Rethinking African and Catholic sex taboos in the context of HIV and AIDS

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Abstract

This article examines the significance of Catholic sex ethics in sub-Saharan Africa, where 22 million people are infected by HIV, with 1.9 million new infections in 2007 and 1.5 million HIV and AIDS related deaths in the same year alone (UNAIDS/WHO 2008 Report, July 2008). The article explores ways of liberating sexuality and saving lives by re-examining Catholic sex taboos in relation to circumcision in some African communities in HIV and AIDS contexts. It challenges the Church, which has been blamed for imposing on Africans an anti-sexuality faith, to urgently revise its sex ethics in order to exonerate itself from crimes committed against humanity in the 21st century. The article critically examines the gender dynamics of coerced abstinence in infibulating cultures and the unwavering Catholic pastoral teachings against condoms, despite the continual scourge of HIV and AIDS.

Introduction

Feminist theory embedded in the female flesh has placed the woman’s body, “previously considered the locus of all our oppression” (Marcos 2000:93), on a privileged pedestal of inspiration and re-conceptualisation, according to Silvia Marcos, who concedes that to continue elaborating disembodiment theories would be to continue the old masculine philosophical habit (Marcos 2000:94). Thus this article derives from the feminist theory’s search for bodily perspectives of the female body reflecting troubling masculinities in order to deconstruct the genderised perceptions of the woman’s body. The deconstruction of life-threatening images of the circumcised female body in Africa requires an understanding of the relationship between gender and culture espoused by Marcos in relation to the indigenous communities in Mesoamerica,

Body perceptions are embedded both in gender and culture. Mesoamerican sources are particularly revealing of that relationship. Concepts like equilibrium and fluidity are fundamental to grasp perception-constructions of the bodies in ancient Mexico. A review of primary sources for the history of ancient Mexico manifests the conception of the corporality that could be denominated “embodied thought.” Equilibrium, fluidity and gender define the way the body is conceptualized (Marcos 2000:93).

This article finds the suggested equilibrium and fluidity essential in deconstructing images of African women’s genitalia modified in tune with cultural notions of femininities and masculinities. Both are culturally constructed gender terms rather than genetic inevitability as male or female, according to the social constructionist sexuality theorists, who argue that masculinities are “intrinsically connected with the economic, political, social, psychological, and religious dimension of human life” (Moore & Gillette 1996:2). Essentialist theorists place more emphasis on the innate psychic and physical qualities as determinates of sexual differences. This is particularly important in understanding circumcision as a gender correction surgery that makes men male and women female through the genital modifications discussed in this article.

Theorists in men’s studies place masculinities and male experiences within specific social-historical-cultural formations rather than adopting universal norms. They situate masculinities on a par with femininities and argue that both display a passion for the emasculation of patriarchal ideology. This article’s focus is on non-hegemonic construction of appropriate male behaviour. It explores particular African understanding of masculinities located in the female flesh. It derives from critical feminist theory’s interpretation of the body as a powerful symbol and a surface on which rules, hierarchies, and the metaphysical obligations of a culture are written (Gallop, quoted by Marcos 2000:94). The article acknowledges that personhood and selfhood can be interpreted from human bodies that are loaded with both positive life-giving creative experiences to be celebrated, and negative experiences and prohibitions – which this article challenges (King, in Marcos 2000:10). The preoccupation of this article is with how the latter are displayed in gendered bodies which situate
masculinity and femininity in terms of each other. Thus, from the physical script of modified female genitalia, troubling non hegemonic masculinities are explored, analysed and revised.

**Cultural hermeneutical approach**

Oduyoye’s cultural hermeneutical approach identifies the alienating and life-threatening patterns that govern African women’s lives as practices of both “fathers’ town” and “mothers’ town” that keep Fatima in her place even when it hurts (Oduyoye 1995:81). She calls for cultural exegesis that identifies both men and women as active creators and propellers of the bond cultures. Oduyoye’s imaging of Fatima as culture’s bondswoman, who internalises suffering as an integral part of self identity associated with “father’s town” and “mother’s town”, has called for a paradigm shift in searches for liberation. Thus, when mothers and grandmothers physically hold and support without protecting their daughters’ sweating bodies from the pain of the knife that slices through the bleeding genitals, when they relive the horror of their own feminisation ritual that they perpetuate, women can not continue to be treated as victims of a patriarchal practice but collaborators with and perpetuators of the insidious social, political, and economic injustice. As such, they too define masculinities that are based on brutal incisions. The article therefore identifies female genital modifications as shackles from fatherland and motherland that reflect both troubling femininities and masculinities. When masculinity is expressed not only in men’s initiative as to when or how sex takes place, but in how the woman’s genitalia should be altered, this article argues that there is an acute crisis in these manly perceptions of the woman’s body.

Writing as an African feminist theologian, therefore, I strive to show the complexity of a fatherland/motherland practice that has subtly delegated the cutting of female genitals to women, while interested men are quietly celebrating and taking pride in having genitally modified mothers, wives, sisters and daughters, who will collectively support their brides’ infibulations and other trimmings. The intergenerational and cross-gendered nature of this aspect of African sexuality reflects some troubling notions of femininity and masculinity that are defined by the genital modifications this article discusses.

**Circumcision in Africa**

This article discusses African worldviews, beliefs, practices, and understandings of rites of passage that initiate girls into becoming “wholesome, marriageable women groomed for real African men”. It explores some culture-specific understanding of religion, gender and sexuality in Africa. Thus, the beliefs and practices of clitoridectomy, infibulation and other female genital “trimmings” in some African cultures are discussed against the backdrop of notions of masculinity within the same contexts. The article argues that the practice of manipulating women’s bodies is not only aimed at defining femininity but masculinity. It identifies those physical aspects of women’s bodies with the power to define men’s socio-cultural and political sexual locations. The article, therefore, postulates that genital modifications that produce “culture’s bondswomen” in Africa derive from a troubling understanding of masculinity across Africa. It discusses alternative and inclusive approaches towards the simultaneous liberation of culture’s bondsmen and bondswomen from troubling masculinities and femininities respectively. Thus, though the African feminist epic by Mercy Amba Oduyoye, 1995, *Daughters of Anowa: African women and patriarchy* is insightful in shaping the terminology of “culture’s bondswomen” (78-108), this article proposes balancing the sexuality equation with “culture’s bondsmen” in the campaign against female genital modification and the spread of HIV and AIDS. By discussing circumcision as one of the cultures that enslave both men and women, the article proposes a gendered cultural approach in the campaign against cumbersome modifications of women’s genitalia. The rationale of this argument is that African communities may rethink female genital alterations when notions of masculinity are distanced from female body marks involving genital cuttings, and circumcision ceases to guarantee marriage. This article identifies the male as the key player for whom the female genitals are modified, considering the heterosexual marital theatre where this whole drama of genital assessment and de-infibulation violently unfolds.

Discussing female genital modification in relation to troubling African masculinities in the context of HIV and AIDS will not exhaust the huge database on the subject. Thus a brief synopsis of the phenomenon of female circumcision is vital before the genderised interpretation that dominates this article. The work of Abu-Sahlieh (in Abusharaf 2006:47-72) is invaluable, due to its succinct and precise distinction between female and male circumcision, which is missing in some scholars’ work.

*Mythological basis*
There are various mythologies that seek to rationalise circumcision in general and female circumcision in particular. Although this article is not preoccupied with the causal factors, insights from antiquity and folk history are highly intriguing for an inquiry that seeks to redefine masculinity shaped by feminine sexuality.

Female genital cutting can be traced back to the times of the ancient civilisations of Egypt and Sudan, and scholars have argued that it was widely practised by Egyptians, Phoenicians, Hittites, and Ethiopians around 500BC (Assad 1980, Sanderson 1981, Rushwan et al. 1983, all quoted in Gruenbaum, 2001:43), and in the second century BC by tribes on the western coast of the Red Sea, Egypt. This practice is linked to a history steeped in mythical beliefs in the bisexuality of the gods, mirrored in all mortals. Thus, the feminine soul of the man is believed to be located in the prepuce of his penis and the male soul of the woman in her clitoris. In order for boys to become men and girls women, and for both to realise healthy gender development, the excision of the female soul from the man and the male soul from the woman had to be initiated (Mainardus 1967:388-389). This reasoning leads Assad to conclude that both the removal of the male foreskin and the female clitoris and labia were an essential part of becoming fully man or woman (1980:4). A fifteenth and sixteenth century report associates female genital cutting with Sudanese sex slaves sold in Egypt and Arabia, who fetched higher prices if sewn up; hence the close association between Islamic conversions and slave routes is a leading clue to female genital modifications in Islamic regions, as slaves had to be sewn up for value (Mackie 1996, quoted in Boyle 2002:28). The Islamic basis of female circumcision is however contestable, since the practice predates Islam, does not occur in most Middle Eastern countries and is not explicitly required by the Koran, while non-Muslim African groups practise it, according to Boyle (2002:31).

If a boy is female by virtue of his foreskin, and a girl male by virtue of her clitoris, then the rationale for establishing unambiguous gender identity dominates most circumcising cultures where the removal of the clitoris or the “hard, male-like masculine organ” is demasculating the woman and feminising her into her socio-cultural role (Assad 1980:4). For the Gikuyu of Kenya, the physical alteration of the genitals removes the ambiguity of gender and crystallises status and gender (Davidson 1989:201).

Male circumcision

Part of this article’s fascination with male circumcision only lies in the dialectical juxtaposition of demasculcation of women through circumcision, “removing the male parts from women” and the emasculation of men through the same procedure. This article argues that both processes address a socio-political crisis of identity and power negatively. It proposes fluid compatibility in the gender identities as a vital step in addressing the HIV and AIDS epidemic.

Abu-Sahlieh (2006) warns against the danger of oversimplifying male circumcision as suggested in many works which base their arguments on clinical surgeries of the foreskin or prepuce, which is also the most common type of male circumcision ritual in Africa. Though the other three forms have not been documented among African people, they are worth noting in a bid to de-campaign modification of the female genitalia. The milah, which involves cutting of the mucous membrane under the foreskin, is practised mainly among the Jews; the salkh, though now widely condemned by Muslim authorities with a fatwa issued by Ibn-Baz, the highest Saudi religious authority, still exists among some tribes in South Arabia. It involves complete peeling of the skin of the penis, including scrotum and pubis in some cases; while Australian aborigines slit the urinary tube from the scrotum to the glans to create an opening like the vagina (Abu-Sahlieh 2006:61).

Female circumcision

The three types of female circumcision that will be referred to in this article are excision of the prepuce, sometimes with part or all of the clitoris; clitoridectomy, which is the excision of the clitoris with part or all of the labia minora; and infibulation, which is the excision of part or all of the external genitalia and stitching to narrow the vaginal opening (Abu-Sahlieh 2006:60).

Interpretations of circumcision range from beautification for sexual pleasure to de-masculisation and religious purity, according to Guindi (in Abusharaf 2006:31). Traditionally female circumcision was an elaborate and much celebrated rite of passage that marked a woman’s readiness for sex and marriage. Variations of age and procedures applied to different communities. These rites of passage thrive on age-old cultural perspectives that reduce women and girls to feminine physical appearance, marked by genital trimming and extension at the risk of the women’s health and lives, especially now when confronted with the HIV and AIDS epidemic.
Female circumcision has been celebrated by more than three-quarters of Kenya’s ethnocultural groups. A baseline survey in the far west district of Kisii by one of the national grassroots organisations dedicated to improving the health and well-being of women in Kenya, the Maen de Leol Ya Wanawake Organization, found that 97 per cent of women over fifteen were circumcised. The Kenya Demographic and Health Survey (DHS) established that 87 per cent of adult Masai women had been initiated into womanhood through circumcision according to Mohamud, Radeny, and Ringheim (in Abusharaf 2006:78). Thus circumcision is a rite of passage authored by men and women who place religious-cultural value upon the practice, making it an African religious identity mark. The ritual celebrates and affirms unity between the community and the individual, who takes pride in being accepted into an important age-set of gendered adults.

Guindi’s study grounded among the Kenuz Nubians of Egypt argues that it is an important gendering rite of passage which shows how circumcision is done by women for men’s pleasure and has therefore a male-oriented rationale for the practice. The women in her research confirmed this feminine construction around masculine tastes:

"Circumcision makes a woman nice and tight. The man finds great pleasure in tight women, unlike Cairo women, whose vaginas are wide enough for four men to enter together (Abusharaf 2006:32)."

Guindi (2006) defines female body modification and circumcision as an aesthetic enhancement of what is culturally perceived as pivotal to female sexuality and argues that the sexual meaning of women’s bodies is dictated by culture, as is evidenced by face lifts, nose jobs, breast enlargement, genital trimmings, stitching and enlargement. The male agency in all these definitions is obvious in the confessions of Guindi’s interviewees, who confirm that “men derive pleasure in tight vaginas” of demasculinised women (Guindi 2006:31). The pressure to be sexually feminine is fuelled by the social stigma attached to untrimmed genitals that are not “neat and tidy”. Thus, circumcision for beauty enhancement and sexual appeal discussed by Guindi (2006:27) throws some light on the engineers of this cosmetic procedure for beautification and reveals sexual constructions of masculinity.

**De-infibulation**

Infibulation presupposes de-infibulation and consequently two key players in the drama of girls’ genital alteration: women and men respectively. Though the feminine agency has been in the stronger limelight than the masculine agency, their codependency is unquestionable and the practice would fade out faster if both parties worked it out together.

When women pin down little girls and young women to sew up their labia majora and seal off the vaginal orifice in divers ways, they never intend those girls to experience eternal celibacy. When they celebrate the vaginal closures and give presents to the girls who have symbolically come of age, they encourage continued celebration of this initiation and rite of passage as the feminine way of being in the community with the men. They celebrate the marriageability of all the girls who qualify through this transition from man-woman to woman-woman. It becomes increasingly difficult to convincingly argue that this is not done for the man-man, the real man who will settle for nothing but the real woman, if not for himself then for his family honour. For every girl that is infibulated, there is a manly man honoured with the task of de-infibulation. It is apparent that sex and sexuality play a large part in a discussion of men and sexuality (Cleaver 2002:9). Envisaged de-infibulation, penile or instrumental, conjures up violent images in the bride’s mind and in that of anyone imagining her vulnerable position.

De-infibulation is another script defining troubling African masculinity.

This article would not succeed in portraying de-infibulating men as sadistic, violent and insensitive creatures without emphasising the prevailing culturally insensitive approaches to circumcision. A phenomenological reflection of circumcision portrays celebrated masculinities where de-infibulating men are treated as heroes for carrying out the honourable act in which they proudly display novel manly acts aimed at perpetuating the lineage with a virtuous, unadulterated, sealed virgin. Thus, the morning after their wedding night, the display of a bloodstained blanket or white sheet is often met with ululation and victory dances. The show of the blood of honour is for the bride, her family and the whole community that participated in preserving dignity through forced enclosures that guaranteed her virginity. While it is easier to understand sexual violence in terms of the promiscuity and rape typical of a disrupted social order due to prolonged labour migration, wars, genocides and the like, there is a cultural honour attached to de-infibulation which often shields it from negative labelling. Thus a clear distinction must be made between the oppressive sexual behaviour of men who use rape to dishonour and humiliate women and enemy groups (Turshen 1999:125) and the honourable African
men who care for, love and highly respect the women they de-infibulate and shower with gifts of appreciation. Yet no confusion should be allowed to overshadow the violence both acts exhibit. This requires a careful evaluation of notions of masculinity that can arguably be considered troubling and justifies the cultural hermeneutical approach in the campaign against female genital modification.

Rethinking cutting in an HIV and AIDS context

An allusion to male circumcision in the preceding section reminds us that circumcision renders men as physically vulnerable as women in terms of pain and trauma, depending on the type of cutting. However, this section seeks to affirm that heterosexual men in circumcising communities are at as high a health risk of contracting HIV as women, hence the need for fluid gender relations in a world devastated by HIV and AIDS. When men are sexual partners and not conquerors who demand infibulated wives in order to enhance their manhood by de-infibulating screaming brides, when masculinity ceases to be linked to virility, men will be at lower risk of contracting HIV infections. Thus, the challenge to be a man in an Africa riddled with HIV and AIDS is a challenge to rethink sexuality, manhood and femininity.

Though proponents of male and female circumcision celebrate the medical findings that suggest male circumcision reduces sexually transmitted infections and AIDS, and even stretch the theory to cater for female circumcision, opponents of female circumcision have ample evidence to contradict the claim. The use of unsterilised tools during the procedures and the fact that infibulation presupposes penile or instrumental de-infibulation increases the risk injury during sex for both partners, while the dryness of the circumcised penis increases the risk of injury during intercourse (Abu-Sahlieh in Abusharaf 2006:69-70). Besides, age-sets formed in boys’ camps during group initiation rites are not only strong supportive networks that encourage moral values and pride of identity in the initiates, but are new blood-bonded relationships. In these relationships a visiting age-set guest is honoured to sleep with the host’s wife. This courteous gesture is in fact a high risk factor for the spread of HIV and AIDS.

There are numerous other short-term and long-term health complications arising from genital modification that have been discussed in greater detail by various scholars in a collection of essays by Shell-Duncan and Hernlund (2000). These complications range from haemorrhage, shock from loss of blood, genito-urinary problems, pelvic infections, diminished sexual pleasure and obstructed labour to the formation of vesico-vaginal and recto-vaginal fistulae, among other complications (Shell-Duncan & Hernlund 2000:14).

Theological reflection

Arguing from a Christian theological perspective, this article critically analyses the presumed inadequacies and alleged imperfections of the created body which prompt trimming and modification. Gruenbaum discusses the ambiguities surrounding notions of the “natural woman” in northern Sudan, where circumcised women are considered natural because they have been emasculated and feminised through circumcision. The northern Sudanese add aesthetical value to the emasculation of the woman and argue that the ‘masculine parts’ are ugly on the girls and should be removed. Most circumcised men preferred circumcised women, whom they consider natural and therefore desirable (Gruenbaum 2001:68). Such an understanding of masculinity is disturbing. Not only does it reflect a distorted perception of the natural woman, created beautiful in the Imago Dei, with the clitoris, labia, an open vulva and all the particular details of her genitalia; it also reflects on the violent socialisation of the girl into subordination having been “emasculated”.

Writing about the Hellenistic understanding of the body and its legacy for Christian social ethics, Anthony Battaglia explores the dominant images about the human body in the Catholic churches in particular, as well as other Christian traditions. Two dominant images of the body emerge from the suffering God in Jesus Christ whose violated body is nailed to the cross, and from the explicated and implicit virginity of Jesus and Mary respectively. The broken body of Christ signalled its sacredness in spite of brokenness, while virginity implied asexuality (Marcos 2000:138-139). These two images dominate the Christian duality of the body and soul which emphasised the value of denying sexuality to affirm the soul. This leads to a celebration of celibacy, abstinence and virginity over sexuality, restricting sex to procreation (Marcos 2000:145). It can be argued that this dominant asexual Hellenistic view of the body has been impressed upon women rather than men, leading to lopsided gendered sexuality. This, I would argue, is the basis of troubling aspects of masculinity.

Although female genital modification has little or no theological basis, Christians are circumcised alongside Muslim women and practitioners of traditional religions. They find themselves
having to deal with a crisis of identity, like Muthoni in Ngugi wa Thiongo’s *The river between*. Her strict Christian upbringing by an uncompromising Christian father, Joshua, and a sensitive missionary teacher does not shelter her from being curious about her femininity. The Christian girl desires to celebrate her sexuality and be a “Christian woman in the tribe” (Ngugi wa Thiong’o 1965:53) and is circumcised. However, Muthoni’s death in the process is symbolic of the tension surrounding the celebration of sexuality and its denial in Christianity, which has to be overcome to address troubling aspects of masculinity and femininity in the HIV and AIDS era.

**Abstinence not condoms**

The church that shies away from sexuality and proposes abstinence not condoms as the key factor to AIDS control is not in contradiction with some African in sex taboos that demand infibulation to ensure abstinence, and therefore marriagability. Thus contextual theology for the HIV and AIDS era demands rethinking not only African cultures which expose women and children to HIV and AIDS, but those Catholic Church traditions about gender and sexuality taboos that render women more vulnerable. Pastoral guidance in this area will exonerate the church from years of condemnation. Thus the church that has been blamed for bequeathing the African Catholic Church an anti-sexuality faith needs to urgently search for liberating sexuality in order to exonerate itself from crimes committed against humanity in the twenty first HIV and AIDS century.

This article critically examines the indiscreet advocacy of the Catholic Bishops’ Conference for the traditional moral teachings of the Church on sexual behaviour and marital relationships in dealing with the AIDS crisis (Machyo 2001:48). The Congolese Catholic theologian and another founder member of the CIRCLE, Bernadette Mbuy Beya, argues that the Roman Catholic teaching on sexuality has created inordinate burdens of guilt in sexuality matters for the faithful in Africa (Oduyoye & Kanyoro 1992:172). Teachings that place high value on celibacy and promote abstinence have created sex taboos that have become death traps for African girls and women, which we will briefly discuss here. The teachings that prohibit contraceptives and uphold the indissolubility of marriage are doubly challenging for girls and women in African communities whose traditional cultures demand the same self-sacrifice. This has increasingly become the bone of contention and analytical focus for Catholic feminists in Africa, who question the church’s teaching on marriage and sexuality in the wake of HIV and AIDS. It leaves a lot to be desired for the pro-life Catholic ethics. Theological voices rising from African feminist theologians responding to the AIDS epidemic engulfing Africa among other woes are defining the *kairos* moment which should not be missed by all Catholic pastoral theologians concerned with social justice.

On his first pilgrimage as pontiff to Africa on March 17 2009, Pope Benedict XVI addressed one of the most contested issues for Catholic pastoral theology in the twenty-first century: condom use in HIV and AIDS context. His predecessor, Pope John Paul II, argued that sexual abstinence, not condoms, was the best way to prevent the spread of the disease. This set the tone for the controversial position of the Catholic Church in contemporary Africa. Speaking about the HIV and AIDS impasse during his trip to Yaoundé, Cameroon, Pope Benedict declared, “You can't resolve it with the distribution of condoms. On the contrary, it increases the problem.” He urged African communities to adopt a responsible and moral attitude toward sex in the fight against AIDS. His message to the African Christians of the Roman Catholic Church was a clear rejection of condoms as part of its overall teaching against artificial contraception. The traditional ecclesial message of fidelity in marriage and abstinence from premarital sex as key weapons in the fight against AIDS – in sub-Saharan Africa, where about 22 million people are infected with HIV (two-thirds of all people living with HIV) and where three-quarters of all AIDS deaths worldwide occur – raises questions in the mind of the faithful (Krista Larson and Emmanuel Tumanjong, A.S. Press 17 March 2009).

The task to keep faith in practice beyond this impasse is monumental and requires rethinking the Catholic Church’s pro-life commitment broadly to include condom use in HIV and AIDS contexts. The challenge for Catholic pastoral theology to frame the saving message of the Gospel and be able to proclaim it loud and clear “so that the light of Christ can shine into the darkness of people’s lives” is a challenge to rethink condom use in HIV and AIDS Africa. How would Christ’s light shine through the heart of the Congolese survivor of rape facing stigma and rejection by the husband who will not take risks without condoms? What will save women from infections when their husbands return from mines and war fronts after prolonged periods? What Gospel message would bring a smile to the virgin bride infected on her wedding night or a message of hope for a million poor, unskilled, displaced women struggling to survive? These faith questions form feminist Catholic pastoral debate in contemporary Africa, the fastest-growing region for the Catholic Church.
The progress that was made now faces new challenges in the wake of the HIV and AIDS epidemic without the further complication from the Catholic Church’s failure to provide pragmatic support for its idealistic teachings on abstinence. What is the implication for the church’s “no condom but abstinence stance” when, worldwide, HIV is still largely driven by heterosexual transmission and Africa registers the majority of all new infections? How does Catholic pastoral theology empower African women who form 60% of adults living with HIV in sub-Saharan Africa (WHO 2008). The challenge for pastoral theology to reconcile “no condom but abstinence” with these statistics might witness a mass exodus of African Catholics in search of pro-life spiritualities.

The unwavering traditional stance on sexuality of the Catholic Church poses serious problems for concerned African feminist theologians who have been struggling to eradicate practices linked with similar sex taboos in African cultures. In recent years, feminist theologians have worked with the UN and other engaged human rights groups, including the Catholic Church, to eradicate and/or modify the FGM practice now listed as a violation of human rights. However, the Church’s dogmatic emphasis on abstinence strikes a chord with many African traditional sex prohibitions surrounding girls’ rites of passage into womanhood. Female genital modification (FGM) rituals have been profoundly utilised in Africa to curb women’s sexual desire in among aesthetical, and religious reason advanced for its perpetuation. Thus, while Catholic pastoral theology is negotiating tradition with ordinary believers, the faithful may be heading back to the traditional female genital cutters for coerced abstinence by infibulation.

The article has argued that African female initiation rites achieve the same objective of abstinence espoused by the Catholic tradition. Both paint a grim picture of matrimony and sexuality in poverty-stricken Africa dealing with HIV and AIDS. The article re-examines theological guidelines that define sexuality taboos which increase women’s vulnerability to HIV and AIDS in church and society.

Conclusion

Questioning the theological foundation of the ritual, Nawal Saadawi, an Egyptian physician and writer who herself was excised, criticises the practice thus:

> If religion comes from God, how can it order man to cut off an organ created by Him as long as that organ is not diseased or deformed? God does not create the organs of the body haphazardly without a plan. It is not possible that He should have created the clitoris in a woman’s body only in order that it be cut off at an early stage in life (El Saadawi 1980:42).

Catholic pastoral theology should be asking similar questions about Catholic condom taboos when millions are threatened with extinction. Body theology is therefore central to feminist theology from Africa and the Hellenistic understanding of the body sheds some light on Christian social ethics of the body.

The thesis of this article can be summarised by referring again to the work of Anthony Battaglia and the two dominant images of the body that have emerged throughout history from the suffering God in Jesus Christ on the one hand, and the virginity of both Jesus and Mary on the other. The broken body of Christ signalled sacredness, and virginity implied asexuality (Marcos, 2000:138-139). Thus the duality of body and soul is emphasised and the soul is affirmed by the denial of the body’s sexuality.

It can be argued that this dominant asexual Hellenistic view of the body forms the basis of troubling sexuality in the African Catholic Church today. Thus, the Church that has been blamed for bequeathing the African Church with an anti-sexuality faith needs to urgently search for liberating sexuality in order to exonerate itself from crimes – such as forbidding condom use on the one hand, and executing female genital mutilation to curb female sexuality on the other – committed against humanity in the twenty-first HIV and AIDS century. This is indeed an African woman’s dream.

Works consulted


