

**STIGMATIZATION AND VVF-HIV/AIDS AMONG YOUNG ADULT FEMALES: A  
CRITICAL PASTORAL ASSESSMENT OF THE ROLE OF THE ECWA  
(EVANGELICAL CHURCH WEST AFRICA)**

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Dissertation presented for the degree of Doctor of Philosophy (PhD) in Practical Theology  
and Missiology

Stellenbosch University

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**December 2012**



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## ABSTRACT

This study focuses on the problem of VVF-HIV/AIDS, stigmatization, the threat to the human dignity of women and the role of the church, with specific reference to the role of Evangelical Church Winning All (ECWA). In order to show this, models of practical theology methodology were used as theoretical and methodological basis for the study. Practical theology is as a study area deals with the praxis of God, i.e. salvific and eschatological involvement and engagement with the trajectories of human lives and the suffering of human beings. Within the context of theological reflection, it involves man's attempt to express and portray the presence and will of God in such a way that meaning in life and comfort is contextually disclosed and discovered (Louw, 2008:71). Having established the latter, the focus falls firstly on the description of the conditions addressed in the study about VVF-HIV/AIDS and its prevalence in Northern Nigeria. A detailed contextual study also shows that a variety of factors impact negatively on the status and well-being of women in the area. Traditional, cultural, economic, political and religious factors are either uniquely applicable to or aggravate the status and well-being of the subjects of the research, namely women suffering from VVF-HIV/AIDS in Northern Nigeria. It specifically involves the social and political context in which they live. It also shows that the existence and extent of these factors increase the vulnerability of women to contracting the HIV as well as VVF. The extent to which these factors, in combination with the latter conditions specifically promote the stigmatization of these women and the forms such stigmatization takes are also explored. Moving on to the issue of human dignity: a historical overview is given of the concept and it is defined for the purposes of the study. The extent to which the human dignity is affected in the study area is then investigated in light of their context, with particular reference to the women suffering from VVF-HIV/AIDS. It is concluded that the stigmatization to which the VVF-HIV/AIDS sufferers in Northern Nigeria are subjected, indeed constitutes a serious threat to their human dignity. In answering the question of whether the church (ECWA) has a responsibility towards these women and to address the issue of their stigmatization, two pastoral theological perspectives were used, that of the nature of the church and that of the concept of human dignity from a theological perspective. According to this perspective human beings have been created in the image of God. Having established that, on theological grounds, such a responsibility exists, a possible pastoral theological model for addressing the issue of the stigmatization of women suffering from VVF-HIV/AIDS was proposed. The church's response to the challenge of VVF-HIV/AIDS is

to come from its deepest theological convictions about the nature of creation, the unshakeable fidelity of God's love, the nature of creation, the nature of the body of Christ and the reality of Christian hope. The creation narrative, which affirms that humanity is created in the image of God, links human beings to the love of God, which is modelled in the incarnation of Jesus. Moving on to the data analysis, the extent of the challenges of VVF-HIV/AIDS sufferers and the level of knowledge of the pastors of the subject of the stigmatization of young adult females sufferers of VVF-HIV/AIDS and their treatment of the issue were evident. Finally, recommendations were drawn up in order to provide basic understanding and awareness to ECWA on how to objectively address the problem of VVF-HIV/AIDS in Northern Nigeria.

## OPSOMMING

Hierdie studie fokus op die probleem van VVF-HIV/AIDS, stigmatisering, die bedreiging van die menslike waardigheid van vroue en die rol van die kerk (ECWA). Om dit aan te toon, word die model van die praktiese teologie metodologie gebruik as 'n teoretiese en metodologiese basis vir die studie. Praktiese teologie handel oor die praxis van God, d.w.s. die verlossingsboodskap en eskatologiese betrokkenheid by en verbintenis met die trajekte van die menslike lewe en die lyding van die mens. Binne die konteks van teologiese refleksie, d.w.s. die menslike poging om aan 'n beeld van die teenwoordigheid en wil van God op so 'n manier uitdrukking te gee, word die betekenis daarvan in die lewe en troos kontekstueel geopenbaar en ontdek (Louw, 2008:71). Na laasgenoemde val die fokus eers op die beskrywing van die voorwaardes in die studie oor VVF-HIV/AIDS en die voorkoms daarvan in die noorde van Nigerië. 'n Gedetailleerde kontekstuele studie toon ook dat 'n verskeidenheid negatiewe faktore 'n impak op die status en die welsyn van vroue in die area het. Tradisionele, kulturele, ekonomiese, politieke en godsdienstige faktore waarvan 'n paar óf uniek van toepassing is óf 'n verswarende effek het op die navorsingskonteks van vroue wat in die noorde van Nigerië aan VVF-HIV/AIDS ly en spesifiek op die sosiale, politieke konteks waarin hulle leef. Daar word ook aangetoon dat die bestaan en omvang van hierdie faktore die vatbaarheid van vroue vir die kontraktering van die MIV-virus sowel as VVF, verhoog. Daar word ook gekyk na die wyse waarop hierdie faktore in kombinasie met bogenoemde voorwaardes spesifiek die bevordering van die stigmatisering van hierdie vroue teweegbring en na die vorme wat hierdie stigmatisering aanneem. Die kwessie van menslike waardigheid word ondersoek deur 'n historiese oorsig van die konsep te gee. Dit word vir die doeleindes van die studie gedefinieer. Die mate waarin menslike waardigheid in die studiearea 'n rol speel, met spesifieke klem op die konteks van vroue wat ly aan VVF-HIV/AIDS, word ook nagegaan. Daar word tot die gevolgtrekking gekom dat die menswaardigheid van die VVF-HIV/AIDS lyers in die noorde van Nigerië tot 'n groot mate in die lig van die stigmatisering hulle aan onderwerp word, aangetas word. Ter beantwoording van die vraag of die kerk (ECWA) 'n verantwoordelikheid teenoor hierdie vroue het om hul stigmatisering aan te spreek, word twee pastorale teologiese perspektiewe gebruik: dié van die aard van die kerk en van die konsep van menswaardigheid vanuit 'n teologiese perspektief waarvolgens die mens na die beeld van God geskep is. Nadat vasgestel is dat, op teologiese gronde, so 'n verantwoordelikheid wel bestaan, word 'n moontlike pastorale teologiese model vir die aanspreek van die kwessie van die stigmatisering van

vroue wat ly aan VVF-HIV/AIDS voorgestel. Die kerk se reaksie op die uitdaging van VVF-HIV/AIDS spruit uit sy diepste teologiese oortuigings oor die onwrikbare getrouheid van God se liefde, die aard van die skepping, die aard van die liggaam van Christus en die werklikheid van die Christelike hoop. Die skeppingsverhaal, wat bevestig dat die mensdom in die beeld van God geskep is, verbind die mens aan die liefde van God, wat in die inkarnasie van Jesus gemodelleer word. Daar word dan beweeg na die data-analise, die omvang van die uitdagings van VVF-HIV/AIDS lyers en die vlak van kennis van die pastore oor die onderwerp van die stigmatisering van die jong volwasse vroulike lyers aan VVF-HIV/AIDS en hulle behandeling van die probleem. Ten slotte word aanbevelings gemaak ten einde basiese begrip/bewustheid te verskaf oor hoe die ECWA die probleem van VVF-HIV/AIDS in die noorde van Nigerië objektief kan aanspreek.

## **LIST OF ABBREVIATIONS AND ACRONYMS**

ABUTH	Ahmadu Bello University Teaching Hospital
AIDS	Acquired Immune Deficiency Syndrome
CEDAW	Conventions on Elimination of Discrimination against Women
CRA	Child Rights Act
CRC	Convention on the Rights of the Child
CRW	Charter on the Rights and Welfare
CIRDDOC	Civil Resource Development and Documentation Centre
DCC	District Church Council
ECWA	Evangelical Church of West Africa
ESUT	Extension, Enugu State University of Science and Technology
FGM	Female Genital Mutilation
FGC	Female Genital Cutting
FORWARD	Foundation for Women, Health Research and Development
HEAP	HIV/AIDS Emergency Action Plan
HIV	Human Immune Virus
HTLV	Human T Cell Lymphotropic Virus type 111
ICCPR	International Covenant on Civil and Political Right
IPS	Inter Press Service
LACVAW	Legislative Advocacy Coalition on Violence against Women
LAV	Lymphadenopathy Associated Virus
NAPEP	National Poverty Eradication Program
NEACA	National Expert Advisory Committee on Aids
NDHS	Nigeria Demographic and Health Survey
NGO	Non-governmental Organization
RVF	Recto-Vagina Fistula

SIM	Sudan Interior Mission
SPSS	Statistical Produce and Service Solutions
STDs	Sexually Transmitted Diseases
UDHR	Universal Declaration of Human Rights
UNAIDS	United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
UNESCO	United Nations Education, Scientific and Cultural Organization
UN	United Nations
UNRISD	United Nations Research Institute for Social Development
VVF	Vesico vagina fistula
WACOL	Women Aid Collective
WARDC	Women's Advocates Research and Documentation Centre
WRAPA	Women's Right Advancement and Protection Alternative

## **DEDICATION**

I dedicate this dissertation to all young adult females who might have lost their lives as a result of VVF-HIV/AIDS and to all who are still living with it.

## ACKNOWLEDGMENTS

I owe my deepest gratitude to those who have made this thesis possible. To start with; I am heartily thankful to my supervisor, Dr. C.H. Thesnaar, whose encouragement, guidance and support from the initial to the final level enabled me to develop an understanding of the subject.

I would like to thank Dr. L. Hansen. He has made available his support in a number of ways to see the success of this project.

At the Faculty of Theology in Stellenbosch University, I really enjoyed much support and favour. I appreciate the HOPE bursary awarded to me for 2010 and 2011. I am also thankful to the Dutch Reformed Church for the bursary awarded to me for three consecutive times.

To the entire faculty staff who made it possible, especially the Dean, Prof Nico Koopman, Prof Dirk Smit, Prof K. T. August, Prof Johan Cilliers, Prof Julia Claasens, Prof Louis Jonker, Prof H. Bosman, Prof D. J. Louw, Dr. Anita Cloete, Dr. I. Nell and all the library staff.

I wish to express my warm and sincere thanks to Rev. Liena Hoffman who supported me during my difficult moments.

This thesis would not have been possible without the efforts of Mrs Sarma, Staff of VVF Centre Jos, ECWA Pastors Jos DCC and Staff TEAM of ECWA.

I am indebted to many of the ECWA Good News Church members who supported me financially and morally; to mention but few: Dr. Shem Zagbayi, Graham Nuhu, George Koce, Solomon Labafilo, Mrs Hanatu Gambo, Mrs Hussaina Bulus, Mrs Rifkatu Chidawa, Mr and Mrs Thomas Jiya, Mr and Mrs Zephaniah Cegbeyi, Mr and Mrs Ibrahim Mahuta, Mr and Mrs Emmanuel Ayuba, Mr Pius Audu, Mr and Mrs Daikwo Musa, Sister Comfort Sunday, Mr Daniel Ayuba, Mr and Mrs Elisha Dada, and many more.

I wish to sincerely thank the leadership and members of the Stellenbosch Baptist Church for being a family to me throughout my stay in Stellenbosch.

My warm thanks go to Mr and Mrs Elisha Kutara who have given me financial support and who are always on their knees praying for me.

I would like to express my gratitude to my friends; Pastor and Mrs Nathan Chiroma, Rev. and Mrs Ben Nasara, Pastor Baba Bulus, Rev. Michael Ijah, Rev. David Gyet, Pastor O. J.

Dickson, Rev. Samson Murya, Rev. Habila Kajang, Rev. Daniel Mazuri, Rev. Ali Danfulani, Rev. Yakubu Diga, Pastor Dr. Funmilola, Rev. Joshua Usman, Rev. David Kajom, Rev. Dr. Jonathan Oweor and Rev. Kajiyale.

I owe my loving thanks to my wife Deborah and my children Victor, Veronica and Ephraim. They suffered a lot due to my studies abroad. Without their encouragement and understanding it would have been impossible for me to finish this work. Special gratitude goes to my brothers, Mr A. J. Gana, Mr Peter Kolo, Mr Ibrahim James, Mr Jeremiah James and Mr Peter Abel who really stood by me throughout my studies.

It is an honour for me to show appreciation for the efforts of my parents, Baba Thomas and Nna Thomas, and my parents-in-law, Mr James Ahmadu and Mrs Lidia James, who always prayed for me.

Lastly, I offer my profound gratitude to God Almighty, the owner of my life, who gave me all I needed for the completion of this project. To God is the glory forever and ever.

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# CHAPTER 1

## BASIC ORIENTATION AND DEMARCATION

### 1.1 Introduction

This study intends to look at the stigmatization that young adult females suffer as a result of Vesico Vaginal Fistula-Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (VVF-HIV/AIDS) especially within the context of Northern Nigeria. The Human Immunodeficiency Virus (HIV) pandemic is perhaps the greatest health challenge to almost all sectors of societies, including young adult females. Despite promising developments to address the Acquired Immune Deficiency Syndrome (AIDS) epidemic, including increased access to effective treatment and prevention programmes, the 2006 AIDS Epidemic rate (UNAIDS & WHO, 2006) reports that the number of people living with HIV has risen in every region in the world. Parts of these statistics are findings that show that in all regions of the world, more women than ever before are now living with HIV. The 17.7 million women living with HIV in 2006 represent an increase of over one million compared with 2004. Almost 60% of all people living with HIV in Sub-Saharan Africa in 2006 were women. For every 10 adult men living with HIV, about 14 adult women are infected with the virus. The issue is compounded in Nigeria, as in the rest of Africa, by the fact that the disease strikes very hard in poor countries. In developed countries it is highest among the poor minority (UNAID, 2002:2). UNAIDS called it a disease of poverty (World Bank, 2002:2). Louw (2008:414) states that HIV/AIDS, apart from causing physical pain, is always accompanied by shame, fear, isolation, illness and death. The manner in which these physical problems of HIV/AIDS, VVF negatively influence the situation of young adult females in Northern Nigeria and in other parts of the world, is the focus area of this study. This condition, in short referring to an abnormal connection between the urinary bladder and vagina as a result of sexual trauma which damages the female genitalia, is also connected to HIV/AIDS, as it increases susceptibility to HIV infection (Wilson et al., 1989:14; Hatcher et al., 1989).

According to Vangederhuysen (2001:66), more than 2 million women worldwide are living with the problem of VVF-HIV/AIDS (2 million suffering from one or from a combination of the two). This condition is most prevalent in Africa and Asia, with 50 000 to 100 000 new cases added to that number every year. In Northern Nigeria and some other African countries, like Sudan, Tanzania and Ethiopia, VVF is associated with HIV/AIDS (Vangederhuysen,

2001:66). It is usually incurred when young adult females whose pelvic areas have not yet fully developed, are married and/or have sexual intercourse with HIV/AIDS positive partners (Ezegwi, 2005:589-591). In most cases, should these young females fall pregnant, the babies are stillborn and leave their mothers in constant pain, suffering from urinary and/or faecal incontinence. In many cases they are abandoned by their husbands and their societies, unemployed and living without friends and without hope (Wall et al., 2005:3-5). In Nigeria alone, 200,000 women are living with VVF-HIV/AIDS (women who suffer from both) (Kabir & Iliyasu, 2003:54-57).

In traditional culture, VVF-HIV/AIDS is viewed as a disgrace. In fact, even discussing sexual matters is taboo; sexual matters are private, secret and one is not supposed to know about or discuss it. Keeping relationships intact is very important; therefore, to tell a lie or refrain from mentioning something like AIDS is acceptable, even though everybody knows the true facts. For example, to speak or preach about AIDS at a funeral (a most important ritual in African society), even if it was the cause of death, is regarded as extremely rude, socially unacceptable, and as a disgrace to the family (Hendriks, 2004:90-91).

Furthermore, VVF-HIV/AIDS tends to affect marginalized poor young adult females who have the least access to fistula repair (Donnay & Ramsey, 2006:254-261). They are mostly young, early married women, illiterate, with little or even no access to obstetric (antenatal and prenatal) care. They mainly delivered their babies at home, attended by family members or unskilled birth attendant or traditional midwives (Wall, et al., 2005:3-57).

There are several traditional cultural practices in Northern Nigeria and other African countries that are responsible to the quick spread of VVF-HIV/AIDS among young adult females. Cultural practices are in themselves expressions of a people's world view. Uchem revealed that female circumcision expresses the way women are perceived in most traditional African societies. According to a traditional view, women are made for men, they exist as domesticated beings that have no role in public and they are prepared for marriage in the 'moral' way. Marriage and childbearing is the destiny of women and anything that threatens this, is prevented at the root. This is why they have to be subjected to the horrors of circumcision, symbolically, to prepare them for womanhood (Uchem, 2001:23). Furthermore, Uchem argues that the situation of women in Africa, especially in Northern Nigeria, is not just a matter of marginalization, but of subordination:

*Women's subordination refers to cultural claims and customs, which maintain that men are primary and pre-eminent, and that women are secondary, subordinate and under men. It is a belief, which excludes women from public leadership of family, Church and society, most especially, from decision-making and from officiating at cultic/ritual and political leadership positions. Subordination is distinguished from marginalization, in that the latter is an offshoot of the former. Thus, women's marginalization amounts to their being relegated to the periphery and margins of society economically, socially and politically, as a result of subordination of men (Uchem 2001:24).*

In addition, Amoah, in her well-documented article revealed that cultural and religious institutions in Africa tend to disrespect women's bodies, taking liberties to touch particular parts of a woman for amusement and for excitement or exorcism (Amoah 2004: 84-85). Women are also denied education due to a poor gender blind curriculum which made them vulnerable to sexual harassment. Just recently the Minister of State for Education made an observation that:

*No fewer than 6.2 million girls are out of school in Nigeria, the Minister of State for Education, Nyeson Wike said at a one-day interactive meeting with stakeholders on girl-child education in Gusau, Zamfara state. Wike said the figure represent 62% of school age girls nationwide. According to him, recent imbalance in enrolment figures of girls, when compared to those of boys, is about 10% in the south and 40% in the north of the country. The minister said an estimated 10 million Nigerian girls of primary school age were not enrolled in primary schools due to some cultural practices and gender blind curriculum which has reduced women to second class citizen of the country (Nigeria Daily Times, 2012:2-3).*

Furthermore, other aspect of cultural practices in the northern part of Nigeria and other parts in Africa is that, women have no right to own land and get a job, which often leaves women and girls economically vulnerable and dependent on men. A married woman may suspect her spouse of being infected, but is powerless to protect herself. For some young adult females, commercial sex is seen as a matter of survival; hence, among 15-24 year olds, women make up 67% of all infections in the developing world (Walls, 2004:1018-1019). As a result of the

cultural practices mentioned above, many young adult females are living with VVF-HIV/AIDS in the northern part of Nigeria and are being stigmatized. Stigmatization can refer to a variety of attitudes or actions, as they do with regard to VVF-HIV/AIDS stigma as well. These include the negative interpretation of differentness, but also blame exclusion, the discrediting of and discrimination directed at people perceived by their friends, families, social groups or societies as a whole, to be affected with these diseases or conditions. Stigmatization, according to Alonzo (1995:305-315) represents the extreme end of discrimination. It includes strong emotional rejection, often in addition to structural inequity. Those young adult females who are stigmatized due to their condition are rendered impure, unclean, polluted, dangerous and unworthy of full inclusion in the community. As a matter of fact, as will be shown repeatedly in this study, both the church's and people's reaction to VVF-HIV/AIDS sufferers has often been to label them as God's punishment of promiscuous subjects for evil that they might have committed. Due to such reactions the affected (young adult females in particular) have, to a large extent, suffered in silence. They often feel as if no one cares for or identifies with them. It is in the context of HIV/AIDS in Namibia that Windhoek has challenged churches in that part of the continent to recover and reclaim the theological themes of inclusion (Alonzo, 1995:305-315). A similar investigation into the existence or absence of the church's role (with regard to the ECWA), will be done in this study. Questions will be asked concerning the attitude of the ECWA towards young adult females suffering from VVF-HIV/AIDS and whether the ECWA needs to change this attitude. The issue of whether, in fact, the ECWA needs a broadening of its understanding of and actions as a church, will also be investigated. This action could therefore broaden the role of the church (ECWA).

### **1.1.1 Motivation**

The VVF-HIV/AIDS epidemic raises cause for concern for many of the inhabitants of Northern Nigeria. As a pastor from that part of the country, I too have over time become increasingly aware, not only of its prevalence, but also of ill-treatment of many of its victims. My exposure to and involvement as a pastor among people living with VVF-HIV/AIDS in Northern Nigeria thus serve as important motivational elements for this study. I have been confronted with the question of whether the prevalence of this pandemic and all of its consequences do not provide an opportunity for the church in Northern Nigeria to re-evaluate its nature and duty as the church that God desired, the church called to be a voice of the voiceless. Purely on the grounds of my own experience of the state of despair in which these

women found themselves, I have also been wondered whether this pandemic does not also cause violations of human dignity. Are the consequences of social humiliation, shame and embarrassment that some young adult females living with VVF-HIV/AIDS apparently suffer from, applicable to all cases, also in my own church? Are all, as some have confided to me, outcasts due to repugnant smell and wetness due to urinary or faecal incontinence (Evangel Hospital project, 2009:2)? And, is the church that is supposed to be a vehicle for the victims on a journey from despair to well-being and acceptance and inclusion or is it not the task of the church in Northern Nigeria to be involved in this issue? The church leaders in the area have, two decades ago already, identified the (HIV/AIDS) virus as God's punishment for sexual promiscuity and should this not serve as ample justification of lack of proper pastoral care for the victims (Robin Gill, 2006:140)?

### **1.1.2 Significance of the study**

This study is significant for several reasons. Firstly, of the few VVF-HIV/AIDS studies that have been carried out, the majority have focused on fistula treatment and repair (Majinge, 1995:121-123; Mteta, 2006:79-85), where the traumatic and spiritual experiences of young adult females living with the condition were not addressed, nor has extended research been done into the role of the church regarding this condition. Secondly, the extent of the burden of VVF-HIV/AIDS in Northern Nigeria is still unknown due to the traditional culture. Similarly, judging by the capacity of Evangel VVF centre in Jos<sup>1</sup>, Nigeria's ability to carry out fistula repair seems limited. Out of 1, 245, 639 US dollars needed for the expansion of the centre to accommodate a larger number of patients, only 106, 860 US dollars have been realized (VVF project, 2008:2). Thirdly, in addition to this challenge, the greater numbers of young adult females affected by the condition reside in remote rural areas, where competent, appropriate and skilled care is not readily accessible. The vast majority of affected young adult females are poor. The only institution spread widely enough in the rural areas to address some of the negative consequences of the condition is the church. Fourthly, there is limited knowledge on the part of the pastors about the spiritual and socio-cultural aspects of VVF-HIV/AIDS and its consequences to those having to live with the condition. The significance

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<sup>1</sup> Evangel VVF centre is one of the missionaries projects where VVF patients received their treatment in Jos. The centre has been there for ages, but due to the financial cost involved, the centre remains the way it was. The government of Nigeria that is supposed to pay attention to that centre for the benefit of these young adult females living with VVF have done nothing since its inception.

of the study will be to determine whether the level of discrimination and stigmatization against young adult females living with VVF-HIV/AIDS and the increasing social humiliation, shame and embarrassment poses a challenge for the ECWA. Lastly, it is hoped that findings from this research will contribute to the development of practical theological models or theories that will stimulate discussion in ECWA and other churches about the plight of young adult females suffering from VVF-HIV/AIDS, and perhaps those suffering from other similar diseases and the psychosocial consequences of such diseases in the northern part of Nigeria.

### **1.1.3 Problem statement**

Reliable data on the prevalence and incidence of VVF-HIV/AIDS are scarce, although the problem is well known and reported in Africa, e.g. Nigeria, Sudan, Tanzania and Ethiopia and some parts of Asia, e.g. India and Indonesia (Hilton, 2001:513-520). However, because the condition is associated with shame and disrespect, many sufferers of VVF-HIV/AIDS remain unaccounted for and most of the literature available on the subject of VVF-HIV/AIDS is mainly based on the stories and opinions of those who are working in the areas of high prevalence rather than firm scientific based evidence data (Hilton, 2001:513-520). The complexities of VVF-HIV/AIDS in Northern Nigeria is compounded by specific cultural (early marriage, female genital mutilation and gender inequality) and socio economic (lack of accessible health care, poverty, and some negative social norms) issues.

Cultural practices also force many young girls into early marriage. Most of these young girls have no say when it comes to the issue of marriage except what their parents decide. Kelly (2004:117-118) observes that in Northern Nigeria, culture is strongly patriarchal and assigns low status to women. Female children are given in early marriage, predisposing them to the risk of early pregnancy and to the risk of maternal morbidity and mortality while male children are sent to school. Some parents in Northern Nigeria, especially those that are in the villages do not wish to violate the traditions of the land that favour early marriage. Girls are seen as the property of male members of the family. Bride price has quite often been perceived by some parents as a source of wealth to the family, and this tends to make the idea of early marriage attractive (Stiftung, 2002:93). The high level of illiteracy among these Nigerians does not provide the necessary atmosphere for women dignity. Similarly, in Northern Nigeria, female genital mutilation is one of the serious forms of violence against the girls. This kind of cultural practices increase the risk of VVF-HIV/AIDS among young adult females.

In Northern Nigeria, young adult females affected by VVF-HIV/AIDS have to suffer the consequences of social humiliation, shame and embarrassment. To speak of VVF-HIV/AIDS in the northern part of Nigeria is socially unacceptable and is regarded as a disgrace to the entire family. They may become outcasts due to pungent smell and wetness from urinary or faecal incontinence (Pityana, 1994:144). The church that is supposed to stand by the victims of VVF-HIV/AIDS in Northern Nigerian seems to be doing little or nothing about their condition.

In addition to this challenge, the greater numbers of young adult females affected by the condition reside in remote rural areas, where competent appropriate and skilled care is not readily accessible. The vast majority of affected young adult females are generally poor. Poverty and gender inequality has put women at high risk. Most of women in Northern Nigeria face an immense increase in the likelihood of their becoming victims of VVF-HIV/AIDS since they have to go into trafficking (Okeke and Njoku, 2008:58). Therefore, the number of these victims of VVF-HIV/AIDS is steadily increasing, and these unfortunate young adult females remain in a state of desperation. The situation leaves these young adult females with few opportunities to earn a living due to the stigma attached to the condition. In most cases these women are usually divorced or abandoned by their husbands (Murphy 1981:139-150).

Given an example of a girl (Amina)<sup>2</sup> whom I know and who is a member of the congregation, is one of these statistics mentioned in the introductory part above. She was forced to marry when she was very young (16 years old) to an older man. Shortly after their marriage she contracted HIV as the man she married happened to be living with HIV and she was unaware of it. Amina became pregnant even with the condition of her HIV status. At the time of delivery, she sustained an injury as the child died in her womb and could not be delivered on her own. The child was forced out and after some days she started leaking urine without control. She became a victim of both HIV and VVF. Today she is living in isolation due to the shame and discrimination by both the congregation and the society. Her story and many stories like hers is what many pastors like me are faced with today in my ministry and I have to help her and the community to respond to her in a Christian way – but what would that be, and do I indeed have a duty to do so?

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<sup>2</sup> Amina is used as a pseudonym – a common Nigeria women's name. It is a pseudonym to protect the identity of the person.

The prevalence of VVF-HIV/AIDS among young adult females in Northern Nigeria, the above cultural and socio-economic contributing factors and the manifold negative consequences of their condition (especially stigmatization and the violation of human dignity), hence this calls for an investigation into the issue with the view of investigating the extent of stigmatization and the challenges these young adult females living with VVF-HIV/AIDS are facing in Northern Nigeria.

#### **1.1.4 Research question**

In order to accomplish the research goals, the following research questions will guide this study in order to explore the conditions of young adult females living with VVF-HIV/AIDS, and to further understand the role of the church (ECWA) concerning their situation:

1. What are the factors that impact on the wellbeing of young adult females in Northern Nigeria who suffer from VVF-HIV/AIDS, especially with regard to the issues of stigmatization and the violation of human dignity?
2. Does the ECWA have any specific pastoral responsibility towards these women and, if so, what will the theological foundation of such a responsibility be and what may the operationalization of such pastoral care entail?

#### **1.1.5 Goals of this study**

The goals of this study are threefold, namely:

1. To investigate the extent of stigmatization and the challenges young adult females living with VVF-HIV/AIDS are facing in Northern Nigeria.
2. To explore the extent to which stigmatization/discrimination has impacted dignity of women (especially young adult females suffering from VVF-HIV/AIDS).
3. To explore the role of the church (ECWA) in caring for young adult females living with VVF-HIV/AIDS in Northern Nigeria.

#### **1.1.6 Practical theological goal of the study**

In the light of the practical theological methodology discussed below, the study outlines how caring for the VVF-HIV/AIDS sufferers within the church (ECWA) can be done effectively. Tacke (1975:32) defines the care of souls in terms of an involvement of our total being, with the gospel acting as the mediating agent. The purpose of the care of souls is therefore to offer

faith care in such a way that the solution of existential problems should prove that faith care is in fact life care (Tacke, 1975:32).

In this regard, Tracy (1983:76) describes practical theology as “the mutually critical correlation of the interpreted theory and praxis of the Christian fact and the interpreted theory and praxis of the contemporary situation (Tracy, 1983:76).” Therefore, practical theology endeavours to communicate in ways that may result in concrete and meaningful actions of faith; in this study, especially with regard to the lives of VVF-HIV/AIDS sufferers. In addition to that, Munyika (2005:93) argues that practical theology supports the action that will move the church to go into the streets and into shacks of the neglected and forgotten. He emphasises that it is our calling and duty that, when one member suffers, we should all suffer with him or her (1 Cor. 12:26). Genuine caring should motivate the church to actively associate with the marginalised, the excluded and the stigmatized. Not only that, but also to seek all means to end the pains and suffering by protesting in solidarity against their inhuman condition (Munyika, 2005:93).

### **1.1.7 Practical theological methodology**

This study followed the practical theological methodology as proposed by Louw (1998) and Osmer (2008). This is not because there are no other scholars in this area, but because of the clear bearing their methodology has on this particular study which will help in building interaction between theory and praxis and their critical correlation to practical theology is the mutually critical correlation of the interpreted theory and praxis of the Christian faith and the interpreted theory and praxis of the contemporary situation (Tracy, 1983:76). This part of practical theological methodology will therefore give us the understanding of practical theology, approaches to pastoral care and its relationship to the practical theological methodology as proposed by Osmer (2008:4). Practical theology engages in reflective, critical, communicative, interpretive, hermeneutical and correlational dialogue in order to achieve its purpose of bringing new meanings and horizons to specific contexts. Browning (1996:48-49), in his fundamental practical theology, proposes descriptive, historical and systematic, and strategic practical theology as a theological process. Descriptive theology is a hermeneutical task that begins with interpretive critical thinking, and then reconstructs reality in the context of correlation dialogue in order to bring out new meanings. Descriptive theology as a hermeneutical task describes a question in all its situated richness and context. It describes how people think and act practically in specific contexts. Therefore, descriptive theology aims for a thick description of situations. Practical theology, then, moves from

descriptive theology and its formation of questions back to historical theology, and asks the following question: what do the normative texts that are already part of our effective history really imply for our praxis as honestly as possible (Browning, 1996:49)? It is to assist in understanding what the text and the tradition present to the present context (Browning, 1996:50).

Practical theology therefore concerns itself with an encounter between God and humanity, the interpretation of the interactions between God and His people, and is concerned with the dialogue and encounter between God and human beings (Louw, 1998:4). Furthermore, Louw (2008:71) describes practical theology as that which deals with the praxis of God, i.e. God's salvific and eschatological involvement and engagement with the trajectories of human lives and the suffering of human beings. Within the context of theological reflection (i.e. the human attempt to express and portray the presence and will of God in such a way that meaning in life and comfort is contextually disclosed and discovered), practical theology is both a hermeneutical and communicative endeavour. In this regard practical theology is connected to the praxis and will of God within the encounter of God and human beings (Louw, 2008:71).

In line with Louw's description of practical theology, almost two centuries ago, Friedrich Schleiermacher (sometimes called the "father of practical theology") stressed that practical theology is, ultimately, the imaginative, futurist discipline *par excellence*. According to him, its task is to understand incarnationally, in theory and praxis, using the resources of philosophical and historical theology, and itself contributing insight into the ways to overcome the distance between what human lives are and what human life is meant to be. Perhaps for Schleiermacher and for us as well, practical theology reflects on its distinctive theological tasks precisely by attending to what is required by its historical understanding of the goal of human life. "Thinking truth in order to goodness and beauty, it asks concerning the "chief end" of humankind; and perhaps alone among all the disciplines of theological studies, practical theology is truly eschatological (Browning, 1983:56)".

In order to fully understand a model of practical theology, it is necessary to tease out precisely what is meant by the term praxis. The word praxis essentially means "action". However, it is a particular form of action that should not be directly equated with the word practice. Whereas practice implies the simple non-reflective performance of a task in a dispassionate, value-free manner, praxis denotes a form of action profoundly saturated with

meaning, a form of action that is value-directed and theory-laden (Heitink, 1999:49). In exploring this further, Browning (1983:1-18) argues that, using the phrase “theory-laden” rules out in advance the widely held assumption that theory is distinct from practice.

All our practices, even our religious practices, have theories behind and within them. We may not notice the theories in our practices. We are so embedded in our practices, take them so much for granted, and view them as so natural and self-evident that we never take time to abstract the theory from the praxis and look at it as something in itself (Browning, 1983:1-18).

According to Anderson (2001:26-27), Browning’s model of practical theology attempted to integrate theory and practice in an on-going process of action and reflection. The concept of practical reasoning places the theological task at the centre of social context, in which the church mediates the gospel of Christ from the centre. He (Browning) further emphasises the vital reflective and constructive dimension of practical theology, but also makes the important observation that the practice of the church and, by implication, the task of practical theology takes place within the overall context of the church’s participation in the on-going mission of God to the world (Anderson, 2001:26-2).

In view of the above description of practical theology and for the purpose of this study, practical theology will be understood in accordance to Louw’s definition:

*Practical theology is the hermeneutic of God’s encounter with human beings and their world. This encounter results in communicative faith actions. Thus, this is reason why the praxis of the Christian faith and the practice of the church became the object of research in practical theology (Louw, 1998:95).*

Furthermore, Louw after surveying developments in the field of practical theology, proposed various models that could provide key insights in practical theology. These various models are necessary in the understanding of practical theology as they provide a basic framework for not only understanding practical theology, but they provide sufficient guidance for doing research in practical theology.

For the purpose of this study, these models help to understand the context of the VVF-HIV/AIDS victims. This perspective might also help the church (ECWA) to understand and

guide the victims in their hopeless condition. Various models as outlined by Louw function as vital ingredients and exponents of *koinonia*.

- A personality-oriented model: This involved the development of priests, spirituality and the deepening of piety by means of faith exercises.
- The official model: This model implied the development of clerical offices and focused on establishing the church as an institution.
- The so-called application model: This implemented Schleiermacher's development of ministry techniques. Theology is applied within the context of religious experiences. This development, which developed parallel to the official model in reformed circles, gradually evolved into an empirical model
- An empirical model: The understanding of dialogue as communication, when used in conjunction with other human sciences, compelled practical theology to use the phenomenological method and to focus on human behaviour (so-called communicative actions).
- A phenomenological model eventually leads to the praxis model. Situation analysis forms the important methodological framework of this model. Osmer describes the problem with this development as: "an over reliance on the social sciences as a source of substantive theological reflection." If practical theology is to be brought back to its fundamental theological character, then it should be made aware of its primary function: "That task is the reflective dimension of piety the attempt to understand God and the world in relation to God" (Osmer, 1990:225). Practical theology thus becomes a hermeneutical event, involved with understanding and interpreting the God-human interaction. "In short, practical theological reflection is an interpretive process which takes place in the midst of the situations and seeks to understand and shape those situations according to the discernment of God's will" (Osmer, 1990:227).
- A last development should be mentioned. It may be called the ecclesiological model. This is currently popular in many Reformed circles. In this model, the function of practical theology is regarded increasingly in terms of the edification of the church. The focal point is not the offices of clerics, as it was in the official model, but the structure of the congregation and the

development of *koinonia*. The empirical model is the method used for congregational analysis.

The focal point in this last approach is the ministry, the development of spirituality and the transformation of people and the world. The Spirit is the most important factor in this process of transformation. Practical theology, therefore, is linked to the eschatological perspective as exercised through the Spirit. From Louw's practical theology understanding, it is clear that the last model has its emphasis on an ecclesiological approach, which is crucial for the VVF-HIV/AIDS situation. However, this responsibility can be positively construed as *diakonia*. Jesus was in the world as "one who serves" (Lk. 22:27). He assumed the role of the servant in the feet washing of the disciples (Jn. 13:5). He condescended to share and absorb human hurt, taking on himself the sicknesses and the weakness of humanity. He allied himself with sinners against evil as their advocate. He hazarded his own existence, placing himself in the judgement that falls on the sinner, serving the creature from below. He places himself in concrete situations of human existence where he serves God by extending mercy and serves human beings by raising up a response of prayer and faith. He creates a healing reconciliation in his body, uniting both judgement and mercy, creating one new person out of old estrangements.

In addition to the above description of practical theological models and for the purpose of this study, approaches in pastoral care as proposed by various authors will also offer great insight that are important in fostering the development of attitudes and knowledge necessary for helping VVF-HIV/AIDS victims in the northern part of Nigeria. According to Browning (1995:64), the primary function of pastoral care is to enable persons in this postmodern era to experience and order their lives in openness to and according to the dimension of the sacred transcendent as manifest in Christian Scriptures. Thus, the following approaches will be considered in this study because of their contribution in understanding pastoral care in various contexts and especially in the context of ECWA. As indicated earlier on the approaches proposed by Louw, the key is how the church (ECWA) life be structured in such a way that both the members and the pastors have ample opportunity to take good care of the VVF-HIV/AIDS victims and sustain their dignity. Additionally, the approaches are meant to alert the pastors to the fact that, though they have an interpreting and facilitating function, nevertheless, the secret of care and comfort resides more in the pastors' being functions than in their knowing and doing functions.

*Psycho-systemic approach in pastoral care:* According to Graham (1992:19), pastoral care should not only employ an individualistic approach, but is compelled to approach problems contextually. The nature of the human personality is understood in the contextual rather than individualistic terms (Graham, 1992:19).

Louw (1998:13) observes that the above mentioned kind of emphasis in pastoral care implies a renewed assessment of the therapeutic potential of the concept of the fellowship of believers in the body of Christ. What Scripture describes as mutual care for one another and the positive influence of *koinonia* needs to be understood anew. It also implies that the church, as the Body of Christ, cannot be assessed as a functional unit separated from its social and cultural contexts (Louw, 1998:13). This emphasis is in line with the arguments made by Bongmba (2007:50) that:

*The church life should be structured in such a way that all the members of the community have the ample opportunity to protect, care for, and sustain human dignity when it is assaulted by disease. Those who suffer do not have to do anything to earn this respect from the church community because they already have a God-given dignity that calls for respect acceptability (Bongmba 2007:50).*

*Paradigms:* According to Burton (1988:9), paradigm is “a theoretical and working model of a world view according to which a person, group or institution understands and operates in a normative way.” Within the context of pastoral care, this approach involves a movement away from advice counseling towards wisdom counseling<sup>3</sup>. It also involves a movement away from an ontological theology, with the emphasis on exposition and clarification. Wisdom counseling therefore leads to compassionate identification with suffering human beings. *Paradigms* become embodied and incarnated faith. It also challenges pastoral theology to review the classic notion of self-denial<sup>4</sup> versus the modern view with its accent on achievement and self-assertion (Burton, 1988:9).

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<sup>3</sup> Wisdom counselling involved in doing psychotherapy and in the more comprehensive human actions (living, suffering or dying well) (Harrelson, 1966:6).

<sup>4</sup> ‘Self-denial is never just a series of isolated acts of mortification or asceticism. It is not suicidal, for there is an element of self-will even in that (Bonhoeffer, 1975:77). Both psychologically and theologically, self-denial can be viewed as a form of behaviour oriented ultimately towards self-fulfilment. Self-denial implies a transformation of self. The self, gratified solely by the sating of solipsistic biological and emotional needs, seeks

In this approach, Louw cited the observation of Bonhoeffer that pastoral theology needs to rediscover the existential depth of Luther's theology of the cross. "To endure the cross is not a tragedy; it is the suffering which is the fruit of an exclusive allegiance to Jesus Christ" (Bonhoeffer, 1971:78). Sierink argues that Bonhoeffer's approach may be viewed as a concrete pastoral model. "To our mind Bonhoeffer's significance ensues from the fact that he gave a concrete form to the road of faith (Sierink, 1986:205)." Therefore, Sierink's conclusion is that pastoral theology becomes a hermeneutic of the cross:

*Bonhoeffer's significance for a pastoral care today can be summarized in the combination of the words concentration and concretion. The concretion of the salvation in our reality lies in a direct line with the concentration on salvation in Christ (Sierink, 1986:205).*

This approach implies the future hope that we have in Christ Jesus. In that case young adult females suffering with VVF-HIV/AIDS will be encouraged to remain focused and hold fast to their faith regardless of their situation.

*A narrative approach:* A narrative approach within pastoral care means that storytelling and listening to stories has become an important pastoral strategy. He argues that there must be fusion between the stories about God and the stories about human beings and these stories must be viewed in the light of the story of the gospel (Louw, 1998:15). In Groome's words (1991:217) this approach concerns "a metaphor of the promises and responsibilities that arise from the story for the lives of people who claim it as their own. Every aspect and expression of the Christian story has various invitations and implications for how Christians live their lives". In the same vein, Capps (1993:1) views the task of pastoral care as helping people to locate "their personal stories within the framework of the Christian story." This approach has proved to be very useful approach for this study. In it the narrated stories of young adult females suffering from VVF-HIV/AIDS will be related and analyzed with a view to making

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to be transformed into a self that loves not for itself alone, but rather for itself in union with others and in continuity with enduring human values. Additionally, Biblically and theologically, the mystery of personal identity, of what it means to be a self, is rooted in our origin as creatures of God and in that special relation to God which is God's unique gift to us. Theologically the true self is in a relationship of the word, in the unity of the Holy Spirit, and through this relationship in fellowship with one another. Apart from this union we are nothing (John1; Col. 1: 15-20; Eph. 1: 3-6) (McCandless, 1984:125-137).

recommendations for EWCA on how to address the challenges these women face with regard to stigmatization on a daily basis.

*Koinonia approach:* According to Louw, this approach implies the mutual care of believers (Louw, 1998:17). The intention of pastoral care must not be “to lay claim to an expertise in Christian love” but rather to develop the congregation pastorally. It is important that pastoral care should be developed on a scientific basis. However, pastoral care should not be confined to the four walls of a consulting room of a pastoral counselor or the office of a pastor (Campbell, 1985:9). Most importantly, the *koinonia* approach is more than just mutual acceptance and respect, but members share their lives with each other, give attention to each other and care for each other, especially in times of needs (Wilson, et al., 1996:195). This approach has implication for this study, especially in light of what will be discussed in chapter 4 regarding the church as body of Christ and church as a family/community of God image:

*The church is seen as a place where Christians are given a chance to exercise God-like love, inspired by the Christ living in the heart of the believers through the Holy Spirit and that makes it possible for the believers to do to their neighbours as Christ has done for them. Seek the poor, sick, and all kinds of wretched people (Bonhoeffer, 1965:206).*

In line with the above, i.e. Louw’s description of practical theological models (as discussed in page 10 and 11).and approaches in pastoral care, Osmer outlines the practical theological interpretation which has direct implication for this study. For example, it helps the church (ECWA) to understand clearly what is happening in the life of young adult females living with VVF-HIV/AIDS, why it is going on, so as to be able to decide the strategies of action that will help in caring for their situation. According to him, the four tasks of practical theology are able to assist the church practice practical theological interpretation (Osmer 2008:4). The four tasks are:

*Descriptive-empirical:* gathering information that helps us discern patterns and dynamics in particular episodes, situations or contexts. Often, in the church this takes place informally. Descriptive tasks will help the pastors to attend more closely to what is going on in the church, paying attention to any signs of tension among the members, most especially the young adult females that are living with VVF-HIV/AIDS.

*Interpretive:* drawing on theories of the arts and sciences to better understand and explain why these patterns and dynamics are occurring. In this task, pastors will then seek to ask why this incident is taking place. Why stigmatization in the church? What is the cultural context in which the stigmatization is taking place?

*Normative:* using the theological concepts to interpret particular episodes, situations, or contexts, constructing ethical norms to guide our responses, and learning from “good practice”. Normatively, thus, pastors’ task in this situation will be to encourage the church to see itself as God’s people who can trust that God will travel with them as they begin to change and journey toward the future. This opens up certain strategic lines of thinking: preaching and teaching the stories of Scripture in which God’s people recall God’s actions in the past to guide them in time of change and crisis.

*Pragmatic:* determining strategies of action that will influence situations in ways that are desirable and entering into a reflective conversation with the “talk back” emerging when they are enacted. Pragmatic task will help the pastors to focus on strategies and actions that are necessary in the cases of VVF-HIV/AIDS to shape the situation toward a desired goal.

Therefore the practical theology developed out of these young adult females’ experiences of VVF-HIV/AIDS is in fact, the particularity of a practical theology that gives it life. The practical theology developed out of VVF-HIV/AIDS is about caring and hope. It is about destigmatization and giving meaning to every moment in the lives of these young adult females.

The methodology of practical theology discussed above according to its different “tasks” will be adopted in this dissertation by way of gathering information that helps us discern patterns and dynamics in the context of VVF-HIV/AIDS, drawing on theories of arts and sciences to better understand and explain why such are occurring (chapters 2 and 3), and using theological concepts to interpret a particular situation by constructing “good practice,” (chapter 4).

Then, chapter 5 will discuss the empirical aspect of the study; since Osmer is in agreement for one to do the empirical later, because according to Osmer (2008:8), it is after normative task that it will help one to use the theological concepts to interpret particular episodes, situations, or contexts to construct ethical norms that will guide responses gathered from the empirical study. It is also to determine strategies of action that will influence situations in ways that are desirable and entering into a reflective conversation with the “talk back”

emerging when they are enacted with the aim that this may contribute to a constructive pastoral care which may be lacking among the pastors in ECWA to this group of young adult females living with VVF-HIV/AIDS (chapter 6).

## 1.2 Study design

According to Durrheim (2006:9), a research design is a strategic framework for action that serves as a bridge between the research questions and the implementation of the research. This research was conducted using the mixed method approach. A mixed method approach is a research that involves collecting, analysing and interpreting both qualitative and quantitative<sup>5</sup> data in a single study (Leech & Onwuegbuzie, 2006:11135-07-9105-3)<sup>6</sup>. Johnson et al.(2007) also described mixed methods research as the type of approach in which a researcher or team of researchers combines elements of qualitative and quantitative research approaches. This approach offers several advantages<sup>7</sup>, not the least of which is to generate information on the experiences of young adult females living with VVF-HIV/AIDS and on how ECWA pastorally deals with these or not. Specifically, the study was used sequentially to explore mixed research method design, where qualitative data collection and analysis followed quantitative data collection and analysis. Quantitative data was used to enhance the performance of qualitative data.

For qualitative research a number of interview questions were designed to obtain information from young adult females affected by VVF-HIV/AIDS. This approach gives access to individual views of persons in this situation regarding their situation. It furthermore provides information regarding the underlying structure or essence of challenges that young adult females affected by VVF-HIV/AIDS encounter in their lives. For quantitative research, a number of questionnaires were designed with choice options and distributed among the selected pastors within Jos District Church Council. This approach is used to gather

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<sup>5</sup> Qualitative research, generally examines people's worlds and actions in narrative or descriptive ways more closely representing the situation as experienced by the participants while the quantitative research is based on observations that are converted into discrete units that can be compared to other units by using statistical analysis (Maykut and Morehouse, 1994:2-3 in Manfred, 2008:11).

<sup>6</sup> See also (Creswell, 2003:24-27; Morse, 1991:120-123).

<sup>7</sup> Hammersley adds that, what is being implied here is a form of methodological eclecticism; indeed, the combination of qualitative and quantitative method is often proposed, on the ground that this promises to cancel out the respective weakness of both methods (Hammersly, 1996:167).

information regarding the understanding and knowledge of these pastors about VVF-HIV/AIDS and to ascertain in what ways they currently deal with the situation of the affected people.

### **1.2.1 Research methodology**

According to Guba (1990:36), research methodology is concerned with the relationships between various parts of a study and the production of findings. To him, methodology is more than method as it consists of the ideas and techniques adopted by the researcher. Methodology therefore deals with the rules, values and priorities given to social conditions and individual action. It is the methodology that defines what is perceived as legitimate knowledge and how that knowledge is obtained and ordered in a study (Guba, 1990:36). Similarly, research methodology refers to the principles and philosophy on which researchers base their procedures and strategies, and the assumptions that they hold about the nature of the research that they are carrying out (Holloway, 1997:29). The choice of any research methodology depends on the research paradigm in order to ensure “design coherence” in any type of study. Research methodology is coherent with the research paradigm when the techniques used in sampling, data development and interpretation as well as the context of the study “fit” within the logic of the paradigm and also with the purpose of the research (Durrheim, 2006:7). For the purpose of this study, a descriptive phenomenology methodology<sup>8</sup> was adopted.

### **1.2.2 Research ethics**

In view of the subject matter of the research and the vulnerability of participants in the study, ethical clearance was obtained from the Stellenbosch University Research Ethics Committee for this study. Consent was also obtained from the VVF-HIV/AIDS patients. The participants were informed of the following aspects of the research: the purpose of the proposed research; the importance of the research; the qualifications and experience of the researcher; the possibility of any discomfort whether physical or psychological in nature, and their freedom of participation and to withdraw from the study at any point in time (Huysame, 1994:180). Confidentiality and anonymity of participants in the research were also assured through the use of pseudonyms. In this case, to verify the research data, the following types

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<sup>8</sup> Descriptive phenomenology is a process of gathering information that helps one discern patterns and dynamics in particular episodes, situations or contexts (Osmer, 2008:4).

of validity will be applied: intersubjective objectivity<sup>9</sup>, face validity (member checking), triangulation and catalytic validity (Hofstee, 2000: 73-91, Mouton, 2001:23-31).

### **1.2.3 Research procedure**

The study was conducted in two phases using both a qualitative approach and quantitative approach:

For the qualitative approach, a set of prepared interview questions was used to obtain information from young adult females on how the ECWA pastorally deals with those suffering with VVF-HIV/AIDS. In this approach a descriptive phenomenological design was used to obtain the information.

For the quantitative approach, a number of questionnaires were designed for the ECWA pastors within Jos for investigation of how the ECWA pastorally deals with the young adult females living with VVF-HIV/AIDS.

### **1.2.4 Participants**

For qualitative research, participants for this study include young adult females ages between 18-40<sup>10</sup> affected by VVF-HIV/AIDS who are admitted at the Evangel Hospital VVF centre, Jos, Plateau state, Nigeria and those patients who only visit for consultations or for follow-ups after surgical repair. A total of twelve young adult females were randomly selected. Three from ages 18-22, three from ages 23-30, and three from ages 31-40 respectively. For quantitative research, participants in this study were clergymen of ECWA extraction within Jos who have some of these young adult females living with VVF-HIV/AIDS as their members. The total number of fifty clergy was approached to complete the questionnaires for this study. The focus of the quantitative questioner was to understand the knowledge of the clergymen on the condition of VVF-HIV/AIDS and how the church could address the need and plight of these women.

### **1.2.5 Data analysis**

The researcher is fully aware of different software programs for qualitative analysis, however the researcher's desire is to experience firsthand data analysis, hence the use of thematic

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<sup>9</sup> Objectivity refers to a decision that is based on facts rather than one's own feelings or beliefs.

<sup>10</sup> The suffering of this group of women with VVF-HIV/AIDS started much earlier (13years). See Empirical research in chapter 5 for details.

analysis for the qualitative data. Thematic analysis, according to Boyatzis (1998:16) is a method used for identifying, analysing and reporting patterns (themes) within data. It minimally organises and describes the data in rich detail (Boyatzis, 1998:16). In addition, thematic analysis was data-driven so that themes could be directly formed from the original data and a unique coding framework could be developed (Braun & Clarke, 2006:77)<sup>11</sup>. Therefore, the analysis starts with listening to tapes, reading and re-reading the informant's life experience descriptions and extracting important statements from the descriptions. Thereafter, the researcher assigns meanings to these statements. Furthermore, informants' statements were divided into meaning units, which were condensed into more abstract forms of text and used to create codes, categories, and themes. Findings were referred back to some informants to validate whether it accurately reflect their experiences. Finally, changes obtained from informants were incorporated into the final description. The bracketing principle was observed throughout in order to guarantee the trustworthiness of the findings. For the quantitative data analysis, a statistical produce and service solutions (SPSS)<sup>12</sup> computer programme (version 15) was used. This was done by a specialist from the Department of Statistics, University of Stellenbosch.

### **1.2.6 Research assistants**

Hill, Bone and Butz (1996:221-226) refer to the use of research assistance as a way of helping the researcher by providing social support and enhance the effectiveness of evaluation during and after the research. In order to maintain quality of data, two research assistants (both females) with experience in health related research were recruited. This is important due to the sensitive nature of the research and due to the sensitive and cultural nature of male/female relations in Northern Nigeria. Prior to the actual fieldwork, research assistants underwent two-day training. The training comprised an overview of the present study and familiarization of interview questions. Research assistants were introduced to the research ethics and administrative issues such as work schedule, how to take field notes (non-verbal expressions) and other logistics. There were daily feedback sessions between the

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<sup>11</sup> See more details in chapter 5 section 5.4

<sup>12</sup> Statistical produce and service solutions (SPSS) is a system that treats codes as variables and quotations as the 'cases'. Each 'case' or quotation is defined by the primary document, the codes that are assigned to it, and its position.

researcher and research assistants after interviews to evaluate the work and to address problems, if any, that were encountered.

### **1.2.7 Limitations of the study**

Although VVF and HIV are different health challenges, but in reality, under this study, they are inseparable since both are faced by the same participants. The researcher only desires to draw attention on their intertwined nature and the plight of most women in Northern Nigeria. The common relationship between VVF and HIV is explained in chapter 2 sections 2.2.4, 2.2.5 and 2.4.2. As will also be seen in chapter 3 where the researcher discusses the issue of culture and socio-economic factors behind the prevalence of both conditions and the stigmatization associated with it, there is a clear intertwining between VVF and HIV and the factors behind its prevalence and stigmatization. In fact the relationship is so close that stigmatization of HIV and the stigmatization due to VVF mutually compound each other.

The researcher could have focused on stigmatization of VVF and HIV/AIDS patients separately, but the study focuses on both in a patient. Hence the use of, the term VVF-HIV/AIDS is preferred in this study rather than VVF and HIV/AIDS.

The empirical research was limited to Evangel hospital VVF centre in Jos, Plateau state, Nigeria and the ECWA churches within the town of Jos for easy accessibility (of the town), high numbers of patients suffering from VVF-HIV/AIDS. Evangel Hospital VVF centre serves as a major service delivery point for VVF repair in the northern part of Nigeria and patients from other parts of Nigeria. Young adult females with VVF-HIV/AIDS are widely scattered throughout the country. This hospital is a major centre for VVF repair and as such it draws women from all over the country. They come from urban and rural areas and it will therefore constitute an accurate representation of women affected by the condition. It is hoped that findings from these young adult females suffering from VVF-HIV/AIDS in Evangel Hospital VVF center and the Clergymen of ECWA churches in Jos will help to understand the extent of the challenges the VVF-HIV/AIDS sufferers are living with and also to understand the role of ECWA in caring for them which is in line with the overall goal of this study.

### **1.3 Explanation of key terms**

The following are some of the key terms used in this study, namely HIV/AIDS, VVF, ECWA, and Stigmatization, Young adult females, Northern Nigeria and human dignity.

### **1.3.1 HIV/AIDS**

The acronym HIV refers to the Human Immunodeficiency Virus. The virus is transmitted through blood, semen and vaginal fluids. The acronym AIDS refers to the Acquired Immune Deficiency Syndrome which is the collection of diseases that are “acquired” from the HIV Virus once the immune system is no longer able to protect the body from illness (Coleman, 2009: 4-12). Van Dyk explains the different elements of the AIDS acronym as follows:

A = acquired, because the disease enters the body from outside it.

I = immune, which refers to the body’s ability to defend itself against foreign bodies.

D = deficiency, because the body is not able to protect itself, the natural protective elements in the blood are missing or are insufficient hence deficiency.

S = syndrome refers to a group of diseases that appear together (Van Dyk, 2008:4).

### **1.3.2 VVF**

The term VVF can be defined as an abnormal duct or passage resulting from injury, disease or a congenital disorder that connects an abscess, cavity, or hollow organ to the body surface to another hollow organ. It refers to an abnormal connection between the urinary bladder and vagina as a result of sexual trauma which damages the female genitalia. It is also connected to HIV/AIDS as it increases susceptibility to HIV infection (Hatcher et al., 1989: 44).

### **1.3.3 ECWA**

ECWA which means Evangelical Church of West Africa is one of the largest church denominations in Nigeria, reaching about six million people. ECWA was established through the mission work of SIM (Sudan Interior Mission) missionaries, Rowland Bingham, Thomas Kent and Walter Gowans in 1893. The SIM churches were incorporated as ECWA in 1954 with 7 DCCs. Today, ECWA comprises 6,000 churches organized into 74 DCCs and has a membership of 7 million.

Structurally ECWA comprises the General Church Council, Incorporated Trustees, District Church Councils, Local Church Councils and Local Church Boards, the Departments (Rural Development, Evangelical Mission Social, People Oriented, Pharmacy), Units/Institutions (for example Theological Seminaries and Bible colleges), the registered members and elected or appointed officers of the different government bodies (ECWA constitution, 2009).

#### **1.3.4 Stigmatization**

Stigma can be defined as an unhealthy attitude which discredits the basic human integrity of a person in society due to a condition or sickness he/she is subjected to. The person is “less than” the rest of society (Edward Philips, 1993:329). As mentioned above, stigmatization may take on different forms. For example, in the context of VVF-HIV/AIDS, stigma is associated with the medical progression of opportunistic infections, moral transgressions of both homosexual and heterosexual relationships and afflictions transmitted through the notion of risky groups as opposed to risky behaviour. In view of the above descriptions the affected group is stigmatized through the values and attitudes based on moral judgment rather than the medical aspects of the infection.

#### **1.3.5 Young adult females**

Young adult females are normally between the age of 18 years and 24 years. This is the stage where the transition to adulthood can take place (Ronald, Spicewood and Rosenfeld, (1987:785-801). Many of young adult females at this stage in life became victims of VVF-HIV/AIDS due to some traditional cultural practices and women from this group will form the focus of this research.

#### **1.3.6 Northern Nigeria**

The northern part of Nigeria as referred to in this study constitutes 19 states, namely: Sokoto, Katsina, Jigawa, Yobe, Borno, Kano, Zamfara, Kebbi, Niger, Kaduna, Bauchi, Gombe, Adamawa, Plateau (Jos is situated in this state), Kwara, Nasarawa, Taraba, Benue and Abuja. Hausa, Fulani, Gwari, Nupe, Yoruba, Birom, Tangele and Tiv are the major tribes found in those states that form the northern part of Nigeria. Islam and the Christian religion are the major religions practised in the states mentioned above.

#### **1.3.7 Human dignity**

Human dignity is an attribute of all human beings that establishes their significance or worth. The word “dignity” comes from the Latin words *dignitas* (“worth”) and *dignus* (“worthy”), suggesting that dignity points to a standard by which people should be viewed and treated (John, 2004:1193).

### **1.3.8 Church**

Church in general terms is the gathering of all believers, in which the gospel is preached and the holy sacraments are administered in accord with the gospel. The church has the nature of sacrament—a sign and instrument, that is, of communion with God and of unity among all human beings (Veli-Matti, 2002:29). The church will always have to present itself both in the forum of God and in the forum of the world. For it stands for God to the world, and it stands for the world before God. It confronts the world in critical liberty and is bound to give it the authentic revelation of the new life. At the same time it stands before God in fellowship and in solidarity with all men and is bound to send up to him out of the depths the common cry for life and liberty (Moltmann, 1991:1-2). Chapter four sections 4.5, 4.6, 4.6.1 and 4.6.2 deal extensively about the church.

## **1.4 Division of chapters**

In this study, which explores the causes and extent of the challenges young adult females living with VVF-HIV/AIDS face – specifically with regard to stigmatization – and the possible role the ECWA might play regarding this issue, the following division of chapters will be used:

Chapter 1 serves as background to the study with regard to its motivation, problem statement, goals, methodology and research design, and limitations. In order to come to an understanding of what, if any, the role of the church is with regard to addressing the issue of stigmatization, and to understand exactly what lies to the back of stigmatization women suffer from due to VVF-HIV/AIDS, chapter 2 looks in detail at these medical conditions, their prevalence in Northern Nigeria – the focus area of this study – as well as the causes of VVF-HIV/AIDS in general. However, the specific factors contributing to the prevalence of VVF-HIV/AIDS in the area is also identified in order to contextualize the medical conditions, not only geographically but also culturally and socio-economically, within Northern Nigeria. With this information in mind, chapter 3 looks at the situation of women in the area studied but also to some extent wider in the African context. Their struggle towards the recognition of their dignity as the struggle against stigmatization of women suffering from VVF-HIV/AIDS, as will be shown, forms part of a greater struggle of African women in the face of threats to their integrity, human dignity, etc. Dependent on the results of chapters 2 and 3, the question is then asked whether, from a theological perspective, the church (ECWA) has the

duty to address this situation. Chapter 4, therefore, focuses on different understandings of the nature and being of the church. The chapter will focus in particular on the theological bases of the image of God and body of Christ metaphors as possible theological grounds for the de-stigmatization associated with VVF-HIV/AIDS. Chapter 5 will present and analyse primary empirical data collected from the victims of VVF-HIV/AIDS and the pastors from ECWA within Jos District Church Council in order to show: a) what the specific challenges are facing these victims within the research area and within ECWA itself and b) the knowledge of pastors of the subject of the stigmatization of young female sufferers of VVF-HIV/AIDS in their area and congregations and their own treatment of the issue. Chapter 6 will discuss compassionate caring approach. This approach will serve as a pragmatic contribution to operationalizing pastoral care to assist the church to pastorally care for the victims of VVF-HIV/AIDS. Chapter 7 will offer recommendations for the church (ECWA) in Northern Nigeria in pastorally assisting these young adult females who are living with VVF-HIV/AIDS before also supplying a summary and conclusion of the study as a whole.

Having revealed the background to the study, the research design and the division of the chapters, the next section, which is chapter 2, discusses in detail the contextual understanding of VVF-HIV/AIDS among young adult females in Northern Nigeria.

## **CHAPTER 2**

### **CONTEXTUAL UNDERSTANDING OF VVF-HIV/AIDS AMONG YOUNG ADULT FEMALES IN NIGERIA**

#### **2.1 Introduction**

The previous chapter gave a general background of the entire study. It outlined the goal of the entire study which is investigating the extent of suffering and stigmatization that young adult females living with VVF-HIV/AIDS are facing in the northern part of Nigeria. This chapter seeks to discuss the prevalence of VVF-HIV/AIDS with specific focus on how VVF-HIV/AIDS has caused formidable and unprecedented suffering among young adult females of Nigeria. This is done with a view of providing a foundational link to the overall goal of this study. In other words, it traces the unfolding of the VVF-HIV/AIDS scourge in Nigeria. Our focus is on using Osmer's model (descriptive-empirical) of theological concept, by way of gathering information about what is going on in the life of these young adult females living with VVF-HIV/AIDS and (interpretive) why such incidents are taking place among them. The study will also provide the core background information to the church (ECWA) in its efforts towards providing pastoral care and support to these young women. The context of the study was explained, first by giving a brief overview of history of the country as a whole, including reflections on the status of women in Nigerian society (especially regarding sexuality and marriage), This is followed by a brief history of the prevalence, causes, and challenges caused by VVF for Nigerian women in general, but specifically for young females. The same process is then followed with regard to HIV/AIDS.<sup>13</sup> The challenges of VVF and HIV will be discussed together due to its overlapping. Most of the challenges of VVF and HIV are the same, especially those that have to do with stigmatization.

#### **2.2 A brief history of Nigeria**

The aim of this section is to contextualize the study, as well as to introduce the reader to the social-cultural conditions of the country that have brought these challenges to some young adult females who are living with VVF-HIV/AIDS. The study focuses most specifically in

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<sup>13</sup> Regarding the cause and consequences for sufferers, there also exists much overlapping, for example early marriage, cultural practices such as female genital mutilation (FGM) and gender discrimination play a role in both VVF and HIV/AIDS. Also that HIV/AIDS itself is a possible cause of VVF.

Northern Nigeria where some of the ECWA members have been affected. Because of the scope of this study, it is not possible to discuss the history of Nigeria in detail in this section but I will highlight the issues that directly relate to VVF-HIV/AIDS under the following headings: geographical location, population and cultural diversity, the cultural context of Nigerian women, culture and sexuality in Nigeria and, finally, marriage in Nigeria.



The states that make up the country of Nigeria. (<http://site.sonubtha.org/>)

Figure 2:1 Map of Nigeria

### 2.2.1 Geographical location

The Republic of Nigeria – “Nigeria” meaning “the Niger river by land”, is located in the south eastern region of West Africa. The country covers a total of 923,000 square kilometres, has a coastline of 853 kilometres and territorial waters that extend 12 nautical miles out to sea. Situated on the west coast of Africa, Nigeria is bordered by the Atlantic Ocean in the south and Niger and Chad to the north. Benin lies to the west of it, while Cameroon forms the

eastern border. The capital city, Abuja, is in the centre of the country and has a population of 3 million, while Lagos, to the south west, is twice its size in the area it covers, but with an estimated population of 18 million! The country's geography varies considerably, with lowlands in the south, hills and plateaus in the central region and plains in the<sup>14</sup> north. Coastal swamps and tropical forests dominate the southern region, while the north is mostly savannah and semi-desert (Corporate Nigeria 2010/2011-History and culture overview, p.2). The northern part of Nigeria, which is the focus area of this study, is plateau state. Hausa, Fulani, Birom, Tangele and Tiv are the major tribes found in that state. ECWA is one of the dominant Christian denominations, even though other denominations exist and some of the inhabitants of this state are Muslims.

### **2.2.2 Population and culture**

Home to a population of around 150 million people, Nigeria is the most populous country in Africa and population wise one of the world's fastest growing countries, with population growth estimated at a rate of just over 2,35% a year. The Nigerian people are a diverse mix of more than 250 ethnic groups. The largest ethnic groups are the Fulani/Hausa, Yoruba and Igbo, accounting for 68% of population, while the Edo, Ijaw, Kanuri, Ibibio, Ebira, Nupe and Tiv comprise 27%. Other minorities make up the remaining 5%. The middle belt of Nigeria is also known for its diversity of ethnic groups, including the Pyem, Goemai, and Kofyar. The official language is English, although 478 other languages are spoken across the country (Corporate Nigeria 2010/2011-History and culture overview: p.2).

A diversity of religions can also be found in Nigeria. Nigerians can roughly be divided into 50% Muslim, 40% Christian and 10% who hold traditional indigenous beliefs (Nigeria 2003:14 Demographic and Health survey (NDHS)). The Hausa and Fulani, Yoruba and Igbo make up the three major ethnic groups in Nigeria. Both Hausa and Fulani come from the Muslim north. The Yoruba, who come from south western Nigeria, are mostly farmers and practice both Islam and Christianity. The Igbo of the south east are mostly Christian, as is the case with most people in the south east of the country. There is a notable overlap between organized religion and traditional indigenous beliefs across Nigeria. It is common for

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<sup>14</sup> The Evangelical Church Winning All (ECWA) is one of the largest church denominations in Nigeria, reaching about six million people. ECWA is a partner church of the international Christian mission organization: Sudan Interior Mission (SIM). It was founded in 1954 when the SIM-related churches (initially in Nigeria) came together to form an indigenous body (ECWA constitution 2005:2-3).

Muslims and Christians to also observe some degree of indigenous practices (Corporate Nigeria 2010/2011-History and culture overview, p.2-3). For Nigerian from the northern part, the cultural practices are intertwined with the Christian and Muslim religion.

Finally, regarding age, one third of Nigeria's total population are between the ages of 10 and 24. It is estimated that by 2025, (Corporate Nigeria 2010/2011-History and culture overview, p.3) the number of Nigerian youth will exceed 57 million. In the subsequent sections, it will be revealed how this group is the most at risk of contracting VVF-HIV/AIDS and suffer its consequences. In order to come to a better understanding of the challenges experienced by the sufferers of VVF-HIV/AIDS-positive women in Nigeria, it is important to know the context of a woman which is the focus of the next section.

### **2.2.3 The background of women in Nigeria**

The background of women in Nigeria is very broad. However, this section will focus on political, cultural, economic, religious and social background, and the way in which this background affects the stigmatization of young adult females suffering from VVF-HIV/AIDS. According to Stan Chu Ilo (2006:1), in many parts of Africa, a new generation of African women is rising up in grassroots social movements to challenge the assumptions of established patriarchal, cultural practices in Africa. Women are the prime victims of such a mentality which sees them as expendable and irrelevant in society. He further stresses that certain customs and traditions should no longer be considered sacrosanct if they do not correspond to the demands of human rights and dignity, and the needs of the modern world. Cultural traditions are not ends in themselves, but means for realizing certain ends. When they no longer serve the goal of human progress, they should be abandoned (Stan Chu Ilo, 2006:1).

In Nigeria, there are levels at which social issues affect women, such as: involvement in socio-economic issues and politics, marriage/family, education and health care. Nigeria's 6<sup>th</sup> periodic country report (2004-2006:187) states that gender stereotypes continue to be reinforced in Nigeria at a series of agents of socialisation, such as the family, schools and even churches and mosques. According to the report, the media have become the custodian as well as disseminator of gender roles, stereotypes, prejudices and discriminatory cultures. That girls and boys grow up in Nigerian society to accept male superiority over females and patriarchal structures has become an unquestionable phenomenon. Teachers, religious leaders, parents, police officers and artists in Nigeria usually all work towards promoting

obnoxious customary beliefs and practices that violate the rights of women. Consequently, customary practice such as female genital mutilation, preference for male child, and widowhood rites are still prevalent in most parts of Nigeria (Ijaiya and Aboyeji, 2004:23).

Disparity still also exists in the literacy rates between men and women. While male adult literacy is 70%, female and adult literacy is only 54.6%. A girl child is often deprived of her rights to quality education because priority is given to male education. She ends up not being empowered and stays exposed to the harassments and intimidation that the patriarchal nature of Nigerian society reinforces (Ugwu, 2009:1617-1624).

The Nigeria constitution does not provide for socio-economic rights, and this has in reality affected women more as they constitute a greater percentage of Nigerians who live below the poverty line (CEDAW, 2006:2-3). The 1999 Constitution of Nigeria prohibits discrimination on the grounds of gender, but customary and religious laws continue to restrict women's rights. As Nigeria is a federal republic, each state has the authority to draft its own legislation. The combination of a federation and a tripartite system of civil, customary and religious law makes it very difficult to harmonize legislation and remove discriminatory measures. There is a good system of legislation that looks after the welfare of both males and females in the northern part of Nigeria, but in practice, some states (Zamfara, Bauchi, Yobe, Adamawa, Sokoto, Katsina) in the north follow Islamic Sharia law, which reinforces customs that are unfavourable to women (CEDAW, 1997:2-7). The number of women below the poverty line is 65% compared to 35% of men and women's purchasing power is also very low (CEDAW, 1997:2-7). While women represent 76% of the entire population in rural areas; they constitute the greater percentage of the poor; they are less educated and the majority of them engage largely in small scale agriculture<sup>15</sup> and petty trading (CEDAW, 1997:2-7). It is indeed disturbing that despite the crucial and basic contribution of women in rural areas in terms of production, processing, distribution in almost all fields of human endeavour, their indispensable labour is unacknowledged, unpaid for, and poorly taken into account in national development plans and policies.

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<sup>15</sup> Nigerian women have very limited ownership rights. The civil law of Nigeria which is applicable to the northern part of Nigeria entitles women to have access to land, but certain laws such as customary laws in the north stipulate that only men have the right to own land. In practice, women can obtain access to land solely through marriage or family. As a result, women represent 10% of landowners in the country and little is known about how much authority they have to administer their land holdings (United Nation, 2004).

According to the US Department of State 2007, Country Reports on human rights practices state that women's access to bank loans globally and for Nigerians, is restricted by their limited financial resources and the difficulties they have in obtaining the necessary guarantees. In certain cases, financial institutions demand prior consent of the woman's husband before granting a loan. The National Poverty Eradication Programme and other micro-credit schemes have been established to assist women, but access is still low; statistics show that less than one-third of loans in Nigeria are awarded to women (Nwoye, 2002:57; cf. NAPEP 2007).

Another important negative factor in the lives of Nigerian women regards their overall health and the poor state of and accessibility to health care in most parts of the country. Nigeria is only 2% of the world's population but accounts for over 10% of the world's maternal deaths in childbirth (Okonufua, 2005:5). The United Nations Population Fund (UNFPA 2010) estimates that 2 million women suffer Vesico-vaginal fistula globally, 40% of these (800,000 women) are in Nigeria. Among the most important factors contributing to this maternal morbidity tragic situation are cultural practices that undervalue women, a perceived social need for women's reproductive capacities to be under strict male control, the practice of purdah (wife seclusion), which restricts women's access to medical care, almost universal female illiteracy, marriage at an early age and pregnancy<sup>16</sup> often occurring before maternal pelvic growth is complete; a high rate of obstructed labour, directly harmful traditional medical beliefs and practices, inadequate facilities to deal with obstetric emergencies, a deteriorating economy, and a political culture marked by rampant corruption and inefficiency. The convergence of all of these factors has resulted in one of the worst records of female reproductive health existing anywhere in the world. With respect to gender, it is, therefore, not surprising that women are particularly affected by the HIV/AIDS epidemic in Nigeria. In 2009 UNAIDS estimated that women accounted for 61.5% of all adults aged 15 and above living with HIV. A 2007 study showed that the younger married girls lacked knowledge on reproductive health, which included HIV/AIDS. They also tend to lack the power and education needed to insist upon the use of a condom during sex. Coupled with the high probability that the husband will be significantly older than the girl and therefore is

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<sup>16</sup> Risk of a woman dying from childbirth is 1 in 18 in Nigeria, compared to 1 in 16 for all developing countries, and 1 in 29,800 for Sweden. An estimated 500,000 women die each year throughout the world from complications of pregnancy and childbirth. 55,000 of these deaths occur in Nigeria (Okonufua, 2005: 5).

more likely to have had more sexual partners in the past, young women are more vulnerable to HIV infection within marriage (The population council, Inc., 2007). From the above overview of the context of women in Nigeria, it is clear that women are vulnerable to be affected by both VVF and HIV/AIDS.

#### **2.2.4 Gender and Sexuality in Nigeria**

As earlier indicated, there is a vast variety of cultures, ethnic and religious affiliations in Nigeria. Nigerian culture is a combination of cultures from the about 250 ethnic groups combined with their various religious affiliations, the influence of Western culture acquired through colonization, the ubiquitous presence of the global media and the ease of travel. Irrespective of the culture or religion, sexuality is consigned in the realm of marriage and loaded with silence and secrecy outside of marriage. All ethnic groups in Nigeria believe strongly in sexual purity<sup>17</sup> for women (Ghosh, 2004:73).

Since the introduction of Western values and education in Nigeria, there has been an increased tendency to delay marriage and an increased incidence of premarital sexual relationships. In some tribal cultures, especially among the Bini, Yoruba and Ibos, it is more common to demand pregnancy as a proof of fertility rather than virginity as a prerequisite for marriage. This is mainly because complications from untreated sexually transmitted diseases result in infertility which is unacceptable to many families as reproduction is seen as the primary reason for marriage (Esiet, 2001:78-89). At the same time, the rising incidence of HIV and other sexually transmitted infections (STIs) has also led to an increased call for premarital sexual abstinence for both sexes.

In Nigeria 34% of 15 to 19 year old females are married. Early marriage, whether consensual or forced, is an accepted means of commencing adolescent sexuality, especially in the northern parts of Nigeria (Esiet, 2004:97-99). In the past, many girls have experienced menarche in their husband's home. Many parents, especially in the northern part of the country, have still maintained the practice of marrying their daughters off by age 12, to mostly older men (Yusuf, 2001:34). Within the traditional Nigerian society the age

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<sup>17</sup> In times past, the virginity of the female at her marriage called for a family celebration with appropriate gifts and visits from the in-laws. Girls who are virgins at marriage are praised and showered with gifts while girls who are found not to be virgins are publicly disgraced. Some cultures such as that of the Edos and Nupes require that the prospective wife confesses to any premarital relationships at the husband's ancestral shrine (Ghosh, 2004:73).

difference, besides the fact that she is his wife, constitutes a vast power difference between them. Sometimes the man is so old that he is unable to meet the girl's sexual needs, but recruits his older sons to do so (Yusuf, 2001:34-35). In such cases a woman might seek sexual gratification outside of her marriage, something which is extremely dangerous since female adulterers are severely punished according to the community's tradition. All of this, of course, also increases the chances of being infected with HIV or contracting STI's.

Nigeria is a patriarchal society where women are treated differently to the men. The men are believed to have more sexual needs than the women and the women have been socialized to accept this. One of worst social realities with regard to sexuality that still negatively affects most Nigerian women is their being yoked into polygamous marriages. Many Nigerian cultures allow and even encourage a man to enter into polygamous marriages. While extramarital sex is publicly condemned, a man who engages in extramarital sex is privately hailed for his behaviour. The same culture deals severely and ruthlessly with married women caught in adultery. The situation is worst in the northern part of Nigeria where the conservative Muslim legal system, *Shari'a*, is in effect. Under this system of law, a woman may be sentenced to death by stoning for adultery (WACOL, 2003:251). The practice of polygamy is, however, criticised by many scholars. For example, Prudence (2002:1089) cautions:

*Polygamy insults the dignity of women and in the face of HIV/AIDS exposes women to all kinds of health risks. The woman who lives in a polygamous relationship is a wounded woman; her love for her husband is not full, because she is one of many such loves. She is a woman who has to share her love with other wives and she nurses in the depths of herself a certain sense of inadequacy. She is a humiliated woman who may see herself as a sexual object or a domestic slave of her husband with whom she shares little in common. The wives of a polygamous man take turns to sleep with him and to prepare his food and sometimes fight each other to please their husband. Most polygamous families are never homes of peace; there is always a feeling of partiality and injustice among the wives and between the siblings themselves.*

*One of the worst aspects of polygamy is the treatment given to women when they grow old. These wives are relegated to the background and the new*

*wife, who would definitely be younger, sometimes as young as the children of the oldest wife, takes centre-stage in the heart of the polygamous man. No matter the social status given to the eldest wife, I do think that the whole cultural situation creates a certain mind set and superstructure that reduces women to something of an object for men. Many African women still accept this kind of stereotype and continue to live with the obvious humiliation which the cultural forces put them. However, no one can seriously maintain that most women find fulfilment in polygamous marriages or that woman would willingly share her man with other women in any normal situation (Prudence 2002:1089).*

In other parts of the country, adultery is another issue regarding women which is controlled by beliefs that the gods will strike an offender to death if she does not confess and participate in a cleansing rite carried out by cultural gatekeepers. No consequence befalls an adulterous male. However, there are some culturally approved forms of adultery, for example, among the Ibibio. A diviner could appoint a consort for a childless woman until the former falls pregnant. In some parts of Igbo country and among the Biroms, a man with multiple wives can permit a young man who has declared interest in one of his wives to have a sexual relationship with her in exchange for gifts and a pledge to work for him. Among the Tiv, it is the highest level of hospitality for a husband to allow an important guest to have sex with his wife. Among families in Ilorin, brothers sleep with each other's wives. These practices are forms of culturally-endorsed sex with multiple sexual partners and all have implications for HIV and other STI transmission and will require rethinking and renegotiation (Ikpe, 2004:73-74).

It is not clear whether the women involved in these practices are resigned to their fate. It is clear, however, that many of these practices are highly discriminatory and do not affirm the dignity of women. They are in contravention of both article 1 of the Conventions on Elimination of All Forms of Discrimination against Women (CEDAW, 1979) and article 2 of the Protocol to the African Charter on the Rights of Women (Women Protocol, 2005) that forbid all forms of discriminatory practices against women *and* its contributions to the rising prevalence of HIV/AIDS among Nigerian women.

### **2.2.5 Marriage in Nigeria**

Marriage is a viable way for lawful union between two people of opposite sex in Nigeria. However, the way and manner it is contracted differ from culture to culture and it also differs from denomination to denominations. It is for this reason that the intricacies of marriage and marriage rights in Nigeria and its implication in the spread of VVF-HIV/AIDS disease/stigma desire a close study. One of the key issues is that of early marriage and how customary law often times prevails over Christian marriage. Stan Chu (2006:2) stresses that, about 50% of women in Africa such as Northern Nigeria are married by the age of 18 and one in every three women in Africa lives in a polygamous marriage; the fertility rate for women in Africa is about 5.7 per woman. A greater majority of African young girls marry before they are 18 years of age. According to the findings of the Western Nigerian based Students Society of Nigeria, more than 40,000 Nigeria teenage girls lost their lives within the last decade due to pregnancy. It is poverty, ignorance, and cultural factors that lure young girls to early marriages, which puts an abrupt end to any kind of professional life for the young girls (Stan Chu, 2006:2).

In Nigeria, marriage takes place under four legal systems: Islamic, Christian, civil (statutory law), and customary (tribal/traditional law) (Centre for Reproductive Rights 2003:83). However, marriages in the northern part of Nigeria are conducted under Islamic law, Christian rites and tribal/traditional law, while those in the south under statutory law. However, even when couples marry under statutory law, customary laws generally prevail in personal matters (Falola, 2000: 16). Christian marriage which is one of the four legal systems of marriage is conducted according to the rules and regulations of the different churches. Each church does it base on their own principles and doctrine. Even with that, in Nigeria in certain places if a couple goes directly to marry in the church, that marriage is not recognized by their families, friends and in fact by the people in general, if they do not pass through the traditional marriage rites of their ethnic group first. Most churches require that the couple or couples pass through the traditional marriage rites first before coming to the church, otherwise the marriage will not be conducted (Falola, 2000:18).

In addition, Falola (2000:18) argues that a woman, whose dowry has not been paid, even if she is married in the church, is seen by the family of the man as a girl friend to the man, even if she has given birth to dozens of children to the man and they are living together. She is not regarded as his wife. As a matter of fact, in some important family occasion where wives in

the family are gathered, her presence may not be welcome, since she is not a wife in the family.

A 2003 Women's Advocates Research and Documentation Centre (WARDC) and Women's Aid Collective (WACOL) publication noted that customary law has "encouraged" cultural attitudes towards children, or forced marriages in Nigeria (WARDC, 2003:69). Reasons given to support this cultural practice include the "reduction of promiscuity, societal integration and wellbeing, and religious blessing" (Bamgbose, 2002:4). In most customary law systems in Nigeria there is no minimum age for marriage (WARDC and WACOL 2003: 69.). Among women aged 20 to 24 19.8% have been reported to be married by age 15, 39.6% by age 18 and 52.7% by age 20 and 27 5 of adolescent married women are in a polygamous union, with rural and, especially northern women, more likely to be in such a union (WARDC and WACOL 2003: 69). The only report on fertility rate in 1999 shows that, Nigeria's adolescent fertility rate was 111 births per 1,000 women ages 15 to 19 – Nigerian women averaged more than five births during their life time (WARDC and WACOL, 2003:69).

In Northern Nigeria, it is estimated that approximately 37% of girls aged 15 to 19 years old are forced into marriage (BBC, 2002). Prospective husbands are selected based on social, religious and monetary factors, while age is not considered a factor (Bamgbose, 2002:4). As a result, the husband is often older than the bride. Research conducted by the Population Council found that, in Nigeria, husbands of "child-brides" were, on average, 12 years older than their wives, and 18 years older in cases of polygamous marriage (Population Council, 2005:1).

It is especially in the rural communities of the northern states of Nigeria where child, or forced marriages, still occur even among the Christians since most of Chirstians in Northern part of Nigeria often times practices intermarriages with Muslims (Bamgbose, 2002:4). According to *The State of the World's Children 2006*, a United Nations Children's Fund (UNICEF) publication, nearly twice as many women living in rural areas were married before the age of 18, compared with those living in urban areas (UN 2006, 130). Thus, in the northwest and northeast of the Nigeria, on average, women are married by the age of 15 (Nigeria, 2004:87).

Negative effects of early marriage on girls include early widowhood, the spread of HIV/AIDS, prostitution, family problems, medical problems, and suicide (Bamgbose,

2002:4-5). One specific health problem associated with early/forced marriage that is "particularly prevalent" in Northern Nigeria, is Vesico vaginal fistulae (VVF –see paragraph 2.2 below), (HBF 11 Dec. 2005; FORWARD n.d.).

While Western ways of courtship and marriage are not unheard of, the power of traditional values and the strong influence of the family mean that traditional ways are usually followed, even in the cities and among the Christians. According to old customs, women did not have much choice of whom they married, though the numbers of arranged marriages are declining. According to Ubamadu (2011:2) many Nigerian ethnic groups such as Hausa, Fulani, and Biroms still follow the practice of offering a bride price for an intended wife. Unlike a dowry, in which the woman would bring something of material value to the marriage, a bride price is some form of compensation the husband must pay before he can marry a wife. A bride price can take the form of money, cattle, wine, or other valuable goods paid to the woman's family, but it also can take a more subtle form. Men might contribute money to the education of an intended wife or help to establish her in a small-scale business or agricultural endeavor. This form of bride price is often incorporated as part of the courtship process. While women who leave their husbands will be welcomed back into their families, they often need a justification for breaking up the marriage. If the husband is seen as having treated his wife well, he can expect to have the bride price repaid (Ubamadu, 2011:2).

Divorce is quite common in Nigeria among Christian and Muslim faith communities (Akpan-Iquot, 2008:1-2). He further stresses that marriage is more of a social contract made to ensure the continuation of family lines than a union based on love and emotional connections. It is not uncommon for a husband and wife to live in separate homes and to be extremely independent of one another. In many ethnic groups, either the man or the woman can end the marriage. If the woman leaves her husband, she will often be taken as a second or third wife of another man. If this is the case, the new husband is responsible for repaying the bride price to the former husband. Children of a divorced woman are normally accepted into the new family as well, without any problems (Akpan-Iquot 2008:2).

The majority of Nigerian families are very large by Western standards. Many Northern Nigerian men take more than one wife even in the Christian circle where one wife is preached. In some ethnic groups such as Hausa, Fulani and Nupe, the greater the number of children, the greater a man's standing in the eyes of his peers. Family units of ten or more are not uncommon. In a polygamous family, each wife is responsible for feeding and caring for

her own children, though the wives often help each other when needed. The wives also will take turns feeding their husband so that the cost of his food is spread equally between or among the wives. Husbands are the authority figures in the household, and many are not used to their ideas or wishes being challenged. Even in areas where Christian influence is evident in Northern Nigeria, a Christian woman is expected to submit to her husband's sexual demands. Hence, the risk of AIDS is equally dangerous among both religious groups, and women are more at risk than men because of their subservient status (Falola, 2000:27).

From the above discussion it is evident that the background of women, nature of marriage in Nigeria and cultural practices in Nigeria has direct implication in shaping the traumatic life of young adult female living with VVF-HIV/AIDS. As a result of how customary law often times prevails over marriages in Northern Nigeria, Christian women are not left out from these practices that led to the traumatic life of young adult females. Many young girls are married to older men with many wives where safe sex cannot be practice. Christians whom their faith even preaches one man one wife refuses to abide with this order in most part of the Northern Nigeria simply to please the patriarch culture. It is factors such as these that lie at the basis of the prevalence of, for example, VVF-HIV/AIDS among Nigerian women. It is specifically to that condition that we now turn to VVF-HIV/AIDS in Northern Nigeria.

## **2.3 VVF in Nigeria**

### **2.3.1 Introduction**

Having in mind the expected roles of women in Northern Nigeria, it is our intent to highlight the direct issues related to the causes of VVF and the challenges young adult females who live with VVF face in Northern Nigeria. It is imperative to look at other African countries as regard to the situation of VVF, since Nigeria is also part of Africa. It is important because of the high challenges that young adult females who live with it are facing while little or nothing is done about it.

In Ethiopia the life expectancy of a woman is 44 and she will likely to be married at 17 and give birth to 6 children. Cultural practices are said to be the major factor that contribute to the causes of VVF in Ethiopia (UN, 2009).

In Eritrea, Hindery (2007:2-3) points out that the problem of VVF exists beyond the borders of Eritrea and has received international recognition. In Eritrea women with VVF are often ostracized from their communities, due to this terrible condition (Hindery, 2007:2-3).

In Tanzania, early marriage and childbearing were common factors that contribute to the causes of VVF among women. Over 75% were 20 years or less at the time of their first pregnancy. Slightly over half of the women reported having had children before developing VVF. It was reported that women have low levels of income after contracting VVF, which created problems in acquiring cash for transportation to a facility for treatment. Nearly all women began labour at home and fewer than 12% of the women were assisted by a trained health worker. Most were assisted by a family member or friend. Approximately 75% of the babies of women who were assisted at home died at delivery and their mothers developed VVF (Bangser, Bumodoka and Berege, 2007:23).

In Uganda, teenagers contract VVF due to early marriage. Most of VVF patients in Uganda are young and poor with little education and have limited access to quality health care, including emergency VVF care. Often patients lack the knowledge that the condition can be repaired and are too ashamed of their condition to seek help. Those who remain untreated may be shunned by their communities and relatives and have to find new ways of supporting themselves (Matsamura, 2008:24).

The case is not different in Nigeria. It has been estimated that there are about 800,000 women suffering from VVF in Nigeria. This is about 40% of the global number of sufferers from this disorder. VVF is prevalent all over Nigeria with most of the sufferers being below the age of 20. Relatively high numbers are also found in the South Eastern and Middle Belt regions. However, the highest concentration of sufferers is found in Northern Nigeria and that may be linked to widespread incidences of early marriage and pregnancy in that region. Women in their thirties, forties and fifties who might have developed VVF earlier in life, live with it for years and only hear of the possibility of a cure to the disorder much later in their lives. Some of those in this group might have earlier delivered normally at home without VVF and therefore insist on staying at home for subsequent deliveries which might be obstructed for other reasons leading to VVF (Wall, 2010:1-11). The common factor among VVF sufferers is poverty (Wall 2010: 1-11). In Nigeria most of these women are poor and live in rural areas with little or no geographical or financial access to caesarean section (Lengmang 2010:3; cf. *Vanguard* 2010, 13 May).

It has become obvious over time that the babies of these young adult females living with VVF seldom survive. Where the mothers are lucky to survive, they are often accompanied by the smell of urine or faeces that drain out of their bodies and they often cannot walk as a

result of the complications of labour. Even worse, they are divorced and neglected by society due to their condition (Lengmang 2010:3).

### **2.3.2 Causes of VVF in Nigeria**

It is imperative to indicate the causes and challenges of VVF in the Nigerian context since the focus of the study is on Northern Nigeria. There are various causes of VVF among young adult females in Nigeria and many of these causes are intertwined with one another. While it is not in the scope of this study to discuss all the causes of VVF, eleven themes which are the most significant of the causes of VVF in Northern Nigeria will be discussed, namely: biomedical causes, socio-cultural causes, female genital mutilation, gishiri, coital injury, rape, ritual cleansing, STDs and HIV, gender discrimination, lack of medical facilities and malnutrition.

#### **2.3.2.1 Biomedical causes**

Prolonged labour or obstructed labour is one of the major causes of VVF. Labour becomes obstructed and prolonged, sometimes for days, when a woman cannot deliver her baby through her birth canal because of discrepancy between the size of the foetus and the space available in her pelvis. There is, therefore, a foetal and a maternal factor that cause obstructed labour. Foetal malformations often occur when the pelvis is stunted or immature due to malnutrition. It usually occurs when a young, poor woman has an obstructed labour and cannot get a caesarean section, which requires a special health facility with skilled health personnel. VVF results from ischemic necrosis of the soft tissue of the pelvis. This is caused by the impacted part exuding on the tissue during the long labour. Without urgent action, the baby usually dies (Browning, 2004:24).

In addition, Wall (2010:1-11) rightly said that VVF results when labour becomes obstructed and is not reversed with timely surgical intervention. Unless the woman receives an emergency caesarean section, her labour may last for several days before it reaches its inevitably disastrous ending (Wall, 2010:2-11).

Labour is an involuntary process. Once it starts, it continues until delivery is achieved or it ends in a disastrous ways. The woman suffers severe, unrelenting uterine contractions without achieving delivery until, exhausted, weak from blood loss, and probably infected because of long labour, she dies without ever delivering her child. Sometimes the uterus

ruptures, killing both the woman and her baby in a sudden tragedy in which the foetus and the afterbirth are thrown into her abdomen as the wall of her womb bursts (Lengmang, 2010:3).

The Foundation for Women's Health, Research and Development (FORWARD) in their 2006 report indicated that women who do not succumb, eventually deliver stillborn infants who have been asphyxiated during the long birth process (FORWARD, 2006:4). After death, the entrapped baby starts to decay, eventually macerating and sliding out of the mother's body. As if this were not terrible enough, a few days later, the base of the woman's bladder sloughs away due to her injuries, and a torrent of urine floods through her vagina. In obstructed labour, the woman's bladder is trapped between the foetal skull and her pelvic bones. The skull is forced relentlessly downward by the contractions, but the unyielding bones of her pelvis refuse to let it pass. As her pelvis's soft tissues are crushed, they die and slough away, forming a fistula. Once this happens, the fistula will not heal without a surgical intervention. As a matter of fact, surgery is so scarce in this part of the world that most of these young women never receive help. They become "incurable," wet, miserable, foul-smelling and friendless women – the outcasts of society. According to the research so far, all these things happen to these young women at their reproductive age and the series of events destroys their lives.

### **2.3.2.2 Socio-cultural causes**

Research within the field of VVF in Nigeria has revealed that poor socio-economic development is the underlying factor responsible for maternal ill-health, including the prevalence of obstetric fistulae (Lengmang, 2010:3-4). The standard of health in developing countries is low and natural hazards such as malnutrition and infections remain largely unchecked. The high rates of obstetric fistula in many affected countries may not only be due to poverty, but also to the impact of cultural practices on women's status, health and well-being (United Nations 1995:39). In some northern communities, the condition is seen as a punishment or a curse for an assumed wrong-doing, rather than a medical condition (Bangser, 2007: 535-536).

In Nigeria, as in many developing countries, a number of cultures entertain early marriages and most of these marriages are between the young adult females and older men who are HIV positive. This is the case in the northern part of Nigeria especially. These young girls are given in marriage at very early ages, often before or during the process of puberty, and childbearing is seen as an indicator of the attainment of "married woman" status (Kore

2006:127; cf. Lengmang, 2010:3-4). Moreover, illiteracy, breakdown of traditional sexuality and reproductive information channels are socio-cultural factors thought to facilitate early sexual acts with young girls (Ijaiya & Aboyeji, 2004:23:7-9).

### 2.3.2.3 Female genital mutilation

The Nigeria Demographic and Health Organisation (2003:6-7) states with regard to the practice of female circumcision, widely known as Female Genital Mutilation (FGM), that Nigeria in the past had the highest absolute number of cases of FGM in the world, amounting to about one quarter of the estimated 115-130 million circumcised women in the world. The practice is founded in traditional beliefs and societal pressure to conform. FGM is practiced in about 28 African countries as well as in a few scattered communities in other parts of the world. It is one of the most serious forms of violence against girls and is practiced in Northern Nigeria for a number of reasons:

- **Psychosexual:** to attenuate sexual desire in the female, maintain chastity and virginity before marriage and fidelity during marriage, and increase male sexual pleasure.
- **Sociological:** for identification with the cultural heritage, initiation of girls into womanhood, social integration and maintenance of social cohesion and social acceptance.
- **Hygiene and aesthetics:** among some societies, the external female genitals are considered unclean and unsightly, and so are removed to promote hygiene and provide aesthetic appeal.
- **Religious:** female genital mutilation is practiced in a number of communities, under the mistaken belief that it is demanded by certain religions.
- **Other reasons:** to enhance fertility and promote child survival, better marriage prospects and to help with giving birth.

However, these detrimental traditional practices of female genital mutilation (FGM) – the surgical removal of the clitoris and or labia to restrict pleasure and temptation – increase the risk of VVF (Muhammad, 2009:1-11). Complications associated with FMG are mostly evident during childbirth because of reduced elasticity of the vagina caused by scar tissue formed as a result of the FGM procedure (Kabril et al., 2003:54-57). Elasticity of the vagina allows more room for foetal passage during labour. To compensate for the reduced vaginal orifice elasticity during child birth, minute tears develop around the vagina. These, however, are too small to be repaired and, thus provoke the formation of VVF (Kabril et al., 2003:54-57).

#### **2.3.2.4 Gishiri**

According to Muhammad (2009:11), "gishiri cut" is a cut made into the interior wall of the vaginal orifice which lead to urinary incontinence (Muhammad, 2009:11). The commonest reason for doing a gishiri cut is difficulty with a delivery. The cut is done to enlarge the vagina and hasten dilation of the cervix by letting out whatever is holding up the delivery. The World Health Organization (WHO, 2006:4) reports that "if labour remains obstructed, the unrelenting pressure of the baby's head against the pelvis can greatly reduce the flow of blood to the tissues surrounding the bladder, vagina and rectum".

Female genital mutilation (FGM) and VVF come closest to what is regarded as traditional "medical" practices. The Hausa word for salt is *gishiri* (Muhammad, 2009:11). When labour becomes obstructed, the cause is often attributed to an imbalance in the woman's body resulting from "too much salt"; that is said to produce a membrane over the vagina that inhibits the baby from coming out. This is treated by cutting the vagina with a razor, a knife, or another sharp object. When this is done, the urethra or bladder is often injured, resulting in a fistula. The rectum may be cut as well. The same procedure may also be used for a variety of other perceived "women's problems," with similarly disastrous results (Muhammad, 2009:1-11). Furthermore, B.M. Audu, A.A. Kullima & B. Bako (2008:58-59) acknowledge that gishiri cuts are also one of the causes of VVF among young females as a result of using a sharp object to cut the vaginal opening (B.M. Audu, A.A. Kullima & B. Bako 2008:58-59).

#### **2.3.2.5 Coital injury**

One of the outcomes of early marriage is coital injury. In some parts of Nigeria, mostly in the north, girls may be given in marriage as early as the age of seven (Abdur Rahman, 2006). When a pre-pubertal girl has sex with a grown man, terrible injuries can result, including penetration from the vagina into the rectum. Fortunately, these injuries tend to be easier to repair than those caused by childbirth injury. Unfortunately, the psychological injuries are much more difficult, if not impossible, to repair (Muhammad 2009:1-11).

#### **2.3.2.6 Rape**

Rape is not just unwanted sex but is usually experienced as life threatening and as an extreme personal violation (Crombrinck & Skepu, 2003:67-69). Rape is defined as intentional unlawful sexual intercourse with a woman without her consent (Artz, 2001). Rape victims

appear to experience different symptoms such as shock and disbelief, confusion, fear, depression and anger, resolution, coping and long time-term adjustment (Crombrinck & Skepu, 2003:67-69). Several cases have been reported in which women were raped by soldiers, who would then insert assault weapons into their vaginas and fire. How these women survive with such severe trauma is unimaginable (Muhammad, 2009:1-11). In many cases, young girls between the ages of seven and twelve are raped by older men and end up having VVF due to injury inflicted while being raped.

### **2.3.2.7 STDs and HIV**

The evidence on the role of biological factors<sup>18</sup> in HIV transmission has been studied extensively and the conclusion reached is that the anatomical features of women increases their susceptibility to HIV infection. Biological factors identified to facilitate HIV transmission in women include STDs, particularly ulcerative ones (Laga et al., 1993). There is still a lack of clarity on the physiological mechanism by which the HIV virus infects the reproductive tract (Myer et al., 2005). However, theories based on available evidence suggest that the presence of STD increases HIV infectiousness because of increased viral load in genital secretions. STDs are also thought to increase susceptibility to HIV due to the disruption of the epithelial barrier and increased cell receptivity to HIV. Genital ulcers and other non-ulcerative STDs are associated with increased spreading of HIV. At VVF centres serving more urban populations, a particularly horrible form of VVF is often seen. Many young women who move into large cities find themselves forced into prostitution to earn a living. HIV infection almost inevitably follows. As clinical AIDS begins to appear, the immune system is no longer effective in keeping infections in check. Women living as prostitutes are exposed to a wide variety of sexually transmitted diseases on a daily basis. Tissue-destructive diseases such as lymphogranuloma venereum can be particularly virulent, eating into the genital tissues and causing fistulas which, generally, cannot be repaired (Muhammad, 2009:1-11).

### **2.3.2.8 Malignancy**

One major consequence of poor economic status is lack of access to basic medical care such as screening for cervical cancer, the world's largest cancer killer of women. Although pre-cancerous changes are easily diagnosed and treated, most women in the Third World have no

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<sup>18</sup> See (Parker, 2000:39-55).

access at all to any form of screening for cervical cancer. As cervical cancer grows, it may spread to the vagina and bladder, producing VVF. VVF of this kind are not generally treatable (Foundation for Women's Health, Research and Development, 2006:8-9).

### **2.3.2.9 Gender discrimination**

Gender discrimination and low status of women are interrelated root causes of VVF (Cook, Dickens & Syed, 2004:75). For socio-cultural reasons, women often lack the power to make decisions concerning their own reproductive health. Decisions on when to start having children, how to seek medical care and where to go in times of illness and childbirth are often made at the family level and not by the woman herself. Similarly, women do not make independent decisions during pregnancy and childbirth, especially pregnant teenagers or first-time mothers. They are entirely dependent on the decisions made by their husbands' family or older members of the extended family. Consequently, the lack of decision-making power on the part of the women is also a contributing factor to VVF. The timing of the decision to go to a hospital has been linked to knowledge of the possible complications as well as mistrust of modern health care services. Since most women are examined by male doctors, many women out of modesty keep away from seeking medical help early on during their pregnancies (Cook, Dickens & Syed, 2004:75-76).

### **2.3.2.10 Lack of medical facilities**

Women in labour often delay seeking and receiving medical care in most rural areas of Africa. In a study conducted at Evangel Hospital in Jos, Nigeria, several reasons why women in labour sometimes do not get prompt medical care, were identified (Lengmang, 2010:3-4). Delay in seeking health care was the major factor in the prevalence of VVF (Evangel Hospital VVF Project, 2009:2). Reasons for these delays include ignorance of the problem by the woman or her family, lack of transportation, lack of supplies and equipment and lack of skilled care, particularly, emergency VVF care (Wall, 2004:1018-1019). Evidence from studies in Africa suggests that the cost of accessing care is a critical determinant of whether or not care is sought (Wall, 2006:1201-1209). Therefore, according to a study conducted in Ethiopia, VVF is more likely to affect women of low social economic status, who are already among the most vulnerable members of the society (Wall 2006:1208). For example, a study on VVF done in Nigeria found that a large proportion of VVF patients were not booked for antenatal care. The reason given by the participants for not attending antenatal care was

inaccessibility of health services and facilities (Kabril et al., 2003:54-57). Taking all factors into account, the high incidence and prevalence of VVF in Africa are rooted in socio-economic factors. Poverty is often the underlying factor in early marriage, and it, therefore, provides the context for this medical complication.

### **2.3.2.11 Malnutrition**

Researchers acknowledge that malnutrition is not only a cause but also a consequence of VVF. People become malnourished if their diet does not provide adequate calories and protein for growth and the maintenance of their bodies. In the first place, malnutrition can cause a stunted pelvis, a small structure and small pelvis that may not permit natural, normal vaginal delivery. Furthermore, malnutrition impairs the healing process of bruises that occur during labour, and after delivery. It has major implications as far as VVF formation is concerned (Lawson, 1992:254-256; cf. Ojanuga, 1999:532-535).

## **2.4 HIV/AIDS in Nigeria**

### **2.4.1 Introduction**

HIV/AIDS is a broad term. However, our focus is on how it affects women and the relationship it has with VVF. The first two cases of HIV and AIDS in Nigeria were identified in 1985 and were reported at an international AIDS conference in 1986. In 1987 the Nigerian health sector established the National AIDS Advisory Committee, which was soon after followed by the establishment of the National Expert Advisory Committee on AIDS (NEACA). In 2000, Professor Ibrionke Akinsete, chairperson of the National Action Committee on AIDS in Nigeria, stated that a 1999 survey estimated that 5.4% of the adult population or 2.6 million people were infected (Akinsete, 2000:109; Oyo, 1999:56). Women in their twenties have the highest rate of HIV infection (Oyo, 1999:57). Significant geographical variations exist in Nigeria. Prevalence of HIV infection in pregnant women ranged from 0.5% in the north eastern state of Yobe to 21% in Otukpo, a town in the north central state of Benue, with little difference between urban and rural areas. Benue, where HIV prevalence rose from 2.3 % in 1995 to 16.8% in 1999, is the worst-affected state in Nigeria (Akinsete, 2000:109). Falobi observe that, while there are zonal variations, HIV is prevalent in all six geopolitical zones and HIV hotspots exist within every zone where rates are increasing. HIV prevalence in the 20 to 24 age group ranges from 4.2% in the southwest zone to 9.7% in the north central zone, which includes Abuja, the national capital. Among

young adults aged between 15 and 19, HIV prevalence ranges from 2.8% in the northeast zone to 8.4% in the North Central zone. Hotspots include Akwa Ibom, Benue, Eboyin, Kaduna, Lagos and Taraba. High mobility among Nigeria's population is expected to rapidly spread the high prevalence within the hotspots to other areas as well (Falobi, 1999). Initially the majority of the Nigerian cases were HIV-1, but there were also cases of HIV-2<sup>19</sup> and a mixture of the two strains, mainly in border-states (Akinsete, 2000:73-74).

Fuelled by years of neglect and a lack of committed political leadership, HIV/AIDS quickly became a major health issue in Nigeria. Not until Olusegun Obasanjo became President of Nigeria in 1999, did HIV prevention, treatment and care become one of the government's primary concerns. The President's Committee on AIDS and the National Action Committee on AIDS (NACA) were created, and in 2001, the government set up a three-year HIV/AIDS Emergency Action Plan (HEAP). In the same year, Obasanjo, the former president of Nigeria, hosted the Organization of African Unity's first African Summit on HIV/AIDS, Tuberculosis, and Other Related Infectious Diseases (Foundation for Democracy in Africa 2000:1).

In 2005 a new framework was developed covering the period from 2005 to 2009. Despite increased efforts to control the epidemic, by 2006 it was estimated that just 10% of HIV-infected women and men were receiving antiretroviral therapy and only 7% of pregnant women were receiving treatment to reduce the risk of mother-to-child transmission of HIV (Foundation for Democracy 2006:3-4).

In 2010 NACA launched its comprehensive National Strategic Framework to cover the period from 2010 to 2015, which requires an estimated N756 billion to implement. Some of the main aims included in the framework are to reach 80% of sexually active adults and 80% of most at risk populations with HIV counselling and testing by 2015; to ensure that 80% of eligible adults and 100% of eligible children are receiving ART by 2015; and to improve access to quality care and support services to at least 50% of people living with HIV by 2015. However, despite being the largest oil producer in Africa and the 12th largest in the world, Nigeria is ranked 158 out of 177 on the United Nations Development Program (UNDP)

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<sup>19</sup> HIV-1 is associated with infections in Central, East and Southern Africa, North and South America, Europe and the rest of the world. HIV-2 was discovered in West Africa (Cape Verde Island, Guinea-Bissau and Senegal) in 1986 and it is mostly restricted to West Africa. HIV-2 is structurally similar to HIV-1, but HIV-2 is less pathogenic than HIV-1, and HIV-2 infections have longer latency period with slower progression to disease, lower viral counts and lower rates of transmission (Alta van Dyk, 2005:4).

Human Poverty Index. Nigeria's poor development position has meant that the country is faced with huge challenges in fighting its HIV and AIDS epidemic with programmes such as this. Furthermore, the Director General of the National Agency for the Control of AIDS (NACA), John Idoko, on August 17 2010, revealed in Nigeria Tribune, that about 1,000 fresh cases of HIV among the youth are recorded per year. HIV is being recorded in the country daily and that it was prevalent (John Idoko, 2010:3). In connection with the high prevalence of HIV in Nigeria, there are three main HIV transmission routes namely:

*Heterosexual sex.* Approximately 80-95% of HIV infections in Nigeria are a result of heterosexual sex. Factors contributing to this include a lack of information about sexual health and HIV, low levels of condom use, and high levels of sexually transmitted diseases. Women are particularly affected by HIV; in 2009 women accounted for 56% of all adults aged 15 and above living with the virus.

*Blood transfusions.* HIV transmission through transfusions of infected blood accounts for the second largest source of HIV infection in Nigeria. Not all Nigerian hospitals have the technology to effectively screen blood and therefore there is a risk of using contaminated blood. The Nigerian Federal Ministry of Health have responded by backing legislation that requires hospitals to only use blood from the National Blood Transfusion Service, which has far more advanced blood-screening technology.

*Mother-to-child transmission.* Each year around 57,000 babies are born with HIV. It is estimated that 360,000 children are living with HIV in Nigeria, most of who became infected from their mothers. This has increased from 220,000 in 2007 (Country profile: Nigeria 2008).

The above mentioned routes of HIV transmission in Nigeria still remain a challenge to the citizens of the country due to lack of proper information about HIV and poor infrastructures in the country that should be used to screen the blood before transfusion.

The first report of HIV infection in Nigeria was in 1986 (Akinsete, 2000:89). Until then, the knowledge about the ways the virus is passed from one person to another was based on rumour and speculation among many Christians and other religious groups in Northern Nigeria. Such rumours attributed HIV/AIDS to behaviours such as bestiality, homosexuality, and sexual promiscuity among various religious groups in Northern Nigeria and especially by the Christian and Islamic faith. They argue that those who commit such acts offend God and could be severely punished. Those who have this view claim that acts such as homosexuality, drug usage and promiscuity bring about HIV/AIDS infection. Because of HIV/AIDS' close

association with immorality, it seems to be a punishment from God. Since HIV/AIDS is viewed as a punishment from God, the conclusion is therefore self-evident that Christians and other religious groups from Northern Nigeria do not have to interfere in God's way of punishing sinners. HIV/AIDS is but one of the many disastrous consequences of promiscuous sexual behaviour. Promiscuity is the root cause of present pandemic (Aguwa, 2010:209). Aguwa (2010:210), acknowledge the report of a young woman who became infected with the virus after a visit to the dentist, public opinion got a jolt. But despite the stream of factual or scientific information that followed the announcement, varying forms of religio-ethical interpretative versions persisted.

#### **2.4.2 The concept of HIV/AIDS among Christians and other religious groups in Northern Nigeria**

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### 2.4.3 HIV/AIDS and women

At the end of 2006, Nigeria had an estimated national HIV zero-prevalence rate of 3.9 % among adults aged 15-49. This estimate translates to about 2.9 million people living with HIV/AIDS (UNAIDS, 2006). In addition, there are an estimated 240,000 children aged 0-14 living with HIV/AIDS at the end of 2005 in Nigeria alone. The risk of HIV transmission among women remains a challenge. An estimated 1,600,000 of the 2.9 million or 55% of people living with HIV/AIDS in Nigeria are women (Federal Ministry of Health, 2005:1). In Sub-Saharan Africa, three-quarters of all 15 to 24 year-olds living with HIV are female. The prevalence of HIV infection among young women in this region is three times that of young men which gives the epidemic a different status in terms of its strong link with gender inequality<sup>20</sup> (UNAIDS 2006).

UNAIDS estimates that about 2.5 million of the 200 million women worldwide who become pregnant each year are infected with HIV (UNIAIDS, 2006:3). In a random sampling of pregnant women attending prenatal clinics in selected sites across Nigeria, 5 in every 100 tested, were found positive in 2006 (FMOH, 2006:9-11). Women's vulnerability to HIV has a direct impact on their children and families. Globally, there are an estimated 1,800,000 children below the age of seventeen who have lost their mother or father or both parents to AIDS. Of these children 930,000 are in Nigeria (UNAIDS, 2006:4). Many of these children, especially the females, leave school to care for their siblings or sick parents and are often exposed in the process of care-giving to HIV infection themselves, resulting in a vicious cycle known as the "feminization of HIV/AIDS". Many factors are responsible for women's increasing vulnerability to HIV/AIDS globally and in Nigeria. A brief discussion of the HIV trend in Nigeria will increase the appreciation of how cultural and socio-economic factors have contributed to a burgeoning epidemic that threatens the lives of all, especially women.

Researchers estimate that women's risk of HIV infection from unprotected sex is at least twice that of men. Semen, which has high concentrations of virus, remains in the vaginal canal a relatively long time. Women are more exposed through the extensive surface area of mucous membrane in the vaginal canal and on the cervix through which the virus may pass (FMOH, 2006:23).

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<sup>20</sup> See Gruskin (1995:1191-205); Andreff (2001).

#### **2.4.4 Common causes of HIV/AIDS among young adult females in Nigeria**

There are many causes of HIV/AIDS but given the focus of this research, a few that are common among young adult females will be examined. Douglas (2008:35-36) noted that behavioural, physiological and socio-cultural factors make young adult females more vulnerable to HIV infection than other adults. Adolescence is a time when young people naturally explore and take risks in many aspects of their lives, including sexual relationships. Those who have sex may change partners frequently, have more than one partner in the same time period or engage in unprotected sex. All of these behaviours increase the young adult's risk of contracting HIV (Douglas, 2008:35-36).

In addition, many young adult females are married to men who are considerably older. Some of these older husbands are likely to have had several previous sexual partners and may have sexually transmitted infections (DTI), including HIV, which they may transmit to their young wives. Young women are also physiologically more vulnerable to infection than older women because changes in the reproductive tract during puberty make the vagina and cervix of young females less resistant to infection (Bolan, Ehrhardt & Wasserheit, 1999:117-127).

Beliefs have it in Sub-Sahara African societies (which include Nigeria) that by having sexual intercourse with a virgin, men can "cure" themselves of the disease. The only results have been a dramatic increase in the number of rapes of young girls as well as an increase in the infection rates in this vulnerable section of the world population (Franklyn, 2009: xvi).

Consequently Orubuloye et al. (1992:2) revealed that sexual networking is extensive in Nigeria and promotes a slowly increasing epidemic. Moreover, a high level of premarital and extra-marital sexual activity occurs, usually occasioned by the need for marital or economic assistance, particularly among the younger wives in polygamous marriages (Orubuloye et al., 1992:2).

Ugwu (2009:1617-1624), a lecturer in the department of Agricultural Economics and Extension, Enugu State University of Science and Technology (ESUT), Enugu, Nigeria, argued in his article that, harmful traditional practices in most parts of Nigeria such as polygamy, wife inheritance, female genital cuts (FGC), facial marking/tattooing, holding-brief, ghost marriages and an inability of women to negotiate sex with their husbands, among

others perpetuate HIV/AIDS in the communities, especially among the women (Ugwu, 2009:1617-1624)<sup>21, 22</sup>

The myth that sex with a virgin will cure AIDS is prevalent in Sub-Saharan Africa, especially in some parts of Nigeria (Meel 2003:85-88 & Groce, 2004:56-59). Sex with an uninfected virgin does not cure an HIV- infected person, and such contact will expose the uninfected individual to HIV, potentially further spreading the disease. This myth has gained considerable notoriety as the perceived reason for certain sexual abuse and child molestation occurrences, including the rape of infants.

Van Dyk (2008:35) also noted that young women are especially vulnerable to HIV infection because their genital tracts are not yet fully mature, their vaginal secretions are not so copious and they are more prone to vaginal mucosa lacerations (Van Dyk 2008:35). There is evidence to suggest that women once again become more vulnerable to HIV infection after menopause (WHO, 2000a). Other factors include rape, rough sex, previous genital mutilation (female circumcision), and anal sex, which is often practiced to preserve virginity and to prevent pregnancy but which can cause tearing and bleeding and further increase the risk of HIV transmission.

Van Dyk (2008:35) and Ugwu (2009:1617-1624) further argue that apart from their biological vulnerability, women can also be vulnerable in societies which accord women a lower status than men. This lower status makes women dangerously vulnerable in sexual relationships because their low status means that they do not have the authority to express or enforce their needs. Thus, most women from poor (socio-economically depressed) communities have little or no control over their sex lives. They are not in a position to negotiate safer sex practices because of the fear of violence and abandonment should they try to do so. The situation is not different in Nigeria society as earlier mentioned in the status of women in certain Nigeria communities. Besides, the husbands of women from poor communities often have casual sex when they have to leave their families behind to find work

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<sup>21</sup> FGC is any procedure involving the partial or total removal of the external female genitalia or other injury to the female genital organs "whether for cultural, religious or other non-therapeutic reasons." The term is almost exclusively used to describe traditional or religious procedures on a minor, which requires the parents' consent because of the age of the girl (WHO 2007:11-19).

<sup>22</sup> A ghost marriage is a marriage where a deceased groom is replaced by his brother. The brother serves as a stand in to the bride, and any resulting children are considered children of the deceased spouse (O'Neill 2009). Accessed 7 Feb. 2011.

in the big cities. Sometimes, due to poverty and need, many young women from such communities go into prostitution as a means of survival. Their low self-image and lack of personal authority also make them particularly vulnerable to rape. Young women especially are often coerced, raped or enticed into sex by someone older, stronger or richer than themselves (Van Dyk (2008:35; cf. Ugwu, 2009:1617-1624).

In addition, Akinsete (2000:73) argued that sex education is still opposed in some parts of Nigeria, and stigma and discrimination against people with AIDS are widespread (Akinsete, 2000: 73). Other forms of untreated sexually transmitted diseases, a major factor in the spread of HIV, are also widespread in Nigeria (Decosas, 1999: 69-74). A community survey of genital tract infection reported by Brabin and colleagues found that among 158 girls aged 17-19 years in a rural area, 44% had a current genital tract infection (Brabin et al., 1994:11). Besides, young girls who have little education or vocational training or capital often have few survival choices but to have sex with older men (Decosas, 1999: 69-74).

According to James (2008:2-10) several programmes undertaken by United Nations bodies, such as UNIFEM, that address AIDS and human rights, emphasize that in many parts of the world, as it is in Nigeria, sexual violence and the subordination of women and girls to men are at the core of the epidemic. The studies of AIDS and human rights argue that the epidemic would not have reached such vast proportions if women in Africa and around the world were able to refuse unwanted and unprotected sex. Such situations present gender risk factors that put women, particularly, young women, at greater risk and vulnerability to infection with HIV/AIDS (James, 2008:2-10).

Delegates at the 45th session of the United Nations Commission on the Status of Women, in a declaration issued in March 2001, concurred with this stating that: "Women and girls' relative lack of power over their bodies and their sexual lives, which is supported and reinforced by their social and economic inequality makes them more vulnerable in contracting and living with HIV/AIDS" (UNAIDS, 2009). Furthermore, the Director General of the National Agency for the control of AIDS in Nigeria, John Idoko, attributed the prevalence to lack of education, poverty, exploitation, and gender imbalance amongst the reasons for the prevalence of the disease in the country (Idoko, 2010:3).

Cultural norms and attitudes in many African communities, especially in northern Nigeria, contribute greatly to relegating girls to the position of second-class citizens with little say in matters of sexuality. Many girls are socialized to be humble and submissive. They are

brought up to believe that men have the right to dictate when, where and how sexual intercourse takes place (James, 2008:8).

Having examined the overview and the common factors that cause HIV/AIDS and VVF in the above two sections in separate forms, it is our interest to turn attention to the challenges of young adult females affected with VVF-HIV/AIDS in Nigeria.

## **2.5 Challenges of young adult females affected with VVF-HIV/AIDS**

### **2.5.1 Introduction**

There are many challenges facing young adult females living with VVF-HIV/AIDS but the three major challenges which are common with them will be examined, namely: physical challenges, psycho-social/ stigmatization and spiritual and religious challenges.

### **2.5.2 Physical challenges**

Numerous physical challenges facing young adult females living with VVF-HIV/AIDS extend beyond the disease and the loss of the baby. Empirical studies<sup>23</sup> report that young women suffering from with VVF often develop further physical complications that result from VVF (Wall, 2004:1018-1019). Problems such as infertility, vaginal stenosis, amenorrhea, foot drop infection and skin excoriation are very common in women affected by the condition. The wetness which is a common feature found among women with VVF causes the skin excoriation and subsequent infections (Cook, Dickens & Syed, 2004:75-76). Having to clean up is a regular occurrence, and pain or discomfort may be continuous as well. Moreover, several studies report that following VVF, women complain of secondary amenorrhea (Browning, 2004:22-24). Amenorrhea results from dysfunction of the hypothalamus and intrauterine scarring (Ezegwui Nwogu-Ikojo, 2005:591). Browning further states that Paralysis or Foot Drop sometimes results from extreme nerve damage to the woman's lower limbs following traumatic labour (Browning, 2004:22-24). Furthermore, studies find the VVF-HIV/AIDS patients to be of low parity. Even though they started childbirth at a tender age, their capacity for future reproductive capacity was grossly impaired by complications due to obstructed labour in their first or subsequent deliveries (Ojanuga, 1999:532-537).

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<sup>23</sup> See Wall (1998:341-359).

Typically, in developing countries, VVF due to obstructed labour may involve the bladder, urethra, bladder trogon and sometimes the anterior cervix. Complex neuropathic bladder dysfunction and urethral sphincteric incompetence often result. Excessive vaginal scarring, stenosis and shortening, all limit subsequent reproductive performance. Even if the fistulae can be repaired successfully, these complications contribute negatively to future fertility and low parity. Even when patients are fortunate to get a cure, vaginal scarring and other pathologies from obstructed labour impair sexual relations and further fertility, consequently threatening marital stability (Wall, 2010:9).

According to Eric S. Daar (2002:2), these abnormalities are frequently referred to as lipodystrophy, that is, abnormalities in body fat distribution (accumulation or loss of fat in different areas of the body). These changes include abnormal collections of fat that result in humps on the back of the neck, breast enlargement, and protuberant bellies. Others experience loss of fat under the skin (subcutaneous) in the arms and legs (extremities) that results in the appearance of prominent veins in the extremities. Loss of fat also causes flattening of the buttocks and sunken cheeks (due to loss of facial fat). In addition, the fat collections around the neck can cause neck pain, while breast enlargement from fat accumulation can cause back pain (Daar, 2002:2). As a matter of fact, these physical changes have become sufficiently common, so that in many communities and in Nigeria patients are identified as being VVF-HIV/AIDS infected while walking on the street, in the shops, or at work (CEDAW, 2008).

### **2.5.3 Psycho-social /Stigmatization challenges**

The psycho-social challenges experienced by young adult females with VVF-HIV/AIDS include the stigma attached to it and which has been discussed in various literatures on this subject (cf., for example, Bangser 2007:535-536 and Kelly, 1995:15-17). The emotional impact of the stigma, confidentiality, and isolation represent a sizeable burden on women affected by the condition. VVF-HIV/AIDS is, quite clearly, highly disgraceful to those who must live with it. The continuous wetness and smell often keep many affected young adult females in isolation. They become so ashamed of their condition that they isolate themselves from their communities. Research conducted shows that women with VVF mostly remain in their homes, stop making social visits, and no longer attend public events such as funerals, celebrations and church services (Bangser, 2007:535-536). Continual leakage of urine and

faeces into the vagina is, no doubt, traumatizing. In spite of their best attempts to stay clean, the smell of leaking urine or faeces is offensive and not easy to eliminate or ignore.

One of the surveys conducted in Evangel Hospital Jos, Plateau State, Nigeria reveals that over three quarters of VVF-HIV/AIDS patients interviewed were ashamed and felt that their lives were seriously impaired by the stigmatization associated with urinary or faecal leaking. Some fall into deeper emotional despair and even depression (Evangel Hospital VVF Project, 2009:2). Consequently, the survey shows that women with VVF-HIV/AIDS acknowledged having greater stress in their lives due to their inability to attend church, being unable to marry again or to have children. According to the report, it is conceivable that women with such feelings may even resort to suicide (Evangel Hospital VVF project, 2009:2). The feelings of worthlessness, depression, and even wanting to die were common among the women. In their own words:

“I cried, seeing the dishonorable situation in which I found myself. I could not eat or drink I was so depressed.”; “My food ration was insufficient but I could not complain, seeing the miserable situation I was in.”; “I wanted to die rather than suffer this shame.”; “I wanted to commit suicide because I thought my condition was not curable”(Hospital VVF project, 2009:3).

In addition to the above, women living with VVF-HIV/AIDS have to cope with pain, discomfort, isolation and stigmatization, not only from their communities but also from their immediate partners. In spite of the fact that many sufferers receive financial and emotional support from their families, and some receive help from their churches and communities, many are also stigmatised by their spouses, families, communities and even their churches (Bangser, 2007:535-536). It was found in some communities, for example, that women living with VVF-HIV/AIDS are prohibited from cooking for others or from touching shared utensils. They may also be barred from prayer or other religious observances (Muleta & Williams, 1999:2051-2052).

Furthermore, VVF-HIV/AIDS negatively affects marriages of women. Vaginal injury and incontinence can result in a woman's inability to carry out her expected marital duties, be it manual labour or sexual intercourse with her husband (Ojanuga, 1999:532-537). These women are usually divorced or abandoned by their husbands or fiancés, and are frequently cast out by their families (Murphy, 1981:139-150). The situation is exacerbated by the fact that VVF-HIV/AIDS leaves women with few opportunities to earn a living. It affects

women's ability to work or work to their capacity, and limits their ability to work or access jobs due to the stigma attached to the condition. In general, women experience severe reduction in their source of independent income, which increases their dependence on others (UNFPA 2005). Denied family support, their poverty and malnutrition become frustrating as they may not be able to avail themselves of earnings through begging, commercial sex, and comparable stigmatizing employment (Cook, Dickens & Syed, 2004:72-77).

The grief of losing a child and becoming disabled exacerbates the pain, besides that these women have to wait years until they get surgical repair, if ever. However, even the few young women who are fortunate enough to find the needed funds might not even be cured, since few hospitals and surgeons are able to provide treatment (Bangser, 2007:535-536). As a matter of fact, for many women, the profound social isolation is worse than the physical agony. These young adult females critically need explanations on policies regarding interventions aimed at decreasing maternal morbidity and mortality, as well as those aimed at improving their health, which will enable them to cope and to move from brokenness to wholeness.

Negative family responses to women with VVF-HIV/AIDS include blame, rejection, and loss of children and home, making them feel guilty that they became sick. At the workplace also, persons with VVF-HIV/AIDS can feel shunned and rejected as they get weaker and weaker and are often absent because of illness (Warwick et al., 1998:291-310)

In societies such as Northern Nigeria with cultural systems that place greater emphasis on individualism, VVF-HIV/AIDS may be perceived as the result of personal irresponsibility; thus, individuals are blamed for contracting the infection (Kegeles, 1989:5253-5258). Therefore, cultural beliefs and explanations about disease and the cause of disease may also contribute to VVF-HIV/AIDS stigmatization such as in cases where illness is believed to be the result of "immoral" or "improper" behaviour.

According to Munyika (2007:29), stigma is characterized by judgementalism, differentness, blame, devaluation, spoilt identity, fear, power, exclusion and discrimination. Munyika notes that those who are stigmatized are those who, due to their HIV status, are rendered impure, unclean, polluted, dangerous and unworthy of full inclusion in the community (Munyika, 2007:29).

Ugwu (2009:1617-1624) further stresses, that social discrimination as a result of VVF-HIV/AIDS also leads to economic exclusion and poverty among households and individuals

in Nigeria. Consequently, food security and livelihood asset-base are eroded and poverty exacerbated (Ugwu, 2009:1617-1624).

The economic impact of VVF-HIV/AIDS is significant and often dramatic in terms of changes in income, asset wealth and long-term prospects for economic security (Poku, 2005:106). The discrimination and stigma surrounding VVF-HIV/AIDS also severely affects the ability of affected women to find and keep work. Women whose VVF-HIV/AIDS status is known or suspected within the community may find that people no longer buy their goods. Other women may be dismissed by their employers after receiving an HIV positive diagnosis, sometimes after compulsory testing (UNAIDS, 2004:1). Even women who remain employed may suffer intense discrimination in the workplace. Many Nigerian women share the following fear and fate of Amina Garuba:

‘I felt like I was falling into a huge abyss because I knew what was going to happen at work. And so it was – they sacked me as soon as they found out and most of my so called friends turned their back on me.’ (Amina Garuba in an interview with Charles Mamma 12 May 2008, at Evangel Hospital, Jos Nigeria).

Young adult females’ vulnerability is exacerbated by the largely informal nature of their work, which means that, since they lack social security or medical insurance, they do not get paid if they are ill or if family members are ill and requires their care. A UNAIDS report in 2004 showed that 90% of care for people living with VVF-HIV-AIDS takes place in the home (UNAIDS 2004:118) and is provided overwhelmingly by women and girls, who are frequently unpaid and receive little support or training from the State.

Apart from the physical and psycho-social challenges that are affecting the young adult females who happen to live with VVF-HIV/AIDS, religious challenges also affect them. This will be discussed in the next section.

#### **2.5.4 Religious challenges of VVF-HIV/AIDS**

The religious<sup>24</sup> effect of young adult females with VVF-HIV/AIDS is the stigma and rejection by the church and other religious groups such as Muslims. In the face of the

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<sup>24</sup> Religious means having or showing belief in and reverence for a deity. It is a set of beliefs and practices that have the function of addressing the fundamental questions of human identity, ethics, death and the existence of the Divine (if any). This broad definition encompasses all systems of belief, including those that deny the existence of any god, those that affirm the existence of one God, those that affirm the existence of many gods, and those that pass on the question for lack of proof (Kernerman 2012).

enormity of the crises of gender violence and VVF-HIV/AIDS and in the particular vulnerability that young adult females face in Northern Nigeria, the silence of the church on these matters is deadly. Often, this silence is caused by a religious association of VVF-HIV/AIDS with ‘immorality’ in the form of certain sexual behaviours, sexual orientation and drug and alcohol abuse. Where people with VVF-HIV/AIDS are stigmatized they often remain silent out of fear. They tend not to seek support that could help them lead fuller, healthier lives. Religious leaders are uniquely poised to break this silence by acknowledging suffering and reaching out with compassion to the stigmatized and rejected. They have the power to provide the necessary help that the victims require in order to face guilt, denial, stigma and discrimination and open the way to reconciliation and hope, knowledge and healing, prevention and care, but failed to do it (Irene Ogbogu and Omokhudu Idogho (2006:298). Looking at Nigeria from the religious perspective<sup>25</sup>, one can agree that the religious institutions have failed to stand by the victims to give them the needed support; instead they believe that living with VVF-HIV/AIDS implies that the person had engaged in promiscuous or sinful behaviour. “There is the attitude that they deserve it (HIV) because they did not take the precautions” (James, 2008:78). Some clergy even hold this view despite medical evidence that there are other possible modes of transmission. In the face of such stigmatization, many young adult females living with VVF-HIV/AIDS feel unwelcome and condemned when they listen to sermons by clergy who pronounce with seeming authority that VVF-HIV/AIDS is God’s punishment for sin. Such condemnation makes many of these young adult females stay away from churches thereby cutting themselves off from much-needed union with God at such a needful time (James, 2008:150). An additional issue linked to the close association between HIV/AIDS, sexuality and shame was the extent to which this limited open discussion of HIV/AIDS by church leaders, thereby reinforcing HIV/AIDS-related stigma. Exploring the extent to which church groups have fuelled stigma, Haddad (2006:80-90) found that many church leaders due to their self-identification as ‘holy’ people, had prevented themselves from developing new and creative ways of talking about sex and HIV transmission, in the light of the taboo nature of discussions of sexuality within church settings. Furthermore, most church leaders preach about HIV in relation to disobedience as in the case of homosexuality. Homosexuality is viewed as the alienating, sexual practice of a

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<sup>25</sup> See Irene Ogbogu and Omokhudu Idogho (2006:299), “The role of the civil society organizations in Nigeria”.

culminating apostasy and hostility towards God (Louw, 2008:428). Preaching around HIV/AIDS often involved selected emphasis on the more conservative aspects of the Bible; in the process disregarding those aspects that would be more supportive of women's right to health and respect, accepting of female and youth sexuality and putting greater emphasis on the forgiveness of sinners (Marshall and Taylor, 2006:363). The church leaders view the VVF-HIV/AIDS as a problem that is located outside of the church, as well as undermining women's ability to take control of their sexual health. Some religious leaders simply do not know what to do or say in the face of overwhelming crises, such as caring for large numbers of VVF-HIV/AIDS victims of their religious community and the growing need for spiritual counselling and soaring costs for health care and education. Spiritually, VVF-HIV/AIDS sufferers experience a crisis. They ask why they are the ones affected, whether God loves them, whether they have sinned or are just unlucky. They further ask if the disease is a form of punishment brought upon them by God. This last question is also fuelled by some biblical interpretations which link HIV/AIDS with sin. In the HIV/AIDS epidemic believers question their beliefs, and sometimes lose faith, or even doubt the very existence of God who is known to be the giver of life. As human beings and as Christians in particular, the painful life experienced by HIV/AIDS sufferers also make us ask ourselves, what is life? What is the purpose of life? What is the meaning of life today? What should we do to enjoy our lives to the full? What should we change to make our lives better and more meaningful? (Musa, 2002:537).

Theological justifications are all too often used to encourage women to "be faithful" to their marriage vows and thus remain in relationships that are potentially life threatening (Phiri, 2003:115). Life becomes unbearable for these young adult females who choose to remain faithful in the era of HIV. It is thus not surprising that many VVF-HIV/AIDS affected people have been pushed out of religious congregations or have excluded themselves because of discriminatory attitudes and behaviours. A somewhat sweeping view is that congregations have encouraged stigmatization by their silence on sexual matters in general and have thereby exempted themselves from the struggle against VVF-HIV/AIDS (Irene Ogbogu and Omokhudu Igbo, 2006:299). Church leaders presiding at funeral rites typically do not mention that the deceased died of an AIDS-related illness, though this is usually out of respect for the fears of the family. African Christian organisations, especially ECWA, under the influence of Western missionaries, support an evangelical theological paradigm – creation (good) - fall (bad) - redemption (good), i.e., for the chosen — that buttresses

tendencies to categorise people as saved or sinner, pure or impure. In this way the stigma is fed directly by blaming those who are bad, and it indirectly strengthens the broader social stratifications within which stigmatising flourishes (James, 2008:150).

Additionally, there is no policy from the religious group that shows any concern for the victims of VVF-HIV/AIDS in Nigeria. Irene Ogbogu and Omokhudu Idogo (2006:299) pointed out that some of the policies of faith-based organizations "hinder efforts to promote safe sex and positive living" (Irene Ogbogu and Omokhudu Idogo, 2006:299).

As previously stated, many of these young females with VVF-HIV/AIDS remain in their homes and stop attending church. The psychological damage to the patient directly correlates with their social and religious network. Patients who are rejected by their families or who are seen as immoral people within their communities and churches are deeply wounded. Others regard the disease as a punishment from God and often have very little sympathy for the unfortunate person living with VVF-HIV/AIDS (Hugh, 2002:25). In some contexts, such as Northern Nigeria, VVF- HIV/AIDS stigmatization and rejection has been reinforced by the church and church leaders, which have used their power to maintain the status quo rather than to challenge negative attitudes toward marginalized groups and people living with VVF-HIV/AIDS. From a Muslim perspective, Chamley (2007:130) argued that HIV is associated with pre- and extramarital sex and drug usage. The widespread conception is that 'good Muslims' are above contracting the virus as they are not supposed to indulge in these activities. A survey on Muslims' opinions on HIV and AIDS, conducted by the Asian Muslim Action Network, found that approximately half of the respondents viewed AIDS as God's vengeance on immorality. An almost similar percentage considered AIDS a 'disease of sinners' and almost as many regarded people living with HIV as 'devoid of morality' (especially in Northern Nigeria). Similarly, Muslims just as Christians can blame the HIV/AIDS epidemic on sexual immoral behaviours that attract divine retribution. In Islam, however, divine retribution is not left totally in God's hands. Sins of sexual immorality are punished by Sharia law<sup>26</sup> (Aguwa, 2010:215). For example, at the international symposium,

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<sup>26</sup> Sharia law for Muslims who are devout, living life according to the divine will is the basis for existence. Sharia law is the anchor for society for devout Muslims and it's based on several factors in a complex web of history, religious texts, interpretation, modern influence, scholars, community, custom, public interest, regionalism and the conduct of the Prophet Mohamed (Mohammed Taibu 1999:1).

the Religious Health Organization broke the silence on HIV/AIDS, organized by the African Forum of Religious Health organizations during the 13<sup>th</sup> International AIDS conference in July 2000 (Sigh, 2001:20-31). Cochrane (2005:2) notes how religion feeds into the problem of stigma through the ‘taboos, sanctions, and silences [about sexuality], much of it authorized by religious legitimacy’. This extends to the patriarchal aspects of religion, to prejudices about same sex relationships, and to racial and class differences. It was noted that religious doctrines, moral and ethical positions regarding sexual behaviour, sexism and homophobia, and a denial of the realities of HIV/AIDS have helped create the perception that those infected have sinned and deserve their “punishment”, increasing the stigma associated with HIV/AIDS.

In addition, Parker & Aggleton (2003:13-24) observe that, given that HIV is transmitted largely through sexual contact, the disease introduces the realities of human sexual behaviour into the public domain. The inter-relation of HIV infection with assumptions of promiscuity and immorality poses a threat to the moral authority and respectability of churches and religious institutions and may thus be seen as provoking the denunciations, rejections and dismissals of those deemed to have committed such ‘moral transgressions’. Specifically, committing such perceived moral transgressions is seen as a failure to observe the tenets required of membership to a particular faith and expulsion is therefore considered an appropriate sanction.

The patients suffer tremendous psychological and spiritual pain. As mentioned above they feel lonely, rejected by society, have low self-esteem and, in many cases, are depressed. But even further, with regard to their spiritual life, they feel alienated from God and because of stigmatizing religious messages, a patient may wonder, “Can God really forgive me?” The illness produces conflict in the religious sphere (Louw, 2000:36). Faith is no longer a matter of course. Questions arise about God’s justice and omnipotence. Hostile feelings become projected onto God and He is blamed for the situation.

Due to their situation, they develop negative feelings and conflicts with the church. The VVF-HIV/AIDS causes existential suffering which leads to the “why me?” questions as the sufferer struggles to justify the ways of God and His will in the face of the reality of evil (Louw, 2008:126). Existential reaction to pain as well as endurance of pain is spiritual suffering which leads to a spiritual outcry affecting the core of being human leaving the person in desperate need for support and healing. Louw (2008:126) made it clear that, “illness

has a religious predicament when doubt, despair and loss of Faith leads to rebellion, despair, disbelief and meaninglessness and Hopelessness becoming the most profound form of crisis during sickness” (Louw, 2008:126).

## **2.6 Conclusion**

It is clear from the foregoing that a number of cultural practices, especially in the northern part of Nigeria; regarding the context of women in Nigeria, the nature of marriages conducted in some parts of the country coupled with under-aged girls engaging in unprotected sex are fundamental to the prevalence of VVF-HIV/AIDS among young adult females in Nigeria (Ijaiya & Aboyeji, 2004: 23: 7-9). It was revealed that marriages in Nigeria take place under three legal systems. However, customary laws generally prevail in personal matters, especially in Northern Nigeria (Danish, 2005:68). In addition, the powers of traditional values are usually followed, even among the Christian communities in Northern Nigeria. Many men marry more than one wife and this also contributes to the spread of HIV/AIDS. The study further revealed how women are affected by social issues such as their involvement in social, economic and political structures, marriage/family, education and healthcare. Though the 1999 constitution of Nigeria prohibits discrimination on the grounds of gender, customary and religious laws continue to restrict women’s right. As a result of gender discrimination in Nigeria, many women, especially pregnant women, are affected by the HIV/AIDS epidemic. In addition to that, it was revealed in this study how the perceptions of Northern Nigerians about HIV seem to have contributed to its high prevalence in the region. It was revealed that a good number of people from Northern Nigeria believe that HIV is a white man disease (Olusoji, 2006:4-6). Similarly, the study revealed the eleven themes that are so significant regarding the causes of VVF. A good number of women living with VVF as a result of the above discussed causes are found in Northern Nigeria and that may be linked to the widespread instances of early marriage in that region.

The three major challenges which are common with young adult females living with VVF-HIV/AIDS were examined. It was revealed that the sufferers of these infections and disorders are highly stigmatized by the church and the stigma of VVF-HIV/AIDS is a phenomenon that has a negative effect on many aspects of young adult females’ lives. These females spend endless hours and great energy guarding their secret to avoid condemnation, rejection and pain (Fife and Wright, 2000:50-67). It was gathered that the effects of stigma in VVF-

HIV/AIDS are such that they are perceived as greater than the severity of the illness by those infected or suffering from it (Singh, 2001:50-67).

Based on research, the position of women has been seriously undermined. The dignity of women is protected by neither the law of the society nor the church. The church is not merely silent, but actually contributes to the cultural attitudes which support and reinforce stigmatization. Religious challenges have shown that some of the policies of faith-based organizations hinder efforts to promote safe sex and positive living (Ogbogu and Idogo, 2006:299). It is against this entire backdrop that we intend to further discuss the African women's struggle for dignity, especially in a Nigerian context. Special attention will also be paid to factors that violate or infringe upon the human dignity of Nigeria women, particularly women from the northern part of Nigeria.

## **CHAPTER 3**

# **HUMAN DIGNITY AND THE STRUGGLE FOR HUMAN DIGNITY WITH REFERENCE TO NIGERIAN WOMEN AND A CONTEXT OF STIGMATIZATION DUE TO VVF-HIV/AIDS**

### **3.1 Introduction**

I intend to discuss the dignity of Nigerian women in the context of stigmatization due to VVF-HIV/AIDS as it fits into the overall goal of the study. The study addresses the question of whether the Christian church in general, and the ECWA in particular, have a special responsibility towards sufferers from stigmatization due to VVF-HIV/AIDS, and, if so, what theological rationale can be given for this responsibility.

One perspective on the question whether the church does have such a responsibility, is to view the issue from the perspective of human dignity. The discourse on human dignity cannot only be found within broader philosophical and socio-political discourses, but specifically within theological discourse as well. As such, the concept of human dignity within this latter discourse might offer a key to understanding and formulating the possible responsibilities and role of the church in addressing the stigmatization suffered by women suffering from VVF-HIV/AIDS.

In order to come to a better understanding of what is meant by human dignity, this chapter will reflect upon the concept and development of human dignity as it is used in contemporary legal, socio-political, cultural and economic discourse and philosophical discourse before moving on to how it is understood within theological discourse and from a theological perspective. It is imperative to reflect also on socio-political, cultural and economic and philosophical discourse (i.e. what it means to be human beings and the issues of economic and social justice, human dignity and rights) and not only on theological discourse on human dignity. This is important because there may be a difference in how it is commonly used in other discourses or in common usage and in how it understood theologically. The different human dignity discourses could also inform one another. For example, the common theological usage which can inform other discourse is that human beings are thought to have fundamental value because they are made in the image and likeness of God. They therefore reflect the creator-God in whom and from whom all things have their being and value. It is

this likeness that enables human beings to acquire virtue and to live in community, and which therefore in turn founds society and its laws (Berkouwer, 1962:57).

As will be shown below, the latter (theological) discourse strongly focuses on the meaning of human dignity with reference to the doctrine of the *imago Dei*. In light of what constitutes human dignity as explained in the first part of this chapter, the focus then shifts to specific instances where it can be said that the human dignity of women, especially in Northern Nigeria, is violated or may be potentially disregarded in cultural, economic, political and, especially important for this study, (Christian) religious factors. The latter will be done with reference to interpretations of key biblical metaphors and texts where these interpretations are questionable and may be used to justify the violation of the dignity of women. Reflecting on human dignity in this chapter will be important for at least two reasons: First, it will reveal some profound perspectives on what it means to be human in a world where people are exceedingly vulnerable to forces beyond their control and where they find themselves trapped in unjust systems according to which the powerful exploit the weak. Secondly, looking at the complex and multi-layered narratives of young adult females living with VVF-HIV/AIDS through the lens of human dignity, it offers the opportunity to view these narratives from the perspective of a current political, philosophical and theological discourse which might offer valuable insights into possible reasons for/the necessity of addressing such stigmatization, especially from a theological perspective. The above reflection on this chapter fits into the task of practical theology as Osmer (2008:4) put it: “Narrative model - using the theological concepts to interpret particular episodes, situations, or contexts, constructing ethical norms to guide our responses, and learning from “good practice”.

### **3.2 Overview of the concept of (human) dignity**

Human dignity is a complex concept with a long history. The latter includes not only the Stoa, but also early Christianity, not only the Renaissance and Enlightenment, but also the Reformation and 19<sup>th</sup> century Roman Catholicism. These periods contributed to the richness and depth of this narrative (Van der Ven, 2004:8). Dignity is a term used in moral, ethical, and political discourse to signify that a being has an innate right to respect and ethical treatment (Willard, 1984:18). It is an extension of the Enlightenment concept of inherent, inalienable rights. Dignity is generally proscriptive and cautionary. In politics, for example, it is generally used to critique the treatment of oppressed and vulnerable groups and individuals, but it has also been extended to apply to cultures and sub-cultures, religious

beliefs and ideals, the treatment of animals used for food or research, and even of plants (Donrich, 2009:9). In ordinary usage it denotes respect and status, and it is often used to suggest that something is not receiving a proper degree of respect, or even, in the case of people, that they are failing to treat themselves with proper self-respect. When discussing *human* dignity, Donrich, furthermore, is of the opinion that two different meanings can be attached to the notion of dignity: a basic meaning and an extended meaning (Donrich, 2009:9).

*The basic meaning of dignity, which is the primary and stronger expression of this idea, refers to the intrinsic worthiness of human beings, irrespective of age, sex, physical or mental ability, religion, ethnic or social origin. The word “intrinsic” is used to indicate that such a dignity does not rely on a particular feature or capacity of persons but only on their human condition. This is why dignity cannot be gained or lost, and it does not admit of any degrees. In other words, the idea of dignity refers “to the intrinsic importance of human life” and requires that “people never be treated in a way that denies the distinct importance of their own lives” (Dworkin, 1994:236). Dworkin (1994:236) emphasized that if we want to give a more precise account of the notion of dignity, we can turn to Immanuel Kant for help. According to the German philosopher, this idea means that persons should always be treated as an end in themselves and never as a means only.<sup>27</sup> Thus, dignity is exactly the opposite of “price”, the kind of value for which there can be an equivalent, whereas “dignity” makes a person irreplaceable. Therefore, according to the Kantian explanation of dignity, this notion can be equated with a requirement of, what Dworkin calls the “noninstrumentalization” of persons (Dworkin, 1994:236). Therefore the seminal views on dignity of Kant will be returned to later in the discussion of the philosophical perspective on human dignity (par. 3.2.1.2).*

*The extended meaning of dignity corresponds to a more abstract notion, which relates to the value of humanity as a whole, including future*

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<sup>27</sup> This idea is expressed in the second formulation of the categorical imperative: “Act in such a way that you treat humanity, whether in your own person or in the person of another, always at the same time as an end and never simply as a means.” (Kant 1989:29)

*generations. If all human beings possess dignity and if it should be respected unconditionally, it seems that the group to which they belong as a whole possesses dignity as well. Humanity, in a derivative way, therefore, also has an intrinsic worthiness. This broader concept of dignity covers, on the one hand, the preservation of a sustainable environment for our descendants (a task for environmental ethics) and the protection of the identity of the human species (a task for biomedical ethics). It is interesting to point out that the Kantian imperative already contains this extended notion of dignity because it literally says that it is humanity in us (the human essence) that should never be used only as a means (Kant, 1911:428).*

In light of these basic meanings outlined by Donrich which can be attached to the notion of dignity, De Large (2011:3-6) further defines human dignity as a quality inherent to every single human being. According to him, dignity is a permanent, universal, a priori and absolute characteristic. It does not matter how young or old, strong or weak, wise or naïve people are; however much people may differ, with regard to their dignity they are all equal. In addition, dignity is to be considered as an objective, personal “characteristic.” Dignity is a relational good that is conceivable only within the interconnectedness of human relationships. De Large (2011:3-6) further argues that a subjective perspective occupies a strong position because it draws on the shortcomings of the objectivistic approach. Subjective recognition is per definition implied in the concept of dignity. For, once we attribute dignity to others, we cannot treat them in an indifferent or hostile manner without being inconsistent. Dignity is therefore both an objective characteristic and a subjective projection. In that sense dignity can only be correctly understood as a relational good, a value that is realized in concrete practices of recognition. The subject of dignity is neither the isolated individual that “owns,” “shows,” and “acknowledges” dignity as a characteristic, nor the individual from whom it is “taken away,” whose dignity is “violated.” In summary, dignity exists solely as dignity to-be-acknowledged and it reveals itself when it is infringed upon by violence, humiliation, neglect, indifference. Human dignity per definition is dignity contested (De Large, 2011:3-6). It is to this effect that Gilbert Meilaender (2009:1-8), a noted theologian and a prominent voice in America’s bioethics, defines human dignity as a placeholder for what is thought to be characteristically human - and to be honoured and upheld because it is human. He argues that, however different we may be in the degree to which we possess some of the

characteristically human capacities, we are equal persons whose comparative “worth” cannot and ought not to be assessed (Meilaender, 2009:1-8).

Since the above definition of human dignity shows that it touches on issues of identity and the quality of human life, it may be brought into conversation with specific discourses in the contemporary legal, socio-political, cultural and economic perspectives and philosophical and theological fields in which human dignity discourses also play an important role, particularly with regard to issues of identity and quality of life.

### **3.2.1 An overview of human dignity from contemporary legal, socio-political, cultural and economic perspectives**

Human dignity is an idea of central importance today. It plays a key role in the international human rights movement, and it features prominently in many documents that ground political principles for individual nations such as Nigeria. According to Miguel (2005:1-2), both Judeo-Christian Monotheism and the Greco-Roman world’s understanding of human kind are underpinned by a universalistic view of man’s unique place in the cosmos (Miguel (2005:1-2). He further argues that historical sociologist, Max Weber looked to the dual heritage of Christianity and Roman law for the origins of what he famously saw as the unique rationalistic character of Western social, economic, and political relations that ultimately led to modern capitalism and the bureaucratic nation-state (Miguel, 2005:1-2). This view shows that, although the explicit application of the idea of human dignity in international politics and law is very recent, its roots stretch back to the early stages of Western civilization. It has, namely, been claimed that human beings are now living in an “age of rights” (Hastrup, 2001:16), almost in the midst of a “global culture of rights”. According to Vaclav Havel (1999:331):

*A number of diverse texts have played fundamental roles in human history. The Universal Declaration of Human Rights differs from all the others primarily in one respect: its impact has not been meant to remain confined within one culture or one civilization. From the very outset, it has been envisaged as a universal, so to speak planetary, set of principles to govern human coexistence, and it has gradually become the point of departure for countless successive guidelines defining the rules of a worthy life together for the people and the nations of this Earth (Havel, 1999:331).*

Based on the formula taken up in a number of international instruments, such as the International Covenant on Civil and Political Rights ([www.hrcr.org/docs/civil&political/intlcivpol.html](http://www.hrcr.org/docs/civil&political/intlcivpol.html)) and the International Covenant on Economic, Social and Cultural Rights,<sup>28</sup> both adopted by the General Assembly of the United Nations in December 1966, and the International Convention against Torture and other Cruel, Inhuman and Degrading Treatment or Punishment([www2.ohchr.org/English/law/ccpr/htm](http://www2.ohchr.org/English/law/ccpr/htm)), adopted in December 1984, recognize the inherent dignity and the equal and inalienable rights of all members of the human family which is the foundation of freedom, justice and peace in the world. Additionally, that all persons deprived of their liberty shall be treated with humanity and with respect for the inherent dignity of the person. Based on the argument of Ammicht-Quin (2003:13), it was clearly spelled out that the neat and clear affirmation of the dignity of every member of the human race, without any distinction, and thus an equality of dignity, serve to legitimate the proclamation of the essential rights which no society can fail to recognize (Ammicht-Quinn 2003:13). Furthermore, it was affirmed in many national constitutions<sup>29</sup> drafted since the Second World War that human dignity is inviolable and is to be respected and protected by every public power (UNESCO, 1999:20). Broberg (1989:39-54) stresses that the moral and political stimulus towards the adoption or inclusion of the above mentioned international instruments by democracies around the world into their own constitutions was, first of all, the fact that these instruments solemnly reaffirm the inalienable value and right to respect of every human being (Broberg, 1989:39-54).

Accordingly, Patrick Conrad (2009:106-107) opines that: human dignity is a concept that is articulated in a number of paradigm cases of international law. For instance, in the Universal Declaration of Human Rights, the United Nations General Assembly pronounces that “[a]ll human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood [sic] (Patrick Conrad, 2009:106-107)”<sup>30</sup>. And this we can see in no better words than in the submission of Patrick Conrad as cited by Riesman (1990:84):

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<sup>28</sup> For the full text of the Covenant see online at: <http://www2.ohchr.org/english/law/ccpr.htm>. (Accessed 20 June 2011).

<sup>29</sup> See for example 1999 Nigeria Constitution. See also South African Constitution.

<sup>30</sup> See Riesman (1990:84).

*A common standard of achievement for all peoples and all nations, to the end that every individual and every organ of society, keeping this declaration constantly in mind, shall strive by teaching and education to promote respect for these rights and freedom and by progressive measures, national and international, to secure their universal and effective recognition and observance, both among the peoples of Member States themselves and among the peoples of territories under their jurisdiction.*

In the acceptance of the Declaration of Human Rights, the UN clearly reflects the commitment of the international community to the idea that human dignity and human rights are core values that should be respected in any policy. In addition, the UN's acceptance of the Universal Declaration of Human Rights act reflects its conviction that, as human rights are applicable to all human beings, human dignity vests in every human being and that all human action ("every individual and every organ of society") must act in accordance with this conviction. In this case, dignity is a universal principle of practical reasonableness because the Declaration requires that it governs all practical action of states and state institutions (Held, 2004:96).

There is no doubt that the Covenant on Civil and Political Rights, also a United Nations document<sup>31</sup>, recognizes the inherent dignity and inalienable rights of all members of the human family. According to the Covenant this recognition is the foundation of freedom, justice and peace in the world<sup>32</sup>. "By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development" (Joseph, 2004:4). Fassbender (1998:36) further highlights the fact that the United Nations Charter expects from all member states to "reaffirm [their] faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women and nations large and small" (Giegerich, 2005:48).

Regarding Nigeria, a whole range of human rights is enshrined in chapter 4, sections 33-43 of its 1999 Constitution: the right to life, the right to personal liberty, the right to freedom of expression, the right to freedom from discrimination, protection against compulsory

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<sup>31</sup> The ICCPR was opened for ratification in 1966 and came into force in 1976.

<sup>32</sup> The Universal Declaration of Human Rights of 1948 opened its preamble with what would become classic words: "recognition in the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice, and peace in the world" (Witte 2007:32).

acquisition of property without compensation, and finally – and explicitly – the right to the dignity of human persons. Chapter 2, section 15 of the Constitution also prohibits discrimination on grounds of gender, while section 17 states that “the social order [in Nigeria] is founded on the ideals of freedom, equality and justice. And that the sanctity of the human person shall be recognized and enhanced”<sup>33</sup> (Nigeria Constitution, 1999).

Section 37 of the Nigerian constitution guarantees the right to privacy of every citizen. This right is also guaranteed under Article 17 of the International Covenant on Civil and Political Rights (ICCPR). The recognition of this right, as will be discussed in this study, is of importance specifically with regard to people suffering from HIV infection and/or suffering from VVF. The latter is equally true for the right to life, which is enshrined in section 33 of the Nigerian constitution and Article 4 of the African Charter on Human and People’s Rights (UNAIDS 1999:14), while the Centre for the Right to Health (a NGO) (2001b) calls to attention that Article 25 of the Universal Declaration of Human Rights (UDHR) states that everyone has the right to a standard of living adequate for the health and well-being of him- or herself and his/her family, including food, clothing, housing, medical care and necessary social services. In the second part of this chapter it will be showed how these interrelated rights, all rights pertaining to human dignity, are clearly threatened within the contexts of Nigerian women, especially those with HIV/VVF.

Finally, the right to human dignity includes a right to humane treatment. This is provided for in Article 5 of the UDHR, as well as in Art 7 of International Covenant on Civil and Political Rights (ICCPR). Section 34 of the Nigerian constitution provides similar protection. As will be shown in chapter four, section 4.3, the right of people living with HIV/AIDS to be treated in a humane and dignified manner is often violated by way of maltreatment by fellow human beings simply because of the formers’ HIV status (CRH, 2001a). In 2011, UNAIDS (14 June, 2011) applauded the United Nations’ Human Rights Council for passing a historic resolution on human rights violations based on sexual orientation and gender identity. The resolution was co-sponsored by 39 countries from around the world, including Nigeria. The resolution calls for key actions, including a request to the High Commissioner for Human Rights to commission a worldwide study to document discriminatory laws, practices and acts of violence against individuals based on their sexual orientation and gender identity.

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<sup>33</sup> The full text of the Nigerian Constitution on Human Rights can be found online at: <http://www.waado.org/NigerDelta/ConstitutionalMatters/1999Constitution/ChapterFour.html>.

In summary, the examples given in the second half of the current chapter will show that for many women this and international instruments as those listed above have remained “paper tigers”, mere theoretical postulations without any practical bearing on the lives and conditions of the Nigerian women to the extent that the Nigerian International Humanist News a decade ago already deplored the fact that Nigerian women were systematically relegated to inferior position (Nigeria International Humanist News, 2002).

The idea of a transcendent culture of human rights is an integral part of the historical movement; it both expresses a global outlook and reacts against its obvious inequalities. Expression and reality are not simple reflections of each other, as the modernists would have it, to express a global culture in legal terms not only jeopardizes a sense of agency, and it is also to accept a very ‘thin’ description of morality and human values. In fact the issue of human rights is as common as we are living in global human rights culture. Joan Tronto, a political scientist, argues that in late modern society the discourse on justice dominates politics and the discourse on flourishing prevails in the world of care and welfare. The former is publicly oriented, while the latter points towards dignity in the private sphere: dignity in public versus dignity at home (Tronto, 1993:4). Martha Nussbaum (2001:227) argues that both discourses are rooted in one and the same foundational moral experience. According to her, the emotion of compassion represents the common, missing link between the discourse on justice and the discourse on flourishing (Martha Nussbaum, 2001:227). As a child grows into adulthood, he or she develops a sensibility for the needs and sufferings of others and this lays the foundation for his or her later sense of justice. The ability to forgive oneself one’s own inefficiencies, and to come to terms again with others, prevents children from entrenching themselves in their shame and anger. In that case, mercy teaches them to care well for themselves and be attentive to the claims of others who are just as vulnerable and finite as themselves (Nussbaum, 2001:227). Similarly, human dignity is closely related to the notion that human beings are agents capable of making moral choices, of shaping our identity, resisting injustice and participating in the shaping of society (Van der Walt 2005:146). Martha Nussbaum expresses this notion as follows:

*The core idea is that of the human beings as a dignified free being that shapes his or her own life in cooperation and reciprocity with others, rather than being passively shaped or pushed around by the world in the manner of a “flock” or “herd” animal. A life that is really human is one*

*that is shaped throughout by these human powers of practical reason and sociability (Nussbaum, 2000:72).*

Thus to value the inherent dignity of human beings as a society is to ensure that people enjoy civil and political liberties and also have effective access to the social and economic means indispensable to the development of their physical, emotional, creative and associational capabilities (Van der Walt, 2005:147).

In addition, human dignity is a notion that belongs to the human rights discourse as earlier mentioned. The place of human rights in economic factors played an important role within the broader socio-political discourse on human dignity. According to John Budd (2006:1-3), in modern society, the nature of employment determines the equality of individuals' lives, the operation of the economy, the viability of democracy, and the degree of respect for human dignity. It is therefore essential that modern society establishes societal goals for employment. Economic prosperity demands that employment be productive, but economic performance should not be the sole standard of the employment relationship. Work is not simply an economic transaction. Respect for the importance of human life and dignity requires that the fair treatment of workers also be a fundamental standard of the employment relationship- as do the democratic ideals of freedom and equality (John Budd, 2006:1-3).

Similarly, Botman (2003:26) clearly pointed out that the Bill of Rights in South Africa's constitution picks up on the theme of human dignity and applies it specifically to the dialectic of freedom and equality<sup>34</sup>. The commitment to this understanding of dignity is imposed as a positive duty upon the state as it is required to "respect, protect, promote and fulfil the rights" in the Bill of Rights. The promotion of these rights could lead to unacceptable state interference in the private sector and the economy at large. However, the Bill of Rights has chosen a strategy for equality and freedom that explicitly includes socio-economic rights as point of departure (Botman, 2003:26).

In addition, the International Labour Organization (1999:1) states that the power of free economic markets to provide efficiency and economic prosperity is important and should be encouraged. Respect for human dignity and the democratic ideals further require that the power of economic markets be harnessed to serve the quality of human life and provide broadly shared prosperity. As such, the imperative for the drivers of employment –

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<sup>34</sup> See "South Africa's Bill of Rights, Reconciliation and a just Society" in *Race and Reconciliation in South Africa* (Lourens M. du Plessis 2000:142)

individuals, markets, institutions, organizational strategies, and public policies – is to provide employment with a human face, which means a productive and efficient employment relationship that also fulfils the standards of human rights (International Labour Organization (1999:1).

Furthermore, in the Aristotelian moral tradition, philosopher Martha Nussbaum (2000:5) argues that human beings have a moral right to pursue basic human capabilities – “what people are actually able to do and to be.” Of particular relevance for the work place, the universal capabilities that everyone is entitled to include “being able to live to the end of a human life of normal length”, “being able to have good health, including...to be adequately nourished”, and “having the right to seek employment on an equal basis with others” (Nussbaum, 2000:5).<sup>35</sup>

Having discussed the view of human dignity from a contemporary legal, socio-political, cultural and economic perspective, the next section will take a step back in time as it also reflects on human dignity from a philosophical perspective.

### **3.2.2. Human dignity from a philosophical perspective**

Considering the term human dignity from a philosophical perspective, we shall in a broad sense, view dignity from a philosophical perspective as an antecedent, a consequence, a value, a principle and an experience. Simply being human we are all intrinsically special, thus, we deserve rights, that is entitlements. These rights or entitlements are described by some as inalienable or unconditional. Therefore, human dignity is viewed as a right to liberty and equality of man in the society (Rousseau, 1952:391). For the sake of clarity, it will, furthermore, be done chronologically in the following order: the Cosmo-centric era, the Middle Ages, the age of Modernity and Post- Modernity.

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<sup>35</sup> It is interesting to note that these principles have also been affirmed from the perspective of religion, for example in the late Pope John Paul II’s encyclical *Centesimus Annus* (“The Hundredth Year,” 1991): God has imprinted his own image and likeness on man (cf. Gen. 1: 26), conferring upon him an incomparable dignity, as [*Rerum Nuvarum*] frequently insists. In effect, beyond the right which man acquires by his own work, there exists rights which do not correspond to any work he performs, but which flow from his essential dignity as a person.

In the Cosmo-centric era, Nauert (1995:54) pointed out that, since Rome became the ruler of the then known, civilized world, it adopted the stoic idea of a universal law of nature offering justice and order to all (Nauert, 1995:54).

Through reason, it was understood to be part of a rationally organized universe. Reason and nature were seen as congruent. The law of nature was identified with reason and so society, too, was based on the rule of reason. Since *all* men were moved by “right reason”, as Cicero and the Roman jurists who came after him saw it, there existed an ontological equality of human kind. This equality entailed a universal republic and the state was a moral enterprise devoted to the pursuit of interests or for the exercise of an absolute sovereign will. In Rome, the concept of dignity had moral, political, legal and social meanings; dignity in a moral sense referred to a person’s integrity, i.e., the quality of being honest and strong about what one believes to be right. The second, political understanding of dignity, in the Republican era, was associated with those in high public offices like the various magistracies – the higher one’s office the more dignity was afforded one; the *dignitates*; with regard to its social meaning, Nauert shows that one’s social rank and condition determined the extent to which dignity was afford one to a greater or lesser extent in law (Nauert, 1995:54).

In his so-called Letters to Atticus (1965-1971) Cicero, defines dignity as that which merits respect, whether mediated by an office or by the sheer excellence of virtue. Therefore, human beings’ dignity not only obliges them to remain superior to the beasts, but it also entitles them to rule the world. According to Vaticano, in other words, humankind’s rule over the world is based on its reason, as there is nothing more divine than reason or so it was understood – in fact human beings share this marvellous power with the gods (Vaticano, 2002:87-101). Hence, natural law, reason as well as the laws of mankind and the gods would accept this form of aristocracy, since all would understand it, as Cicero does, as natural. Furthermore, the human dignity referred to by Cicero implied equality before the gods and the brutes, however, and obliged humans to self-respect and power behaviour; and it ought to be the basis for the laws of the Republic (Vaticano, 2002:87-101 cf. Baily, 1971:8-10).

From the above philosophical definitions of human dignity, the human person has dignity simply because he/she is capable of reasoning. In this sense, dignity is an end in itself, something not to be acted against (e.g. the health of a healthy person which is the main focus

of this study). In another sense, dignity is something to be promoted and realized. In this sense it means a life (well-being) that befits a person as an end in itself.<sup>36</sup>

In the Middle Ages the expression “human dignity” was not in common usage. According to Robert (1933:368-369), Thomas Aquinas argued that a person cannot order his or her action with respect to his own ultimate end unless he knows what that end is. In that case, if dignity were to be abstracted from the hypostasis (i.e. the substance, essence, or underlying reality)<sup>37</sup> then the person would be abstracted with it. Thus, dignity, like personhood, defines the subject in its individuality, while its rational nature determines its universal “whatness” (Robert, 1933:368-369). Dignity is essential to the existence of the individual person: it is what the person is before anything else; it is what identifies a person (Taylor, 1991:46-47). In addition, ‘our dignity’ in this particular sense is our sense of ourselves as commanding (attitudinal) respect. And in this case, its unavoidability ought to be the more obvious in that one’s dignity is so much woven into one’s very comportment. The very way one walks, moves, gestures, speaks is shaped from the earliest moment by one’s awareness of appearing before others, that one stand in public space, and that this space is potentially one of respect, contempt, of pride or shame. Our style of movement expresses how we see ourselves as enjoying respect or lacking it, as commanding it or failing to do so (Taylor, 1989:15). Aquinas further argued that human beings can lose their human dignity if they deviate from the rational order by sinning. The possession of human dignity must, therefore, to some extent depend on remaining free and rational, or “existing for oneself”. To act against one’s rational nature is degrading. In this, Thomas Aquinas’ view was not very far from that of Cicero. Human dignity, for the latter, should also prevent someone from giving in to sensual pleasure and acting like the brutes. According to his (Aquinas’) understanding on the issue of sin; he thought that the latter could also be redeemed and restored in Christ to the dignity of a child of God. Human dignity is a higher degree of dignity in relation to the animals, but it is not the ultimate one. It is for example the basic one compared to the degrees of dignity in which superiors can be constituted. Even with that, all degrees of dignity deserve an appropriate level of respect, because they, along with authority, are derived from God, and hence have priority, even if not over other, more prior, priorities (Robert, 1933:368-369 cf. Vaticano, 2002: 87-101).

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<sup>36</sup> See paper presented by Werner Wolbert at a consultation on “Human Dignity at the Edges of Life” (15 August 2006).

<sup>37</sup> See more on hypostasis in: <http://www.thefreedictionary.com/hypotasis>.

The modern philosophical view of human dignity however has its roots in Enlightenment philosophy. The Renaissance philosopher, Pico Della Mirandola (1463-1494), granted dignity to ideas as well as to beings (Nauert, 1995:67). He was the first to explain the dignity of man [sic] in relation to the latter's ability to choose what place or level he would occupy in the universe (see his *De hominis dignitate* ("Oration on the dignity of man"). Della Mirandola who was a "humanist" followed a way of thinking that originated as far back as the 14<sup>th</sup> century focused on the relation of the human to the divine, seeing in human beings the summit and purpose of God's creation. Pico once asked after reading through ancient writings of the Arabs, what was the most worthy of awe and wonder in this world? He replied: 1) "there is nothing to see more wonderful than man [sic]" (Pico della Mirandola, 1486). 2) Man [sic] as the Persians say, the intimate bond or marriage song of the world, and by David's testimony just a little lower than angels (Psalm 8:5). Man [sic] is allowed to be whatever he chooses to be (Brains, 1998:2-3). As the supreme Maker decreed: "The nature of all other creatures are defined and restricted within laws which we have laid down; you, by contrast, impeded by no such restrictions, May, by your own free will, to whose custody We have assigned you, trace for yourself the lineaments of your own nature" (Pico della Mirandola, 1486). 3) Man [sic] is called by Moses and the gospels. Euanthes the Persian in his description of Chaldaean theology, writes that Man [sic] has no inborn, proper form, but that many things that humans resemble are outside and foreign to them, from which arises the Chaldaean saying: "*Hanorish tharah sharinas*": "Man [sic] is multitudinous, varied and ever changing" (Pico della Mirandola, 1486).

Immanuel Kant (1724-1804), father of Enlightenment<sup>38</sup> philosophy, held that there were things that should not be discussed in terms of value, and that these things could be said to have dignity. "Value" is necessarily relative, because the value of something depends on a particular observer's judgment of that thing. Things that are not relative – that are "ends in themselves", in Kant's terminology – by extension are beyond all value, and a thing is an end in itself only if it has a moral dimension; if it represents a choice between right and wrong. In Kant's words, "morality, and humanity as capable of it, is that which alone has dignity"<sup>39</sup>

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<sup>38</sup> The so-called Age of the Enlightenment refers to a period in Western philosophical, intellectual, scientific and cultural life, centred upon the 18<sup>th</sup> century, in which reason was advocated as primary source for legitimacy and authority. It is also known as the Age of Reason.

<sup>39</sup> See Immanuel Kant, *Fundamental principles of the metaphysic of morals*, translated by Thomas Kings Mill Abbott (second section: Translation from Popular Moral Philosophy to The Metaphysic of Morals).

(Kant, 1983a 40-41). Specifically with respect to human dignity, which through his writing is brought from relative obscurity in Western philosophy into a focal point for philosophers, Kant held that “free will” is essential; human dignity is related to human agency, the ability of humans to choose their own action (O’ Hara, 1999:471).

Willard contends that the Kantian view of dignity was eroded by 19<sup>th</sup> century psychology. According to him (Willard) (1984:18), the latter attacked the concept of human autonomy and argued that behaviour is not free, but a product of built-in experiences, prejudices and determinants (Willard, 1984:18). Other philosophers such as Aquinas also acknowledge that freedom is an important element of human dignity, however, in a different way than Kant. Freedom, they argued, must also take into account the ends it pursues and the social context, or community, in which it is exercised. In this – a decree/an encyclical *Dignitatis Humanae*, the Second Vatican Council described humans as dignified in the sense that they are “beings endowed with reason and free will and therefore privilege to bear personal responsibility.” Building on this, Jean Bethke Elishtain argues that the “dignity of self cannot be dehistoricized and disembodied as separate from the experiences of human beings as creatures essentially, not contingently, related to others (cf. Jean Bethke Elishtain 1999:57; Michael Wolfgang, 1997:39).

Two examples of 20<sup>th</sup>-century philosophers who have written significant works on the subject of dignity and who have different views on human dignity that are typically compared and contrasted with Kant’s, are Mortimer Adler and Alan Gewirth. For like, Kant who theorizes that human dignity arises from agency (Mark, 2009:85, cf. Beyleveld, 2001:87). But while sharing Kant’s view that rights arise from dignity, Gewirth focused far more than Kant on the positive obligations that dignity imposed on humans, the moral requirement not only to avoid harming but to actively assist one another in achieving and maintaining a state of “wellbeing” (Mark, 2009:85).

In the same vein, prominent philosopher John Locke (1632-1704) expressed ideas about human dignity in his writings on man’s place and rights in civil society. Lock’s ideas regarding the liberty of humankind display his belief that humans have intrinsic worth. Locke believed that humans are interdependent but that each person should be the judge of his/her own conscience. The judgment is only possible because humankind is a rational being and capable of forming opinion. Since other living creatures do not judge and make decisions but live by instinct, the worth of humans cannot be equal to such creatures. Human dignity is

based on the difference in value between humans and things. While animate and inanimate objects may be used to serve a purpose, humans cannot be used in the same way, because humans are not guided by instinct but by moral law, which emanates from reason (Locke, 1952:20).

According to Adler (1993:57; 1997:165-166) the question of whether humans have equal rights to dignity is intrinsically bound in the question of whether human beings are truly equal, which itself is bound in the question of whether human beings are a distinct class from all things, including animals, or vary from other things only by degree. Adler wrote that the only sense in which it is true that all human beings are equal is that they are equally distinct from animals. “The dignity of man [sic]”, he said, “is the dignity of a human being as a person – a dignity that is not possessed by things (Adler, 1993:57; 1997:165-166).

The above views on the development of human dignity in philosophy of 20<sup>th</sup>-century and the interpretation of dignity as inherent value help to track its origin to the ancient Stoic tradition. *Reason* is posited as a property of all humans – slave and free alike – which enables them to know the universe and improve themselves; this ability gives all humans dignity, which is equated to immeasurable value. The advent of Christianity transferred the source of humankind’s inherent worth to its belief that humankind was created by God in His divine image. (This will be discussed extensively in the section of the theological perspective.) The Renaissance once again saw the celebration of humankind’s free will and power of self-realization as the source of dignity, albeit thoroughly rooted within the Christian religious worldview. As Della Mirandola energetically exclaims in his *Oration on the Dignity of Man*, which became the manifesto of the Renaissance:

*Oh wondrous and unsurpassable felicity of man, to whom it is granted to have what he chooses, to be what he wills to be! (Nauert, 1995:67)*

The latter idea that was secularized in the elaborate metaphysical system that Kant developed during the Enlightenment and this philosophical tradition continues to be hugely influential in our conceptual understanding of dignity in our contemporary human rights context, namely that human rights are understood to be inherent characteristics of every human being. In contemporary human rights law, this inherent species of dignity has become commonly denoted as *human* dignity. The positioning of human dignity as a central value in any moral or legal system is, therefore, a moral or legal vindication of the idea that humanness *per se* is valuable (Bacon, 1997:12).

Another noteworthy aspect of the philosophical-secular (Enlightenment) perspective on human dignity is that it does not leave room for vulnerability. According to this view it would appear that people are respected entirely for their positive capacities, especially their rationality. Kendall and Woodhead (2008:248) note that there are probably cultural changes underway regarding the kinds of things for which people are respected. At least today, if not in previous generations, people are respected for their vulnerability, for example for their capacity to show grief and sadness. Not to show vulnerability reveals a lack of sensitivity. From one point of view such insensitivity can perhaps be regarded as “dignified” though it is a quality that has ceased to win universal respect (Kendall and Woodhead, 2008:248). In addition, Amartya Sen (1999:7-24) argues that dignity is apparently not understood as being an inherent attribute of every human being, but is presented as contingent and transient – one may either gain or lose it. It is particular and comparative as well: one may “own” more or less of it at different times, live with more or less dignity than others. Terminally ill and suffering children, a homeless person, an elderly person suffering from incontinence are all examples of people whose dignity is threatened because their individual human flourishing is frustrated. They are suffering because their ability to lead the kind of life they had reason to value not because of the injustice of society, but the finiteness and vulnerability of human nature is primarily at stake. Though people cannot claim a “right to happiness,” they “deserve” the realization of their capacities that allows them “to lead the kind of life they have reason to value.” Whether the claim is based on a human rights ethic, or whether it is rooted in the religious conviction that we are all created in the image of God, it has far-reaching implications: every single human being is born to attain happiness, even if only a few do so in reality (Amartya Sen, 1999:7-24).

Kwame (2005:xii), in his view on dignity, stresses that each human life starts out with many possibilities. Some people have a wider and more interesting range of options than others. But everybody has, or should have, a variety of decisions to make in shaping a life. This means at least two things: first, the measure of one’s life, the standard by which it is to be assessed as more or less successful, depends, if only in part, on a person’s life’s aims as specified by him/her. Second, a person’s life’s shape is up to him/her (provided that he/she have done his/her duty towards others), even if he/she makes a life that is less good than a life he/she could have made. Therefore, one must remain willing to distinguish tolerance and respect – and by engaging with both the lives people make for themselves and the communities and narratives that render them meaningful (Kwame (2005: xii).

George (2011:13) affirms that a human being deserves respect as ends because, as moral agents, they are capable of respecting moral law. Therefore, we accord persons the respect they deserve as ends, when we treat them in a way that shows our respect for the moral law, not when we mimic morality because of one or other emotional consideration or some other interest, much less when we immorally or disrespectfully use them (people/others) as mere means to an end. Kant ties respect for the moral law in one's actions and respect for persons as ends in our dealings with them into an unbreakable knot (George, 2011:13).

Furthermore, the view of Martin Luther King Jr. about human dignity in the twentieth century was that every human being is somebody. Martin Luther King was influenced by his reading of Kant on the moral nature of persons and the Gandhian notions of non-violence as a necessary condition to sustain life and respect others (Baker-Fletcher, 1993:80). Martin Luther King Jr. saw dignity as something inherent and essential to one's humanity. He believed a person's social dignity can be shaped by the political power of the day, but one's inherent personal dignity cannot be touched by these powers. Martin Luther King Jr., however, believed that the perceptions of others do not diminish one's inherent dignity, but only one's social dignity. Human dignity becomes tangible in the measures by society to acknowledge the rights of persons to their dignity. Additionally, concrete measures to ensure human dignity can be found in laws and court decisions that protect and acknowledge the dignity of persons, while abstract notions of dignity is recognizable in the presuppositions, values, ethical arguments and language that people use about the worthiness of others (Baker-Fletcher, 1993:57).

Another conception of Martin Luther King about human dignity is the idea about 'somebodiness', which is a synthesis of all his ideas about human dignity. To him dignity is related to a sense of being somebody despite the idea of others that one is nobody. Somebodiness requires courage to protest against forces that deny human dignity and hope that non-violent and dignified protest will result in gaining respect from others and acknowledgment of one's dignity as a human being (Baker-Fletcher, 1993:163-164). From the above view of Martin Luther King Jr. on human dignity, it is affirmed that human beings are of worth despite the negative evaluation of the society in which we live or even our own negative self-evaluation. We are somebody because God our creator and our redeemer says so. It is because we are children of God, persons for whom Jesus Christ suffered, died, and was raised again, persons in whom the Spirit of God is at work- because of all this; we are

somebody. That is the basis of our dignity, our worth, our human rights and our human responsibilities.

Viviane Daniel and Mare-Henry (2005:52-53) further argues that dignity belongs to humanity alone because only humanity is capable of morality, that is to say, of acting on grounds of pure duty. Morality is a law and that is why Immanuel Kant's thinking is of a legal type. Thus, the capacity to be a moral being and to acknowledge others as being capable of morality is the ultimate foundation of human dignity (Daniel and Mare-Henry, 2005:52-53).

In the words of Kant:

*Now morality is the condition under which alone a rational being can be an end in him, for only thereby can he be a legislating member in the kingdom of end. Hence moral and humanity, insofar as it is capable of morality, alone has dignity (Kant, 1983a:40-41). ...humanity itself is a dignity; for a man [sic] cannot be used merely as a means by any man [sic] (either by others or even by him) but must always be used at the same time as an end. It is just in that his [sic] dignity (personality) consists, by which he raises himself [sic] above all other beings in the world that are not men [sic] and yet can be used, and so over all things (Kant, 1983b:255).*

Audard (1993:54) also notes that dignity commands respect and besides the connection with humanity, the emergence or the concept of the dignity of humankind is inseparable from that of respect (Audard, 1993:54).

Immanuel Kant (1983b:230) says:

*In the system of nature, man (homo phenomenon, animal rationale) is a being of slight importance and shares with the rest of the animals, as offspring of the earth, an ordinary value (pretium vulgare) ... But man [sic] regarded as a person, that is, as the subject of morally practical reason, is exalted above any price; for a person (homo noumenon) he is not to be valued merely as a means to the end of others or even to his [sic] own ends, but as an end in himself, that is, he [sic] possesses a dignity ( an absolute inner worth) by which he exacts respect for himself [sic] from all other rational beings in the world. He [sic] can measure himself with every other being of this kind and value himself on a footing of equality with them (Kant, 1983b:230).*

Reflecting on the concept from a Nigerian perspective, Ujomu (2001:247) who is a philosopher from Nigeria, echoes Bertsch et al. (1991:18), who argues that human dignity presupposes that each human being is considered as an end in him/herself, and is not a mere instrument to enhance the values of some higher entity, for example a state or dictator. Human dignity exists in a nation when a society is democratic and power is dispersed or distributed among the competing groups in the nation. The aim of such distribution of power is to ensure that the policies and actions of the government can be influenced. Also, to facilitate the respect for human dignity, there must be respect for the human rights, honour and identity of persons, so that individuals can enjoy relationships based on loyalty, friendship and community (Ujomu, 2001:247; Bertsch et al., 1991:18). According to Agrawal (1998:150), a true moral value is one that upholds respect for human life and personal freedom and the sum total of the moral values of a society is its image of humanity. The ultimate value is recognized as the sanctity of human life and derivatively, as the supreme worth of the individual person, or as the value of human life (Agrawal, 1998:150). Furthermore, human dignity presupposes that individuals can enjoy the income, goods, services, health, safety and comfort arising from their existence in the society (cf. Bertsch et al, 1991:16-17).

In summary the philosophical perspective indicates that the dignity of every member of the human race, without any distinction, should be recognized by every society. More so, that each human being is viewed as an end and not an instrument to gain the values of some higher entity. In the same vein, humans cannot be assigned the same value as other things in the world but should be assigned an absolute value and thus never be treated as a means to an end, because they are the ends in themselves. In addition, human dignity is based on the difference in value between humans and things. Humans cannot be used to serve a purpose as things will be used, because humans are not guided by instinct but by moral law, which emanates from reason.

Against this philosophical background, the discussion will focus on human dignity as it is viewed from a theological perspective. Based on what has been discussed above which gives clear indication of the worthiness of human beings, in theological circles there is also a lively discourse on human dignity today and on what the content of that discourse and the theological rationale behind the recognition of human dignity is. Given the fact that the discourse above made mention of some shortcomings within certain philosophical views of

human dignity, it needs to be determined whether these also exist within theological perspectives on human dignity or not.

### 3.2.3 Human dignity from a theological perspective

From a theological perspective the issue of human dignity is often discussed with reference to two key aspects and the consequences thereof: a) Human dignity is a gift from God since God created us in his image (*imago Dei*). b) The fact that there is a relational aspect to human dignity and the theological rationale behind this relation – a relationship with God, which influences our relationships with others. What follows in this section is only a preliminary discussion of these two aspects in order to come to a better understanding of the differences between the ways in which human dignity is understood in the three (socio-political, cultural and economic perspectives) discourses. Chapter 4 of this study will discuss in detail the image of God (*imago Dei*) and the body of Christ (relationality) metaphors used within the church in a pastoral theological argument towards the realization of human dignity of women suffering from VVF-HIV/AIDS.

In short, these metaphors mean that, from the Christian faith point of view, the foundation of human dignity is found in the fact that each person is *created in the image of God*. Each person, irrespective of sex, status, social station, race or creed, bears the divine stamp that reads “created in the image of God” (*imago Dei*) (Genesis 1:26) (Samuel Jacob, 2003:82). Therefore, the dignity of every person is inviolable because its authenticity comes from none other than the Creator. Dignity is a status that God awards a person by involving God with the human. Dignity is a universal characteristic of all human beings because God creates all people in God’s likeness (Moltmann, 1984:27).

Beverley (2010:44-45) argues that human dignity is *indestructible*. Because it is God’s gift to us, it cannot be taken away from us by others. According to her, this dignity or glory<sup>40</sup> is also indestructible because it reflects the image of God in us, which is also indestructible. Of course, human dignity or glory can be obscured, assaulted, and hidden. This becomes clear as we reflect back to the challenges of young adult females living with VVF-HIV/AIDS in chapter 2 of this study. However, regardless their circumstances – in spite of the fact it may be difficult at times to see them as humans worthy of respect once they have been humiliated,

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40 See Psalm 8:5-8, Human beings are crowned with glory and honour (NIV).

persecuted, stigmatized, and scorned – the dignity of human beings remains intact because this human glory comes from God alone (Beverley, 2010: 44-45).

Hadad (2010:42) rightly notes that, humanity in the biblical view of God is understood primarily from the vantage point of God rather than from any uniqueness of its faculties or its relation to the rest of nature (Hadad, 2010:42). Of specific significance for the purposes of this study is that whatever the dignity human beings possess, it is something that only God confers on humankind and that this happens regardless of one’s physical or mental health, which includes, of course, whether one suffers from VVF/HIV or not.

Beverley Mitchell (2010:4) notes that ultimately, to be human means to *resist* those forces that seek to assault, violate or obscure one’s human dignity. According to her:

*The dignity of being a human made in the image of God was manifested precisely in the bearing witness to the violation and in the protest against those violations, whether the assaults were physical, emotional or spiritual (Mitchell, 2010:4).<sup>41</sup>*

In the like manner, Lebacqz (1998:184-85) noted that the pneumatological and eschatological dimension of dignity resides in the fact that we do not have ontological, but teleological dignity. This means that our dignity resides in the wonderful purposes, the life of quality, for which God has created humans. It is *inalienable* dignity. It is *indelible*. It is a mark put on us by the love of God that permeates our being to the core. This dignity does not have to be earned. It cannot be lost. It is intimately mine and it is far more enduring than any of my characteristics. Our youth will surely pass and our beauty will fade in time, but our alien dignity does not, because it is inferred onto us by God.

The idea of alien dignity coincides with Kant’s view that the notion of dignity implies that human beings can never be treated according to their instrumental value. People can never be means to an end. Their worth is not determined by their technical and utilitarian capacities (Lebacqz 1998:186; cf. Kant 1983b). At this point it is important to note that not even the most humble, threatening and vulnerable state impacts negatively on our dignity. Because we have alien dignity we can be assured of special protection in the most threatening of

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<sup>41</sup> De Lange argues that the violation of dignity goes together with a strong expression of indignation rooted in pathos, thus constituting a powerful expression of pain, anger and grief as evident in the basic cry: “help me,” “The Hermeneutics of Dignity,” (De Lange, 2011:4).

situations and conditions. The notion of alien dignity also implies that all people are equal, despite any diversity of role, social status, race, colour, class or sex. Alien dignity encourages us to accept diversity and affirm equality. Because all people are created in the image of God, all people are equal.

Berkouwer (1962:57) agrees that we are all made in the image of God; therefore we all have human dignity. However, a theology of dignity, according to him, also needs to be balanced by an eschatological approach; creation is a continuing process and is inseparable from eschatology (Berkouwer, 1962:57).

Looking from the Enlightenment perspective, the idea that every human being has dignity, and that the dignity of each human being is equal, is unsatisfactory theologically because it is too static. It leaves no room for eschatology, no scope for a dynamic unfolding of God's purposes in relation to human dignity (Kendall and Woodhead, 2008:249). Furthermore, Mitchell (2010:46) stresses that dignity is "an inward resistance to determination by external forces; a sense of innocence and worth, something to be inviolate, autonomous and untouchable, and which is most vigorous when most threatened – this is a constituent of humanness, one of the irreducible elements of selfhood". Ultimately, despite attempts to violate it, human dignity – as a reflection of the glory of the *imago Dei* – cannot be touched. It is that particular dimension that essentially defines us as human beings (Mitchell, 2010:46). Throughout history, the *imago Dei* has often been understood as an ontological concept that refers to inherent qualities of humankind. However, theologically this is untenable because the likeness of humans to God is thereby disentangled from the relationship between God and the human. The human becomes independent of the One according to whose image he/she was created. The *imago Dei* is rather a *relational* concept that expresses the human's creational status in relation to God, his fellow human beings and the non-human creation. It indicates that the human lives before the face of God, answers to God's demands and that acts on behalf of God in the world (Genesis 1:28-30)<sup>42</sup>(Vorster, 2007:19; cf. Vorster, 1993:251).

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<sup>42</sup> See Genesis 1:28-30: Then God blessed them and said, "Be fruitful and multiply. Fill the earth and govern it. Reign over the fish in the sea, the birds in the sky, and all the animals that scurry along the ground." Then God said, "Look! I have given you every seed-bearing plant throughout the earth and all the fruit trees for your food. And I have given every green plant as food for all the wild animals, the birds in the sky, and the small animals that scurry along the ground – everything that has life." And that is what happened (NIV Bible).

This affirmation also implies that certain sanctity is attached to us insofar as we come from the hand of God and that in some way we have been gifted with God's likeness. This indicates that our humanness as creatures of God, and the glory or sacred worth that drives from our humanness is not something that we have earned or made ourselves but something that comes to us from God and must be respected (cf. Nieburh, 1960).

Koopman (2007:177-85) argues that, for the recognition of human dignity from a Trinitarian perspective, human beings have intrinsic and inherent worth and dignity. However, this dignity does not reside in some inherent characteristic of human nature. In a certain sense one could say that it is not an analytic dignity but a synthetic dignity. It is a dignity that is imputed to us by the love of God for us as expressed in our being created in God's image. Furthermore, we have dignity because we are created in God's image; we have dignity because God became human in Jesus Christ and redeems us; we have dignity because the Holy Spirit, as God at work in the world, is actualizing in and through us the new humanity that is a reality in Jesus Christ. Thus, he also thinks human dignity is an alien dignity. Through sin this image was violated but, through the redemptive work of Jesus Christ, God remembers us and draws us back into a relationship of love. This relationship of love with God constitutes the image of God. Christ embodies this image perfectly and through his work of redemption we are again image of God, i.e. we are living in relationship of love with Him and other humans and even with the rest of creation (Koopman, 2007:177-85).

Koopman (2007:183) further refers to the fact that various authors have developed a theological basis for anthropology of interdependence and care. True humanity is not defined by independence and rationality, but by the willingness to enter into relationships with others, especially those women whose dignities have been undermined due to their condition (Koopman, 2007:183). Reinders (1996:42-43) argues that hermeneutical skills are needed to appropriately understand the other, especially people who are viewed as inferior in terms of the modernistic paradigm. These skills make it possible to view the other as one who helps to constitute another person's essence (Reinders, 1996:42-43).<sup>43</sup>

Kendall and Woodhead (2008:17-18) makes explicit use of the methods of a scripturally informed dogmatic to make transparent how Christian views of dignity "are rooted in a

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<sup>43</sup> In this regard Reinders also quotes Aristotle: In this relationship with others, in the communion, I find my essence and being. I receive my being from the other. We receive our existence from the hands of the other and my existence is meaningful because there are others who want to share their existence with me (Reinders 1996:43).

specific view of what it means to be human and how this, in turn, is grounded in a comprehensive view of reality in relation to God". Thus the ground and fulfilment of human existence lies not in the possession of certain needs or capacities but in proper relation to the God who made us. More specifically, we are related to God in three ways: as creatures made "in the image of God"; as creatures who have fallen out of relationship with God into sin and who stand in need of God's redemption; and as creatures who are restored to the image of God by the action of Christ – which (alone) sets humans in a new relation to God and one another. This is not "idle theological speculation" insofar as it is reflection upon the life and vocation of the church – for "the life of the Christian church is the enactment of the relationships in which the human being as relation being is constituted and reconstituted" (Kendall and Woodhead, 2008:17-18).

Still regarding the issue of relationality, Maund (2003:2) states that "[t]he belief in the sacredness of the human personality not only governs the relations of one individual to another, it defines the individual's relation to society as a whole" (Maund, 2003:2). And, of extreme importance for this study is Maund's assertion that our obligations<sup>44</sup> towards our fellow human beings, and indeed towards ourselves, are rooted in the biblical teaching that every human person, regardless of the condition of his/her health, is created in the divine image and thus with the sacred right to life, freedom and dignity (Genesis 5:1-2<sup>45</sup>; Mishnah Sanhedrin 4:5).

In the Mishnah (2:6) it is also stated that one does not only have the right to life, the right to dignity, the right to making a living and providing for the basic needs of oneself and one's dependants but also, and importantly, also the right to health and protection. The scriptural duty to preserve one's health and thus to obtain healing when sick is understood as first and foremost an individual's responsibility towards her- or himself (Deuteronomy 4:9; Leviticus

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<sup>44</sup> "And whosoever rescues a single soul, Scripture credits him as though he had saved a whole world" (Mishnah Sanhedrin 4:5).

<sup>45</sup> See Genesis 5: 1-2: This is the written account of the descendants of Adam. When God created human beings, he made them to be like himself. He created them male and female, and he blessed them and called them "human" (NIV Bible).

16:8<sup>46</sup> ). However, in keeping with the right of all persons to life and dignity, the Bible obliges us to come to the aid of one another when life is threatened (Leviticus 19:17; Yad Hazakah, Hilchot Rozeach 2:3):

*Do not nurse hatred in your heart for any of your relatives. Confront people directly so you will not be held guilty for their sin (Leviticus 19:17).*

In the words of the 12<sup>th</sup> century Jewish scholar, Maimonides: “(W)hoever is able to save another and does not do so transgresses the commandment: nor shall you stand idly by the blood of your neighbour” (quoted by Kusala 2007:1). This injunction is applied in Jewish law to a broad range of circumstances but clearly addresses those who have the knowledge or other resources to provide support but fail to do so. Such people are considered under Jewish law to be complicit in the ill health or death of a sick person if their actions could prevent such consequences (cf. Ted Karpf, Ferguson, Robin and Jeffery, 2009:39).

Dignity, according to Samuel (2003:82) is not an empirical result of philosophies of human autonomy produced during the Enlightenment but the human reality of the *imago Dei* (Samuel, 2003:82). Additionally, according to Kenyan scholar Jesse Mugambi, as in the African traditional point of view, the individuality (not to be confused with possessive individualism) of a person, as created by God, is what matters most and gives value to our relationship with others. In that case, the person’s dignity and worth is not derived from level of education, position or material wealth. Rather, to be is to be in the right relationship with other human beings, the rest of the creation and the Creator. Interestingly, human dignity does not arise in the context of market forces; rather, it is part of the communitarian network of life (Mugambi 2003:81).

Similar to Koopman’s (2007) view described above, Webster (2007:19-33) stresses that human dignity resides in the loving act of God, the creator who summons us into being. Our dignity is a created dignity. Our vulnerability, as expressed in our creaturely needs, is not in conflict with our created dignity. Human dignity as responsible selfhood, identity across time and creaturely continuity cannot be had remote Deo, i.e. in separation from the creator’s

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<sup>46</sup> See Leviticus 16:8: He is to cast sacred lots to determine which goat will be reserved as an offering to the Lord and which will carry the sins of the people to the wilderness of Azazel. See also Deuteronomy 4:9: “But watch out! Be careful never to forget what you yourself have seen. Do not let these memories escape from your mind as long as you live! And be sure to pass them on to your children and grandchildren (NIV Bible).

summons. Dignity does not reside in autonomy and independence, but in this dependence upon God the creator. Webster (2007:19-33) states:

*“God crowns creatures with the glory and honour, making them out as the recipient of his approval, and setting them apart for fellowship with himself. Creatures have dignity as they are dignified by God”. At the rhetorical level, the biblical statements which take up the knowledge and understanding of the world of their time; they do not discard it but integrate it (Webster, 2007:19-33).*

In the terms used by Ammicht-Quinn (2003:42), on the human level, the dictum about human beings as the image of God has two shades, namely representation and affinity. The theological theme makes it possible to expand the perspective: representation means that human beings are not alone. They are wholly themselves, but not just themselves. If one looks at them, they are transparent to another reality. Affinity means that human beings are not alone. If they look at themselves, at the same time they see the other (Ammicht-Quinn, 2003:42).

Moltmann (1984:27) further argued that the fact that God created the human as man and woman does not suppose a hierarchy between people, but states their equality, because the human is the image of God despite differentiated characteristics. Furthermore, the cultural mandate calls men and women without distinction (Moltmann, 1984:27). This illustrates that God grants equal status and dignity to all people. This equality does not deal with a substantive equality in ability and characteristics, but with the recognition of equal status before God and each other (Genesis 1:27)<sup>47</sup>. Here another important aspect of human dignity comes into play: human dignity and equality in the sense of gender equality. Although Christian thinkers have speculated as to what exactly the image of God is, they have never denied the significance that the imprint of God bestows on the human being.

The implication of such a theological understanding of sin for the question of human dignity seems to be clear. Human dignity is threatened where it is not understood as a dignity conferred upon humans by God in a creative divine act. Consequently, if the relationship to God is no longer the foundational relationship for all human life, then human dignity becomes something that is conferred or withheld by other finite entities. Human dignity

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<sup>47</sup> See Genesis 1:27: So God created human beings in his own image. In the image of God he created them; male and female he created them (NIV Bible).

becomes a social construct that is constituted in interpersonal relationships. It is no longer acknowledged and recognized as something that is already there in virtue of the fact that every human life in every stage of its development is created in the image of God, but instead becomes something actively constituted in social relationships between humans. If it is constituted in this way, however, it can also be denied and destroyed in this way. Conferring or denying human dignity becomes an act of creative human freedom. Therefore, the doctrine of original sin adds an important point here. Our situation then, is the situation of those living east of Eden where human dignity must be recovered against its denial (Moltmann, 1984:27).

According to John de Gruchy (2006:32-53), an internationally renowned theologian from South Africa, humankind is an integral part of the rest of creation and that our present and future well-being is inextricably bound up with the well-being of planet earth. In that case our humanity is a birth right, the result of an act of procreation. How that birth right is understood by society determines a great deal of our well-being, for it makes a huge difference whether we are all regarded as born equal, or whether some are regarded as less human than other. In the first Genesis creation narrative (Gen.1: 26-27), the acknowledgement that humanity is created 'male and female' reminds us that relationality is fundamental to the biblical understanding of being human. The interpretations of human beings created in the 'image of God' (the *imago Dei*), the idea that this reflects God's own relational character as triune, and therefore our innate capacity for a relationship with God and other humans, is compelling (De Gruchy, 2006: 32-53). Additionally, the roots of respect for life and integrity do seem to go as deep as this, and to be connected perhaps with the almost universal tendency among other animals to stop short of the killing of conspecifics. But like so much else in human life, this 'instinct' receives a variable shape in culture and this shape is inseparable from an account of what it is that commands our respect. The account seems to articulate the intuition. It tells us, for instance, that human beings are creatures of God and made in his image, or that they are all rational agents and thus have a dignity which transcends any other being, or some other such characterization; and that therefore we owe them respect. The various cultures which restrict this respect do so by denying the crucial description to those left outside: they are thought to lack souls, or to be not fully rational, or perhaps to be destined by God for some lower station, or something of the sort (Taylor, 1989:5).

It is almost impossible to discuss human dignity without also referring to an anthropological perspective. According to Louw (2012:61-63, 163-168), the quality of dignity is directly linked to, what he calls "schemata of interpretation", which reflect views on the identity and

nature of our being human. Human dignity can be understood by asking the question; what are the presuppositions and basic assumptions that shape our perspectives regarding the value of humans? What are the ideas or ideology pertaining to human identity (anthropology) behind different social and political structures? In response to the above questions, dignity is not a right to be claimed merely on the basis of ethics. Dignity reflects ethos. It refers to the value of our being human within the dynamics of relationships. Dignity is a value to be received and to be attained within role functions; it is a relational issue and related to the appropriateness of human relationships (Louw, 2012:61-63, 163-168).

In a theological anthropology ‘identity’ means that people discover that God calls them to respond to their destiny: to love God and their fellow human beings. People should therefore display the quality of their responsibility and the genuineness and sincerity of their obedience to God in a very specific mode of being, i.e. the mode of unconditional love. The identity is also about people being called: the principle of vocation. Although people are called, they have the freedom to choose how they will respond. Nevertheless, responsibility implies that human freedom is not unlimited. ‘Freedom’ means the awareness that our choices are not unlimited, but are determined by the ethical principle of unconditional love. This love includes an acceptance of us, founded on grace: God’s unqualified “yes” to human beings in and through Christ. Such freedom, when based upon God’s grace, gives rise to true self-acceptance. True self-acceptance means that people will never underestimate themselves (the danger of self-underestimation and inferiority complexes), nor will they overestimate themselves (the danger of self- overestimation and haughtiness). In a Christian ethics of love, our neighbour functions as a watch-dog. Our fellow human beings prevent us from sliding into the abyss of selfishness (Louw, 2012:63).

Human dignity viewed from a Christian perspective is humanity directed towards justice and the ultimate, transformed by divine grace enveloped by unconditional love, and safeguarded by the ethics of co-existence (justice and human rights). According to 2Peter 1: 4, our humanity shares in the character and nature of God. Hebrews 2:16 indicates that God is not there for the angels, but for us to be human; a kind of “spiritual humanism”. Therefore, theology is there to help people rediscover their human dignity in the light of justification – the grace of God. Justification becomes concrete through sanctification. Justification without justice, i.e. to express the injustice and the oppression of the poor (Ps. 146:7), makes faith unreliable and untrustworthy (Louw, 2012:164).

In summary, the theological and anthropological discussions indicate that human dignity can be viewed as humanity directed towards justice and the ultimate, transformed by divine grace which is enveloped by unconditional love, and safeguarded by the ethics of co-existence. Human dignity is not “something” external to our being. Human dignity is an essential part of the quality of human relationships as embedded in processes of mutual sharing. Human dignity is the outcome of an experience that one is accepted unconditionally without the fear of isolation and rejection. Human dignity entails identity and maturity directed as unconditional love towards the well-being and advantage of the other.

Therefore, in the context of this overview of human dignity, several pertinent questions come to mind. First of all – is the human dignity of African and specifically Nigerian women threatened or violated? And if yes, what are the major factors that undermine and destroy the dignity and self-worth of these women today? What impact do these factors have on them? Do women have legitimate rights to their dignity being upheld and promoted?

### **3.3 Gender-related vulnerability and threats to the dignity of women in Northern Nigeria**

#### **3.3.1 Introduction**

Gender related vulnerability and threats to the dignity of women are a global phenomenon (United Nations, 2000b). This form of vulnerability to the dignity of women takes different forms in different parts of the world. In the context of Northern Nigeria, there are factors that infringe upon the dignity of women which are sometimes much more subtle but no less dehumanizing and stigmatizing. These issues that we intend to discuss, include cultural factors, economic factors, political factors and factors as they relate to theology.

##### **3.3.1.1 Cultural factors**

For the purpose of this study, a discussion of cultural practices is necessitated as a result of the problematic notions of womanhood and the cultural expectations of the relationships between women and men. Culture which is generally defined as the shared ideas, norms, values and beliefs of a people has both material and non-material components that shape our conduct, thinking and personality. According to Phiri, Haddad and Mansey (2004:116), it is a well-known fact that a community’s culture shapes its view of life. The African culture thus has its own definitions of womanhood/manhood coupled with its unique expectations of the relationships between women and men.

In many patriarchal African cultures, as is also found in Northern Nigeria, a married woman's identity is constituted by the fact that she is married and has a husband. She is above all else and in the first place married, which determines her role and status in society. Nigerian sociologist, Okeke (1999:54) notes that marriage maintains its traditional significance as a rite of passage to adulthood and social responsibility. However, despite joining the ranks of adult, women remain the subordinates of men, their roles being that of mothers, housewives and companions. The husband is expected to take control not only of the newly founded household, but also of his wife's body. This self-proclaimed entitlement of men can be found to the background of Nicolson's comment that:

*AIDS has spread in sub-Saharan Africa because of cultural beliefs, and in particular the belief that men need, and are entitled to, frequent sex with a variety of partners. Even if we can immunize against AIDS, even if we can find a cure for AIDS, issues such as the commercialization of sex, the expectation among men that women have a duty to provide them with casual sexual gratification, the belief among young women that their worth is determined primarily by satisfying the demands of their partners, remain (Nicolson 2000:10-12).*

Worst of all is the cultural practice which forces young girls into early marriage. Many young girls have no say when it comes to the issue of marriage except to obey what their parents decide. According to Otaluka (1998:94-103), conformity with tradition is one of the major reasons why young girls are married off early or forced into unacceptable marriage relationships. Some parents, especially in the village circle, do not wish to violate the traditions and customs of the elders who favour early marriage. Girls, like their mothers, are seen as the property of male members of the family. They have an exchange value, disguised as 'bride price', fixed on every bride by her family. Bride price has quite often been perceived by some parents as a source of wealth to the family, and this tends to make the idea of early marriage attractive (Stiftung 2002:93). This early marriage has a long-lasting impact on women. With little or no form of education, no vocational training, no gainful employment or visible means of livelihood, women are condemned to travel a long road of mediocrity, subject to the whims and caprices of their husbands, and remaining an economic liability (Otaluka 1998:94-103).

In Northern Nigeria, while male children are sent to school, the female children are given in early marriage, predisposing them to the risk of early pregnancy and to the risk of maternal morbidity and mortality. As mentioned earlier in the introductory part, in most northern Nigerian communities female education is considered a waste of resources to the immediate family. The high illiteracy rate amongst these rural dwellers does not provide the necessary atmosphere for women dignity. In light of the Universal Declaration of Human Rights (Held 2004:96) which clearly commits national and international communities to the idea of a right to education for women is still not welcome in most parts of the rural areas in Northern Nigeria.

In a community in the northern part of Nigeria, a young girl named Ramatu became a victim of VVF-HIV/AIDS at the age of 13 as a result of early marriage<sup>48</sup> which she was force into by her parents, all in the name of tradition. The result is that Ramatu, along with other victims, is unable to stay dry and the smell of urine or faeces around her is constant and humiliating. More pathetic is the fact that, rather than being comforted for the loss of her child and the situation in which she now finds herself, Ramatu has been rejected by her “grandfather husband”, shunned by her community and blamed for her condition (Ibrahim 2000:59-64). Ramatu is just one of many young girls whose lives have been so traumatized for the simple reason that they married before their bodies could fully develop.

Cases abound of those who have resorted to begging as their only hope for life. These young girls not only face a life of shame and isolation, but those of them who remain untreated, experts say, may face a slow premature death from infection and kidney failure. But despite this, the practice of child marriage, though now widely recognized as a violation of children’s rights and a direct form of discrimination against the girl child, is still very common. Tradition continues to fuel the practice despite its strong association with adverse reproductive health outcomes and the lack of education of girls (Sadik 2004:58-61). Although these practices are often the result of a lack of education, it is not limited to such contexts. Such violations of the dignity of women also happens where the educated, the rich, powerful elites are the perpetrators. Only recently, for instance, a serving senator of the Federal

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<sup>48</sup> Cf. The Laws of Nigeria (January:1947:99-103) Although the practice of child marriage was more common in the Moslem north, the age of marriage , especially for girls, across the ethnic groups was significantly lower than the British norm. Even the subsequent amendments of the legal minimum did not impose any firm prescriptions. For instance, the 1947 legal review left the age of “lawful carnal knowledge” for girls at 13 years, an age way below 18, the prescribed age of marriage.

Republic of Nigeria, Alhaji Ahmed Sani Yerima travelled all the way to Egypt, where he took as a wife a 13 year-old girl. Sani Yerima is well aware of the terms and stipulations of the Child Rights Act promulgated by the Nigerian National Assembly (CRA, 2003), the United Nations Convention on the Rights of the Child (CRC, 1989) and the African Union Charter on the Rights and Welfare of the Child (CRW, 1990). Nigeria is a signatory to both the latter international instruments, which it ratified in 1991 and 2000 respectively. Sani Yerima obviously decided to flout them (Tunji Abinbola 2010:3).<sup>49</sup>

In ancient Egypt as it is in northern part of Nigeria, the respect for women's dignity was only attached to the value they had in ensuring the retaining of family property and possessions and to bear children that ensured the family line (Singer 1993:34)

Additionally, women's traditional family roles are arduous. Rural women in many parts of the world such as Northern Nigeria are primarily responsible for subsistence agriculture and, in rural and urban areas, informal sector activities. Women usually undertake most household tasks, go through pregnancy, childbirth and lactation, and rear children. Large numbers of women are in fact the heads of households but lack sufficient authority, money and material resources, family and formal support to provide adequately for their children and themselves simply because of their gender. Consequently, VVF-HIV/AIDS related stigmatization and extra care burdens brought on by the disease worsen existing gender inequalities, increasing women's vulnerability and exploitation which seriously undermine their dignity (Heise 1993:171-96).

At another level, Barnet (1997:10-13) notes that married women's confidentiality may be broken with relative impunity leading to violence or desertion if their husbands blame them for infection. This lack of confidentiality in the case of women is surely also an instance of disregarding their dignity. In light of the International Covenant on Economic, Social and Cultural Rights which was adopted by the General Assembly of the United Nations in December 1966, it is inhuman and degrading for one's confidentiality to be tampered with (Ammicht-Quinn 2003:13). Meanwhile, women may not be informed of their partners' HIV status. The right of partner notification versus strict confidentiality is being debated in many countries and different policies are being developed. For women the outcome is particularly crucial as infection often enters the family through the husband. Uninfected wives could, in

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<sup>49</sup> Sani Yerima said: "I do not accept the laws of this country". It is an absurdity that he is still welcome to visit the President at the State House in Abuja, a creation of the law, expressly snubbing the nation's laws.

theory, protect themselves but only if access to information is accompanied by the economic, social and legal means to take preventive action which is always a big challenge for women.

Similarly, the report from the World Conference of Religions for Peace (2009) revealed that among the cultural factors that undermine the dignity of women, is honour killing. Women are murdered due to their perceived disgrace of the family's or community's "honour" for things such as the alleged practice of premarital sex, adultery, or inappropriate behaviour such as leaving the house without a male relative, and even for being raped! Preservation of honour is usually veiled in religious language, a dangerous manipulation of religion to justify an inexcusable practice. Women have been publicly stoned to death, burned alive and attacked with acid for such accused disgraces. In addition, Para-Mallam stresses that the multiple domains in which women experience violence include the home, the community and the workplace. The State complicates the issue and reinforces the ubiquity of the abuse of women. At the National Tribunal on Violence against Women, organized by BAOBAB<sup>50</sup> for women's Human Rights and Civil Resource Development and Documentation Centre (CIRDDOC) and which was held on March 14, 2001 in Nigeria, thirty-one brave women testified, either to personal experiences of abuse or to the abuse of women who did not survive their injuries. Every day in Nigeria, women suffer human rights violations in the name of culture, tradition or religion (Para-Mallam 2006:410).

On the other hand, one of the terrible cultural practices the women are facing is genital mutilation as earlier mention in chapter 2. Female circumcision, otherwise known as female genital mutilation, involves the cutting off of the clitoris, the most sensitive part of the female orifice. Ozuhu (2011:3) examines the prevalence of this practice in some parts of the country despite calls for its abolition (Kabril et al., 2003:54-57).

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<sup>50</sup> BAOBAB, a Nigeria non-governmental organization (NGO), is a program generally addresses background and conceptual issues regarding Women's Human Rights in religious laws and how interpretation of laws affects women adversely. It also aims to provide platforms for discussing Women's Human Rights Issues, to develop appropriate intervention strategies to bridge the gap of understanding of these issues, to mediate in violence against women cases in both private and public spheres and provide counselling support to survivors (Para-Mallam 2006:410) ([www.baobabwomen.org/](http://www.baobabwomen.org/)).

The practice is strongly favoured because of the maintenance of a strong cultural tradition to various beliefs such as reduction of sexual promiscuity, prevention of prenatal mortality and reduction of excessive vaginal secretion which is believed to be harmful to a man's body. Female circumcision is also explained by some as a decree by the ancestors while others consider it a prerequisite for all girls that want to marry and therefore, seen as a puberty rite. It is rationalised as a way of making the female genitals aesthetically more pleasing or cleaner. Also, it is said to increase fertility of women as well as to ensure easy child birth. In most cases, it is done by local women, without anaesthesia and sometimes with blunt kitchen knives, while some women forcefully hold down the victims (Okome 2005: 2-3).

Ozohu (2011:3) further stresses that a large proportion of circumcised women is from rural areas, where uncircumcised women are not socially accepted. Respectable men would never marry an uncircumcised woman, as she would be seen as impure. Other positive meanings associated with circumcision may include womanhood and beauty. An uncircumcised woman is labelled unclean, impure, and unfit to marry, bear children, or attain respect in old age. Another less common reason given for infibulations or excision is that it decreases a woman's sexual desire in order to preserve virginity. Infibulations is intended to dull women's sexual enjoyment, and it appears to be extremely effective (Ozohu, 2011:3).

Female circumcision is shown to be symbolic as a rite of passage to womanhood. When a young girl is about to be circumcised, her mother or other women and girls in her society encourage her, claiming she is becoming a woman and that it will help her stay pure and beautiful. The young girl who then sees herself with all these attributes willingly gives herself to be circumcised. She is later showered with gifts after being circumcised. In some societies, the experience includes secret ceremonies and instructions in cooking, crafts, child care, and the use of herbs. After circumcision, adolescent girls are also allowed to be married. By complying, they also please their parents, who can arrange a marriage and demand a higher bridal price for a circumcised daughter (Allen 2002:1089).

Another challenge to respecting the dignity of especially rural, Nigerian women is superstition. In their attempt to maintain tradition, they (women) pass on these superstition beliefs (e.g. beliefs in Juju) from one generation to another. More so, most rural women are of the view that their primary responsibility is to bear children and maintain the home. They, therefore, engage in home management activities. One main problem facing women activities in Africa is the difficulty in changing the mind set of these rural women about their unequal relationship with men. In areas where strong superstitious beliefs exist, the women are not

prepared to change their way of living and thinking. It is believed that the gods abhor change and any attempt made to change existing practices will mean infuriating the gods to unleash untold hardships on them. The use of juju,<sup>51</sup> charms and amulets to destroy enemies, scare evil and misfortune, is prevalent in Nigeria. Therefore, many Nigerian women fear that they may be destroyed if they attempt to fight for equality and their dignity, as their male counterparts will consider them enemies. This is one of the greatest obstacles to the efforts to emancipate the minds of the rural women from mental slavery (Emmanuel 2002: 1-3, cf. Victoria 2011:3).

Given the reality of the VVF-HIV/AIDS epidemic, what repercussions will such a lifestyle have for the women involved? Such cultural practices can only make women vulnerable and undermine their dignity as in the cases where young Nigerian girls are forced into early marriage and the fact that Nigerian women have no say over their bodies and sexuality which then often results in VVF-HIV/AIDS<sup>52</sup>.

### **3.3.1.2 Economic factors**

On a global scale, as the United Nations facts and statics show, women form one half of the world's population (ILO 2003:1). They do three-fourths of the world's work, but receive only one tenth of the world's salary and own a mere one hundredth of the world's land. Two thirds of illiterate adult are women. Over three fourths of starving people globally are women and their dependent children (United Nations Statistical Department 2007).<sup>53</sup> In three of the key indices of economic reality – work, income, and property – the inequalities between women and men are striking. Women are considered tools and the property of men “whose superior position had been ordained by the divine powers or the society” (Bukar 1996:23).

In Northern Nigeria, places like Katsina, Zamfara and some parts in Kano, the participation by women in the economic lives of their communities is not highly visible. They maintain a form of purdah<sup>54</sup> which confines them to their walled compounds during the daylight hours

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<sup>51</sup> Juju in Nigeria means spiritual attacks which some people use to sacrifice the souls of wives and children just to make money. Some people go in for juju for protection and sometimes for fame. Another form of juju is witchcraft which is believed to be the lowest rank in terms of juju powers. Oluseun Osewa (2008). Available at:<http://cozay.com/forum/f17/juju-black-magic-in-nigeria-blood-money-and-t360/> (accessed on 20 June, 2011).

<sup>52</sup> See chapter 2 of this study: the context of women in Nigeria.

<sup>53</sup> See (Brubaker 2004:24).

<sup>54</sup> Purdah means the state or system of social gender seclusion (Smith 1976).

(Smith 1976:4). According to the report from “Gender in Nigeria Report 2012” by the British Council, Nigeria has revealed that women’s contribution to economic growth was not captured because they were mostly found in the informal sector, adding that they were underrepresented in the formal sector of the country’s economy. In addition, only 15% of Nigerian women have bank accounts with the women running only 20% in the formal sector and 43% in the informal sector (Muda Oyeniran, 10 May 2012).

A new development in Northern Nigeria shows that women are beginning to move into professions such as medicine and law, but reports show that even in these professions they generally “do not have access to higher-level, higher-paying jobs, involving decision making and managerial skills” (ILO 2003:1). Cultural and social attitudes towards what constitutes “male” or “female” jobs result in occupational segregation. Women who choose non-traditional jobs such as Law, Engineering, Force etc. can face special constraints in the workplace, not least of which are isolation, limited access to mentoring and female role models, and sexual harassment (ILO 2003:2).

According to Robert (in Sivard 1985:29), the impact of technological development may be to the greater detriment of the employment opportunities available to women than to men. Although such development may make it possible for women to enter occupations that have been closed to them before – such as the metal trade through the elimination of heavy physical work – he maintains that there is evidence that “technology may push women out of the labour market or into even less skilled and lower paid jobs”. MacMillan and Ndegwa (1996:21-27) also stress that women’s rights in many countries are curtailed by referring to the fact that women may have little access to the ownership of land (by buying or inheriting it). Women may even lose their rights with regard to their own children when their husbands die. AIDS throws these problems into stark relief because more women are being widowed at a young age and will face an early death because they themselves are infected. Safeguarding their children’s future may be a desperate worry for these women, yet they may lack the means to provide for them without extended family support (MacMillan and Ndegwa, 1996:21-27). In some countries like Nigeria, women are traditionally inherited by the deceased husband’s brother. Their economic and social survival may depend on their acquiescence (Akpan-Iquot, 2008:2). After the death of a husband, women around the world may be disinherited by the husband’s relatives, particularly if they blame the woman for his death.

Men are the ones who have been encouraged to grow recently introduced cash crops, even though women continue to do the bulk of agricultural work. Already in 1985, United Nations Research and Training Institute for the Advancement of Women (INSTRAW) have identified additional factors in the underestimating of women's agricultural work:

*In all regions of the world, women are performing agricultural tasks which are not usually separated from household work and therefore not assigned any economic value or recognition... Both in developed countries, where the work of rural women is often known as "pluriactivity", and in developing countries, where it relates to subsistence agriculture, they do not generally have employment status since their work is dependent upon those who own, control and manage agricultural activity. Most women do not own land in their own right and do not control the inputs such as water, fertilizers and technology to monitor agricultural productivity. The number of work hours performed by women on most agricultural activity is under-reported for various reasons including inadequacies in the methodology of designing household surveys, census enumeration and techniques of interviewing women (INSTRAW 1985:11).*

Based on the UN report from world survey on the development of women (Pamela 2004:35-36) concludes that "despite the well-documented, crucial role that women play in food production in Africa, agricultural modernization efforts have excluded them, leading to negative consequences for food production and the perpetuation of rural poverty."<sup>55</sup>

From the above discussion of the economic factors that undermines the dignity of women in Northern Nigeria, for example with reference to international treaties/declarations (UN 2007) and wider in Africa, it is clear that women do contribute to their families' and society's well-being, but these contributions are underestimated and undervalued. Women in some countries, especially in the northern part of Nigeria, are held responsible for domestic labour, and men seldom share this responsibility even when women work in the formal sector of the economy.

That notwithstanding, women are marginalized in public decision-making, whether in trade unions, development planning, or governmental bodies (UNRISD 2008). The findings from a

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<sup>55</sup> Cf. See the role of Nigeria women in culture and National Development (Jekayinfa (1999:1-2). See world survey on the Role of women in Development.

series of international workshops on the impact of the world crisis (e.g. human dignity crisis) on women aptly describe the reality many women find themselves in:

*It is clear that the majority of the world's women have been affected by the global crisis in a fundamental and profound manner and yet the seriousness of their plight remains largely unrecognized and underestimated. In reviewing the workshop reports it is evident that despite the vast diversity in women's cultural and social-economic conditions around the world there are common threads of powerlessness, of marginality and of dispossession that bind them to their subordinate position in society.<sup>56</sup>*

Even if the International Labour Organization, already in 1998, asserted that women have achieved higher levels of education than ever before and then represented 40% of the global workforce, their share of management positions remains unacceptably low. Lack of adequate education, training and experience in the past to some extent explained the difficulties women experienced in obtaining management jobs. Today, a large and increasing proportion of women in many countries, for example in Nigeria, are well qualified. This has resulted in a distribution of jobs along gender lines, but occupational segregation, both horizontally and vertically, remains a major problem. Based on the labour force statistics (2009), gender disaggregation showed that among the volume of unemployed persons, males were dominant with 51.9% while unemployed females showed 48.1% (National Bureau of Statistics 2009). Interestingly, the majority of women who find employment in the informal economy, especially rural women in Nigeria have increasingly gained the attention of scholars because of their crucial role in agriculture. In their hands lay the prospect of averting the major threats of population growth, food scarcity, resources conservation and the maintenance of a viable ecosystem. Any effective measures that hope to address these threats must not only address the poor living conditions of these women, but must also invite them as partners in decision-making (Afonja 1990:48). In fact, the last three decades of development initiatives in the continent have witnessed the continual decline of African women's dignity in terms of decline in access to education. Mortality rates due to lack of good health facilities and the worsening economic climate only reinforces an already established trend. Fatton (1989:87-

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<sup>56</sup> This workshop was held by the United Nations Research Institute for Social Development in Turkey 15 May, 2008.

89) observes that despite the progress<sup>57</sup> African women have made across the continent since the colonial era, in many countries especially Nigeria, their social status is still tied to their relationship with men. The situation only grows worse as women have to rely on patriarchal favours to advance their social status; they cannot freely access available social opportunities. This inequitable standard continues to define every move they make to find their place in the contemporary society.

While women's share of administrative and managerial workers rose between 1980 and the early 1990s in every region of the world, except in Southern Asia, the proportion of women in this position is still low; from 7 to 14% in Sub-Saharan Africa and 4 to 9 in Western Asia. In light of the foregoing statistics, it is evident that Northern Nigeria has her share of discriminations against women (Rosenblatt and Katherine 2003:2).

Myhill and Jonathan (2002:237) argue that another civil rights controversy of concern to women in Northern Nigeria is the problem of sexual harassment in some places of work. Sexual harassment generally means any unwelcome sexual advance, or conduct or language that is sexually abusive or intimidating. When acceptance of unwanted advances or intimidating sexual behaviour is made a condition of employment by an individual in authority, sexual harassment becomes sexual discrimination under the 1964 Civil Right Act. This act of sexual harassment has direct implications for HIV/AIDS among women and at the same time serves as a deterrent to their dignity.

Okeke and Njoku (2008:58) affirms that the disadvantaged economic conditions women face immensely increase the likelihood that make them victims of human trafficking. Human trafficking is the illegal transport of human beings for the purpose of selling them or exploiting their labour. Among victims of human trafficking 43% are used for forced commercial sexual exploitation, of which 98% are women and girls. Women and girls living

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<sup>57</sup> The major instruments of struggle include the 1979 United Nations convention on the elimination of all forms of discrimination against women endorsed by many member nations including Nigeria; the 1985 Nairobi Forward-looking Strategies, a critical assessment of the gains women have made since the 1975-85 decade and the measures member countries must take to reach the goals agreed upon by member nations; and the Vienna tribunal which provided the forum for a comprehensive review of global human rights instruments since the inception of the UN in 1948. This last forum also provided an audience for women as a social group to present their case to an international judicial committee, upon whose recommendations the UN responded with the 1993 declaration on violence against women. Beyond violence against women, the international platform on women's rights needs to be expanded to make use of other UN conventions and declarations on marriage, literacy, labour force participation, etc.

in unsafe neighbourhoods that lack law enforcement and protection measures are often at greater risk for abduction into human trafficking (UNESCO 2006:42). In Nigeria, the recruitment of girls trafficked to Saudi Arabia come predominantly from the northern part of Nigeria, especially Kano, Kwara, Kaduna, Niger, Borno, Taraba, Yobe, Nasarawa, Plateau, Kebbi, Sokoto, Katsina, Adamawa, Zamfara, Jigawa, Gombe, and Bauchi states. According to the Nigerian Immigration Service, “(f)rom March 2002-April 2004, the Saudi Arabia authorities deported 9,952 women and 1, 231 underage unaccompanied girls back to Nigeria” (NNICEF 2004).

Chant (2003) and UNESCO (2006:42-43) argues that poverty, gender inequality and a high demand for cheap labour put demographic populations such as women at high risk. The general lack of prospects in rural areas often leads to trafficking, and many of those trafficked come from poor communities. One common dynamic is the following: in terms of cutbacks in state services and subsidies, women assume the considerable burden of diminished resources as they are subject to the rigid gender-based division of labour assigning them the household and men tend to devote their earnings to the household, leaving women responsible for the survival of their families. These women then seek to diversify their sources of income which increases their risk of being trafficked (UNESCO 2006:43).

As a result of trafficking women and girls are more vulnerable to VVF-HIV/AIDS infection. Thus trafficked girls and women are most at risk in the case of those trafficked for purposes of commercial sex work and vulnerability is increased in myriad ways:

Trafficked persons may be forced to partake in those sexual practices most associated with AIDS transmission.

Trafficked persons are forced to have sex with multiple partners.

Violence in commercial sex is common, especially where women or children are forced to have (unprotected) sex against their will. Injuries sustained during forced sex may increase vulnerability to HIV transmission.

The physically immature bodies of young girls are extremely vulnerable to sexual injury such as VVF (Burkhalter 2003:1-2).

From the above discussion it is clear that the dignity of Nigerian women, as women in many parts of Africa, is seriously compromised due to economic factors.

### 3.3.1.3 Political factors

Women's political participation continues to be inhibited by some socio-cultural factors that relegate women to the background in leadership discourse and decision-making processes. According to a United Nations report (2000b) gender parity in parliamentary representation is also still far from being realized on a global scale. In 1999, women represented 11% of parliamentarians worldwide. Sweden had the highest percentage [42.7%] of women parliamentarians in the world at their 1998 elections; Mozambique, ranked 9<sup>th</sup> out of 99 countries in rank [30.0%, 1999], South Africa, 10<sup>th</sup> [29.8%, 1999], United Kingdom, 30<sup>th</sup> [18.4%, 1997], United States of America, 48<sup>th</sup> [12.9%,1998], Ireland, 52<sup>nd</sup> [12.0%, 1997], Ghana, 68<sup>th</sup> [9.0%], Cameroon, 87<sup>th</sup> [5.6%,1996], Kenya, 98<sup>th</sup> [3.6%, 1997]. Nigeria was only 99<sup>th</sup> [3.4%, 1999] (United Statistical Department, 2000), and what makes this worse is that, according to these statistics, Nigeria has the lowest female parliamentary representation in the world.

Perhaps not always as low as is the case of Nigeria, women's participation in political positions is still very low when compared to men. According to the report of the 2006 census, women constitute 48.78% of the national population of Nigeria, but this numerical strength has never found corresponding expression or representation in Nigeria's political life and decision-making processes. Women are inadequately represented in the National Assembly, (on federal state level) and in the Local Government Councils. In fact, they are grossly under represented, if not completely absent. The problem of under representation of women in politics and decision-making is beyond the usual supposition that "there are no suitable women" to fill vacancies and or take up political appointments. The systematic exclusion of women from leadership and decision-making is further reinforced by the patriarchal structure of the Nigerian society (National Gender Policy, 2007).

The table below shows the low level of women's participation in political positions in Nigeria.

Year	House of Assembly		House of Representative		The Senate	
	Seats Available	Number of women	Seats Available	Number of women	Seats Available	Number of women
1999	978	12	360	13	109	3
2003	957	39	339	21	109	4
2007	990	54	358	25	109	9

Figure 3:1 Women's participation in political positions in Nigeria

Records have shown that women also do not fare better in the employment statistics of the Nigerian Federal Civil Service. As opposed to the promise of the Federal Civil Service Rules, 03201(a), that 'Nigerian women, whether married or not may be admitted to the permanent establishment in these trades of the Federal Public Service for which they are qualified on equal terms with men', women only constitute 24% of the total number of persons employed in the Federal Civil Service. This inequality manifests to a greater degree at the managerial level in which women only constitute 14%. On a positive note, however, Nigeria now has its first female head of Civil Service, but this is still insignificant in comparison to the general marginalization of women in the country (Onwuka, 2007:3-7).

Inter Press Service (IPS) (Kano, March 12, 2010) reveals that ten years after Nigeria returned to civil rule, women still play second fiddle in the male-dominated politics of Africa's most populous nation. Musa, coordinator of the Women's Right Advancement and Protection Alternative (WRAPA) argued that despite the relative improvement in women's political participation and representation between 2003 and 2007, such improvement does not reflect women's numerical superiority. Even though Nigeria is signatory to the United Nations convention to eliminate discrimination against women, women in the country continue to voice dissent against their continued domination by men in the reality of politics (Mustapha, March 12, 2010).

As if that were not enough, it is obvious that political discrimination against women goes hand in hand with their economic marginalization. Mairo Usman, a politician in Northern Nigeria's Kano city, affirms that women in Nigeria are not as economically empowered as men. In most northern communities women are economically dependent on their husbands who control family income. Even when women are allowed to engage in money-making ventures, their husbands control the purse. Therefore women's weak economic base contributes to their political domination by men (Jekayinfa 1999:2-3).

The same way it is with regard to the economic participation of women in Nigeria, so too tradition and religion serve as factors inhibiting Nigerian women's political participation. Mohammed Ali Mashi, head of rights organization General Improvement of Persons Initiatives (GIOPIN) (2010), expressly states that tradition and distorted religious dogma play a significant role in women's political marginalization. He maintains that "politics involve inter mingling between men and women and our culture and religion strongly abhor mixing between the two sexes which is viewed as indication of lewdness." Women, mostly from Northern Nigeria, are reluctant to join partisan politics due to the stigma associated with it. The unwholesome attitude of some female political supporters, which portray women politicians as "uncultured" and "ruffians", put them off from entering politics.

From the above revealed evidences on women's marginalization in politics and decision-making, it is clear that politics is also a strong factor that undermined the dignity of women (Broberg 1989:39-54). Most of them are being treated as second class citizens, because they have no political voice to demand attention to their plight, because they thus have no access to government funds or the formulation and promulgation of legislation to address inequalities in for example health care, education, etc. Consequently, with regard to women suffering from VVF-HIV/AIDS, it is important that women do have a political voice in the formulation of legislation and government policy regarding health services, equal employment opportunities, legislation regarding, for example marriageable age, etc. It is therefore imperative for women to struggle for the recognition of their dignity. The next section will discuss the theological factor.

#### **3.3.1.4 Theological factors**

Human dignity is a central consideration of both Protestantism and Roman Catholicism. The dignity of every human being is laid down as a common ideal for all people and all nations, not only out of moral or religious propriety, but with a view to a peaceful and just

development of the human community (Ammicht-Quinn 2003:49). Based on the theological perspective of human dignity discoursed in the first section, “dignity of a human person is rooted in his or her creation in the image and likeness of God” (Lebacqz 1998:184-186). But this dignity is not respected today even in the religious circles as it will be discoursed in this section. As in the case of ECWA, many churches belonging to this denomination reinforce traditional values of female subservience and male dominance, including the submission of women to male desires, putting young women under strong pressure to be sexually active – and in so doing contributing to escalating VVF-HIV/AIDS infection rates.

Furthermore, in many settings, church teachings like that sometimes found in ECWA are actively contributing to the perpetuation of gendered inequalities and perpetuation of traditional values, through promoting conservative gender ideologies and emphasizing heterosexual marriage, limiting people’s (especially women’s) knowledge of VVF-HIV/AIDS (Marshall 2006:363-374). The whole issue of the respect of the dignity of women is complicated by the Bible itself. It is clear that many denominations such, as ECWA do not allow women to be clergy. And even if they are ordained, they still are not equal to the men in the clergy. This issue started as far back in 1947 when ECWA was then Sudan Interior Mission (SIM). During the Council meeting in 1947, Pastor David Olatayo, who served as a secretary, made the observation that, unlike the white women missionaries, African women were not allowed to do mission and lead congregations. As a result, there was a protest which led to the end of the participation of women missionaries. Following this protest, it was decided that only pastors should assume the mantle of leadership. From there the national pastors took up the chairmanship and secretariat of the meetings and the council was set up as a council of elected elders and pastors in 1947. Since then, women were denied leadership positions and ordination in ECWA except within themselves as a group (Olatayo 1916-2003). Samuel Gambo (2006:7) observes that the position of the women ordination was not very clear, though he referred to the non-inclusion of a woman among Jesus’ apostles as a reason to approve the omission of women from ordination in the church. Therefore, this serves as a church-sanctioned form of the violation of the dignity of women. There are also some patriarchal biblical metaphors which can be interpreted in ways that can constitute obstacles towards the realization of human dignity of women. In this section the focus falls on some of these potentially harmful texts which have been interpreted to the detriment of the dignity of women.

### 3.3 1. 4.1 Patriarchal biblical society and the dehumanization of women

Right from the beginning the patriarchal context in which the Bible was written presents challenges toward the recognition of the dignity of women. This context is often not acknowledged in Africa and this worsens the situation of women –it is impossible to list all the instances where the patriarchal background of the Bible challenges the recognition of the human dignity of women, but some will be mentioned here in this study. According to Ghanaian theologian Mercy Oduyoye (2006:78), the patriarchal Bible silences the voices of women; she argues that everything about women is filtered through the voice of the narrator, who is male. Everything starts from the second account of creation. Women were only created because Adam could not find a suitable wife (help mate) in among the animals that God showed him. According to Oduyoye (1995:78), on top of being second string to cattle and sheep, women were created from a spare rib of a man. In that case, women needed man in order to exist (Genesis 2:20-22)<sup>58</sup>. Additionally, after Adam and Eve ate the forbidden fruit of knowledge of good and evil, it was Eve that got the harshest punishment. She had to endure pain in childbirth, pain in conception and became a servant of sorts to Adam (Genesis 3:16-17). Even in the Ten Commandments women are portrayed as being the property of their husbands. Thus Exodus 20:17 reads:

*“Thou shalt not covet thy neighbour’s house; thou shalt not covet thy neighbour’s wife, nor His maidservant, nor his ox, nor his ass, nor anything that is thy neighbour’s.”*

The wife ranks right there with the ox and ass. Could this be the reason why many women up till today are treated as second class citizens?<sup>59</sup>

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<sup>58</sup> Genesis 2:20-22 indicates that women were created from the spare ribs of a man, *Adam*. Hamilton (1990: 177) explained that just as the male was taken from the dust of the earth, that is how the female was taken out the ribs of a man, so they both owe their existence to something. Brueggemann (1982:47) was of the opinion that mankind requires a fresh creative wellbeing as in Genesis 3:16 such punishments were inflicted on the woman. Westermann (1984:261) added that in vs.16a pains were assigned to her in child bearing and in given birth and then vs.16b extends that she is bound to her husband and shall be subordinate to him, Later in Gen 5:19 her pains of childbirth were described as having multiplied as a way of discipline on her.

<sup>59</sup> Exodus 20:17 women are portrayed as been property of their husbands, *lo thahmodh* shows ‘you shall not covet or desire’ what belong to the husband (Cassuto 1974:248). Childs (1977:427) said *hamad* is directed to the

According to Exodus 22:16-17, if a man sleeps with an unwed virgin, he must marry her. But if her father refuses to give her to the man, then the man must “pay money according to the dowry of virgins”. This issue of the inferiority of females is not limited to women; it is also applicable even to female animals! Female animals are not as good as male animals. It is male animals that are to be burned as prime offerings (Leviticus 1:3; 1:10), since when a king sins, and needs to make a sacrifice, he has to use a male goat, but when any other person sins, he has to use a female goat (Leviticus 4:23; 4:28)<sup>60</sup>. Still on the abuse of human females, little girls even from the day that they are born are inferior to little boys. All of Leviticus 12 is based on the purification of a woman after she has given birth. After a woman has given birth to a boy, she will be unclean for 7 days and must purify herself for 33 days. But if she gives birth to a girl, she is unclean for 14 days and needs 66 days for purification (Patrick, 2001:107).

Another disheartening passage is Leviticus 27:3-7<sup>61</sup>, where women are even worth less in terms of their monetary value. This is the case where the Lord said to Moses, “speak to the Israelites and say to them: ‘if anyone makes a special vow to dedicate persons to the Lord by giving equivalent values, set the value of a male between the ages of twenty and sixty at fifty

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desire which may lead to acquiring the coveted object. Mayer (2005:178) explained that to covet *hamad* is not only emotional desire but an intense one generated by passion not easily controlled. It can lead to coveting ‘what is another’s’. In Exodus 22:15-17 man is conceived as a superior creature in his wrong doing, Cassuto (1977:289) said he obliged to marry her or pay her father the bride price money for virgins (*according to the 56<sup>th</sup> middle Assyrian law*). Mayer (2005:194) said in a virgin *betula* premarital sex, a man is held responsible to take her at a bride price or he will be fined.

<sup>60</sup> In Leviticus 4:23, 28 the inferiority of women also affects the female animals, according to Leviticus 4:23 if a sin is committed an offering of male goat without blemish is needed, and in a situation of little sin he shall bring a female goat without blemish for offering (RSV). This indicates how simple and easy what she has done is perceived.

<sup>61</sup> Leviticus 27:3-7 in valuing humans with money, women were worth less compared to men. Milgrom (2004:237) said when male and female are valued monetarily the percentage of women’s worth at child bearing stage is at its lowest. Wenham (1979:338) noted that women generally fetch less than men in the market if they vow themselves to God.

shekels of silver, according to the sanctuary shekel; and if it is a female, set her value at thirty shekels.<sup>62</sup>

One of the most shocking and extreme examples of the dehumanizing<sup>63</sup> treatment of women in the Bible is that of Tamar in Genesis chapter 38. The story of Tamar is one of the numerous instances in which the worth or dignity of the female characters are threatened, violated or potentially violated. A variety of factors are responsible for creating the conditions for such a context of dehumanization as earlier discussed in this chapter. Tamar in this discussion is set as an example in a context of famine and death that threatens the women's livelihood and their basic rights to life giving sustenance.

In her paper Claassens (2011:1) argues that the first instance that severely impedes the human dignity of the female characters is the issue of death that creates a situation ripe for threatening or diminishing the worth of its female protagonists. In this regard, Tamar is not widowed once, but twice. In her story, the inexplicable tragedy of the male providers dying is attributed to God. (Gen. 39:7, 10). The death of these male providers has a marked effect on the worth of women in a society according to which women's honour intrinsically is linked to their male relations. Therefore the death of the male characters is very much responsible for the fact that Tamar find herself in a situation of barrenness. Contrary to many of the barren wife narratives in the Hebrew Bible, it is not her own body that fails, but death as well as an

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<sup>62</sup> Here is a table of value "as given by God":

\$ = Shekels of silver

Ages 1 month – 5 years: Male = \$5 while Female = \$3

Ages 5 years – 20 years: Male = \$20 while Female = \$10

Ages 20 years – 60 years: Male = \$50 while Female = \$30

Ages 60 and up: Male = \$15 while Female = \$10 (NIV Bible 1967)

<sup>63</sup> Dehumanization can be defined as a situation where the human ability to flourish is severely restricted and impaired. In such a situation people are not treated as equals or as subjects whose needs matter. For example, in politics, the economy and cultural factors: not being able to work, or vote or become a member of parliament or not to decide when and whom one want to marry constitute dehumanization. As Frits de Lange formulates it, it is a situation in which "humans are not treated as humans." (De Lange 2007:213-223)

unwilling partner that is responsible for Tamar's inability to conceive. In a society structured around women's ability to bear children, this situation of "forced" barrenness would have adversely affected her position in society, compelling her to resort to humiliating and degrading measures in order to survive in a situation of limited resources. The situation with VVF-HIV/AIDS women is not different, as they are experiencing "forced" barrenness due to their fistula. They are no longer attractive to men only to live in a rejected and traumatic condition for the rest of their lives<sup>64</sup>.

The second instance as regards to the story of Tamar, Claassens (2011:6) that points to a situation where the dignity of the female character is severely threatened, is the issue of famine that forms the backdrop of the Tamar's story. In biblical times, as also today, not to have access to food is extremely dehumanizing, leaving people, and quite often women without a male provider, to beg or to do degrading work in order to survive. Even though there is no overt reference to famine in Tamar's story, and the fact that Tamar after her husband's death is sent to live in her father's house may suggest that the repeated reference to her widow's garb (Gen. 38:14,19) is a grim reminder that there is no hope for love and security in her future. The death of her father would have placed the widowed Tamar in an equally vulnerable situation, causing her to resort to desperate measures of finding food.

Additionally, Jeansonne (1990:105) argued that one of the most acute instances of where the female characters' human dignity is violated or potentially violated, involves the description of Tamar coming close to being executed. When the community finds out that Tamar is pregnant, her father-in-law commands that she is to be brought out and burned – a harsh punishment that is reserved for the daughter of a priest who been guilty of prostitution.<sup>65</sup> This imminent threat to the life of Tamar brings to mind examples of many women who are killed by their communities for a variety of sexual infractions. The glaring situation of hypocrisy and injustice in which the accused is implicated as well is only averted at the last minute

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<sup>64</sup> The story of Mrs Theresa Dogo who lives in the Namuwa area of Abattoir, Jos is a typical example of some women who are no longer attracted to men and live in a traumatic condition News Gate International Bi-monthly Magazine (15 February, 2009).

<sup>65</sup> Jeansonne (1990) argues that "death by burning is specified for the act of prostitution by a priest's daughter (Lev. 21:9) and if a man takes a woman and her mother as wives all are to be punished in this way (Lev. 20: 14). But while adultery is punished by death, burning is not the usual sentence." Sharon further points out that "for Tamar to be either Er's widow or Shelah's future wife – Tamar has been denied on both accounts."

when Tamar pulls out the evidence that without doubt confirms Judah's involvement, hence saving herself from dying a brutal death.

Another instance of where the dignity of a female character is severely threatened is the issue of some degenerated husbands. The case of a woman taken in adultery and brought to Jesus to be put to death (John 8:3-6)<sup>66</sup> is relay dehumanizing. Williams (1955:162) argues that this woman, once comely, was the wife of an inferior citizen of Nazareth, a man who had been a troublemaker for Jesus throughout his youthful days. The man, having married this woman, did most shamefully force her to earn their living by making commerce of her body. That wasn't all. He had come up to the feast at Jerusalem so that his wife might thus prostitute her physical charms for financial gain. He had entered into a bargain with the hirelings of the Jewish rulers, thus to betray his own wife in her commercialized vice. The glaring situation of hypocrisy and injustice in which the accused woman is implicated was only averted when Jesus, looking over the crowd, saw her husband standing behind the others. Jesus knew what sort of man he was and perceived that he was party to the despicable transaction. Jesus first walked around until he was near the place where this degenerated husband stood. He then wrote a few words upon the sand and this caused him to depart in haste. Jesus then went back and stood before the woman and wrote again upon the ground for the benefit of her would-be accusers; and when they read His words, they, too, went away, one by one. And when the Master had written in the sand the third time, the woman's companion in evil took his departure, so that, when the Master raised himself up from this writing, he beheld the woman standing alone before him. This is how this woman was saved from dying a brutal death. This incident related in the gospels paints a clear picture of the discrimination/patriarchy of the society in which Christ lived and his response to it.

This case is similar to what happened to a woman in Nigeria in March 2002. The fact that Safiya Hussaini was convicted of adultery was reported in various newspapers and on the internet. Many activist organizations tried to save her but she was sentenced to be buried up to her neck in sand and to be stoned to death and the man that she allegedly had sex with was freed by the court for lack of evidence (Glen 2002: A14). Furthermore, this woman was a

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<sup>66</sup> In the NT John 8:3-6 a woman was caught in adultery as shame to her community. Sloyan (1973:97) stated that in the book of Moses male and female adulterers are to be killed. The guilty woman was condemned to death until Jesus came in vs.7.

Muslim and sentenced under Shari'a Law. The fact that this could happen in Nigerian society with most of the opposition against the planned execution coming from abroad and not from Nigerian (Christians!) themselves, is, however, a reflection on the status and patriarchal treatment of women in Nigeria. Even if in similar circumstances Christian women may not be executed, it does happen that they are ostracized from their communities while the man goes scot-free. (National Organization for Women 2002)

When considering the context of dehumanization of Tamar's story, Hildana in John 8:3-6 and Safiya from Nigeria, it is clear that tragedy and injustice and religion are inadvertently intertwined in creating the conditions responsible for violating the worth of the female characters. It is in this mix of tragedy and injustice that the female characters are thus left to respond.

### **3.3.1.4.2 The use of patriarchal biblical metaphors in prophetic books**

There are a good number of biblical passages in which female sexuality is depicted as rampant and depraved. The most striking passages among them are: Hosea 1:2-3:3, Jeremiah 2:20-25, Ezekiel 16:1-63 and 23:2-49. In the passage in Hosea, the prophet's adulterous wife (Gomer) is a metaphor of an unfaithful Israel (Dube and Kanyoro 2005:85). As a matter of fact, the woman is here depicted as pursuing lovers and conceiving her children in disgrace. She is rebuked, publicly stripped naked, deprived of drinking and enjoyment, bought like a slave and ordered to be faithful before any reconciliation with her husband is possible. Though Gomer functions as a metaphor, feminist biblical scholar Naomi Graetz (1995:135) asserts that "it is no longer possible to argue that a metaphor is less for being a metaphor". Halperin (1993:5) too notes that such metaphors have "effected the subjection and humiliation of the female half of our species". Graetz explains that in using female sexuality as a symbol for evil, a woman reader is forced to identify against herself and accept both blame and brutal punishment. Graetz further highlights how the imagery of Hosea 1-3 is not dissimilar to real-life domestic violence and stresses the threatening implications of this connection:

*Israel has to suffer in order to be entitled to [a] new betrothal. "She" has to be battered into submission in order to kiss and make up at the end ... The premise is that a woman has no other choice but to remain in such a marriage. True God is very generous to Israel ... But despite the potential*

*for a new model of a relationship between God and Israel, it is not a model of reciprocity. It is based on suffering and the assumption that Israel will submit to God's will. Hosea, however, rejoices in this transformation and in the "ordeal [which] has fit the woman for a new, enhanced relationship with God... The reader who is caught up in this joyous new betrothal and renewed covenant overlooks the fact that this joyous reconciliation between God and Israel follows the exact pattern that battered wives know so well. Israel is physically punished, abused and then seduced into remaining in the covenant by tender words and caresses (Graetz 1995:141).*

In Nigerian culture, like in many patriarchal cultures, a husband determines a married woman's identity. The latter is expected to take full control not only of the newly founded household, but also of his wife's body. Therefore, women have no choice other than to submit to the will of her husband even when she is suffering (Nicolson 2000:10-12). On many occasions women are easily humiliated by referring to how they are being portrayed even in the Bible. For example, in the passage in Jeremiah,<sup>67</sup> the image of a lascivious prostitute is followed by comparisons between her and a camel cow or donkey mare in heat. According to Brenner (1995:264), if listeners recognize the validity of this as a description of female sexual behaviour in general, this kind of metaphor will only have the desired effect of arousing disgust and shame in the audience. Brenner elaborates:

*Does this new development express fear of the female and misogyny? If we readers feel that the textual voice disapproves of women as wild and (un) natural animals; that the target audience is drawn into sharing this disapproval; that the pornographic fantasy feeds on the view that female sexuality is uncontrollable – then, yes, misogyny underscores this dehumanized, animalized depiction. This is not "just a metaphor" (Brenner, 1995:264).*

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<sup>67</sup> Jeremiah 2:23-24: "You are like a restless female camel desperately searching for a male. You are like a wild donkey, sniffing the wind at mating time, who can restrain her lust? Those who desire her don't need to search, for she goes running to them!"

In Ezekiel chapters 16 and 23, the issue is not only how sustained, pejorative and vulgar these women-metaphors are, but is also aimed at the figurative realm to address actual women.<sup>68</sup> Just like the image of Jerusalem as a defiled and shameful woman is intended to refer to all the citizens both men and women, it is easy to lose sight of this inclusiveness. As Katheryn (1992:115) points out how chapter 23:48, for instance – “thus I will put an end to lewdness in the land, so that *all women may take warning and not commit lewdness as you have done*” [emphasis added] – admonishes *women* but not men to refrain from illicit sexual behaviour.

Jerusalem is described as unclean (Ezekiel 16:4), neglected (Ezekiel 16:5) and as defiling herself in blood (Ezekiel 16:6). The word blood in 16:9 is in the plural and may refer to birth blood, or menstrual blood, or both: there is no mention of the birth blood being cleansed off. In line with the above passages, women are seen as unclean people due to their menstrual blood. Therefore it is not a surprising thing for the African women to be maltreated and their dignity undermined if the menstrual blood or birth blood is taken so seriously as a sin to be punished even in the Bible (Dube and Kanyoro 2005:88). In most of the ECWA congregations, taboos exist regarding birth blood and birth. Women have to remain at home for several days after they have given birth before they are allowed to participate in any of the church activities again, as they are considered to be unclean.

Hence, in much of the biblical literature women are depicted as traditional enemies and God’s tool for chastisement of the community, for example in Judges 3: 2-4, 10: 6-8.<sup>69</sup>

From the patriarchal biblical metaphors in prophetic literature discussed above, Gupta (2000:3) maintains that these feminized metaphors have an affinity with women’s conduct, in other words by claiming that women are actually prone to excessive sexual incontinence, it could be argued that they are culpable and, consequently, that violent punishment – including the ravages of VVF-HIV/AIDS – is justified. Another dangerous implication in the era of

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<sup>68</sup> Cf. Ezekiel 23: 48: “Thus will I cause lewdness to cease out of the land, which all women may be taught not to do after your lewdness.”

<sup>69</sup> “And the Israelites again did what was evil in the sight of the Lord, serve the Baals, the Ashtaroth [female deities], the gods of Syria, the gods of Sidon, the gods of Moab, the gods of the Ammonites, and the gods of the Philistines. They forsook the Lord and did not serve Him. And the anger of the Lord was kindled against Israel, and He sold them into the hands of the Philistines and the Ammonites. And they oppressed and crushed and broke the Israelites that year. For eighteen years they oppressed all the Israelites beyond the Jordan in the land of the Amorites, which is in Gilead. All because they served the deities of females.”

VVF-HIV/AIDS is the abusive and masculine depiction of God alongside the image of the brutalized woman. There is a documented correlation between male violence against women and women's vulnerability to VVF-HIV/AIDS. YHWH of Ezekiel in particular, is setting men a bad example, an example that if followed, can be deadly for women and their dignity undermined in an environment where VVF-HIV/AIDS is prevalent. The above discussed in this section are some of the specific *metaphors* that lead to the detriment of women's dignity but the next section will reflect on examples of *passages* and specifically passages often interpreted to the detriment of the dignity of women within a church context.

### **3.3.1.4.3 The use of Ephesians 5:22-24, 1Corinthians 7:5, 1Corinthians 11:7-11 and 1Corinthians14:34-35 in the church context for patriarchal control**

From the traditional African cultural point of view, a woman can be fully human only when she is married. According to Oduyoye (1995:62), it appears that society had a stereotype that a woman cannot live on her own, independent of marriage. Oduyoye affirms that “(s)ociety demands that she stays married, because a woman has no dignity outside marriage” (1995:62). Based on this perspective, a man is expected in a patriarchal culture to hand over dowry to the girl's family to obtain full control over his wife and her body. This kind of the husband-wife relationship is basically cemented in African Christian contexts by the received interpretations of biblical texts of Ephesians 5: 22-24 and 1 Corinthians 7: 5; 1 Corinthians 11: 7-9 (Phiri and Haddad 2003:118). The way in which these texts are read in this ecclesiastical context creates opportunities for men to see women as inferior. If women who are physically fit are viewed as subordinate to men, what will be the position of those who are suffering from VVF-HIV/AIDS? Ephesians 5: 22-24<sup>70</sup> reads thus:

*Wives, be subject to your husbands as you are to be the Lord for the husband is the head of the wife just as Christ is the head of the church, the body, of which he is the Savior. Just as the church is subject to Christ, so also wives ought to be, in everything, to their husbands.*

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<sup>70</sup>Ephesians 5:22-24, vs.22 indicates that wives are to be subject or obedient to their husbands in order to observe the reverence of Christ. Martins explained that it is in services of public worship that the women are confined to submissiveness (Martins 1989: 68).

In the circle of African Christian men, 1Corinthians 7:5 is another popular text that they use to undermine the dignity of women, especially in ECWA. For example, most of the ECWA pastors over stress the part of the ministers' handbook which reads thus:

*I take thee, to be my wedded husband, to have and to hold from this day forward, for better for worse; for richer, for poorer, in sickness and in health, to love and to cherish, till death do us part, according to God's holy ordinance; and thereto I plight thee my troth (ECWA 2002:100).*

Women have no right to reject them even if it is not safe to have sex. I Corinthians 7: 5 reads:

*Do not deprive one another except perhaps by agreement for a set time, to devote yourself to prayer, and then come together again, so that Satan may not tempt you because of your lack of self-control (NIV Bible).*

Scanzoni and Hardesty (1986:124) stress that in the church context, whether consciously or not, these texts mentioned above are used effectively for patriarchal control. They are interpreted with a bias for men against women. What is usually highlighted in the interpretation of Ephesians 5 is the subordinate position of women vis-à-vis the headship of men as though that was part of the original preoccupation of this text. However, such an emphasis on the God-ordained nature of men's headship in marriage, vis-à-vis the subordinate position of women, clearly reveals the power-consciousness that Christian men have. Scanzoni and Hardesty proclaim:

*The usual way of teaching Ephesians 5 suggests that it is the wife who must make the self-sacrifices (just the opposite of what the text says) and unwittingly encourages the husband to be selfish, egocentric, convinced of his right to have his own way, and filled with pride and a heady sense of power. That is why the usual interpretation is so harmful (Scanzoni and Hardesty, 1986:124).*

According to Phiri and Hadad (2003:119), the understanding that a wife must be subject to her husband in everything would thus also be understood to entail that she must always be willing to avail her body for her husband's sexual gratification. The fact that the headship of men is viewed as God-ordained assigns all authority and power to control to men. Female excuses in this regard are usually considered to be counterfeit.

According to 1Cor. 14:34-35<sup>71</sup> women are to remain silent in church, and if they have any questions, they are to ask their husbands at home after church. Women are not allowed to talk in the church; in fact the idea of them speaking in church is shameful. Many denominations including ECWA do not give room for women to preach in the church as it is part of the church order. It is even a taboo for women to stand in a pulpit and address men in the church (ECWA constitution 2002).

In summary, harmful interpretations of the Bible such as those outlined in the preceding paragraph can only pave the way for the unilateral control of women's bodies in the name of God's will for family life. With such an understanding of the unilateral control of women's bodies and sexuality, rich soil becomes cultivated for the entry and spread of VVF-HIV/AIDS and the realization of human dignity of women become difficult. The question that comes to mind is, "how is it that suffering bodies of used and abused women right from biblical times into our very own century in the midst of people that claim to be religious, in the midst of people who engage in religious discourse?" (Nadar 2002:113). Unless the ways in which the Bible is read are transformed, not only within the academy but also in our communities of faith, we will perpetuate the justification of the abuse of women (Haddad 2000:109).

Having discussed gender-related vulnerability and threat to the dignity of women in Northern Nigeria, we intend to discuss how the above patriarchal culture, economic, political and theological factors in the same way serve as stigmatizing factors to the sufferers of VVF-HIV/AIDS.

### **3.4 Stigmatization and the VVF-HIV/AIDS**

Our interest at this point is to touch on the issues of stigmatization in the context of VVF-HIV/AIDS due to the patriarchal culture, economic, political and theological factors that were used to threaten the dignity of women in Northern Nigeria. In order to avoid repetition and also due to intertwines of what has been discussed in the previous section; most of the issues

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<sup>71</sup> In 1 Cor. 14:34-35, the church was exhorted not to allow women to speak in the worship service in regards to tongues and prophesy during the assembly of believers, but they were allowed to ask their husbands for explanations at home (Hays 1997: 245). They should ask their husbands or fathers at home for it is not honourable for her to speak in the public.

raised there are also stigmatizing. The section will therefore discuss the concept of VVF-HIV/AIDS stigma and how the above factors are used in stigmatizing the young adults female who happen to live with VVF-HIV/AIDS.

### **3.4.1 Concept of VVF-HIV/AIDS stigma**

According to Bharat (1999:1), stigma in the context of VVF-HIV/AIDS may be interpreted from the point of view of the outside observer as follows, “psychological, interpersonal, sociological, economic and political effects on person who possess certain characteristics. Alternatively, the focus of attention may shift to those who identify themselves as not possessing the specified traits” or “stigma may be understood from an interaction’s perspective based on the language of relationships, stigma viewed as a product of, and inherent in a relationship between ‘normal’ and the ‘other’.” Stigma according to Weiss (2001:5-7) may be approached from a phenomenological perspective. Stigma incorporates an acknowledgement of cultural values; it is a depiction of life as an individual experience it within the social cultural milieu. However, in this context stigma is associated with the medical progression of opportunistic infections, moral transgressions of both homosexual and heterosexual relationships and afflictions transmitted through the notion of risky group as opposed to risky behaviour. In view of the above descriptions the affected group are stigmatized through the values and attitudes based on moral judgments rather than the medical aspect of the disease (Weiss, 2001:5-7).

Alanzo (1995:303) stresses that VVF-HIV/AIDS stigma has been described in varied ways starting from understanding it as a social construct existing in relation to a deviance. Stigma is a multi-dimensional concept, its essence based on the issue of deviance. In addition, stigma as experienced and as ‘passed stigma’, that refers to sanctions individually or collectively applied upon those with VVF-HIV/AIDS, whereas the felt stigma relates to feelings of shame and an oppressive fear of passed stigma. The social consequences of both experienced and passed stigma are suffered by the individuals in terms of their rights, freedom, self-identity and social interactions that often influence the decisions to seek for cure and to have access to prevention services (Alanzo, 1995:303).

### **3.4.2 Socio-cultural, political and religious consequences of VVF-HIV/AIDS stigma and discrimination**

According to Waaldijk (2003:2), the rapid assessment of VVF-HIV/AIDS in Nigeria by the National foundation on VVF revealed that the underlying stigma of VVF/HIV/AIDS are rooted

in socio-cultural values and practices that suppress women, especially in the northern part of Nigeria, and denies them access to societal resources and opportunities for self-actualization. Due to stigma attached to VVF-HIV/AIDS, women who are been affected are withdrawn from participation even in the decision at both the private and public spheres. The worst part of it is that, even the matters that relate to their health and well-being since it was believed culturally that those women suffering from such diseases are assumed to have violated certain social norms and taboos and are thus responsible for it (Waldijk, 2003:2).

At the political level, the commitment was very low and VVF was never in agenda issue at policy making. Since the onset of advocacy work by the National foundation on VVF, the level of political commitment at the federal level has waxed and waned. This group of young women living with VVF-HIV/AIDS has been completely discriminated against and stigmatized. They have no equal right or benefit with other women from the federal government. In addition, it is evident that women suffering from VVF-HIV/AIDS received lower levels of social support as compared to other women suffering from a different disease which is an indication of stigma being attached to VVF-HIV/AIDS (Waldijk, 2003:2, Murphy, 1981:139).

Additionally, during the national or international strategies to end VVF, the VVF survivors are usually forgotten due to stigmatization levelled against them. VVF survivors are those who had series of unsuccessful fistula surgery and could not go back to their communities due to the shame that the condition had put them through. Based on the report of fistula foundation, this group of women can still make a difference, especially in the area of community output if they receive attention by the government. Without being cured, women with VVF-HIV/AIDS commonly spend the remaining years of their lives in shame and isolation, literally waiting to die. They usually live in abject poverty, shunned or blamed by society and, unable to earn money, many fall deeper into poverty (Fistula Foundation, 2009:3-4).

Similarly, most of these young adults female living with VVF-HIV/AIDS suffer discrimination and denial of government health services, use of facilities and of opportunities. For example, they are often discriminated against and denied admission in hospital just because of their health status. Ironically, it is for unhealthy people that hospitals exist. In other instances, a person may be admitted but treated discriminately. For example, they may be denied appropriate food and nursing care with the excuse that they are dying anyway. This

is clearly unethical because as long as a person is alive, one should be accorded equal dignity and value as any other person (Fistula Foundation, 2009:3-4).

More often than not, culturally and religiously inclined marriages are associated with procreation. If a woman does not bear children, then she is judged by many to be worthless. This is common with VVF-HIV/AIDS patients as it denies them the right to seek comfort in each other and to derive other joys from a marital relationship besides sexual relations and pregnancy. As a matter of fact, most of such women are divorced and ostracised by the church. The church that acknowledges her influential and powerful position with potential for change, yet it has accidentally contributed to the increase of stigmatization. Young adult females who happen to live with VVF-HIV/AIDS are viewed as the worst sinners (Mwaura, 2008:127).

In addition, the relatives of such women may join in the alienation. She is viewed as a disgrace to the family without minding the cultural factors that lead her to that situation. In fact these women are the modern day lepers of ancient Jewish culture and the witches of traditional African society (Mwaura, 2008:133). This leaves such people lonely, hopeless and they may eventually die miserable deaths due to loss of dignity and value.

Mwaura (2008:136) revealed the words of the participants in the World Council of Churches, in their plan of action:

*Our tendencies to exclude others, our interpretation of the scriptures and our theology of sin have all combined to promote stigmatization, exclusion and suffering of people with HIV and AIDS [sic]. This has undermined the effectiveness of care, education and prevention efforts and inflicts additional suffering to those already affected by the HIV (World Council of Churches, 2001).*

With this confession, it is evident that the church has done a lot of harm by fuelling the stigmatization of VVF-HIV/AIDS which needs urgent attention for the purpose of the dignity which is due to them. Exclusion makes the stigmatized person feel unloved and unwanted thereby leading to feelings of self-hate and devaluation. Whether the person is to blame or not to, such feelings often lead to depression and bitterness and may complicate such persons' physiological, emotional and spiritual well-being (Mwaura, 2008:136).

In conclusion, based on the discussion of the stigmatization and VVF-HIV/AIDS, it is evident that with young adult females living with VVF-HIV/AIDS, their opportunities have

been jeopardized and thus have limited access to education, economic, spiritual, and social personal development which leads to breaking of their hearts, causing violations of their human rights and wreaking havoc upon their bodies and spirits.

### **3.5 Conclusion**

From the above discussion on African women and dignity, it is clear that human dignity is so threatened in contemporary culture and society that one might even speak of a crisis regarding human dignity. Since the end of the Second World War the language of human dignity and rights has become increasingly prominent within public discourse across the globe. It is cited in the founding documents of the United Nations and in the constitutions of many countries of diverse political composition. Yet the pervasiveness of the discourse of dignity in modern Western life masks the extent to which the meaning and substance of the term has become vague and contested (Kendall and Woodhead (2008:1-2).

Most of the cultural practices and traditional beliefs of some ethnic groups in Northern Nigeria do not promote the dignity of women but rather tend to cripple their talents. The belief in male dominance and female subordination is one of the cultural practices that need to be addressed. Africa is a deeply patriarchal society with men dominating in socio-economic and political machinery and organizations. Men are regarded as natural leaders who are superior and are born to rule women. Male elders of the lineage or clan decide how the group's wealth is disposed of without the woman playing any role. Even in making decisions that directly affect the woman, she is sometimes not consulted but only informed about the decision taken. She has no right to indicate whether she disagrees with the decision or not. In some communities in Northern Nigeria, the consent of girls is not sought before their fathers give them in marriage to a man. Girls as young as seven are given out to men old enough to be their fathers and in some cases grandfathers. Moreover, with the payment of dowry, the girl is bought and automatically becomes the property of the man, who uses, mistreats, and dumps her when he deems fit. How can girls who find themselves in such a situation be helped to recognize her own worth and dignity? What is perhaps most striking and surprising is the fact that male, as opposed to female, activities are always recognized as predominantly important, and cultural systems give authority and value to the roles and activities of men. Patriarchy does not allow women to take up roles which are considered as reserved for men.

Many young adult females living with VVF-HIV/AIDS in Northern Nigeria are being undermined due to their detracted condition. In the perspective of Christian anthropology which will be discussed in chapter 4, every human person has his or her own dignity; as a person. Of significance here is that whatever the dignity that accrues to human beings as a result of this imprint is something that only God confers on humankind and that, because we are creatures of God, it is conferred on us all regardless of our health condition (Niebuhr 2010:42). Furthermore, women have no less dignity than men. However, all too often women are considered as objects because of male selfishness, which has appeared in so many contexts in the past and is still being seen today. Whenever human beings are violated, exploited or abused, the integrity of creation is violated. It is clear that women and men share a common humanity and yet women's lives and experiences differ in many respects from those of men. One of these differences is found in the various forms of brokenness and violence women suffer primarily because they are women (Asogwa 1992: 339-344).

In today's situation especially in Africa, many cultural and social reasons for this human dignity intervene and should be objectively considered by the church. It is nonetheless not difficult to discover the influence of a tendency to domination and arrogance, which has found and is finding its victims especially in young adult females. Mwaura (2008: xv) argues that the use of culture and religion to support the stigmatization of those infected by VVF-HIV/AIDS often compounds the denial of human dignity that women often suffer because of their gender. However, human dignity becomes a social construct that is constituted in interpersonal relationships. It is no longer acknowledged and recognized as something that is already there by virtue of the fact that every human life in every stage of its development is created in the image of God, but instead human dignity becomes something actively constituted in social relationships between humans. If it is constituted in this way, however, it can also be denied and destroyed in this way. Conferring or denying human dignity becomes an act of creative human freedom. In light of Berkouwer's emphasis on the eschatological dimension of human dignity ... it needs to be asked what is needed for young women suffering the stigmatization accompanying VVF-HIV/AIDS to reach their full potential, to become the human beings they could become, and what the role of the church is in this (Berkouwer and Soulen and Linda 2008:249).

In light of the view expressed by Ujomu (2001:247), it is clear that the inability of the Nigerian society to define the principles and conditions for the establishment and sustenance of social order and human dignity has generated the problem of national security which is

mostly affecting the women and their dignity. If one tests the realities people find themselves in in Nigeria, particularly with regard to VVF-HIV/AIDS, it clearly does not amount to acknowledging and respecting the dignity of women suffering from this condition.

There are a lot of young adult women who are so disabled by VVF-HIV/AIDS that they cannot function. Does the idea of dignity apply to them? Yes, they remain human beings in the most important respect. If they cannot actively exercise many or any of their rights they nevertheless retain a right to life, whatever their incapacities (short of the most extreme failures of functioning). They must be treated as human beings, not as subhuman or as animals or lumps of matter (George 2011:19). In light of the idea of alien dignity, it implies that all people are equal, despite the diversity of roles, social status, race, colour, class or sex, especially people who are sick, suffering of whatever physical illness, such as VVF-HIV/AIDS. Clearly, however, the idea this study explores puts functioning human beings at the centre.

In this chapter the general status of women in Nigeria, the special plight of women suffering from VVF-HIV/AIDS and the way it is intensified by political, cultural, economic factors, have been discussed. These factors have serious implications for Christian churches coupled with the issue of stigmatization, for the way they care for these women, how they react to these women and how they act on behalf of these women.

Given the negligible position of women, particularly those suffering from stigmatization and VVF-HIV/AIDS, we are left with no option other than to build on what has been said here with regard to the human dignity of women, placing it within a pastoral theological perspective.

## CHAPTER 4

### TOWARDS VVF-HIV/AIDS DE-STIGMATIZATION: A PASTORAL THEOLOGICAL PERSPECTIVE

#### 4.1 Introduction

Our discourse has centred on human dignity with reference to Northern Nigerian women and a context of stigmatization due to VVF-HIV/AIDS. It is evident that the human dignity of women in particular is threatened in many contemporary cultures and societies. A number of the cultural practices and traditional beliefs of some ethnic groups in Northern Nigeria do not promote the dignity of women as fully discussed in chapter 3 of this study. However; in order to present a pastoral theological perspective that lays the basis for the de-stigmatization of VVF-HIV/AIDS victims in Northern Nigeria especially young adult females, several themes will be discussed. I will firstly begin to describe the task of theology in relation to how the gospel might reform and transform human life in concrete ways so that life will be more meaningful in preparation for the life after because it forms an important basis for a pastoral perspective. Secondly, human dignity (of women) as an image of God which is also part of the task of theology will be discussed in order to give us the understanding of equality between men and women. Thirdly, the human being as an image of God will also be discussed, considering the teaching and the life of Christ in whom the true human being is fully realized. This also forms an important basis for a pastoral perspective because issues like unselfishness, no stigmatization and subjectivity will be discussed. Fourthly, the definition and description of the church together with the New Testament images of the church in relation to how the Body of Christ which indicates the group of Christians in the world constitutes the physical representation of Christ on earth, will be discussed. Fifthly, intercultural/contextual hermeneutical engagement of pastoral care forms an important basis for pastoral perspective as it will help one to understand the stories people tell and to appreciate the reality in which they live. Lastly, the role of the church in stigmatization and de-stigmatization will be discussed, as well as the way in which the church will meaningfully engage in her responsibility of de-stigmatization among young adult females suffering from VVF-HIV/AIDS. This is with a view of providing a foundational link to one of the overall goals and to also address the second question of this study, which calls for an exploration of the role of the church (ECWA) in caring for young adult females living with VVF-HIV/AIDS

in Northern Nigeria. This focus of the discussion on VVF-HIV/AIDS de-stigmatization uses Osmer's normative task to interpret the situation of these young adult females living with VVF-HIV/AIDS. The interpretation is done in the light of the above concepts and thus helps the ECWA pastors to encourage the church to identify itself with the victims of VVF-HIV/AIDS in Northern Nigeria. The viable ways in which the dignity of these women can be protected and enhanced from theological perspectives on human dignity in relation to women and human beings as an image of God is also of concern to us. Normatively, according to Osmer (2008:4), it is a way of using the theological concepts to interpret particular episodes, situations, or contexts, constructing ethical norms to guide our responses, and learning from "good practices".

It is evident that raising the awareness of the stigmatization and the need for de-stigmatization of VVF-HIV/AIDS among young adult females in Northern Nigeria cannot be over emphasised<sup>72</sup>. Theology therefore has a vital role to play on the issue of exclusion/stigmatization of those who happen to live with VVF-HIV/AIDS. Thus a critical look at the task of theology may provide some vital insights regarding the issue of stigmatization.

#### **4.2 The task of theology**

According to the most influential Protestant theologian of the previous century, Karl Barth; theology is a discipline of the church in which the church continuously tests itself and its proclamation by its own norm, which is Jesus Christ as attested to in Scripture. Christian faith calls people to freedom and responsibility in every sphere of life. Thus an indispensable task of theology is to ask how the gospel might reform and transform human life in concrete ways in our own time and in our own situation so that life will be more meaningful in preparation for the life after (Karl Barth, 1964:120).

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<sup>72</sup> Young adult females in northern part of Nigeria affected by VVF-HIV/AIDS have to suffer the consequences of social humiliation, shame and embarrassment because the church leaders identified the virus as God's punishment for sexual promiscuity and abandon the role of destigmatization (Robin Gill, 2006:140). Migliore observe that, practical theology is concerned with the specific tasks of ministry such as preaching, educating, pastoral counselling, caring for the poor, and visiting the sick, the dying, and the bereaved (Migliore, 1991:9).

In the light of Karl Barth's definition of theology, Christian's (ECWA) responsibility is to seek how the gospel might transform human life which has been affected due to cultural practices that do not conform to Christian faith. This is especially relevant in the case of young adult female living with VVF-HIV/AIDS to ensure a more meaningful life for them in the future. In this context, the task of theology is to translate Christian faith into terms that are intelligible to the wider culture. Similarly, Daniel Migliore (1991:1) argued that the task of theology is to reflect on the praxis of Christian faith within an oppressed community. He added that theology is a disciplined yet bold reflection on Christian faith and in the God of the gospel. A new way of reading and interpreting Scripture results when praxis is taken as the point of departure for critical theological reflection. Theology is real charity<sup>73</sup>, action and commitment to the service of men by promoting justice rather than serving as an ideology that justifies a given social or ecclesial order<sup>74</sup>. The community of faith may drift aimlessly, or be captured by spirits alien to its own when the task of theology is neglected or distracted (Migliore, 1991:18). It is of this reason that the task of theology is also to create genuine conversation between human culture and revelation.

Dermot Lane (1993:11) argued that, "the question about the relationship between faith and culture is in one sense as old as Christianity itself. It arose in a particularly acute form in the first century when the early church was faced with difficult questions about the admission of Gentiles into the Christian community.... It continued to exercise the early church towards

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<sup>73</sup> Gutierrez emphasizes that "charity exists only in concrete actions (feeding the hungry, giving drink to the thirsty, etc.), it occurs of necessity in the fabric of relationships among persons". No wonder, Gutierrez defines faith as developed in praxis. In that case charity thereby becomes inseparable from, though not identical to, faith as central to Christian life:

*Charity has been fruitfully rediscovered as the centre of the Christian life. This has led to a more Biblical view of the faith as an act of trust, a going out of one's self, a commitment to God and neighbour, a relationship with others. It is in this sense that Apostle Paul tells us in James 2:14-16<sup>73</sup>, that faith works through charity: love is the nourishment and the fullness of faith, the gift of one's self to the other, and invariably to others. This is the foundation of the praxis of Christians, of their active presence to God, who saves through love (Gutierrez, 1971:6).*

<sup>74</sup> See Naudé, P.J. & W.D. Jonker (1988: 236-245)

the end of the second century as the church made her pilgrim way from a largely Jewish matrix into a Hellenistic culture". He stresses that the relationship between faith and culture is not only a demand of culture but also of faith, because faith that does not become culture is not fully accepted, not entirely thought out, not faithfully lived". It is like a tree that cannot bear fruit unless it takes root in the soil where it has been planted, so too faith needs to be implanted and contextualized in the culture where it takes root so that it bring forth fruit (Dermot Lane, 1993:11).

According to Niebuhr (1951:119) Jesus is the son of God, the father Almighty who created heaven and earth. With that formulation it launches into the conversation about Christ and cultures the beginning of nature on which all culture is founded, and which is good and rightly ordered by the one to whom Jesus Christ is obedient and with whom he is inseparably united. Where this persuasion rules, Christ and the world cannot be simply opposed to each other. In addition, Niebuhr's (1951:122) concept on the question of Christ and culture emphasize both the fact that Christ thaws us beyond this world so that, in the biblical sense, He hates the world (and requires us to do likewise), and the fact that He loves us and enjoins us to love others here and now in the world. According to this view what is needed is not blank affirmation or rejection of culture for Christ but a synthesis of Christ and culture. It is pointed out that culture cannot be all bad because it is founded on the nature created good by God, and that although nature and culture are fallen; they are still subject to God. The view emphasizes that good works are carried out in culture, yet are only made possible by grace, so that the kingdom of grace impinges on the kingdom of the world from above. Only through grace can we love our neighbour, yet only in culture can we act on that love. The greatest exponent of this view us that, the church must be viewed as simultaneously in and beyond the world, leading people to salvation in heaven yet encouraging all that is best in this world's culture.

Niebuhr (1951:233) looked at the Christ above culture where Christ is Lord of both this world's culture and heaven. These two realities cannot be entirely separated. Here, people are obligated in the nature of his [man's] being to be obedient to God, which includes God in Christ and Christ in God. In this view human culture and God's grace are mysteriously linked together.

In the light of the above view of relationship between culture and faith, based on the focus of this study it is imperative that in the northern part of Nigeria culture should be integrated with

Christian faith so as to bring total transformation in such a way that the dignity of women will be recognized. Indeed, while cultures are necessary as vehicle or a medium to express God's revelation that is at the core of faith, revelation always transcends culture. Looking at the analogy of the incarnation, even though Jesus was born into the Jewish culture of His time, as the Word of God He surely transcends that culture. Jesus was of Jewish descent but He embraces the whole of humankind. So too must it be with faith.

Theological reflection would then necessarily be a criticism of society and the church in so far as they are called and addressed by the Word of God; it would be a critical theory, worked out in the light of the Word, accepted in faith and inspired by a practical purpose.

From the foregoing discussion, it is evident that the task of theology<sup>75</sup> should be that which will encourage the Christian community (ECWA) to translate the Christian faith into terms that are intelligible to the wider culture such as that of northern part of Nigeria and also to reflect on the praxis of Christian faith within an oppressed community. Oppression in any form infringes on the dignity of people and in this context, on the dignity of women in Northern Nigeria. Hence, the truth of how the Christian community should go about human dignity especially that of women is essential.

Our discussion will then turn to a theological perspective on human dignity and the need for respecting human dignity also in cases of women living with VVF-HIV/AIDS.

#### **4.3 Human dignity (of women) as an image of God (*imago Dei*)**

The image of God was discussed in chapter 3 of this study and the same image will be taken to discuss gender equality in this chapter because this has implications for human dignity. In the same vein, it has implication for our goal of de-stigmatization of young adult females living with VVF-HIV/AIDS. Similarly, it is evident also that sexual discrimination exists, and the suppression of women is also a reality. It even appears in the Bible, for example in 1 Corinthians 11:2-6 where the woman's veil or covering for her head is symbolic of her subordination. However, in Christ (Gal 3:28) the problems of Christian women have once and for all been turned into relative, temporary and inferior problems. What really matters as a human being in Christ is to belong to God without any provisions or limitations (Borresen,

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<sup>75</sup> The task of theology in this perspective emphasizes that theology is not mere repetition of traditional doctrines but a persistent search for the truth to which they point and which they only partially and brokenly express (Migliore, 1991:1).

1995:51). Sexual discrimination and suppression of women may exist<sup>76</sup>; even among Christian women they may represent avoidable and socially destructive experiences. But on the basis of Gal 3:28 which is one of the Epistles of Paul to the church at Galatians where he addressed them and every justified believer as a son in the family of God: “there is neither Jew nor Greek, slave nor free, male nor female, for you all are one in Christ Jesus” (Gal. 3:28) (Clifton and John, 2007:198). The critical questions have been asserted in such a way that neither practical circumstances nor social consequences can lay claim to a theology, not to speak of a Christological, relevance or interest in the interpretation of Paul. Gal 3: 28 has been used as an undisputed measure of the importance of Paul’s argumentation in 1Cor 11:3-9, and the apologetical interest has been given free rein in the attempt to neutralize the unambiguous words about women’s inferior rank and secondary role in the order of creation as well as of salvation (Dautzenberg, 1983:209-224)<sup>77</sup>.

In comparison with Clement of Alexandria’s inclusion of gender free women in creational Godlikeness, Augustine was the *first* church father to directly affront 1Cor 11:7 by stating that women *too* are created in God’ image. In contrast to Didymus of Alexandria, he does not apply the higher and lower parts of interior humanity, *homo interior*, to the male-female distinction, *masculus et femina*, in Gen 1:27b, but to the couple man/woman, *vir/mulier*, in 1 Cor. 11:7 (Borresen 1992:3-13 cf. Borresen, 1995:199). In Col 3:11 and Gal 3:28, Augustine succeeds to backdate women’s salvation God-likeness to the order of creation, since also *femina* is a theomorphic human being, *homo*, in her rational, God-like soul. In the original creation of humankind, in as much as woman was a human being, she also had a rational mind according to which even she was made to the image of God (Bruning, Lamberigts and Van Houtem, 1990:411-428).

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<sup>76</sup> Also see chapter 3 of this study (3:2).

<sup>77</sup> Apologetic efforts often unite in the attempt to find in Gal 3:28 the absolute verification of equality, thus to be able to insist upon a similarity between this verse and 1Cor 11:11-12 expressive of what is genuinely and principally Pauline. Examples are numerous, but representative among them are Schottroff 1985:104f, and Scroggs 1972:298-303. Jewtt 1979b:64-77, cements his idea of Paul’s sexual liberalism by means of the radical re-organization of the Corinthian correspondence. An extreme course is taken by Walker by his viewing the entire section, 1Cor 11:2-16, as a post-Pauline interpolation. On the relationship between Gal 3:28 and 1Cor 11:11-12, see also Lone Fatum (1976) for an earlier and more cautious view.

However, Feminist theologians like Oduyoye (1995:78) and Mwaura (2000:87) noted that, on the basis of traditional views on male domination and female submission, women were thereby subtly excluded from being seen as made in the image of God so also by various theories on what *imago Dei* means (Mwaura, 2000:87). The *imago Dei* has often been associated with rationality. For example, given the dualism inherent in much Western thought, which associates women with the body rather than reason, women were excluded from being *imago Dei* (Ruether, 1993:93). It was during the twentieth century that a more relational view of the *imago Dei* became prominent. In this view, human beings resemble the Trinitarian God in their ability to enter into relationship. Despite the similarities between this view and the emphasis on relationality often encountered in feminist theologies. This approach has frequently been used to argue for a “subordinate but equal” role for women. The argument is based on an interpretation of intra-Trinitarian relationships that simultaneously emphasize the equality of the Father and the Son, and the latter’s obedience and subservience to the Father (Hilkert, 1995:199).

Calvin in one of his 49 sermons on Genesis delivered in Geneva between 4 September 1559 and 23 January 1560 reflected that no distinction is made between male and female concerning the image of God (McGregor, 2009:231-238). He (Calvin) argued that the view of dominion as the image of God is applicable only in the realm of human governing, and that Paul refers to this in 1Cor 11. In the same vein he emphasized that this is a very small part of the image of God. Dominion is given to humankind [*homo*] in Gen 1:26 with no comment about gender distinction (Dietrich 1959:33-38 cf. Borresen, 1995:258). In Calvin’s words:

*God had created Eve in his image. He had imprinted in her as in Adam reason and intelligence, such that it was like the sun in the sky, allowing nothing to outshine it (McGregor, 2009:238).*

It is certain that even though sin distorted the intended relationship of mutuality between the sexes and created a wrongful domination of men over women, the redemption in Christ is said to overcome this sinful domination of men over women and restored women to full dignity. Christ in his ministry displayed full acceptance of women’s humanity, contrary to his culture. Women are also said to have been included in the prophetic gifts poured out at Pentecost in Jerusalem and in the general priesthood of the church by which the whole church expresses the redemptive ministry of loving service of people to one another (Emil, 1952:55-68).

On the issue of resurrection, Augustine (in Van Bavel, 1994) cites Matt. 22:30: “For in the resurrection they will neither be married nor take wives, but they are like angels in heaven.” He firmly rejects any one sided interpretation of such sexless bliss in terms of all-male perfection. Augustine stresses that in the resurrection marriage, not women, will be eliminated: “So the Lord said that there shall be no marriage in the resurrection, not that there shall be no woman” (Van Bavel, 1994:137-152).

From the above view of the image of God, it is evident that according to the Bible both men and women are made in the image of God and that woman is by no means inferior to man. It is also clear that through the redemptive work of Jesus Christ, the dignity of women was fully restored from the wrongful domination by men as stated in Gal 3:28 (Clifton and John, 2007:198). Therefore restoring respect for the image of God in women is an obligation that the church cannot ignore. The standard of what it means to be human is not the male, but God. The discussion will therefore turn to what it means to be a human being as an image of God in respect of de-stigmatization.

#### **4.4 The human being as an image of God**

In seeking the answer to the question on the human image of God, one has to also consider the teachings and the life of Jesus Christ in whom the true humanity is being fully realized. Unselfishness is characteristic of the good that is demanded of us by the face of the human order, not stigmatization and subjectivity. In the letter to the Philippians we find the following hymn:

*Let the same mind be in you that was in Christ Jesus, who though He was in the form of God, did not count equality with God as something to be exploited, but emptied himself, taking the form of a servant, being born in human likeness. And being found in human form he humbled himself and became obedient to the point of death, even death on a cross. Therefore God also highly exalted him and gave him the name that is above every name, so that at the name of Jesus every knee should bend in heaven and on earth and under the earth, and every tongue should confess that Jesus Christ is Lord, to the glory of God the Father (Phil. 2:5-11)<sup>78</sup>.*

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<sup>78</sup> See Caird (1994:189)

From the above hymn, it implies that the servant who gave his life (Matt. 20:28) is the human image of God (Phil. 2:7). The servant is at the same time and for the same reason the true human being and the image of God. This reasoning also shed light on the assertion of Genesis: God created human in the image of God, male and female (Gen. 1:27). The demand to be the face of the human order in the situation of VVF-HIV/AIDS is paramount. The rule to love your neighbour as yourself in Mark 12:31 does not deny the ethical priority of the human order, but indicates how to discover the practical content of the good that love has to perform (Burggraeve 2000:212-218; cf. Heyde, 2000: 174-188). Indeed, it gives birth to the true self of the human being. The culture of the self can therefore increase the quality of the service that the responsible neighbour renders to the human order. However, being human means living with others regardless of their situation. Only then does solidarity also become visible and concrete in many other social relationships - between man and woman, in the family, in societies, nations, and states, in the complex economic and political orders (Smit, 2007:146-147).

According to Calvin,<sup>79</sup> it is possible that all forms of social relationship bonds can be easily torn apart – and that is why the church’s witness to the new reality of being human in Jesus Christ is so crucial for the whole fabric of public life together, in all its forms. Communion in Jesus Christ abolishes or surmounts all sociological divisions which separate human beings and destroy the harmonious life of society. In Christ there is no longer man and woman. By giving them back their humanness, Christ makes it possible that man and woman find themselves again face to face. Only the daily intervention of Christ can restore that which by nature is divided. Christ eliminates man’s tendencies to consider woman as inferior. The same happens – for example – with work relations. In Christ there is no longer slave or free. Authentic Christians rise above their natural environment and meet their brethren without any kind of discrimination.

Following this truth about God’s humanity, Barth (1960:50) says:

*On the basis of the eternal will of God we have to think of every human being, even the old, sick, most villainous or miserable people as one to whom Jesus Christ is Brother and God is Father; and we have to deal with them on this assumption. On the basis of the knowledge of the humanity of*

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<sup>79</sup> For more information on social humanism, see Calvin’s work on humanism as translated by PT Fuhrman (Richmond: John Knox, 1964)

*God no other attitude to any other kind of fellow human being is possible. It is identical with the practical acknowledgement of their human rights and their human dignity. To deny it to them would be for us to renounce having Jesus Christ as Brother and God as Father.*

It is evident that the symbol “image of God” describes human life in relationship with God and with the other creatures. To be human is to live freely and gladly in relationships of mutual respect and love. The image of God is not like an image permanently stamped on a coin. It is more like an image reflected in a mirror. In other words, human beings are created for life in relationships that mirror or correspond to God’s own life in relationship. Just as the Christ lived in total solidarity with sinners and the poor, and just as the eternal life of God is so human beings in their coexistence with others are intended to be a creaturely reflection of the living God (Migliore 1991:122; cf. Hodgson 1976).

According to biblical witness (1John 4:19)<sup>80</sup>, in light of this, it also means that when we acknowledge our solidarity also with our sisters who are living with VVF-HIV/AIDS, because this is the way we were created to live – not in self-important isolation from others but in deep and often costly solidarity with others (Fiorenza 1983:212). On the basic form of humanity as fellow humanity, we see Barth positing a common form of humanity as a creaturely and historical construct, based on the solidarity of the humanity of Jesus with the humanity of Adam. In Jesus Christ, God himself has become the “neighbour” to Adam through his own humanity. Therefore, the real humanity then is humanity as a determination of human being by God himself; it is humanity in the form of a being of one with the other, and it is humanity as the covenant partner with God and the other (Barth, 1983:243-44)<sup>81</sup>. In addition, Barth says:

*But that is the mystery in which we actually meet him in the existence of Jesus Christ; in his freedom he actually does not desire to be without humanity, but with us, and in the same freedom to be not against us but, regardless of and contrary to our desert, to be for us – he desires in fact to*

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<sup>80</sup> “We love because He first love us”

<sup>81</sup> For a discussion of Barth’s view of ethics with respect to the “other person” and the shift of his focus from a negative to a positive view of the “other” person as ethical responsibility, see Steven G. Smith, *The argument to the Other: Reason Beyond Reason in the Thought of Karl Barth and Emmanuel Levinas* (1983:44-46,158)

*be humanity's partner and our omnipotent pitying Saviour (Barth, 1989:56).*

From a philosophical perspective of what is to be human, Levinas (1961) in Ziebertz, Schweitzer, Haring and Browning (2001:41-42) argued thus:

*I am instructed by the face of the other on what it is to be human. It is through the face of the human other that the idea of God occurs to me: the good, that which is different from being, unselfish or, as Plato expressed it, beyond the essence. If I accept my responsibility to the human other, the idea of the good does not remain an idea, but becomes the soul of my life. By taking responsibility for the human other I begin to become truly human and I am bearing testimony to God in the world of humankind (Haring and Browning, 2001:41-42).*

The above perspective of being human is rooted in the Sermon on the Mount as set out by Jesus Christ in Matt 5:38-48; Luke 10:25-37 (Luke Timothy, 1991:43). Jesus set out what it means to be a neighbour of any human being and he practiced this to the extreme, even to death. In the same vein, the above perspective has great implication for the church in regard to the issue of de-stigmatization where one will look at the VVF-HIV/AIDS victims and see the face of God which makes us true neighbours.

Having discussed what it takes to be human or a human being as an image of God, the question to be further discussed concerns the implication of the concept of the *imago Dei* for our understanding of the church, especially in the light of the biblical reference to the church as the "body of Christ" and the "family/community of God". Meanwhile it will be proper to explain and describe what the role and the function of the church is. What the church is or should be will give meaningful insight as to what the *imago Dei* is which we are called to reflect, as the study seeks to lay foundations for the de-stigmatization of young adult females living with VVF-HIV/AIDS. The discussion will therefore shed more light on what the role of the church is in the lives of the victims.

#### **4.5 Definition and description of church (*ekklesia*)**

The universal church derives its definition from the baptizing ministry of the Holy Spirit. The key verse on this is 1 Cor. 12:13, "by one Spirit we are all baptized into one body" (Dennis,

2009:823). We see from this passage that the church is like the physical manifestation of Christ, i.e., his body. Other passages which use the same imagery are Rom. 12:4-5; 1 Cor. 12:12, 18, 27.<sup>82</sup> The point in these passages is that anyone who has experienced this baptism is automatically a member of the body of Christ.

The word translated as "church" in the English Bible, *ekklesia*, the Greek word *kaleo* (to call), with the prefix *ek* (out). Thus, the word means "the called out ones." However, the English word "church" does not come from *ekklesia* but from the word *kuriakon*, which means "dedicated to the Lord"(Dennis, 2009:823-86). This word was commonly used to refer to a holy place or temple. By the time of Jerome's translation of the New Testament from Greek to Latin, it was customary to use a derivative of *kuriakon* to translate *ekklesia*. Therefore, the word church is a poor translation of the word *ekklesia* since it implies a sacred building, or temple. A more accurate translation would be "assembly" because the term *ekklesia* was used to refer to a group of people who had been called out to a meeting. It was also used as a synonym for the word synagogue, which also means to "come together," i.e. a gathering. Since believers have been united with Christ through spiritual baptism; they are sometimes corporately referred to as the body of Christ. (Rom. 12:4-5; 1 Cor. 12:11, 13, 18, 27; Col. 1: 18; Eph. 5:30) (Clifton and John, 2007:201-203). The idea behind this is that the group of Christians in the world constitutes the physical representation of Christ on earth. At the same time, it is also a metaphor that demonstrates the interdependence of members in the church, as well as their diversity. (Rom. 12:4; 1 Cor. 12:14-17)<sup>83</sup>.

Bosch (1982:192) stresses that the church is often thought to be a human institution, a social pact to make possible the interests and mission of likeminded people. Indeed, the Bible presents it as principally a corollary of the character and purposes of the Trinitarian God (Bosch, 1982:192). Its origin lies in God's desire to have a people of his own (Deut. 7:6)

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<sup>82</sup> See Rom. 12: 4-5 "Just as our bodies have many parts and each part has a special function, so it is with Christ's body. We are many parts of one body, and we all belong to each other." 1Cor. 12:12, 18, 27 "The human body has many parts, but the many parts make up one whole body. So it is with the body of Christ. But our bodies have many parts, and God has put each part just where he wants it. All of you together are Christ's body, and each of you is a part of it."

<sup>83</sup> See also Kilian (1988:674) "Communion Ecclesiology and Baptism in the Spirit: Tertullian and the Early Church" *Theological studies* 49

(Patrick, 2001:76). It is a community of those who acknowledge Jesus Christ as Lord (I Cor. 12:3). It is a fellowship where the Holy Spirit lives (1 Cor. 3:16), directing and energizing its community life (Desmond et al. 2000:407). As such the church is both a hidden community and a visible fellowship. It is hidden since faith is “the conviction of the things not seen” (Heb 11:1) and visible because of the preaching of the gospel and the administration of the sacraments (Veli-Matti, 2002:40).

The description of the church cannot be complete without mentioning the eschatology - the church is God’s eschatological new creation. According to the message of Jesus Christ, the gathering of the people of God is grounded in the coming of the kingdom of God in his person (Lohfink, 1986:49-9). The future of the church in God’s new creation is the mutual personal indwelling of the triune God and of his glorified people, as becomes clear from the description of the new Jerusalem in the Apocalypse of John (Rev.21: 1-22:5) (Gundry, 1982:254-264).

The entire city, which in the Apocalypse refers to the people rather than to the place in which the people live, is portrayed as the *supradimensional* holy of holies (see 1kgs.6:20) filled with the splendour of the presence of God and the Lamb. However, God and the Lamb are portrayed as the temple in which the holies of holies, the people, are found (see Rev. 21:22). “The saints will dwell in God and the Lamb just as God and the Lamb will dwell in them” (Gundry, 1987:254-264).<sup>84</sup>

A church understanding its task in the above discussed direction lives what she is: the group of Christians in the world that constitutes the physical representation of Christ on earth, a fellowship where the Holy Spirit lives and a community of those who acknowledge Jesus Christ as Lord.

Having discussed the definition and the description of the church, it is imperative to reflect on some of the New Testament images (metaphors) for a better understanding of the role and the function of the church especially for the purpose of this study.

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<sup>84</sup> See Moltmann (1993), church in the power of the spirit, Eschatological perspective on ecclesiology.

#### 4.6 New Testament images of the church

Minear's (1960:64-66) opinion is that, there are many images of the church which are explained in their biblical context. The major ones are grouped into four sets: the church as the people of God, as the fellowship in faith, as the family/community of God and the body of Christ. Out of these four major images of the church, the main focus will be on the family/community of God as it has implication for praxis and the body of Christ as it has implication for human dignity and also for praxis. In addition, the family image is fitting and appropriate for Africa because there is a correlation between the African understanding of family and the church as family of God. Consequently, the family image has a very enriching theocentric, Trinitarian, Christological, sacramental, ecclesio-genetic, Pastoral and communitarian implications to the life and mission of the church in Africa. He further added that among the biblical images of the church enumerated in the Dogmatic constitution on the church, that of the church as the House of God (cf. 1Tim 3:15), the Household of God in the spirit (cf. Eph 2:19-22) is particularly relevant for Africa. There is a strong emphasis on the notion of the church as the family of God among human beings. The other images of the church such as people of God, church as priesthood of the faithful will be briefly discussed here since they do not have direct link to the context of this study in light of the functions and the roles of the church towards VVF-HIV/AIDS victims

People of God as a church: Images that convey the conception of the church as the people of God tie the contemporary Christian community to the historic community which originated in God's covenant promises (Minear, 1960:67) Scripture demonstrates this in 1Peter 2: 9-10, stating, "Once you were not a people, but now you are God's people". Here the church is seen as God's chosen people, a "treasure-people" of God's own possession; an assembly called by God<sup>85</sup>.

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<sup>85</sup> Richard believes that at all times and in every race God has given welcome to who so ever fears Him and does what is right. God, however, does not make men holy and save them merely as individuals, without bond or link between one another. Rather as it pleased Him to bring men together as one people, a people who acknowledges Him in truth and serves Him in holiness...? Christ instituted this new covenant, the New Testament, that is to say, in His Blood, calling together a people made up of Jew and gentile, making them one, not according to the flesh but in the Spirit. The church as the image of the people of God reveals a whole historical fellowship of God's own possession; a people assembled out of darkness to proclaim the Divine message of transformation (Richard, 2006:1-9).

According to Calvin (in Gordon 2009: 117-120), church is fundamentally "the People of God"—called by God, and sent by Our Lord Jesus Christ with the mission of announcing the Kingdom of God. The church constitutes a "chosen people," the people of the "new covenant," elected for a purpose and with a mission. This fact should do away with the misconception that the church is or can be some sort of private club or ingrown fraternity or sorority, for members only and for their enjoyment. This biblical and theological insight needs to be understood anew by our churches, particularly in northern Nigeria, where the pietistic and fundamentalist influences have led us to become isolated from society at large, and from the secular economic, social and cultural dimensions of human life.

Church as Priesthood of the faithful: The group of images surrounding the church as a fellowship of faith expresses the concept of interdependence within the fellowship. Though they differ from one another in essence and not only in degree, the common priesthood of the faithful and the ministerial or hierarchical priesthood are nonetheless interrelated: each of them in its own special way is a participation in the one priesthood of Christ. The ministerial priest, by the sacred power he enjoys, teaches and rules the priestly people; acting in the person of Christ, he makes present the Eucharistic sacrifice, and offers it to God in the name of all the people. But the faithful, in virtue of their royal priesthood, join in the offering of the Eucharist. They likewise exercise that priesthood in receiving the sacraments, in prayer and thanksgiving, in the witness of a holy life, and by self-denial and active charity (Linden, 2009:337). One practical example of this image is seen where Apostle Paul gave the Order at the Lord's Supper in 1 Cor. 11: 23a "for I pass on to you what I received from the Lord himself". Here he exercises priesthood by acting in the place of Christ to people.

For the purpose of this study, the third and fourth category of images of the church in New Testament as identified by Minear will be adopted namely: the church as the image of body of Christ and the church as the family/community of God (Minear, 1960: 60-64). These two categories bear a direct link to the context of this study in light of the functions and the roles of the church towards VVF-HIV/AIDS victims.

#### **4.6.1 The church as the body of Christ image**

McFarland (2005:225) acknowledges the ecclesiological model in the Bible which characterized the church as the body of Christ<sup>86</sup> and has shown a remarkable power that

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<sup>86</sup> The church as the image of the body of Christ is grounded in redemptive history; "the body in which our reconciliation is accomplished is the crucified body of Christ" (Clowney, 1995:61).

captivates the theological imagination. Although somatic imagery is found in Romans and 1 Corinthians and seems to bring about the self-description of the risen Jesus in Luke's account of Paul's Damascus road experience<sup>87</sup>, there are only four places in the New Testament where the church is explicitly described as Christ's body (Eph. 1 :22-23; 5:23; Col. 1:18, 24). However, he affirmed that as much as the body of Christ remains just one of many ecclesiological images found in scripture, it rightly holds a central place in Christian reflection on the church (McFarland, 2005:225). Similarly, Lawlor and Doyle (2003:99) argues that, the Body of Christ designates the object of Christ's redemptive love; He is the "saviour of the body" (Eph 5.23), of which Christians are "the members" (5.30). This Body is a living organism, holding together all Christians and which "attains a growth which is of God" (Col 2.19; see Eph 4.16). This Body is "the Church" (Col 1.18, 24; Eph1.22–23; 5.23–33); Christians are its "members" (Eph4.25); and Christ is its "Head" (Col 1.18; 2.19; Eph 1.22; 4.15–16; 5.23)<sup>88</sup>. They further emphasize the charismatic diversity in unity of the various members of Christ's Body in his one Spirit (1 Cor 12; Rom 12.3–8). The faithful are "fellow-members of the same body" (Eph 3.6), not in spite of their differing CHARISMS, but because of them. The member's various gifts (see 1 Cor 12.7) are meant to conspire under the one Spirit, their author and mover (1 Cor 12.7–11; see Eph 4.7), to serve and adorn the whole Body (Rom 12.3–8; 1 Cor 12.7; 14.12,26). This unity in diversity is a permanent characteristic of the structure and life of Christ's Body (1 Cor 12; Rom 12.3–8) (Lawlor and Doyle, 2003:99).

According to Koopman (in Webster 2007:19-33), through the work of Christ God provides a way for sinners to live in communion with Him again, to accept his gift of dignity and the vocation to live and witness to a God-given life of dignity. In this regard Webster cites Calvin's comment on Psalm 8:

*The heavenly Father has again bestowed the fullness of all gifts upon his Son, that all of us should draw out of this well-spring: whatsoever God bestows upon us by him, the same of right belongs in the first degree to him; yea, rather, he is the lively image of God, according to which we must be amended, upon which all other things depend. And so: His excellence*

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<sup>87</sup> See Rom. 12:4-5; 1Cor. 6:15-19; 12:12-27; Acts 9:5; 22:8; 26:15.

<sup>88</sup> See (Jeremias, 1977:47-78).

*and heavenly dignity are extended unto us also, for whose sakes he is enriched with them. (Trmper Longman III, 2001:208)*

The gift of creaturely dignity that humans do not accept and enjoy is embodied in Jesus Christ. This dignity is confirmed by Christ. And in Christ this gift is offered afresh to us. The Christological dignity is therefore embodied dignity, confirmed dignity. The image of the body of Christ reflects a church open to all regardless of race or social status, grounded in redemptive history, and unified for the purpose of divine reconciliation<sup>89</sup> (Webster, 2007:19-33).. In addition to Paul's description of Christ's body in 1 Cor 12: 24-25, Webb-Mitchell claims that God has arranged the parts of the body and their functions as to give, "the greater honour to the inferior members that there be no dissention within the body." He further stresses:

*Indeed, the body does not consist of one member but of many. If the foot would say, "Because I am not a hand, I do not belong to the body," that would not make it any less a part of the body. But as it is, God arranged the members in the body, each one of them, as he chose. If all were a single member, where would the body be? The members of the body that seem to be weak are indispensable, and those members of the body that we think less honourable we clothe with greater honour, and our less respectable members are treated with greater respect; whereas our more respectable members do not need this. But God has so arranged the body, giving the greater honour to the inferior members, that there may be no dissension within the body, but the members may have the same care for one another (Webb-Mitchell, 2003:66).*

In the view of Berkouwer (1976:85), the church exists as church only insofar as it is Christ's body, in union with him, meaning also our union in him, both of which are a matter of his free and gracious choice. With regard to the "mystical" union, reference is always made to the hidden, unsearchable nature of this union with Christ. Through this fellowship, in which Christ becomes ours, we are engrafted into His body, and we are made one with Him. However, the fact that comparisons between society and the body were a commonplace of

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<sup>89</sup> Heath, reflecting on 1 Cor. 12 believes the image of the body of Christ can be used, "to arouse responsibility for assistance to those suffering". As the body of Christ, not only are we to suffer together, but also to abate suffering (Heath, 1982:324)

ancient Mediterranean political rhetoric would suggest caution in ascribing any particular theological significance to the presence of such language in the biblical corpus (Berkouwer, 1976:85). In speaking of the body of Christ, it is far from being an object of theoretical, speculative dispute; rather it is the proclamation of great disquiet in and for the church. Therefore, no view of inert, obstinate “structures” and no reference to psychological or sociological backgrounds can ever take away from the fact that only in this confrontation can we speak meaningfully and fruitfully about the “being of the church” (Berkouwer, 1976:83).

In light of Paul’s encouragement to the church (Phil. 2:1-2)<sup>90</sup>: to be of the same mind, to have the same love, and to be in full accord and of one mind, he points to the calling to have a “mind” that can be compared to Christ’s. Only in this mind is the being of the church possible, and only thus, in Christ, is her reality, her meaning, and her fruitfulness disclosed.

Furthermore, it is evident that the “body of Christ” in the actual sense, namely, in connection with the crucified and glorified body of Christ, with which the church is identified in a particular way. We continually meet with this identification as the actual mystery of the church. Bonhoeffer also spoke of identification in the words “Christ exists as the church.” He (Bonhoeffer) stresses that “if we take the thought of the body seriously, then it means that ‘this image’ identifies Christ and the church, as Paul himself clearly does” (Bonhoeffer, 1960:101).

Furthermore, Purves (2001:97) argued that the church has no other ground of being than in Jesus Christ. This means in a primary way that the church is not the church as institution, or a voluntary collection of free, religiously and ethically motivated individuals, or, with its episcopate, as a historically ordered hierarchy that determines what it is and what it does. It is Christ alone who determines the “that” and the “what” of the church, who loves the church and calls and forms it according to his own purpose.

The church is what he is in that he is Lord of the church in whom and from whom alone it has life. As such, the church belongs to Christ, not to itself. The church is not self-referenced. In a primary sense, it’s being an iconic, not institutional, as it points away from itself to Christ (Purves, 2001:97).

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<sup>90</sup> See (Caird, 1994:189).

In the Eucharist, Minear (1960:176) stress that we receive the body and blood of Christ, which further nurtures us in being the body of Christ with one another. In acts of hospitality we receive others into the body of Christ. For if life in God is made manifest and irresistible to those who believe, a great desire grows in us to share that good news of the new covenant with others in gestures of word and deed. In gesture of hospitality we live out our baptismal vows and we practice the sacrificial loving gestures of Christ that we have been taught in Eucharistic practices. Consider that when we feed the hungry, give drink to the thirsty, welcome the stranger, clothe the naked, care for the sick, and visit those in prison, we do it unto Christ: “just as you did it to one of the least of those who are members of my family, you did it to me” (Matt. 25:40)<sup>91</sup>. We perform such gestures in the name of Christ because of the politics of our baptism, which has initiated us into God’s love; for we have died to the sin of selfishness and now live unto God. Such is the politics of the Eucharist: we are sustained and nurtured in the sacrificial love of Christ as we eat the bread and drink the cup of salvation with one another (Minear, 1960:176).

Based on the discussion so far, the Image of Christ metaphor will serve as a responsive paradigm for the ECWA in the context of the VVF-HIV/AIDS pandemic and its stigmatizing effect on many of its members.

#### **4.6.2 The church as family/community of God**

Among the biblical images of the church enumerated in the dogmatic constitution of the church, there is a strong emphasis on the notion of the church as the family of God among human beings. Magezi (2007:82) argues that Christians can effectively live as conduits of God’s kingdom by embodying the family metaphor. In the light of Paul’s writings to Timothy, he views the church as a family and tells Timothy to act as if all the church members were members of a larger family: “Do not rebuke an older man but exhort him as you would a father, treat young men like brothers, older women like mothers, young women like sisters” (1Tim. 5:1-2)<sup>92</sup>. God is our heavenly father (Eph. 3:14), and we are his sons and daughters, for God says to us, “I will be a father to you, and you shall be my sons and daughters, says the Lord Almighty” (2Cor. 6:18). In the same vein, Grudem says, “we are

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<sup>91</sup> See (Jeremias, 1977:47-78)

<sup>92</sup> See Clifton and John (2007:201)

therefore brothers and sisters with each other in God's family" (Matt. 12:49-50; 1Jn 3: 14-18)<sup>93</sup>.

According to Veli-Matti's (2002:30) definition the church concerns that of communion with God and unity among all human beings. Communion language goes back to the early church in Acts 2: in its basic meaning, the *koinonia*/communion denotes a sharing in one reality held in common. Synonyms for *koinonia* are sharing, participation, community, and communion. These display a pronounced Trinitarian dimension: "The grace of the Lord Jesus Christ and the love of God and the fellowship (*koinonia*) of the Spirit be with you" (2 Cor 13:13; Phil 2:1) (Veli-Matti, 2002:30). Furthermore, the early Christians "continuously devoted themselves to fellowship" (Acts 2:42), as those who are united with Christ. The church is expected to share the life of Christ among all human being in such a way that results in individual and corporate spiritual growth. This is accomplished through the exchange of God's love and truth, which is called "ministry" (which simply means "service"). *Koinonia* is viewed by the New Testament as a non-optional environment for spiritual growth (Dennis, 2009:823-876).

Clearly such *koinonia* is not just a matter of attending one or two meetings a week. It is much more than that. This is why the verse so often used to stress the importance of attending church (Hebrews 10:25 "...not forsaking the assembling together as is the habit of some..."), is frequently misunderstood today. This verse is often taken to mean that only our presence at church meetings is necessary. Instead, we find that according to 1 Cor. 12:21 ("...the eye cannot say to the hand, 'I have no need of you'..."), it is not just the presence of the other members that we need, but also their function (Roy and Brain, 2010: 126-134).

According to Volf (1998:40), the communality of Christian life is expressed in the appropriation and reception of faith in the sacraments. The sacraments which one cannot give to one, but must receive excursively from others, attest that a person does not believe as an isolated self, but rather receives faith from the community of those "who have believed before him and who bring to him God as a given reality of their history"(Volf 1998:40). Sacraments, however, are more than a sign of the communal mediation of personal faith. They simultaneously qualify this mediation in a certain way by making it possible to understand the gift from the church as a *divine gift*. Accordingly, the sacraments presuppose a

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<sup>93</sup> See (Grudem, 1994:858)

community in which the historical continuity of divine action is realized; Christ acts concretely through his body. However, this very community presupposes the sacraments as the medium of historical divine action; the church as the body of Christ is constituted through the sacraments ( Volf, 1998:41).

In the same vein Volf (1998:42), further stress that the church emerged from Jesus' Passover meal with his disciples and found its "vital center" in the Lord's Supper. "The church is celebration of the Eucharist; the Eucharist is the church. These two do not stand next to one another, but rather are the same". Regular celebration of the Eucharist realizes ever anew the ecclesially mediated union with Christ that makes human beings into Christians through incorporation into Trinitarian and ecclesial communion; "through his sacramental body, Christ draws Christians into himself". They become the "whole Christ", head and body, and bear his existence through the ages (Volf, 1998:42).

In view of Bonhoeffer (1967:204) concerning the communion, he stresses on the dogmatic understanding of the church - proclamation of the Word, baptism and Eucharist- they can be distinguished in the following way: The proclaimed Word includes the process of formation of the Christian person through the encounter with the witness of truth; therefore the church is a community of formation or a pedagogical community. The sacrament of baptism includes the equal dignity and the equal access to freedom for everybody; therefore the church is a community of hope or a transforming community. The Eucharist finally creates in the light of God's redemptive and reconciling work a community of solidarity; therefore the church is a helping community. It is a community of faith to the pure proclamation of the gospel and the right administration of the sacraments. As far as the dogmatic dimension of the church is concerned, there is no reason to add ethical characteristics to these two characteristics. But the concept of the church does not only relate to the community of faith, but also to the community of action and to the institutionalized community (Bonhoeffer, 1967:204).

Similarly, Veli-Matti (2002:29) described church as a "mystery" and sacrament; "the church in Christ, is in the nature of sacrament-a sign and instrument, that is, of communion with God and unity among all human beings" (Veli-Matti, 2002:29). According to Duffy (1991:203-207), the church is seen to be a people brought into unity from the unity of the Father, the Son and the Holy Spirit. Therefore the Trinitarian nature of God must be seen as the basis and origin of the church, hence providing a theological justification for both its unity and its diversity (Duffy, 1991:203-207). In the recent years, Roman Catholic theology textbook

invests the local church with the fullness of meaning, based on the ancient formula “one, holy, catholic, apostolic” church:

*The church is one because of the indwelling of the one Holy Spirit in all the Baptized; it is holy because it is set apart by God’s graciousness for the reception of a mysterious love of predilection; it is catholic in the original sense of the word, meaning that it is whole and entire, possessing all the parts needed to make it integral; and it is apostolic because it remains in continuity in essentials with the original witnessing of the first-century apostles... Catholics are often inclined to apply these descriptive characteristics only to the worldwide, universal church, yet they are beginning to learn from the eastern Orthodox churches and others that these characteristic are meant to apply just as truly to the local church (Michael, 1991:43).*

This partnership with the Holy Spirit has clear implications for the church; the task of witnessing to the world, erasing the distinction between “us and them”, the use of spiritual gifts for the common good, the fair arbitration of disputes, and participation in the common good as measured by fruit of the Spirit. Members of the church, who were both saint and slave, melded together in mutuality that “flowed from the Master’s life into all the interstices of human relations” (2 Cor.7:3) (Minear, 1960:163).

In view of above theological interpretation of the church – body of Christ, and the church as family/community of God, the researcher’s concern, conversely, is the role of the church; thus how the church which is known as the community of believers functions in the situation of VVF-HIV/AIDS? However, to gain an insight into the role and function of the church, it is better to consider it within the hermeneutical engagement of pastoral care.

The focus thus far has been the discussion on the task of theology, human dignity, human beings in the image of God, and the roles and functions of the church. The discussion will now focus on hermeneutical engagement of pastoral care as a foundation or basis for pastoral care to the victims of VVF-HIV/AIDS.

#### 4.7 A Hermeneutical Engagement of Pastoral Care

According to Smit (1998:276), hermeneutic simply refers to interpretation. It describes the science or principles of interpretation. It illuminates the movement of understanding and communication between two entities or texts. In this context, it is the text of scripture and church tradition, and the text of human beings within different contexts. Furthermore, hermeneutic according to Capps (2001:143-144) is about understanding language by means of language. The verb *hermeneuo* can be found in biblical and extra-biblical Greek, meaning interpret or explain and translate. He (Capps) puts it as follows:

The word *interpret* means “to explain the meaning of or make understandable,” “to translate,” “to construe” (as in interpreting someone’s silence as contempt), or “to bring out the meaning of,” especially in the sense of offering one’s own conception of work of art, whether in performance or criticism. The sense of *interpret* that is perhaps most central for our purposes is “to bring out the meaning of,” though the meanings may also hover in the background. Sometimes the minister, as interpreter, does need to explain or make understandable or to translate into another form of discourse, or to construe the meaning of a behaviour whose meaning may not be obvious or explicit. The central meaning of *interpret* for our purposes here however, is “to bring out the meaning of,” a definition implying that the “meaning” is already there in what the other person (or persons) is saying, but that it needs to be drawn out or made more explicit, the interpreter offers his or her own concept of what is being presented to him or her. This is not a preconception that he or she formed before listening to the other person; it is a conception that is drawn from what is being said or presented to him or her. In other words, hermeneutics encompasses the conditions for, principles of and execution of the process of understanding (Capps, 2001:143-144).

The above explanation given by Capps on what hermeneutic stands for has a great implication for this study, for example to being aware of someone’s silence (the silence suffering of young adult females living with VVF-HIV/AIDS). This will help ECWA to get a wide range of ideas and principles to understand their feelings. A similar application can be seen in the definition of practical theology offered by Poling (1991:187):

*Practical theology is theological interpretation of the unheard voices of personal and community life for the purpose of continual transformation of faith in the true God of love and power toward renewed ministry practice ...*

*Reflection begins with the presence of differences and otherness in experience. Difference provokes thought. When persons or communities become aware of some desire that contrasts with identity, the potential contradiction requires reflection ... without difference and contrast, there can be no self-conscious experience.*

A hermeneutical process is also a deeply transformative process. Thesnaar (2011:26-27) argued in his article that it is a process that involves the interpretation of the meaning of the interaction between God and humanity, the edification of the church and becoming engaged in praxis through communities of faith in order to transform the world or to impact on the meaning of life (Louw, 1998:97). The church (ECWA) cannot therefore be a static place. It has to be a space that enables transformation especially in VVF-HIV/AIDS de-stigmatization. Therefore, practical theology tries to interpret and translate the praxis of God in terms of human existential issues through the action of communities of faith (Thesnaar, 2011:23-27). This implies the ministry of the church (ECWA) in the lives of young adult females living with VVF-HIV/AIDS.

In the light of the goal of practical theology discussed earlier, pastoral care is to understand the encounter between God and humans from the perspective of the confronting effect of God's grace, presence and identification with human need and suffering. It interprets this confrontation in such a way that God's care reveals a horizon of meaning, which in turn gives hope and generates faith (Louw, 1998:99).

In view of the de-stigmatization process of VVF-HIV/AIDS among young adult females which is the focus of this chapter, pastoral care is therefore essentially about listening and seeking to understand and interpret in order to find meaning within the hope of the resurrected Christ, the indwelling of his Spirit and the coming of Christ (eschatology) (Thesnaar, 2011: 23-27).

Thiselton (2007:236) stated that understanding relationships and communities grows out of a fuller understanding of God's Trinity. In this sense, Louw (1998:14) states that he is convinced that a pastoral hermeneutics can only be exercised in a meaningful manner when it is understood as a hermeneutics of the cross. Pastoral hermeneutics is therefore not only about God's relationship with us and our relations with each other but is also about restoring the relationship with us and with each other. For example, the broken relationship that is in existence among the VVF-HIV/AIDS victims and the church, families and friends due to

their situation. To focus on restoring the relationships with one another we need to require wisdom from God. We need wisdom theology (Thesnaar, 2011:23-27). According to Louw (1995:50), wisdom theology has to do with relationships on all levels, it always has justice and reconciliation as its goal, it always influences the deeds and operations of the believer and it is formed through the principle of shalom (a Biblical understanding of shalom implies both structural issues and human issues such as VVF-HIV/AIDS in a social context).

Thesnaar (2011:23-27) observes that the hermeneutical challenge is how to move from Biblical text to a current understanding of human identity within the context of the victims. Within the hermeneutical paradigm, the victims of VVF-HIV/AIDS need to be understood within their context as being fully human beings, as relational human beings who are seeking healing and wholeness. Pastoral care within a hermeneutical paradigm also has to do with a theology of life and the healing of life. It is about the dwelling in the presence of the pathos of the suffering Christ. It is about the question how the perspective of the resurrection in Christ, and the indwelling presence of his Spirit, can contribute to the empowerment of human beings. It is about hope, care and the endeavour of how to give meaning to life within the reality of suffering, our human vulnerability, and the ever existing predicament of trauma, illness and sickness (Louw, 2008:11).

In terms of the VVF-HIV/AIDS context in Northern Nigeria, we need to understand that human beings (the VVF-HIV/AIDS victims) cannot be understood in isolation from cultural issues and values. Pastoral care from a hermeneutical paradigm within the northern Nigeria context is not possible without an intercultural paradigm. In order to assist the victims of VVF-HIV/AIDS in a responsible way on this issue of de-stigmatization, Thesnaar (2011:30) observed that, pastoral care need to assist the church (ECWA) in creating a space for the victims (such as VVF-HIV/AIDS) to face their trauma and to take responsibility for what was done. This space needs to be a dignified one for the victims. With an intercultural hermeneutical paradigm as basis, the church (ECWA) has an obligation to listen to the narratives of the victims in this space, to understand and to interpret them in order to assist them in finding meaning on their journey towards wholeness. Victims need to actively remember their personal hurts, tell their stories and experience that they are accepted, respected, listened to, i.e. loved.

To lay more emphasis on the importance of storytelling, Thesnaar (2011:30) citing Villa-Vicencio (1995) argued that, story-telling is "...the only basis on which different stories,

different memories and different histories can emerge as the basis for an inclusive nation-building exercise". To tell your story means that you are able to find and shape yourself through the stories of others. The power of story-telling is not just an individual process, but also a collective one.

Therefore, story-telling has the ability to give us insight in our own situation (such as that of VVF-HIV/AIDS victims), to change our behaviour and to create new paradigms for a new, healthy life. Telling stories is intrinsic to claiming one's identity and in this process find impulses of hope (Ackermann, 2001:18). For this reason, the church (ECWA) has to create opportunities for VVF-HIV/AIDS victims to formulate and tell their stories. It is essentially the responsibility of the church (ECWA) to motivate and facilitate people in this regard.

In conclusion, hermeneutics forms the heart of the theological enterprise. All theology, all practical theology, as well as pastoral care is hermeneutical activity since it is about how one should understand and how one should communicate it in order for the recipients to best understand what is being communicated. Hermeneutic forms the basis for the church to listening to narratives of the victims and by so doing create a new paradigm for a new healthy living among the VVF-HIV/AIDS victims. Pastoral theology can play a crucial role in combating the impact of stigmatization if it addresses it from a theological intercultural hermeneutical paradigm. Within this paradigm, the church (ECWA) has the responsibility to facilitate the de-stigmatization process within the victims of VVF-HIV/AIDS in order to constructively deal with the stigmatization in Northern Nigeria.

Having discussed the hermeneutical engagement of pastoral care, the following discussion will focus on intercultural/contextual hermeneutical model for pastoral care.

#### **4.7.1 Intercultural/Contextual Hermeneutical Model for Pastoral care**

It is clear that the research subjects happen to come from specific, but also varying backgrounds and cultures. It is imperative, therefore, that caregivers (ECWA) should have an understanding of where people are really "coming from." Pastoral care arises out of and responds to the experiences of persons in context. Without this, the danger of retreat into the understanding of theories developed from out-side their experience and into the worst forms of monoculturalism are very real (Lartey, 2003:176). He (Lartey) stresses that, to take persons seriously means "to make a genuine effort to tip-toe in their moccasins across the terrain they have traversed." (Lartey, 2003:176) The texture of the terrain is gauged in historical, social, cultural, gender, economic, spiritual and political terms. Therefore, pastoral

care cannot be undertaken adequately in the absence of these features of the lives of ordinary, living persons. As a matter of fact, it is only when this holistic, contextual work is done that one begins to understand the stories people tell and to appreciate the reality they live. As such pastoral care will look differently in different contexts (Lartey, 2003:176).

Pastoral care from the intercultural/contextual perspective calls for an approach that takes people seriously in their diversity, similarity and idiosyncrasy. Intercultural pastoral care has to be a corporate, cooperative activity in which the *many* work together for *each* and for *all*. In that case, the practitioners of pastoral care have to be aware of the symbols and signs present in different cultures and are willing to learn from each other about what caring for persons might mean in different context (Lartey, 1999:101). According to Louw, (1998:94), the contextual approach in pastoral care helps to describe and analyse the real situation in order to design action strategies, which in turn could change the social milieu or radically transform the political situation. In addition, Otto (1975:11) is of the opinion that the poverty of traditional theology lies in “the loss of reality” arising from the church’s lack of involvement with social praxis. In other words, the church’s lack of identifying with the people especially at the time of need. He calls this ‘loss of reality’ the “narcissistic structure of theology”. Otto believes that society is the true focus of the church. This means that the task of practical theology is to reflect critically on the relationship between church and society. In light of that, Murray (1984:48) argues that, ‘every human person is in some respects (a) like all others (b) like some others (c) like no other.’ In order to gain a fuller understanding of human persons within the society, it is necessary to explore the ways in which culture, individual uniqueness and human characteristic work together to influence persons. Lartey, (2003:171) gave clear understanding of the phrase quoted above: (a) we are *like all others*, referring to that which humans as humans share. This includes physiological, cognitive and psychological capabilities, with all the common human variation in them. The ‘cultural’ (b) we are *like some others* refer to characteristic ways of knowing, interpreting and valuing the world which we receive through the socialization processes we go through in our social groupings. These include worldviews, values, preferences and interpretative frames as well as language, customs and forms of social relationship. The ‘individual’ (c) *like no other* indicates that there are characteristics both physical and psychosocial – which are unique to individuals. The phrases *like all others*, *like some others*, and *like no other* needs some further explanation within the context of VVF-HIV/AIDS sufferer.

- *Like all others:* As a church, the attempt here is to recognize and affirm the fact that all human beings are created in and reflect the image of God. Therefore, pastoral caregivers work to affirm the full humanity of all persons. People's experiences are held as human in all their complexity. Intercultural pastoral caregivers work with people to assure them that they are human persons of worth, value and dignity, whatever their social, economic or personal circumstances may be.
- *Like some others:* Here intercultural pastoral caregivers attempt to figure out what in the experience being dealt with is the result of social and cultural forces. Therefore, they pay close attention to specific socio-cultural and socio-economic views and practices relevant to the social groups the care receiver recognizes as their own. Within multicultural environments as in the case of Northern Nigeria, the influence of other cultures than one's own will need to be investigated. No social group within a pluralistic society is unaffected by what happens to others. As such, knowledge and information about specific socio-cultural, historical, economic and political matters of relevance to the cultures represented in the caring relationships may be valuable.
- *Like no other:* No matter how embedded one might be in one's social or cultural grouping, there will be characteristic ways in which one experiences or faces issues that would require attention. In that case, it is important in intercultural pastoral care, to explore issues of embeddedness, asking questions as to desirable degrees of freedom. Individuals are helped to exercise appropriate choices (i.e. choices they can live with) that are respectful of their cultural patterns of living whilst also giving them the desired freedom to be the persons they wish to be. The church (ECWA) need to emphasize this fact due to the fact that in northern part of Nigeria women have no freedom of choice simply because of their cultural practices.

Louw (2008:153) provides an insightful engagement, when he says: "In an *intercultural hermeneutical model*, we do not anymore work with the split between Christ and culture but with the interconnectedness between Christ and culture. In interculturality it is about the meaning of Christian spirituality within culture, as well as the mutual influence and exchange of paradigms between the two. Although one cannot ignore the tendencies of against (anti), assimilation, accommodation, paradox and transformation, the tension between exclusiveness and inclusiveness, between continuity and discontinuity (they will always be existent and cannot be solved by rational categories), interculturality describes

mutuality in terms of a hermeneutical process of understanding/interpretation, enrichment and critical exchange without the sacrifice of uniqueness.”

Having discussed what intercultural/contextual hermeneutical model of pastoral care means and its implication to care receivers most especially in the context of young adult females living with VVF-HIV/AIDS in Northern Nigeria where gender discrimination, women subordination and social classes are very high as earlier discussed in chapter 3 of this study. It will therefore be worthwhile to discuss the pastoral anthropology and a model for pastoral ministry and the various permutations that could be drawn for the care of VVF-HIV/AIDS victims in the context of Northern Nigeria.

#### **4.8 Pastoral anthropology and a model for pastoral ministry**

Understanding the pastoral anthropological model for pastoral ministry must be done within the context of hermeneutical and intercultural argument as well as from the human dignity argumentation as discussed above. Therefore, in designing an anthropology for pastoral ministry especially in the context of this study, Louw's (1998:146-147) observation is very crucial at this juncture. He argues that the design of a theological anthropology for a pastoral care is not concerned primarily with a fundamental analysis in terms of psychic issues or behavioural modes, but with a fundamental comprehension of human beings in terms of their calling by the grace of God. A pastoral anthropology is not focused on an ontological explanation of humans in terms of a metaphysical interpretation of having been created in the image of God. Rather, a pastoral anthropology should focus on those scriptural perspectives which comfort and instil meaning in order to help people to discover their true humanity before God and to cope with painful life issues. For example, young adult females living with VVF-HIV/AIDS who are struggling with painful life issues such as stigmatization. Louw (1998:244-246) stresses that the following anthropological components must be taken into consideration for effective praxis of pastoral care:

- *The affective component:* This component gives access to immediate human reactions and disposition. Emotions and feelings provide information about the immediate inner experience and the effect that events have on a person. Insight into feelings and emotions thus helps pastoral care to understand something on the immediacy of a person experience. Making use of the affective component through sensitive listening

and empathetic identification with the position of another strengthens the element of immediacy, concreteness and personal closeness.

- *The cognitive component:* The human *nous* (mind) tells pastoral care more about human standpoints, perspectives, opinions and vital perceptions. Knowledge about thought content helps pastoral care to access a person's aims, basic priorities and stance in life. Faith consists of a reasonable and rational knowledge regarding God and gospel which should be explored in counselling. Transmission of information by means of comprehensible concepts helps to explain the goals and aims of the pastoral care in rational categories. The pastoral care focuses on the transformation of human thinking: "to be made new in the attitude of your minds" (Eph. 4:23).
- *The conative component:* Human passion and needs are part of the conative dimension. Analysis of needs and wishes plays an important role in the pastoral care because it promotes a better understanding of human motives behind actions. In decision making processes, human thought and volition both play an important role. In Christ's approach to humankind, He pointed out that human motives are an important factor in behaviour. He, for example, turned discussion about behavioral issues away from external action to the level of motives and volition: "But I tell you that anyone who looks at a woman lustfully has already committed adultery with her in his heart" (Mt. 5:28).
- *The normative component:* Norms and values form the point of integration between the human I with its conscience and affective, cognitive and conative components. Norms and values label people as moral beings and import an ethical dimension to their lives. The goal that people chose to pursue and their value systems profoundly determine the quality of human existence. Pastoral care aims to effect a change within the human normative component so that the person, as a moral being, can focus on God's ultimate goal for life. Normativity and purposefulness provide a link between conscience and values, thereby enabling human existence to attain a focus that influences the process of imparting and accepting meaning.
- *The physical component:* A person's attitude manifests itself visually in bodily reactions. The body also is the concrete medium through which God makes known his presence on earth through the Holy Spirit. The human body, as temple of the Holy

Spirit, becomes a medium through which God operationalizes the effectiveness of salvation in behavioural reactions.

- *The koinonic component:* The element of group ministry plays an important role in the pastoral care. The cooperative dimension of the *communio sanctorum* (community of saints) and the principle of being there for one another, become important elements in concretizing the comforting function of the message of salvation.

It could then be elucidated that Louw's anthropological components could help in the process of the destigmatization of young adult females suffering from VVF-HIV/AIDS and also it could point to how the sufferers of VVF-HIV/AIDS can be recognized and receive adequate support from the church, in this case the ECWA.

In the light of the above discussion on intercultural/contextual hermeneutical pastoral care and pastoral anthropology, the crucial question would then be 'how can the church engage meaningfully in applying the principles of critical theological reflection to serve as a new way of reading and interpreting Scripture to help in dealing with stigmatization'?

The starting point will be, not only with regarding to VVF-HIV/AIDS, but specifically with regard to *stigmatization* as a consequence of these conditions within the church and what does this entail for the task of the church regarding the role of the church as far as the destigmatization of people suffering from these conditions is concerned.

#### **4.9 The role of the church in stigmatization/de-stigmatization intervention**

The discussion so far has been concerning stigmatization/de-stigmatization (its negative consequences on the victims); however, it will be appropriate to examine the nature of the church in stigmatization/de-stigmatization intervention. How can the church move on to engage meaningfully in her responsibility towards sufferers of VVF-HIV/AIDS and stigmatization? The goal here is to build on the role of practical theology as discussed in chapter 1. Friedrich Schleiermacher (1768-1843), who first developed the area of practical theology, defined practical theology as the "theory of the church's practice of Christianity". This led to a shift toward the social sciences and the second major emphasis in practical theology as a "theology in the way in which the church functions". Following the Schleiermacher's definition of practical theology, Philip Marheineke (1780-1846) began with

faith as a unity of knowledge and action. He made a distinction between theoretical theology, which thinks from the perspective of the possibility of a relation between life and action, and practical theology, which is based on the reality of that relation. It is evident that despite all that has been done in response to the VVF-HIV/AIDS epidemic<sup>94</sup>, the associated stigma remains a reality also within the church circle. According to Mwaura (2008:132) stigma is the condition of being considered unworthy or devalued in the estimation of others due to having an alleged fault or character trait. Women's experience of stigma and discrimination is increased when they are divorced or separated from their partners on account of their VVF-HIV/AIDS status. The victim is therefore perceived as immoral, a threat to family status, security and wellbeing; even her own relatives may join in the alienation (Mwaura 2008: 132).

Mwaura points out the role of the church in engendering unequal gender-power relations which in turn aggravates HIV infection rates and leads to stigmatization of those who happen to live with it (Mwaura, 2008:xv). Similarly, the frequently expressed idea that AIDS was a deserved affliction has been a religious and theologically conservative response replete with callous judgments and self-righteousness delivered from many pulpit. In addition, Daily Nation (2002:8) noted that the pandemic has spiritual and theological dimensions. It denies peoples' human rights, aggravates a questioning of God and doubts the value of their human existence. The religious practices and stigma reinforced by the pandemic have conspired to make women even more vulnerable.

According to Smit's (2007:148) view on discrimination, what will it mean – concretely, practically, in everyday reality – when Christ eliminates man's desires to consider women as inferior, when Christians in the world of work meet their brethren without any kind of discrimination, when the church meets her members without stigmatization, when the social bonds between rich and poor are restored, when mutual gifts are conferred and the believers' goods and services are redistributed both within and outside the church community? These have been and should remain controversial issues, continuously raised and argued in the Christian community, for although there are no final and timeless answers to them, the authenticity of our faith hangs on the seriousness with which we see and address our own

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<sup>94</sup> Despite all the efforts of the African Charter on the rights of Women to forbid all forms of discriminatory practices against women and other factors that contribute to the prevalence of HIV/AIDS among Nigerian women, the challenge is still high (Women Protocol, 2005).

failures as a church in these spheres of our being human together. In light of Smit's view, when will church address the issue of discrimination, especially in the lives of women living with VVF-HIV/AIDS?

In taking the *imago Dei* as scriptural responsibility for the church against stigmatization and rejection of the VVF-HIV/AIDS patients, Bongmba echoes the declaration of the World Council of churches "The church's response to the challenge of HIV/AIDS comes from its deepest theological convictions about the nature of creation, the unshakable fidelity of God's love, the nature of creation, the nature of the body of Christ and the reality of Christian hope" (WCC). The creation narrative, which affirms that humanity is created in the image of God, links human beings to the love of God, which is modelled in the incarnation of Jesus (Bongmba, 2007:41).

The gospel reveals that while Jesus did not hesitate to proclaim a radical ethic of life grounded in the promise of God's kingdom, he never ceased to reach out to the modest, to the outcasts, of his time – even if they did not measure up to the full demands of his teaching. Jesus offered forgiveness and healing to all who sought it, and when some people objected to this compassion, Jesus said "let the one among you who is guiltless be the first to throw the stone" (Jn. 8:7) (Jerome and Neyrey, 2007:68-98).

A theological workshop on HIV/AIDS- related stigmatization organized by UNAIDS in 2005 held in Geneva as earlier mentioned in the beginning of this study, concluded that stigmatization is not only a sin against one's fellow human being, but also against God, because all human beings were created in the image of God (UNAIDS, 2005:13; Ackerman, 2005:391; Marshall, 2005:137). This rebellion exceeds beyond God to include the dehumanization of human beings through the processes of stigmatization (Ackermann, 2005:391). God is love, and love enhances and elevates, bestows meaning, purpose and worth, whilst stigmatization represents the opposite of these characteristics (cf. Ackermann, 2005:391). Stigmatization is the sin of human beings' misplaced appropriation of God's role as judge (Marshall, 2005:137; Ackermann, 2005:391). Not only is the prohibition against judging someone else one of the kingdom values Jesus proclaimed, but judging others has ramifications (Matt. 7:1, 2; cf. Ackermann, 2005:391). Of course, as indicated above, judging others is completely contrary to love and love is a fundamental characteristic of a transformed (Christian) identity.

Stigmatization is sin because, as an act of judgment, it dehumanizes by stripping human beings of their dignity, thus denying the love of God towards that person (1Jn. 3:16-17) (Jerome and Neyrey, 2007:68-98). Judging others reveals perpetrators' misappropriated God-images. Two such God-images in terms of VVF- HIV/AIDS are God as judge and as tyrant (Wohlk, cited by Louw, 2008:401). Whereas an appropriate understanding of God as judge serves to guide behaviour through the corrective of guilt and guilt feelings, a misunderstanding and misappropriation of such image(s) serves only to condemn, in the case of VVF-HIV/AIDS stigmatization to devalue and degrade.

According to Rev. Nku, the archbishop of Cincinnati in Wert (1994:235) speaks against discrimination and stigmatization of people living with HIV/AIDS because such prejudicial action is sins. He goes on to say:

*In our opinion HIV/AIDS has come to serve as a searchlight exposing certain dangerous habits and awful conditions which had become convenient for us to ignore. Therefore, now is the time to face these conditions and face them squarely in love (Wert 1994:235).*

What these and other negative images of God have in common is the absence of love. This is why the church has to see the VVF-HIV/AIDS crisis as both a challenge and an opportunity to adequately respond to the problem in a Christ-like manner. At the end, the victims of VVF-HIV should be encouraged to know that they belong to the body of Christ and to continue to lead productive lives in their homes, churches, communities, and the society at large.

Since every person has special value, church life should be structured in such a way that all the members of the community have ample opportunity to protect, care for, and sustain human dignity when it is assaulted by disease, most especially those living with VVF-HIV/AIDS. Those who suffer do not have to do anything to earn this respect from the church community because they already have a God-given dignity that calls for respect and acceptability (Bongmba 2007:50).

This is further underlined by the view of Christopher Schwobel (2006:57) who strongly opposes the idea in modern sciences, economics and politics that dignity should be defined in terms of observable attributes that are based on the capacities of human nature that human beings may possess to a greater or lesser degree. "Against all such views the church must uphold the principle that human dignity as it is grounded in God's relationship to us requires

absolute respect in all stages of human existence and in all forms in which a human life is lived, and cannot be ascribed relatively in proportion to our capacities” (Schwobel 2006:57).

Most importantly, what is needed in this current crisis of VVF-HIV/AIDS and stigmatization is a creative theology of suspicion directed toward cultural and political forces that perpetuate marginalization, poverty, and an environment conducive to the spread of VVF-HIV/AIDS. The growing inequalities and marginalization aggravated by the VVF-HIV/AIDS pandemic invites the church to the prophetic task which includes listening and collaborating with other communities of discourse to defend and sustain the *imago Dei* in a world of suffering. The church in that essence could use its prophetic voice to articulate two messages:

1. The African church should join the medical community in defining VVF-HIV/AIDS as a medical crisis and, in doing so, reject a facile or simplistic view that it is a punishment for sexual sin.
2. The church should speak the Word of God’s love and care to the power brokers at this time of crisis, conveying the fact that God condemns all stigmatization, discrimination, reckless behaviour, and political and economic injustice that keep people in poverty and create a climate for risky behaviour.

In doing this, the church derives from the prophetic tradition not only a confrontational style but also a substantive message that invites critique, dialogue, collaboration, and engagement in the struggle both to defend and provide help and hope for people living with VVF-HIV/AIDS (Maluleke 2000:97).

Knowing that the church is called through the Holy Spirit to be witnesses in the world of the humanity of God, of the goodness and loving kindness manifested in Jesus Christ, the face of the living Triune God, this implies that “there is no private Christianity” (no stigmatization, no discrimination) and for this reason too “theology cannot be carried on in private lighthouses” (Smit 2007:151). According to Barth (1960:63-64), the confession that we believe in the Holy Spirit includes the confession that we believe in the one, holy, catholic and apostolic church:

*We believe the church as the place where the crown of humanity, namely our fellow humanity, may become visible in Christocratic brotherhood. Moreover, we believe it as the place where God’s glory wills to dwell upon the earth, that is, where humanity the humanity of God wills to assume tangible form in time and here on earth. Here we recognize the humanity of*

*God. Here we delight in it. Here we celebrate and witness it. Here we glory in the Immanuel, just as He did who as He looked to the world, would not cast away the burden of the church but rather chose to take it upon Himself (Barth 2004:64).<sup>95</sup>*

In the light of Barth's (1960:63-64) view, it is clear that one will then approach more cautiously the mood in which one sees only inconsequential matters in the church especially in regards to the issue of stigmatization. In a real living church there is perhaps nothing inconsequential, nothing to be despised nor stigmatized.

In conclusion, church can de-stigmatize VVF-HIV/AIDS by objectively embracing the test of discussing this epidemic in a manner that harmoniously balances God's holiness, the law and God's love, and the gospel. For example Jesus Christ provides the model with the woman at the well, the woman caught in adultery, the lepers, the man with the palsy; Jesus' holiness and his love was in perfect harmony. Jesus would take the same approach in ministering to anyone suffering from VVF-HIV/AIDS and stigma (Bruce Field 2001:98-100). In all areas of community life, Christian's communities should condemn stigmatization and discrimination against those who happen to live with VVF-HIV/AIDS and foster a culture of acceptance because all people are created in the image of God.

#### **4.10 Conclusion**

Based on the above discussion on the VVF-HIV/AIDS de-stigmatization from a pastoral theological perspective, the *imago Dei* proposes a fundamental view of human equality that coheres with much of the secular proclamations of human equality today and the task of theology in the light of the issue of human dignity of women, in the context of VVF-HIV/AIDS in Northern Nigeria. The task of theology is to translate Christian faith into terms that are intelligible to the wider culture. In the light of Barth (1960:63-64), the fact that human beings are embodied beings which the text of creation speak eloquently about, as such, there is dignity in the human body. This body remains dignified even under the ravages of deadly disease, especially VVF-HIV/AIDS.

We also discussed what the concept of church means, even in the lives of VVF-HIV/AIDS victims. In that regard, New Testament images of the church were discussed. For example,

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<sup>95</sup> See Busch (2004:82)

the church as the family/community of God and the body of Christ as a means of de-stigmatization was emphasised.

To this effect, humans who subscribe to the Christian worldview are invited or commanded to a life of *imitatio Christi* as they relate to other human beings, who are, like them, regardless of their health condition, created in the image of God. Such a Christian life according to Bongmba (2007:182) issues out in love and compassion to those who suffer, because they deserve our unconditional love<sup>96</sup> and compassion by merely being part of the human family. The study emphasised the importance of an intercultural/contextual hermeneutical model for pastoral care, pastoral anthropology. Louw (1998:20) clearly states that the main focus of the model for pastoral care right from the onset has been people in the totality of their existence. The pastoral care therefore concerns itself with the relationship between fellow beings created in the image of God. The implications of intercultural/contextual pastoral care, most especially for the purpose of this study, were discussed. It is an approach that helps the practitioners of pastoral care to be sensitive to the signs and symbols present in different cultures and willing to learn from each other about what caring for persons might mean in different contexts. The study also discussed the importance of a pastoral anthropology for pastoral ministry. In that section anthropological components for effective praxis of pastoral care were discussed. The study stresses that living a life of love and compassion calls for a praxis that empowers people as individuals and as members of their communities to live up to their full potential as human beings.

According to Bonhoeffer (1965:206), the church is expected to be praxis in service to humanity and serve as an agent of God's love and compassion to the VVF-HIV/AIDS victims. As such, for the church to be involved in stigmatization simply because of health conditions will amount to a sin against not only one's fellow human being, but also against God.<sup>97</sup>

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<sup>96</sup> Unconditional love: an experience that one is accepted unconditionally without the fear of isolation and rejection. It entails identity and maturity directed towards the well-being and advantage of the other (Louw 2005:119).

<sup>97</sup> See Gen. 3:1-8; Matt 24:4-14

This account of de-stigmatization in a theological perspective is a depiction of faith in action by the church as the body of Christ which brings about a sense of belonging to the VVF-HIV/AIDS victims within their community.

Having discussed VVF-HIV/AIDS de-stigmatization from a pastoral theological perspective, we are to further describe a real life story of young adult females living with VVF-HIV/AIDS through the data analysis of the empirical research conducted in northern part of Nigeria. Thereafter we are to form the recommendation based on the findings from this study, which may serve as a guide to the church (ECWA) in order to safeguard human dignity, especially women and to empower humans by means of personal validation, education and sustainable development. At the same time it may help to create a society as a living space in which human dignity can be cultivated in order to gain social credibility.

## **CHAPTER5**

### **DATA PRESENTATION, ANALYSIS AND INTERPRETATION**

#### **5.1 Introduction**

After the study of Osmer's methodology of describing the theory from chapter 1-4 of this study, it is clear that there is a need for an empirical investigation into a better understanding of VVF-HIV/AIDS by the Clergy to enable them, and indeed the church respond to this sensitive health challenge. On the young adult females under this study, it is imperative to also do an indepth study to understand the extent of their suffering and the stigma against them due to their condition. This is in line with Osmer (2008:8) as earlier mentioned in chapter 1 section 1.1.7. That it is after normative task that it will help one to use the theological concepts to interpret particular episodes, situations, or contexts to construct ethical norms that will guide responses gathered from the empirical study. He (Osmer) argued that as members of the Christian community (as in the case of ECWA), they face further questions: what ought to be going on? What are we to do and be as members of the Christian community in response to the events of our shared life and world? Therefore, this chapter focuses on the empirical part of the research. This is with a view of providing a link to the overall goal and purpose of this study. That is, it seeks to investigate the extent of the challenges young adult female living with VVF-HIV/AIDS are facing. For example, this chapter fits into Osmer's (2008:4) model of theological concept (descriptive-empirical), by way of gathering information about the challenges of the victims of VVF-HIV/AIDS and (interpretive) why such challenges are taking place among them. The information gathered will help (ECWA) in its efforts towards providing pastoral care and support to these young women. The chapter, firstly, presents and analyses the data that were generated through the use of a questionnaire distributed among the ECWA pastors in Jos DCC. Secondly, the interviews that were conducted among the young adult females living with VVF-HIV/AIDS at Evangel Hospital Jos were also presented and analysed. Finally, the chapter provides the concluding comments. All the interviews were conducted in the hospital setting.

## 5.2 Method of data presentation and analysis

The data is presented and analysed using mixed method as used in collecting the data which was clearly stated in the methodology of this study in chapter 1. Mixed methods data analysis are the process whereby quantitative and qualitative data analysis strategies are combined, connected, or integrated in research studies (Teddlie and Tashakkori, 2009)<sup>98</sup>. One of the noteworthy trends in mixed methods data analysis is the use of multiple computer programmes as noted by Bazeley (2003:385):

*Software programs offer the capacity of qualitative data analysis (QDA) software to incorporate quantitative data into a qualitative analysis, and to transform qualitative coding and matrices developed from qualitative coding into a format which allows statistical analysis....The “fusing” of analysis then takes the researcher beyond blending of different sources to the place where the same sources are used in different but interdependent ways in order to more fully understand the topic at hand.*

Furthermore, Howe (1988:10) denies the view that the marriage of methods is epistemologically incoherent and countered this point of view with his *compatibility thesis*, which contends that “combining quantitative and qualitative methods is a good thing”.

## 5.3 Phases of presentation and analysis

### 5.3.1 Phase 1: Quantitative research presentation

The focus of the quantitative questionnaire is to understand what the knowledge of the Clergy within ECWA is about VVF-HIV/AIDS condition and how the church could respond to the plight of women suffering from these ailments.

In this phase, firstly, the format in which the questions were distributed among the ECWA pastors and the mode of collection is presented. Secondly, the results were presented in histogram form in which strongly disagree, disagree, agree and strongly agree were used to

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<sup>98</sup> Quantitative research is based on observations that are converted into discrete units that can be compared to other units by using analysis....Qualitative research generally examines people’s worlds and actions in narrative or descriptive ways more closely representing the situation as experienced by the participants...These two paradigms are based on two different and competing ways of understanding the world...[which] are related in the way research data is collected (words versus numbers) and the perspective of the researcher (perspectival versus objective) [and] discovery versus proof (Maykut and Morhouse,1994:1-2).

indicate the percentage of the responses to the questions. For example, the twelve questions in the questionnaire (see appendix 3) were presented and discussed one after the other as a form of gathering the information about the challenges of young adult females living with VVF-HIV/AIDS are facing. The procedures for collecting the data were made easy due to the face-to-face delivery of the questionnaire to the participant. Fifty of them received the questionnaires hand to hand and the questionnaires were accompanied by an introductory letter. In order to avoid misplacement of the questionnaire, respondents were encouraged to fill in the questionnaire on the spot and return it immediately.

50 questionnaires were distributed and 45 were returned as indicated on this table below.

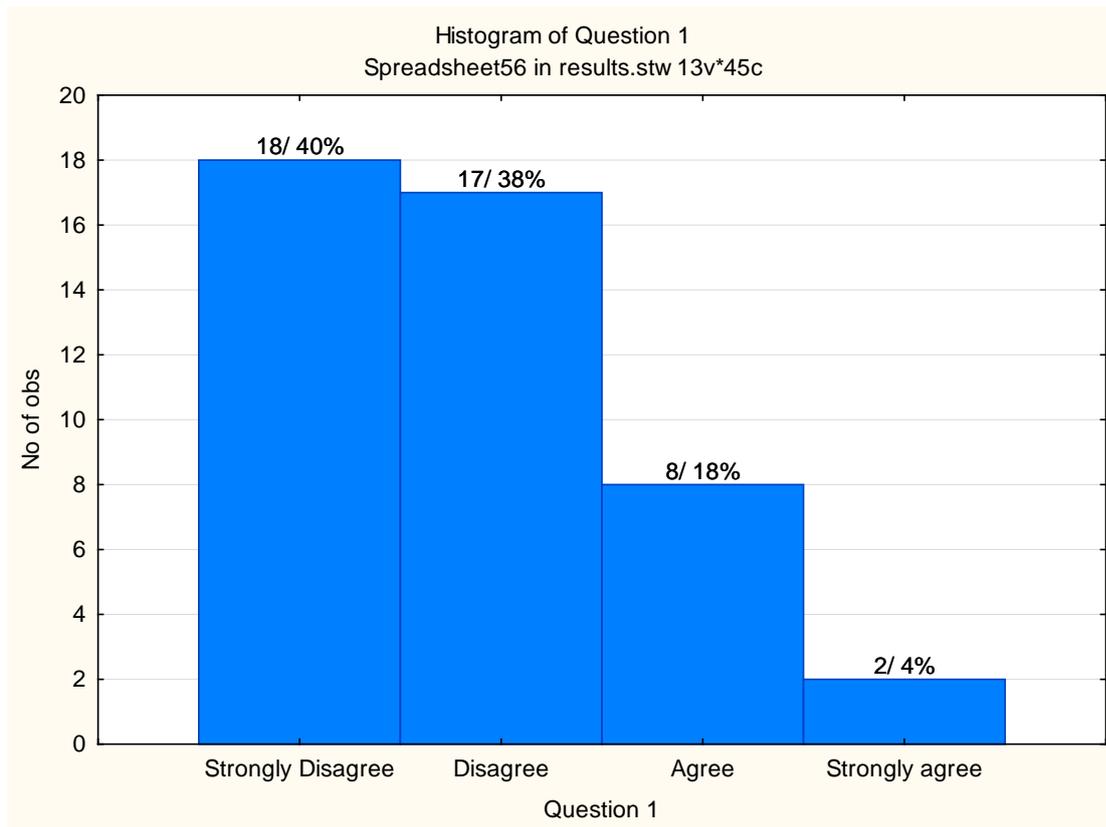
S/NO	Destination	No of forms Sent out	No of forms Returned	No of forms not returned	Percentage returned %
	ECWA District church council Jos	50	45	5	90%

Table 5:1 Number of questionnaires distributed

The table above indicates at a glance how the questionnaire was distributed to the ECWA district church council Jos. The approach used was the investigative descriptive method. The analysis was based on the information that was supplied by the respondents. The descriptive method is the method that describes the situation under question, or presenting the issue as was informed so that it becomes clear to the audience or reader.

Below is the presentation of how the pastors within ECWA District church council, Jos responded to the questions in the following form: strongly agree, agree, disagree, and strongly disagree.

**Question 1: VVF is associated with HIV/AIDS**

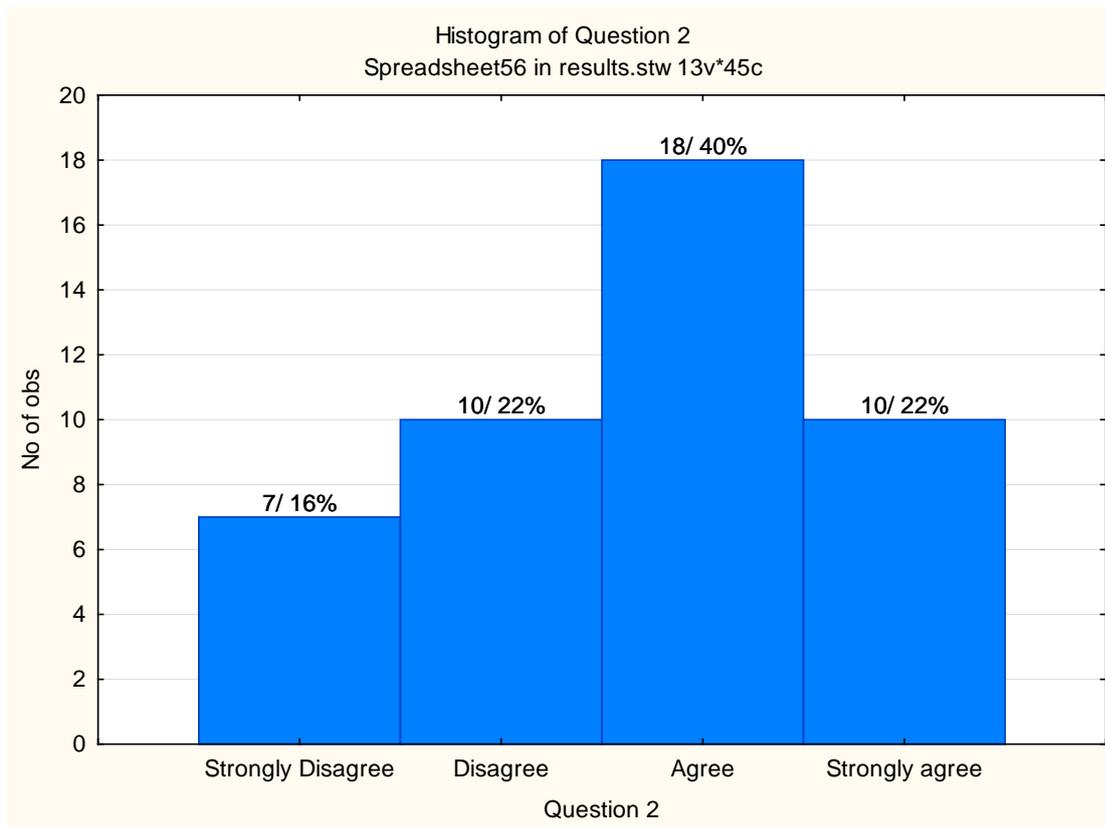


The table above indicates that out of 45 respondents 2 (4%) strongly agree that VVF is associated with HIV/AIDS while 8 (18%) agree, putting together 22% agree. However 17 (38%) disagree while 18 (40%) strongly disagree, putting together 78% respondents who disagree that VVF is associated with HIV/AIDS.

The above information revealed the knowledge of the ECWA pastors about the association of VVF with HIV/AIDS with 81% disagree, which shows that they know little or nothing about the association of VVF with HIV/AIDS.

Ezegwi (2005:589-591), confirmed what was discussed in the problem statement of this study, that VVF is associated with HIV/AIDS. It was stated that this association is common in Northern Nigeria and some other parts of Africa.

**Question 2:** VVF-HIV/AIDS usually occurred when young adult females whose pelvic areas have not yet fully developed, get married or have sexual intercourse with men that are older than them and are HIV/AIDS positive.

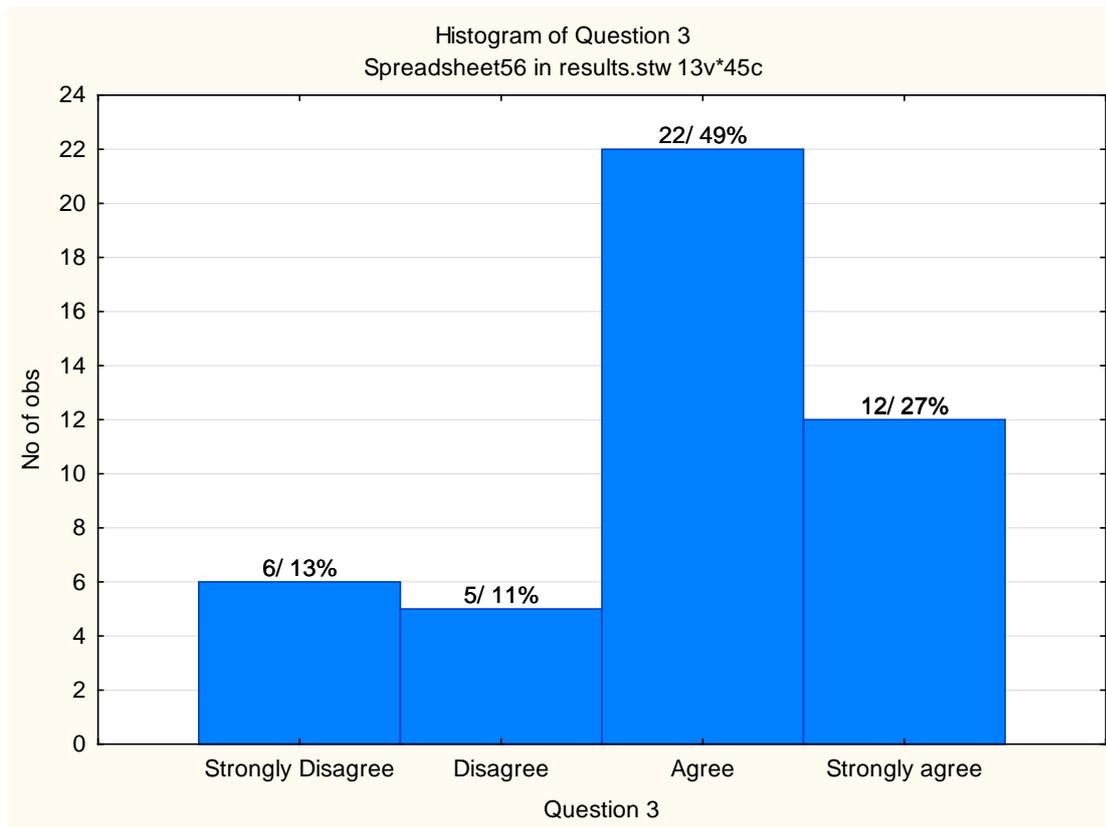


The table above indicates that out of 45 respondents 10 (22%) strongly agree that VVF-HIV/AIDS usually occurred when young adult females whose pelvic area has not yet fully developed, get married or have sexual intercourse with men that are older than them and are HIV/AIDS positive while 18 (40%) agree, putting together 62% who agree. Hold to the contrary 10 (22%) disagree while 7 (16%) strongly disagree, putting together 38% who disagree.

The above information with 58% who agree which is the highest percentage indicates that VVF-HIV/AIDS usually occurred when young adult females whose pelvic areas have not yet fully developed, get married or had sexual intercourse with men that are older than them and are HIV/AIDS positive. This is in line with Ezegwi (2005:589-591):

*It usually occurred when young adult females whom their pelvic have not yet fully developed, get married or had sexual intercourse with men that are older than them and are HIV/AIDS positive (Ezegwi, 2005:589-591).*

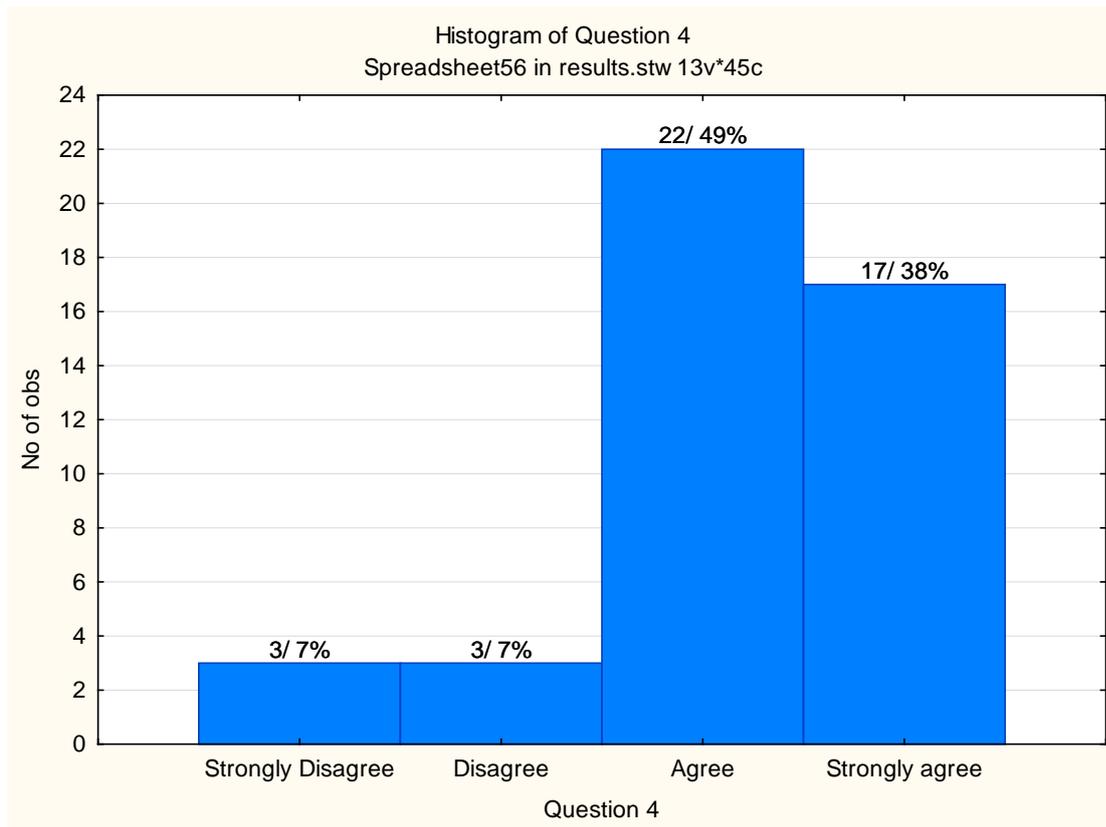
**Question 3:** Due to the cultural context, a married woman may suspect her spouse is infected, but is powerless to protect herself.



The table above indicates that out of 45 respondents 12 (27%) strongly agree that due to the cultural context, a married woman may suspect her spouse is infected, but is powerless to protect herself while 22 (49%) agree, putting together 76% who agree. However, 5 (11%) disagree while 6 (13%) strongly disagree, putting together 24% who disagree.

The above information with 76% who agree which is the highest percentage, support Wall (2004:1018-1019) who argued that married women are powerless to protect themselves from their spouse who may be suspect infected with HIV/AIDS.

**Question 4:** Most of the affected young adult females are abandoned by their spouse.

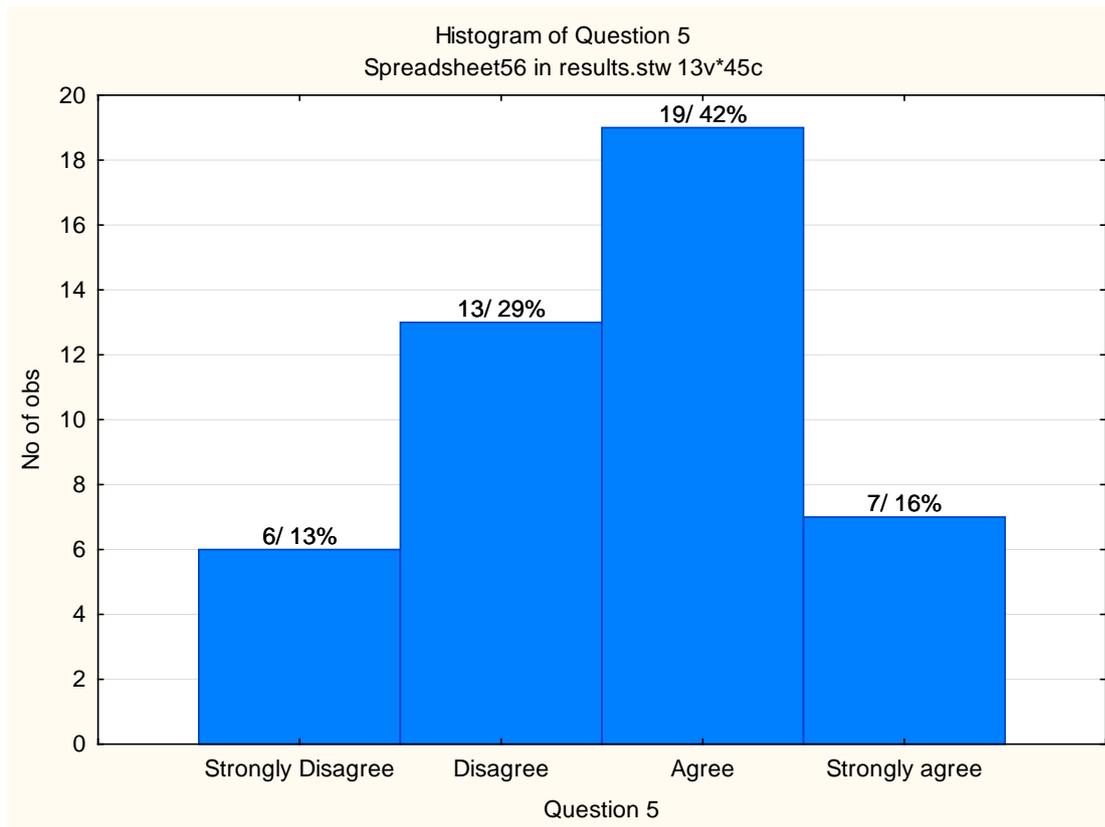


The table above indicates that out of 45 respondents 17 (38%) strongly agree that most of the affected young adult females are abandoned by their spouse while 22 (49%) agree, putting together 87% who agree. However, 3 (7%) disagree while (3 7%) strongly disagree, putting together (14%) who disagree.

The above information with 87% which is the highest percentage indicates that most of the affected young adult females are abandoned by their spouse. Wall, et al., (2005:3-5) confirms that:

*In most cases the babies die leaving women with constant pain, incontinent of urine and/or faces, bearing the sadness of their still born children, abandoned by their husbands and their societies, unemployed and they live without friends and without hope (Wall, et al., 2005:3-5).*

**Question 5:** The attitude and practices of church leaders contribute to the stigmatization of the young adult females suffering with VVF-HIV/AIDS.

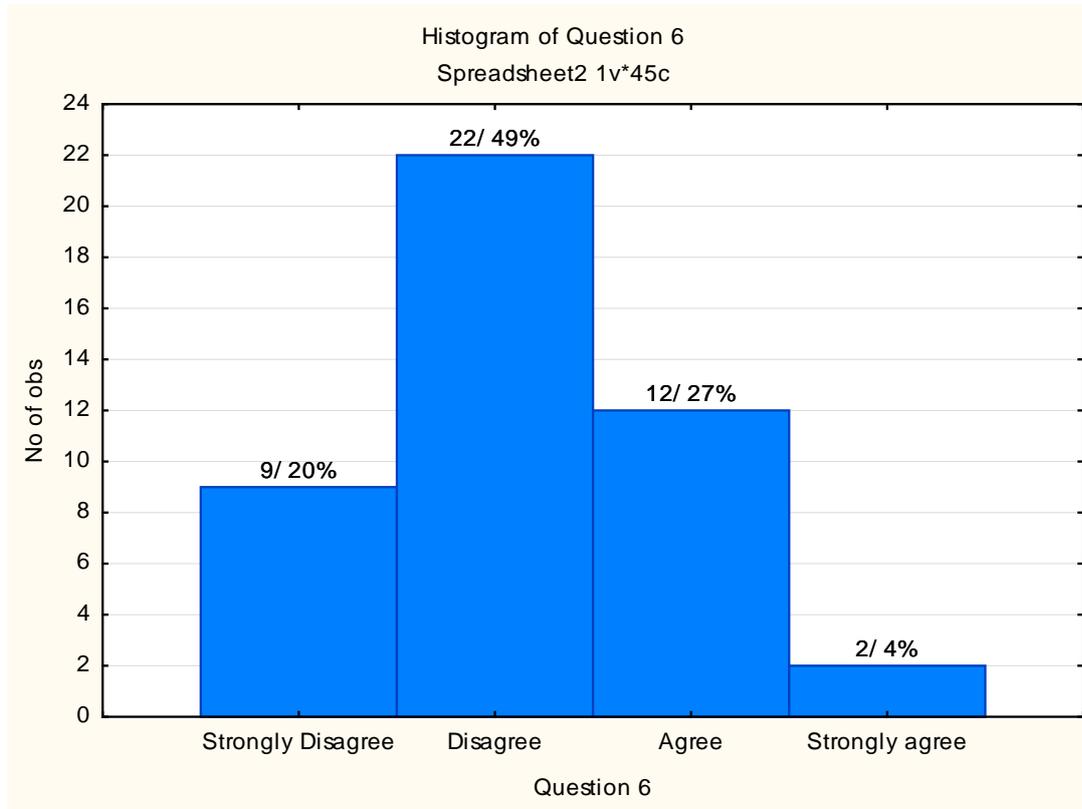


The table above indicates that out of 45 respondents 7 (16%) strongly agree the attitude and practices of church leaders contribute to the stigmatization of the young adult females suffering with VVF-HIV/AIDS while 19 (42%) agree, putting together 58% who agree. However, 13 (29%) disagree while 6 (13%) strongly disagree, putting together 42% who disagree.

The above information with 58% which is the highest percentage indicates that the attitude and practice of church leaders contribute to the stigmatization of the young adult females suffering with VVF-HIV/AIDS. Focus group discussion (2003) on AIDS Relief programme confirmed how the affected group are been stigmatized:

*In the church circle, young adult females living with VVF-HIV/AIDS are viewed as the worst sinners. Judgementalism and rumour-mongering are classic examples of how the affected people are labelled as immoral people since one of the ways through which AIDS is contracted is through sexual behaviour. They are accused of bringing shame to the church and the family because of their illness. In the minds of the family, the person has violated their social norms in sexual behaviour and with that they are stigmatized (Focus group discussion, 2003).*

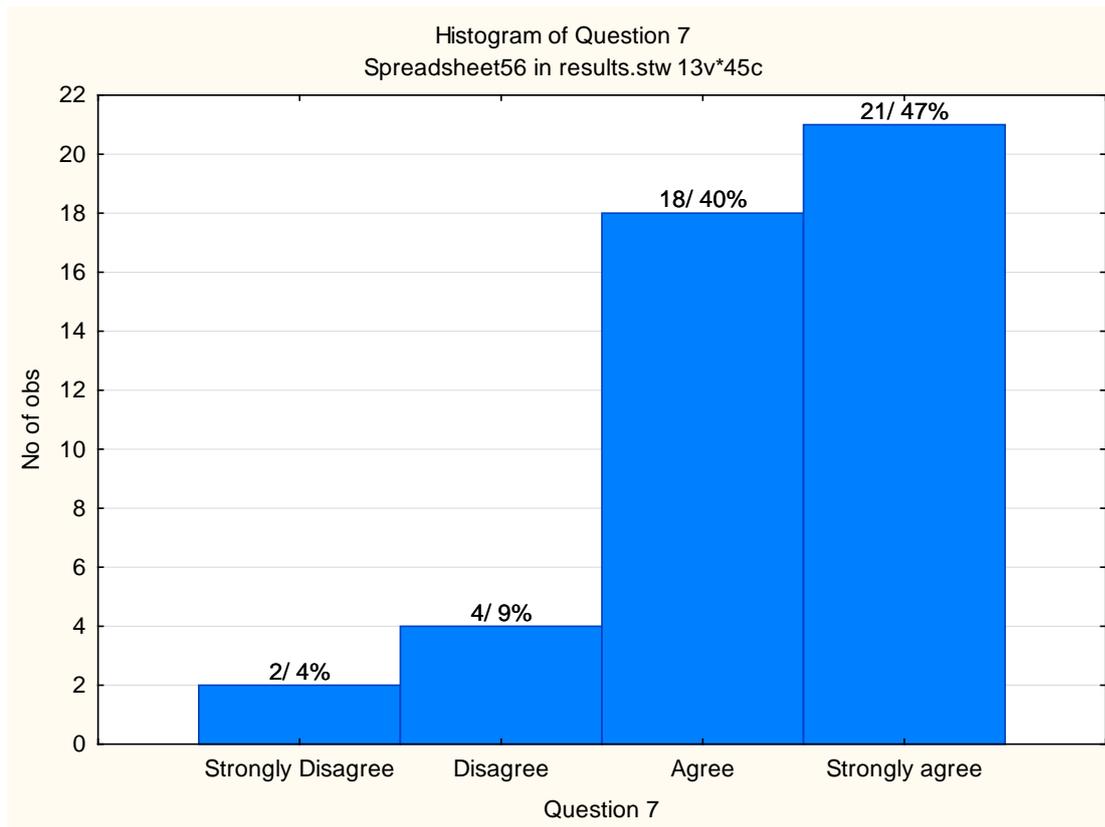
**Question 6:** ECWA Pastors have good theological knowledge and pastoral care about this condition of young adult females suffering with VVF-HIV/AIDS.



The table above indicates that out of 45 respondents, 2 (4%) strongly agree that ECWA Pastors have good theological knowledge and pastoral care about this condition of young adult females suffering with VVF-HIV/AIDS while 12 (27%) agree, putting together 31% agree. However, 22 which are 49% disagree while 9 which are 20% strongly disagree, putting together 69% who disagree.

The above information 69% which is the highest percentage indicates that ECWA Pastors still lack good theological knowledge and pastoral care about the condition of young adult females suffering with VVF-HIV/AIDS. This is one of the reasons why ECWA need good knowledge about pastoral care which has been discussed in both chapters 4 and 5 of this study.

**Question 7:** From the theological point of view, the church is the best organization to offer support and care to people living with VVF-HIV/AIDS.



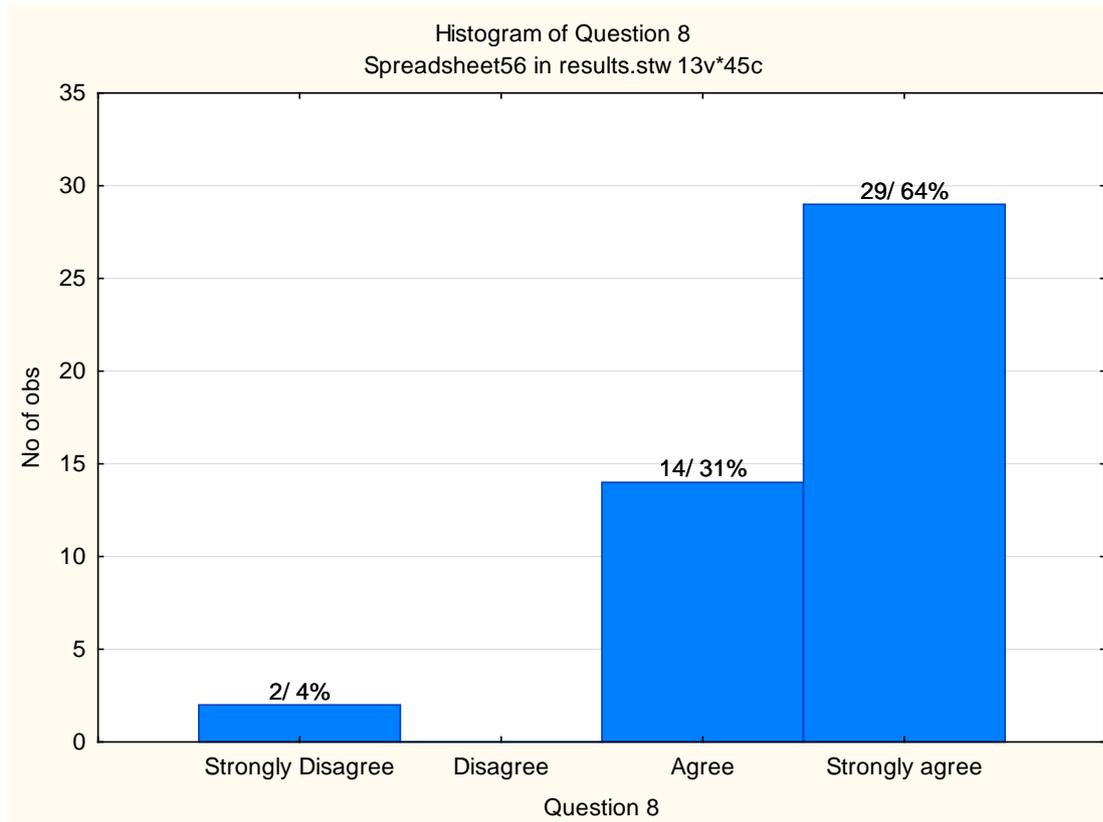
The table above indicates that out of 45 respondents, 21 (47%) strongly agree that the church contextually, morally and theologically stands out to be the best organization to offer support and care to people affected by VVF-HIV/AIDS while 18 (40%) agree, putting together 87% who agree. Hold to the contrary, 4 (9%) disagree while 2 (4%) strongly disagree, putting together 13% who disagree.

The above information with 87% respondents which is the highest percentage indicates that the church contextually, morally and theologically stands out to be the best organization to offer support and care to people affected by VVF-HIV/AIDS. Bonhoeffer (1965:206) confirmed that:

*Since Christians are living in the world, they are involved with people who are both sick (VVF-HIV/AIDS) and healthy, sinful and less than perfect; therefore, the church of Christ in the world cannot be anything else except a hospital for the incurable sick. The epitome of the Christian life is to bear the burden of one's neighbour. The kingdom of Christ is a kingdom of mercy and grace. It is nothing else than the continuous bearing of each other's' burdens even that of VVF-HIV/AIDS patients. All human efforts in principle are meant for the service of love. Preaching the gospel, feeding*

*the hungry and clothing the naked are sharing well as much as the rest of life in the family, society and the church. All human actions in the church and society spring up from the love of Christ to protect and cultivate the life created by God (Bonhoeffer, 1965:206).*

**Question 8:** By the teachings of the Bible, Christian community’s obligation is to love and care for those whose bodies are battered by VVF-HIV/AIDS.

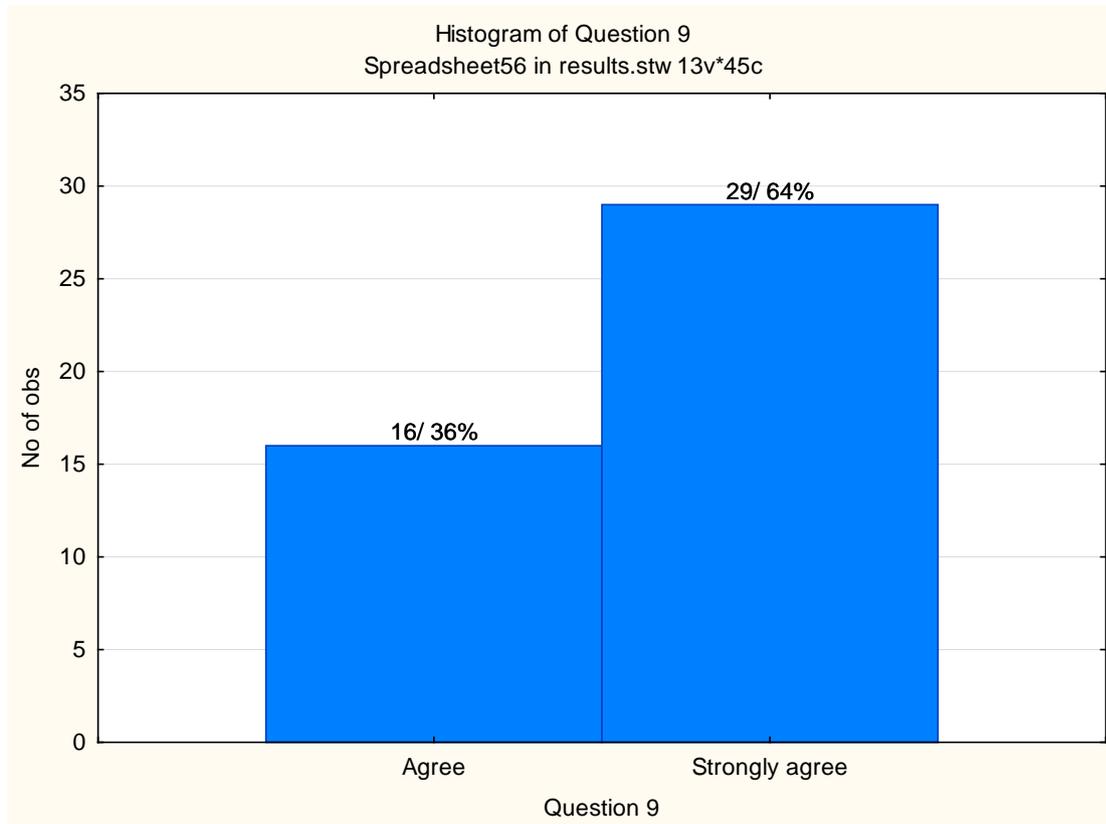


The table above indicates that out of 45 respondents, 29 (64%) strongly agree that by the teachings of the Bible, Christian community’s obligation is to love and care for those whose bodies are battered by VVF-HIV/AIDS while 14 (31%) agree, putting together 95% who agree. However, 0 (0%) disagree while 2 (4%) strongly disagree, putting together 4% who disagree.

The above information with 95% which is the highest percentage indicates that, by the teachings of the Bible, Christian community’s obligation is to love and care for those whose bodies are battered by VVF-HIV/AIDS. Heath confirmed this by reflecting on 1Cor. 12 and the belief that the image of the body of Christ can be used, “to arouse responsibility for assistance to those suffering”. As the body of Christ, not only are we to suffer together, but also to abate suffering (Heath, 1982:324). In addition to Paul’s description of Christ’s body in

1Cor 12: 24-25, Webb-Mitchell claims that God has arranged the parts of the body and their functions as to give, “the greater honour to the inferior members that there be no dissention within the body (Webb-Mitchell, 2003:66).”

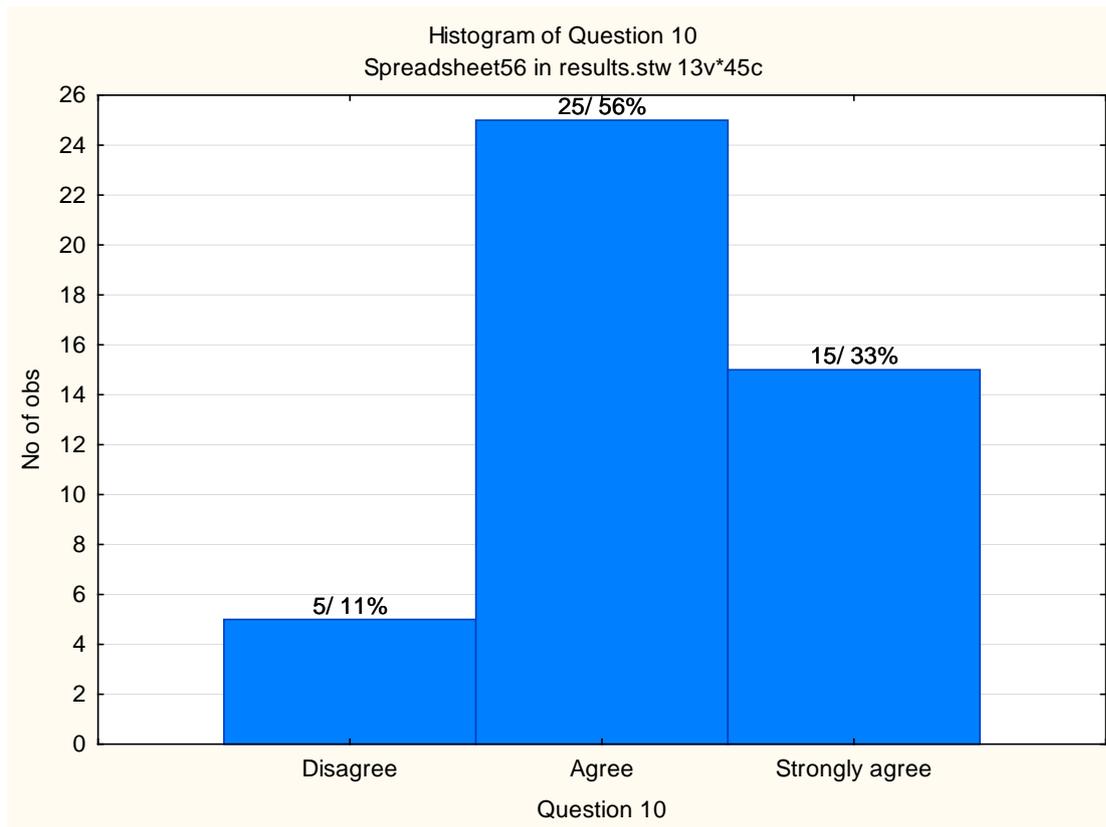
**Question 9:** Believers should embody the gospel message as an instrument of healing.



The table above indicates that out of 45 respondents, 29 (64%) strongly agree that believers should embody the gospel message as an instrument of healing while 16 (36%) agree, putting together 100% who agree. However, 0 (0%) disagree while 0 (0%) strongly disagrees putting together 0% who disagree.

The above information with 100% which is the highest percentage from the respondents indicates that believers should embody the gospel message as an instrument of healing. This is in line with Louw’s (1998:20) argument that, *cura animarum* over the years is an activity that stated long ago the main functions of pastoral care over the years as identified by the various authors are: healing, sustaining, reconciling, nurturing, liberating, and empowering.

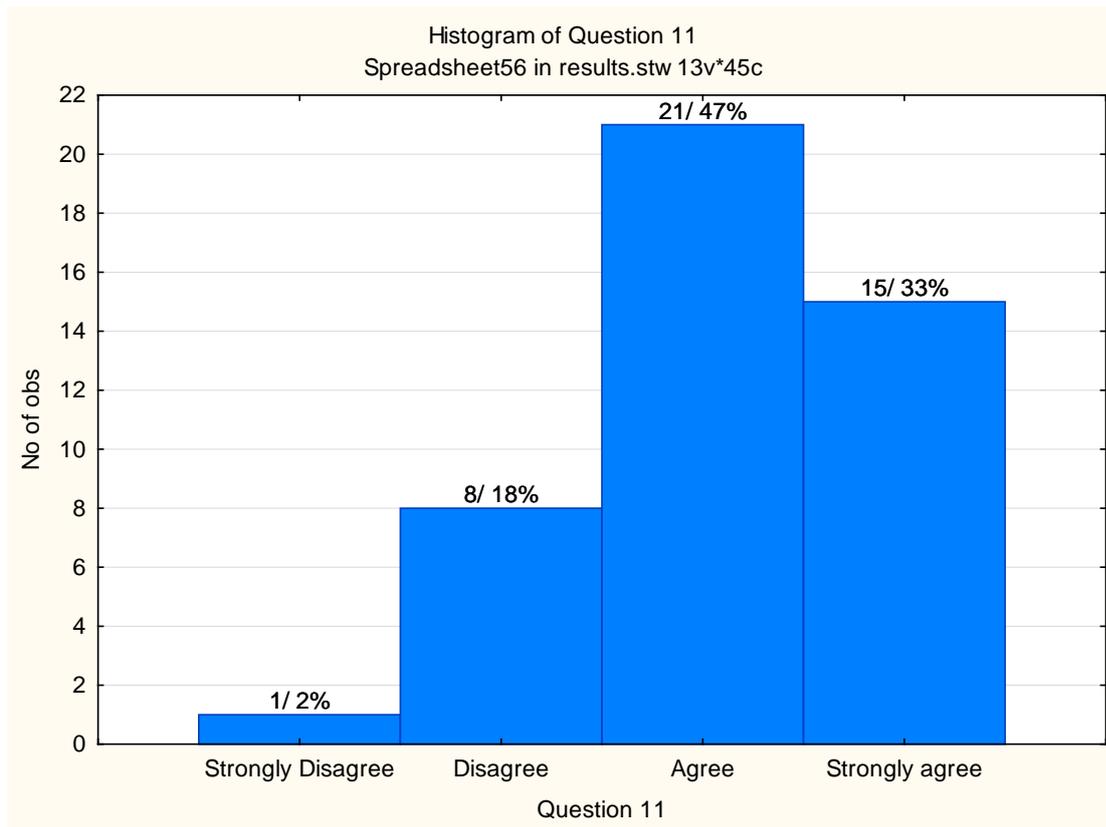
**Question 10:** The communion of believers entails that the people’s needs are identified by the believers themselves and then mobilize interventions.



The table above indicates that out of 45 respondents, 15 (33%) strongly agree that the communion of believers entails that the people's needs are identified by the believers themselves and then mobilized interventions while 25 (56%) agree, putting together 89% who agree. However, 5 (11%) disagree while 0 (0%) strongly disagree, putting together 11% who disagree.

The above information with 89% agreed which are the highest percentage indicates that the communion of believers entails that the people's needs are identified by the believers themselves and then mobilized interventions.

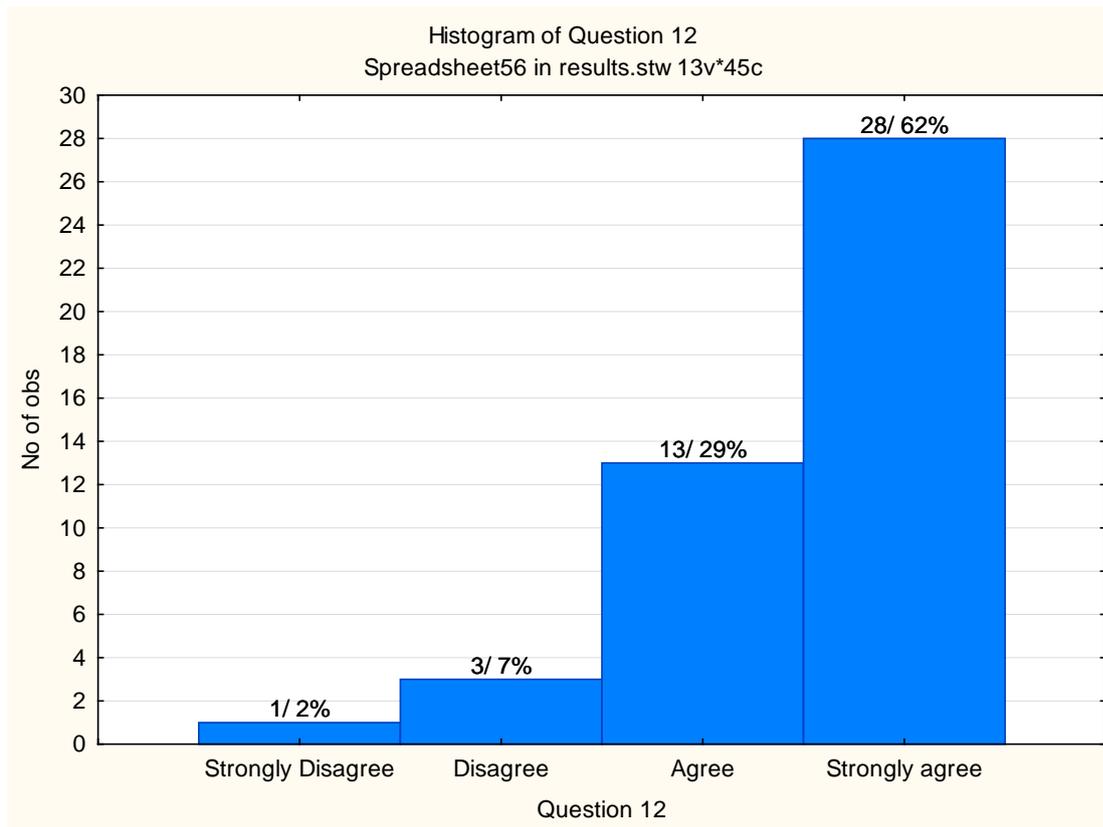
**Question 11:** Pastoral therapy (healing) is about salvation



The table above indicates that out of 45 respondent, 15 (33%) strongly agree pastoral therapy (healing) is about salvation while 21 (47%) agree, putting together 80% who agree. However, 8 (18%) disagree while 1 (2%) strongly disagree, putting together 20% who disagree.

Therefore, the above information with 80% who agree which is the highest percentage shows that pastoral therapy (healing) is about salvation.

**Question 12:** Gospel sharing therefore should be central in all VVF-HIV/AIDS caring ministries



The table above indicates that out of 45 respondents, 28 (62%) strongly agree that gospel sharing therefore should be central in all VVF-HIV/AIDS caring ministries while 13 (29%) agree, putting together 91% who agree. However, 3 (7%) disagree while 1 (2%) strongly disagree, putting together 9% who disagree.

The above information with 91% who agree which is the highest percentage indicates that gospel sharing should be central in all VVF-HIV/AIDS caring ministries.

### 5.3.2 Phase 2: Qualitative research presentation; analysis and interpretation

The focus of the qualitative questions is to investigate the extent of suffering these women living with VVF-HIV/AIDS are faced with and how it has led to the violation of their dignity and even rights. Similarly, the researcher arrived at the questions for the empirical part from the desire to be informed that people see different realities and situations in different perspectives at different times.

In this phase, the researcher presents and discusses the data using the codes (see example in appendix 6) that were generated through the interviews among young adult females who were living with VVF-HIV/AIDS and were admitted in the hospital, Jos. The codes generated were sorted out into specific themes and discussed with the example of the participants. The study indicates the biographical characteristics of the participants. All the twelve selected females

were interviewed within the month of December 2011. The researcher met with each of them together with the research assistants over a period of one hour. But there are some that could not stay up to one hour due to the pains they are going through.

All the participants were married women. Although most of them got married at an early age, only a few of them were mature before they got married. But none of these marriages were officiated in the church. As earlier stated in chapter 1, the participants were affected by VVF-HIV/AIDS at the ages shown below and not their present age at the time of this research. The participants in this study were given the pseudonyms Awawu, Fatima, Ramatu, Rachael, Grace, Laraba, Teni, Rakiya, Mary, Kaka, Mamuna and Sarah.

The table below shows the biographical characteristics of the participants

NAME	AGE	SEX	MARITAL STATUS
Awawu	13	Female	Married
Fatima	16	Female	Married
Ramatu	14	Female	Married
Rachael	15	Female	Married
Grace	18	Female	Married
Laraba	22	Female	Married
Teni	17	Female	Married
Rakiya	22	Female	Married
Mary	19	Female	Married
Kaka	17	Female	Married
Mamuna	14	Female	Married
Sarah	20	Female	Married

Table 5:2 Biographical characteristics of the participants

## 5.4 Data analysis and interpretation

In this section the researcher analyses the qualitative data using thematic analysis as earlier mention in chapter 1 complemented<sup>99</sup> by quantitative data. Thematic analysis is a method used for identifying, analysing, and reporting patterns (themes) within data. It minimally organises and describes the data in rich detail. However, it also often goes further than this, and interprets various aspects of the research topic (Boyatzis, 1998). In contrast to grounded theory (and other methods like narrative and discourse), thematic analysis is not wed to any pre-existing theoretical framework, and so it can be used within different theoretical frameworks (although not all), and can be used to do different things within them. Thematic analysis can be an essentialist or realist method, which reports experiences, meanings and the reality of participants, or it can be a constructionist method, which examines the ways in which events, realities, meanings, experiences and so on are the effects of a range of discourses operating within society (Willig,1999).

Additionally, thematic analysis was data-driven so that themes could be directly formed from the original data and a unique coding framework could be developed (Braun & Clarke, 2006:77). Therefore, the analysis was carried out in accordance with the guidelines of Braun and Clarke. Transcribed data were read several times to ensure thorough comprehension. Patterns within the data were coded and extracts from the original data were assembled into non-overlapping themes and subthemes. They were compared to the original data and further refined

In light of the above description, the researcher therefore analysed the data in the following stages: generating initial codes and categories, searching for themes and producing the report.

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<sup>99</sup> See methodology in chapter 1

### 5.4.1 Generating initial codes

This stage involves the production of initial codes from the data. According to Boyatzis (1998:63), codes identify a feature of the data (semantic content or latent) that appears interesting to the analyst, and refer to “the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon” (Boyatzis 1998:63). The description of coding:

*Glaser and Strauss distinguish between three strategies which characterize different phases in the analysis of a text, but which need not always follow one another in a specified order. The first strategy entails “open coding,” an exploratory examination and breaking down of the text material, using close-to-text “in-vivo” codes, with the aim of deriving preliminary categories. In “axial coding,” those categories held to be theoretically relevant constitute the point of departure for coding further text passages. Categories are then related to one another, and sub-categories may emerge, thus densifying the evolving theory. Furthermore, those text passages that have already been ascribed to other categories may be coded anew. After (usually) several attempts at open and axial coding, the interpreter decides upon a “core category” and thus proceeds to “selective coding,” now focusing on the core category and the relationship it has with all other categories found so far (Gross (1989: )*

The researcher uses both *in vivo* codes (that is, the words used by the participants) and *in vitro* codes (expressions introduced by the researcher) in this analysis as it was described above.

### 5.4.2 A summary of themes that emerge from data/ themes clustering

This stage involves sorting the different codes (see example in appendix 5) into potential themes, and collating all the relevant coded data extracts within the identified themes. At this stage the researcher begins to start thinking about the relationship between codes, between themes and between different levels of themes (e.g. main overarching themes and sub-themes within them) in order to gain insight into the data. As a result, it was observed that some initial codes may go on to form main themes, whereas others may form sub-themes, and others still may be discarded.

Below is the sample of how the codes generated from the twelve participants are sorted into different potential themes.

<b>Causes of VVF-HIV/AIDS</b>	<b>Extent of VVF-HIV/AIDS</b>	<b>Consequences of VVF-HIV/AIDS</b>
<ol style="list-style-type: none"> <li>1. Early marriage, age gap, undeveloped pelvic area.</li> <li>2. Forced marriage - (cultural issues).accompanied by refusal of food and being restrained-tied up.</li> <li>3. Genital mutilation (cultural issue).</li> <li>4. Cultural practices (marriage in exchange), (marriage was arranged by my parent).</li> <li>5. Poor health conditions and services (lack of hospitals and infrastructure)</li> <li>6. Socio- economic problems.</li> <li>7. Lack of education (marriage is more important than education)</li> <li>8. value given to women-women dignity (No freedom of speech, women are under subjection)</li> <li>9. Religious practices (observations).</li> <li>10. Poverty (women are given out in exchange of money)</li> <li>11. HIV/AIDS (undisclosed status by the husband)</li> <li>12. Multiple partners</li> <li>13. Married a widower</li> <li>14. Lack of money for operation</li> <li>15. Marriage without parent</li> </ol>	<p>Lack of urine control.  Christians are part of the VVF-HIV/AIDS victims.  Bleeding after using knife to cut.  Linking the experience to evil  HIV transmission  Smelling  Disgrace to the family</p>	<p>Death of the foetus, stillbirth,  Rejection  Loss relationships/friends  Stigmatization:- seclusion, segregation, gossip, not sit close to, denied, maltreated, rejection, has no sense of living.  The victims were traumatised, observed bitterness and pain, loss of hope (suffering from both VVF and HIV, living in isolation waiting for her death) (this is a point where Christian church needs to build their theology of caring for ...).  Depression (self judgement)  Divorce (marriage was terminated)  Sent away by the parent of the husband (accusation by the parent of her husband and humiliated)</p>

<b>Causes of VVF-HIV/AIDS</b>	<b>Extent of VVF-HIV/AIDS</b>	<b>Consequences of VVF-HIV/AIDS</b>
consent (parent refuse to give support during birth)		

<b>Responsibilities towards the sufferers.</b>
No care given by the church. Show love and concern/ visits by the hospital staff, parents and church. Excommunication from the church (excluded in church activities) (viewed as a worst sinner).

Table 5.3 Potential themes

The researcher then used thematic analysis (as discussed above) to create various categories that emerged from the data. By going through this process, the researcher was able to have a clear understanding of each category which helped the researcher to reduce the list of categories and some were combined. After all the sorting, the researcher came up with four main themes and several other sub-themes.

#### **5.4.3 Naming, defining and interpreting the themes**

The main themes and sub-themes that emerged from the data were named, defined and interpreted in this section. At the end of each section the data were also analysed through the use of visualisation. According to Strauss and Corbin (1990) visualisation is the use of logic diagrams like mind maps which were drawn to identify relationships and the links between categories. The main themes: causes of VVF-HIV/AIDS, extent and consequences of VVF-HIV/AIDS, responsibilities and nature of pastoral care given to the VVF-HIV/AIDS victims which will be discussed further with the use of visualization

### 5.4.3.1 Causes of VVF-HIV/AIDS

The themes that fall under this theme include socio-economic problems and cultural practices which will be analysed and interpreted one after the other.

#### 5.4.3.1.1 Socio-economic problems

In this study, socio-economic problems were identified as a common factor that causes VVF-HIV/AIDS among young adult females as a result of poor health facilities and poverty in the northern part of Nigeria.

**Poor health facilities:** Lack of hospital and poor health facilities in most part of the northern Nigeria contributed to the development of VVF-HIV/AIDS. For example, the cases of all twelve participants in this research reveal that poor health facilities contributed to their present conditions:

*There is **no any hospital** in our village....There is only one clinic in the other village and it is about 36km from our village (Awawu: 19/12/2011).*

*Yes ....there is one hospital in our village but we call it **clinic** because they don't admit people there (Rachael: 20/12/2011).*

*When it was time for me to deliver, I stayed for **two days** in my labour and the child died in my womb..... It took the grace of God before they could remove the child in the hospital. Because there was **no proper equipment I sustained injury** and I started leaking urine (Laraba: 21/12/2011).*

*There is one hospital... but any time people go there they will say there is **no medicine**. Sometimes you will not even meet the **doctor** because he used to come once or twice in a week (Fatima: 19/12/2011).*

Kabril, et al., (2003:54-57) confirmed that a study on VVF done in Nigeria found that a large proportion of obstetric fistula patients were not booked for antenatal care. The reason given by the participants for not attending antenatal care was inaccessibility of health services and facilities (Kabril et al., 2003:54-57).

**Poverty:** Lack of money for an immediate operation when problem occurs during the birth leaves many young adult females in this condition. For example, Kaka happens to be a victim of VVF as a result of lack of money for her operation:

*My husband said he doesn't have the **money** to do the **operation** so they brought me back home. After some days I started leaking urine. I am in this condition now for the past **four years** (Kaka: 28/12/2011).*

Lengmang (2010:3-4) confirms that the development of VVF in Nigeria has revealed that poor socio-economic problems is the underlying factor responsible for maternal ill-health, including the prevalence of obstetric fistula. Furthermore, the high rate of obstetric fistula in many affected countries is as a result of poverty. The socio-economic problems in this study reveal the common factors that lead to the causes of VVF-HIV/AIDS which require immediate action.

#### 5.4.3.1.2 Cultural practices

The following are the sub-themes that emerged from the data which falls under cultural practices; genital mutilation, multiple partners, married to a widower, no regard for women, lack of education, forced marriage, wide age gap of the couples and early marriage which leads to the causes of VVF-HIV/AIDS.

**Genital mutilation:** genital mutilation which is the removal of a part from the females private part is has been identified as one of the causes of VVF-HIV/AIDS. For example, Mamuna, Fatima, Laraba and Sarah were victims of genital mutilation among the number of the participants of this study:

*...something was **removed** from my **private part** but I don't know why they did that to me (Mamuna: 29/12/2011).*

*...they **cut** a part from my vaginal (pause)..... I was taken to a place where strong people will hold you and they use one sharp knife to cut it (Teni: 23/12/2011).*

*....according to our tradition there is what they call **genital cut**..... It is very painful but we cannot avoid it. They tied me down then one old woman just came with knife and does the cutting and I started **bleeding**..... Later they put medicine to stop bleeding (Ramatu: 20/12/2011).*

*...When I was 10 years old, my parents took me to a place where one old woman use a **knife to cut a part from my vaginal** after I was tied down.... I cried but they didn't leave me (Awawu: 19/12/2011).*

Genital mutilation is one of the harmful practices that resulted to VVF-HIV/AIDS in the northern part of Nigeria as it was revealed by the participant. In line with what was discussed in chapter 2 of this study under female genital mutilation, Muhammad (2009) confirms that, the surgical removal of the clitoris and or labia to restrict pleasure and temptation- increase the risk of fistulae. In addition, The Nigeria Demographic and Health (2003) also confirmed the practice of female circumcision, widely known as Female Genital Mutilation (FGM) that Nigeria in the past had the highest absolute number of cases of FGM in the world, amounting to about one quarter of the estimated 115-130 million circumcised women in the world. The practice is founded in traditional beliefs and societal pressure to conform. This is one of the most serious forms of violence against the girls in Northern Nigeria.

**Multiple Partners:** Having more than one marriage partner has been identified as one of the causes of VVF-HIV/AIDS. From the data, Laraba was a victim of VVF-HIV/AIDS as a result of the second wife that his husband took who was living with HIV/AIDS:

*After I got married to my husband, we stay for many years no child so he went and took **another lady**. It was later I got pregnant and also got HIV/AIDS (pause)..... When it was time for me to deliver, I stayed for **two days** in my labour and the child died in my womb..... It took the grace of God before they could remove the child in the hospital (Laraba: 21/12/2011)*

The situation of Laraba revealed how polygamy that insults the dignity of women and in the face of HIV/AIDS exposes women to all kinds of health risks. The woman who lives in a polygamous relationship is a wounded woman. She is a woman who has to share her love with other wives even if they are infected with HIV/AIDS just as it is in the case of Laraba.

**Married to a widower:** This is a type of marriage that normally took place when a man lost his wife. Kaka, who was one of the participants, is a typical example of someone who got married to a widower who is HIV positive:

*...Is like the formal wife of my husband died of **HIV/AIDS** and nobody told me (pause)..... Even my husband didn't **tell** me. So when I got pregnant I suffered a lot before I delivered a **dead child**. Second time I got pregnant again and when it is time for me to deliver, I was not taken to the hospital it was **old women** in our village that stood by me for **two days** and that was how my child died again in my womb (pause)..... When I was taken to the*

*hospital on the third day, they try to **force** the child out and I was told that I sustain injury (Kaka: 28/12/2011).*

Kaka in her experience confirmed some of the harmful cultural practices that led her to this dreadful situation. Wall, et al., also affirms that they mainly delivered at home, attended by family members or unskilled birth attendants or traditional midwives (Wall, et al., 2005:3-57).

**No regard for women:** This is a situation where most women are treated as second class citizens. They have no choice to decide on their own. They are always under subjection. For example, Fatima and Mary were victims of VVF-HIV/AIDS because they were not given the opportunity to decide on their own:

*....My father gave me out **as an exchange of money** because my parents were **poor**..... I was **removed from the school** to married that man who has already married (pause).... I tried to avoid the marriage but my parents didn't allow me (Fatima: 19/12/2011).*

*.....It was like my parent had an **arrangement** with the parent of my husband since when I was still small. When I grew up they told me that I have a husband already..... And that is how I found myself in the hand of my husband who later deserted me because of my present condition....(Mary: 28/12/2011)*

There is evidence in the literature that proves the situation of Fatima and Mary. Uchem (2001:23) confirmed that traditionally, women are made for men; they exist as domesticated beings that have no role in the public; they are prepared for marriage in the 'moral' way. Marriage and childbearing is the destiny of women and anything that threatens this is prevented from the root. This is why they have to be subjected to the horrors of circumcision, symbolically, to prepare them for womanhood (Uchem, 2001:23). In addition to that, Okonufua (2005:5) also confirmed that, among the most important factors contributing to maternal morbidity tragic situation are cultural practices that undervalue women in Nigeria. They are been removed from the school and given out for marriage in exchange of money which often resulted into VVF-HIV/AIDS as in the case of Fatima and Mary.

**Lack of education:** Education is of less importance than marriage. Laraba was a typical example of this:

*My parent **gave** me out for marriage after I finish my primary school .....because in our place it is only **boys** that go to higher school. I am even lucky that I finish my primary school before getting married (Laraba 21/12/2011).*

**Forced marriage:** More than half of the participants reveal that they were forced to marry their husbands. For example, Awawu, Ramatu, Rachael and Teni were among the victims of forced marriages:

*.....I was **forced** to married him.... I was forced by my father to marry at that age and I don't like it. Somebody just came and say if you will give your daughter I will marry her. So my father forced me to marry that family. I rejected the marriage but my father didn't agree with me....hh, He **tied me** for good three days without food (Awawu: 19/12/2011).*

*...When I was small due to the tradition of our place, somebody came with the amount of **money** and gave it to my parents (pause)..... From there I was **force** to go with him as his wife (Ramatu: 20/12/2011).*

*It was like a sort of **exchange**. I was given to him so that my brother can married from that family. I didn't like it but I was force to (Rachael: 20/12/2011).*

*...Is it not these so call **culture** that **denies** me from **freedom** of choosing my own partner..... My father gave me out for marriage without any courtship (Teni: 23/12/2011).*

Esiet (2004:97-99) confirmed that, in Nigeria 34% of 15- to 19-year-old females are married. Early marriage, whether consensual or forced is an accepted means of commencing adolescent sexuality especially in the northern parts of Nigeria. Many girls have to experience menarche in their husband's home.

**Wide age gap of the couples:** Most of the participants whose pelvic areas are underdeveloped and who got married to older men, led to VVF-HIV/AIDS. Like Awawu who is 13 years old, Rachael 15 years, Kaka 17 years, Mamuna 14 years and Fatima 16 years got married to men who are much older than them:

*...I doesn't know his actual age but he should be like 34 years because he is age mate with my senior brother (Awawu: 19/12/2011).*

*...I thinks it should be about **13 years** because he told me he is 28 years even though I don't believe him because he is looking **old** (Rachael: 20/12/2011).*

*...I thinks my husband is **twice of my age** when I got married to him (Kaka: 28/12/2011).*

*My husband aged me for **12 years** (Mamuna: 29/12/2011).*

*That my so called husband aged me for about **14 years** (Fatima: 19/12/2011).*

Yusuf confirmed that many parents, especially in the northern part of the country, have still maintained the practice of marrying their daughters off by age 12, to mostly older men (Yusuf, 2001:34). In addition, prospective husbands are selected based on social, religious and monetary factors, while age is not considered a factor (Bamgbose, 2002:4). As a result, the husband is often older than the bride. Research conducted by the Population Council confirmed that, in Nigeria, husbands of "child-brides" were, on average, 12 years older than their wives, and 18 years older in cases of polygamous marriage (Population Council, 2005). This factor was also confirmed by Ezegwi (2005:589-591):

*In northern Nigeria and some other African countries, VVF is associated with HIV/AIDS. It is usually occurred when young adult females whom their pelvic have not yet fully developed, get married or had sexual intercourse with men that are older than them and are HIV positive (Ezegwi, 2005: 589-591).*

On the contrary, the survey carried out among the ECWA pastors shows that 81% which is the highest percentage of the participants disagree that VVF is associated with HIV/AIDS (Histogram of question 1). It reveals that they know little or nothing about the association of VVF with HIV/AIDS which makes it prevalent in the northern Nigeria. In that case the involvement of the pastors in the study of VVF-HIV/AIDS becomes important. This will be discussed in detail in the next chapter as part of the recommendation.

**Early marriage:** This is the act of given out girls for marriage before their matured age. The following eight participants (Awawu, Fatima, Ramatu, Rachael, Teni, Mamuna, Kaka and Grace) emerged from the data as the victims of this early marriage which led to their present conditions:

*.....I was **13 years** old when I got married to my husband (Awawu: 19/12/2011).*

*.....I was just **14 years** when my father **gave me out** for marriage (Ramatu: 20/12/2011)*

*....I got married at the **age of 15 years** (Rachael: 20/12/2011).*

*.....I was **16 years** old (Fatima: 19/12/2011).*

*....I got married at the **age of 18 years** when my husband was 40 years (Grace: 21/12/2011).*

*.....I think..... I should be **17 years** before I got married to my husband who later abandoned me (Teni: 23/12/2011).*

*.....I should be around **17 years** old when I got married (Kaka: 28/12/2011).*

*I was given out for marriage at the age of **14 years** old after my primary school (Mamuna: 29:12/2011).*

Early marriage has a negative impact in the life of so many young girls from the northern part of Nigeria. This was also affirmed by the Population Council 21, Dec. 2005 and BBC 7 September 2002 as was early discussed in chapter two of this study<sup>100</sup>.

Having named, analysed and interpreted the causes of VVF-HIV/AIDS among young adult females, below is the diagram that shows their relationships. The next section analyses the extent and consequences of VVF-HIV/AIDS.

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<sup>100</sup> See chapter 2: Marriage in Nigeria

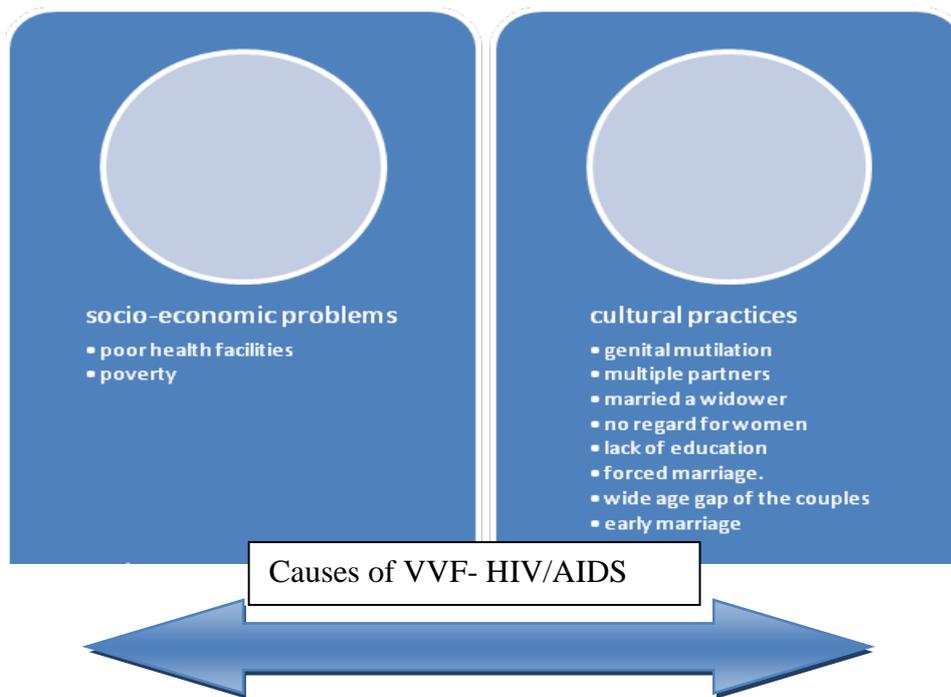


Figure 6.1 causes of VVF-HIV/AIDS

#### 5.4.3.2 Extent and consequences of VVF-HIV/AIDS

The themes that emerged under this category includes; physical, social, political, emotional, and spiritual consequences and will be analysed and interpreted as follows:

##### 5.4.3.2.1 Physical consequences

The following sub-themes fall under physical consequences; stillbirth, bleeding, lack of urine control, smeling/bad odour.

**Still birth:** Still birth which is also known as lost of child or child died at the birth is one of the extent and consequences of VVF-HIV/AIDS as emerged from the data. Half of the total number of the participant experience the dead of their babies at birth:

*..... I delivered the baby already dead. After some time I started bleeding because the baby was forced out from my vaginal (Awawu: 19/12/2011).*

*.....When I was to give birth to my first child, they took me to the hospital but I couldn't give birth myself. After some hours I don't know what happened, the baby came out but death (Fatima: 19/12/2011).*

....It was later I got pregnant and when it was time for me to deliver, that was when I got this problem (pause).... This time around the **child died in my womb** and was **forced to remove** (Mary: 29/12/2011).

.....I stayed for a whole day without been attend to. It was the second day that they decided to take me to the hospital and before we reach the hospital the child **died** in my womb (pause)..... When they try to **force** the child out that is when I got this problem (Teni: 23/12/2011).

....During the delivery it was terrible for me. I don't even know that I will survive (pause)..... The **child came out dead** and I sustained **serious injury** (Rakiya: 23/12/2011).

When I stay with my husband for some time and then I got pregnant..... In the process of delivery the **child died in my womb**. It was God that safe my life..... The second time again, I got pregnant and in the process of delivery, I stay at home for three days (pause).... It was on the fourth day that I was taken to the hospital. I delivered the child **already dead** and I started leaking blood and urine..... (Ramatu: 20/12/2011).

**Bleeding:** Most of these young females suffered bleeding during the cut of a genital part and also during the birth. For example, Ramatu and Fatima are victims of this condition:

....according to our tradition there is what they call **genital cut**..... It is very painful but we cannot avoid it. They tied me down then one old woman just came with knife and does the cutting and I started **bleeding**..... Later they put medicine to stop bleeding..... I delivered the child **already dead** and I started leaking blood and urine..... (Ramatu: 20/12/2011).

.....I was not properly attended to then I started **bleeding** (pause)..... When my husband notice that the child is dead and I got fistula he left and doesn't want to see me anymore (Fatima: 19/12/2011).

**Lack of urine control:** This is when these young adult females living with VVF-HIV/AIDS passes urine uncontrollably. This happens to all the participants. A few examples are that of Grace, Teni, Mamuna and Fatima:

.....What led me to this condition is because my husband got **HIV/AIDS** and he didn't tell me (pause)..... When I got pregnant for the first time I had miscarriage. In the second time, before I gave birth to my **son** who is also now **HIV positive**, I started leaking blood..... After the delivery, I could not **control my urine anymore** not knowing that I sustained an **injury**. That is how I found myself here for the past two years now (Grace: 21/12/2011).

.....When they try to **force** the child out that is when I got this problem. So I started leaking the **urine** and even the **faeces** I can't control it at times (Teni: 23/12/2011).

...I didn't know that I got injured, it was after some time that I started **leaking urine** which I couldn't **control** (pause)..... I told my husband and he didn't take any **action** (Mamuna: 29/12/2011).

I can't **control my urine** and because of that my husband's people said they will not waste their money on me so I should **leave their home** (Fatima: 20/12/2011).

**Smelling/bad odour:** Smelling and bad odour is one of the common characteristics of the people living with VVF-HIV/AIDS. It doesn't matter how many times they bath or change their clothes, since they pass urine and faeces all the time. As such people don't want to be close to them or associate with them. Fatima, Laraba and Teni are a few examples of women who suffer from smelling/bad odour:

.....I don't **fit** into any church fellowship because of the **smell**..... (Fatima: 19/12/2011).

...I doesn't fit because I **smell**..... (Laraba: 21/12/2011).

.....How can I fit into the church when I am sick and **smelling**? (Teni: 23/12/2011).

Lengmang (2010:3) confirmed that most of the babies of these young adult females living with VVF do not survive. The mothers are lucky to survive, but they are afterwards often accompanied by the smell of urine or faeces that drain out of their bodies and they often cannot walk as a result of complications of labour. Even worse, they are divorced and neglected by society due to their condition (Lengmang 2010:3). In the same vain, Bangser

(2007: 535-536) also confirmed that, smelling/bad odour is a serious problem for these young adult females living with VVF-HIV/AIDS. They find it difficult to fit into the church and some social gatherings. In light of what was extensively discussed in chapter 2<sup>101</sup> of this study, women with fistula mostly remain in their homes, stop making social visits, and no longer attend public events such as funerals, celebrations and church services. In addition, the literature affirms that the emotional impact of the stigma, confidentiality, and isolation represents a sizeable burden on women affected by the condition. VVF-HIV/AIDS is, quite clearly, highly disgraceful to those who must live with it. The continuous wetness and smell often keep many affected young adult females in isolation. They become so ashamed of their condition that they isolate themselves from their communities. Continual leakage of urine and faeces into the vagina is, no doubt, traumatizing. In spite of their best attempt to stay clean, the smell of leaking urine or faeces is offensive and not easy to eliminate or ignore (Bangser, 2007:535-536).

The above analyses are the physical consequences that emerged from the data. The next section analyses the social consequences.

#### 5.4.3.2.2 Social consequences

The following are sub-themes that falls under the social consequences; loose relationships, divorce, seclusion, denial, disgrace to the family.

**Loss of relationship:** This is the situation where young females living with VVF-HIV/AIDS suffer loosening their relationship with people, most especially people that are very close to them and the church fellowship. For example, Fatima, Teni, Grace, Mamuna, Rakiya, Mary and Awawu are among the people that suffer loss of relationship:

*.....hah....Don't even mention anything like relationship..... They don't want to have anything to do with me (Fatima: 19/12/2011).*

*They don't relate to me at all..... (Teni: 23/12/2011).*

*....Long ago I am not in any group or **fellowship** of our church. I don't have any **relationship** with them.... I am just on my own (Grace: 21/12/2011).*

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<sup>101</sup> See chapter 2 of this study (2.4.2 Psycho-socio/stigmatization)

*....I doesn't belong to any **fellowship** since I am in this condition.....  
There is no **relationship**..... (Mamuna: 29/12/2011).*

*Now that I am in this condition... I can't go to church and **fellowship** with  
them (Rakiya: 23/12.2011).*

*....I feel **isolated** (pause)..... No association with people. I feel **ashamed** of  
myself..... (Mary: 28/12/2011).*

*Since I was in this condition, I realized that they **gossip** about me..... They  
**distance** themselves from me. No one wants to sit **close** to me and that is  
why I stop going to the church (Awawu: 19/12/2011).*

**Divorce:** Divorce means separation between the two couples and it is part of the issue what emerged from the data as the extent/consequences of VVF-HIV/AIDS. Ramatu is a victim of that situation:

*.....I am in pains because when my husband heard that the baby is dead  
again and am leaking urine, he didn't come to the hospital and that was the  
**end of our marriage**. Now I don't have any child and my husband has  
**deserted** me..... (Ramatu: 20/12/2011).*

**Seclusion/denial:** It is evident from the data that many participants are been secluded and denied as a result of their situation. Sarah, Rachael and Ramatu are examples of such situations:

*.....I don't think they know I **exist**..... No **sympathy**..... (Sarah:  
30/12/2011).*

*.....I don't think church does anything about my situation. ....Because I  
haven't seen any church member **around** me since I am in this situation  
(Rachael: 20/12/2011).*

*.....How can I think about spiritual things when I don't have any **access** to  
the church anymore.... In the first place the pastor used to visit me but  
when I was tested **HIV positive**, he stop coming to my place. (Ramatu:  
20/12/2011).*

**Disgrace to the family:** This is when the family members of the affected people view their situation as a shameful one. In most cases they see it as if they did something wrong which warrant them such condition. For example, Mamuna and Awawu are the victims of that situation:

*....They views my condition as if I have brought **shame** to the family.....  
(Mamuna: 29/12/2011).*

*...They treat me like the **worst sinner**..... As if I am the one that cause it to myself.... They **abandoned** me completely. Even my fathers that force me to married that man has never visit me here (Awawu: 19/12/2011).*

It is evident from the above quotations that young adult females living with VVF-HIV/AIDS are really experiencing a social consequence which affects their dignity. There is growing evidence in the literature that shows how these groups of people are really experiencing social consequences. Mwaura confirmed that such women are viewed as a disgrace to the family without minding the cultural factors that lead them to that situation. In fact, these women are the modern day lepers of ancient Jewish culture and the witches of traditional African society. This leaves such people lonely, hopeless and they may eventually die miserable deaths due to loss of dignity and value (Mwaura, 2008:133). Similarly, focus group discussion (2003) affirms that even in the church circle, young adult females living with VVF-HIV/AIDS are viewed as the worst sinners. Judgementalism and rumour-mongering are classic examples of how the affected people are labelled as immoral people since one of the ways through which AIDS is contracted is through sexual behaviour. They are accused of bring shame to the church and the family because of their illness. In the minds of the family, the person has violated their social norms in sexual behaviour and with that they are stigmatized (Focus group discussion, 2003).

#### 5.4.3.2.3 Political consequences

The sub-theme that falls under these political consequences is abandonment.

**Abandoned:** This is a situation where the affected young adult females living with VVF-HIV/AIDS are being left uncared for. Awawu, Laraba, Mary, Mamuna and the histogram of question 4 of quantitative research reveal the degree of their abandonment:

*...It is painful because I lost my child and my husband said he has **nothing to do with me anymore** (crying)..... (Awawu: 19/12/2011).*

*...They feel so bad for me because..... my husband **deserted** me and said he doesn't have anything to do with me anymore (Laraba: 21/12/2011).*

*...My husband took me to the hospital where I was told that I had **fistula** and I was also tested **HIV positive** (pause)..... When my husband heard that, he **left** me here up till today he didn't come back to see me again (Mary: 28/12/2011).*

*.....When the **parent** of my husband got know about it they told my husband to take me to my parent because they will not **suffer** with me who will not be able to give birth to **child anymore**..... (Mamuna: 29/12/2011).*

In addition, the histogram of question 4 of quantitative research shows that:

*Out of 45 respondents 17 (38%) strongly agree that most of the affected young adult females are abandoned by their spouse while 22 (49%) agree, putting together 87% who agree. However, 3 (7%) disagree while 3 (7%) strongly disagree, putting together 14%.who disagree.*

*The above information with 87% which is the highest percentage shows that most of the affected young adult females are being abandoned by their spouses. The information given here is in line with the argument of Wall, et al. (2005:3-5) in chapter 1 of this study. Most of these women are living with constant pain, are incontinent of urine, are abandoned by their husbands and their societies. They live without friends and without hope.*

Mwaura (2008:137) pointed out that traditionally, marriage is often associated with procreation. If a woman does not bear children, then she is judged by many to be worthless. This is common with VVF-HIV/AIDS patients as it denies them the right to seek comfort in each other and to derive other joys from a marital relationship besides sexual relations and pregnancy. As a matter of fact, most of such women are divorced and ostracised by the family since they can no longer give birth to a child anymore. Having analysed the political consequences which reveal how these young females living with VVF-HIV/AIDS are being abandoned and left uncared for, the next section will be analysing the emotional consequences.

#### 5.4.3.2.4 Emotional consequences

The following are the sub-themes that emerged under emotional consequences; stigmatization, depression, rejection, humiliation, and bitterness.

**Stigmatization:** Stigmatization is one of the major extent/consequences of those who happen to live VVF-HIV/AIDS. Based on the data, all the participants are being stigmatized in one way or the other. Below are some of the examples that emerged:

*Since I was in this condition, I realized that they **gossip** about me..... They **distance** themselves from me. No one wants to sit **close** to me and that is why I stop going to the church (Awawu: 19/12/2011).*

*.....The church assisted me some years back but now they have **withdrawn**.... I observe that I have been **stigmatized** by my church members..... I feel **bad** about their attitude towards me (Mary: 28/12/2011).*

*.....It is really a big challenge because I can't go to church; I can't **associate** with any church members. ....Nothing but **stigmatization**..... (Rachael: 20/12/2011).*

**Depression:** Some of the victims of VVF-HIV/AIDS feel depressed as a result of rejection and lack of encouragement by the church and family members. Ramatu is an example of such a situation:

*...Their attitude makes me feel more **depressed** because they don't offer any encouragement to me..... (Ramatu: 20/12/2011).*

**Rejection:** Rejection is common among people who happen to live with this condition. Awawu, Ramatu, Laraba, Mamuna and Sarah suffered rejection both by the church, family members and husbands:

*...It is painful because I lost my child and my husband said he has **nothing to do with me anymore** (crying)..... (Awawu: 19/12/2011).*

*.....I don't fit in because am sick and **rejected**. ....They all rejected me as the **worse sinner**..... (Ramatu: 20/12/2011).*

.....*They feel so bad for me because..... my husband **deserted** me and said he doesn't have anything to do with me anymore (Laraba: 21/12/2011).*

.....*I observe that I am completely **cut off and rejected by the church** (Kaka: 28/12/2011).*

*Mn.....As you can see, I am in serious pains (pause)..... My **child is HIV positive**; I am **rejected** by my husband's family and suffering with **HIV/AIDS and VVF** at the same time..... (Mamuna: 29/12/2011).*

*Hah....I doesn't **belong** to any fellowship because I am a sinner.....I am **rejected** (Sarah: 30/12/2011).*

**Humiliation:** Most of these young adult females receive accusation and humiliation by the husbands' parents. For example, Sarah was accused after the death of her husband:

.....*My husband was **living with HIV/AIDS** and he didn't tell me so I also got **contracted**..... I deliver another **child dead** again and got **injured at birth** (pause)..... Few months later my **husband died** and the parent of my husband said I **killed their son**.... (Sarah: 30/12/2011).*

**Bitterness:** The victims observed bitterness and pains. They feel so bad about their situation:

*Oh...I feel so **bad** but there is nothing I can do about it (Awawu: 19/12/2011).*

.....*This experience is bad. I **cry** every day and one could comfort me (Sarah: 30/12/2011).*

*Mn....Is only God that help me now..... I am **tired** of this condition (pause).... I wish I could **die**.... (Laraba: 21/12/2011).*

The quotations from the above mentioned participants reveal the extent of emotional consequence these young adult females living with VVF-HIV/AIDS are facing. The result confirms what was discussed in chapter 2 (challenges of young adult females living with VVF-HIV/AIDS)<sup>102</sup>. A similar observation of the stigmatization of such group of people is echoed by Mwaura (2008:136) that church has done a lot of havoc by fuelling the

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<sup>102</sup> See challenges of young adult females living with VVF-HIV/AIDS in chapter 2 of this study (2.4)

stigmatization of people who happen to live with this type of condition which need urgent attention for the purpose of their dignity which is due to them. Exclusion makes the stigmatized person feel unloved and unwanted thereby leading to feelings of self-hate and devaluation. Whether the person is to blame or not to, such feelings often lead to depression and bitterness and may complicate such a person's physiological, emotional and spiritual well-being (Mwaura, 2008:136).

Having analysed the emotional consequences, the next theme that emerge from the data is spiritual consequences.

#### 5.4.3.2.5 Spiritual consequences

The following are the sub-themes that fall under spiritual consequences; loss of hope and stigmatization.

**Loss of hope:** This is a situation where most of the victims of VVF-HIV/AIDS feel they are worthless and tried to give up. For example, Teni, Grace, Rachael and Ramatu fall under this category:

*My life is **miserable**..... I feel **worthless** because I can't **associate** with people and I can't do things for myself... I am not coping anything because..... I **cry** every day for help..... (Teni: 23/12/2011).*

*.....As you can see me now, I am in pains..... **HIV/AIDS and VVF** at the same time (pause).... What traumatic condition is more than this? No one wants to **associate** with me anymore..... I am only waiting for the day I will **die**..... Because I am no more useful again in this world..... (Grace: 21/12/2011).*

*The kind of pains I am going through is too much. ....Apart from the **physical pains**, look at the **stigma**? I can't sit in the midst of normal people anymore (crying).... I blame myself for accepting that marriage which led me into this **worthless** situation. (Rachael: 20/12/2011).*

*Mn....I don't know because I don't have any **hope**.... (Ramatu: 20/12/2011).*

**Stigmatization:** Stigmatization is the biggest consequence that these young adult females face in this dreadful condition. Stigma which is considered unworthy or devalued in the

estimation of others due to having an alleged fault or character trait<sup>103</sup>. Both qualitative and quantitative research in this study revealed the extent of their stigmatization by the church:

*.....No body want to **associate** with me anymore. So I don't even **belong** to any fellowship anymore. (Awawu: 19/12/2011).*

*Oh.....How can I think about spiritual things when I don't have any assess to the church anymore..... They all rejected me as the worse sinner..... Hah.....I feel a shame of myself because of the stigmatization (Ramatu: 20/12/2011).*

In addition to the experience of Awawu and Ramatu, the histogram of question 5 reveals the extent to which the attitude of church leaders contribute to stigmatization of those who happen to live with VVF-HIV/AIDS.

Out of 45 respondents 7 (16%) strongly agree the attitude and practices of church leaders contribute to the stigmatization of the young adult females suffering with VVF-HIV/AIDS while 19 (42%) agree, putting together 58% who agree. However, 13 (29%) disagree while 6 (13%) strongly disagree, putting together 42% who disagree.

The above information with 58% which is the highest percentage shows that the attitude and practice of church leaders contribute to the stigmatization of the young adult females suffering with VVF-HIV/AIDS.

Daily Nation (2008:8) confirmed that the religious practices and stigma reinforced by the pandemic have conspired to make women who need immediate intervention even more vulnerable. Robin Gill (2006:140) affirms that the church who is supposed to be a vehicle for the victims to go on a journey from despair to healing and coping and from brokenness to wholeness do little or nothing about it, adding insult to injury Two decades ago leaders in the Church in Northern Nigeria identified the (HIV/AIDS) virus as God's punishment for sexual promiscuity and hence the justification of lack of proper pastoral care on the victims (Robin Gill, 2006:140). Having named, analysed and interpreted the extent/consequences of VVF-HIV/AIDS, the diagram below shows below shows the form of its relationship:

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<sup>103</sup> See Mwaura (2008:8). This was discussed in chapter four of this study.

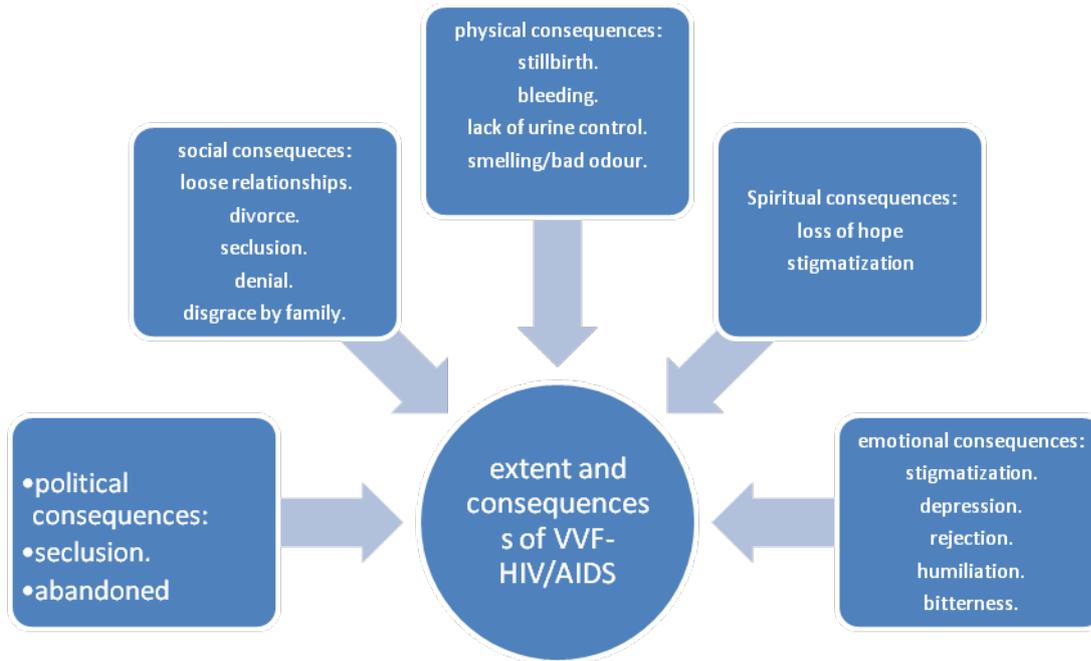


Figure 6.2 Extent and consequences of VVF-HIV/AIDS patients.

#### 5.4.3.3 Responsibilities and nature of pastoral care given to the VVF-HIV/AIDS patients

This section analysed the role of the church and nature of pastoral care given to the young adult females living with VVF-HIV/AIDS. The following are the themes that emerged under this category: lack of pastoral care, love and care given by some church members, visitations as a gesture of pastoral care, love and care by the hospital staff and instigating concern about how the patients feel and act.

##### 5.4.3.3.1 Lack of pastoral care

This is a situation where the victims receive little or no care by their pastors. Some of the participants reveal as follows:

*.....I don't think church does anything about my situation. ....Because I haven't seen any church member **around** me since I am in this condition (Rachael: 20/12/2011).*

*The church is **less concern** about my condition..... They have no hand in my marriage talk less of my health condition..... (Grace: 21/12/2011).*

..... *In the beginning, my pastor use to **visit** me and assist me with some money but he later stop. No any church member has ever visited me here since I came to this hospital (Laraba: 21/12/2011).*

*The church assisted me some years back but now they have **withdrawn**..... (Mary: 28:12/2011).*

.....*No body from the church is **concerned** about my situation.... I observe that I am completely **cut off and rejected** (Kaka: 28/12/2011).*

....*I doesn't think they know I **exist**..... (Sarah: 30/12/2011).*

.....*I don't think they have much **concern** for my situation because since I came to this hospital no any elder from the church have ever step here to see me..... (Fatima: 19/12/2011).*

The above quotations from the data reveal that the church is less concerned about the victims of VVF-HIV/AIDS. The result in this research confirms what was discussed in chapter one of this study<sup>104</sup>. Robin Gill (2006:140) confirms that, the church that supposed to be a vehicle for the victims to go on a journey from despair to healing, coping and from brokenness to wholeness do little or nothing about it, adding insult to injury, two decades ago leaders in the Church in Northern Nigeria identified the (HIV/AIDS) virus as God's punishment for sexual promiscuity and hence the justification of lack of proper pastoral care on the victims (Robin Gill, 2006:140).

#### **5.4.3.3.2 Love and care given by some church members**

The participants revealed that some church members show concern about their situation.

*Some church member show concern while some are seeing me as the **worst sinner**..... (Mamuna: 29/12/2011).*

*The church is trying..... At least the pastor use to come and pray for me and **encourage** me (Rakiya: 23/12/2011).*

.....*Since I came here, my mother has been so **supportive**..... (Laraba: 21/12/2011).*

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<sup>104</sup> See motivation in chapter 1 of this study

*My family members view my situation as **unfortunate** .....because it is as a result the poverty in the family that made me to married a man with HIV/AIDS (Grace: 21/12/2011).*

It is evident from the above quotations that only few church members that show concern about the situation of these young adult females living with VVF-HIV/AIDS.

#### **5.4.3.3.3 Love and care given by the hospital staff**

This section revealed how the victims received love and care by the hospital staff:

*For the past two years that am here, is only God that is taking care of me..... Even my mother is saying that is tiered of staying with me (pause).... But this hospital is good because they give us food to eat and also cloths (Awawu: 19/12/2011).*

*This hospital is okay, at least they talk to us and give us **food** eat.... (Rachael: 20/12/2011).*

*The hospital staffs are trying their best to **assist** us.... But no any other people care about me (Grace: 21/12/2011).*

*I receive **care** from the hospital staff and my family members (Rakiya: 23/12/2011).*

*The **hospital staffs** are very good. They give me food and cloth..... (Mamuna: 29/12/2011).*

The above shows how five participants revealed the kind of love and care they received from the hospital staff. From my observation at the time of conducting this research, in spite of all the love and care they received from the hospital staff, they still missed the love from the church members, pastor and family members which is lacking.

#### **5.4.3.3.4 Instigating concern about how the patients feel and act**

This section revealed how some of the victims feel when we sit close to them and talk to them about their condition. For example, six of the participants share their joy as follows:

*I am okay At least some has come close to me today and asked me about my condition. I feel good and **encouraged**. (Awawu: 19/12/2011).*

*I am **encouraged**.* (Rachael: 20/12/2011).

*Well at least some have spoken to me about my condition today. I am **happy**.* (Grace: 21/12/2011).

*I feel **encouraged*** (Rakiya: 23/12/2011).

*I feel at **home** today* (Mary: 28/12/2011).

*I feel **better** today* (Kaka: 28/12/2011).

*I am **happy** seeing someone come close to me and talk to me* (Sarah: 30/12/2011).

The above analysis show how happy the victims of VVF-HIV/AIDS are when someone comes close to them and ask them about how they feel. They enjoyed company and conversation with people. It is evident that when such concern is created it will go a long way to relief them from anxiety, depression and enable them to see beyond their experiences. This go in line with the argument of Louw (1998:20) that *cura animarum* over the years is an activity that stated long ago the main functions of pastoral care as identified by the various authors are: healing, sustaining, reconciling, nurturing, liberating, and empowering. Louw rightly observed that pastoral care has great implication for the sufferers of such kind of disease. This implies that in VVF-HIV/AIDS situation, the church should aim at inculcating a mutual relationship between fellow human beings who are created in the image of God so as to care for them. Rogers (1951:138-139) also confirms that when people are accepted unconditionally, they perceive themselves as people worthy of respect rather than condemnation. Through that empathy shown to them, they are helped to perceive their abilities and characteristics more objectively and to feel more comfortable about themselves. They are able to perceive themselves as more independent and more able to cope with their life's problem.

Having analysed the responsibilities and nature of pastoral care given to the VVF-HIV/AIDS patients, below is the diagram:

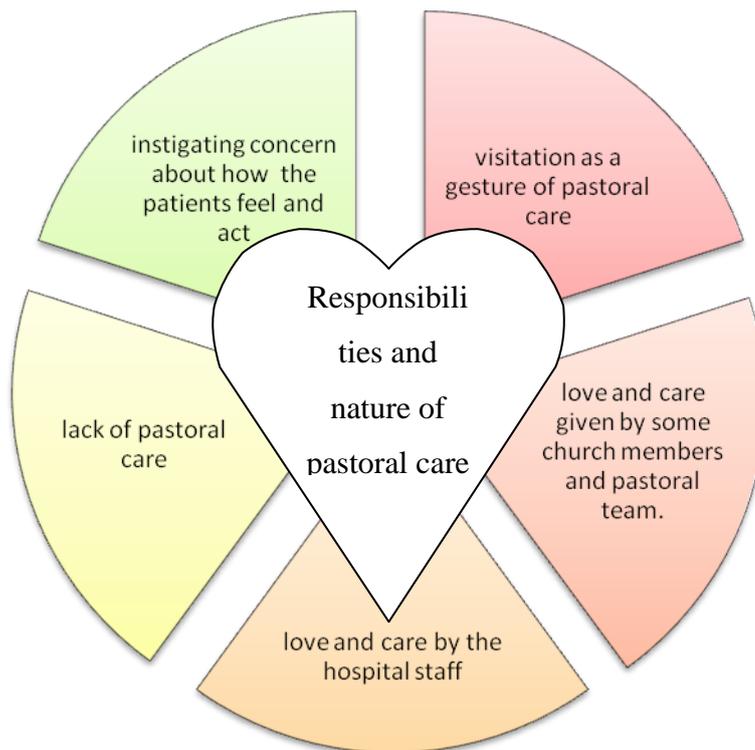


Figure 6.3 Responsibilities and nature of pastoral care given to the VVF-HIV Patients.

### 5.5 Concluding comments

The findings of this study lies on the stigmatization and VVF-HIV/AIDS among young adult females: a critical pastoral assessment on the role of the church (ECWA). This research therefore serves as a confirmation to the several findings of the studies that have highlighted the extent/ consequences of VVF-HIV/AIDS among young adult females. The findings from this research reveals a lot of challenges facing these young adult females (as analysed above) who happen to live with this condition. The study revealed how a lot of them were forced into the marriage some as early as thirteen years old their husbands may be twice of their age living with HIV/AIDS without disclosing it them. The pathetic example of such among the participants is that of Grace:

.....What led me to this condition is because my husband got **HIV/AIDS** and he didn't tell me (pause)..... When I got pregnant for the first time I had miscarriage. In the second time, before I gave birth to my **son** who is also now **HIV positive**, I started leaking blood..... After the delivery, I could not **control my urine anymore** not knowing that I sustained an **injury**. That is how I found myself here for the past two years now (Grace: 21/12/2011).

The result of this research shows how a patriarchal culture has endangered the life of young adult females. Some of the quotations discussed in the analysis gave clear picture of what they are facing in this regard. Most of the underlined factors discussed in chapter 2 and three of this study confirms that the status of women is vulnerable to the increases and prevalence of VVF-HIV/AIDS in northern part of Nigeria. Women have no choice other than to live in subjection even if it is in the expense of their lives. The result of the research revealed how the dignity of women was violated due to cultural practices. In view of what was argued in chapter three of this study about the human dignity<sup>105</sup>, it is evident that both men and women are made in the image of God and that woman is by no means inferior to man. It is also clear as stated in Gal.3:28, that through the redemptive work of Jesus Christ, the dignity of women was fully restored from the wrongful domination by men. However, based on the findings it is evident that the situation of most women in Northern Nigeria is quit pert etic as they are still suffering from some form of wrongful domination by men which has led most of these young adult females to be victims of VVF-HIV/AIDS as analysed above.

Furthermore, the research also reveals the lack of knowledge of VVF-HIV/AIDS among ECWA Pastors. For example, the result of Histogram of question 1 reveals that they know little or nothing about the association of VVF with HIV/AIDS which makes it prevalent in the northern Nigeria. In that case the involvement of the pastors in the study of VVF-HIV/AIDS becomes important. Similarly, the attitude of the pastors towards the sufferers of VVF-HI/AIDS is not encouraging. Ten out of twelve patients interviewed lamented on the negative attitude of the pastors towards their situation. It was revealed that many of the pastors see them to be the worst sinners in the church.

In addition, the research reveals that most of the church members and the family members easily pass judgment on the victims of the VVF-HIV/AIDS which compound their problem. Because of the judgment pass on them, many of the victims loses hope and lack confidence to cope with their situation. Due to this stigmatization labelled against the sufferers of VVF-HIV/AIDS, the aspect of pastoral care was completely neglected. A lot of the patients from the interview revealed that their pastors do not even care to visit them in the hospital.

Therefore, the researcher wishes to emphasise that, the role of the church (ECWA) is to see every human being as an image of God regardless of sex and health condition. The church should also adopt the spirit of church as a family/community of God and body of Christ

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<sup>105</sup> See chapter 4 of this study (4.2.2)

image metaphor as argued in chapter 4 so as to arrest this dreadful situation of young adult females living with VVF-HIV/AIDS. In addition, the Christian faith calls people to freedom and responsibility in every sphere of life, and that the task of theology is to ask how the gospel might reform and transform human life in every given situation so that the life will be more meaningful in preparation for the life after.

The researcher stresses that, it is expected of the church (ECWA) to be aware that part of her mission/task is to look after the weak and sick, including those who are suffering from VVF-HIV/AIDS. Jesus came for such as to these and the church should recognise HIM in their suffering. This implies being compassionate, generous and loving, as Jesus loves us. The church also needs to challenge the traditional gender roles and power relationships within society and the church. The church should reflect upon the positive and negative aspects of culture, identify harmful practices and work towards overcoming them. Finally, the church should eradicate stigma and discrimination among people suffering from VVF-HIV/AIDS.

Base on the above findings, the next chapter seek to discuss some possible recommendations that will safeguard the dignity of women in northern part of Nigeria and beyond.

## CHAPTER 6

### A COMPASSIONATE CARING APPROACH: A RESPONSIVE PRAGMATIC CONTRIBUTION TO OPERATIONALIZING PASTORAL CARE TO THE VICTIMS OF VVF-HIV/AIDS

#### 6.1 Introduction

The discussion on the previous chapter centred on the empirical research on the stigmatization and VVF-HIV/AIDS among young adult females: a critical pastoral assessment on the role of the church (ECWA). It is evident that this research serves as a confirmation to the several findings of the studies that have highlighted the extent/consequences of VVF-HIV/AIDS among young adult females. The findings from this research both the empirical and the theory chapters reveal a lot of challenges facing these young adult females who happen to live with this condition. Therefore, the present chapter presents a compassionate caring approach which will serve as a pragmatic contribution to operationalizing pastoral care to assist the church to pastorally care for the victims of VVF-HIV/AIDS. However, in order to present a compassionate caring approach that will serve as pragmatic contribution to operationalizing pastoral care, this chapter will first discuss the results of the empirical research and their correlation with the theory from chapters 2 - 4. Secondly, the chapter will present a rationale for a compassionate approach which will form the basis for pastoral care to VVF-HIV/AIDS victims. Thirdly, the goal of the compassionate approach which helps to understand how paraklesis functions as a central model in pastoral care to the victims of VVF-HIV/AIDS will also be discussed. Fourthly, the skills which will help in the understanding of the pastoral care responses and attitudes while utilizing the compassionate approach will be indicated. Lastly, the content of the paraklesis model with the following themes will be discussed; compassion, the church as the family/a community of God, the church as the Body of Christ, hospitality and the holistic growth. This approach fits into Osmer's (2008:4) pragmatic task of practical theology as well as Louw's (1998:17) *koinonia approach* to pastoral care which forms part of the practical theological methodology of Osmer as earlier mention in chapter 1 of this study. Osmer's *pragmatic task* refers to the process of determining strategies of action that will influence situations in ways that are desirable and entering into a reflective conversation with the "talk back" emerging when they are enacted. The pragmatic task will help the pastors to focus on strategies and actions that

are necessary in the cases of VVF-HIV/AIDS to shape the situation toward desired goal. In addition, Louw's *koinonia approach* implies the mutual care of believers (Louw, 1998:17). He (Louw) argued that the intention of pastoral care must not be "to lay claim to an expertise in Christian love" but rather to develop the congregation pastorally. It is important that pastoral care should be developed on a scientific basis. This chapter fits into one of the broader goals of the study (especially goal number 3) which is the role of the church (ECWA) in caring for the victims of VVF-HIV/AIDS in Northern Nigeria.

## **6.2 The discussion on the results of the empirical chapter**

The discussion on the results of the empirical chapter in relation to the other chapters will centre on the following themes. The themes under consideration have several implications for the proposed approach. The themes are based on the findings of empirical chapter. The themes to be discussed are: 1) Lack of regard for women, 2) stigmatization/lost relationship, 3) rejection/abandonment, lost of hope, 4) smelling/bad odour, and lastly, 5) lack of pastoral care.

### **6.2.1 Lack of regard for women**

The empirical research indicated (pages 187-192 in chapter 5) several cultural practices that promote lack of regard for women, cultural practices such as genital mutilation, multiple partners, married to a widower, lack of education, forced marriage, and wide age gap of the couples and early marriage which often leads to the causes of VVF-HIV/AIDS among young adult females in Northern Nigeria. Early marriage, according to the participants, contributes to the spread of VVF-HIV/AIDS, because some of the girls marry older men when their pelvic are still underdeveloped. For example, Awawu who is 13 years old, Rachael 15 years, Kaka 17 years, Mamuna 14 years and Fatima 16 years got married to men who are much older than them<sup>106</sup>. The situation of Laraba (in section 5.4.3.1.2) revealed how polygamy that insults the dignity of women and in the face of HIV/AIDS exposes women to all kinds of health risks. The woman who lives in a polygamous relationship is a wounded woman. She is a woman who has to share her love with other wives even if they are infected with HIV/AIDS just as it is in the case of Laraba. It is evident from the foregoing discussion that most women in Northern Nigeria are treated as second class citizens. They have no choice to decide on their own especially in the area of marriage and they are always under subjection (pages 116

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<sup>106</sup> See chapter 5 sections 5.4.3.1.2

in chapter 3. For example, Fatima and Mary (in section 5.4.3.1.2) were victims of VVF-HIV/AIDS because they were not given an opportunity to decide on their own. This empirical research about a lack of regard for women correlates with the discussion in chapter 2 regarding the contextual understanding of VVF-HIV/AIDS among young adult females in Northern Nigeria. The theoretical study revealed social issues – such as involvement in social economic and political, marriage/family, education and healthcare that affect these women. According to the findings of the empirical research (indicated in the discussion on the causes<sup>107</sup> in chapter 2) it is clear that there are a number of women living with VVF-HIV/AIDS in Northern Nigeria and that provides an indication of how widespread early marriage is in that region.

The empirical research also reveals the level at which the human dignity of women has been seriously undermined<sup>108</sup>. This was confirmed by the empirical data where victims indicated that education is of less important to marriage as seen in the case of Laraba:

*My parent **gave** me out for marriage after I finish my primary school ...because in our place it is only **boys** that go to higher school. I am even lucky that I finish my primary school before getting married (Laraba 21/12/2011).*

Eight participants reveal that they were forced to married their husbands. For example, Awawu, Ramatu, Rachael and Teni (in section 5.4.3.1.2) were among the victims of forced marriage:

*.....I was **forced** to married him.... I was forced by my father to marry at that age and I don't like it. Somebody just came and say if you will give your daughter I will marry her. So my father forced me to marry that family. I rejected the marriage but my father didn't agree with me....hh, He **tied me** for good three days without food (Awawu: 19/12/2011).*

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<sup>107</sup> See the cause of VVF in chapter 2 section 2.2.2 – Biomedical causes, Socio-cultural causes, Female genital mutilation, Gishiri, Coital injury, Rape, Ritual cleansing, STDs and HIV, Gender discrimination, Lack of medical facilities, and Malnutrition.

<sup>108</sup> See chapter 5 section 5.4.3.1.2

*...My father gave me out as an exchange of money because my parents were poor... I was removed from the school to married that man who has already married (pause)... I tried to avoid the marriage but my parents didn't allow me (Fatima: 19/12/2011).*

*.....It was like my parent had an arrangement with the parent of my husband since when I was still small. When I grew up they told me that I have a husband already..... And that is how I found myself in the hand of my husband who later deserted me because of my present condition.... (Mary: 28/12/2011).*

The empirical research further indicates that the prevailing patriarchal culture in the region endangers the lives of young adult females. This is echoed by Uchem (2001) when she asserts that women simply have no choice other than to live in subjection to their male counterparts even if it is to the detriment of their own physical and emotional wellbeing.

Furthermore, the findings from the empirical research correlate with the discussion in Chapter 3 regarding gender-related vulnerability and threats to the dignity of women in Northern Nigeria. The study revealed how most of the cultural practices and traditional beliefs of some ethnic groups in Northern Nigeria do not promote the dignity of women but rather tend to cripple their talents, a situation only exacerbated should a woman suffer from VVF-HIV/AIDS. In Northern Nigeria women are up till today still often considered objects or property of males' property. And, whenever human beings are violated, exploited or abused, the integrity of creation is violated at the same time (chapter 3 sections 3.3). From the theoretical study it was also shown that women and men share a common humanity and yet women's lives and experiences differ in many respects from those of men – such as the various forms of brokenness and violence women suffer primarily because they are women (Asogwa 1992: 339-344).

### **6.2.2 Stigmatization/lost relationship**

The dignity of women was violated due to cultural practices and, shockingly, most church members and the family members of the afflicted women easily pass judgment on them. Even of more concern is the fact that the stigmatization of sufferers from VVF-HIV/AIDS leads to the negligence of pastoral care provided to them. The discussion in chapter 3 sections 3.4.2 of this study affirms those suffering with these infections and disorders are highly stigmatized by the church and this stigmatization negatively affects many aspects of young adult females'

lives. Most of them often loose relationship with family members and church members. This was supported by the empirical data where victims, for example, indicated that they received little or no care by their pastors as indicated by some of the participants:

*Since I was in this condition, I realized that they **gossip** about me..... They **distance** themselves from me. No one wants to sit **close** to me and that is why I stop going to the church (Awawu: 19/12/2011).*

*The church assisted me some years back but now they have **withdrawn**.... I observe that I have been **stigmatized** by my church members..... I feel **bad** about their attitude towards me (Mary: 28/12/2011).*

*It is really a big challenge because I can't go to church; I can't **associate** with any church members. ....Nothing but **stigmatization**..... (Rachael: 20/12/2011).*

*The kind of pains I am going through is too much. ....Apart from the **physical pains**, look at the **stigma**? I can't sit in the midst of normal people anymore (crying).... I blame myself for accepting that marriage which led me into this **worthless** situation. (Rachael: 20/12/2011).*

In addition to the above experiences of the victims, the histogram (page 173) reveals the extent to which the attitude of church leaders contribute to stigmatization of those who happen to live with VVF-HIV/AIDS. For example, out of 45 respondents 7 which are 16% strongly agree the attitude and practices of church leaders contribute to the stigmatization of the young adult females suffering with VVF-HIV/AIDS while 19 which are 42% agree, putting together = 58% agree. However, 13 which are 29% disagree while 6 which are 13% strongly disagree, putting together =42% disagree.

In terms of the empirical data 58% clearly confirm that the attitude and practice of church leaders contribute to the stigmatization of the young adult females suffering with VVF-HIV/AIDS.

The above discussion on stigmatization/lost relationship of empirical research correlates with the literature discussed in chapter 3 pages 121-123 regarding stigmatizations. The church that supposes to be an agent of de-stigmatization accidentally contributed to the increase of

stigmatization. Young adult females who happen to live with VVF-HIV/AIDS are viewed as the worst sinners (Mwaura, 2008:127).

In chapter 2 pages 56-58 it was revealed that the relatives of such women may join in the alienation. The victim is viewed by the family members as a disgrace to the family without minding the cultural factors that led her to that situation. This challenge leaves such people lonely, hopeless and they may eventually die miserable deaths due to a loss of dignity and value (chapter 5 page 203). Therefore it is fair to make the assumption that women could be named the modern day lepers of ancient Jewish culture and the witches of traditional African society as argued by (Mwaura, 2008:133).

The Daily Nation (2008:8) confirmed that the religious practices and stigma reinforced by the pandemic have conspired to make women even more vulnerable which need immediate intervention. Robin Gill (2006:140) affirm that, the church who supposed to be a vehicle for the victims to go on a journey from despair to healing, coping and from brokenness to wholeness do little or nothing about it, adding insult to injury, two decades ago leaders in the Church in Northern Nigeria identified the (HIV/AIDS) virus as God's punishment for sexual promiscuity and hence the justification of lack of proper pastoral care on the victims (Robin Gill, 2006:140). This is in relation with the empirical data in chapter 5 pages 205-206.

In the face of stigmatization, many young adult females living with VVF-HIV/AIDS feel unwelcome and condemned when they listen to sermons by clergy who pronounce with seeming authority that VVF-HIV/AIDS is God's punishment for sin. Such condemnation makes many of these young adult females stay away from churches thereby cutting themselves off from much-needed union with God at such a needful time (James, 2008:150). This is also in relation with empirical data in chapter 5 pages 202-203.

Mwaura (2008: xv) was quoted as saying that the use of culture and religion to support the stigmatization specifically of those infected by VVF-HIV/AIDS often compounds the denial of human dignity that women often suffer because of their gender. Human dignity becomes a social construct that is constituted in interpersonal relationships. It is no longer acknowledged and recognized as something that is already there by virtue of the fact that every human life in every stage of its development is created in the image of God, but instead human dignity becomes something actively constituted in social relationships between humans. If it is constituted in this way, however, it can also be denied and destroyed in this way. Conferring or denying human dignity then becomes an act of creative human freedom. The general status

of women in Nigeria, and especially the plight of women suffering from VVF-HIV/AIDS and the way it is intensified by political, cultural and socio-economic, and thus has serious implications for Christian churches and coupled with the issue of stigmatization, for the way they care for these women.

### 6.2.3 Rejection/abandoned and loss of hope

In line with the above discussion on the challenges of stigmatization/lost relationship, rejection/abandonment and loss of hope is another significant challenge that young adult females are facing. The empirical research revealed in chapter 5 pages 199-201 how most of the victims of VVF-HIV/AIDS are being left uncared for and abandoned. Most of these women are living with constant pain, incontinent of urine, are abandoned by their husbands and their church (ECWA). They live without friends and without hope. This was supported by the empirical data where participants indicated:

*...It is painful because I lost my child and my husband said he has **nothing to do with me anymore** (crying)... (Awawu: 19/12/2011).*

*...They feel so bad for me because..... my husband **deserted** me and said he doesn't have anything to do with me anymore (Laraba: 21/12/2011).*

*...My husband took me to the hospital where I was told that I had **fistula** and I was also tested **HIV positive** (pause)..... When my husband heard that, he **left** me here up till today he didn't come back to see me again (Mary: 28/12/2011).*

*...I don't fit in because am sick and **rejected**. ...They all rejected me as the **worse sinner**... (Ramatu: 20/12/2011).*

*They feel so bad for me because..... my husband **deserted** me and said he doesn't have anything to do with me anymore (Laraba: 21/12/2011).*

*I observe that I am completely **cut off and rejected by the church** (Kaka: 28/12/2011).*

*Mn.....As you can see, I am in serious pains (pause)..... My **child is HIV positive**; I am **rejected** by my husband's family and suffering with **HIV/AIDS and VVF** at the same time..... (Mamuna: 29/12/2011).*

*My life is **miserable**..... I feel **worthless** because I can't **associate** with people and I can't do things for myself... I am not coping anything because..... I **cry** every day for help... (Teni: 23/12/2011).*

*As you can see me now, I am in pains..... **HIV/AIDS and VVF** at the same time (pause).... What traumatic condition is more than this? No one wants to **associate** with me anymore..... I am only waiting for the day I will **die**..... Because I am no more useful again in this world... (Grace: 21/12/2011).*

In addition to the above challenges revealed by the participants, the histogram of question 4 of quantitative research for example shows that out of 45 respondents 17 which is 38% strongly agree that most of the affected young adult females are abandoned by their spouse while 22 which is 49% agree, putting together =87% agree. However, 3 which is 7% disagree while 3 which are 7% strongly disagree, putting together =14% disagree.

The above information on rejection/abandoned and loss of hope with 87% which is the highest percentage shows that most of the affected young adult females are been abandoned by their spouse. The information given here is in line with the argument of (Wall, et al., 2005:3-5) in chapter 1 of this study.

The findings of the empirical research indicated above correlates with the discussion in chapter 2 pages 57-58 regarding rejection/abandonment and loss of hope. Negative family responses to women with VVF-HIV/AIDS include blame, rejection, and loss of children and home, making them feel guilty that they became sick. At the workplace also, persons with VVF-HIV/AIDS can feel shunned and rejected as they get weaker and weaker and are often absent because of illness (Warwick et al., 1998:291-310).

This findings also tallies with, Mwaura (2008:137) argument, when he pointed out that traditionally; marriage is often associated with procreation. If a woman does not bear children, then she is judged by the family members of the spouse to be worthless. This is common with VVF-HIV/AIDS patients as it denies them the right to seek comfort in each other and to derive other joys from a marital relationship besides sexual relations and pregnancy.

#### 6.2.4 Smelling/bad odour

Smelling and bad odour is one of the common characteristics of the people living with VVF-HIV/AIDS. The empirical research also revealed how young adult females living with VVF-HIV/AIDS are facing the challenges of smelling/bad odour. Their condition does not allow them to fit into any social gathering or church fellowship. This was supported by the empirical data where participants revealed:

*.....I don't fit into any church fellowship because of the smell..... (Fatima: 19/12/2011).*

*....I doesn't fit because I smell..... (Laraba: 21/12/2011).*

*.....How can I fit into the church when I am sick and smelling? (Teni: 23/12/2011).*

The above finding on smelling/bad odour links to the discussion in chapter 2 page 56 of this study regarding the continuous leakage of urine. Bangser, (2007:535-536) revealed in chapter 2 page 56 that the continuous wetness and smell often keep many affected young adult females in isolation. They become so ashamed of their condition that they isolate themselves from their communities. Continual leakage of urine and faeces into the vagina is, no doubt, traumatizing. In spite of their best attempt to stay clean, the smell of leaking urine or faeces is offensive and not easy to eliminate or ignore.

Bangser (2007: 535-536) also confirmed that, smelling/bad odour is a serious problem for these young adult females living with VVF-HIV/AIDS. They find it difficult to fit into the church and some social gatherings. This problem was extensively discussed in chapter 2<sup>109</sup> of this study, women with fistula mostly remain in their homes, stop making social visits, and no longer attend public events such as funerals, celebrations and church services. In addition, the literature affirms that emotional impact of the stigma, confidentiality, and isolation represents a sizeable burden on women affected by the condition. VVF-HIV/AIDS is, quite clearly, highly disgraceful to those who must live with it.

#### 6.2.5 Lack of pastoral care

Lack of pastoral care to the victims of VVF-HIV/AIDS is another challenge that was discovered in this study. The study discovered that most of the victims were abandoned by

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<sup>109</sup> See chapter 2 of this study (2.4.2 Psycho-socio/stigmatization).

their spouses and the church. This was supported by the empirical data where participants indicated:

*...I don't think church does anything about my situation. ...Because I haven't seen any church member **around** me since I am in this condition (Rachael: 20/12/2011).*

*The church is **less concern** about my condition..... They have no hand in my marriage talk less of my health condition..... (Grace: 21/12/2011).*

*.....No body from the church is **concerned** about my situation.... I observe that I am completely **cut off** and **rejected** (Kaka: 28/12/2011).*

*.....They feel so bad for me because..... my husband **deserted** me and said he doesn't have anything to do with me anymore (Laraba: 21/12/2011).*

*.....I don't think they have much **concern** for my situation because since I came to this hospital no any elder from the church have ever step here to see me...(Fatima: 19/12/2011).*

The above findings also show a relationship with the discussion in chapter 1 pages 4-5 of this study in terms of lack of pastoral care. Robin Gill (2006:140) argues that the church that is supposed to be a vehicle for the victims to go on a journey from despair to healing, coping and from brokenness to wholeness do little or nothing about it, adding insult to injury, two decades ago leaders in the Church in Northern Nigeria identified the (HIV/AIDS) virus as God's punishment for sexual promiscuity and hence the justification of lack of proper pastoral care on the victims (Robin Gill, 2006:140).

It is on the basis of these challenges that it was asked by the researcher whether the ECWA did indeed have any specific pastoral obligation towards these women and, if so, what will the theological foundation of such an obligation may be and what may the operationalization of such pastoral care entail? It is with regard to the need for care that Chapter 4 pages 159-163 highlights VVF-HIV/AIDS de-stigmatization and does so from a pastoral theological perspective.

The discussion in this regard also highlighted the fundamental perspective on human equality embedded in the biblical concept of the *imago Dei* – even if it coheres with much in contemporary secular proclamations of human equality.

The study also reflected on different meanings of the concept “church”, specifically with reference to the lives of the victims of VVF-HIV/AIDS. In that regard, New Testament images of the church were discussed. It was emphasized, for example, how the view of the church as the family/community of God and the Body of Christ may function as a means of de-stigmatization. To this effect, humans who subscribe to the Christian worldview are invited or commanded to a life of *imitatio Christi* as they relate to other human beings, who are, like them, regardless of their health condition, created in the image of God and part of the family of God and the Body of Christ. Such a Christian life according to Bongmba (2007:182) issues out in love and compassion to those who suffer because they deserve our unconditional love and compassion by merely being part of the human family.

The implications of intercultural/contextual pastoral care most especially for the purpose of this study were also discussed (chapter 4 sections 4.7.1). It was suggested that this is an approach that may assist the practitioners of pastoral care to be sensitive to the signs and symbols present in different cultures and to be willing to learn from each other about what caring for persons might mean in different contexts.

### **6.3 The compassionate caring approach**

Based on the discussion on the empirical chapter and its correlation with the other chapters, this chapter will want to endeavour to indicate the compassionate caring approach for pastoral caregivers which can be used to assist the church in their calling to pastorally care for the victims of VVF-HIV/AIDS. The compassionate caring approach will be discussed as follows: the rationale for the compassionate caring approach, the goal of compassionate caring approach, the compassionate caring skills and the content of compassionate caring approach.

#### **6.3.1 The rationale for the compassionate caring approach**

Based on the outcomes and findings of the research indicates that the church (ECWA) is in need to find an appropriate approach that can assist them in their pastoral responsibility towards the victims of VVF-HIV/AIDS. Bongmba (2007:50) indicates in chapter 4 page 161 of this study that the church life should be structured in such a way that all the members of the community have the ample opportunity to protect, care for, and sustain human dignity when it is assaulted by disease. Those who suffer do not have to do anything to earn this respect from the church community because they already have a God-given dignity that calls for respect acceptability (Bongmba, 2007:50). In this regard the research proposes a

compassionate caring approach to assist the Christians in their endeavour to care for the victims of VVF-HIV/AIDS. This approach will be partly using the paraklesis model as developed by Louw as a basis for this approach. The rationale behind this approach is therefore to understand significance of compassion and pastorally care to the VVF-HIV/AIDS victims. This approach would empower the church (ECWA) to understand and guide the victims of VVF-HIV/AIDS hopelessness to healing.

According to Louw (1998: 48), the word paraklesis best describes and reflects the content and style of pastoral comfort and care. He (Louw) argued that in New Testament, parakaleo has the following nuances in meaning: summon, invite, reprimand, admonish, comfort, encourage, support, ask, exhort. In Philippians 2:1, there is a significant link between solace in Christ (paraklesis); encouragement through love (paramytheisthai); and communion with the Holy Spirit (Koinonia). These concepts are associated in turn with the concept of empathy and compassion. The comfort and encouragement, described in 2 Cor. 1:4, is linked very specifically to the pronouncement in 2 Cor. 1:3 ‘...the Father of compassion and the God of all comfort, who comfort us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves have received from God’. The support through human sympathy and empathy is directly linked here to God’s helping action, as expressed in God’s paraclese (Louw, 1998:49).

### **6.3.2 The goal of the compassionate caring approach**

The goal of this compassionate caring approach is to see the church act in the manner of compassion and care to their neighbours (victims of VVF-HIV/AIDS) as Christ has done for them. Pastoral care thus attempts to have compassion and care for individual’s (victims of VVF-HIV/AIDS) isolation and to integrate them into the congregation. This is in line with Bonhoeffer’s (1965:206) argument that the church is seen as a place where Christians are given a chance to exercise God-like love, inspired by the Christ living in the heart of the believers through the Holy Spirit and that makes it possible for the believers to do their neighbours as Christ has done for them. Seek the poor, sick, and all kinds of wretched people. Furet (1977:95) indicates that the paraklesis concept expresses the richness of biblical consolation. In his dissertation, Furet affirmed that the paracletic mode is the way in which God meets human beings in their situations of anxiety, grief, sin, doubt, delusion and inadequacy. The congregation therefore becomes the foundation from which this paracletic comfort is exercised. Basically, paraclese is an actual function of the congregation (as the

body of Christ) and is practiced with the view to mutual upliftment and consolation (Firet, 1977:121).

From the above description, it is evident that, when the compassionate caring approach functions as a central approach within pastoral care to the victims of VVF-HIV/AIDS, it expresses both the indicative components of care and comfort (justification on the grounds of Christ's reconciliatory work and victorious resurrection) and the imperative component of care (admonition, reprimanding, encouraging). Both components function with the view of compassion and care to the sick (especially the lives of young adult females living with VVF-HIV/AIDS) (Braumann, 1978:89).

### **6.3.3 Content of compassionate caring approach**

The content of the compassionate caring approach discusses the following themes as a pragmatic contribution to operationalizing pastoral care to the victims of VVF-HIV/AIDS: compassion, the church as the family/a community of God, the church as the Body of Christ, hospitality and growth and healing. As earlier mentioned in the introductory part of this chapter, the content is in line with Osmer's (2008:4) pragmatic task to practical theology as well as Louw's (1998:17) *koinonia* approach to pastoral care which forms part of the practical theological methodology of Osmer (2008:4). *Koinonia* approach is more than just mutual acceptance and respect, but members share their lives with each other, give attention to each other and care for each other, especially in times of needs (Wilson, et al., 1996:195).

#### **6.3.3.1 Compassion**

As evident in the name of the compassionate caring approach, compassion plays a vital role as an expression of pastoral care to the victims of VVF-HIV/AIDS. According to New Bible dictionary (2007:218), compassion is to be moved as to one's inwards (*splanchna*), to be moved with compassion, to yearn with compassion, is frequently recorded of Christ towards the multitude and towards individual sufferers, - to suffer with another (*sun*, 'with,' *pascho*, 'to suffer'), to be affected similarly, - to have mercy (*eleos*, "mercy"), to show kindness, by beneficence, or assistance. In many scriptures throughout the New Testament and throughout the Bible, the words compassion and mercy have the same or similar meaning. For example, Psalms 145:8: The Lord is gracious and full of compassion, Slow to anger and great in mercy. Glen Jennifer (1987: 67) pointed that, the Church has been given the charge to continue Christ's ministry of compassion for the sick and dying. "Heal the sick!"(Matthew 10:8)

Christ desired to be present to the sick, the suffering, and the dying through his Church. Jesus healed wherever he went. His heart was filled with compassion for all those who were suffering in any way. He reached out to sinners and saints, to young and old, to rich and poor. When people approached Jesus with a genuine sense of their need for healing, they experienced their wholeness through his loving compassion.

In addition, Louw (1998:52) argued that compassion includes both empathy and sympathy. He maintained that God is the Father of all compassion (*oiktirmos*). The Hebrew word for compassion is derived mostly from the root *rhm*, which means to have sympathy. It is also derived from the root *hnn*, which means to have mercy. The compassion communicated by pastoral care is more than mere human sensitivity. Esser (1978:599) pointed out that the concept of compassion was applied to Christ especially to proclaim his attitude and disposition towards human beings (Mk 1:41; Mt 14:14, 15:32). Mark 6:34 reads: ‘....he had compassion on them, because they were like sheep without a shepherd’. This feeling of pity exceeds mere human emotions. It indicates God’s messianic compassion for humankind. This mind of compassion is expected to be demonstrated by ECWA as part of their pastoral care to the victims of VVF-HIV/AIDS.

### **6.3.3.2 The Church as the family/a community of God**

The church as the family/a community of God is forms a central part of the compassionate caring approach. This implies that everyone is accepted in the family of God or community of God regardless their differences in terms of families and culture and so doing communicate and acceptance especially the young adult females living with VVF-HIV/AIDS. In view of what was discussed in chapter 4 of this study, church as a family/community of God, it was revealed that Christians can effectively live as conduits of God’s kingdom by embodying the family metaphor which indicates that we are brothers and sisters with each other in God’s family<sup>110</sup>. In relation to family ties in Africa, Magezi (2007:117) argues that, the congregation/church family system is one made up of individual family systems. Church members who converge for worship on Sundays and other days come from a culture of networks of relationships (extended family). This culture of networking therefore should be encouraged by ECWA in other to relate as a family regardless of different families and culture. Magezi further is of the opinion that members of the church are already part of a

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<sup>110</sup> See church as a family/community of God metaphor in chapter 4 section 4.6.2.

network in African churches (as it is in Northern Nigeria). This is evidenced when one attends a church service in an African community (especially in the rural areas in Northern Nigeria), where members address each other as uncle, nephew, etc. Though these people may not necessarily be related, addressing one another in relational terms brings closeness and bonding (Magezi, 2007:117).

As was argued in chapter 4, the church as a family/community refers to members who do not function independently of one but as a unified whole. Magezi (2007:178) argued on this note that, the parts are connected by a central sense of oneness. Scripture underlines this sense of oneness through metaphors and images and among the many metaphors identified in chapter 4 was the family/community. This connectivity in Africa (most especially in Northern Nigeria) takes place by way of the extended family network. The members' interdependence and networking (The church/ECWA/extended family), as Scripture teaches, should be maintained by the bond of love in ECWA (Jn 13:35, 15:12). This kind of communal fellowship (*koinonia*), however, goes beyond sharing faith and doctrine to mutual material obligations towards one, and by implication also towards the victims of VVF-HIV/AIDS (Acts 2; James 2; 2 Corinthians 8).

Thus, the church as the family/ a community of God entails that ECWA as part of God's family is consists of a connected group of faithful who accept and embrace one another, which should dispel stigmatization and discrimination among young adult females living with VVF-HIV/AIDS.

Similarly, Louw (1995:42), in *Pastoral Care for the Sick with AIDS in an African Context*, rightly observes that one can easily link meaningfully with the African's understanding of himself with roles and societal relationships by referring to the church as a body with *koinonia* ties. *Koinonia* imparts a role of loving service amongst believers. The for-each-other formula within *koinonia* creates a network of caring relationships. ECWA should tap these advantages in designing church as a family/community of God to effectively care for the young adult females living with VVF-HIV/AIDS in Northern Nigeria.

Mbiti (1975:108), commenting on "the family, the household and the individual" in Africa, expresses an idea that may also underline church as a family/community of God as ideal for ECWA in Northern Nigeria. He states:

*Only in terms of other people does the individual become conscious of his [sic] own being, his own duties, his privileges and responsibilities towards himself and towards other people. When he suffers, he does not suffer alone but with the corporate group; when he rejoices, he rejoices not alone but with his kinsman, his neighbours and his relatives whether dead or living.*

This is what is expected from the church. By not allowing the young adult females suffering from VVF-HIV/AIDS to suffer alone, they should instead they identify with them as part of the family in their pains and grief. In addition, the discussion on pastoral theological perspective in chapter four of this study presents possible impulses that will help the church (ECWA) to act positively towards caring for the sufferers of VVF-HIV/AIDS.

In the same vain, *koinonia* care should be the task of ECWA to ensure that they get involved in addressing the issue of young adult females living with VVF-HIV/AIDS in Northern Nigeria. By so doing, the church would be shifting its position from one of apathy to empathy and action. *Koinonia* care through adopting a church-as-family-metaphor as earlier discussed challenges the members of the family to care for one another, and again, also for the victims of VVF-HIV/AIDS. The church-as-family-metaphor drives a practical theological ecclesiology, which means *koinonia* care would be central to operationalizing pastoral care to VVF-HIV/AIDS victims. ECWA in this case would view itself as part of a system and would do everything possible to assist the victims of VVF-HIV/AIDS.

Furthermore, as it has been argued in this study, for the church (ECWA) to be practical with regard to the VVF-HIV/AIDS condition, it should be driven by the family model. The compassionate caring approach does not only view each believer as being part of the family by way of interrelationships and interdependence, but it also issues a *diakonic* challenge. Therefore, ECWA is challenged to care for its members regardless of their condition (mutual care). Believers within ECWA are therefore obliged to identify with one another and share each other's burdens. This is again in line with Louw's argument (1998:20) that *cura animarum* over the years is an activity that stated long ago the main functions of pastoral care as identified by the various authors are: healing, sustaining, reconciling, nurturing, liberating, and empowering.

In light of the above, Louw (1998:20) rightly observes that pastoral care has great implication for the sufferers of that kind of disease. This implies that in the context of VVF-HIV/AIDS, the church should aim at inculcating a mutual relationship between fellow human beings so

as to care for each other. Similarly, Bongmba (2007:171) argues that members of the Christian community are enjoined to love and show compassion to all who suffer. The Christian community should work to create a social climate where certain virtues could enhance the quest for the good and well-being of others. Rogers (1951:138-139) also confirms that when people are accepted unconditionally, they perceive themselves as people worthy of respect rather than condemnation. Through that empathy shown to them, they are helped to perceive their abilities and characteristics more objectively and to feel more comfortable about themselves.

In addition to what the church as the family/ a community of God implies regarding caring for young adult females suffering from VVF-HIV/AIDS, in light of their physical challenges, socio-economic challenges and religious challenges, the church as the family/ a community of God should be present to assure the victims of their support emotionally but also materially. Magezi (2007: 179) thus argues that, when faced with deep physical, socio-economic and religious challenges, the church should guide and go through the painful process of denial, anger, guilt, loneliness, depression and acceptance with the victims of VVF-HIV/AIDS. Church should always be there to serve as an emotional buffer. As these young adult females also experience an identity challenge, the identity that should be affirmed by the community is that they are not alone – not “I” but “We” – we are all affected like you by VVF-HIV/AIDS.

The family/community should assure the victims of their love and acceptance as to ensure a warm and close relationship. The presence of the church or close relationship implies availability and the creation of intimacy, i.e. the art of accepting the victims unconditionally. It is important that the VVF-HIV/AIDS victims find others beside themselves who really care. The church’s presence demonstrates God’s compassion and concern for young adult females who are burdened as a result of VVF-HIV/AIDS. Thus, church as a family/community model for caring among VVF-HIV/AIDS victims should be supportive, compassionate, consoling and reconciling. In a nutshell, the church (ECWA) should clothe or embody Christ. It should portray the kingdom of God. Such compassion will mediate God to those who are depressed and despairing about love and care in the VVF-HIV/AIDS pandemic. Even though nobody else has time for them, they should know that church as the family/ a community of God has made time especially for them.

The presence of the church also conveys to the sufferers of VVF-HIV/AIDS their uniqueness, a sense that they have been specially created by God. Where this exists, one tends to see it as an altruistic spirit. Others, convinced of the common bonds we share as a human community, assume that we each have a moral obligation to care for the victims of VVF-HIV/AIDS because it threatens our common good. This should be the position of the church (ECWA) in the northern part of Nigeria.

### **6.3.3.3 The church as the Body of Christ**

In the compassionate caring approach the church as the body of Christ is a fundamental theme for the basis of pastoral care to the victims of VVF-HIV/AIDS. It is fundamental because Christians are viewed as the Body of Christ and therefore need to spiritually unite with Christ and with each other. In the light of what was discussed concerning the church as Body of Christ image in this study, Gustavo Gutiérrez and Bruce Gordon (in Purves 2001:82) argues that faith does not stand alone, but is active in deeds of love, and where love is absent, faith also is absent. He (Brucer) stresses that in Christian love each member of the Body of Christ is to serve others as is also expressed in *diakonia* as one of the marks of the church. Christian love is a love that always turns away from oneself and towards other; because the Christian is, by definition, secure in Christ, he or she need to take on heed for him or herself. As such, however, Christian love is not mere altruism, but is the good work towards and for others that is God's will for them and this is what the church (ECWA) should do to the victims of VVF-HIV/AIDS.

As in Romans, variety is placed in 1 Corinthians in the light of relatedness to the same spirit, the same Lord, and the same God (1Cor.12:4 cf. 8f. 11). The multiform is real, but is directed to the common good (12:7). Here too, we meet with the analogy of the body: it is one and all of the members, though many are one body (12:12). To make that clear, Paul points to the dependency of every member of the body (hand, foot, eye, ear, and head). The members need one another and thus have a place in the whole, so that there can be no discord or schism (12:25). Paul's view of the church is by nature strongly anti-individualistic. The church does not consist of independent "monads"; rather, she is a fellowship in which isolation is replaced by "sympathy": if one member suffers, all suffer; and if one member is honoured, all rejoice together (12:26) (Roy and Brian, 2010:56-78). In the like manner, Veli-Matti and Dennis both stress that the church is all about communion with God, unity among all human beings

and exchange of God's love and truth which means service to one another. (Veli-Matti, 2002:30) (Dennis, 2009:823-876).

This exchange of God's love and truth which means service to one another was portrayed briefly but significantly in the incident recorded by Luke, where Peter and John are about to enter the temple for prayer. Suddenly they are accosted at the gate of the temple by a man, lame from birth, who asks them for alms. "Peter looked intently at him, as did John, and said, 'look at us'. And he fixed his attention on them, expecting to receive something from them. But Peter said, 'I have no silver and gold, but what I have I give you; in the name of Jesus Christ of Nazareth, stand up and walk' " (Acts 3:1-6). When Peter "looked intently" at the man, there is the engagement of the eyes, the most vulnerable and thus most implicating of all contacts. It immediately transforms a casual, impersonal encounter into one that now has unavoidable implications for one who understands solidarity of common humanity. Therefore, the Incarnational church (for example ECWA) "dares to make eye contact"! Its "on look" is personal and contractual.

Another example of the exchange of God's love is the incidence recorded in Luke 10:31-32 where the Samaritan cares for the other, not because of his own altruistic or heroic moral character, but because, taken up in the flow of the relationship of care, he cannot do otherwise. He could, of course, have done otherwise, "passing by on the other side" as the Levite and the Priest did, but his freely offered compassion is born of an inner ethical necessity (Noddings, 1984:5). This has a great implication for the model of the church as a Body of Christ.

Furthermore, Luther, as quoted in Veli-Matti (2002:46), argues that the church (like ECWA) becomes a place where Christians are given a chance to exercise God-like love (for example, to the victims of VVF-HIV/AIDS), inspired by the Christ living in the heart of the believer through the Holy Spirit. To gain a perspective on the importance of neighbour love in Luther's theology in general and in his of the church in particular, we should note his distinctive understanding of two kinds of love, namely human love and God's love. Human love is oriented toward objects that are inherently good; self-love defines the content and the object of the love. Men and women love something that they believe they can enjoy. God loves in a way opposite to human love: "The love of God does not find, but creates, that which is pleasing to it...Rather than seeking its own good, the love of God flows forth and bestows good"(McGrath 1985:77). Luther sometimes calls God's love *amor crucis*. 'This is

the love of the cross, born of the cross, which turns in the direction where it does not find good which it may enjoy, but where it may confer good upon the bad and needy person”.

Therefore, in the light of the role of the church:

*For if I do not use everything that I have to serve my neighbour, I rob him of what I owe him according to God's will. A Christian, then, becomes a work of Christ; and even more a Christ to the neighbour; the Christian does what Christ does. The Christian identifies with the suffering of his/her neighbour (McGrath, 1985:55-56).*

Since Christians are living in the world, they are involved with people who are both sick (VVF-HIV/AIDS) and healthy, sinful and less than perfect; therefore, the church of Christ (ECWA) in the world cannot be anything else except a hospital for the incurable sick. The epitome of the Christian life is to bear the burden of one's neighbour. The kingdom of Christ is a kingdom of mercy and grace. It is nothing else than the continuous bearing of each other's' burdens even that of VVF-HIV/AIDS patients as one body. All human efforts in principle are meant for the service of love towards one another. Preaching the gospel, feeding the hungry and clothing the naked are sharing well as much as the rest of life in the family, society and the body of Christ (church). All human actions in the church and society spring up from the love of Christ to protect and cultivate the life created by God (Bonhoeffer, 1965:206).

Hence, for the church (ECWA) to be a practical and effective channel of God's love and compassion to the VVF-HIV/AIDS- infected people, it should concretise the gospel to real-life situations. The concretisation could be possible through the mutual care of the church. The implication for our being the church within the VVF-HIV/AIDS pandemic is that the church serves as a network of dynamic interactions where journey is undertaken in fellowship with others, not in isolation. Hence the importance of this approach is that the church becomes a prospect where Word (theory or reflection) and action merge, i.e. the mutual care and service within the fellowship of the body (ECWA church). Since the Holy Spirit pervades the church and accomplishes a profound communion among the believers, every member of the church regardless of their conditions is meant to be permeated with Christ. The church is seen as a place where Christians are given a chance to exercise God-like love, inspired by the Christ living in the heart of the believers through the Holy Spirit and that

makes it possible for the believers to do to their neighbours as Christ has done for them. Seek the poor, sick, and all kinds of wretched people as part of the same body.

#### **6.3.3.4 Hospitality**

In the compassionate caring approach, hospitality plays a specific role as an expression of the type of pastoral care that is very crucial to the victims of VVF-HIV/AIDS. Pembroke (2006:31) describes hospitality as follows:

*To offer hospitality to another person is to create a space in which she feels welcome, 'at home'. A guest feels at home when she is allowed to be truly herself... she does not have to act in a certain way in the company of the host to be accepted by him. She is given the freedom to come as she is.*

Similarly, Louw (2008:241) affirms that the pastoral hospitality to the sick conveys to them their uniqueness, a sense that they have been specially created by God. Thus, they must discover that God cares for them and is part of their suffering and pain via the pastor's hospitality and involvement.

In the light of empirical data discussed in chapter 5 section 5.4.3.2.5 of this study, most of the church leaders in Northern Nigeria (ECWA pastors) refuse to practice hospitality among the VVF-HIV/AIDS victims. They are not welcomed into the churches by the pastors and pastors also do not care to visit them. For example, part of the data that speaks about the church leaders' attitude read as follows:

*Oh.....How can I think about spiritual things when I don't have any access to the church anymore... They all rejected me as the worse sinner.....  
Hah.....I feel a shame of myself because of the stigmatization (Ramatu: 20/12/2011).*

In addition to the experience of Awawu and Ramatu, the histogram of question 5 reveal the extent to which the attitude of church leaders contribute to stigmatization of those who happen to live with VVF-HIV/AIDS.

ECWA pastors should practice hospitality as a means of de-stigmatization. The theory of acceptance makes room for a challenge to values and actions that militate against health and well-being (such as the health and well-being of young adult females suffering from VVF-

HIV/AIDS). From the example of Jesus Christ (who is both the model and bearer of this healing and freedom communion) comes a call to people to full humanness through the offer of saving relationship.

In this regard, LaCugna (1991:299) argues that:

*The goal of Christian community, constituted by the Spirit in union with Jesus Christ, is to provide a place in which everyone is accepted as an ineffable, unique, unrepeatable image of God, irrespective of how the dignity of a person might otherwise be determined: level of intelligence, political correctness, physical beauty, monetary value. The communion of persons, however, remains the context of personhood. The community of Jesus Christ is the one gathering place in which persons are to be accepted and valued unconditionally, as equal partners in the divine dance.*

In view of the above, hospitality involves something deeper than the practicalities of preparing a space and offering food and drink to the guest. This entails receiving the full attention of the host to the guest (i.e. pastors to VVF-HIV/AIDS victims), offering self, rather than performing a task.

According to Louw (2008:443), the complete attitude of the pastor should be: “I am here, I am available and you will not live without a support network, or even suffer or die in isolation”. This gives the victims a sense of belonging even in the church where stigmatization has kept the victims in bondage. Therefore, ECWA pastors should practice this attitude as it speaks directly to the situation of the victims of VVF-HIV/AIDS within Northern Nigeria.

### **6.3.3.5 Growth and healing**

Clinebell (1979:55) argues that a person not only has relations but *is* a relation. The basic need for relationships (the human will to relate) means that growth and healing will take place within a caring relation of love. In respect of the empirical data where it was revealed that most of the family members and even their pastors refused to relate with them simply because of their condition<sup>111</sup>, this model helps in given a clear understanding of caring

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<sup>111</sup> See chapter 5 section 5.4.3.2.2 and 5.4.3.2.5.

relation of love to the VVF-HIV/AIDS victims. For example, according to the Louw's argument:

*The focal point of pastoral ministry has always been people in the totality of their existence. Most would agree with the notion that pastoral care concerns the total human being within a specific relationship: a faith relationship with God. It also concerns the relationship between fellow beings, which are created in the image of God. The term cura animarum describes care for the whole person, from a specifically spiritual perspective. Soul care is about people and the centre of their existence, their focus on God and dependence upon Him. Cura animarum, therefore, describes every special process of caring: care for human life because it is created by God and belongs to God (Louw, 1998:20).*

Clinebell (1979:55) further affirms that, growth tends to occur in any relationship to the extent that two things are experienced: caring (acceptance, affirmation, grace, love), which one does not have to earn because it is there in that relationship, and confrontation (openness and honesty) with those aspect of reality that are being ignored or denied. Self-confrontation aims to embrace the person's inner strengths which are essential in the lives of these young adult females suffering with VVF-HIV/AIDS. Clinebell believes that people's ability to cope with crisis (for example, such as VVF-HIV/AIDS) is connected to the more profound 'value-spiritual issues', of which the present problem often is a painful symptom.

As a result of that, Clinbell (cited in Louw 1998: 306) believes that the pastor's most important task is "to help persons face the deeper problems of inadequate meanings, distorted or destructive values and life styles that are hidden source of many of their problems". He maintains that a pastor should not hesitate to ask diagnostic questions that will help identify the deeper problems. For example: "How do you understand this decision in the light of your most important priorities in life?" "What is the connection between this problem you are wrestling with and your personal faith, your relation with God?" "What have you learnt out of this traumatic crisis? Has it changed your faith?" Similar questions could help people (especially these young adult females suffering with VVF-HIV/AIDS) to re-examine their values in life, the quality of their relationship with God even in this dreadful condition and how their present life influences and even harms their future life.

In view of the above discussion on growth and healing, if properly handled by the ECWA pastors, it will yield good fruits just as Clinebell (1984:118) enumerates:

- Love and self-acceptance (instead of fear and guilt) in people's inner lives.
- A growth-enabling community of caring and meaning (for example, the church).
- Encouraging people to keep in touch with both the vulnerable, nurturing, receptive, emotional side and the assertive, rational, intentional, ethically-demanding side of personality and religion.
- Providing people with effective means of moving away from the alienation of appropriate guilt, to a healing reconciliation with themselves, other people and God.
- Stimulating an inner feeling of freedom and autonomy.
- Fostering positive self-esteem and using inner strengths in constructive living.
- Helping to develop depth relationships committed to mutual growth.
- Making people aware of person-hurting institutional practices and motivating them to change these forces that oppress potentializing.
- Keeping people aware of the basic wonder and mystery of all life and growth.

It is evident from the above that a caring relationship between ECWA pastors and the victims of VVF-HIV/AIDS will help in bringing about a better understanding of their situation and also to open way for acceptance by the church members because our humanity and personhood are dynamic entities and arise from with a systematic network of relations.

#### **6.3.4 Compassionate and caring skills**

In relation to the discussion thus far the compassionate caring approach requires specific skills in order to ensure that caregivers and the church function as a compassionate and caring community. The following skills will be adopted as developed by Louw (1998: 264:265, 411):

*Probing.* Probing is the art of inquiring and exploring using the technique of questioning. The idea is not to investigate a 'case' but to make suggestions, thereby helping the church members to disclose and share the facts regarding their life story. The objective of probing is to encourage information and storytelling, in order to be

able to connect church members' experiences with the story of God's grace. Therefore this skill will be effective in the situation of young adult females suffering from VVF-HIV/AIDS as it helps the caregivers to understand their condition better through their story telling.

*Comfort.* People need support and consolation in times of crises (such as that of VVF-HIV/AIDS). Comfort is the art of sustaining church members so that they are able to experience the presence of God as a reality and as a source of consolation. The main objective is to encourage and empower people to cope more effectively. Comfort has a strengthening effect and can nurture virtues, such as courage and hope.

*Discernment.* Discernment attempts to understand the will of God and to apply the ethics of love to real life situations. Discernment also deals with one of the classic task of pastoral care, namely, the giving of advice and admonition. Most of the victims of VVF-HIV/AIDS need to be given advice on how to cope with their condition.

*Empathy.* People's most basic need is for intimacy- the need to be accepted unconditionally so that they can reveal and disclose themselves without the fear or uncertainty of rejection.

*Intercultural skills.* Due to different cultures involved in the course of caring for the victims of VVF-HIV/AIDS, intercultural skill becomes very necessary. It helps to understand the ethics of different cultures so as to administer caring effectively.

*Reconciler.* Reconciliation is related to our new being in Christ. Reconciliation results from the healing power of grace, and manifests itself in peaceful relationships and deeds of justice. Reconciliation results from God's compassion towards human kind. Therefore this skill will be effective in the situation of young adult females suffering from VVF-HIV/AIDS.

*Maturity.* Maturity skill helps the caregivers to relate effectively with the sick (most especially victims of VVF-HIV/AIDS since their issue has to do with stigma.

## **6.4 Conclusion**

The chapter discussed the empirical chapter and its relation to theoretical chapter which forms the basis for the discussion on the compassionate caring approach. The discussion was made under the following themes: lack of regard for women, stigmatization/lost relationship, rejection/abandonment, loss of hope, smelling/bad odour and lack of pastoral care.

The chapter discussed a responsive pragmatic contribution as a response to the second question of this research. The compassionate caring approach which includes the following themes were discussed: compassion, the church as the family/ a community of God, the church as a body of Christ, hospitality and growth and healing were proposed to the church (ECWA).

It was argued that compassion includes both empathy and sympathy and that God is the father of all compassion which is expected of ECWA to demonstrate towards the victims of VVF-HIV/AIDS. It was also argued that the church as the family/ a community of God will help Christians to effectively live as conduits of God's kingdom because it indicates that we are brothers and sisters with each other in God's family. In addition to that, the study revealed that, commenting on "the family, the household and the individual" in Africa, expresses an idea that may also underline the model of the church as the family/ a community of God as ideal for ECWA.

In taking the church as a body of Christ image, Christians are viewed as the body of Christ whose love always turns away from oneself and towards others. It was revealed that Christians are given a chance to exercise God-like love, inspired by the Christ living in the heart of the believers through the Holy Spirit towards others (especially the victims of VVF-HIV/AIDS).

Additionally, pastoral hospitality revealed how hospitality creates a space in which one feels welcome, 'at home'. It also in this context entails receiving the full attention of pastors to VVF-HIV/AIDS victims.

Finally, the holistic growth revealed how relationship helps the growth and healing to take place within a caring relation of love which is much applicable to the sufferers of VVF-HIV/AIDS.

Having discussed the compassionate caring approach as a responsive pragmatic contribution as a response to the second question of this study, the last chapter discusses the conclusion and the recommendations.

## **CHAPTER 7**

### **CONCLUSION AND RECOMMENDATION**

#### **7.1 Introduction**

The previous chapter discussed the compassionate caring approach which serves as a pragmatic contribution to operationalizing pastoral care to assist the church to pastorally care for the victims of VVF-HIV/AIDS. This final chapter retrospectively revisits the goals and purpose of this research i.e. investigating the extent of stigmatization and the challenges young adult females living with VVF-HIV/AIDS are facing, the extent at which the human dignity of women has been violated and the role of the church (ECWA) in caring for their situation. This chapter also provides some helpful recommendations that stems from both the empirical and literature study. This chapter fits into Osmer's (2008:4) pragmatic task of practical theology which refers to the process of determining strategies of action that will influence situations in ways that are desirable and entering into a reflective conversation with the "talk back" emerging when they are enacted. The chapter also fits into goal number 3 which is the role of the church (ECWA) in caring for the victims of VVF-HIV/AIDS in Northern Nigeria. The chapter finally make some suggestions for future research in order to more fully capture the experience and consequences of young adult females living with VVF-HIV/AIDS and then bring the study to a close with the final conclusion.

#### **7.2 Revisiting the goals and purpose of the research**

The following research questions were used to guide this study in order to explore the condition of young adult females living with VVF-HIV/AIDS, and to further understand the role of the church (ECWA) concerning their situation.

1. What are the factors that impact on the wellbeing of young adult females in Northern Nigeria who suffer from VVF-HIV/AIDS, especially with regard to the issues of stigmatization and the violation of human dignity?
2. Does the ECWA have any specific pastoral responsibility towards these women and, if so, what will the theological foundation of such responsibility be and what may the operationalization of such pastoral care entail?

The section therefore reflects back on the goals and the purpose of this research. The goals of this study focused on:

**Goal 1: Investigation into the extent of stigmatization and the challenges young adult females living with VVF-HIV/AIDS are facing**

Throughout the findings about the extent of stigmatization as a result of being victims of VVF-HIV/AIDS, these young adult females in northern Nigeria in an attempt to safeguard their human dignity and gain the social credibility which is due them, are faced with both physical and spiritual challenges. The study revealed how they are living in a painful/shameful condition; uncontrolled urine, living in isolation without mingling with people, discriminated/stigmatized, rejected by both the families and the church, as well as loss of babies at birth.

A similar observation of the stigmatization is echoed by Mwaura (2008:136) that the church has caused a lot of havoc by fuelling the stigmatization of people who happen to live with this type of condition which requires urgent attention for the purpose of their dignity which is due to them. Exclusion makes the stigmatized person feel unloved and unwanted thereby leading to feelings of self-hate and devaluation. Whether the person is to blame or not to, such feelings often lead to depression and bitterness and may complicate such person's physiological, emotional and spiritual well-being. They find it difficult to fit into the church and some social gatherings. In light of which was extensively discussed in chapter 2<sup>112</sup> of this study, women with fistula mostly remain in their homes, social interactions, and no longer attend public events such as funerals, celebrations and church services.

The literature confirms that the emotional impact of the stigma, confidentiality, and isolation represents a sizeable burden on women affected by the condition. VVF-HIV/AIDS is, quite clearly, viewed as disgraceful by those who must live with it. The continuous wetness and smell often keep many affected young adult females in isolation. They become so ashamed of their condition that they isolate themselves from their communities. Continual leakage of urine and faeces into the vagina is, no doubt, traumatizing. In spite of their best attempt to stay clean, the smell of leaking urine or faeces is offensive and not easy to eliminate or ignore (Bangser, 2007:535-536).

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<sup>112</sup> See chapter 2 of this study (2.4.2 Psycho-socio/stigmatization).

Genital mutilation is one of the harmful practices that resulted to VVF-HIV/AIDS in the northern part of Nigeria as it was revealed by the participants. In line with what was discussed in chapter 2 of this study under female genital mutilation, Muhammad (2009) confirms that, the surgical removal of the clitoris and or labia to restrict pleasure and temptation- increase the risk of fistulae. In addition, The Nigeria Demographic and Health (2003) also confirmed the practice of female circumcision, widely known as Female Genital Mutilation (FGM) that Nigeria in the past had the highest absolute number of cases of FGM in the world, amounting to about one quarter of the estimated 115-130 million circumcised women in the world. The practice is founded in traditional beliefs and societal pressure to conform. This is one of the most serious forms of violence against the girls in northern Nigeria. Therefore with the above findings, the researcher has reached this goal.

### **Goal 2: The extent at which the human dignity of women has been violated**

It was revealed that women have no less dignity than men, however, all too often women are considered as objects because of male selfishness, which has appeared in so many contexts in the past and is still being seen today in the northern part of Nigeria. In some communities in Northern Nigeria, the consent of girls is not sought before their fathers give them in marriage to a man. She has no right to oppose the decision, whether she disagrees with it or not. In addition, it was revealed that, married women's confidentiality may be broken with relative impunity leading to violence or desertion if their husbands blame them for infection, this lack of confidentiality in the case of women is surely also an instance of disregarding their dignity (Barnet,1997:10-13). The disadvantaged economic condition of women was also revealed. Okeke and Njoku (2008:58) affirms that the disadvantaged economic conditions women face immensely increase the likelihood that make them victims of human trafficking. As a result of trafficking women and girls are more vulnerable to VVF-HIV/AIDS infection.

In addition, from the patriarchal biblical metaphors in prophetic discussed, Gupta (2000:3) maintains that these feminized metaphors have an affinity with women's conduct, in other words by claiming that women are actually prone to excessive sexual incontinence, it could be argued that they are culpable and, consequently, that violent punishment – including the ravages of VVF-HIV/AIDS – is justified. Another dangerous implication in the era of VVF-HIV/AIDS is the abusive and masculine depiction of God alongside the image of the brutalized woman. There is documented correlation between male violence against women

and women's vulnerability to VVF-HIV/AIDS. Therefore with the above findings, the researcher has reached this goal.

**Goal 3: The role of the church (ECWA) in caring for their situation.**

This was done by way of underlined practical theological methodology which was discussed in chapter 1. How the church (ECWA) may revisit its nature and task from a pastoral theological perspective was discussed in chapter four. In response to the research question number two: what is the pastoral/theological responsibility of ECWA towards sufferers of VVF-HIV/AIDS? The compassionate caring approach was used of the church as a family/community of God and Christ body image. This approach was extensively discussed as a means of VVF-HIV/AIDS de-stigmatization from a pastoral theological perspective.

Consequently, the study revealed that the church as a family/community of God and body of Christ image emphasizes Christian connectedness and true neighbourliness. It was revealed that the church is made of Christians attached or connected as a unit. This approach (i.e. communion of believers) entails that the members' experiences-sorrows, pains, joy and bitterness are – or should be – shared. It is evident from the study that, being church in principle compels believers to identify with one another in all circumstances. They are encouraged to carry each other's burdens as stated in Gal.6. Therefore, if there are VVF-HIV/AIDS infected young adult females in the church, members should be empathetic and should comfort and provide for them, which will bring healing to the individual and consequential healing also to the whole system. Therefore the church as a family/community of God and body of Christ image compels Christians to shift from individualism to balanced communalism. However, the obligation to care for and support one another also extends beyond fellow Christians to the community and society at large. Furthermore, the characterization of the church as Christ's body rules out any separation of the divine and the human in the constitution of the life of the community even as it preserves their distinction. The direct link between church and community is that a church is subsystem of the community; hence ECWA can tap this ethic and design effective family/community of God and body of Christ image for proper caring for the victims of VVF-HIV/AIDS.

In addition, the study revealed hospitality as a means of de-stigmatization. Hospitality involves more than offering food and drink to the victims of VVF-HIV/AIDS. It entails receiving the full attention of the pastors to VVF-HIV/AIDS victims by way of offering self

rather than performing a task. Therefore with the above discussion, the researcher has reached this goal.

### **7.3 Recommendations**

Based on this argument, the ministry of ECWA will not be complete if caring for the souls especially the souls like those of VVF-HIV/AIDS patients is not their focal point. For these reasons the following recommendations can be suggested in order for ECWA to effectively carry out its task of caring for the whole person (in this case, the VVF-HIV/AIDS sufferer) based on the result of this research.

#### **7.3.1 De-stigmatization programmes by ECWA.**

From the study, the pervasiveness of stigma associated with VVF-HIV/AIDS from northern Nigeria has been revealed. In view of the ill-treatment meted out to the victims of VVF-HIV/AIDS, it is recommended that, program messages from ECWA should: address knowledge gaps and misconceptions about the prevalence of HIV infection; promote hope and compassion; and offer advice about and examples of positive living with VVF-HIV/AIDS. ECWA, being a major, well-respected and widely distributed Christian denomination in the northern Nigeria should use all avenues open to her to educate and warn people about the dangers of stigmatization of VVF-HIV/AIDS. This can be achieved in the form of worship services and educational initiatives. In all areas of community life (for example during worship service, festivals and other ceremonies within the community), Christians should condemn stigmatization and discrimination against people living with VVF-HIV/AIDS and foster a culture of acceptance because all people are created in the image of God. In addition to that, promoting concern about how the victims feel and act is highly recommended. This is possible through comfort as a gesture of pastoral care. For example, six participants<sup>113</sup> expressed the joy they felt when they saw people around them. This is a confirmation of what Proverbs 17: 22 says:

*A happy heart is good medicine and a cheerful mind works healing, but a broken spirit dries up the bones.*

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<sup>113</sup> See chapter 5 of this study (5.3.3.3.4).

Based on the findings, it is evident from the data that some of the church members and the family members pass judgment on the victims of VVF-HIV/AIDS. It has been viewed by some family members as a shameful condition. It is obvious that in effect, many of the victims have lost hope and feel worthless. Therefore, ECWA should therefore speak openly, compassionately, and non-judgmentally about the victims of VVF-HIV/AIDS. ECWA should also encourage the family members not to view the condition of the VVF-HIV/AIDS as shameful condition. Their condition should be seen as any other sickness people are living with. In the same vein, VVF-HIV/AIDS patients should also be encouraged and supported in giving testimony in worship and other religious gatherings concerning their needs and concern. In this light, Bongmba (2007: 182) stresses the fact that Christians are invited or commanded to a life of *imitation Christi*, and also in the light of the histogram of question seven of quantitative research, with 87% respondents which is the highest percentage and shows that the church contextually, morally and theologically stands out to be the best organization to offer support and care to people affected by VVF-HIV/AIDS. As such the church should therefore cultivate the habit of love and compassion for those who suffer from VVF-HIV/AIDS because they deserve our unconditional love and compassion.

### **7.3.2 ECWA should encourage HIV testing**

The study also revealed that most of the husbands do not want to disclose their HIV status. In light of the findings from the data where husbands refuse to disclose their HIV status, for example, the case of Sarah<sup>114</sup>, the church should apply itself forcefully to stigma-reduction strategies through post HIV test clubs, where information, support, assistance with disclosure, advocacy campaigns, and sensitization programs are based. Additionally, church leaders should encourage HIV testing and should set an example by having themselves testes. They should above all see themselves as healers in the sense of health care education, prevention education, stigma reduction, and on a broader social level, as healers of society and advocates for full human rights for all.

### **7.3.3 ECWA should engage culturally to discouraged early marriage**

The study revealed the issue of early marriage as one of the major causes of VVF-HIV/AIDS. Most of the victims of VVF-HIV/AIDS got married at an early age when their pelvic areas have not fully developed. It is evident that cultural practice is one of the reasons of early

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<sup>114</sup> See Sarah: 30/12/2011 under emotional consequences (5.3.3.2.4).

marriage which fuels the causes<sup>115</sup> of VVF-HIV/AIDS in Northern Nigeria. Chapter 3 of this study shows that Sadik confirms that, the practice of child marriage, though now widely recognized as a violation of children's rights and a direct form of discrimination against the girl child, is still very much with us. Tradition continues to fuel the practice despite its strong association with adverse reproductive health outcomes and the lack of education of girls (Sadik 2004:58-61). It is, therefore, strongly recommends that ECWA should re-frame the institution of marriage so as to make it gender-justice-based. ECWA should also strongly discourage and educate people about the dangers of early marriage of the young females. Young girls should be given an opportunity to grow to a matured age before getting married.

#### **7.3.4 ECWA should engage culturally to address harmful traditional/cultural practices that endanger the lives of women**

The study revealed another terrible cultural practice. That is female genital mutilation. This cultural practise that is prevalent in the society has direct implication to the development of VVF-HIV/AIDS. For this reason, Okome (2005:2-3) comments on this practice:

*The practice is strongly favoured because of the maintenance of a strong cultural tradition to various beliefs such as reduction of sexual promiscuity, prevention of prenatal mortality and reduction of excessive vaginal secretion which is believed to be harmful to a man's body. It is rationalised as a way of making the female genitals aesthetically more pleasing or cleaner. Also, it is said to increase fertility of women as well as to ensure easy child birth. In most cases, it is done by local women, without anaesthesia and sometimes with blunt kitchen knives, while some women forcefully hold down the victims.*

ECWA should thus endeavour to discourage these harmful cultural practices and traditional ceremonies that expose young females to VVF-HIV/AIDS infection within our communities. As Haddad rightly said, unless the ways in which Bible is read is transformed, not only within the academy but also in our communities of faith, we will perpetuate the justification of the abuse of women (Haddad 2000).

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<sup>115</sup> See chapter 5 of this study (5.3.3.1.2).

### **7.3.5 Pastoral care and counselling should be introduced in ECWA Theological seminaries:**

From the study, it is evident that most of the ECWA pastors lack knowledge about the association of VVF and HIV/AIDS which has led to high prevalence of this pandemic. In the light of the histogram of question 1 which shows that, 81% of the ECWA pastors lack knowledge about the association<sup>116</sup> of VVF and HIV/AIDS, the researcher recommends that, theological institutions and pastoral counselling and care training programs for prospective and ordained clergy, should contain appropriate course content pertaining to VVF and HIV/AIDS and its various prevention and care aspects.

Apart from a lack of knowledge about the association of VVF-HIV/AIDS among ECWA Pastors, the research also revealed that the church does not show concern for the victims of VVF-HIV/AIDS. The cases of Fatima and Kaka remain relevant in this respect:

*..I don't think they have much concern for my situation because since I came to this hospital no any elder/pastor from the church have ever step here to see me..... (Fatima: 19/12/2011).*

*..No body from the church is concerned about my situation.... I observe that I am completely cut off and rejected (Kaka: 28/12/2011).*

The researcher recommends that ECWA should seriously engage the pastoral care of these women. ECWA should adopt the theory and hermeneutical model of pastoral care when engaging in such praxis. Louw (1998:52) made it clear that the compassion communicated by pastoral care is more than mere human sensitivity. Pastoral care which serves as a mediation of the gospel's salvation, truly communicates God the Father's emotional compassion as expressed in Christ's identification with our human grief. Both the pastor and church members should be endowed with this compassion (Col 3:12).

### **7.3.6 ECWA should embrace the compassionate caring approach in training theological student.**

Based on the discussion in chapter 6, it is imperative that the compassionate caring approach is taken seriously during the training of theological students in ECWA. This will help the student to understand and at the same time put into practice the pronouncement made in 2

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<sup>116</sup> See histogram of question one in chapter 5 of this study (5.2.1).

Cor. 1:3 ‘...the Father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves have received from God’.

It is evident from the study that the church (ECWA) and even the family members of the VVF-HIV/AIDS victims do not see the affected young adult females as part of them. For example the case of Fatima in the study read thus:

*.....hah....Don't even mention anything like relationship..... They don't want to have anything to do with me (Fatima: 19/12/2011).*

The church (ECWA) is expected to share the life of Christ among all human being regardless of their health situation in such a way that results in individual and corporate spiritual growth. This is accomplished through the exchange of God's love and truth, which is called "ministry" (which simply means "service"). *Koinonia* is viewed by the New Testament as a non-optional environment for spiritual growth (Dennis, 2009:823-876). The image of the body of Christ reflects a church open to all regardless of race or social status, grounded in redemptive history, and unified for the purpose of divine reconciliation (Webster, 2007:19-33). Heath, reflecting on 1 Cor. 12 believes the image of the body of Christ can be used, “to arouse responsibility for assistance to those suffering”. As the body of Christ, not only are we to suffer together, but also to abate suffering (Heath, 1982:324). In addition to Paul's description of Christ's body in 1 Cor 12: 24-25, Webb-Mitchell claims that God has arranged the parts of the body and their functions as to give “the greater honour to the inferior members that there be no dissention within the body.” He further stresses that:

*Indeed, the body does not consist of one member but of many. If the foot would say, “Because I am not a hand, I do not belong to the body,” that would not make it any less a part of the body. But as it is, God arranged the members in the body, each one of them, as he chose. If all were a single member, where would the body be? The members of the body that seem to be weak are indispensable, and those members of the body that we think less honourable we clothe with greater honour, and our less respectable members are treated with greater respect; whereas our more respectable members do not need this. But God has so arranged the body, giving the greater honour to the inferior members, that there may be no dissension*

*within the body, but the members may have the same care for one another*  
(Webb-Mitchell, 2003:66).

### **7.3.7 ECWA should partner with the government to improve health sector**

Inadequate health facilities and the high cost of surgery were also shown to be a causal factor in the prevalence of VVF-HIV/AIDS. The VVF Project, 2008 confirms that, the capacity of Evangel VVF project in Jos, Plateau state, Nigeria to carry out fistula repair is limited. Out of 1, 245, 639.00 US dollars needed for the expansion of the project so as to accommodate a good number of patients, it is only 106, 860 US dollars that was realized. In addition to this challenge, the greater numbers of young adult females affected by the condition reside in remote rural areas, where competent appropriate and skilled care is not readily accessible. The vast majority of affected young adult females are generally poor (VVF project, 2008:2). In this regard it is recommended that ECWA should liaise with the government, jointly taking up the plight of these women and working with government towards the improvement of health sector especially in the rural areas.

### **7.4 Future research**

The findings of this research provide useful avenues for future research in order to more fully capture the experience and consequences of young adult females living with VVF-HIV/AIDS. Further areas are as follows:

1. Theological study on the themes of sin and punishment with the regards to the theology of the ECWA in relation to VVF-HIV/AIDS.
2. The theological study on the role of the church in promoting human dignity among women.
3. Practical theological study on the themes of gender roles and relationships with regards to the theology of ECWA.
4. Theological study on the theme of special need with the regards to the theology of the ECWA in relation to people living with VVF-HIV/AIDS.
5. Practical theological study responses to early marriage in the northern part of Nigeria.

## 7.5 Final conclusion

In essence, the research reveals the prevalence of VVF-HIV/AIDS among young adult females in northern Nigeria, the specific traditional cultural practices that compound the problem, and the manifold negative consequences of these conditions (especially stigmatization and the violation of human dignity). It is for this reason that the research was focused on providing the contextual understanding of VVF-HIV/AIDS among young adult females in Nigeria. In the course of this, the study highlighted the significant VVF-HIV/AIDS facts and formation and how VVF-HIV/AIDS has impacted on the young adult females of Nigeria, especially in northern Nigeria. This was captured in the brief overview of the history of the country as a whole, including reflections on the status of women in Nigeria society (especially regarding sexuality and marriage). Indeed, the prevalence, cause and challenges caused by VVF-HIV/AIDS for Nigerian women in general, but specifically for young adult females were of great of interest and discussed as such.

The concept and development of human dignity as it is used in contemporary political discourse, philosophical discourse and theological perspective are investigated. It was revealed that human dignity of women; especially in Northern Nigeria is violated and potentially disregarded in cultural, economic, political and (Christian) religious ways. The study revealed how Africa is a deeply patriarchal society with men dominating in the socio-economic and political machinery and organizations. However, in the light of the idea of alien dignity (George 2001:19), the study implies that all people are equal, despite and diversity of role, social status, race, colour, class or sex. The discourse to a very large extent elaborated on the stigmatization and VVF-HIV/AIDS i.e. how the patriarchal cultural practices discussed in the earlier part of the work are used in stigmatizing the young adult females who happen to live with VVF-HIV/AIDS.

Consequently, it became obvious that the placing of the de-stigmatization of VVF-HIV/AIDS among young adult females within a pastoral theological perspective is of necessity. Hence, it is agreed that theology has everything to do with the issue of exclusion/stigmatization of those who happen to live with VVF-HIV/AIDS, and that it is closely related to some of the most central Christian doctrines. We are therefore of the view that humans who subscribe to a Christian world view need to be invited or commanded to a life of *imitatio Christi* as they relate to other human beings who are, like them, regardless of their health condition, since we are all created in the image of God.

Pastoral care to victims of VVF-HIV/AIDS by ways of providing some fundamental knowledge of what is expected of ECWA as she seeks to address this problem is therefore of high importance. Pastoral care is mostly concerned about the total human being within a specific relationship: a faith relationship with God and also the relationship between fellow human beings, who are created in the image of God. The intercultural/contextual hermeneutical approach for pastoral care is canvassed due to its implication for young adult females living with VVF-HIV/AIDS in the northern part of Nigeria. Most of these affected people are from different backgrounds and cultures which makes an intercultural/contexture hermeneutical approach more important for effective pastoral care in their midst. Additionally, the work discussed the importance of a pastoral anthropology for the praxis of pastoral care. It touches on some of the important anthropological components for effective praxis of pastoral care.

For purposes of a better understanding of the issue of our discourse, we were introduced to the real practical information about these young adult females living with VVF-HIV/AIDS through the empirical research conducted at the Evangel hospital in Jos and also among pastors of ECWA within Jos. It also revealed the extent of pains, isolation and stigmatization by both the church and the society that these young adult females living with VVF-HIV/AIDS are facing as well as the inadequate knowledge of VVF-HIV/AIDS among some ECWA pastors in addition to lack of concern for the victims of VVF-HIV/AIDS.

As a result of the theoretical chapters and the empirical data discussed, it became necessary to propose a responsive pragmatic contribution to operationalizing pastoral care to the church (ECWA) and pastors. The compassionate caring approach discussed open room for the victims to become full humanness by way of oneness and freedom relationship. Compassionate plays a vital role as an expression of pastoral care to the victims of VVF-HIV/AIDS. It was argued that compassionate includes both empathy and sympathy. The congregation therefore becomes the foundation from which this paracletic comfort is exercised.

The outcome of the findings in the study has made certain recommendations possible. These recommendations have the potential to safeguard human dignity, especially of women, by creating a society with a living space in which human dignity can be cultivated by the church (ECWA) to enable the VVF-HIV/AIDS victims to regain the social credibility which is due to them.

The study has conclusively shown that VVF is associated with HIV/AIDS. They are twin diseases in Northern Nigeria among young adult females. It usually occurs when young adult females whose pelvic have not yet fully developed, get married or had sexual intercourse with men that are older than them and are HIV/AIDS positive. The result is that they also get infected. Similarly, obstetric fistula tends to affect marginalized poor young adult females who have the least access to obstetric care (Donnay & Ramsey, 2006: 254-261). They are mostly young early married women, illiterates with little or even no access to obstetric care (ante natal and pre natal care). They mainly delivered at home attended to by family members or unskilled birth attendants or traditional midwives (Wall, et al, 2005:3-57).

These young adult females then become VVF-HIV/AIDS patients. And because of their condition they often experience social stigma, shame, abandonment or divorce and are often ostracized by their family, church and community due to the constant leaking of urine and odour.

From the study, it is evident that stigmatization is sin because, as an act of judgment it dehumanises by stripping human beings of their dignity, thus denying the love of God towards that person (1 Jn 3:16-17). Judging others reveals perpetrators' misappropriated God-images. Too, such God-images in terms of VVF- HIV/AIDS are God as judge and as tyrant (Wohlk, cited by Louw, 2008:401). A misunderstanding and misappropriation of such image(s) serves only to condemn, in the case of VVF-HIV/AIDS stigmatization to devalue and degrade. What these and other negative images of God have in common is the absence of love. This is why the church (ECWA) has to see the VVF-HIV/AIDS crisis as both a challenge and an opportunity to adequately respond to the problem in a Christ-like manner. At the end, the victims of VVF-HIV should be encouraged to know that they belong to the body of Christ and to continue to lead productive lives in their homes, churches, communities, and the society at large.

The study reveals that human life is sacred just as Melton (1989:4-17) affirms that human life is sacred, human dignity originates from God and is of God because we are made in God's own image and likeness (Gen. 1:26-27). It is therefore, expected of the church to love (agape) and care. And it is into this challenging task of supporting (showing solidarity with) VVF-HIV/AIDS infected people within their context, that pastoral care is expected to be implemented.

The study also revealed from the pastoral care perspective that the church is the carrier and conduit not only of word but also of deed (word and action). Christians should get involved in the lives of the VVF-HIV/AIDS infected people, while at the same time they reflect on the message of the kingdom. Pastoral theology as pastoral care (i.e. church care) should be the task of all believers to ensure that they get involved with VVF-HIV/AIDS infected people in their situation. Christians would be shifting their position from apathy to empathy and action by doing this. Christians should translate gospel truth to real-life situations, which brings hope and healing to people. This is possible through pastoral care.

Thus it has been argued that for the church to be practical within the VVF-HIV/AIDS situation, it should be driven by the church as a body of Christ Image Metaphor Theory which views each believer as being part of a whole with interrelationship and interdependence to others and exerts a *diakonic* challenge. The church is challenged to care for its members (mutual care). Believers should identify with one another and share their burdens. The caring extends further to those who are outside. Therefore, for the church to be able to respond to the VVF-HIV/AIDS pandemic, it should adopt the church as a body of Christ image and family/community of God metaphor, which promotes effective caring.

After all the researcher have done and written here, the researcher is convinced that practical theology can inform ECWA on how to pastorally deal with the young adult females living with VVF-HIV/AIDS. It can do so because VVF-HIV/AIDS stigmatization is part of the domain of the human condition, part of the reality of being human, for which Christ-incarnate gave himself to reconcile man to God. The reconciliation of God and man eclipsed all contexts of time, and culture, thereby including all manifestations of the human condition, including VVF-HIV/AIDS.

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## APPENDIX 1



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28 October 2011

Tel.: 021 - 808-9183  
Enquiries: Sidney Engelbrecht  
Email: [sidney@sun.ac.za](mailto:sidney@sun.ac.za)

Reference No. 696/2011

Mr AY Thomas  
Department of Practical Theology & Missiology  
University of Stellenbosch  
**STELLENBOSCH**  
7602

Mr AY Thomas

### LETTER OF ETHICS CLEARANCE

With regard to your application, I would like to inform you that the project, *Stigmatisation and vesico vaginal fistula (VVF)-HIV/AIDS among young adults females: a critical pastoral assessment on the role of the Evangelical Church of Winning All (ECWA)*, has been approved on condition that:

1. The researcher will remain within the procedures and protocols indicated in the proposal, particularly in terms of any undertakings made in terms of the confidentiality of the information gathered.
2. The research will again be submitted for ethical clearance if there is any substantial departure from the existing proposal.
3. The researcher will remain within the parameters of any applicable national legislation, institutional guidelines and scientific standards relevant to the specific field of research.
4. The researcher will consider and implement the foregoing suggestions to lower the ethical risk associated with the research.
5. This ethics clearance is valid for one year from 28 October 2011 to 27 October 2012.

We wish you success with your research activities.

Best regards



*Sidney Engelbrecht*  
**MR S ENGELBRECHT**

REC Coordinator: Research Ethics Committee: Human Research (Humaniora)

Registered with the National Health Research Ethics Council (NHREC): REC-050411-032



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## APPENDIX 2



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### STELLENBOSCH UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH

FOR YOUNG ADULT FEMALES IN HOSPITAL, JOS

STIGMATIZATION AND VESICO VAGINAL FISITULA (VVF)-HIV/AIDS AMONG  
YOUNG ADULT FEMALEs: A CRITICAL PASTORAL ASSESSMENT ON THE ROLE  
OF EVANGELICAL CHURCH OF WEST AFRICA (ECWA)

You are asked to participate in a research study conducted by ABRAHAM YISA THOMAS from the faculty of theology at Stellenbosch University.

This research will be a contribution towards my DTH in pastoral care and counselling. You were selected as a possible participant in this study because your participation in this study will allow me to gather the needed data to assess the role of ECWA among young adult females living with VVF-HIV/AIDS.

#### 1. PURPOSE OF THE STUDY

This research intends to explore the experiences, psychosocial challenges of young adults female suffering with VVF-HIV/AIDS and possible ways for the church to assist them.

## 2. PROCEDURES

If you volunteer to participate in this study, I would ask you to do the following things:

1. You will be asked to respond to open ended questions and follow up questions to your responses in an interview format.
2. Participate freely in expressing your opinions
3. Maintain confidentiality.
4. Respect other people's opinion
5. The results of the interview will be audio recorded and written notes will be taken by the researcher.

## 3. POTENTIAL RISKS AND DISCOMFORTS

There will be no physical risks at any time. Although a social worker and psychologist will be employed in case of any emotional discomfort during the course of this study. You may choose to either now or at any time during the study to withdraw your participation. There will be no penalty or loss of benefits. I have no interests in knowing how a specific individual responds to the questions. All information gathered will be held in strictest confidence and you are guaranteed complete anonymity. The psychologist (Mrs. Ruth Sule +2348057330631) and social worker (Mrs. Grace Sarma +2348055271226) can be contacted at the office of the assistant chaplain during and after hours of the research.

## 4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

The research will serve as a guide to ECWA in order to safeguard human dignity especially on the issue of stigmatization and to empower humans by means of personal validation, education and sustainable development. It will also help to create society as a living space in which human dignity can be cultivated in order to gain social credibility.

## 5 PAYMENT FOR PARTICIPATION

There will be no payments involved.

## 6 CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of anonymity. All documents related to this research will be kept in a safe place and only I will have access to which after three years will be destroyed. The findings of this research will not be used in any way for performance appraisals or disciplinary procedure.

## 7 PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

## 8 IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact ABRAHAM YISA THOMAS cell phone +27790537121(South Africa) +2347057908986 (Nigeria) Email: [15859533@sun.ac.za](mailto:15859533@sun.ac.za) and [abrahamyisa@yahoo.com](mailto:abrahamyisa@yahoo.com)

Supervisor: Dr C H Thesnaar Department of Pastoral Care and Missiology, Faculty of Theology, Stellenbosch University. Tel: +27218083257 Email: [cht@sun.ac.za](mailto:cht@sun.ac.za)

## RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché (Stellenbosch University) [mfouche@sun.ac.za; +2721 808 4622] at the Division for Research Development.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE
---

The information above was described to [me/the subject/the participant] by [name of relevant person] in [English] and [I am/the subject is/the participant is] in command of this language or it was satisfactorily translated to [me/him/her]. [I/the participant/the subject] were given the opportunity to ask questions and these questions were answered to [my/his/her] satisfaction.

I hereby consent voluntarily to participate in this study/I hereby consent that the subject/participant may participate in this study. I have been given a copy of this form.

---

Name of Subject/Participant

---

Name of Legal Representative (if applicable)

---

Signature of Subject/Participant or Legal Representative

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to \_\_\_\_\_  
[*name of the subject/participant*] and/or [his/her] representative \_\_\_\_\_  
[*name of the representative*]. [*He/she*] was encouraged and given ample time to ask me any  
questions. This conversation was conducted in [*English* and [*no translator was used/this  
conversation was translated into* \_\_\_\_\_ by \_\_\_\_\_].

---

Investigator

Date

\_\_\_\_\_  
Signature of

## APPENDIX 3



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### QUANTITATIVE RESEARCH QUESTIONS

You are asked to participate in a research study conducted by Rev. Abraham Yisa Thomas from the faculty of theology at Stellenbosch University.

This research is being done in partial fulfilment of a DTH in pastoral care and counselling. You have been asked to participate in this study to enable me gather the needed data to evaluate the role of the church (ECWA) among young adult females living with VVF-HIV/AIDS.

Please kindly select one of the options (a – d) that suit each of your view of the statements below.

1. VVF is associated with HIV/AIDS.

- (a) Strongly agree
- (b) Agree
- (c) Disagree
- (d) Strongly disagree

2. VVF-HIV/AIDS usually occurs when young adult females whose pelvic have not yet fully developed, get married or engage in sexual intercourse with HIV/AIDS positive men who are older than them.

- (a) Strongly agree
- (b) Agree
- (c) Disagree
- (d) Strongly disagree

3. Due to the cultural context, a married woman may suspect her spouse is infected, but is powerless to protect herself.

- (a) Strongly agree
- (b) Agree

4. Most of the affected young adult females are abandoned by their spouse.

- (a) Strongly agree
- (b) Agree
- (c) Disagree
- (d) Strongly disagree

5. The attitude and practices of church leaders contribute to the stigmatization of young adult females living with VVF-HIV/AIDS.

- (a) Strongly agree
- (b) Agree
- (c) Disagree
- (d) Strongly disagree

6. ECWA pastors have good theological and pastoral care knowledge of the condition of young adult females living with VVF-HIV/AIDS in the church.

- (a) Strongly agree
- (b) Agree
- (c) Disagree
- (d) Strongly disagree

7. From the theological point of view, the church is the best organization to offer support and care to people living with VVF-HIV/AIDS.

- (a) Strongly agree
- (b) Agree
- (c) Disagree
- (d) Strongly disagree

8. By the teachings of the Bible, the obligation of the Christian community is to love and care for those whose bodies are battered by VVF-HIV/AIDS.

- (a) Strongly agree
- (b) Agree
- (c) Disagree
- (d) Strongly disagree

9. Believers should embody the gospel message as an instrument of healing

- (a) Strongly agree
- (b) Agree
- (c) Disagree
- (d) Strongly disagree

10. The communion of believers demands that the people's needs are identified by the believers themselves who then mobilize interventions.

- (a) Strongly agree
- (b) Agree

- (c) Disagree
- (d) Strongly disagree

11. Pastoral therapy (healing) is about salvation

- (a) Strongly agree
- (b) Agree
- (c) Disagree
- (d) Strongly disagree

12. Gospel sharing therefore should be central in all VVF-HIV/AIDS caring ministries.

- (a) Strongly agree
- (b) Agree
- (c) Disagree
- (d) Strongly disagree

## APPENDIX 4



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### Qualitative Interview Questions for Participants

In light of Jennifer Mason (2002), a Senior Lecturer in Sociology at the University of Leeds who addresses the key issues that need to be identified and resolved in the qualitative research process, I therefore frame the questions under three headings:

#### Part one: Background of the Participants

To begin with, I would like to ask you some things regarding your background. I want to assured you that everything you say will be kept secret and not possible to trace back to you. Therefore I hope you will feel comfortable telling me the truth.

How old are you before you got married to your husband?

What is the age gap between you and your partner?

Can you explain what led to your marriage at that age?

Was there any cultural practice that took place with your private part before you got married?  
If yes, can you describe how it happens?

Is there any hospital around your place? And if yes what is the distance?

#### Part two: The experiences and challenges of the Participants

Can you describe what led to your present condition?

Can you describe the difficulty or traumatic experiences in your life related to your present condition?

How are you coping with your condition?

Can you tell me what is happening with you here?

How do your family members view your condition?

Part three: The attitude of the church towards the Participants

How do you feel the church handle your situation?

Can you describe your spiritual challenges in this your present condition?

Can you describe how you fit into your church fellowships?

What things can you observe about your relationship with the members of your church?

Can you describe how you feel about their attitude towards you?

Wrap up questions:

Is there anything you think I should have asked?

Do you have anything to add?

How did this interview feel for you?

## APPENDIX 5

Main themes:

Causes of VVF-HIV/AIDS	Extent of VVF-HIV/AIDS	Consequences of VVF-HIV/AIDS
<p>Early marriage age gap undeveloped pelvic, (twice of her age),</p> <p>Forced marriage - (cultural issues).accompanied by refusal of food and being restrained-tied up</p> <p>Genital mutilation (cultural issue)</p> <p>Cultural practices (marriage in exchange),(marriage was arranged by my parent).</p> <p>Poor health conditions and services (lack of hospitals and infrastructure)</p> <p>socio economic problems</p> <p>lack of education(marriage is more important than education)</p> <p>value give to women-women dignity (No freedom of speech, women are under subjection)</p>	<p>Lack of urine control</p> <p>Christians are part of the VVF-HIV/AIDS victims</p> <p>Bleeding after using knife to cut</p> <p>Linking the experience to evil</p> <p>HIV transmission</p> <p>Smelling</p> <p>Disgrace to the family</p>	<p>Death of the foetus, stillbirth,</p> <p>Rejection</p> <p>Loss relationships/friends</p> <p>Stigmatization:- seclusion, segregation, gossip, not sit close to, denied, maltreated rejection, has no sense of living,</p> <p>The victims were traumatised, observed bitterness and pain, loss of hope(suffering from both VVF and HIV, living in isolation waiting for her death) (this is a point where Christian church needs to build their theology of caring for ...).</p> <p>Depression(self judgement)</p> <p>Divorce (marriage was terminated)</p> <p>Sent away by the parent of the huaband(accusation by the parent of her husband and</p>

<p>Religious practices (observations).</p> <p>Poverty (women are given out in exchange of money)</p> <p>HIV/AIDS (undisclosed status by the husband)</p> <p>Multiple partner</p> <p>Married a widower</p> <p>Lack of money for operation</p> <p>Marriage without parent conscience(parent refuse to give support during birth)</p>		<p>humiliated)</p>
<p>Responsibilities towards the sufferers.</p>	<p>Rational/theological explanation given for involvement</p>	<p>Nature of pastoral care given</p>
<p>No care given by the church.</p> <p>Show love and concern/ visits by the hospital staff, parents and church.</p> <p>Excommunicated from the church (excluded in church activities)(viewed as a worst sinner).</p>	<p>Suggest: Creation of hope to the hopeless (talking about their future).</p> <p>Christian being part of the VVF, indicating sinful nature that requires love ...</p>	<p>Visits as expressions of love</p> <p>Asking question about their condition instigating concern</p>

## APPENDIX 6

### SOME INTERVIEW TRANSCRIPTS

Transcript interview with Mamuna

I refers to Interviewer

R refers to Respondent

29/12/2011

I: How old are you before you got married to your husband?

R: I was given out for marriage at the age of 14 years old after my primary school.

I: What is the age gap between you and your husband?

R: Hh....My husband aged me for 12 years.

I: Can you explain what led to your marriage at that age?

R: I can't explain what led to our marriage since I was still small by then.....

I: Was there any cultural practice that took place with your private part before you got married? If yes, can you describe how it happens?

R: Yes..... something was removed from my private part but I don't know why they did that to me.

I: Is there any hospital around your place? And if yes what is the distance?

R: Yes.... there is one clinic in our village.

I: Can you describe what led to your present condition?

R: When I was with my husband, I didn't get child for about 5 years (pause)..... It was later I got pregnant and gave birth to child that was tested HIV positive..... I spend two days in my labour before I could deliver. I didn't know that I got injured, it was after some time that I started leaking urine which I couldn't control (pause)..... I told my husband and he didn't take any action. When the parent of my husband got know about it they told my husband to

take me to my parent because they will not suffer with me who will not be able to give them child anymore.....

I: Can you describe the difficulty or traumatic experiences in your life related to your present condition?

R: Mn.....As you can see, I am in serious pains (pause)..... My child is HIV positive; I am rejected by my husband's family and suffering with HIV/AIDS and VVF at the same time.

I: How are you coping with your condition?

R: I don't know..... It is difficult.

I: Can you tell me what is happening with you here?

R: The hospital staffs are very good. They give me food and cloth.

I: How do your family members view your condition?

R: They view my condition as if I have brought shame to the family.....

I: How do you feel the church handle your situation?

R: Some church member show concern while some are seeing me as the worst sinner.

I: Can you describe your spiritual challenges in this your present condition?

R: Mn....I suffer isolation because no one wishes to identify with me and it is a big challenge to me.

I: Can you describe how you fit into your church fellowship?

R: I don't belong to any fellowship since I am in this condition.....

I: What things can you observe about your relationship with the members of your church?

R: There is no relationship.....

I: Can you describe how you feel about their attitude towards you?

R: What can I say since even my parent rejected me I don't blame them?

I: Is there anything you think I should have asked?

R: No.

I: Do you have anything to add?

R: Nothing

Transcript Interview with Awawu

19/12/2011

I Means Interviewer

R Means Response

I: How old are you before you got married to your husband?

R: I was 13 years old when I got married to my husband

I: What is the age gap between you and your husband?

R: Mn ... I don't know his actual age but he should be like 34 years because he is age mate with my senior brother.

I: Can you explain what led to your marriage at that age?

R: I was forced to married him.... I was forced by my father to marry at that age and I don't like it. Somebody just came and say if you will give your daughter I will marry her. So my father forced me to marry that family. I rejected the marriage but my father didn't agree with me....hh, He tied me for good three days without food.

I: Was there any cultural practice that took place with your private part before you got married?

R: Yes- When I was 10 years old, my parents took me to a place where one old woman use a knife to cut a part from my vaginal after I was tied down.... I cried but they didn't leave me.

I: Is there any Hospital around your place? And if yes what is the distance?

R: There is no any Hospital in our village....There is only one clinic in the other village and it is about 36km from our village.

I: Can you describe what led to your present condition?

R: Mn....when I started my labour; I stay for seven days (pause)... After seven days they now decided to take me to the hospital but there was no vehicle to carry me so they force me to deliver at home. For those seven days I was not given any food except water.... (Pause) I was just abandoned there like an animal. I delivered the baby already dead. After some time I started bleeding because the baby was forced out from my vaginal. Few days later, I couldn't control my urine anymore.

I: Can you describe the difficulty or traumatic experiences in your life related to your present condition.

R: It is painful because I lost my child and my husband said he has nothing to do with me anymore (crying).....

I: Don't cry its okay.

I: How are you coping with your condition?

R: Mn....As you can see it is very difficult. Because I leave like I don't have anybody in this world.....

I: Can you tell me what is happening with you here?

R: For the past two years that am here, is only God that is taking care of me..... Even my mother is saying that is tiered of staying with me (pause).... But this hospital is good because they give us food to eat and also cloths.

I: How do your family members view your condition?

R: They treat me like the worst sinner..... As if I am the one that cause it to myself.... They abandoned me completely. Even my fathers that force me to married that man has never visit me here.

I: How do you feel the church handle your situation?

R: No body from church care about my condition.... My pastor didn't know what I am passing through. He only came to see me when I was in the labour.

I: Can you describe your spiritual challenges in this your present condition?

R: Formally I was a member of the choir in our church..... but because of my condition I can't even go to church. I see myself as if God has forsaken me.

I: Can you describe how you fit into your church fellowships?

R: Mn...No body want to associate with me anymore. So I don't even belong to any fellowship anymore.

I: What things can you observe about your relationship with the members of your church?

R: Since I was in this condition, I realised that they gossip about me..... They distance themselves from me. No one wants to sit close to me and that is why I stop going to the church.

I: Can you describe how you feel about their attitude towards you?

R: Oh...I feel so bad but there is nothing I can do about it.

I: Is there anything you think I should have asked?

R: I don't know.

I: Do you have anything to add

R: No I don't think so....

I: How did this interview feel for you?

R: I am okay. At least some has come close to me today and asked me about my condition. I feel good and encouraged.

Transcript interview with Kaka

I mean Interviewer

R means Respondent

28/12/2011

I: How old are you before you got married to your husband?

R: I should be around 17 years old.

I: What is the age gap between you and your husband?

R: Mn....I think my husband is twice of my age when I got married to him.

I: Can you explain what led to your marriage at that age?

R: My husband's first wife died so my parent decided to gave me to him.

I: Was there any cultural practice that took place with your private part before you got married? If yes, can you describe how it happens?

R: Nothing like that.

I: Is there any hospital around your place? And if yes what is the distance?

R: There is one hospital close to our village about 20km.

I: Can you describe what led to your present condition?

R: Is like the formal wife of my husband died of HIV/AIDS and nobody told me (pause).... Even my husband didn't tell me. So when I got pregnant I suffered a lot before I delivered a dead child. Second time I got pregnant again and when it time for me to deliver, I was not taken to the hospital it was old women in our village that stood by me for two days and that was how my child died again in my womb (pause).... When I was taken to the hospital on the third day, they try to force the child out and I was told that I sustain injury. My husband said he doesn't have the money to do the operation so they brought me back home. After some days I started leaking urine. I am in this condition now for the past four years.

I: Can you describe the difficulty or traumatic experiences in your life related to your present condition?

R: Is really difficult. I am suffering two sicknesses (crying)....

I: Is okay, don't cry it will be fine.

I: How are you coping with your condition?

R: Mn....Is only God that help me now..... I am tired of this condition (pause).... I wish I could die.

I: Can you tell me what is happening with you here?

R: The doctor told me that my condition is a critical one so I have to wait..... I am only here with my mother who is also getting tired of my situation.

I: How do your family members view your condition?

R: Hah.....I don't know because they never tell me anything.

I: How do you feel the church handle your situation?

R: No body from the church is concerned about my situation.

I: Can you describe your spiritual challenges in this your present condition?

R: I feel empty..... Since I am in this condition, I don't have any access to fellowship with people anymore.

I: Can you describe how you fit into your church fellowship?

R: I am not fit.....

I: What things can you observe about your relationship with the members of your church?

R: I observe that I am completely cut off and rejected.

I: Can you describe how you feel about their attitude towards you?

R: I feel like they don't have human feeling..... And they only recognize those that are well to do.

I: Is there anything you think I should have asked?

R: I don't think.

I: Do you have anything to add?

R: Maybe you should help me pray about my situation for God to intervene.

I: How did this interview feel for you?

R: I feel better today.