11</sup> "Abstain, Be Faithful, Condomize" was, and still is, the slogan of one of the most prominent campaigns aimed at stemming the spread of HIV and AIDS. It was called the "ABC" campaign.

<sup>12</sup> For examples of this pertaining to gender, see the contributions in Musa W. Dube Shomanah and Musimbi Kanyoro, eds., *Grant Me Justice! HIV/AIDS and Gender Readings of the Bible* (New York: Orbis and Natal: Cluster, 2004).

likely to receive medication, support and care when they do. The revelations and apocalypses of HIV and AIDS show that teaching about health goes hand in hand with advocating for justice and against all forms of oppression.<sup>13</sup>

The need for sustained focus on health in the African context cannot be overemphasized. This is attested, for example, by the United Nations' progress report on the Sustainable Development Goals (SDGs).<sup>14</sup> While various factors (e.g. carbon dioxide concentrations and ocean acidity) are highlighted as of worldwide concern, southern Africa, where the HIV and AIDS epidemic is also most entrenched, is identified as of particular concern.<sup>15</sup> Several of the SDGs are proving particularly challenging in large parts of the African continent, including SDG 1, on ending poverty; SDG 2, on ending hunger; SDG 3, on ensuring a healthy life and promoting well-being, including in the area of reproductive health and infectious diseases; SDG 4, focused on quality education; SDG 5, pertaining to gender equality; SDG 6, focused on clean water and sanitation; and SDG 7, working towards affordable and clean energy.<sup>16</sup> Teaching about gender and health in Africa remains imperative for achieving the SDG global agenda by 2030.

As I reflect, Dlamini's violent death raises more questions for me as a teacher and HIV and AIDS activist. Does one have to, or should one be prepared to die for one's commitment to educate for transformation? Is the death of a brave advocate the price for the health and justice of the many? Yes, teachers and activists undertake their role because they seek the betterment of life for communities; often they seek to counteract death-dealing structures in their societies or institutions. Their own death, or the death of their followers, is not in most cases their choice or aim, but because such advocacy challenges social structures and institutions, as well as relationships, danger becomes part of resistance and change-seeking. Like Mmutle the trickster, one must always look for ways to escape from danger in order to continue pushing at the boundaries but, like Dlamini, one may not always escape. Indeed, commitment to teaching for justice and health and the continuous engagement with the powers that push back, can force one to come to the resolution of Nelson Mandela in his

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<sup>13</sup> I and others have used biblical texts to advocate for social justice and to make visible and resist HIV and AIDS-related oppressions. For examples, see the contributions in Musa W. Dube, ed., *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Programmes* (Geneva: World Council of Churches Publications, 2003). This volume writes HIV and AIDS into the Bible and into reading for liberation and social transformation.

<sup>14</sup> See United Nations, *Sustainable Development Goals Report*, 2019, <https://www.un.org/sustainabledevelopment/progress-report/>. For another report from the same year, which focuses specifically on the impact of religion and religious actors on the aims of the SDGs, see Jorg Haustein and Emma Tomalin, "Keeping Faith in 2030: Religions and the Sustainable Development Goals," Humanitarian Academy for Development, 2019, <https://had-int.org/e-library/keeping-faith-in-2030-religions-and-the-sustainable-development-goals/>.

<sup>15</sup> For instance, the report states that "three quarters of stunted children live in Southern Asia and sub-Saharan Africa" (United Nations, *Sustainable Development Goals Report*, 2019).

<sup>16</sup> There are 17 SDGs in total.

struggle against apartheid: "It is an ideal for which I hope to live.... But... if it needs to be, it is an ideal for which I am prepared to die."<sup>17</sup> Mandela endured much but eventually walked out of prison to play a crucial role in the birth of South Africa's rainbow nation.<sup>18</sup> Other activists, such as Gugu Dlamini, Martin Luther King Junior, Chris Hani, Steve Biko, among very many others, did not enjoy the same opportunity.<sup>19</sup> With all of them, their violent bodily death did not silence their mission and purpose, which lived on in their followers and admirers. The Gugu Dlamini Foundation is one example of this posterity and continued activism. It has been established to keep Dlamini's memory alive and to carry out projects addressing gender based violence, achieving women's empowerment by promoting their socio-economic, sexual and reproductive rights, offering life skills courses and promoting the well-being of girl-children, as well as courses on art and sports, which are an integral part of physical and mental health.<sup>20</sup> There are very many African examples of those who died for daring to be change agents and whose voices lived on past their physical death.<sup>21</sup>

## Being a Change Agent: Into Africa

Over the past decades, I have thrown in my lot with those many others who became change agents in the struggle against HIV and AIDS. In this endeavour, my agency has been enabled by my social location. First, I had family education. My grandmother was this awesome storyteller and singer and my mother was a Bible reader and singer. And so I grew up being very active in church and fancying myself a future creative writer from a young age. My teenage years and early twenties were marked by lots of singing in choirs, in duets and as a soloist. I also spent my undergraduate time with the writers' club, writing poems, short stories and planning novels. Later, I would occupy the stimulating institutional space of the academy, which encourages the generation of ideas, researching, writing, publishing and teaching. As a

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<sup>17</sup> These famous words formed part of Nelson Mandela's three-hour speech, given on 20 April 1964 from the dock of the defendant at the Rivonia Trial. This trial culminated in the imprisonment of Mandela.

<sup>18</sup> The name "rainbow nation" is associated with Archbishop Desmond Tutu who used it to describe his hopes for a peaceful post-apartheid South Africa, no longer riven by separations along colour lines. Not everyone accepts the ideal of the rainbow nation (e.g. Sisonke Msimang, "The End of the Rainbow Nation Myth," *The New York Times*, 12 April 2015).

<sup>19</sup> In Africa alone the list can be greatly prolonged. One of the earliest recorded is Kimpa Vita (1684–1706), leader of an African-centred Christian movement and celebrated still as an antislavery figure and an inspiration for modern democracy movements. She was burned as a heretic, with the consent and counsel of Capuchin friars.

<sup>20</sup> See The Gugu Dlamini Foundation, see <http://gugudlaminifoundation.org/#>.

<sup>21</sup> Just as Mmutle provided me with a fillip for reflection as I contemplated subaltern resistance and subversion, so I am again reminded of a figure from African folklore. This time it is Utentelezandleni from an oral tradition. According to the story, she was a young girl, buried by the girls of her village, but she sang out from her grave, telling her story. For more on this, see Musa W. Dube, "Fifty Years of Bleeding: A Storytelling Feminist Reading of Mark 5:24–43 (A Gender Personified Perspective on the Effects of the Christian European Colonization of Africa)," *The Ecumenical Review* 51/1 (1999): 11–17. Also relevant here is the Zimbabwean concept of *ngozi*, according to which the spirit of a person who has died or been killed unjustly returns for vengeance.

member of the academy, I also became a member of the Circle of Concerned African Women Theologians,<sup>22</sup> which particularly supports research, writing and publications with a cause: namely, the empowerment of African women in the face of all that militates against them.

HIV and AIDS broke into our communities in the early 1980s and one of my first responses was to write a short story, which I later published.<sup>23</sup> In the 1990s, as the epidemic continued to make visible marks on our communities, I wrote songs, poems and prayers. I did not publish most of them but I continued writing, hoping to mobilize the interdenominational choir, *Hope for Today*, with whom I had a long-standing association, to sing songs I had written and to produce an album, the publicity and proceeds of which would support orphans. I was by then studying towards my PhD in the USA. When I returned to Botswana in 1997, I was bringing with me a collection of songs, poems and prayers, but five years on from my departure, most members of *Hope for Today* were scattered across Botswana and beyond. 'My' choir was no longer there in Gaborone (the capital city of Botswana).

But I did not give up. I tried practising as a soloist. I tried raising funds to sponsor an album and also the production of a documentary video to use as a teaching tool in churches. I ended up spending mostly my own money but finally received funding for the video from the World Council of Churches (WCC). And so, I produced a documentary.<sup>24</sup> The video is in two languages, Setswana and English, and was intended better to equip churches for tending to the needs of children orphaned as their older relatives succumbed to HIV and AIDS. The video documents what churches were doing or not doing, and sought to motivate more churches into action. Named *AfricaThapelong/AfricaPraying*, it was launched through the Botswana Council of Churches, an ecumenical organization. It went on to be used not only in Botswana but (facilitated by WCC) also internationally.

As with Mmutle, the circumstances around me had made me inventive. As I write, I realize that in responding to HIV and AIDS, my actions in the academic space came well after my actions in the wider community and in churches. Creative outputs, compositions for church settings, and the documentary all came before I took HIV and AIDS into the university classroom or made it part of my academic outputs, such as publications and conference presentations. But the pressure of the HIV and AIDS health crisis thrust the issue into my academic realm, too. This is because the late 1990s were a significantly different time from the late 1980s or early 1990s. Deaths reached their zenith. The pressures came from multiple

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<sup>22</sup> The Circle held its 5<sup>th</sup> Pan-African congress at the University of Botswana in July 2019. For a history of this dynamic and empowering group, founded by Mercy Amba Oduyoye in 1989, see NyaGondwe Fiedler, *A History of the Circle of Concerned African Women Theologians 1989–2007* (Oxford: African Books Collective/Project MUSE, 2017).

<sup>23</sup> Musa W. Dube, "Years of Fear and Uncertainty," *Kutlwano Magazine* (April 1992): 30–33. This was followed by my later composition, "They Should Not See Him," in Nobantu Rasebotsa (ed.), *Nobody Ever Said AIDS: Stories & Poems from Southern Africa* (Cape Town: Kwela Books, 2004), 152–57.

<sup>24</sup> Musa W. Dube, *AfricaThapelong: Dikhutsana Ditlhoka Lorato/AfricaPraying: Orphans Need Love*, a documentary video in two languages (Setswana and English) (Gaborone: Botswana Council of Churches, 2000).



directions and stemmed from the virus' incurability, the unaffordability of drugs, from heightened stigma and discrimination, from the length of suffering and of the accumulating burdens of caregiving, from the massive death toll and the constant funerals, from the rising numbers of orphaned children, from the gendered nature of the epidemic, which saw women struck down in greater numbers. And this was a crisis situation that demanded responses from *all* areas—it demanded that *everyone* commit to educating for understanding and to arresting and managing HIV and AIDS and its impact.

I am a scholar of the New Testament and I often felt overawed and overwhelmed by my context, marred as it was by death and hopelessness. I did begin to question the relevance and purpose of teaching my subject. After all, according to the rate of infection at that time, half of my students would be dead within a decade.<sup>25</sup> Indeed, students were disappearing from class: either, because they were taking care of parents or orphaned siblings, or because they were grieving, or sick themselves. With some who remained, I noticed a sudden drop of marks, which was probably often due to the devastating impact of the epidemic on their individual, family and communal lives.

But I was also struck in new ways by my research subject, the New Testament, because it seemed to be so contrary to our HIV and AIDS context. And this, in turn, forced me to rethink its relevance and to search for points of reconciliation. The gospels, which I was teaching at the time, feature Jesus healing every disease, even incurable ones. Jesus dispels stigma by touching the untouchable: lepers (Matt 8:3; cf. 10:8) and bleeding women (Matt 9:20-22; Mark 5:25-34; Luke 8:43-48).<sup>26</sup> And he also speaks up for the ostracized: for sex workers and tax collectors (Matt 21:31). Jesus restores the dead to life: this is what happens in the stories of Lazarus (John 11) and of Jairus' daughter (Matt 9; Mark 5; Luke 8). But in my context of the HIV and AIDS crisis, those who were infected and ill were stigmatized, shunned, isolated and feared. The spread and incurability of HIV and the unaffordability of drugs at that time meant that those afflicted were sentenced to social isolation, spiritual loneliness and a drawn-out death. The New Testament stories of healing projected a very different world. The stories

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<sup>25</sup> I have written of this elsewhere. See, Musa W. Dube, "Remembering the Teacherly Moments of the HIV and AIDS Texts," *International Bulletin of Mission Research* 43/4 (2019): 320–34; Musa W. Dube, *The HIV and AIDS Bible: Some Selected Essays* (Scranton: The University of Scranton Press, 2008) and Musa W. Dube, ed. *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Education* (Geneva: WCC Publications, 2004).

<sup>26</sup> The word widely translated "leprosy" in the Bible is likely to refer to Hansen's disease, an infection of the skin and nerves caused by slow-growing bacteria. According to Levitical law, contact with persons affected by such diseases (Lev 13), just like contact with persons who have either menstrual or normal or abnormal genital discharges (Lev 15), is circumscribed. It appears disease is linked in Leviticus above all to impurity rather than moral onus. This is less clear elsewhere in the Bible where disease is sometimes associated with curses and sinfulness. For more detail on this, including with reference to HIV and AIDS, see Johanna Stiebert, "Does the Hebrew Bible Have Anything to Tell Us About HIV/AIDS?" in *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Programmes*, ed. Musa W. Dube (Geneva: World Council of Churches Publications, 2003), 24–34. Jesus does not subscribe to Levitical prohibition but comes into deliberate physical contact with the afflicted instead.

held up a card of hope amid hopelessness, by intimating that healing is possible.<sup>27</sup> They called upon faith-based Christian communities to become havens of hope, healing and compassion.<sup>28</sup>

The challenges posed by the epidemic called for creative response in all of my teaching, interpretation of the gospels, research and writing. I decided to take the gospel stories of healing and give them to my students to go out and read them with around four different people in the community, probing their relevance and meaning in settings where there was no healing. Students compiled their findings and presented them to the class. Communal engagement returned interpretations that concluded that healing *is* God's will and that healing *will* ultimately come.<sup>29</sup> The exercise encouraged students to think about and critically reflect on the impact of HIV and AIDS on their communities, to talk about HIV and AIDS openly, to examine their own spiritual response to HIV and AIDS and sometimes, together with faith community members, to embrace their partnership with God in negotiating healing and hope where there was no healing and where hope seemed absent. Not only did this task, where students left the University setting and applied their learning within the wider community, build bridges and trust between the academy and the wider community, it also gave rise to new theological frameworks for reading. Communication and learning worked in both directions and the presentation of findings created a space for breaking the silence in the classroom, allowing us to talk about HIV and AIDS as a health issue that affected *all* of us. The very act of breaking the silence in the classroom gave rise to a space for healing and for activism, because we together acknowledged that there is a problem and that we could collectively do something about it. I also encouraged students to focus on HIV and AIDS for their research projects, stressing my willingness to supervise students who wished to pursue this line of research. These small moves would later include encouraging my fellow colleagues to write and present papers on HIV and AIDS from their various disciplines, alongside my own commitment to including HIV and AIDS in whatever paper I needed to write or whichever

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<sup>27</sup> To be acknowledged here is that the stories of Jesus' healing ministry are subject to multiple interpretations and meanings and have various possible impacts. Whereas in the HIV and AIDS context they were often read as beacons of hope, they can also be read as stories that marginalize and oppress. For example, for people with disabilities these stories can be read as subjugating them to assessments of being deficient and in need of improvement, or to prayers of healing on account of something that is constituent of and sometimes cherished as formative of their identity. They might also be blamed for having too little faith when healing does not occur. In such contexts Jesus' stories of healing are liable to oppressing persons with disabilities.

<sup>28</sup> I discuss this more fully elsewhere: see Musa W. Dube, "Healing Where There is No Healing: Reading the Miracles of Healing in an AIDS Context," in *Reading Communities Reading Scripture: Essays in Honor of Daniel Patte*, ed. by Nicole Wilkinson and Gary Phillips (Harrisburg: Trinity Press, 2002), 121–33.

<sup>29</sup> See, Musa W. Dube, "Mark's Healing Stories in an AIDS Context," in *Global Bible Commentary*, ed. by Daniel Patte, J. Severino Croatto, and Nicole Wilkinson Duran et al. (Nashville, TN: Abingdon, 2004), 379–84.

public lecture I gave. The results of mobilizing my colleagues to address HIV and AIDS were published in a special edition of the journal *Missionalia*.<sup>30</sup>

These various experiments and my determination to push HIV and AIDS education in churches and in the academy later led to my continent-wide assignment with WCC to train theological leaders about HIV, AIDS and about gender. Gender has enormous bearing on HIV and AIDS and yet neither churches nor theological institutions were mainstreaming gender education. In many instances such education was inadequate and even nonexistent. Moreover, this was not showing signs of changing and was contributing to the spread and misery of HIV and AIDS. Consequently, the WCC made it possible for me to leave my post at the University Botswana for a fixed term in order to undertake the Africa-wide role of developing context-specific skills and strategies for mainstreaming gender, HIV and AIDS in a variety of WCC programmes.

The task was not only to *be* a change agent but also to train *other* change agents. It was intense. The assignment was big and theological-specific materials on HIV and gender were not yet readily available, so the training of trainers and the production of suitable materials in a variety of theological areas, occurred simultaneously. Collaboration with the Circle of Concerned African Women Theologians (henceforth Circle), INERELA+<sup>31</sup> and with other scholars and leaders was extremely helpful and productive, yielding important resources for practical application.<sup>32</sup> Given that HIV and AIDS put African women at the centre of the storm, the Circle, under the leadership of Isabel Phiri, chose to take it up as its research theme for seven years, thereby stimulating the production of yet more publications. The Circle's support for theological-specific work on HIV and AIDS was also very effective in assisting academic institutions Africa-wide and worldwide so that HIV would become mainstreamed in more and more teaching programmes.

For churches, meanwhile, I designed "Training of Training" (TOT) workshops on the theme of compassion and I invited about ten scholars to write sermon outlines on various HIV and AIDS topics, targeting different groups, as well as specific seasons and moments in the church calendar and in people's lives. The compilation became the edited book

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<sup>30</sup> Musa W. Dube with Tinyiko S. Maluleke, eds., *Missionalia* 29/2 (2001).

<sup>31</sup> INERELA+ stands for the International Network of Religious Leaders Living with HIV and AIDS. It has a sub-group called ANERELA+, the African Network, founded by Canon Gideon Byamugisha. There exist also national variants, such as UNERELA, the Ugandan Network. Their slogan is "Positive Faith in Action" and the network seeks "to empower its members to use their positions within their faith communities in a way that breaks silence, challenges stigma and provides delivery of evidence-based prevention, care, and treatment services" (INERELA+, <http://inerela.org/>, 2018).

<sup>32</sup> E.g. Isabel Apawo Phiri, Beverley Haddad and Madipoane Masenya (ngwana' Mphahlele), eds., *African Women, HIV/AIDS, and Faith Communities* (Pietermaritzburg: Cluster Publications, 2003) and Dube and Kanyoro, eds., *Grant Me Justice!* (2004).

*AfricaPraying*,<sup>33</sup> which was distributed worldwide and has had five reprints. The narratives of people living with HIV and AIDS were for me of particular significance in all these attempts to inspire change agents. This is because the stigma and discrimination around HIV and AIDS were a major hindrance in all our endeavours to break the silence and enable helpful action and response. Giving faces and words to the disease, humanized and made vivid the lives and hardships behind HIV and AIDS. And this was crucial in making change possible. To achieve this, I worked in several workshops with Canon Gideon Byamugisha, the first African priest to openly declare his HIV status, and I began also to draw on his organization ANERELA+, which provided us with names of HIV+ priests and church leaders who were out about their status and story. I would open each workshop by featuring a church leader who would speak of his or her HIV status. Their stories created a context of ownership, inclusion and compassion, highlighting that if one member is HIV+, the church of God is HIV+.

### **Challenges: Gender, Condoms and Whoredom**

For the most part, because challenge was all around and helpful resources few, there was thirst for a space to talk, learn about, and engage with HIV and AIDS, both from lecturers of theology and from religious leaders. But this widespread eagerness to find out more does not mean I did not encounter difficulties and tensions. I recall that from the start, the question was posed to WCC, “Why are you sending this little girl to speak to church leaders all over Africa?” Gender- and age-based doubts were raised concerning my capacity to speak to and be heard by church leaders.

One of the rejections I experienced was from a principal of a Lutheran theological seminary in my country. He was a Finnish white man. I sent the curriculum for mainstreaming HIV and AIDS to him and asked to see him, regarding a TOT I was planning to hold and to see if he could host it in his institution. He granted me an appointment. Upon my arrival, he informed me that unfortunately neither he, nor his lecturers could participate in the TOT, because, while HIV and AIDS was indeed a very serious issue, I was “playing feminist games.” Apparently, the centrality of gender in my proposed curriculum annoyed him. So I went knocking elsewhere to organize the Botswana TOT.

While running a TOT workshop for church leaders in Brazzaville (Congo) on a theology of compassion for Central Africa, one pastor came to talk to me during the tea break. As he spoke French and I did not, I asked someone to translate. The translator told me that the pastor said, “Compassion is for women!” In response, I said, “Since the Church is the Bride of Christ, you are already covered.” While these two pastors verbalized their protest about the centrality of gender in my HIV and AIDS workshops openly, in other cases I found protest in the evaluation forms. It often took a form like this (I paraphrase): “This workshop was

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<sup>33</sup> Musa W. Dube, ed., *AfricaPraying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy* (Geneva: World Council of Churches Publications, 2004).

excellent, but you almost spoiled it with your gender stuff.” But my mandate remained that training academic and faith leaders had to focus on both gender and HIV/AIDS.

But *nothing* was more interesting than the subject of condoms. I quickly learned that the subject was taboo. It would be at my own risk to bring it up, for once it was out, there was often an impasse or suspicion and good faith was lost. I could only broach the topic of condoms at the risk of spoiling a TOT workshop. I did wonder why a piece of plastic over a penis to protect life would raise such strong, emotional resistance and why faith leaders could not tolerate such a thing. But perhaps the condom was the most powerful metaphor for transmitting the message that patriarchal privilege of controlling and possessing the female body had to be relinquished. The condom metaphor said, “Sperm needs to be released into a small plastic bag and disposed of in the trash—not deposited in a woman’s womb.”<sup>34</sup> The resistance to such a suggestion was intense among the church leaders. I quickly reorganized my approach and would wait for the topic of condoms to be raised by the participants, rather than introduce it myself.

Perhaps the most amazing resistance I encountered was from an East African church and ecumenical leader. We were at the All African Conference of Churches assembly in Cameroon. Prior to the assembly, I had been asked to draft the Ten Commandments of HIV and AIDS.<sup>35</sup> They were to be short and crisp and to assist the members of the African churches gathered at the assembly to take away key messages about HIV and AIDS to pass on to their congregations. And so I set to work on my task. The Cameroonian church had organized a huge candle for the presentation service. I brought in Gideon Byamugisha and several other priests living openly with HIV, and I asked them to lead the church in reading the commandments. It was an awesome moment. As soon as the service ended and people had dispersed, the East African church leader came to me and said, “I heard that wherever you go, in all the African countries where you go to train, HIV infections increased!” He said it suggestively. And then he left me standing there to absorb his statement. Wow! I was devastated. I realized that he hated me and perhaps even that he hated that I was a woman, exercising agency inside the church to address HIV and AIDS. He laid at my feet an accusation: “You are not helping, you are spreading HIV and AIDS in Africa.” Gugu Dlamini was hated, too, and, like other women, she was blamed for bringing HIV home and blamed for talking about HIV and AIDS. For her, this hatred turned deadly. She was killed for teaching for transformation and justice in her community. The pastor made me feel that hatred and sense its potential for deadliness.

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<sup>34</sup> See, Musa W. Dube, “Youth Masculinities and Violence in an HIV&AIDS Context: Sketches From Botswana Cultures and Pentecostal Churches,” in Ezra Chitando, ed., *Redemptive Masculinities: Men, HIV and Religion* (Geneva: World Council of Churches, 2012), 323–54.

<sup>35</sup> These commandments are published in Musa W. Dube “The HIV & AIDS Decalogue,” in *The HIV & AIDS Bible: Selected Essays* (Scranton: The University of Scranton Press, 2008), 207–08.

## Conclusion

In the HIV and AIDS context, teaching to transgress and teaching for activism was and is imperative. The context compels the need to change the methods and the content of teaching. My classroom space became porous and extended to involve the wider community, both to learn with and from and to teach the community. This required the dexterity of Mmutle, so that learning could occur through interaction with a challenging context. Teaching often called for experimental, experiential, interdisciplinary and transformative strategies – it was a case of learning as you go. It was also about developing trust, because teachers and learners worked closely together. Sometimes this posed risks and for Gugu Dlamini the risk was deadly. Such teaching laid bare life stories; some, like Gideon Byamugisha, disclosed their HIV+ status and gave a human face and an embodiment of fortitude and optimism to a dreaded disease, thereby connecting with a community of learners who, above all, needed to hear about hope in hopelessness and about transcending stigma and discrimination. An important part of healing and of multiplying the possibility of healing spaces, requires that we be agents of justice. In this way we can multiply and nurture places of justice within our families, communities, nations, and throughout the continent and world. “The struggle to overcome HIV and AIDS is not over. The graves of 35.4 million people who died in my lifetime from this disease still call on us all to reflect on what we teach, why we teach and how we teach. Silent graves call loudly out to us to break the silence, with acts of resurrection.”<sup>36</sup> Amongst these millions of graves is the grave of Gugu Dlamini. The very fact that a foundation exists in her memory, promoting what she sought to do for her community, attests to her resurrection and to her speaking from the grave. Her voice invites us to join trickster intellectual communities<sup>37</sup> and I have tried in my way to follow her invitation.

## Works Cited

- Dube, Musa W. “Remembering the Teacherly Moments of the HIV and AIDS Texts.” *HIV/AIDS and Faith-Based Studies* (2019). DOI: 10.1177/2396939318821515.
- Dube, Musa W. “Let There be Light: Birthing Ecumenical Theology in the HIV and AIDS Apocalypse.” *The Ecumenical Review* 67/4 (2016): 531–42.
- Dube, Musa W. “The Subaltern Can Speak: Reading the Mmutle (Hare) Way.” *Journal of Africana Religions* 4/1 (2016): 54–75.

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<sup>36</sup> See Dube, “Remembering the Teacherly Moments,” 329.

<sup>37</sup> For more on this, see Musa W. Dube, “A Luta Continua: Toward Trickster Intellectuals and Communities,” *JBL* 134/4 (2015): 890–902 and Musa W. Dube, “Let There be Light: Birthing Ecumenical Theology in the HIV and AIDS Apocalypse,” *The Ecumenical Review* 67/4 (2016): 531–42.

- Dube, Musa W. "A Luta Continua: Toward Trickster Intellectuals and Communities." *Journal of Biblical Literature* 134/4 (2015): 890–902.
- Dube, Musa W. "Youth Masculinities and Violence in an HIV & AIDS Context: Sketches From Botswana Cultures and Pentecostal Churches." Pages 323–54 in *Redemptive Masculinities: Men, HIV and Religion*. Edited by Ezra Chitando. Geneva: World Council of Churches, 2012.
- Dube, Musa W. *The HIV & AIDS Bible: Selected Essays*. Scranton: The University of Scranton Press, 2008.
- Dube, Musa W., ed. *AfricaPraying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy*. Geneva: World Council of Churches Publications, 2004.
- Dube Shomanah, Musa W. and Musimbi Kanyoro, eds. *Grant Me Justice! HIV/AIDS and Gender Readings of the Bible*. New York: Orbis and Natal: Cluster, 2004.
- Dube, Musa W. "Mark's Healing Stories in an AIDS Context." Pages 379–84 in *Global Bible Commentary*. Edited by Daniel Patte, J. Severino Croatto, Nicole Wilkinson Duran et al. Nashville, TN: Abingdon, 2004.
- Dube, Musa W. "They Should Not See Him" Pages 152–157 in *Nobody Ever Said AIDS: Stories & Poems from Southern Africa*. Edited by Nobantu Rasebotsa. Cape Town: Kwela Books, 2004.
- Dube, Musa W., ed. *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Programmes*. Geneva: World Council of Churches Publications, 2003.
- Dube, Musa W. "Healing Where There is No Healing: Reading the Miracles of Healing in an AIDS Context." Pages 121–33 in *Reading Communities Reading Scripture: Essays in Honor of Daniel Patte*. Edited by Nicole Wilkinson and Gary Phillips. Harrisburg: Trinity Press, 2002.
- Dube, Musa W. with Tinyiko S. Maluleke. *Missionalia* 29/2 (August 2001).
- Dube, Musa W. *AfricaThapelong: Dikhutsana Ditlhoka Lorato/AfricaPraying: Orphans Need Love*. A documentary video in two languages (Setswana and English). Gaborone: Botswana Council of Churches, 2000.
- Dube, Musa W. "Fifty Years of Bleeding: A Storytelling Feminist Reading of Mark 5:24-43 (A Gender Personified Perspective on the Effects of the Christian European Colonization of Africa)." *The Ecumenical Review* 51/1 (1999): 11–17. Available online: DOI: 10.1111/j.1758-6623.1999.tb00374.x.
- Dube, Musa W. "Years of Fear and Uncertainty." *Kutlwano Magazine* (April 1992): 30–33.
- Fiedler, NyaGondwe. *A History of the Circle of Concerned African Women Theologians 1989–2007*. Oxford: African Books Collective/Project MUSE, 2017. Available online: [muse.jhu.edu/book/56506](http://muse.jhu.edu/book/56506) [accessed 27 November 2019].

- Gammage Sarah, Naila Kabeer and Yana van der Meulen Rodgers. "Voice and Agency: Where Are We Now?" *Feminist Economics* 22/1 (2016): 1–29. DOI: 10.1080/13545701.2015.1101308
- Green, Amy. "We Speak to Award-Winning Sex Worker Activist Dudu Dlamini." Health E-News, 9 August 2018. Available online: <https://www.iol.co.za/news/south-africa/western-cape/we-speak-to-award-winning-sex-worker-activist-dudu-dlamini-16462486> [accessed 24 November 2019].
- The Gugu Dlamini Foundation. Available online: <http://gugudlaminifoundation.org/#> [accessed 22 November 2019].
- Haustein, Jorg and Emma Tomalin. "Keeping Faith in 2030: Religions and the Sustainable Development Goals." Humanitarian Academy for Development, 2019. Available online: <https://had-int.org/e-library/keeping-faith-in-2030-religions-and-the-sustainable-development-goals/> [accessed 25 November 2019].
- INERELA+. 2018. Available online: <http://inerela.org/> [accessed 27 November 2019].
- Mawere, Munyaradzi. *Divining the Future of Africa: Healing the Wounds, Restoring Dignity and Fostering Development*. Langaa PRCIG (Publishing and Research Common Initiative Group), 2014.
- Msimang, Sisonke. "The End of the Rainbow Nation Myth." *The New York Times*, 12 April 2015. Available online: <https://www.nytimes.com/2015/04/13/opinion/the-end-of-the-rainbow-nation-myth.amp.html> [accessed 25 November 2019].
- Phiri, Isabel Apawo, Beverley Haddad and Madipoane Masenya (ngwana' Mphahlele), eds. *African Women, HIV/AIDS, and Faith Communities*. Pietermaritzburg: Cluster Publications, 2003.
- Spivak, Gayatri Chakravorty. "Can the Subaltern Speak?" Pages 66–111 in *Colonial Discourse and Post-Colonial Theory: A Reader*. Edited by Patrick Williams and Laura Chrisman. Hertfordshire: Harvester Wheatsheaf, 1994.
- Stiebert, Johanna. 2003. "Does the Hebrew Bible Have Anything to Tell Us About HIV/AIDS?" Pages 24–34 in *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Programmes*. Edited by Musa W. Dube. Geneva: World Council of Churches Publications.
- United Nations. *Sustainable Development Goals Report*, 2019. Available online: <https://www.un.org/sustainabledevelopment/progress-report/> [accessed 25 November 2019].