

**A SOCIO-SCIENTIFIC READING IN THE YORUBA CONTEXT OF
SELECTED TEXTS IN LUKE'S GOSPEL PORTRAYING JESUS'
ATTITUDE TO OUTCASTS: IMPLICATIONS FOR ANGLICAN
DIOCESES IN IJEBU-REMO, OGUN STATE, NIGERIA IN THE HIV
AND AIDS ERA**

By

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Declaration

I, Babatunde.Fadefoluwa Ogunbanwo PhD candidate, University of KwaZulu-Natal, Faculty of Humanities, Religion and Social Sciences, School of Religion and Theology, hereby declare that unless specifically indicated to the contrary in the text, this thesis is my own original work and shall only be submitted for the purposes of the above mentioned degree.

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Date

As the supervisor, I hereby approve this thesis for submission.

Professor Jonathan Draper

Date

University of Kwazulu – Natal
2011.

Abstract

The thesis explored the story of the healing of the ten lepers by Jesus in Luke 17:11-19 for its potential to facilitate a conversation between the Jesus context and the Yoruba context, to bring about a new praxis in the attitude of Yoruba Christian to people living with HIV and AIDS. In view of the fact that the context is a major determinant in the interpretations that ecumenical theologians make with the Bible, it calls on the interpreter to re-read the text in the culture of the people. And in a bid for African biblical scholarship to locate itself within the social, political and ecclesiastical context of Africa in the age of globalization and the scourge of HIV and AIDS crisis, a contextual reading of Jesus' attitude and compassionate response to the wish of the ten lepers as presented in Luke for healing and restoration is not only desirable in this research but an opportunity to reflect on the contribution of contextual exposition of the miracle story to the contemporary attitude of Christians in an HIV and AIDS era.

HIV and AIDS is a disease which not only plunders human bodies but also invades the attitude and behaviour of societies generating a kind of social pathology. Hence the definition of social phenomena is culturally determined and therefore the explanation and the attitudes of health and illness is a function of culture. As a result this has great implications for the attitude and behaviour of people towards sick people especially people living with HIV and AIDS in this era.

Drawing insights from the model of the body as social map by Mary Douglas in which the concern and fight around social boundaries are linked with purity rules and taboo; and the labeling/deviancy theory of Becker, this research reads the Gospel of Luke with a social-scientific lens selected texts in Luke's Gospel depicting the attitude of Jesus to outcasts (lepers). It also raises the question, whether being a Christian, having the Bible as a resource in the Yoruba context does or can make a difference to the way Yoruba people respond to sick people in an HIV and AIDS era.

The empirical study was carried out in the Yoruba community of Ijebu Remo, Ogun State, Nigeria employed research methods which include the Tripolar exegetical method, an ethnographic study through focus group discussions, non-participatory observation and the contextual Bible study method.

Dedication.

This Thesis is dedicated to the Glory of God for His Grace and Enablement to embark upon
and complete this Project.

And

To the Less Priviledged and Marginalized People in Our Society.

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To God be the glory, for He has done yet another marvelous work in my life, it has been by His grace alone. May His name be praised forever.

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+B.F.R.

TABLE OF CONTENTS

CONTENTS	PAGES
Title page	i
Declaration.....	ii
Abstract.....	iii
Dedication.....	iv
Acknowledgements.....	v-vi
Table of Contents.....	vii-x
List of Abbreviations and Acronyms.....	xi
List of Appendices.....	xii
Chapter One: Introduction.	
1.1. Background to the study.....	1 - 4
1.2. Research problems and objectives.....	5 - 6
1.3. Theoretical Framework.....	6 - 16
1.4. Research Methodology.....	16- 19
1.5. Research Design.....	19 - 28
1.6. Research Ethical Clearance.....	28
Chapter Two: Literature Review.	
2.2.1. HIV and AIDS Pandemic.....	29 - 30
2.2.2. HIV and AIDS in Nigeria.....	30 - 31
2.2.3. HIV and AIDS and the Anglican Church in Nigeria.....	32-33
2.2.4. The Concept of stigma.....	33 - 37
2.2.5. HIV and AIDS and Stigma.....	37 - 39
2.2.6. Stigma, HIV and AIDS and Church or Theology.....	39 - 41
2.3.1. The Gospel of Luke.....	41 - 42
2.3.2. The Man Luke.....	42 - 43
2.3.3. Luke's Audience.....	43 - 46
2.3.4. Luke: The Historianand Theologian.....	46 - 48
2.3.5. Luke and Salvation.....	49
2.3.6. The Gospel of Luke and Stigma.....	49 - 51
2.3.7. Healing Accounts in Luke's Gospel.....	52 - 53
2.3.8. Unique Features in Luke's Healing Accounts.....	53
2.3.9. Healing and Theme in Luke's Gospel.....	53-54

2.3.10. Healing in the Gospel of Luke.....	54 - 56
2.3.11. Healing and Exorcism in Luke.....	56 - 59
2.3.12. Healing and Leprosy in Luke’s Gospel.....	59 - 61
2.3.13. Literature and Purity Issues in Relation to this Research.....	61 - 67

Chapter Three: The Yoruba Cultural Context (Belief Patterns and Healing in Yoruba Context)

3.0. Introduction.....	68 - 69
3.1. Concept of Culture.....	69 - 70
3.2. Who are the Yoruba.....	70 - 72
3.3. Ritual Context of Social Exclusion in Yorubaland.....	72 - 73
3.4. Purity and the Yoruba Traditional Society.....	73 - 76
3.5. Selected Yoruba Sayings on Purity.....	76 - 78
3.6. Spheres of Purity among the Yoruba	78
3.6.1. Purity as an Act of Cleansing.....	78-79
3.6.2. Purity as Celibacy or Deliberate Sexual Abstinence.....	79
3.6.3. Purity as Contact with Sacred Objects and Sacrificial Blood.....	79
3.6.4. Purity as Circumcision.....	80
3.6.5. Purity as Abstaining from Taboos and Unethical Behaviours.....	81-86
3.7. Yoruba and Illness (Disease) Aisan.....	86 - 89
3.8. Purity vis-à-vis stigmatization and Discrimination.....	89 - 92
3.9. Cultural Context of HIV and AIDS in Yoruba Society.....	92 - 93
3.10. Theorizing Purity Cross – Culturally.....	94 - 96
3.11. Social Change in Yorubaland.....	96 - 98
3.12. Conclusion.....	99-100

Chapter Four: The Lukan Context

4.0. Introduction.....	101
4.1. The Purity System.....	101 - 102
4.2. Purity in the Jewish Context.....	103 - 104
4.3. Purity Maps in Jewish Context.....	104 - 105
4.4. Lines and Boundaries.....	106 - 107
4.5. Body and Boundaries in Jewish Context.....	107 -108
4.6. Purity in First Century Judaism.....	108 - 110
4.7. Cultural View of the Context of Luke’s Gospel.....	110 - 114
4.8. A Classification based on Purity and Impurity in Luke.....	115

4.9.	Luke and Purity.....	115-117
4.10.	Historical Jesus and Purity.....	117 - 120
4.11.	Moral Purity and Ritual Purity: Jesus' attitude to Purity laws.....	120 - 123
4.12.	Luke's Jesus and the Law.....	123 - 124
4.13.	Leprosy and Purity laws.....	124
4.14.	Conclusion.....	124 - 125
Chapter Five: Exegesis of Some Selected Texts on Outcasts (Lepers) in Luke's Gospel		
5.0.	Introduction.....	126
5.1.	The Bedrock of Jesus Mission.....	127- 128
5.2.	The Anointing of Jesus.....	128 - 129
5.3.	The Mission of Jesus.....	129 - 131
5.4.	Proclaiming the Year of the Lord's Favour.....	131 - 132
5.5.	The Literary Context of Luke 17:11-19.....	132 - 135
5.6.	Exegetical Analysis of Luke 17:11-19.....	135
5.6.1.	Geographical Location.....	135 - 137
5.6.2.	Spatial Gap.....	137 - 138
5.6.3.	When Were the Lepers at the Border?	138 - 141
5.6.4.	The Christological Title: Luke 17:13.....	141
5.6.5.	Why Send the Lepers to the Priests? Luke 17:14.....	141 - 143
5.6.6.	The Samaritan Leper: Luke 17:16.....	143 - 146
5.6.7.	A Limited Zone and Uniting Force.....	146 -147
5.6.8.	"Your Faith Has Made You Well".....	147- 149
5.6.9.	The Story in the Synoptic Gospels.....	149-150
5.7.	Exegetical Analysis of Luke 5:12-15.....	150
5.7.1.	Luke 5:12 "Bible Passage".....	150-151
5.7.2.	Luke 5:13: "Jesus' Touch".....	151
5.7.3.	Luke 5:14.....	151
5.7.4.	Luke 5:15.....	152
5.8.	Purity Rule and Boundaries in Luke 17:11-19 and Luke 5:12-15: A Contextual Discourse in an HIV and AIDS Era.....	152-154
5.8	Conclusion.....	154

Chapter Six: Contextual Reflections: the Yoruba Context of HIV and AIDS and Contextual Bible Study

6.0.	Introduction.....	155
6.1.	The Perception of HIV and AIDS.....	155 - 156
6.2.	Attitudes to PLWHA.....	157 - 160
6.3.	Nature of Stigma in Yorubaland.....	160 - 161
6.4.	Management of Stigma.....	161 - 163
6.5.	Discussion of Findings.....	163 - 169
6.6.	Contextual Bible Study on Luke 17:11-19.....	170
6.6.1.	Reading Luke 17:11-19.....	171
6.6.2.	General Introduction: Reading and Summarizing the Story of Luke 17:11-19.....	171
6.6.3.	Section A.....	171 - 174
6.6.4.	Section B.....	174 - 178
6.7.	Hidden Transcript: People Living with HIV and AIDS	178
6.7.1.	Sagamu Community Centre.....	179
6.7.2.	Olabisi Onabanjo University Teaching Hospital, Sagamu.....	180
6.7.3.	Result and Discussion.....	180 - 182
6.7.4.	Contextual Bible Study Session.....	182-183
6.7.5.	Response.....	183-184
6.7.6.	Personal Experience with a Couple.....	184-186
6.8.	Relating the Problem of Leprosy to HIV and AIDS.....	186

Chapter Seven: The Othered Self and Transformative Praxis Conversation of the biblical Text and Context of Study

7.0.	Introduction.....	187 - 189
7.1.	Conversation.....	189 - 194
7.2.	Jesus in Our Place – Implications for the Christian Church in an HIV and AIDS Era (New Praxis).....	194 - 199
7.3.	Conclusion.....	199 - 200

Chapter Eight: Conclusion and Recommendations.....203- 207

Bibliography.....	206 - 229
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Appendices.....	230 – 240
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List of Abbreviations.

PLWHA	People Living with HIV and AIDS.
CMS	Church Missionary Society.
CON	Church of Nigeria.
NTL	New Testament Library.
NTS	New Testament Studies.
JNTS	Journal of New Testament Studies.
EDNT	Exegetical Dictionary of the New Testament.

Abbreviations for books of the Bible will follow the guidelines of the *The SBL Handbook of Style for Ancient Near Eastern, biblical, and Early Christian Studies*, eds. P. H. Alexander, J. F. Kutsko, J. D. Ernest, S. A. Decker-Lucke, and D. L. Petersen, Peabody: Hendrickson, 2007.

List of Appendices

Appendix 1 – Group Discussion Procedure

Appendix 2 – Contextual Bible Study Procedure

Appendix 3 – Format of Interview

Appendix 4A – Consent Form for Participation in Research Project

Appendix 4B – Letter to the Diocesan Bishop

Appendix 5 – Permission Letter from Olabisi Onabanjo University Teaching Hospital
,
Sagamu.

Appendix 6 - Research Questionnaire.

CHAPTER ONE

INTRODUCTION

1.1. Background to the Study

Many years after HIV and AIDS was discovered medically, it has become clear that it is more than just a medical issue. It pervades all areas of our lives: social, religious, economic, political and cultural (UNAIDS 2000: 26). It affects families, communities, institutions, nations and continents and indeed, the whole world. It is from this perspective that the impact demands a multi-sectoral approach to prevention, care and a mitigation of its impact. According to Musa W. Dube the struggle to prevent the spread of HIV and AIDS has highlighted its complexity as an epidemic within other epidemics such as poverty, gender injustice, social discrimination, violation of human rights, and culture of inequality and so on (Dube 2003: 151). From the moment scientists identified HIV and AIDS, social responses of fear, denial, stigma and discrimination have accompanied the epidemic (Nwokocha – Attaaiwe 2006:37). Discrimination has spread rapidly, fuelling anxiety and prejudice against the groups most affected as well as those living with HIV and AIDS. It goes without saying that HIV and AIDS are as much about social phenomena as they are about biological and medical concerns.

In the World Council of Churches report (WCC publication 2003:46) it was stated that almost everywhere, HIV and AIDS remains associated with stigma and discrimination. They constitute a fundamental obstacle in the fight against HIV and AIDS, since they make open discussion more difficult. In Nigeria and many African societies, people living with HIV and AIDS are often looked at with disdain and seen as social outcasts. The infection was initially associated with immoral sexual behaviours. In some cases HIV and AIDS are seen as ‘perversion’ and those infected will be punished. In some societies HIV and AIDS are seen as the result of irresponsibility. Sometimes HIV and AIDS are believed to bring shame upon the family of those infected or even the entire community. In spite of the current global efforts in mitigating the effects of HIV and AIDS, it is unfortunate that the HIV and AIDS pandemic are still dreaded; people

living with HIV and AIDS are still treated like the lepers of the biblical time. They lose “self-esteem, reputation, career goals, emotional stability and social status” (Samita cited in Manus, 2005). Their opportunities for education, social security, economic advantages and life-span are blocked. Their chances of employment, loans and mortgages, insurance policies, marriage, acquisition of land and property are reduced (Samita cited in Manus: 176).

In the Western part of Nigeria which is predominantly occupied by the Yorubas, there are certain diseases such as leprosy and other bodily related diseases, that once one acquires them, place an instant stigma on the individual. In fact a Yoruba adage says “*Won ko so wipe ki omode ma da ete, ti o ba ti le da igbo gbe.*” This literarily translates “No one is asking a child not to contract leprosy, if only the child can live alone in the forest.” This adage portrays the level of stigmatization associated with leprosy in those days. According to Manus (2005), “HIV and AIDS are leprosy of our time.” Stigmatization attached to HIV and AIDS is a social phenomenon which constitutes the following features:

- It poses barriers at all stages of prevention and cure which also accentuates non-supportive and judgmental attitude
- Undermines prevention efforts by making people afraid to find out whether or not they are infected
- Discourages people living with HIV from disclosing their HIV status
- It mitigates all efforts aimed at giving hope to those infected with HIV and AIDS

In ecclesiastical quarters in Nigeria for example, the trend of stigmatizing people with HIV and AIDS has not even abated. This trend is not peculiar to the Nigerian context. The story of Jeanne Gapiya reveals both the extent and wider spread practice of this attitude in other parts of the world. At the World AIDS Day celebration in the Roman Catholic Cathedral in Bujumbura in 1995, the priest said in the course of his sermon, “we must have compassion on people with AIDS because they have sinned and because they are suffering for it now.” At that point something propelled Jeanne Gapiya to rise from her pew and walk up to the front of the church. “I have HIV”, she declared, “and I am a faithful wife. Who are you to say that I have sinned, or that you have not? We are all sinners, which is just as well, because it is for us that Jesus came” (Brown and Hendricks,

2004). This story exemplified the perception of the society about people infected with HIV and AIDS and represents the proportion of people (eg. the priest in the story) who have the potential to influence public opinion but who are ill-informed about the issues of HIV and AIDS.

From the foregoing, it could be noted that the most powerful obstacle to effective prevention, treatment, and care is proving to be the stigmatization of people living with HIV and AIDS (UNAIDS, 2005). Christian theology has sometimes unintentionally operated in such a way as to reinforce stigma, and to increase the likelihood of discrimination. However, at other times, Christian theology has also, often, been successful in challenging society's injustices and bringing about change. For example, William Wilberforce and others used theological bases to argue for the abolition of the slave trade and other obnoxious cultural practices which had hitherto prevailed before the coming of Christianity in our land. Stigma generally may imply branding or labelling of a person or a group of persons as being unworthy of inclusion in human community, resulting in discrimination and ostracisation. The branding or labelling is usually related to some perceived physical, psychological or moral condition believed to render the individual unworthy of full inclusion in the community and therefore dehumanizes the person. We may stigmatize those we regard as impure, unclean or dangerous and in the process we construct damaging stereotypes and perpetuate injustice and discrimination; it may be a conscious or unconscious exercise of power over the vulnerable and marginalized. Draper (2005) opined that 'purity rules only have the power that we give them over us, which we internalize in ourselves'. He went further to say that those who control the definition of what is clean and unclean thus have enormous power, but a power which only exists as long as that human construct can be held in place.

The Anglican Church in Nigeria is not to be absolved from the blame of stigmatization. A critical question that one needs to ask is: what is the Anglican Church in Nigeria doing to counsel and promote awareness of and the prevention of HIV and AIDS, the change of people's attitude and the provision of pastoral care to people with HIV and AIDS? Is the church today, (the modern world) on the advance or in retreat? With regard to the above question, the Anglican Church has made some giant strides but more still need to be done. Many Christians understand the gospel and its claims as having little to do with the world as such. They see the church essentially with spiritual

eyes and inner spiritual life, as concerned only with saving people from their sins, “not with saving society from its sins of poverty, racism, and or political oppression.” (Douglas Bax, 1988: 1)

The hypothesis of this research is that a “Socio-Scientific” reading of selected texts depicting Jesus’ attitude to outcasts in Luke’s Gospel in the Yoruba context, utilizing the model of the body as social map (Douglas, 1966) and labeling/deviancy theory (Becker, 1963), challenges and contributes to the transformation of the contemporary negative attitude of the Anglican Dioceses in Ijebu-Remo, Ogun state, Nigeria towards people living with HIV and AIDS. This is premised on the underlying perception that Yoruba Christian attitudes of stigmatizing HIV and AIDS infected persons is influenced by the underlying cultural beliefs of the Yorubas. The testing of this hypothesis has become necessary in the light of the fact that the position of the church in Yorubaland on the issue of stigma is not clearly defined and seems incongruous with the picture of Jesus’ attitude to outcasts presented in Luke’s Gospel, which will be the focus of this study. “Jesus was for the earliest Christians both the source of their basic convictions and the paradigm in their interpretation of the Old Testament, and to understand the early church, the attitudes of Jesus must take priority over that of the church” (Longenecker 1970:9). The story of Jesus and our understanding of the Christian life are much richer and fuller when we see them in the context of the stories of Jesus’ attitude presented by Luke in his gospel. The stories will then inform and shape our perception of religious life and therefore prompt an activity or attitude (Borg 1994:134).

From the hypothesis, the following broader issues emerged.

- What is the attitude of Yoruba Anglican Christians in Ijebu/ Remo area of Ogun State, Nigeria to people living with HIV and AIDS?
- What is the understanding of key church and community leaders in the area about issues of stigmatization?
- Will a new reading of the stories in Luke of Jesus’ attitude to the outcasts of his time challenge the oppressive attitudes in the Yoruba Christian communities?
- What transformative effect would the stories in Luke’s Gospel have on the Yoruba cultural context and the church with regard to stigmatization?

1.2. Research Problems and Objectives

The gap between the teachings and praxis of Jesus with regards to stigma as sketched above in the Gospel of Luke and the teachings and attitude of the Anglican Dioceses in Yorubaland brings to focus the problem for this research. The study relates to the influence of Yoruba culture on the Yoruba Christians and the potential of Luke's Gospel to change these attitudes, since culture is dynamic and not static and Christianity is a major factor in this ongoing cultural change in Yoruba culture. The Yorubas have a perception that there are certain diseases that once acquired, place an instant stigma on the individual such is the case with leprosy. Manus (2005:3) opined that HIV and AIDS are the leprosy of our time. HIV and AIDS-infected persons are looked upon as social outcasts; they lose 'self-esteem, reputation, career goals, emotional stability and social status' (Samita cited in Manus, 2005:3). The stigmatization brings about societal abhorrence and hate. The question then is: (a). Why does society react in such a way to particular kinds of differentness? And (b) what can societies do in order to reverse the trend? The point here is that a study of stigma focusing purely on individuals (Goffman 1963:234) is ignoring the organic nature of human community. Mary Douglas (1966:48) claims that when society stigmatizes and excludes, it is trying to protect itself from contagion and ensure its own survival. The stigmatized person is believed to be a polluting influence and therefore dangerous to the rest of the community. Purity rules are boundaries drawn by society separating people from each other (Draper 2005:98). It has to do with the exclusion of the 'impure' from the 'pure'. In the context of the Yoruba people of Nigeria, religion and especially the Christian religion plays a key role in the process by the way it underpins social order. And order, says Douglas is society's highest value, because it provides laws governing purity and preventing pollution. Religion articulates the belief system and institutionalizes rituals in which society's corporate life finds expression. And according to Olajubu Oyeronke (2002:40) "Christianity in Yorubaland exhibits features that may be absent in the practice of Christianity elsewhere, especially features influenced by the people's cultural dictates". The major research question from the above is: Why does the Yoruba Christian society stigmatize people infected and affected by HIV and AIDS and what can be done about it?

For exploring in detail the significance of the topic, the study will consider the following sub-questions:-

What are purity rules of the Yoruba Christian society?

Who are outcasts in Luke's Gospel?

Who applies what label to whom in Luke and in the Church in Yorubaland?

What is the relationship between purity and social outcasts?

To what extent is stigma a reflection of cultural norms and perception?

What are the process(s) of labeling?

What are the purity rules evident in early days of Christianity as presented by Luke?

What was the attitude of Jesus to the purity rules of his time in Luke's Gospel?

How can the attitude of Luke's Jesus structure the response of the church to HIV/AIDS stigma today?

In view of the aforesaid, the **objectives** of the study shall be:

1. To examine the cultural perception of the Yoruba and the factors that reinforce stigmatization.
2. To examine the socio-cultural background of outcasts in Luke's Gospel in relation to purity system in Palestine at the time of Jesus.
3. To examine how Jesus related to the purity system of his time and his attitude to the outcast within the same socio-cultural environment as presented by the Gospel of Luke.
4. To assess and analyse the effects of stigmatization on the attitudes of Christians in some Anglican Dioceses in the Church of Nigeria Anglican Communion (Remo, Ijebu and Ijebu North Dioceses) to people living with HIV and AIDS.
5. To examine the transformative potentials of the texts in Luke, and to draw appropriate implications for the Church of Nigeria (Anglican Communion) in the HIV and AIDS era.

1.3 Theoretical Framework

The research was constructed using the African contextual hermeneutic model of biblical interpretation and social-anthropological theories as the framework.

African contextual hermeneutic model of biblical interpretation came into focus in the 1960s (Onwu 1984:35) when the political state of Africa, the status quo of colonialism and western theology presented a challenge to break from the characterization of the white man's Christianity (Mofokeng 1988:34). Africa longed for an Afro-centric theology that will be indigenous in content and expression.

Consequently, a conference of African Theologians was held in Ibadan, Nigeria in 1966 to discuss the way forward for creating an African Christianity. It was then resolved that

African theologians had to rid themselves of Western ideologies, thought and criticism (Onwu 1984:36). The development of African theology and hermeneutics had since being an ongoing process, becoming a credible field of study and has made the Bible accessible to Africa (Krog 2005:5).

From the onset, African biblical hermeneutics has mostly been characterized by a bipolar approach, for example the comparative method (Ukpong 2000:12, Holter 2002:88-89, Anum 2000:468) in which the biblical text and the African context interpret each other. The biblical text is approached from a perspective where the African comparative material is the major dialogue partner and traditional exegetical methodology is subordinated to this perspective (Holter 2002:88). However as the approach has grown, it has become clear that a further step is necessary: the dialogue between the text in its context and the context of the African reader is required leading to an appropriation in praxis; hence a third pole was added to the approach. Draper (2001, 2002) refers to this theoretical framework as the Tri-Polar approach to African biblical interpretation. What is helpful about Draper's analysis is that it brings to the fore the often hidden third pole of "appropriation" (West 1995:37).

According to West (1995:37) the three key elements of African biblical interpretation are the biblical text, the African context and the act of appropriation through which they are linked. This thesis adopts the Tri-polar exegetical method as the theoretical framework on which the research is construed.

The Tri-Polar Exegetical Model

This model was developed by Christina Grenholm and Daniel Patte, (2000) and modified by Jonathan Draper (2001:97). The model was also explained in a paper in Brussels by Gerald West (2007:12). As the name of the approach reflects, the Tri-Polar Exegetical Model comprises three dynamic and interactive poles or phases of interpretation known as contextualization, distantiation and appropriation.

Contextualization

The moment of contextualization in the Tri-polar exegesis is grounded on acknowledging that no text has an absolute meaning. The meaning of a text is determined in part by its modern readers and their contexts and in part by its significance for its original writer and readers, and we are aware that our context today is different from the context of the first reader/s

of the text. In this approach, the concern of the exegete goes beyond meaning out of the text (exegesis), that is, what the text meant to its first reader/hearer, and moves further to focus on what the text means for its reader/hearer/s today in their context. The same text will have a significantly different meaning depending on who is engaging in a conversation with it (Draper 2002:13). This stage of the hermeneutical process is meant to focus the reader/ the reading community, on analyzing and understanding themselves, their context, in brief, their world-view before engaging with the context of the other in the text (Draper 2008:47). Contextualization involves spending time analyzing who we are and what our location in the society and history is (Draper 2002:17). Actually Draper sums up the whole thing by saying that the contextualization moment aims at helping us "understand ourselves as historical beings rooted in a specific time and place, confronted by historical text, rooted in a specific time and place" (2001:157). In the present study, the stage of contextualization will provide a socio-historical and cultural background of purity system among the Yoruba people of Nigeria, and the Anglican Church giving the historical dimension and its evolution into the present day stigmatization of HIV and AIDS infected and affected persons. This context will provide the perspective against which the selected passages will be analyzed in the distantiation stage.

Distantiation

The phase of Distantiation consists of leading the readers to seek to listen to the text rather than to talk to it. As both the text and the reader are actually rooted in a different historical, social, cultural and economic context, the text must be given space to address its specific problems and needs in its own context, while the reader stays far away from the text in order to hear what exactly the text says in its context before he can also address it. This is the moment of doing exegesis, and traditional exegetical tools as well as relevant literatures are used in order to understand the meaning of the selected passages. This stage involves the original biblical culture that refers to the whole context in which the biblical author, his/her message and his/her first audiences were embedded (Loba-Mkole 2005:29). Therefore, it is worth considering the culture portrayed in the selected texts before we can appropriate it to our own culture and circumstances. The study of the original culture will facilitate the dialogue with the contemporary culture (Yoruba culture) appreciating what is necessary for its wellbeing as a result of that intercultural exchange. The study at this stage will analyze the purity system in Luke as the time when Jesus lived. It will also do an examination of how Luke's Gospel embodies and articulates the purity

system. This stage will prepare for a deeper conversation between the two contexts through the stage called appropriation.

Appropriation

Appropriation is a moment that is identified as the climax of the interpretive process. Draper sees this stage as a process of owning the Word, accepting the meaning emerging from wrestling or dialoguing with the text in the context of the reader/hearer. It is a moment whereby the context of both the text and that of its readers or the community of faith merge in a “fusion of horizons” leading to a new consciousness and a new praxis, which Draper has also more recently described as the “othered self” (Draper 2008:53). The differences and similarities of both contexts are pointed out as it is observed in the biblical Intercultural Exegesis approach (Loba-Mkole 2005), in order to allow the contexts to “converse” and to “learn from each other” figuratively speaking . This idea is drawing on the idea that a text grows with its “reservoir of meanings” (Croatto 1987:35-50 in Draper 1991:245-246) as successive generations read it, so that it also “changes” even if the print on the page remains the same. It is at this level then, that the reader, challenged by the text will be guided towards appropriate attitude to adopt. Through the Appropriation stage, the message of the selected texts from the Gospel of Luke analyzed during the Distantiation phase will be brought into dialogue with the context described during the Contextualization phase. While the socio-cultural Yoruba context will determine the way the texts are understood, the texts are expected to challenge the Yoruba people as readers of the Bible toward changing their attitudes and praxis. As Ukpong observes, this process should result in facilitating the communication of the biblical message within the African milieu, and then develop a new understanding of Christianity that would be both African and biblical (Ukpong 1999:318). The dialogue with the text from the perspective of their socio-cultural context will motivate the Yoruba Christians to adopt attitudes that will be both biblical and relevant in the HIV and AIDS era. Some elements of inculturation hermeneutics were incorporated to emphasize the understanding of the Yoruba context and its interaction with the biblical texts. Inculturation hermeneutics is a contextual hermeneutic methodology that seeks to make any community of ordinary people and their socio-cultural context the subject of interpretation of the Bible. It lays emphasis on African culture and worldview. The approach is done from the perspective of a particular context, which is the worldview of the interpreter’s culture. Its ethos is

cultural diversity and identity in reading practices. Ukpong (1993:319-349) has suggested steps in doing Inculturation hermeneutics that I find helpful for this study. Firstly, the interpreter identifies his/her own specific context that dynamically corresponds to the context of the text. In the case of this study, it is the issue in my context which was identified first and the texts from the Gospel of Luke were selected following their relevance to my context, not the reverse. The second step still focuses on the context of the interpreter which provides the background against which the text is to be studied. Once identified, this context is to be analyzed, Ukpong (1993:338-339) suggests five levels in the analysis of the context of the interpreter after its identification in step one. All these levels are the methodological components of the theory which are crucial in this study in the part concerning the analysis of the Yoruba context. More details about these levels were highlighted under methodology.

The third and last step in the process of Inculturation hermeneutics is the analysis of the text and its context. They deal with the analysis of the biblical text in the light of the context of the interpreter. At this stage the text is analyzed in its immediate and mediate contexts.

Within this hermeneutic model I have adopted a “Social-scientific” methodology to enable me to listen to the text in the Distantiation phase of interpretation to understand and to analyze the Yoruba Christian context in the Contextualization phase.

The theoretical framework of the research utilized the contextual approach of the Tri-polar exegetical method, enriched by cross-fertilization with the Inculturation Hermeneutics of Justin Ukpong. The social scientific methodology adopted blends the sociological theory of deviance (Labeling theory) with the concepts of the relationship between the human body and the social body postulated by Mary Douglas which seems to offer a way of relating the biblical text to the context of HIV and AIDS. This enhanced our understanding of how and why people are labeled in Yoruba cultural society; especially as it relates to drawing lines and making boundaries. It also helped our understanding of how and why of stigma and purity.

Sociological Theories of Deviance.

The issue of deviance according to the classical sociological classifications occurs when the individual's behaviour violates established norms of how an individual should behave (Stafford and Scott 1986). This was corroborated by Draper (2005), who said, “Purity rules are a matter of control exerted over others, that derive their power from our belief that they

are 'the way things are,' that they are 'natural' or God –given, but they are at the end of the day mere human construct designed to control". With the idea of deviance, also comes the issue of responsibility for one's behavior. Cohen (1966) was of the view that "whereas deviant roles are socially disvalued roles..., not all disvalued roles are deviant. What deviant roles have in common is the notion of a person who knows what he is doing and chooses to violate some normative rules". Feidson (1965) agrees with Cohen, that "when the individual is believed to be responsible, some form of punishment is likely to be involved; when he is believed not to be responsible, permissive treatment is used". Hence, stigmatizing attitudes towards HIV and AIDS infected will vary based on the perceived responsibility for the disease. These claims were supported empirically by works of Alonzo and Reynolds (1995), Nzokia (2000), Leone and Wingate (1991). Deviance is any behaviour that violates social norms, and is usually of sufficient severity to warrant disapproval from the majority of society. However, there is a diversity of deviant phenomena (Simmons 1965). Although sociologists have proposed a number of different definitions of deviance, it boils down to a choice between two alternative definitions: Normative and Relativistic definition of deviance. According to the Normative sociological conceptualization, deviance refers to behaviours that violate social norms or to persons that engage in such behaviour (Merton 1938). The Relativistic definition says deviance refers to behaviour or persons that are defined as deviant by social audiences; this because it views persons and their behaviour as deviant only relative to the way other people react to them (Aggleton 1987, Mead 1976, Freeman 1984, Becker 1963, Lemert 1967). The fact that norms vary from society to society and from time to time in history created problems for an absolute approach to deviance. For this study, we shall dwell more on the relativistic perspective of deviance.

The central point of the relativistic perspective is based on audience definitions of persons and behaviours as deviant. Kitsuse (1972) explained deviance as an interactional process: "deviance may be conceived as a process by which the members of a group , community, or society, interprets behaviours as deviant, define persons who so behave as a certain kind of deviant, and accord them the treatment considered appropriate to such deviants". The relativistic sociologists point out that all theories of deviance, either intentionally or unintentionally, are based on social values that influence the selection and conceptualization of theoretical problems.

Theories of deviance:

A number of theories related to deviance have emerged within both normative and relativistic sociologists, some of which are:

1. **Cultural Transmission or differential association theory**, which postulates that all behaviour is learnt, therefore deviant behaviour, is also learnt (Edwin Sutherland, 1939)
2. **Control Theory** which claims that both inner and outer controls work against deviant tendencies. Internal controls such as conscience, value, morality, and outer controls like police, friends, family, and religious authority ([Reckless, Walter, 1956 and Hirschi Travis, 1969).
3. **Anomie or Structural Strain Theory**: this theory refers to the confusion that arises when social norms conflict or do not even exist. It explains deviance as the outcome of social strains due to the way the society is structured. Individuals must adapt to the structurally produced strain (anomie) in society in order to continue their life's journey; the alternative could be suicide (Durkheim, Merton 1957, 1968).
4. **Labelling theory**: this is a type of symbolic interaction. The theory is concerned with the meanings people derive from one another's labels, symbols, actions, and reactions. It holds that behaviours are deviant only when society labels them as deviants. As such, conforming members of society, who interpret certain behaviours as deviant and attach this label to individuals, determine the distinction between deviance and non-deviance. Labelling theory questions who applies what label to whom, why they do this and what happens as a result of this labelling (Becker Howard 1963, Lemert 1967). The theory explains deviance as a social process whereby some people are able to define others as deviant. It emphasises that deviance is relative: it is not until a label is given to someone by someone else in a position of social power that the person actually becomes a deviant. According to Schur (1971:43) "deviance is not a property inherent in certain forms of behaviour, it is a property conferred upon these forms by the audiences who directly or indirectly witness them. Sociologically, then, the critical variable is the social audience, since it is the audience which eventually decides whether or not any given action or actions will become a visible case of deviation." This position of Schur was corroborated by Becker (1963) that deviance is not a simple quality present in some kinds of behaviour and absent in others, it is a quality that lies in the interaction between those who commit deviants' acts and those who respond to them. Goffman (1963) introduced the concept of social identity into the theory of labelling. He

argues that continuities in personal behaviours across situations make up social identities and the social judgments of others and create stigmatized or spoiled identities which are difficult to throw off.

The question in our mind is why does society use labels? What meanings do they convey? What is the connection between labels and stigma? What is the relationship between stigma and purity rules? Greene (2001) opined that “what we see, hear, and feel around us is known by means of perceptual and conceptual structures, and constructs that we as social beings build for ourselves.” Labels provide meaning to the social world around us— for example names are labels for identification. However, labels like names may also create a platform for stigmatization, e.g. Samaritans are seen as outcasts from the name they bear, bearers of Muslim names may in some areas be labeled as associated with terrorist threats. Through labels the world has created many categories based on ethnicity, nationality, colour, sexual orientation, religious affinity, and position in society to mention a few. In the words of Hudak and Kihn (2001) “given the daily stresses of modern life, it may be the case that we have arrived at a moment in history where the labels is in fact what we are seeking, some quick linguistic cure to help us through the day.” The question then is what happens in an unknown and mysterious situation which looks like a threat? What happens when HIV and AIDS is involved? There are many constructs unreflected upon, that carry the messages of power: they demean, create problems of stereotypes having to do with ethnicity, diversity, immoral manipulations of labels: these labels are stigmas. Peshkin (1991) affirms that “stigma arises from a common sense of rejection, from a sense of being different, and needing to stand in opposition to the notion of outsider that what makes different also makes inferior”. What are the meanings behind HIV and AIDS labels? Why do they trigger stigmatizing attitudes? How do labels define people as socially unacceptable? What labels has the Christian church in Nigeria (especially the Anglican Communion) created in relating to HIV and AIDS? And what are the implications for the church?

The research employs the use of the labeling theory to answer the questions of, who labels as deviant in Yoruba cultural setting? Why are people labeled? What are the processes of labeling? Who apply what label to whom? And what are the results or implications of such labels? This lead to the field observation and ethnographic research.

The social body and control model of Mary Douglas:

The anthropological models postulated by Mary Douglas were deduced from her books *Purity and Danger* (1966) and *Natural Symbols* (1970). Douglas spoke on how societies classified and arrange their world. The process of ordering a socio-cultural system was called 'purity' in contrast to 'pollution' which stands for the violation of the classification system, its lines and boundaries. The study of purity then is the study of symbolic systems (1966:34). She opined that societies are likely to see things as 'taboo' when they do not fit neatly into a society's classification of the world. "Dirt is matter out of place" (Douglas, 1966) meaning that things are not considered dirty in and of themselves, but because of where they stand in a system of categories, which can include people as well as non-human classes of animate or inanimate objects. Purity means boundaries which could be external or internal. The human body is a replica of the social body, a symbol of society. The body is a model which can stand for any bounded system; its boundaries can represent any boundary which are threatened or precarious (Douglas, 1966: 115). The maps of the body then represent the maps of the social body, as such it is the social body that draws lines, restricts, admission, expels undesirable and guards its entrances and exits. Body control, opined Douglas, is an expression of social control and it responds to the requirement of a social experience which is being expressed (Douglas 1973). The physical experience of the body sustains a particular view of the society and we must be prepared to see in the human body a map of the society. The more controlled and ordered one's body, the more one is socially controlled. Communal societies exercise control over the social body and the real body serves as the microcosm of the social body. What we do with our bodies is a map of what we do with our society.

Douglas further posits that people are not tied so strictly to their cosmologies as they are to their physical and social environment; if the latter changes, the cosmologies are expected to change as well:

Anyone who finds himself living in a new social condition must, by the logic of all we have seen, find that the cosmology he used in his old habitat no longer works. We should try to think of cosmology as a set of categories that are in use. It is like lenses which bring into focus and make bearable the manifold challenge of experience. It is not a hard carapace which the tortoise has to carry forever, but something very flexible and easily disjointed. Spare parts can be fitted and adjustments made without much trouble (Douglas, 1970: 144).

In a new social setting, a person can choose how he/she will react, i.e. which cosmology they will use to make sense of the new environment. For example, an adherent of the traditional religion converted to Christianity finds himself in a new cosmology.

The intersection of the Socio-Anthropological Theories and the Tri-polar exegetical Method for the Research.

The theoretical methodology of the research will utilize the contextual approach of the Tri-polar exegetical method, the sociological theory of deviance (Labelling Theory) with the concepts of bodily symbolism postulated by Mary Douglas to bring out the relationship of the body and cultural response. This assisted our understanding of how and why people are labelled in Yoruba cultural society; especially as it relates to drawing lines and making boundaries. It also helped our understanding of how and why of stigma and purity.

In examining the Yoruba context of the research, the social body and control, or bodily symbolism concepts were used to answer questions of how the society relates with the body. How the body is used to create social maps? What relationship exists between the body and the societal labels that lead to stigma? Why HIV and AIDS stigmatize in the Yoruba cultural society? The societal boundaries and maps created by the labels and stigma for the infected and affected in our context? The frameworks also assist us to dig into the Lukan community of Jesus. According to Douglas religious attitudes towards human sexuality are closely related to fears concerning social boundaries, which are expressed on the body in “Purity Codes”; hence the broken body represented by the HIV/AIDS sufferer expresses the broken body of society, and healing of the broken body requires more than medication and diet: it touches the deepest values and faith questions which stand in a dialectical relationship with the community’s social universe. Purity codes represent a binary system of opposition or differentiation, which create boundaries between the self and the other. Also in the sense that boundaries are not only between community and the outside, but also within the community’s internal social relations (Draper: 2005:35). The purity models were used to discuss the purity rules and norms of the times of Jesus and of the Yoruba people of Nigeria. Ancient Jews for example, had specific purity rules which classified food as clean or unclean, which ranked objects according to degrees of uncleanness, which identify people as

fit or unfit to enter Israel's temple. The study of 'purity' then is the study of symbolic systems (Douglas 1966:34).

This concept was employed with considerable success by some scholars, for example anthropologist – priest Gerry Arbuckle (2000:25) who focused particularly on the role of churches in health care provision, he proposes a helpful distinction between 'disease' and 'illness'. Disease, he says describes scientifically or medically endorsed breakdown of a physical or biological nature, whereas illness is the subjective experience of the individual or the knowledge that one is ill. The idea of disease is scientifically constructed, while illness is socially constructed, and it includes the pain of stigmatization: an observation that has great relevance for the healing narratives of the gospels. Elsa Tamez (1982:113-234) discussed oppression in many forms and relates it to the contemporary enslavement of people through ideologies and structures that deprive them of health living, and portrays impoverishment of the powerless. When I relate this to the era of HIV and AIDS, in the light of cultural values that reinforce stigmatization, it sets me thinking on what the attitude of Jesus will be in an HIV and AIDS community today. Hence, despite the wealth of theology and academic explorations around the issue, it is uncertain how much the churches' response on the ground gives a clear-cut theological framework; it is desirable to examine the attitudes of Christians in Yorubaland to people living with HIV and AIDS. This study focused more on the body and boundaries in Yoruba context.

1.4. Research Methodology

The research adopted both hermeneutical and empirical methodology. The Socio-anthropological concepts and the Tri-Polar Exegetical Model chosen to provide the theoretical framework of this study determine its methodological approaches. In the contextualization phase focusing on the analysis of the Yoruba context, the study draws from the contextual approach, and social-historical interpretation through field work in some parts of Yorubaland. The analysis of the purity system of the Palestine times of Jesus was also done. Issues of stigma according to Gillian Paterson (2003) must be treated as contextual issues, locating stigmatization at the interface between an interdisciplinary understanding of the phenomenon which involves a recognition that theological discourses must operate in dialogue with medical, cultural, sociological and political discourses, with the reality of the present human experiences, with local culture, historical and economic realities and the need for

change. Likewise it needs to take into account the heritage of the past such as Scripture, ethics, and traditions.

The research was twofold: Empirical study of the Yoruba Anglican Community and Churches (field research) and exegesis of passages from Luke. This was necessary to have a practical interaction within the context of the study. The methodological approach adopted for the study is social scientific interpretation. It was used to explore the Lukan text to consider Jesus' ministry in a socially mixed community. The Social-Scientific or anthropological method was employed for the study because of its comprehensiveness, scope and versatility. The method allowed the investigation of the social-world of the text as well as a consideration of the Yoruba context, which is the context of the exegete.

The social scientific method will not only look at the diachronic or synchronic aspect of exegesis but integrate and incorporate all the aspects (Julian 2000:8). It is presumed that the texts originated from a particular community or different communities with similarities (Esler 1994: 6). According to Julian, the social-scientific method combines historical evidence with a creative use of sociological theory; this enables the reader to interpret the gospel in a way that would be unbiased or prejudicated, because the distance between today's reader and the bible is as much social as it is temporal and conceptual (Horrell 1999:8, Julian 2000:8).

The research adopted a two phase approach, first was a quantitative approach to pave the way for the second which was the qualitative approach. The purpose for undertaking a quantitative approach first was to establish the broad parameters of the field, before investigating in depth through more personalized qualitative research. The qualitative research approach usually depends on the written or spoken words and / or observable behaviour as data sources, and excels at telling the story from the participant viewpoint, thus providing rich descriptive data (Sokoya 2001:213). Field work was carried out within the Yoruba Anglican Community and Churches. This was limited to the Ijebu/Remo Province of Yorubaland comprising of Remo, Ijebu, and Ijebu North Dioceses. Questionnaires, focus-group discussions and bible studies shall be conducted with the ordained and lay members in the three Dioceses on theme like: the Christian and People Living with HIV and AIDS, Yorubas and Outcasts, Church attitude and Jesus attitude to extract facts in the Context.

Project area and population: The Ijebu / Remo people of Ogun State, Nigeria will be the study population. The selected areas form a part of the Yoruba speaking people of Nigeria (ethnic group). Moreover, the Church of Nigeria (Anglican Communion) has three Dioceses within Ijebu / Remo province Vis Ijebu Diocese, Remo Diocese and Ijebu North Diocese.

Ogun State, Nigeria is divided into four major zones; the Ijebu/Remo provinces form two major zones of Ogun State. The selected area for the study form part of the Yoruba speaking people of Nigeria; and they form a major group among the Yoruba tribe of Nigeria.

Selection of participants –Lay and ordained members from the three Dioceses was purposively selected. The town heads (Obas and Baales), women leaders, women and youth fellowships, Community leaders and household leaders were involved in the research.

Methods of Data Collection:

Multiple methods of data collection shall be used, viz:

A. In-depth face – to – face qualitative interviews of the Leaders (Bishops of the 3 Dioceses and others). The focus was to explore the context of stigmatization in the Community and within the Christians in Yoruba context from the perspective of its leaders.

B. Focus Group Discussions (FGDs) with ordinary lay and ordained Anglicans .The theme of the discussion was the Yoruba Context and Outcasts.

C. Bible-studies with ordinary lay and ordained Anglicans using the contextual bible study as postulated by Gerald West (1993), the theme of the study will be the Christian and People Living with HIV and AIDS. And the text is Luke 17:11-19.

The confidentiality of the respondents has been kept and before referring to any personality, explicit permission was obtained from such personalities in writing.

Methodological Procedure:

Specifically, the methodology for the research takes the following into consideration:

A.

- An empirical survey of the Yoruba cultural context in relation to outcasts (social & religious). This will involve field work in Yorubaland (with special focus on Ijebu/Remo) in order to conduct interviews, have discussions with selected groups, and listen to some oral traditions in the land.

- A survey of the cultural practices in Yorubaland framed by the labeling and purity models using Ijebu-Remo area. This will also involve the use of interviews, and oral discussions among the people.
- A survey of the Anglican Church attitude to HIV and AIDS (using the Dioceses of Ijebu, Remo, and Ijebu North as a case study).

B. Historical survey of the Jewish traditions of the times of Jesus and the texts of Luke..

A detailed and painstaking exegesis of the text.

The text for the study will be the gospel according to St. Luke; and particularly Chapter 5 verses 12 – 14, and Luke 17: 11 – 19: both written about lepers and Jesus. The logical analysis of the results of the discussions and Bible studies will be done.

C. A juxtaposition of the findings from one and two above with the biblical text. This is the application of the Inter-cultural hermeneutics where the context of Interpretation (the practice in Yorubaland) is evaluated in the light of the texts under consideration.

The task of looking at the practices in Yorubaland as to labeling in terms of purity was undertaken to help the reader to appreciate the similarities and differences in the conventions of the two texts (the Yoruba context and the Lukan context) and allow them to inform one another. It brought together the two worlds to find meaning, and the meeting of the two horizons illuminated the ‘social script’ and produced meaning (Malina and Neyrey 1999:29). The conversation between the text and the Yoruba context brought about an understanding and proposed a new liberatory praxis in the era of HIV and AIDS.

1.5. Research Design

The methodological approach of the research is empirical in nature. The research design adopts a mixed approach, first working with quantitative methodology with a questionnaire designed to provide a general overview of the mindset of Yoruba Anglicans concerning people living with HIV and AIDS, and subsequently qualitative in design, with specific use of ethnographic methods. Qualitative research designs usually depend on written, spoken and observed data or behaviour; and allow for telling the story from the respondents’ viewpoint, thus providing the rich descriptive data (Rossman and Rallis, 1998). An ethnographic approach according to Reinharz (1992) is a multi-method approach that includes observation, participation, archival analysis and interviewing (1992:46). It allows the researcher to learn through systematic observation in the field, thereby building relationship and trust with the

studied people (i.e. Compte and Schensul, 1999, Brewer, 2000, Portrata, 2005) Ethnographic tools used in this study include Participants Observation, Focus group discussion, interview of selected leaders and Bible Studies.

1.5.1. Research Method

Multiple methods of data collection were employed in the data – gathering process. Brewer and Hunter (1989) proposed that methodological diversity affords a systematic exploration of new avenues of research. It provides rich opportunities for cross-validating and cross - fertilizing research procedures and findings. They argue further that if appropriately applied could lead to potentially valid empirical and theoretical generalizations about society and social life. An exploration of the cultural contexts of the Yoruba Anglicans in Ijebu/Remo area of Ogun State, Nigeria embarked upon in this study is a relatively new avenue of research, hence the adoption of multiple data collection techniques to elicit rich qualitative data.

The data collection methods used in this study include: questionnaire, focus group discussions, interview of selected leaders, systematic observations and contextual Bible Studies. The data gathering process took place between November 2007 and July 2009 but an additional collection of qualitative data from PLWHA took place between November 2010 and March 2011.

1.5.2. Focus Group Discussion:

Focus group discussions allow the researcher to interact directly with research participants, thus providing opportunities for the clarification of responses, for follow-up questioning, and for probing of responses (Stewart and Shamsadani 1990). Focus group method of data collection removes the multivocality of participants' perceptions and experiences to the research process, since it is collectivist rather than individual (Madriz, 2000:836). Focus group discussions have a unique advantage of giving room for the voices of participants, and decrease the influence of the researcher.

Seventy-five focus group discussions were held in the three dioceses of Ijebu-Remo, Ogun State, Nigeria (Ijebu, Remo and Ijebu North Dioceses). There were twenty-five groups per Diocese. The group sizes range between eight and fifteen (See Table 1) and meetings were held once with each group.

Using open response methods, questions eliciting data focusing on the research theme were posed to the participants. They were encouraged to respond one after the other in narrative form with minimal interruption. Sample questions used during the focus group discussion are presented as Appendix I. The responses were handwritten. The method gave an opportunity for the researcher to observe non-verbal responses such as gesture, smiles, and/or frowns, which also add supplement information or sometimes contradict verbal responses.

Table 1: Group size for the Focus Group Discussion

A	Remo Diocese	No. of Participant
1.	Sagamu	15
2.	Sabo	12
3.	Ikenne	15
4.	Iperu	12
5.	Ogijo	12
6.	Ijoku	12
7.	Ode Lemo	8
8.	Emuren	10
9.	Isara	12
10.	Ode Remo	15
11.	Ipara	15
12.	Likosi	12
13.	Igbololo	8
14.	Sagamu GRA	15
15.	Ilishan	10
16.	Irolu	15
17.	Akaka	15
18.	Isote	8
19.	Simawa	8
20.	Sonyindo	12
21.	Orile Iyankan	15
22.	Ogere	15
23.	Iwera	14
24.	Oke Ate	13
25.	Sagamu West	15
B	Ijebu Diocese	No. of Participant
1.	Ijebu Ode I	15
2.	Odosenbora	15
3.	Imodi	8
4.	Ikija	15
5.	Aiyepe	10
6.	Odogbolu	13

7.	Ososa	14
8.	Okun Owa	12
9.	Okelamuren	8
10.	Ijagun	15
11.	Ilese	15
12.	Idowa	8
13.	Owu	15
14.	Balufon	9
15.	Idode	10
16.	Imushin	12
17.	Itele	14
18.	Ijebu Ode II	15
19.	Obalende	12
20.	Imosan	8
21.	Ibefun	15
22.	Ala	15
23.	Jobore	14
24.	Odogogo	12
25.	Ijesa Ijebu	10

C	Ijebu-North Diocese	No. of Participant
1.	Ijebu Igbo I	15
2.	Ojowo	15
3.	Aparaki	8
4.	Oke-Sopen	12
5.	Ago – Iwoye	15
6.	Ikala	12
7.	Awa	12
8.	Agunboye	12
9.	Atikori	15
10.	Oru	8
11.	Odobotu	12
12.	Odorasonyin	8
13.	Elegunmesan	13
14.	Ajebandele	8
15.	Ilaporo	15
16.	Iganran	11
17.	Idofe	12
18.	Ijebu Igbo II	15
19.	Aiyetoro	12
20.	Apoje	15
21.	Oke-Arowa	8
22.	Abeku	9
23.	Dagbolu	10
24.	Abata	15
25.	Imope	14

1.5.3. Interview method

This is the hallmark of qualitative research (Rossman and Rallis, 1998). Talk according to them is essential for understanding how participants view their worlds, and that deeper understandings are often developed through the dialogue of long in-depth interviews, as interviewer and participant construct meaning. Allport opined that, “If we want to know how people feel, what they experience and what they remember, what their emotions and motives and reasons for acting as they do, why not ask them?” (Allport: 1942)

Hence, the study interviewed selected leaders in the study area which includes the three Diocesan Bishops of Ijebu, Remo and Ijebu North and three traditional rulers.

In this research, respondents were interviewed in their respective residence and the language was Yoruba and English.

1.5.4. Interactive Observation

Observation is fundamental to all qualitative enquiries. During the discussions, interviews and Bible study sessions, the researcher observed respondents closely especially as they discuss the questions.

1.5.5. Contextual Bible Study Method

The Contextual Bible Study offers the opportunity to explore how the Bible can offer critical resources to the marginalized in the process of mutual collaboration. It involves a dialogue with the text within the context of the readers. West opined that, since ordinary readers are by far the majority of readers of the Bible in Africa, they, not scholars, must be our primary interlocutors (West 1999b: 105). Dube (2000) supported West that without engaging in serious hermeneutics the Bible will continue to be used by dominant forces in every oppressive way, including the destruction of others’ identity on account of race, class or gender (Dube 2000 : 111). West further argues that, “The ordinary readers have something to contribute to cultural exegesis. The ordinary readers can enable the biblical scholar to see something they might have missed concerning what the text historically meant. If ordinary readers are able to enable us to see things differently, ought they not occupy at the centre rather than the periphery” (West. 1998b: 635).

I agree fully with West that engagement with ordinary readers in their context will maintain the relationship between the scholar and the ordinary Christian reader and lead to an exchange of knowledge and “cultural capital” which benefits both parties (West 1998(a): 29). It was on the above premise that the research engaged in contextual Bible Studies on the text: Luke 17:11 – 19. With the theme: The Christian and people living with HIV and AIDS. The Bible study procedure and questions is presented as Appendix II.

For one year and four months (16 months) the researcher was involved in contextual Bible Studies in different towns and villages in the three Dioceses chosen as the study area. Ten assistants were trained in each Diocese and consequently going through the Bible Studies in ten different towns and villages. The reports of the studies were written and submitted. The researcher was also in attendance in at least two or three meeting across the three Diocese. The Bible Studies were conducted as discussion/workshop study, facilitated by the researcher in some cases and by the trained assistants in other places.

The researchers’ decision to use assistants and not necessarily conducting all the Bible Studies personally was because as a high ranking priest (Dean of the Cathedral) in the area of study, my position could help or hinder the process of participant’s contribution and observation. The social status ascribed to priestly role could be a barrier if not well handled. The researcher would not want to be seen as influencing the responses from the participants. However, my position as the Dean of the Cathedral Church of St. Paul, Sagamu had helped the research greatly as it gave me direct access to the Bishops of the three Dioceses who willingly gave me permission to conduct the Bible Studies in their Churches, and all church and weekly meetings were open to the research. Also, my priestly position opened relevant doors of the leaders of the communities especially the traditional rulers.

The discussions from these studies were recorded in writing by a secretary from the group. Over the period of the studies there were approximately thirty (30) Bible Study groups (See table II).

Table II: Bible Study Group

	Remo Diocese	No. of Participants
1.	Sagamu I	5
2.	Sabo	4
3.	Ikenne	4
4.	Iperu	5
5.	Ogijo	5

6.	Ijoku	4
7.	Ode-Lemo	5
8.	Emuren	5
9.	Isara	4
10.	Ode-Remo	5

	Ijebu Diocese	No. of Participant
1.	Ijebu-Ode	5
2.	Odosenbora	5
3.	Imodi	4
4.	Ikija	5
5.	Aiyepe	4
6.	Odogbolu	6
7.	Ososa	5
8.	Okun-Owa	6
9.	Okelamuren	6
10.	Ijagun	5

	Ijebu North	No. of Participant
1.	Ijebu Igbo	6
2.	Ojowo	5
3.	Aparaki	6
4.	Oke-Sopen	5
5.	Ago-Iwoye	4
6.	Ikala	5
7.	Awa	5
8.	Agunboye	4
9.	Atikori	5
10.	Oru	6

1.5.6. Description of Participant and Context of Study

Project Area: The project area of the study is Ijebu-Remo Diocese of Ogun State. Ogun State, created in 1976, is one of the 36 States in Nigeria and lies within the southwestern part, neighbored by Oyo, Ondo, Lagos, Edo and Delta States. The State lies between longitude 2° 45' and 3° 55' and latitude 7° 01' and 7° 18' with an annual growth rate of about three per cent per annum and a population of 3,728,098 (The nation, 2007). The major ethnic group in the State are the Yorubas but there are other ethnic groups from other parts of the country. Socio-culturally, the State is divided into four major cultural groups: Egba, Ijebu, Remo, and the Yewa. The land area of the State is 16,409.26km¹ with 20 Local Government Areas (LGAs). The selected areas form a part of the Yoruba speaking people of Nigeria (tribe). Moreover, the Church of Nigeria (Anglican Communion) has three Dioceses within Ijebu/Remo

province viz. Ijebu Diocese, Remo Diocese and Ijebu North Diocese. Ogun State, Nigeria is divided into four major zones; the Ijebu/Remo provinces form two major zones of Ogun State.

The research focused on the Yoruba people in Ijebu/Remo divisions of Ogun State, Nigeria. It also mirrored the Yoruba through three Anglican Dioceses in the area namely; Ijebu Diocese, Remo Diocese and Ijebu North Diocese.

The phenomena of interest in this study are the personal and communal attitudes of Yoruba Christians to people living with HIV and AIDS premised on their contact with Jesus Christ hence the unit of analysis were the individual Christians in the Yoruba Cultural Context.

1.5.7. Location of Study (Study Area)

The study was conducted in the three Dioceses of the Anglican Communion in Ijebu-Remo division of Ogun State, Nigeria. Ogun State is one of the eight States in South-Western Nigeria. The State is divided into four major divisions; Egba, Yewa, Ijebu and Remo. The researcher's choice of the Ijebu/Remo division for the study is because he was born, brought up and worked in the area. He is familiar with the language and people, which facilitated the discussions.

1.5.8. Study population

The participant includes clergy drawn from the three Dioceses of Remo, Ijebu and Ijebu-North. Lay members, male and female, young and old were also involved. All the participants were Yoruba People. Seventy- five groups were involved in the Focus Groups discussion and it was distributed within the three Dioceses. The total number of participants range from eight to fifteen. For the Contextual Bible Studies, ten churches from each of the Dioceses were involved and the number in each Bible Study group range from four (4) to six (6).The Bible Study group consists of community members, clergy, youths and the trained assistants.

Table 1: Socio – Demographic Characteristics of Respondents

Variable	Frequency	%
<u>Age (Years)</u>		
18 - 24	344	37.6
25 - 40	159	17.4
41 - 55	263	28.2
56 ⁺	148	16.8
<u>Marital Status</u>		
Single	216	23.6
Married	657	71.9
Divorced	17	1.9
Widowed	24	2.6
	914	100%
<u>Educational Level</u>		
University Degree	127	13.9
Diploma	112	12.2
Secondary	200	21.7
Primary	205	22.7
No Education	270	29.5
	914	100
<u>Gender</u>		
Male	561	61.3
Female	353	38.7
	914	100
Variable	Frequency	%
<u>Status/Role in the Church</u>		
Clergy	152	16.6
Lay members (Male & Female)	207	22.6
Elders	80	8.8
Clergy Wives	100	10.9
Women Leaders	50	5.5
Youths	325	35.6
	914	100

The table showed that the opinions of various set of people in the church were represented. The elders and clergy represent the church leaders and clergy (25.4%) the

youths constitutes 35.6% while other members represent 39%. Female leaders form 5.5% while the clergy wives represent 10.9%. The result implied that the bulk of the respondents were youths who are the most vulnerable. The above table indicated that 37.6% of the respondents were within the ages of 18 – 24 years while 17.4% were within the ages of 25 – 40 years. 28.2% were 41 – 55 years and 16.8% were 56 years and above. The research represents the views of active adults and young ones and it is an expression of future expectations and their opinion should be respected. The tables also showed that majority of the respondents are highly literate accounting for 70.5%. This implies that their views are to be respected in the church. The opinions of the others at the lower level of education are also represented, accounting for 29.5%. The result implied that majority of the respondents are well educated, hence their views hold high degree of reliability or dependable. The table further indicated that 71.9% of the respondents were married, 23.6% were single, 1.9% were divorcees and widows in the area may be attributed to the marriage relationship between the families, and there is no room for divorce. The above table also shows that 61.3% of the respondents are males, while the remaining 38.7 are female. This implies objectivity in the information gathered as the bulk express the opinion of men, who according to tradition are at the helm of affairs in the Anglican Church in Yorubaland. It also implied that more males are involved in the ministry work in the Anglican Church than the females.

1.6. Research Ethical Clearance:

The University Ethics clearance was obtained before the research was conducted. Participants privacy, confidentiality and integrity were protected, all those involved signed release forms. The data collected is available for inspection, in accordance with the University's ethical clearance policy, under specific conditions related to confidentiality and protection of the rights of people living with HIV and AIDS. They are lodged with the researcher: interviews were recorded, labelled and indexed and are kept in a secured place.

CHAPTER TWO

LITERATURE REVIEW

2.2.1. HIV and AIDS Pandemic:

One of the major problems facing the world today is the prevalence of Human Immuno-Deficiency Virus (HIV) and the challenges of living with people already infected by Acquired Immune Deficiency Syndrome (AIDS). The general consensus now is that HIV and AIDS are a profound human tragedy, which have gone beyond a mere health problem, but a real threat to economic growth and development (*WHO, 1987:2, Kambou et al 1992: 2-4, Keneth-Ofosu, 1998: 16-20*). The impact of HIV and AIDS in the world, in particular Africa cuts across all sectors of human development and it poses serious challenge to the survival of several vulnerable poor (*Abamu and Nwanze, 2003: 10 – 12*). The first HIV and AIDS case was reported in 1981 in California, U.S.A. in a gay man. Hence it was then referred to as “gay men’s disease”. It was soon observed to have spread rapidly in the heterosexual population (*Medicine Digest 1999*). The alarming rate with which the disease is spreading cuts across every stratum of human society. The disease can no longer be regarded as Western disease but a disease of every society. In November 1998, the joint United Nations Aids Programme (UNAIDS) and World Health Organization (WHO) estimated that about 15,000 people world-wide were becoming infected daily. In the region of Africa, more than elsewhere, two-third of global AIDS cases, about 26.6 million HIVandAIDS infection, were reported by World Health Organization in 2004.

Africa is the most infected and affected continent by HIV and AIDS. It is on record that “most severely affected is sub-Saharan Africa, where more than two-thirds (26.6 million) of all HIV-infected people live” (*Weinreich, 2004:8*). The impact of the epidemic can be seen as the life expectancy drops, the health system becomes over-stretched and there is economic reduction both in government and individual resources. In addition, HIV and AIDS have also impacted on the social systems of the communities. However, one may ask, why is Africa mostly hit by this virus? The answer may not be far-fetched. One of the reasons given by Vhumani Magezi and Daniel Louw is that “the region has poor and limited health facilities and resources (human and financial)”(*Magezi and Louw, 2006:64*). Quoting Smart, Magezi and Louw asserts that “50% - 60% of

people with HIV and AIDS worldwide have no access to professional health care workers in order to address their medical needs”. Furthermore, according to Magezi and Louw “poverty provides the social context within which the pandemic flourishes in Africa. Thus HIV and poverty are intricately linked and they interplay”(ibid). According to Barnett and Whiteside, “HIV and AIDS is not the first global epidemic, and it certainly won’t be the last: it is a disease that is changing human history. HIV and AIDS show up global inequalities. Its presence and impact are felt most profoundly in poor countries and communities” (Barnett, 2002:24).

Much academic work has already been done on the HIV and AIDS problem. However, a key text in understanding the HIV and AIDS epidemic is Tony Barneth and Alan Whiteside’s book *AIDS in the 21st century: Disease and Globalization*. It contains information on the virus and its epidemiology (Barneth Tony and Whiteside Alan: 2002).

2.2.2 HIV and AIDS in Nigeria:

Nigeria is the most populous nation in sub-Saharan Africa with a population of over 120 million in 2002 (FGN, National Policy, 2003). The country recorded her first case of AIDS in 1986 (NACA 2005:3). At that time the response was to deny the fact that it was a problem to the nation. Little or no effort was made by the government to see that the virus that causes AIDS did not spread. The initial response was to deny the fact that it was a problem to the nation. By the time the government realized that HIV and AIDS is real, the nation had greatly been infected. According to surveys carried out by the Federal Ministry of Health, the first sentinel survey conducted in 1991 showed that 1.8% of the Nigerian population was already infected by HIV. Since then, the infection rate has rapidly grown from 3.8% in 1993 through 4.5% in 1995 and 5.4% in 1999 to 5.8% in 2001(UNDP 2004:19). However, the most recent report has it that the prevalence percentage has dropped to 5% in 2005(NACA 2005:3). The United Nations Development Programme (UNDP) on Nigeria’s Human Development reports, “With an official prevalence rate of 3.5 million people living with HIV and AIDS, 1.5 million AIDS orphans, and 300,000 deaths annually, HIV and AIDS has become a ‘generalized epidemic’ in Nigeria, and current evidence suggests that the epidemic is yet emerging. The epidemic is still far from maturing”(UNDP, 2004). Nevertheless, as the result is, the magnitude is already alarming and has become a problem to the nation. This is because

“this increase represented 10% of the total figure on the continent and 8% of the 42.1 million people who are currently thought to be living with HIV and AIDS globally”(UNDP, 2004). It would be interesting for one to observe that there is no state or community in Nigeria that is free from the effects of the HIV and AIDS. The prevalence rate of HIV and AIDS in Nigeria differs from one zone to the other, one state to the other, and in terms of age and gender. The UNDP report on Nigeria has it that “the regions with the highest median prevalence rates include the North Central, North East and South South zones.”(Millennium Development Goal Report, 2004: viii).

In Nigeria, the factors that contribute to the spread of HIV range from poverty, socio-economic and cultural factors, migration, urbanization and modernization, wars and conflicts, stigma and discrimination, ignorance, and behavioural and biological factors(UNDP 2004:31). In addition, lack of sexual health information and education, and poor healthcare services contributes to the spread of the virus (Avert HIV/AIDS, 2006). Stigma and discrimination against PLWHA is common in Nigeria; both Christians and non-Christians see immoral behaviour as being the cause of HIV and AIDS epidemic. According to A.A. Mawdud, “Islam teaches that sexual pleasure is good and it is a gift from God which should however, be consummated within marriage” (Mawdud 1986:18). And sex outside marriage is “evil and sin, punishable by God and man”(ibid). In addition to this, writing from a Christian perspective, Wilbur O'Donovan's remark is that “practices such as adultery, sexual immorality, homosexuality, incest, bestiality and other impure practices are all an abomination to God ...on which God has pronounced a severe judgement”(O'Donovan 1996:288). HIV and AIDS is never a punishment from God. In fact this assertion affects the attitude of PLWHA as well as HIV prevention. A loving God cannot punish His children with infection like HIV and AIDS. The UNDP report on Nigeria states that, “over 70% of infected individuals are unaware of their status, some who may still be engaging in high-risk behaviour”(UNDP 2004:43). The outcome of this will result in the spread of the virus and poor health and lack of well-being for PLWHA. Therefore, stigma and discrimination contributes to the spread of HIV which if not tackled properly, it will be difficult to fight the epidemic.

2.2.3 HIV and AIDS and Anglican Church in Nigeria:

Prior to the epidemic nature of HIV and AIDS in the world, the Lambeth Conference (which is an organ that brings together all Anglican Bishops worldwide every ten years) of 1988 recognised that: “The disease AIDS poses a catastrophic threat to every part of the world, and that unless preventative measures are taken, the disease can spread rapidly (though the long latency period may mask its presence, thus giving a false sense of security), asks bishops to accept their responsibility to witness to Christ’s compassion and care, in response to this crisis”(Lambeth Conference Resolution Archive,2005).

The conference did not end by only recognising the devastating nature and threat to humanity by the disease; rather a commitment to respond to the crisis brought by the disease was reached through a three-part resolution. The resolution read thus:

1. The promotion of, and co-operation with, educational programmes both of Church and state concerned with the cause and prevention of the disease, in a loving and non-judgemental spirit towards those who suffer.
2. The development of Diocesan strategies: to train and support pastoral helpers; to give direct personal support to those living with AIDS; to identify and try to resolve the social problems leading to and arising from the disease; to reaffirm the traditional biblical teaching that sexual intercourse is an act of total commitment which belongs properly within a permanent married relationship.
3. The need to work together: to encourage global co-operation between Churches, governments and non-government agencies in the fight against the disease; to develop ways in which the Churches can share information and resources; to press where necessary for political action; to promote prayer for all concerned, not forgetting those active in research to discover a cure (ibid)

It was expected that all bishops present would go back to their dioceses and put in motion the necessary machineries that will enable them carry out the resolution. However, it seems that at that time the church, especially the Church of Nigeria (Anglican Communion), lacked the will to confront the disease as a result of the initial denial of the disease in Nigeria, lack of appropriate HIV and AIDS knowledge within the country, the Church and the clergy and the lack of appropriate theology and biblical interpretation.

In response to the call by the Anglican Communion worldwide, coupled with the growing rate of HIV infection in Nigeria and the vision imperative of the Church of Nigeria as a caring church in obedience to Christ, a series of activities and efforts were made which led to the formation of the policy document of the Church of Nigeria (Anglican Communion). The process includes among others, initial clergy workshops, development of a concept paper with 'Action Aid and Christian Aid' who are in partners with the Church of Nigeria in this course (Church of Nigeria Anglican Communion) National HIV/AIDS Policy 2004:2-3). Furthermore, the Church of Nigeria set up a National HIV and AIDS committee comprising different sections of the Church (men, women, youth, education, health, legal, clergy, and laity). Among them are bishops, medical professionals, legal professionals, PLWHA, and representatives from the ten ecclesiastical provinces that made up the Church of Nigeria (Anglican Communion). The bishops and clergymen involved in this committee are theologians with years of outstanding experiences. The services of the Policy Project Nigeria, Society for Family Health (SFH) and the Church Missionary Society (CMS) West Africa Regional office, all provided the technical assistance for the development of the policy and strategic plan documents. The Policy became an official document of the Church of Nigeria in its response to HIV and AIDS epidemic in Nigeria and its centred on six pillars or as they call it, "six thematic areas.": prevention; pastoral care; counselling; treatment, care and support; death and dying; and leadership.

2.2.4 The Concept of Stigma:

Erwin Goffman (1963:13-14) said stigma referred to bodily signs designed to expose something unusual and bad about themoral status of the signifier. The signs were cut or burnt into the body and advertised that the bearer was a slave, a criminal, or a traitor – a blemished person, ritually polluted, to be avoided, especially in public places." Stigma "is applied more to the disgrace itself than to the bodily evidence of it". Goffman's definition suggests that stigma is an "attribute that is deeply discrediting" and that reduces the bearer "from a whole and usual person to a tainted, discounted one" Goffman (1963:14) describes three different types of stigma: 1- Abominations of the body-the various physical deformities 2- Blemishes of individual character perceived as weak will, domineering or unnatural passions, treacherous and rigid beliefs, and dishonesty, these

being inferred from a known record of, for example, mental disorder, imprisonment, addiction, alcoholism, homosexuality, unemployment, suicidal attempts, and radical political behaviors 3- Tribal stigma of race, nation, and religion, these being stigmas that can be transmitted through lineages and equally contaminate all members of the family. People living with HIV&AIDS almost always are associated with the first two because of the physical manifestations of AIDS and the association of HIV with “deviant” and “immoral” behaviors (particularly sexual “promiscuity” and intravenous drug use). In addition, many people living with HIV&AIDS are members of groups that are already marginalized such as sex workers, women, homosexuals, the young and the poor. This particular subset of individuals with HIV&AIDS experiences multiple stigmas, with the HIV stigma compounding pre-existing stigmas (known as double or compound stigma) (Parker and Aggleton 2003). HIV&AIDS stigma is then used to justify further marginalization of such people, further entrenching deeply rooted prejudices

Since Goffman, elaborated definitions have varied. For example, Crocker et al (1998:505) indicate that, “stigmatized individuals possess or are believed to possess some attribute, or characteristic, that conveys a social identity that is devalued in a particular social context”. Scott and Miller (1986: ix), support Crocker’s view and extend the definition of stigma as a “product of definitional processes arising from social interactions between those who acquire potentially discrediting conditions and the individuals with whom they interact.” These authors thus critique Goffman’s notion of stigma as an “attribute that is deeply discrediting” (Goffman, 1963:13). They argue that attributes themselves do not automatically qualify persons for stigmatization, but rather view stigma as a dynamic element within the processes of social interactions. People, they write, “qualify as stigmatized only within the context of a particular culture, historical events, or economic, political, or social situation” (Crocker 1998). Scott, Miller and Crocker raise three important points. First, stigma is not static. Second, it exists within a particular socio-historical and cultural context. Third, stigma is manifested during social interactions between those who acquire a potentially stigmatizing attribute and the people with whom they interact. As culture is in a constant flux, stigma evolves as culture changes. However, a question arises as to whether stigma can operate in the absence of social interactions. In other words, are social interactions a prerequisite for stigma to manifest itself? Stigma can be either “internal” or “external” (UNAIDS 2002a).

External stigma refers to “actual experiences of discrimination. This may include the experiencing of domination, oppression, the exercise of power or control, harassment, categorizing, accusation, punishment, blame, devaluing, prejudice, silence, denial, ignorance, anger, a sense of inferiority, social inequality, exclusion, ridicule, resentment or confusion” (Policy Project 2003:4). Additionally, external stigma has a “powerful capacity to produce internalization and acceptance of inferiority by the oppressed group and justification of discrimination by the dominant group” (Policy Project 2003:5). Here we can speak of the internalized stigma, which is an indirect result of the stigmatization process. Internal stigma, on the other hand, is the “shame associated with HIV and AIDS and fear of being discriminated against. Internal stigma is a powerful survival mechanism to protect oneself from external stigma and often results in the refusal or reluctance to disclose HIV status or the denial of HIV and AIDS and unwillingness to seek help”. Individuals, who possess a potentially stigmatizing attribute, or might acquire one at a later stage in life, are usually aware of the negative cultural perceptions and representations surrounding them, based on the preconceived ideas about their particular condition that reflects dominant cultural beliefs and attitudes (Oyserman and Swim 2001).

Deacon *et al* (2005), distinguish between Instrumental and Symbolic Stigma. Instrumental stigma, he said, is intended discrimination based on risk perceptions and resource concerns. Symbolic stigma, he opines, relates to cultural or religious meanings expressed in religious or moral judgments, or in emotional responses. However, instrumental and symbolic stigma do not originate from the same social, cognitive, or emotional process, nor would the same intervention be appropriate. Symbolic stigma carries the weight of the religious, moral, cultural and social baggage associated with particular diseases, imbuing them with negative meanings that go so far beyond the instrumental concerns. In the language of religion, the infringement of cultural and social norms may be re-conceptualized as ‘sin’. Stigmatization varies in different cultures. Mazrui (1986:239), defines culture as “a system of interrelated values active enough to influence and condition perception, judgment, communication, and behaviors in a given society.” Furthermore, Airhihenbuwa and Webster (2004:5) refer to Hahn (1995) and emphasize “the role of culture and society in relation to sickness and healing, and highlight the use of language in the understanding of illness concept.” Additionally, they

highlight Brody's (1987) view that "one's cultural belief system influences one's social roles and relationships when one is ill" (Ibid:5). The approach that emphasizes the notion of stigma as a cultural and social construct critiques the view of stigma as an expression of individually held attitudes. This notion stresses the importance of historical, social and cultural contexts of stigma that influence the individual. Stigmatizing attitudes are, therefore, not a property of individuals, but they are shaped within a cultural context. Hence, it is difficult to establish a definition of stigma within a particular framework and stigmatization varies in different cultures. Douglas (1966) talking about dirt said "dirt is essentially disorder, there is no such thing as absolute dirt, it exists in the eyes of the beholder...Dirt offends against order". What we do with our bodies is a map of what we do with our society. Each society establishes its norms and values that define acceptable attributes and behaviors for its majority. It also defines instruments of social control in a form of laws to ensure adherence to such norms (Becker and Arnold 1986). Anyone that breaks a norm, is likely to be punished. Stafford and Scott (1986), propose that stigma is "a characteristic of persons that is contrary to a norm of a social unit" where a "norm" is defined as a "shared belief that a person ought to behave in a certain way at a certain time." The basic premise behind the notion of deviance and social control is that established norms reflect the views of the majority. However, it is disputable who composes the majority as well as whose interests the majority represent. According to Link and Phelan (2001), "stigmatization is entirely contingent on access to social, economic and political power that allows the identification of different-ness, the construction of stereotypes, the separation of labelled persons into distinct categories and the full execution of disapproval, rejection, exclusion and discrimination". Parker and Aggleton (2003), in turn suggest that, "stigma can become firmly entrenched in a community by producing and reproducing relations of power and control. Stigma is used by dominant groups to legitimize and perpetuate inequalities, such as those based on gender, age, sexual orientation, class, race or ethnicity." They argue further that the ability of the stigmatized individuals to resist is quite limited because of their marginal status.

According to Brandt (1998:148), "the way a society responds to problems of disease reveals its deepest cultural, social and moral values". As Brandt continues, "the epidemic has been shaped not only by powerful biological forces, but by behavioural,

social and cultural factors as well". Quam (1990) points out that "the ascription of stigma to any condition arises out of the symbol system within a culture, and, like other symbolic acts, follows a logic within which relationships are more emotional than rational." The dynamics of stigma are reflected in the history of diseases such as TB, leprosy etc. Blame, denial, and fear that accompany various diseases have formed a standard way of response towards the epidemics that were perceived as 'deadly' or 'dreadful', thus reinforcing stigmatizing responses. Doka (1997) explains, "TB was considered a mark of shame, a reminder of dark tenements and unsanitary conditions." Doka further explains that the stigma of leprosy "reaches back to biblical times when lepers were expelled from their communities, doomed to wander as the walking dead. Having leprosy meant that one became socially dead." Additionally, during the Middle Ages, Sontag (1979) writes, "the leper was a social text in which corruption was made visible; an exemplum, an emblem of decay." What is particularly 'interesting' about leprosy is that, as with HIV&AIDS nowadays, it was defined in terms of ritual purity. As Douglas (1966) points out, "pollution is the result of our contact with 'dirt'." Douglas continues that dirt is "matter out of place. Dirt is the by-product of a systematic ordering and classification of matter, in so far as ordering involves rejecting inappropriate elements". Thus persons classified to be "out of place" are then labelled as socially dangerous and treated as such. The question then is how HIV and AIDS come to be identified in terms of ritual purity? Despite all the numerous works on the nature of stigma, much work needs to be done in the area of the underlying causes of HIV and AIDS stigma. Although many of these works inform us about the manifestations of stigma they fail to point out the causes behind the stigmatizing attitudes towards people living with HIV and AIDS. Are the attitudes from cultural or religious concerns? Are they informed by a religious affiliation? "Stigma and discrimination are social and cultural phenomena linked to the actions of whole groups of people, and are not simply the consequences of individual behavior" (Parker & Agletton, 2003).

2.2.5. HIV and AIDS Stigma:

According to Bond and Nubani (2000), "Stigma attached to HIV and AIDS is one of the most significant challenges to effectively fighting the spread of HIV and AIDS. Stigma increases vulnerability to HIV and worsens the impact of infection. Fear of being

identified with HIV keeps people from learning their serostatus, changing behaviour to prevent infecting others, caring for people living with HIV and AIDS, and accessing HIV and AIDS services.” Additionally, “stigma intensifies the emotional pain and suffering of people living with HIV and AIDS, their families and caregivers” (Castro et al. 1998). Peter Piot (2001) said “HIV stigma comes from the powerful combination of shame and fear. HIV is transmitted through sex and so is surrounded by taboo and moral judgment...giving in to HIV/AIDS by blaming others for transmitting HIV creates the ideal condition for the virus to spread: denying there is a problem, forcing those at risk or already infected underground, and losing any opportunity for effective public education or treatment or care” (UNAIDS 2001). Despite numerous studies on the nature of stigma conducted worldwide, much work needs to be done to understand the underlying causes of HIV and AIDS stigma. While many studies have examined stigma from the position of self-reported attitudes, they have failed to provide deeper socio-cultural, historical and political understandings of HIV and AIDS related stigma and stigmatization (Crandall 1991, Herek and Capitano 1993, 1998, 2002). The studies conducted by Herek and Capitano (1993, 2002) concentrated on manifestations of stigma through respondents’ self-reported attitudes. The 1993 study found that “African Americans expressed greater support for policies separating persons with AIDS from others and stronger desire to avoid these persons, whereas whites expressed more negative feelings toward them and a greater willingness to blame them for their illness.” The 2002 study pointed out that “although overt expressions of stigma declined throughout the 1990’s, inaccurate beliefs about the risk posed by casual social contact increased, as did the belief that people with AIDS deserve their illness.” Although these studies inform us about the manifestations of stigma, they don’t explain causes behind the stigmatizing attitudes towards people living with HIV&AIDS. “Studying stigma at this level has the effect of treating it as an individual attribute rather than as a social process.”(ICRW 2003:6). “Stigma and discrimination are social and cultural phenomena linked to the actions of whole groups of people, and are not simply the consequences of individual behaviour” (Parker and Agletton 2003: 17). “A new transitional approach to studying stigma is thus needed that explores stigma as a social process that can be challenged through social action” (Parker and Agletton, 2002: 9).

However, within literature and with policy, much attention has been given to stigmatizing attitudes related to HIV and AIDS. Perhaps no contribution has been more significant than that of Gregory M. Herek, a professor of psychology at the University of California at Davis who is an internationally recognized authority on prejudice against lesbians and gay men, hate crimes and antigay violence and HIV and AIDS-related stigma. Herek (1990) observed that gay men and injection drug users are disproportionately susceptible to HIV-related stigma and discrimination. He has found that HIV and AIDS related stigma is not necessarily a stigma of the diseased; rather, it is often related to perceived lifestyle choices of infected populations. Herek and Capitanio (1999) also examined the relationship between HIV and AIDS-related stigma and direct or vicarious contact with people with HIV and AIDS. Other studies have equally tried to better define populations who harbour HIV and AIDS-related stigma and who may practice discrimination. Rozin et al (1994) cited a study that reported an association between fear of AIDS and regular church attendance. Herek and Capitanio (1998) found that 41 percent of heterosexual adults based their HIV and AIDS – related attitudes on religious or political values; only 13 percent based their attitudes on concerns for personal safety. This study confirms the reality of attitudes stigmatizing and ostracizing HIV and AIDS affected and infected by religious people on the basis of their faith. However, there are different strains of the virus and they affect different sectors of the population in each context. In the West for example it has been mostly a disease of the gay people, but in Africa it affects heterosexual people; hence the social situation in Africa is different from the West.

2.2.6. Stigma, HIV and AIDS and Church/Theology:

Ronald Nicolson (1996) wrote on the implications of AIDS for theology and how AIDS affects our picture of God. Katherine Sakenfied (2000) looked at the story of the Good Samaritan in Luke from the perspective of AIDS epidemic. Many African women scholars at a conference in Addis Ababa, Ethiopia (2002) reviewed different aspects of HIV and AIDS as it affects women, drawing extensively from the Bible (cf. Phiri, Haddad and Masenya: 2003). The analogy between AIDS and Leprosy had been treated by a number of people seeing AIDS as the leprosy of our time (Gilkes 1991, Christenson

1991, Sagyman and Kriel 1992, Jantzen in Woodward 1990, Manus 2001) and Sybil Chetty (2003) who wrote a thesis entitled *Women, Leprosy and Jesus Feminist reconstruction in the context of women with HIV-AIDS in South Africa*. Ronald Nicholson (1995:18) stated that “It is theologically and normally imperative that churches respond to the crisis, and that they join in national planning about AIDS. For the churches not to respond to an issue of such magnitude would imply that God, Jesus and Christianity are irrelevant and offer no saving grace.” The question in my mind is: in what area specifically does the Church respond to the HIV and AIDS problems? Is it to be curative or preventive? In my opinion the church can bridge the gap of stigma and discrimination against people living with HIV and AIDS which is the area this research is interested in. When the church does the gap bridging between people living with HIV and AIDS and others in the community, she opens doors to cure and prevention. Anne Bayley (1996) argues that HIV and AIDS has been labeled a judgment from God, an African disease, a gay plague or discussed as a temporary epidemic. This text raises important sociological and theological issues that will be addressed in this study. Sonja Weinreich and Christoph Benn (1997) posit that churches have often had significant difficulties in dealing constructively with HIV and AIDS problem, and at times have done more to impede rather than facilitate effective prevention efforts. Many scholars agree with Goldin (1994) that sexually transmitted infections have always been imbued with stigma due to their association with behaviours considered deviant or immoral. Similarly, societies have historically reacted with fear to disfiguring, debilitating, and fatal diseases and have translated the aversion into discriminatory actions against the infected (Alonzo et al: 1995). The HIV and AIDS pandemic, scholars agree, has presented the world with a condition that combines these characteristics and it has frequently been met with stigma and discrimination, a reaction dubbed “the second epidemic” (Somerville and Orkin 1989). Fears associated with illness, disease and sex therefore need to be viewed in social and cultural contexts (Malcolm et al 1998:351). Regional, national and cultural differences can and do shape the level and manifestations of HIV-related stigma.

Liebowitz, (2002) writes that often people consider the actions of religious leaders to be less politically motivated and selfish than the initiatives of government leaders, and thus their messages are received with respect and trust that is highly valuable in a setting like South Africa where people are still suspicious of the intentions of government. This

greatly increases the responsibility of church leadership at every level. And in a report by UNAIDS (2002), it is said that fear of contagion has caused some churches to order that people living with HIV and AIDS receive Holy Communion last or are entirely excluded from religious rites. Though many Christians have simply regarded the HIV and AIDS pandemic as a tragedy, it has been suggested that they also begin to see it as an opportunity and a challenge. The crisis is a “new opportunity for Christians to bring Christ to a world that is increasingly being forced to recognize its brokenness and need for God. And in this lies the challenge: to rethink how to bring Jesus’ unconditional love, healing, wholeness, and hope to this broken world” (Gennrich, 2004). Jesus Christ has demonstrated that God loves his people to such an extent that he was willing to become a human being in order to experience our humanity and to bring redemption to the world (John 3:16). Following after Christ’s example of incarnation, the church’s mission must be to demonstrate the unconditional love of God to the hurting, broken, sick, poor, and marginalized. To fail to respond to an issue of such great magnitude as HIV and AIDS would be to imply that God, Jesus, and Christianity are irrelevant to contemporary society (Nicolson 1995). Paula Clifford (2004) said, “a theology formulated today without reference to HIV and AIDS is as outdated as potentially irrelevant as one that in earliest centuries reflected the world view of slave traders or an imperialist elite”. Aylward Shorter and Edwin Onyanha (1998), based on a survey of opinions among church leaders, pastoral workers and people involved in church organization, examine the response of the church to HIV and AIDS in Nairobi. The research opens the stigmatization problem and gives some theological reflections on the church’s response to HIV and AIDS. The conclusion of their findings showed that the Church had done less in the area of combating the problem of stigma among believers in relation to people living with HIV and AIDS.

2.3.1 The Gospel of Luke:

The Gospel of Luke is believed by some scholars to have been written by Luke the beloved physician (Colosians 4:14) (Tannehill 1986:14, Marshal 1980:19) Marshal (1980:44) for instance noted that from the second century. Luke was considered to be the writer of Luke and Acts. The medical terminology in the gospel led some to conclude that the author must have been a physician (Hobart 1892, Adolf Von Harnack 1907, Fitzmyer

1981:8, 40). Other common characteristics of the writer as postulated by scholars include Luke's considerable literary skills (Marshall 1980:18, Conzelmann: 1961:223) and that he deliberately emulates the style of the Greek Septuagint. The writer is seen to have used historical detail to achieve his purpose of presenting the gospel theologically. Luke is considered by many to be a gentile (Philemon 24 and 2 Timothy 4:11), not an eye witness of Jesus' ministry but a second generation Christian (Bruce 1990:18; Maddox 1982:7; Tannehill 1996:21; Bock 1994:6). Bruce (1990:8) opined that Luke wrote about events in which he participated at his early days; and Maddox (1982:7) sees Luke as a junior member of Paul's circle.

The date of writing Luke-Acts range from the sixties of the first century C.E, before Paul's putative trial and death in Rome (Bruce 1990:20; Bock 1994:6; Danker 1998:18; Stein 1992:35). Esler (1987:30) contends that there is a broad agreement today that Luke-Acts was written 70CE and that it was written in a city of the Roman Empire where Hellenistic culture was strong or even dominant. For the purpose of this thesis, this emerging consensus will be accepted.

Another major issue in reading the Gospel of Luke is the audience which the gospel was meant to address. Is the gospel meant mainly for non-Christians or Christians and or both? Many scholarly debates have been postulated in this regard, but in this study we assume that Luke was written for more than one community and we need an understanding of the peculiar relationships between Luke's theology and his social, political and religious setting.

2.3.2 The Man Luke

An understanding of the person of Luke is essential for us to comprehend why he wrote the gospel the way he did. The cognomen Luke, though common to the readers appears only three times in the New Testament (Colossians 4:14, Philemon 24 and 2 Timothy 4:11) (Edmund 1975:124). In two event of these references he was linked with Paul and was designated a physician by profession. The third was in appreciation of his loyalty to Paul in the period of great distress and personal danger. The traditional assumption according to Akintunde (2000:66) has been that he was the writer of the gospel ascribed to him and its second volume, the Acts of Apostles. There had been a lot of debate on whether or not Luke was somebody very close to Paul (Tannehill 1996:21). From the

evidences of some Church Fathers: Irenaeus, Bishop of Lyons (c.185CE), Tertullian, Origen, and Clement of Alexandria, and other documents like the Muratorian Canon, the Anti-Marcionites Prologue, Luke is accepted as the companion of Paul mentioned in the passages above (Tannehill 1996:21).

Even though, there had been different opinions about the nationality of Luke (Albright, Arndt and Reicke 1975:126) hold that he was a Hellenistic Jew, identified with Lucius of Cyrene in Acts 13:1. This view may be probable, since there is no firm scriptural evidence and there was no tradition to link Luke with Cyrene (Hiebert 1975:124) The other presumption was that he as a Gentile. This view is accepted because in Colossians 4:10-14, Paul mentioned six persons who sent greetings in two groups of the circumcision. Paul would have named Luke among them if he had been circumcised. The writings of the Luke did not point to his birth place even though some traditions connect him with the Church in Antioch. The Anti-Marcionite Prologue maintains that Luke was “a man from Antioch, Syria”. Eusebius and Jerome also mentioned Antioch of Syria as his place of residence (Hiebert 1975:126). Moreover, some references reveals Luke’s interest in the city if Antioch (Acts 11:19-30,13:1, 14:26-23, 15:22, 30-35, 18:22). We may agree with all these supposition, considering the status of Antioch in the spread of Christianity and the records of trifling touches that indicate personal familiarity with the place by Luke.

2.3.3. Luke’s Audience

There have been many questions regarding the community for whom Luke was writing. Some scholars have argued that Luke is writing for a Gentile audience, (Fitzmyer 1981:57-59). Others God fearers, (Nolland 1989, 1993), while still others claim he is writing to Christians from a Jewish background (Tyson 1995:19-28). Similarly, there are questions as to the nature of the community for whom Luke is writing. Opinion varies as to whether Luke is writing for a specific community, a group of communities or an ‘open market’. Trompf (2000) argues that the conceived readership was ‘mixed’ (Jews/Christians/God fearers and proselytes/Gentiles) (Trompf 2000:106-116).

The gospel is addressed to Theophilus (Luke 1:3), a person who, apart from the reference in Acts 1:1 is otherwise not known. Since the time of Origen, the name Theophilus has often been interpreted symbolically, to indicate that the gospel was addressed to someone

'beloved of God' or 'loving God'. This may or may not have been the case. On the other hand, Theophilus could have been the real recipient of the document addressed under a pseudonym, or he could have been an official of some sort (Nolland, 1993). Irrespective of who Theophilus was or what his relationship to the intended readers might have been, the church has long understood the Gospel of Luke to be addressed to Gentile Christians. Nolland states, 'The usual and indeed the longstanding traditional assumption is that Luke was a Gentile who wrote his Gospel for a Gentile church of the late first century'(Nolland, 1989). This understanding is echoed by Fitzmyer who writes, 'It is widely held today that Luke has written his Gospel for a Gentile Christian audience, or at least one that was predominantly Gentile Christian' (Fitzmyer 1981). There is, however, a growing number of dissenting voices to this common assumption. Jacob Jervell (1972) claims that Luke was written for a Jewish Christian audience that are under fire from their Jewish neighbors. David Tiede (1980) draws on the early work of Jervell to argue that Luke was writing to those who had been, or still were, members of the synagogue. He places Luke-Acts in the midst of Jewish tradition. He claims it reflects an intra-family struggle and debate between the many strains of Jewish tradition in the Hellenistic era, in the light of the destruction of the Temple, as to who is the faithful Israel.

Nolland and Tyson both claim that Luke was writing not for Jewish Christians, but for God-fearers. Luke's arguments made assumptions of his readers that could only be true for people whose values had been shaped by first century Judaism. A God-fearer was the ideal reader for Luke's Gospel. Luke was engaged in responding apologetically to Jewish polemic against the Christian movement. Godfearers would have experienced the ambiguity of their situation in Judaism: welcomed but still an outsider in Judaism. Luke's God-fearer stands at the crossroads (Tyson 1995:25-26). Tannehill and Esler claim that Luke was written for Christians, Jews and Godfearers, who were from a synagogue background. They argue for an audience of diverse social composition, churches that included people of different ethnic and religious backgrounds, social status and wealth, claiming that the kind of knowledge that Luke presupposes in its audience and the kinds of people who dominate the narrative provide evidence that both Jews and Gentiles (God fearers) were influential in the Lukan churches (Tannehill 1996:24; Esler 1987:31-32).

In my opinion, Luke wrote for a specific Christian community from a socially diverse Jewish synagogue background, in a Hellenised social environment. Luke's Gospel follows Greek literary and historiographic conventions. Its style and its use of sources, such as the Greek version of the Jewish scriptures and the acknowledgement of political and religious figures, is further evidence of the Hellenistic environment in which the Gospel was written. The Gospel itself suggests that Luke was writing for a Christian audience that was familiar with first century Judaism and with Jesus' proclamation of the gospel. Luke has used Scripture in such a way that his audience needs considerable knowledge of the Jewish Scriptures—although in Greek translation. His allusions to the Greek Old Testament would have been unintelligible to someone unfamiliar with its language and contents, and this should be seen as evidence for a synagogue background for Luke and his audience (Tiede 1980). Luke's descriptions of the synagogue and synagogue ritual are detailed and represent one of the most complete literary accounts of first century synagogue practice available. The synagogue in Luke's Gospel forms the critical setting for Jesus' programmatic announcement of the reign of God in Luke 4:16-30. It was the reading of the scriptures in the synagogues that provided the meeting ground for discussion about the 'interpretation of the times'. The synagogue background of the Lukan community suggests its composition as a mixture of Gentile God-fearers and Jews. Tannehill (1996) speaks of a community of Jews and God-fearers, women and men, poor and relatively wealthy people, common people and a few members perhaps of the elite or retainer class. Esler has argued for this composition, claiming that Luke has deliberately shaped his sources to present the first Christian community as composed solely of Jews and God-fearers (Esler 1987:39-43). He claims that, "The crucial development of the spread of the mission throughout the diaspora is to be the establishment of Christian communities containing both Jews and Gentile God-fearers. That the two groups entered into table fellowship with each other profoundly shocked orthodox Jewish sensibility."(Esler 1987:39)

Luke was writing to a particular Christian community, probably his local congregation. His concern to respond to the wider social, political and religious issues of the day in the context of the local community is shown in Luke 12:32 when he refers to the Christian congregation as the "little flock". However, not all scholars share this position. While Esler claims that Luke's Gospel was written for a particular Christian

community and Tiede's argument would imply this view, others argue that Luke's Gospel is written for a group of churches, a number of different communities or for an "open market" (Trompf 2000: 106). Luke Timothy Johnson (1991) argues that "given the length, complexity and literary sophistication of his work, it is likely that Luke intentionally addressed a more general readership". Irrespective of whether Luke's work was addressed to a particular community, a group of churches or a wider general readership, his narrative has been developed for a Christian community containing both Jews and Gentile God-fearers who were struggling with their response to the social, political and religious situation of the late first century

2.3.4 Luke: The Historian and Theologian

Modern day scholars are very much interested in the theology of Luke and the Gospel has been portrayed as the storm centre of modern New Testament Study (Unnik 1975:15-32). There has been a strong discussion on the status of Luke, whether he was a good or bad historian, that is, whether his writings are reliable or unreliable. The main influence to modern day research on Luke's Gospel is generally identified as the works of Hans Conzelmann *Die Mitte der Zeit* (1954, English translation 1960). Conzelmann rejects the traditional view that Luke was a historian, he contends that Luke is more of a theologian. He argued that using Mark as his source, Luke puts forward the salvation history in three phases: first, the period of Israel, of the law and the prophets (Luke 16:16). Two, the period of Jesus, which gives a foretaste of future salvation (Luke 4:16ff, Acts 10:38) and three, the period between the coming of Jesus and his Parousia; in other words, the period of the Church and of the Spirit. He recognizes continuity between the three stages or periods, for instance the call to repentance is consistent with the three periods. Conzelmann argued that the Church has an ascertainable historical fact which to him is after the Ascension of Jesus Christ (Conzelmann, 1961:16,150-151).

Conzelmann places much significance on Luke 16:16 as an expression of Luke's salvation-historical understanding; he opined that the reason Luke formulates this tripartite salvation historical scheme was the delay of the Parousia and its deleterious effect upon the world view of the early Church. Luke modified the theology of the early Church so that the period of the Church, equivalent to the kingdom of God becomes an on-going and undefined interval of time. Luke is interested in history but his is a

theologized history. Perrin (1969:29) writes “With Conzelmann’s accomplishment all this changes; Luke the historian becomes a self-conscious theologian, and the details of his composition can be shown convincingly to have been theologically motivated”

There have been countless reactions and criticisms of Conzelmann work on Luke (Bock 1994:7-14; Fitzmyer 1981:63-106; Marshall 1978:30-33; Nolland 1989: xxx; Green, 1997:11-20). Attempts have been made to compare Luke’s writings with ancient historians to verify these claims about Luke (see Marshall 1970: 1 – 219, Abogunrin, 1997: 15-33) and who, after due consideration of archaeological findings and examination of Conzelmann’s works, concluded that Luke was a reliable historian. Others like Bultmann (1963:366) and Morris (1977:28-35) under-state his being a theologian but argue that he is a bad historian whose records are not accurate. Barrett (1961:7-9) is of the opinion that Luke was a reliable historian who could be compared with historians of the Hellenistic age which cannot be compared to that of the modern scientific kind. Barrett’s view is conceivable as Luke or any other ancient writer could only be compared with writers of his time rather than the standard of later times. Thompson (1972:16), in supporting Barrett, points out that Luke does conform to the accepted canons for writing history in his contemporary world. Luke’s accuracy and credibility was being questioned mainly because there were historical inaccuracies and a distortion of some facts in Lukes work when compared to Mark’s Gospel. These are exemplified in the birth narratives – the question of Quirinius and the census in Luke 2:1 and the differences between the picture of Paul in Acts and Paul’s letters. The major problem about the reign of Quirinius was that he did not become the governor until 6 CE, and Jesus was born 4 BCE, therefore he could not have been governor before the birth of Jesus. Part of the suggested solution was that Luke may be referring to a census, which started under Herod but completed during the reign of Quirinius. Or that Quirinius was a textual error in the manuscripts for Saturninus who was Governor of Syria between 9-6 BCE (Akintunde 2000:71). In the opinion of some scholars the fact that the reference to the census and Roman leadership at the time of nativity confirms the credibility of Luke as an historian as he relates the narratives to dates of world history (Barclays 1974:xiv – xv). On the various portraits of Paul, Marshall argued that the theology of a companion of Paul could not be an exact replica of Paul’s thought and theology (Marshall 1970:75).

Evidences of an accurate historian could also be deduced from the writings itself. For example in his prologue, Luke employed the language similar to classical Greek by starting with a formal preface common to other historical works of the time (Barker, 1985:1522-1590). Sharon Ringe (1995:16) reinforces this argument as she notes that, “It was common for writers of historical and scientific works at the time when this Gospel was written to use such statement of purpose and method.....even the grammar, vocabulary and style resemble their secular parallels”. Hence, the fact that Luke followed this rhetorical practice of his days puts him in the same category of history writers of the time. He uses time markers freely, but these have more of a theological reference than the kind of accuracy demanded by modern historiography. His narratives begin “in the days of Herod, the king of Judea” (Luke1:5). It mentions the imperial decree that brought Joseph and Mary from Galilee to Bethlehem (Luke 2:1). Hence Abogunrin (1997:25) observes that “it was not by accident that three times, the names of Gentile rulers were mentioned. This is because as far as Luke was concerned, he was writing the most important history in the world”. Luke in the course of the narrative pays specific attention to dates and marks of time (Luke 1:26, 2:21, 42). For instance, when he begins the account of Jesus’ public ministry he noted the years of the reigning Caesar and the age of Jesus. He also made a survey of the civil and religious rulers of Palestine, with accurate titles for the Roman officials (McNicol 1962:840-863). All these are exemplified in Acts 13:7 – the proconsul of Cyprus and of Achaia in Acts 18:12, the town clerk of Ephesus: Asiarch (Hargreaves 1995:57). While acknowledging the submission of these scholars that Luke was an accurate historian we should read him in the light of the standard practice of the day.

Marshall (1970:13-217) makes three suggestions about Luke the historian and theologian: that Luke’s faith rested on the events associated with the work of Jesus and the apostles, hence his concern to tie the Jesus events to the historical details found in his writings. Secondly that the key concept in Luke’s theology is salvation, understood as both present possession and a foretaste of future blessings. And thirdly, that Luke was concerned to lead people to Christian belief on the basis of a reliable record of the historical facts.

2.3.5 Luke and Salvation

Luke in his gospel laid much emphasis on the concept of salvation and it constitutes its main theme. Marshall (1970:94) argued that Luke's interest is not so much in a theological idea as in the person of Jesus Christ. For Luke, Jesus is the saviour and he is the giver of salvation. Luke in his gospel brought connections between the healings performed by Jesus and the spiritual salvation which he brought to men (Luke 8:48, 17:19, 18:42). Conzelmann (1960:233) drew attention to the prominence in Luke of the idea of salvation history. Tuckett (1996:63) puts it that for Luke, Jesus' healing brings the sinner into the kingdom of God as a present, not a future reality (Luke 19:9). Salvation according to Fitzmyer (1981:223) is often deliverance from sickness or sin and other social diseases. The universality of salvation is a major concern to Luke, the Christ event was to open the true Israel to all believers, both Jew and Gentiles. Howard Marshall (1970: 84) said it is clear that something like a consensus of opinion exists with reference to the theology of Luke expressed by the term "salvation history". This school of thought is of the opinion that the writings of Luke present the Christian message in the form of history, one which enfolds both the ministry of Jesus and the activity of the early Church.

2.3.6 The Gospel of Luke and Stigma:

Luke's Gospel shows a concern for the poor, women, sick, marginalized and outcasts (Cassidy 1978; Botha 1994) examined community and conviction in Luke-Acts, and argued that context is critical when discussing what Luke puts forth with his heroes and other narrated characters. Luke's stories are his way of saying there is a common ground between Christians (even some Jews) and highly minded pagans. For instance, at the beginning of Jesus' stories in Luke 2: 29-34, universalism is very evident, and continuity with Judaism was stressed. Fundamentally, according to Botha, Luke accepts society's values and relates the Jesus stories to contemporary beliefs and value. Joubert (1995) focused on the Lukan symbolic universe, looking critically at the underlying ideology of Luke as they are reflected in his narratives. Luke showcased the boundaries drawn by society, separating people from each other. Thus in Luke 17:11-19; the lepers were located at the border area between Samaria and Galilee (Draper 2005:100). Luke presents an understanding of boundaries and marginalization of outcasts. Esler (1987) assessed the extent to which features of Lukan theology had been motivated and influenced by the

social and political constraints experienced by Luke's community. He focused on Luke's attitudes to poverty and riches, and their place in the Christian life. Esler also attempts a social redaction analysis of the Jewish-Gentile table fellowship, essentially showing how the Jews of that period reacted to established socio-ethnic and religious communities in Luke. The fellowship of Jesus at the dining table with the marginalized could be viewed from a biblical-missiological perspective (Borg 1987:61). Esler (1987:120) also points to the predominance of table imagery and question in Luke-Acts, he opined that Luke makes a *prima facie* case for examining attitudes to table fellowship in relation to outcasts and thereby showing social margins and lines drawn by the society of his time. The legitimating of table fellowship between Jews and Gentiles forms a vital arch in the symbolic universe which Luke created for his community. "The Lukan Jesus promises to alleviate the extreme physical deprivation suffered by the beggars, the blind, the lame, the imprisoned, and so forth, without however, ignoring the spiritual aspect of salvation." (Esler 1987:183). Draper (1996) in exploring diseases, healing, and social boundaries in the Luke's Parable of the Rich Man and Lazarus (17:11-19) argued that the final form and location in the narrative belong to Luke's redaction but the parable itself may represent Jesus' attitude to the question of disease, stigma and healing.

Akintunde (2003) discussed "the attitude of Jesus to the anointing prostitute as a model for contemporary churches in the face of HIV and AIDS in Africa." However, her arguments were from the point of view of women and gender inequalities. There are other significant studies about stigma, HIV and AIDS such as Beverley Haddad (2003), "Choosing to remain silent: links between Gender and violence", "Reflections on the church and HIV/AIDS: South Africa" (2005). There are also many works in the book edited by Musa W. Dube and Musinubi Kanyoro (2004), *Grant Me Justice*, which are mainly oriented towards the Bible, HIV and AIDS and gender. Ukachukwu Chris Manus (2006) discussed the plight of HIV and AIDS persons in West Africa from the contextual re-reading of Mark 1: 40-45. According to him, the healing of the leper by Jesus addresses itself to the West African condition where HIV and AIDS has become a disaster; his actions call the Church not to abandon the infected but to support succor and care for them morally, psychologically and financially. In this article Manus gave the interpretation of the human experience in the light of the re-interpretation of the action of Jesus. Malebogo Kgalemang of the University of Botswana (2004) provides important

insights on “Deconstructing the HIV and AIDS stigma” using John Chapter 9. The blind man in the passage was the infected and the stigmatized. Goffman (1964), as quoted by Kgalemang, asserts that there are three types of stigma that a stigmatized person may fall into: via abominations of the body (physical deformities); blemishes of individual character perceived as weak will, domineering or unnatural passions; and tribal stigma of race, nation and religion. The work of Kgalemang presents the relationship between sin and suffering / disease; it also exposes a social rather than an individual myopia, and demonstrates that what a society creates is systematically related to what a society does not see. According to the author, the blind man finds compassion, healing, acceptance and love from Jesus Christ. He does not distance himself from the blind man. Kgalemang concludes on the note that Jesus welcomes the waifs of society, the so-called outcasts, regardless of whether or not they were branded as sinners, sick, lame and sex workers. He sees Jesus as the revelation of God’s glory in our broken world as one that does not exhibit any form of stigmatization. Joseph B. R. Gaie in “Ethics of breaking the stigma: African, biblical and Theological perspectives” (2005) presented the African perspective using the Setswana concept of ‘motho’ (human being) and ‘botho’ (personhood) to show how a person is conceived and why stigmatization is morally wrong. Gaie also looked at the biblical and theological perspectives using the Johanne concepts as in John 3, 4, 8 and 15 as case studies.

Although the Church requires space to proclaim the good news, it must not be thought that its proclamation is a purely spiritual matter devoid of social and political implications for Luke. The good news for the poor, with which Luke replaces the good news of the kingdom, is a message of social liberation (Mealand, 1980, quoted by Draper, 1997). Luke portrays Jesus as fulfilling the prophecy of Isaiah 61:1-2: “The Spirit of the Lord God is upon me: because the Lord hath anointed me to preach the good tidings unto the meek; He has sent me to bind the broken-hearted, to proclaim liberty to the captives, and the opening of the prison to them that are bound, to proclaim the acceptable year of the Lord, and the day of vengeance of our God, to comfort all that mourn”. Luke’s Gospel heightens the elements of homelessness and propertylessness in Jesus and his disciples and shows a concern for the poor, women, sick, the marginalized and outcasts (Cassidy, 1978).

2.3.7. Healing Accounts in Luke's Gospel

Various words are employed in the Bible for healing. In the Old Testament many words have been translated to healing; this includes *shalom*, (Isa.32:17) *rapha*, (Exodus 15:26) *arad* (Isa. 58:8), *habash* (Ezek 39:21, Hosea 6:1). All of which according to Adamo (2004:36) presuppose a state of good health and used for health which comes as a result of healing (Wilkinson 1980:587). The Old Testament occasionally uses the words salvation, deliverance and rescue for the restoration of health.

In the New testament, the Greek verb *sozo* 'to save', 'to make whole' as well as the noun *soteria* refers to material and temporal deliverance from danger, suffering, enemies sickness, and so on like the common meanings found in the Old Testament.

The verb *therapeuo* primarily signifies 'to save' as *therapon* refers to an attendant caring for the sick and may mean to treat, cure or heal. Another verb *iaomai* 'to heal' is used of physical treatment and figuratively to spiritual healing. Luke employs the word 'heal' fifteen times: *Diasoso* which means 'to save thoroughly' is translated 'to heal' in Luke 7:13. *Theraperia* which primarily denotes care or attention is used of medical service, health or healing (Luke 9:11). Another word employed by Luke – *iasis* refers to the process of reaching completion or full restoration and is used to describe acts of cures in days of His flesh (Luke 17:17-19). A related word is *hugiano* denoting 'to be healthy', 'to be in good health', 'to be safe and sound' (Luke 15:27)(Vine Expository Dictionary of New Testament Words Vol. I, II, III).

The Gospel of Luke contains healing materials not found in other gospel narratives and though this stories emphasis is placed on some of the underlying theological themes of Luke. Such healing materials not found in Mark or Q, scholars call "L" material (Remus 1997:57). Jesus cured many diseases, plagues and evil spirits and had given sight to many who were blind (Luke 7:21); he heals a widow's son (Luke 7:11-17); a disabled woman who for eighteen years had been unable to stand straight (Luke 13:10-17); a man with dropsy (accumulation of fluid in the body)(Luke 14:1-6); healing of the ten lepers (Luke 17:11-19), and the restoration of the ear of the priest's slave (Luke 22: 50-51) In addition it was only Luke that recorded the women who were cured of evil spirits and infirmities (Luke 8:2-3).

The Church today is fulfilling essentially two of the three-fold ministry of Christ namely: preaching and teaching, the third one, healing, is largely neglected. Why?

Perhaps the church believes it is a ministry that belongs to a different dispensation while preaching is the revelation of the mastery of God, and teaching being the exposure of ignorance, healing is the demonstration of the power of God. The power of God needs to be demonstrated in actions not only in words so that His authority will be firmly established in the world especially in the HIV and AIDS era.

2.3.8. Unique Features in Luke's Healing Accounts:

In comparison with other gospel narratives especially the Gospel of Mark, there are some notable features peculiar to Luke: The accounts of healing in Luke are less realistic and more theological than Mark's (Dawson 2008:119). Literarily there are many variations in Luke when compared with Mark's Gospel (Green 1992 : 225-289) Luke's narratives were more detailed and dramatic, sometimes enumerate the expulsion of demons (Luke 8:2), point out the severity of an illness (Luke 4:38-39), the detailed importance of the healing, like Jairus' only daughter (Luke 8:42); the boy with epilepsy was father's only child (Luke 9:38); the withered hand was the right hand (Luke 6:6) (Dawson 2008:120). Shelton (1991:80) opined that Luke more than Mark showed Jesus using word rather touch in healing. In Luke 17:14 Jesus cleaned the ten lepers by word only, but in a parallel story in Mark 1:41 the healing was by touch. Marshall (1970:396) suggests that Luke's accounts of the healing stories shows a general avoidance of attributing human emotions to Jesus. Mark portrays Jesus taking the children in his arms (Mark 10:16), while Luke does not mention Jesus holding them (Luke 18: 15-17). These showed Luke's interest in presenting Jesus' teaching rather than see a less human Jesus and may suggest that Luke only planned to portray Jesus as being above the thrall of human emotions.

2.3.9. Healing and theme in Luke's Gospel:

For the purpose of this study, what is very important to us is the "reversal theme" in Luke's Gospel. It is widely recognized that "reversal" is a major theme in Luke's Gospel (Johnson 1991:22, York 1991:38, Byrne 2000:26-27) Most notably in the Magnificat (Luke 1:47-55), the Lukan beatitudes and woes (Luke 6:20 – 26) but also in a number of other sayings and parables (13:22-30, 14:7-11,18:9-14). There is an explicit expectation of a divine reversal of human social conditions (Craig 2007:6:8). Healing in Luke is also

of the social body as well as of individual bodies, moreover, in Luke's Gospel social healing figures much more prominently. Mary's song in Luke 1:46-55 announced the coming reversal (corporate healing and roles reversal). The healing stories in Luke show the sick restored in health and thus to society (Luke 19:1-10, Luke 15:11-32). Although it is not always cited, the reversal theme was evident in Jesus' address in the synagogue of Nazareth (Luke 4:18-19). Hence this statement of Jesus should be regarded as programmatic for Luke's Gospel as a whole (Esler 1987: 164). Luke 4:18-19 clearly shows the reversal of social conditions with regard to captives, outcasts and oppressed. The issue of reversal becomes very important to us as we examine the healing of the ten lepers in Luke 17:11-19 as a case – study of the reversal theme in Luke's Gospel.

2.3.10 Healing in the Gospel of Luke

Underlying the discourse of the healing stories in the Gospel of Luke are the Lukan theological themes. These themes form the background and influenced Luke's picture of Jesus healing ministry. Luke had a strong sense of Jesus' ministry being in middle time of salvation history (Dawson 2008:116) According to Conzelmann (1960:223) Luke portrays Israel seeking an eschatological Messiah, and Tuckett (1996:63-64) opined that for Luke, Jesus' healing brings the sinner into the kingdom of God as a present and not a future reality. Luke also laid much emphasis on the Old Testament prophecies as presented in Luke 1:7-25, 7:11-16, 13:34. He placed significance on Jesus as the Messianic Prophet, acting with the Spirit of God upon him, which includes the power to heal the sick (Dawson 2008:107). Green (1997:216) sees Luke as depicting Jesus as one empowered by the Holy Spirit at his baptism. The apocalyptic view of Satan's importance and Luke's awareness of the presence of demons are very clear and dictates his language about binding and release in relation to healing in the gospel. Danker (1988:112 200) intimated that Jesus according to Luke is seen as having greater mastery over demons (Luke 4:35, 9:42). Other themes that influenced the writing of Luke in his gospel are the issues of healing, for giving and saving (Luke 4:18, 5:20, 7:49), the concept of being saved was repeated many times. The key text for this thesis, Luke 17:12-19, provides a case of healing and salvation: the Samaritan leper was healed, forgiven of sin and saved. Fitzmyer (1981-223) noted that in Luke salvation is often deliverance from sickness or sin, and related to faith. On the whole, the universality of salvation is a major

concern to Luke, the Christ event was to open the true Israel to all believers, both Jew and Gentiles

In recent times, biblical scholars have worked with social scientists in thinking more critically about cultural purifiers we use in the reading of healing stories in the Bible often times we assume that 'health' 'healing' and 'disease' are universal concepts that have fixed understanding in all experience of human being. According to Pilch (2000:90) the three terms are deeply embedded in a cultural understanding of reality, and different cultures have radically divergent concepts of what these words mean and the reality they represent. Malina (1996:143) opined that for the understanding of Luke's language of sickness and healing in terms of his own culture, it is imperative to design a new scenario. To understand why a specific sickness is considered a misfortune in a given society, one need to know the cultural values and social norms of that society (Pilch 2000:90).

The Western culture approaches matters of healing and diseases with many assumptions (Roschke 2006:2). Some of the assumptions of the Western culture placed side by side with contemporary non-western cultures approaches healing in a different way. Using the proposition of Pilch (2000) Roschke (2006:2) highlighted comparism as follow:

- a. In Western culture, the individual is more primary than the group; even through individuals receive their identities from being part of a group.
- b. To a Westerner, disease can be understood, explained and influenced by identifying and managing the physical causes of disequilibrium in the structures and functions of organs. However, illness is more important than disease; it has to do with the human perception, experience and interpretation of certain socially disvalued state. It is also a personal and social reality which means in large part of a cultural construct.
- c. In the Western idea, curing means to take control of disordered biological and/ or psychological processes. To other cultures, healing is not necessarily the same as curing; it is rather an attempt to provide personal and social meaning for the life problems created by sickness.

It follows therefore, that a modern day Westerner would be concerned with the how of a pathogenic organism causing a symptom could be removed by taking a particular drug but the biblical culture will be primarily concerned with how an illness had affected the social relationships and status in the community. What illness signifies for the individual life, family and communal life. Weissenrieder (2003:73) agreed with this position as particularly true of the healing stories in Luke's Gospel.

For us in this research thesis, the cultural orientations deeply influence how the Yoruba Christians read, hear and understand the healing accounts from Luke. If we are to incorporate the gospel accounts of healing in to the Church's life, there will be the need to do more than translate the biblical texts from Greek to English/Yoruba, we must place the healing stories into the cultural context of the Yoruba Christians and reflect critically on what Luke's anxiety in his presentation suggests for a true living in the cultural context. It could also open the door to a new understanding of healing in Luke's Gospel as it relates to the Yoruba cultural context.

2.3.11 Healing and Exorcism in Luke:

In Luke's opinion, the therapeutic and exorcist miracles were not only events in the life and ministry of Jesus but also examples to the followers of Jesus. Whereas such miracles according to Igenozza (1985:179) appeared to have formed a central feature in the mission of Jesus for the apostles, they however, would be incidental corroborations of their mission. Healing and exorcism is central in Luke's presentation of the ministry of Jesus and it took overall importance in his two volumes, and a perusal of the terminologies also points the same way (Hardon 1954:305). For instance in Luke 7:21 a concrete instance is presented when it is said that "at that very time Jesus cured many of diseases and plagues and evil spirits". In addition some of the women mentioned by Luke, had already been healed of evil spirits and infirmities. The reference in Luke 13:32 "I cast out demons and perform cures today and tomorrow ..." could also establish the Lukan view of healing and exorcism.

Healings and Exorcisms in Luke

No	Description	Healing	Exorcism
1.	Man with unclean spirit in the synagogue at Capernaum		Luke 4:33-37
2.	Peter's Mother –in-law sick of fever	Luke 4:38-39	
3.	Multitudes at sunset with various disease: demons also cast out	Luke 4:40	
4.	A leper healed	Luke 5:12-14	
5.	Great multitudes healed	Luke 5:15	
6.	A paralytic healed and forgiven	Luke 5:17-26	
7.	Man with withered hand in synagogue	Luke 6:6-10	
8.	People healed of diseases and those with unclean spirits cured	Luke 6:18-19	
9.	The centurion's servant healed	Luke 7:1-10	
10.	John's disciples witness Jesus' healings and exorcism	Luke 7:18	Luke 7:19
11.	The Gerasene Demoniac cured		Luke 8:26-39
12.	Woman with flow of blood healed	Luke 8:43-48	
13.	After the return of the Twelve Jesus cured the sick	Luke 9:11	
14.	An only son with the spirit of convulsion		Luke 37:43
15.	Cure of man with spirit causing dumbness		Luke 11:14
16.	Jesus heals woman with infirmity	Luke 13:10-13	
17.	Jesus claims to perform cures and to cast out evil spirits as a matter of routine		Luke 13:32
18.	Dropsically man cured	Luke 14:1-6	
19.	Ten lepers cleaned	Luke 17:11-19	
20.	Blind man near Jericho healed	Luke 18:35-43	
21.	High priest's servant's ear restored	Luke 22:51	

Luke exclusively uses *hypotasso* which means 'to be subject to' in connection with exorcism (Luke 10:17). Luke makes use of words normally connected with healing in relation to exorcism (Lawrence 1974: 61-62). In Acts 5:16, Luke also reflects this when he states that people afflicted with unclean spirits were healed. One can deduce that Luke sees exorcism also as healing, using words like *therapeo* and *iaomai* (both meaning to heal). McCall (1975:296) points out that the ministry of exorcism should not be taken out of context: it is not a separate ministry but part of Christ's command to preach, heal and cast out for the purpose of salvation. This differentiates the Christian healing and exorcism from that of the non-Christian. While non-Christian ministries appear to be ends in themselves, the Christian ministry of exorcism (and healing) is intended to be for the purpose of eschatological oteriology (Igenza 1985:181).

The concern of Luke in relation to healing and exorcism is brought out and underlined by Wilkinson (1998:54; 1977:205) who opined that the main contribution which the healing accounts in Luke makes to the biblical view of health and disease is its clear implication that disease is due to the activity of Satan and that the cure of disease is therefore an illustration of the power of God over evil and over Satan, which is expressed and revealed in the life and ministry of Jesus Christ. It is only in the Gospel of Luke that sickness and spiritual healing is presented in terms of binding by Satan and loosening by Christ.

The narrative in Luke 17:11-19 which is the focus of this thesis forms part of the therapeutic narratives of the Gospel of Luke particularly the healing of the ten lepers. At first sight the story appears like a typical miracle story with the significant features of healing done at a distance (compare the healing of Naaman in 2 Kings 5:10-14). Vincent Taylor had no hesitation in calling this episode a “pronouncement story” and a pointer to the merging and inseparable presentation of healing and exorcism in Luke’s Gospel (Taylor 1933:75). Lake and Cadbury (1933:31) see the general background of this narrative as the power of Jesus (and later the apostles) in the use of words (name of Jesus for the apostles) for exorcism or healing. Thus, healing in the Gospel of Luke were not isolated incidents told for their own sake, they have therapeutic periscope having far reaching soteriological and Christological importance.

The Lukan understanding of the messianic mission of Jesus in Luke 4:18-19 shows the pattern which the ministry of Jesus was to take. W. R. Bowie (1952:90) sees the two verses as the “perfect description” of the ministry of Jesus given by the heavenly father. But we may ask what was to be the full nature of this ministry as far as Luke was concerned? Luke sees it as “the bringing of pardon, healing and liberation” (Caird 1977:86).

Today, in the Yoruba cultural context of study, there is a growing interest and rethinking about the whole issue of healing and exorcism especially with the menace of HIV and AIDS has caused the death of many and continues to threaten the life of others. Also in the contemporary world a major focus of current theological thinking revolves around how to effectively contextualize and meaningfully use the Bible as a tool to healing. Thus, an understating of healing in relation to exorcism and the proclamation of

the kingdom of God may provide a useful criterion for evaluating the relevance of alleged contemporary cases of exorcisms in Christian circles. Does it have a place for an effective proclamation of the kingdom of God today? According to Richardson (1956:70) against such a cultural background and religious foundation, the power which Jesus or his name released would be seen as a singular authentication of his divine mission and of his teachings.

From the point of view of Luke-Acts, the themes of healing and exorcism were relevant for the Graeco-Roman world of the first Christian centuries owing to their religio-cultural view, hence these themes are no less important to the Yoruba context of HIV and AIDS if they are to meaningfully relate Christianity to their situation. This will provide a platform for this study to understand Luke in the light of the Christ event and adequately contextualize it to address current health issues as it relates to healing. And in the words of Igenozza (1982:1004) “if there had been nothing outstanding in the story of Jesus, the rise of the community would itself be inexplicable but if the followers of Jesus lived through great acts, it is hard to see how the record of real events could perish and be replaced by completed different tradition, nor should we imagine that early Christianity was too uncritical or avid for miracles...” This means that, these texts as presented by Luke forms enough of a basis for serious thinking about healing and exorcism in a contemporary situation. Furthermore, apart from the historical plausibility, the theological interest of Luke in this healing narrative is predominant; hence the narratives always have a material point beyond themselves. Gregory of Nyssa had seen the healing of Jesus as being central to faith in his resurrection and also says these manifestations served as the main door through which a knowledge of God reaches men (Gregory of Nyssa: *On the making of Man*, cited by Kelsey 1973:174-175). They also open people’s eyes to the realization that in Christ there is hope.

2.3.12. Healing and Leprosy in Luke’s Gospel

The healing of leprosy in Luke is one feature of healing in the Gospel that is very relevant and crucial for us in this research work. There are two stories in Luke about lepers healed by Jesus: a leprosy individual in Luke 5:12-16 and the ten lepers in Luke 17:11-19. According to Rosche (2006:5), leprosy in modern science is a shorthand term

for Hansen's disease, a bacterial infection that affects skin and nerves. Bruce Vawter (1967:105) opined that leprosy refers to a variety of skin diseases in the Bible that makes people outcasts. biblical leprosy is a repulsive skin condition made into illness, an unclean condition forcing the afflicted person out of the community (Pilch 2000:90-98). The book of Leviticus makes it clear that the concern with leprosy in Israel was not contagion but pollution (Pilch 1998b). Pilch (2000:159) suggests that leprosy is a disease of boundaries; quoting Mary Douglas (1966) who argues that the body is a symbol of society and urges us to see the powers and dangers associated with social structures produced in small on the human body.

Rod Edmond (2007:255) in a review of Harriet Deacon confirmed that there has been renewed interest in leprosy and its stigmatization in the wake of the HIV and AIDS pandemic, and that the basic premise in most studies is that leprosy has been a metaphor for social and moral disorder, sketching the boundaries of inclusion and exclusion in society. Edmond links the rising European concern about their susceptibility to leprosy and tropical disease, and fear of degeneration to their need to preserve identity by sealing the metropole and the colonizer from the world they were colonizing (2007:142). Edmond gave an insight into how leprosy has been managed and represented by European doctors, administrators and writers in the British colonial context. He further shed light on how the codes of social exclusion of criminals, and the insane in the nineteenth century were built on medical models for the exclusion of lepers and the social marginalization.

For this research thesis, if we agree with Pilch that leprosy is a disease of boundaries it would help to explain our text, Luke 17:11-19, where concern for the medical condition is challenged by the 'boundary conditions' of Jewish and Samaritan territories. The issues of health and healing for people of the days of Jesus had no concern for symptoms or destruction of bacteria but with the social break-up and alienation that lepers experienced when their boundary disease, seen as a social threat excluded them from social interaction. Weissenrieder (2003:75) criticized Pilch's position arguing that people at the time saw skin disease as independent illness and challenges his analysis of skin – as – boundary as an anachronistic misunderstanding of ancient ideas about skin and the human body. However, our point of departure is the experience of people living with HIV and AIDS in the Yoruba cultural context that are

marginalized and stigmatized. Our objective is to analyze the texts in Luke's Gospel in the light of the social location and the life-world of the people within which Jesus healing of the excluded lepers is to be re-read in the Yoruba Christian cultural context. We desire to re-read the stories of the healing of the lepers with our own cultural eyes so as to create space for the appearance of a hermeneutics that is free from domination, stigmatization and discrimination; and in the words of Knight (2004:335) will also bring about "multi-dimensional hermeneutics inclusive of multiple anthropological referents...." Abogunrin (2004:20) said on several occasions, the healing of Jesus and his interaction with the socially ostracized was not only destroying social barriers, but showing that the new divine commonwealth which he had come to establish on earth, would be an inclusive church not bounded by barriers of sex, race or nationality.

2.3.13. Literature and Purity issues in relation to this Research

The idea of purity and the issues of clean and unclean had a wide variety of problems associated with clear explanation about the language in the scriptures. Why it is that people are labeled "unclean" and why are people excluded from the society? Biblical scholars at various levels have advanced the understanding of purity to a great degree by insisting that universal models alone do not get at the heart of what it means in a given culture.

Jacob Milgrom (1991:212) in his extensive commentary on Leviticus analyzed the biblical information to unwrap a system of purity which resonate within its Ancient Near Eastern context. He brought out the classifications inherent in the system and how they were maintained. Milgrom is nevertheless aware of the ethical undergirding of the biblical system and constantly tried to expose the ethical issues in the ritual.

Purity issues in the New Testament according to Harrington (2001:2-3) has been considered to be that of social and sexual conduct. He opined that early interpreters of the Bible began to regard purity as a matter of ethics having nothing to do with ritual sanctification by means of sacrifice or purity rituals. Scholars in recent years have looked into specific issues and texts in their communities in relation to purity. Roger P. Booth (1986) focused on the washing of hands incident in Mark's gospel, he was interested in the historical questions like the tradition and legal issues. Neusner (1976:486-95)

researched on the accusation that the Pharisees were concerned with washing of the outside of cups. Newton (1985) was interested in the investigation of cultic or ritual cleanliness, looking at purity at Qumran, moral issues like table fellowship, purity of food, corpse, sex and evil people. However, most of these studies are historical and descriptive in nature and does not answer the question of why labeling of people takes place. Hence, the need to look at the anthropological/social approaches of scholars to purity.

Biblical scholarship in its efforts to critically examine the social and cultural meaning of purity moved into the stage of reconstruction of the symbolic universe. Parker (1983:357-65) sees labelling itself as a symbolic action which encodes data about how the labellers view the world. Jacob Neusner (1979:105) even though primarily an historian considered historical data in terms of a complete system; this was done as mapping, that is, the social constructing of worlds of meaning. According to Neusner purity in this sense had two meanings: the general sense of an orderly cosmos with an elaborate system of classification and also the specific Jewish system of labelling in ancient times.

Mary Douglas (1966) in her writings presented an alternative way to the study of purity in Jewish and Christian literature. Douglas suggests that purity issues be viewed in symbolic terms. In her opinion an analysis of what people perceive as 'dirt' is important and that 'dirt' is a relative term which basically means something out of place in the thinking of the labellers. Hence, objects and persons may be pure/clean in one situation but dirty in another. The issue lies in the social situation (Douglas 1966:5). The classification or analysis of dirt is therefore a matter of social perception and interpretation. Douglas further proposes that the body is a model which can stand for any bounded system, and its boundaries can represent any boundaries which are threatened or precarious (1966:115).

The works of Mary Douglas had great impact on biblical scholarship as many scholars adopted her observations on purity and pollution to the study of the symbolic universe of the ancient times. Jean Soler (1979:24-30,126-138) used the insights in the study of Genesis 1. He showcased the replication of the Jewish cultural values of whole and perfect in the creation story, in the temple system and in daily life. However, Soler left implicit the questions of how something as whole and perfect is replicated in a

culture. Also, Neusner (1973) wrote a history of purity concerns in Israel, Second-Temple Judaism and Talmudic times using the model of Douglas. He explained that the rules of clean and unclean pertain to the cult, but he failed to see their replication in other aspects of cultural life and never adopted the social perception argument of Douglas. Bruce Malina (1986:143-154) developed a model that gave insights from the first century Judaism. He gave the concept of a “limit breaker” and also considered the Christian purity arrangements, which would truly be at variance with Jewish considerations. Malina’s works further explained Douglas discussions of clean and unclean by displaying how purity concerns are replicated in a variety of areas and how to explain the labels. However, Malina failed to focus on a specific document but highlighted the pervasiveness of labeling in the Bible.

Jerome Neyrey (1986) applied Douglas models to the perception of Jesus in Mark’s Gospel. He discussed the cultural maps that saw Jesus to be “out of place” because of his commerce with unclean people (lepers). Neyrey’s study of Mark used the theory of Douglas and the modeling of Malina. The work of Jerome Neyrey presents a comprehensive and organized presentation of the concept of purity and the Jewish articulation of the issues in the gospel text. Neyrey further applied the model for a symbolic interpretation of the conflicts between Jesus and the Pharisees (1988b:63-91). He then gave a correction between socio-political strategy and bodily concern.

In 1991, Neyrey applied the Douglas model of purity to the interpretation of Luke-Acts. He presented an articulation of the specific cultural meaning of purity in Luke’s world and offered a constructing of the semantic word field for those labeled (Neyrey 1991:275-76). He focused on boundaries (which could be social or physical) that Jesus is portrayed as ignoring, and used the concepts of “maps” to indicate the classification system of Luke’s world summarizing the typical social perceptions concerning purity and pollution as it applies to person, places, times and things in Luke-Acts (Neyrey 1991:282). Neyrey shows how Luke portrays Jesus “perverting our nation” in the eyes of the priestly elite (Luke 23:2,14) by transgressing the purity demands of his society; followed by an explanation of Lukan defense and a new boundary and a new rule.

John Pilch (1981:108-13) in his works which began historically by asking questions like: What was the “leprosy” which Jesus healed? Is it scientific or biblical? He pursued the issue of purity and diseases from a cross-cultural perspective. Also adopting

the model of Douglas on purity and body symbolism, he is of the opinion that in certain conflictual social situations, there tends to be great concerns over social and bodily boundaries. Pilch used the problem of leprosy to present his arguments. His argument is strong on the fact that purity concerns are not exclusive to cult and temple but are reproduced in the symbolic world of a culture and especially in the way the physical body is perceived. He submitted that where the issue of leprosy functions in a larger social world, there exist social boundaries.

In a review of the *Kairos Document* (1985) procured by theologians in apartheid South Africa, Draper (2008:41) argues that Luke 19:44 means that, in a time of crisis, God confronts his people with an opportunity to respond before it is too late. The *Kairos Document* argues that to discern the present crisis, the church needs to undertake social analysis and in order to understand what God calls the church to do, the Bible must be rightly understood so as to give an insight into the nature of God as God of Justice and compassion working through the redemptive work of Our Lord Jesus Christ to liberate the whole creation from oppression (Draper 2008:41).

The Bible has to be analyzed within a particular social context that confronts the reader with a crisis and the text must also give a limelight of Gods intention that allows the reader to speak prophetically to the situation and engage in transformative praxis. The platform for this study the above literature is that the secular community of the Yoruba context of Nigeria and indeed the whole world is faced with the HIV and AIDS crisis. The question in the mind of the researcher is what kind of hermeneutics would be appropriate for Christian leaders and scholars in this era to make a meaningful and important contribution in this era and in a globalized age? The need for biblical scholars in the Yoruba Context to embark on social analysis in order to understand the attitude of Jesus to the outcasts of his time and liberate those infected and affected by HIV and AIDS from oppression. What then is the Bible saying in the “public square” about HIV and AIDS? There is also the need for social analysis of the Yoruba cultural context from the exploration of the biblical text as the agency for the interpretation of the attitude of Jesus to the sick and from engaging in appropriate praxis. Reading the Bible in this context launches the reader into a new conversation which can open up new approaches, new perspectives and new strategies for Christians in Yoruba region of Nigeria to combat the menace of HIV and AIDS.

A review of Craffert's book, *The Life of a Galilean Shaman: Jesus of Nazareth in Anthropological Historical Perspective*, shows that he offered a picture of the historical Jesus as a social personage fully embedded in the cultural system and worldview of his time. Craffert presented a new road for historical Jesus research through what he called "cultural bundubashing" (2008:77) with the aim of presenting the life of Jesus in Galilee and how that can be appreciated in a modern world. He further posits that all about Jesus' context and worldview shows that he lived in a world that is historically and culturally far removed from that of the Western modern reader and that there existed a gap of industrial revolution and the divide of huge cultural differences that separate the modern reader and the ancient reader (Craffert 2008:77-85). Craffert said "of the events reported in the Gospels and ascribed to the life of Jesus a very large part consists of cultural events that were experienced and that belonged to the first century Mediterranean's specific cultural system" (2008:86). This research drawing an insight from Craffert is an attempt to present Jesus' attitude in the Yoruba cultural context of HIV and AIDs and within the cultural events of the Yoruba people.

Giving an appraisal of patients and sickness in the gospel stories as well as on human health and healing generally, Craffert (2008:276-279) identified six major assumptions which I will summarize as follows:

1. That the patients encountered by Jesus were suffering from some kind of disease and that different cultures not only have unique maps of human sickness but different principles of mapping which results in different cultural experiences.
2. That the biomedical map of cultured bound syndromes cannot be applied to other cultural systems.
3. That culture-specific syndromes cannot be identical to those of the modern biomedical map even though they overlap.
4. That sickness conditions are probably culture-specific syndromes in a particular setting.
5. That the people suffering from culture-specific syndromes are really sick; some probably were chronically ill.
6. Health and healing are subject to cultural patterns and beliefs.

Our inference from the above is that disease is culture specific and how it is perceived and perceived to be cured differs from community to community and hence must be

approached contextually in order to put the cultural context of diseases in focus as we present the healing stories in Luke's Gospel about Jesus'.

Furthermore, Craffert (2008:290-292) provides insight into the issues of leprosy as it relates to healing by manipulating ritual cleanliness in Jesus time. He agreed with other scholars that Jesus cleansed rather than cured those who were leprous (Pilch 1981; Crossan 1994b: 78-80; Davies 1995:69), and that the cleansing by Jesus was nothing medical but a ritual intervention by declaring them clean and such effected healing on the lepers. Craffert however rejected the assumed dichotomy of the biomedical paradigm between healing and curing that Jesus offered only ritual purity without any curing effect. He asked "Why can the powerful manipulation of the system of purity not remove leprosy, that is, the visible symptoms of what could have been some form of somatization?" In reply, he suggests that if the visible skin condition that caused uncleanness is removed, it will also serve as a visible sign of purity and healing. Thus the healing stories of Jesus could be seen as instances of the symbolic manipulation of ritual cleanliness in order to affect bodily skin conditions (2008: 291-292) . On the whole, Craffert presented Jesus as a social figure who has a comprehensive picture that allows us to see his healings, prophecies and teachings as that of a typical shamanic figure (2008:308). If Jesus is a social figure and according to Remus (1997:113) has acquired a reputation as a great healer, and if in the words of Balzer (1991:64) he can heal and cure disease because of his reputation as a 'big man', for us in this research the attitude of Jesus to the outcasts (lepers) of his time can bring about a new praxis in the attitude of Christians to the ritually marginalized especially in the HIV and AIDs era.

Our reflection on this literature survey is that history and description, the works of Neusner, Douglas, Malina, Neyrey, Pilch, Draper and Craffert provide a sound basis from which to approach this research. The materials indicate the value of an anthropological approach. Neyrey's studies of Luke in particular consciously present the issue of purity in its abstract sense of order and system, and in its detailed realization in the world of early Christianity focusing on the interpretation of texts. John Pilch focused the function of leprosy in a larger social world where social boundaries are threatened and need to be guarded.

This research work fits into this picture of scholarship as an attempt to provide a cultural view of purity in the Yoruba context of HIV and AIDS, demonstrating the fact

that purity concerns are not exclusive to the cult and temples of old but are replicated in the symbolic world of Yoruba culture. This study will also advocate a praxis which could function to transform the cultural attitude of Yoruba Christians to people living with HIV and AIDS through a conversation between the Yoruba context and texts in Luke's Gospel depicting the attitude of Jesus in his context.

CHAPTER THREE

THE YORUBA CULTURAL CONTEXT

3.0 Introduction.

The major concern of anthropologists in the area of health is the interaction between environment, biology and culture. According to Alland (1980:145) “Medical anthropology deals with the relationships between health and disease on the one hand and biological and cultural variables on the other”. Oke (1996: 1-14) also states that medical anthropology deals substantially with the interaction of socio-cultural and environmental factors with genetic processes in explaining health related behaviours that is, the cultural and environmental influence on health behaviours and biological conditions. He describes the bio-cultural approach as one that illuminates what man is and how he relates as a culture-bearing animal. Sanders (1972:112) argued that what is recognized as disease or illness is a matter of cultural prescription and a given biological condition may or may not be considered an illness depending on the particular cultural group in which it occurs. He noted that what would be done about a given condition defined culturally as “illness” and the proper relationships of a sick person to other people are also culturally prescribed. Thus an individual has cultural guides that enable him to know when he or others may be regarded as sick something about the cause and nature of the sickness how to alleviate or remedy the problem and the attitude/behaviour conduct expected of him or others in the situation. Hence Kottak (1991: 76) observed that disease problems vary among cultures; that is, the occurrence of a particular disease varies between cultures, and different cultures interpret and treat illness differently. He argued further that all societies have healthcare systems (which include beliefs customs and specialists concerned with ensuring health preventing and curing illness). Our deduction from Kottak is that health research which is based on biological, social and cross-cultural dimension has both the theoretical and theological proportions to the relationship between culture and health.

Shiloh (1965:66) postulates that no culture irrespective of its degree of simplicity or complexity functions without a range of health knowledge and beliefs, practices and

practitioners and within a definite range of behaviour. Lambo (1976:12) emphasized the essence of cultural elements to health in African societies. For Lambo “the practice of medicine in Africa is consistent with African philosophy”. He is of the opinion that healing in Africa is an integral part of the society and religion a matter in which the whole community is involved. This view according to Jegede (1994:14) buttressed the fact that health and healing system are essentially determined by culture. Illness and diseases are social as well as biological phenomena; and the cultural rules governing daily lives of human beings in society are the determinants of the relationship with the parasitic environment (Sanders 1972:141, Picot and Benoist 1975:34).

Jegede (1998:15) with regards to the Yoruba culture observed that there are some basic sacred and secular beliefs which runs through the traditional healthcare system and provided strong background for the context of diseases and behaviour/attitudes among the Yorubas.

Within Yoruba culture, there are some basic sacred and secular beliefs which run through the traditional health care system and they impact a strong base for healing and health issues. Healing in the traditional Yoruba Setting is better studied within its cultural context and an understanding of the people’s culture will lead to an acknowledgement of their belief patterns which are symbolized in their health care delivery system.

3.1 Concept of Culture

Geertz in his examination of the concept of culture argued that: “Culture is an historically transmitted pattern of meanings embodied in symbols, a system of inherited conceptions, expressed in symbolic forms by means of which men communicate, perpetuate, and develop their knowledge and attitudes towards life” (Geertz 1966:2). From this definition of culture by Geertz, one could infer that Yoruba culture expresses their way of life in terms of religion, song, dance, food, dress and social behaviour within the society. Yoruba culture is therefore a patterned behaviour which has meaning and value to them as a cultural group. Religious beliefs are also seen as cultural phenomena which express the way people live and how things are and how they should be in the order of things. Within the Yoruba cultural context sacred or secular beliefs help to give meaning to certain natural phenomena that cannot be easily explained. This was further shared by Beals, Hoijer and Beals by contending that “most religion has to do with natural

phenomena lacking explanation or with important and recurrent events that cannot easily be predicted. Sudden death, drought, mysterious prickling sensations, and other things that arise without warning and without apparent cause are likely to produce anxiety and a search for explanation (1971:474).

Basically Yoruba cultural beliefs are a means of explaining and interpreting events in the society. When the Yoruba feel depressed and uncomfortable and life almost becomes uncertain they resolve such social conflicts and anxieties by making rituals to their deities, ancestors or head (Ori). Yoruba beliefs constitute their philosophy and world view which provide immediate solutions to most of life's problems which they cannot satisfactorily explain. Beliefs constitute an important aspect of Yoruba culture and show clearly the way they perceive the world around them. And it is indeed through these belief patterns that the Yoruba provide legitimations for many of their social, medical, moral and religious acts. There are rules and regulations in Yoruba secular beliefs that guide social relations between young and elderly people, sick and healthy people and so on. One can sum it up by arguing that both sacred and secular beliefs permeate the total Yoruba cultural life and help to explain behaviours in traditional health, diseases and healing. In sum, cultural beliefs are means by which a cultural group try to perpetuate and develop their knowledge about the world and their attitudes towards life. Beliefs (sacred or secular) express what people think about the physical and supernatural powers. They serve as guiding principles and gives purposeful sense of direction.

3.2. Who are the Yoruba?

Ethnographically, the name 'Yoruba' is a designation commonly used to cover a large ethnic group in Nigeria numbering several millions of people. (It is somehow difficult to arrive at a generally acceptable estimate of population in Nigeria owing to the political and administrative difficulties which are always involved in the course of conducting successive censuses). However, by the findings of Census 93, the estimated population of the Yoruba occupying the South Western part of Nigeria is 15,495,900 (provisional population figure and density in facts and figures about Nigeria, Lagos: Federal Office of Statistics 1994: 4).

The Yoruba are united more by a common language (Yoruba) and culture, rather than by any political inclinations (Eugene 1899: 449). The Yoruba people have never

constituted a single political party or formed a unitary nationstate, but instead their ethnic solidarity can be traced to the traditions of a common origin in the town of Ile-Ife in Osun State (Biobaku 1973:1). Hence, the unity of Yorubaland is due to a common historical experience facilitated by social and geographical mobility which is evident in their increased degree of cultural and linguistic uniformity (Eaches 1980: 4). The Yoruba homeland is in the south western part of Nigeria, which includes present day Lagos, Ogun, Osun, Oyo, Ondo, Ekiti part of Kogi and Kwara states. The Yoruba are composed of several sub-divisions or groups, such as the Egba, Ijebu, Ondo, Ibadan, Oyo, Ijesa, Ekiti, Ketu, Ife and Akure (Oduyoye 1969: 243). All the groups are bound together by the common language (Yoruba) and culture even though each one has its local dialects and customs,

Most of the other Yoruba's are found in Dahomey (Benin Republic) and in Togo. The Itshekiri in the modern Delta state of Nigeria and Old 'Warri Province' are Yoruba speaking offshoots who have been strongly influenced by Benin of present Edo State (Bascom 1969:2). Descendants of Yoruba slaves, some of whom can still speak the Yoruba language are found in Sierra Leone where they are known as Aku, in Cuba where they are known as Lucumi and in Brazil where they are known as Nago (Bascom 1969: 3). They all lay claim to Ile-Ife in present Osun State of Nigeria as the cradle of all Yoruba people. Eades affirmed that the Yoruba-speaking groups in Benin and Togo Republics refer to themselves as Ife rather than as Yoruba. The Yoruba constitute one of the largest ethnic groups in sub-Saharan Africa; one of the largest three and most important ethnic group in Nigeria and conceivably the biggest homogenous black nation in the world whose life was guided by traditional laws and customs before the advent of Christianity and Islam (Bascom 1969). The Yoruba are the most urban of all African people and their traditional urban way of life dates back to a long time before the Europeans arrival on their soil.

Historically, Yorubaland is central to the growth of Christianity in Nigeria. By 1843, Yoruba language had been reduced to writing with the production of the first Yoruba Dictionary by Bishop Samuel Ajayi Crowther, a freed Yoruba slave who later became the first African Anglican Bishop (Omoyajowo 1994:81). Later in 1850, portions of Scripture in the Yoruba language had been published, the New Testament in 1862, and the whole Bible in 1884. It was among the Yoruba that the first Independent Church

(United Native African Church) was founded in 1891, as a protest against the imperialist and paternalistic dispositions of the white missionaries of the Anglican Church denomination. Yorubaland occupies such an important position in the history of Christianity in Nigeria, such that the history of the Anglican Church in Yorubaland is almost equivalent to the history of Anglicanism in Nigeria (Fagbemi 2007:194). In a study research conducted by Ilesanmi (2004), he drew a working chart of the Yoruba people, dividing the culture into twelve parts of a “living organism”. He posits however, that the circles are intertwining, interrelated and interdependent. The twelve part chart of the Yoruba culture are as follows: language, governance, myths, fine arts, religion, oral literature, law, defence, technology, trade, agriculture, and economics. The language of the Yoruba is the nucleus of their existence and it is the vehicle by which other cultural disciplines are expressed. The Yoruba language is thus a mark of Yoruba culture uniting all who speak the language under one banner, sharing many things in common and pursuing the same cultural goals. The Yoruba language forms the basis for its folktales, proverbs, songs, religious expressions, cultural rituals and festivals etc. Governance in Yoruba culture entails power. The Yoruba Community has an intricate mode of government with ‘Oba’ and Chiefs at the top of administration.

Yoruba myths serve as the legitimizing factor by giving stability to the political and religion life. Myth solves problems in *radices* (from the root) by making supernatural contentions which are not subject to any empirical data, only myths can tell how every being and structure originated. Another major structure in Yoruba culture is their religion. Religion moulds the conscience of the people much more that law or any other moral instruction can do. The knowledge of the Yoruba religion is germane to a thorough comprehension of the Yoruba culture. This confirms that the Yoruba people are incurably religious (Idowu 1962:18). Other structures that define Yoruba Society include fine art, orature and literature, law, defence, technology, agriculture, trade and economics.

3.3 Ritual Context of Social Exclusion in YorubaLand.

In the words of Mary Douglas,

.... the scope of the body as a medium of expression is limited by controls exerted from the social system, the human body is always treated as an image of society and there can be no natural way of considering the body

that does not involve at the same time a social dimension. Interest in its apertures depends on the preoccupation with social exists and entrances, escape routes and invasions. If there is no concern to preserve social boundaries, I would not expect to find concern with bodily boundaries Bodily control is an expression of social control, abandonment of bodily control in ritual responds to the requirement of a social experience which is being expressed. Furthermore there is little prospect of successfully imposing bodily control without the corresponding social forms. And lastly, the same drive that seeks harmoniously to relate the experience of physical and social must affect ideology. Consequently, when once the correspondence between bodily and social controls is traced, the basis will be laid for considering co-varying attitudes in political thought and in theology (Douglas 1970:71)

From the above, we deduce that one of the ways wherein boundaries are marked in communities is on our bodies. What we eat or are forbidden to eat, what to wear or not to wear, where to go or where not to, who to relate with or who to avoid, who to marry or who not to marry, what is considered clean or unclean, all inscribe the values of the particular culture on the human body. It also reveals the fact that our bodies are controlled by the society we belong to either by positive or negative re-enforcement. Each community draws boundaries and social control for her subjects to remain within the society. The rules of society make the subjects to function in society, give them the relevant marks of social identity and also define nationhood. The rules also allow for social exclusion; for example the Yoruba will not allow lepers to live within the community. These rules bring about discrimination of people and according to Draper (2003:6) allow “us to put others in boxes and demonize them as the other”.

3.4 Purity and the Yoruba Traditional society

It is the Yoruba belief that Olodumare, the Supreme Being is the creator and owner of the society. Accordingly, the activities and actions of man in the society should be done in a manner that is pleasing to the Supreme Being. Therefore, for the wellbeing of human beings and society, people should regulate their conduct accordingly. The government of

the society is seen as a religious affair. It is a system of sustaining a relationship between man and the spiritual world, which comprises the Supreme Being and the pantheon. For this reason the paramount Yoruba chief establishes a link between members of the society and the divinities. Thus a law-abiding society governed by the chieftaincy is guided in ways that are in harmony with the will of the Supreme Deity. Departure from this is considered objectionable and polluting. The Yoruba society regards cleanliness as paramount to the general wellbeing of the cosmos. In all, purity is very necessary because it has so many advantages, such as, keeping things clean and maintaining a high level of hygiene. However, in agreement with Douglas, it goes beyond hygiene as it includes social integration and control and it is all encompassing. It extends beyond the physical to the metaphysical. Even to the abode of the gods. This is because the Yoruba believe that you must be pure before one can approach Olodumare or his intermediaries. To reiterate, in Yoruba traditional religion, purity is essential to approaching the gods and goddesses. In an exclusive interview with an herbalist in Sonyindo, Sagamu Oloye Ifasan Obe, in January, 2008, the *Irunmònlê* gives rules that suggest virtues that must not be broken in the land.¹ An attempt to contravene this sanction can throw the whole community into chaos. He regarded purity as the most desirable quality that should be aspired to and maintained in Yorubaland.

With the Yoruba people issues of purity are certainly the fruit of religion. They do not make any attempt to separate the two; and it is impossible for them to do so without disastrous consequences (Idowu 1966:146). What have been named taboo took their origin from the fact that people agree and accept that there were certain things which were morally approved or disapproved by the Deity. To the Yoruba “eewo” – “things forbidden”, things not done, have special significance by assuming a quasi-personal character in consequence of which it has been given the name “A- kii-see’ meaning ‘it is not done’. Taboos are prohibited actions, the breaking of which is followed by the supernatural penalty.

The action or conduct of one man within the community can affect the other members for good or for evil, and in order to prevent man from becoming rebellious towards the society, there are set patterns or code of behaviour for the individual and the

¹ The term *Irunmolemeans* “earth-spirit” possibly derives from *imon*-knowledge and *ile*-land, soil, earth, but is now used as a general term for spiritual/divine beings (cf. Hallgreen, 1988:71).

community as a whole. There are certain standards or norms to be observed. If one observes the norms faithfully it will be to the good of one and one's society but if otherwise, it will bring disaster not only to oneself but also to one's community. These norms and codes can be seen as purity codes in the Yoruba context (Awolalu and Dopamu 2005:235).

Among the Yoruba, in considering taboos, covenant also comes into focus. When one enters into a covenant with a divinity, such a covenant usually has its sanctions and demands. One has to obey all the codes of the cult and observe its taboos; each divinity usually has certain things which are peculiar taboos to him. For instance among the Yoruba, Orisa-nla is the divinity of purity and he represents the divine holiness. Hence, he enjoins his worshippers to be perfect and without stain, avoiding acts that affect their character and purity. These acts of purity are also set among people of the same vocation for example traders in iron, like hunters, drivers, blacksmiths etc have norms to follow in order to enhance the place of purity in the society and they must not swear falsely with the emblem of Ogun, the god of iron (Idowu 1966:125).

In the Yoruba Context, purity based on cults of divinities tends to narrow in its application, because worshippers of a particular divinity may not observe the taboos of other divinities. Worshippers of Orisa-nla, the god of purity must not drink palm-wine, those of Ogun drink it. The devotees of the same divinity are only bound by the same code of behaviour and each divinity punished ritual and moral offences which are within his province (Awolalu and Dopamu 2005:235).

Although every covenant has a ritualistic basis, nevertheless, the obligations which are its outcome are ethical. The Yoruba know the distinction between ritual errors which are calculated to be offences against the divinities, derelictions of official duties which may arouse the anger of the aggrieved ancestors and the breach of the Deity's behests which is purely a moral issue. Sometimes, it is not easy to draw the line between the merely ritual and the purely ethical, as they are often involved one within other, as the ritual may be a means for the easy attainment of the ethical. For instance, abstinence from sexual intercourse, wine, flesh and bread, and the repeated ablutions before taking part in the rites, were designed to rid the worshippers of ritual impurity, but they did acquire a more ethical content in the course of time and come to have a moral and spiritual basis.

By and large, it is believed that each divinity punishes ritual and moral offences against themselves only (Idowu 1966:148-149).

In matter of purity in the Yoruba context, a person's character is of supreme importance in public purity. To the Yoruba, man's character is what Olodumare judges. Man's well-being depends upon his character. Therefore, purity is summed up in Yoruba by the word 'Iwa' which means character (Idowu 1966; Awolalu 2005): good character among other things means for them; chastity before marriage, hospitality, wholeness, condemning wickedness, observing taboos, respect, truthfulness, healthiness, etc. Anyone that does all these is regarded as pure, not only doing the will of the society, but also of God. Orisa-nla symbolizes ethical purity in Yoruba history and reflects the Yoruba belief that there is the need to be pure and of good conduct and character so that it may be well with man and his society.

3.5 Selected Yoruba Sayings on Purity

The Yoruba have a myriad of sayings, adages and proverbs to capture the essence of any subject matter. In his study of the traditional culture of the Yoruba people and citing relevant sources, Roland Hallgreen writes:

The Yoruba language ... is exceptionally rich in proverbs (owe)...proverbs are one of the storehouses of the collective wisdom of the Yoruba forefathers, so that accurate transmission and correct use of proverbs are important features of the Yoruba culture (Hallgreen, 1988: 138).

In a collection of proverbs, Bolaji Olayinka also corroborates the above assertion:

Yoruba proverbs (owe) are among the supreme collective intellectual achievements of Yoruba culture. They are quintessential to the collective wisdom of the Yoruba people and are usually expressed in language form of astonishing beauty, power and subtlety (Olayinka, 1997: 214)

There is a Yoruba saying often chanted ridiculing the impure and unclean and those that live in dirty environments viz:

Obun rairai
Obun ki lo se to toju ile?
O bimo, O ko t'oju omo
Kudu legereode
Ile ko yato I ibi t'elede nsun.
E wa wo ile omoluwabi bo se nja fikan,
E wa wo aisan onigbameji ran omo oloorun
Imototo b'ori arun m'ole
E je ki a toju omo (Bateye 2008: 11 – 14).

The foregoing verses refer to a dirty woman and seek answers as to why she refused to take care of her environment and surroundings. It is lamentable that even her children are at risk as they are not properly cared for. Her habitation is likened to a pig sty. The oration goes on to contrast her filthy state with that of what it considers a healthy individual's should be. The lesson to be learnt is cleanliness is essential for good health. People are encouraged to keep their houses spotless and children neat. There is a saying among the Yoruba that: *Imototo ile l'olori oun gbogbo, eni fe 'binrin obun, o'fowo reke ede*, that is "the cleanliness of a house is the head and anyone who marries an unclean woman has his money on traps". We may want to ask why have they all been talking about women. Yoruba strongly believe women to be the holder and maintainer of the house and environment. This implies that if the woman is clean in habit the husband and everyone in the house would also be clean. A lot of virtues which symbolize purity are meant to be embraced by the womenfolk. The woman is meant to take care of the man according to their belief and so not much is expected from the man in terms of purity and virtues that embraces purity. The task of the man is mainly to protect the woman and make the ends meet for the family.

Another saying goes thus: *obun rairai ni yio kẹru afinju wọ'le* , which literally means "it is the very filthy woman that will bring in the luggage of a clean and fashionable person (sic)". Like the previous one, this saying also deals with gender; a wife that is dirty in all respects will eventually make her husband seek another clean and

fashionable woman as wife. The irony of it is that the one who is supposed to be the senior will literally carry the belongings of the new wife to the house.

The foregoing is intricately linked to the concept of purity. This is because the Yoruba believe that women play a major role in the harmonious well-being and sanctity of a community. They thereby mystically regulate the flow of the seasons, fertility and fecundity (Bateye 2006).

What follows is an exposé on the concept and practice of purity system among the Yoruba. It examines ways the Yoruba society conducts itself with regard to purity that involves stigma and deviancy labeling theory. The concept of purity in Yorubaland can be summarized as the act of remaining unblemished in the sight of God and man. This accentuates living harmoniously in relation to nature, divinity and personality. If perhaps one comes across some phenomenon that stains one's purity in terms of contamination or stigmatization it then means that the individual has to be exorcised in order to remove the stigma or contamination (Bateye, 2006:8-9).

3.6 Spheres of Purity among the Yoruba

The Yoruba divinity Obatala is considered the Yoruba divinity of purity. A number of factors are attributed to his being pure such as:

- (i) the wearing of white clothing
- (ii) drinking of pure water everyday
- (iii) not taking alcoholic drinks, for example, palm wine
- (iv) abstaining from eating meat (Obembe 2008).

If eventually he comes across those things that are taboos to him, then such things bring blemish to his purity. To remain unblemished and to maintain such a state of purity, it means those things that are taboos to him must not come near him. Purity among the Yoruba encompasses various spheres. It cannot be rigidly compartmentalized as many of the spheres overlap.

3.6.1 Purity as an Act of Cleansing

Purity can be understood in the sense that people may consciously or unconsciously partake in acts that brings about physical and spiritual wholesomeness. It may be by an individual or on a communal basis. The oracle might prescribe certain steps that an

individual may take in order to ward off evil resulting from ritual impurity. On a communal level the *Ifeedi* festival readily comes to mind. During this period a chief priest ordained for this purpose, ritually carries the *garbage* of the community to the forest. The *garbage* is ritually symbolic of all the evils in the community (Olayinka, 2008). Purity in this sense captures the essence of an act or the idea that people are seeking safety from the threat of evil.

3.6.2 Purity as Celibacy or Deliberate Sexual Abstinence

Conscious celibacy or sexual abstinence is seen as a form of purification. It is commonly practised among those in high positions of power e.g. the priests, priestesses, medicine men and women. It is believed that the act of copulation which stems from the goddesses of the earth/fertility has a way of reducing the potency of ritual powers. Hence periodic or total sexual abstinence is believed to place the individual on a pedestal where concentration is optimal. For example, strong marriage vows that prohibit extra-marital activity are designed to ensure the purity of sexual unions within the marriage contract, transgressions of which leads to pollution that require intense acts of purification if at all the offender is not killed as a consequence of the vow (Bateye 2006).

3.6.3 Purity as Contact with Sacred Objects and Sacrificial Blood

Objects that have been set aside for the use of gods and goddesses are respected or venerated. Such holy items as relics of the saints and sacraments are treated with great care. It is believed that the utterance of prayers has cleansing values and is an important source of purification.

Likewise, blood in the Yoruba worldview has symbolic significance whether it is sacrificial or menstrual as regards purity. While sacrificial blood represents the substance that is pleasing and desirable to the gods, female reproductive blood is to the contrary. Menstrual blood to the Yoruba is considered not only in itself as an impurity but also as a potential source of contamination of what is deemed holy. For this reason, menstrual blood is excluded from Yoruba ritual practices. Writing on the role and status of women in the Celestial Church of Christ, Afe Adogame (1998: 128) expounded on the Yoruba prohibitions and restrictions against women thus:

While most rituals seem to be performed either on women or because of women, there abound several central cults from which women are excluded... Women in Yorubaland are forbidden and excluded from handling the instruments of divination such as Ifa, their major means of learning about the will of the Supreme Being, divinities and ancestors. The exclusion of women from some community rituals have obvious political and social implication.

He goes on to assert that:

Religious provisions against pollution and de-sacralization of sacred space and time is keenly observed by women. Purification rituals, particularly on menstruation, is very common among women. In Yoruba religion, loss of blood through menstruation is believed to defile a woman and all that she touches. It is believed to render impotent or reduce the efficacy of any herbal medicine or charm (Ibid: 128).

It must be noted with caution that the menstrual blood is treated ambivalently among the Yoruba. To reiterate, it is believed that purity is intricately linked with health matters among the Yoruba. This is itself is an all encompassing phenomenon. Individuals and communities are expected to periodically douche out any waste material that may constitute impairment to the equilibrium (Bateye 2006: 8).

3.6.4 Purity as Circumcision

As in many African societies, transition to adulthood among the Yoruba is believed to be the time for prophylactic rites of purification. These rites are believed to protect the initiate from pollution during his or her state of liminality. The uncircumcised is considered as intrinsically polluted, which threatens the harmonious wellbeing of the community. A total state of purity is not attained until the last rite of transition to adulthood has been performed.

3.6.5 Purity as Abstaining from Taboos and Unethical Behaviours

From the foregoing another dimension of purity can be expanded to include abstaining from those things that are regarded as taboos or profane to one's religious obligations.

The term taboo (tapu): "sacred" both powerful and dangerous. From a Polynesian word tapu or tafoo. Usually associated with the avoidance of certain places, objects, or people. The term has been extended to refer to the avoidance of totemic animals or plants, or prohibitions on marrying of certain classes of kin (Bowie 2000:136).

Many things are regarded as taboos to different people, ethnic groups and the specific divinities. Taboos are prohibited actions, the breaking of which is followed by a supernatural penalty. In order to grasp the significance of the supernatural penalty, we must have a clear understanding of what is meant by covenant relationship.

A covenant relationship with a divinity puts one under the obligation to obey all the regulations of the cult and observe its taboos (Awolalu & Dopamu, 1979: 212). The Yoruba word for taboo is *eewô*, which means, things forbidden, things not done. In the *Ifa* text, *Odu Irosun Obere*, *eewô*, is conceived as sin or something that contravenes societal norms. The message is that in a breach of any of them, one has personally desecrated the sanctity of the land and has offended someone. The text reads:

*Ikun awo môgan, asa awo mokili,
Okere f'itakun sona nii s'awo egbeegun.
Eyele awo koto.Ega sese nii s'awo alegbede.
Awon mararun nii s'omo ikofa ile Orunmila.
Ifa ko won ni dida owo, won moo da,
O ko won ni o okooro ebo ni hiha won mo ha.
Orunmila wa sawo lo Egbe to jina gbungbun bi ojo,
Awon meta d'ale, awon meji nikan lo sooto.
Orunmila ni a kii se ko moo ba ikun awo mogan lo,
Eewo ko moo ba asa awo mokiti.
Bi n ban bi ni, ko moo ba okere fitakun sona tii s'awo egbeegun lo.*

Eni eleni ni ko moo ko feyele.
Ile rere l'egaa wo. Owo wa ese ngbon
Ati wole Barapetu a ba won lerin.
Ko wo momo wa kese momo gbon
Ile Barapetu ko leru

Translation

Ikun the Ifa priest of mogan
Asa the Ifa priest of mokiti
Okere who often makes a creeping stem
plant its pathway is the priest of egeegun.
Eyele the Ifa priest of koto,
Ega sese the Ifa priest of agbalede.
These five Ifa priests were once apprentices under Orunmila.
They were taught the art of divination to a perfection stage.
They were taught how to imprint Odu symbols.
They were also taught the preparation of sacrifices to a triumphant level.
Orunmila later traveled to far distant Egbe.
Three of them betrayed him and only two were loyal.
Orunmila declared (in a curse): things forbidden will always follow ikun,
The Ifa priest of mogan,
Taboos will always follow asa, the Ifa priest of Mokiti,
Vengeance will always follow okere, the Ifa priest of Egbeegun,
who always makes a creeping stem his pathway.
(Contrarily he pronounced blessings on eyele and ega)
May people provide for places of abode for eyele,
May ega always have good places to rest (perch),
The hands are shivering, the legs are shaking,
To enter Barapetu's house is fearful.
Hands to stop shivering and
Legs to cease shaking,
No trepidation in Barapetu's house (Obembe, 2008)

The Yoruba from the above believes that a 'ewo' (forbidden) can bring uncommon diseases and illness to the society. In the same vein, Afe Adogame sees *ewo* as ritual prohibitions and taboos as he writes:

...*ewo* are prohibitions which must be strictly observed. They may be general or particular, moral or ceremonial, secret or public, or merely imposed by custom. Thus, some *ewo* of a general sense are meant to apply to the entire community irrespective of clan, gender and social status. In some cases it may apply only to males or females as the case may be. Great festival occasions such as the annual festival in respect of an *orisa*, require a great deal of preparations by the officiating priests. They have to prepare themselves in order to be worthy and acceptable before the *orisa*. They have to observe certain *ewo* or codes of conduct, avoiding inter alia, coition, cursing and fighting, and they abstain from taking certain types of food, fruits and drinks depending on the divinity in question (Adogame 1998: 127)

Taboos may not be morally wrong in themselves but are sacrilegious to the cult concerned. For example the Yoruba worshippers of *Orisa nla* divinity are forbidden to drink palm wine. This we are told is because he is the divinity of holiness and although it is not morally wrong for one to drink alcohol in moderation, it is forbidden for the worshippers to do so in order to attain a higher level of perfection. It is noteworthy that worshippers of a particular divinity may not observe the taboos of other divinities. For example while the worshippers of *orisa-nla* may not drink palm wine, it is mandatory for the worshippers of *Ogun* to do so.

Furthermore, the breaking of taboos among the Yoruba signifies the desecration of the sanctity of such things, places or people that have rendered them profane. To bring back purity therefore, there would be need for sacrifices and rituals performances. There are offences that are gender specific. These are generally taboos that discriminate against women. These feature prominently concerning the activities of masquerades whereby it is considered abominable for their secrets to be divulged to women. It is considered a bad omen for women to be seen going out at night during the *oro* festival that celebrates the essence of masquerades.

Another dimension of purity is that of doing away with unethical behaviours. This opens the Pandora's Box of moral conduct and rests on general consensus in societies and cultures. Marcel Onyeocha has noted in traditional Nigerian society because of lack of literacy there was no written moral code of conduct. Nevertheless moral laws were very much in existence. He commented:

Moral laws were generally conventional and regulated the individual members of the community and the entire community as a whole (Onyeocha 1994:54).

Nevertheless it is significant to note that such laws cannot be called societal laws in the sense of regulation as no-one can claim authorship of these rules of conduct. Their validity is seen to lie in the tradition that was handed down by the forebears of one generation to another. Some features of Yoruba traditional moral codes include prohibitions of theft, rape, falsehood, cruelty and murder. Sanctions concerning these violations of traditional morals are not discriminatory according to the gender of the offenders. Furthermore a person that lives a life of purity according to the Yoruba would not commit any act of betrayal. The Yoruba *Ifa* literary corpus contains series of information on this issue. For example, an *Ifa* text, *Odu Eji Ogbe* says:

Ofofo nii p'eru, epe a si p'ole

Alajobi nii p'ayekan to ba s'ebi

A gb'ori ile ajeku, agbori ile a j'eja,

A gb'ori ilea se baje, ase d'owo ile ti a jo mu.

Tale bearing kills a slave, cursing kills a thief,

Family curse kills an erring member,

We stay on the earth and ate rat (meat) together,

We stay on the earth and ate fish together,

We stayed on the earth and you betrayed the other

Vengeance belongs to the earth on which we took a (solemn) covenant

(Bateye 2006: 6-9)

To reiterate, falsehood and covenant breaking are condemned by the Yoruba. They say: *Odale a ba'le lo* that is, "A betrayer will perish with the earth". It is significant that truthfulness and rectitude are highly rated among the essential virtues with the Yoruba *êlêfê* expecting to be an agent of evil they say: *Otito kii s'ina ironii f'ori iro gbe*, which means, "Truthfulness does not miss but dishonesty goes astray".

Basic Yoruba belief involves ritual practices such as singing, dancing, drumming, Spirit possession, ritual healing, respect for ancestors, divination, moral values and societal norms. There are rituals associated with the naming of a new born baby, burial, marriage, food health, kingship, and so on.

Yoruba life is a life of rituals. Rituals are performed on all occasions; in times of happiness and in time of sorrow: in happiness to prevent anything that could mar the favourable atmosphere and in time of calamity to rid the society of evil (Adewale 1988:106). These rituals have their personal and communal significance, they have symbolic and communicate connotations. Rituals are the major functional and elaborate aspect of healing both in Yoruba tradition and in Christianity (Orita 1988; Awolalu 1979, 1976; Sawyer 1969). Sources of ritual impurity are either natural phenomena (such as childbirth, scale diseases, menstrual and seminal emissions) or certain cultic procedures (Leviticus 16:28, Numbers 19:8). Moral impurity results from heinous acts especially the ones that concerns social life such as sexual sins, bloodshed, idolatry and deceit (Klawans 2001). Ritual impurity may be unintentional (e.g., children that got infected with HIV virus from their mothers and those infected by blood transfusion). While on the other hand, moral pollution is the result of a deliberate act and thus may show case the transgressor own character. The character of such moral impurity may vary from metaphorical blemishing to a substantive impurity that is quite similar to ritual impurity hence, Robert Withnow (1987:97-144) opined in a social cultural perspective that moral impurity is a disruption of the perfect social or cosmic order.

In the Yoruba context, diseases are viewed ritually and morally. Some diseases are seen as ritual impurity when the gods or the ancestors are offended or better still when they are said to be angry; and inflict offenders with diseases such as "Sanponna" – Smallpox, 'Jejere' – Goiter, "Kuruna", Ifoju – blindness etc. According to Ogunbile (1997) this is in consonance with very many Yoruba sayings, proverbs and adages. One of which is *Ilera l'oro*, "Health is wealth". On the other hand, some diseases are looked

at as caused by moral impurity, e.g. atosi – gonorrhoea, siphillis – “ako – atosi”, “daho” – women’s discharge etc. Diseases in the Yoruba context are seen, not necessarily as of a physical, but of a deep spiritual and metaphysical nature and causation. Hence the state of wholeness to a Yoruba man involves spiritual physical and psychological health. This is the fact believed that such diseases could only be cured or subverted by certain ritual preparations to hence good health and to ward off misfortunes and sufferings (Omoyajowo 1982:169-183).

Diseases and sicknesses are seen as direct influences of spiritual beings who may have been offended especially if certain taboos are broken. There are vicarious taboos, *eewo*, which if broken will result in certain moral evils. Taboos in Yoruba context are not to be seen as an attempt to socialize the society but as sacred duties to divinities (Thorpe 1972). Certain ritual taboos like eating of port, wearing of shoes inside the Church, eating of *okete* (a kind of large rat), preventing menstruating women from entering the church are imposed in some traditional churches (Awolalu and Dopamu 2005:282). Some of these clearly show the attitude of the Yoruba christian to people infected with HIV and AIDS at the outset.

3.7 Yoruba and Illness (Disease) Aisan

In the Yoruba cultural context a disease is any form of physical or spiritual problem which prevents someone from performing his or her physical, social, economic and moral obligation in the prescribed way in the society. Among the Yoruba, diseases are variously referred to as *aisan* (not well), *Okunrun* (always not well or serious illness), *amodi* (not well for a long time) – the various names by which diseases are referred to are just to distinguish between minor and major diseases. Another word for disease is *ailera* (unwholesome body). The Yoruba people distinguish between three major types of diseases as follows: (a) Natural (b) Supernatural (c) Mystical.

Although available literature on Yoruba classificatory system of diseases provides information on the general features of illness within the three major classes of diseases. It may be very difficult to make a clear-cut distinction between each class of disease, as a disease may start as a natural one and suddenly become supernatural depending on the features it exhibits in a given situation.

Naturally-Caused Diseases

These are ordered types of diseases which affect individuals. It may result from unwholesome food or water intake, over-indulgence in work or pleasure, change in weather, impure blood and activities of worms in the body, such diseases constitute minor common health problems whose cause and effect are quickly known and treated. Such diseases to mention a few include:

Malaria (*aisan iba*)

Cough (*iko*)

Cold and Catarrh (*otutu ati ofinkin*)

Stomach ache (*inu-rirun*)

Craw-craw (*kuruna*)

Dizziness (*ooyi-oju*)

Convulsion (*giri*)

Supernaturally-caused diseases:

These are diseases associated with some spiritual forces. It is a concept that is non-empirical which is recognized in Yoruba medical practice, and it is always associated with cultural beliefs. Supernaturally caused diseases include:

Aiomobi (infertility)

Abiku (born to die)

Arun opolo (Insanity)

Diseases under this class are anxiety-provoking and constitute lots of problems both socially, economically and psychologically to the afflicted and infected persons, his family and the society at large.

Mystically-caused diseases

In this group are diseases associated with the gods, ancestors, spirits, taboos and ritual errors. For example among the Yoruba people of Southern Nigeria, smallpox (*sanponna*) is an epidemic disease traced to either a sorcerer or the god of smallpox. A disease can

also be caused through a curse (*epe*) which is a statement said with strong belief by someone who has been angered to an enemy such that it produces a desired effect.

In the Yoruba Cultural context, there are some health-related taboos (*eewo*) and norms, which are not codified in the actual sense but transmitted through oral transmission from generation to generation. Taboos vary from person to person and from one culture to another and breaching of a taboo is a strong factor in disease causation. For example in the Yoruba culture there are some observable health-related taboos, one of such is the believe that it is forbidden for a man to have sex with a woman during her menstruation since conception from such will give birth to a spotted child or an albino. Also to promote the sanctity of marriage and prevent sexually transmitted diseases, girls are not to have sex with a man before marriage. However with civilization, education and changing societal values this custom is declining today.

According to Jegede (1994) *aisan* is an external factor to man. The Yoruba believe that at the point of creation, man was made whole. This fact was substantiated by an *Ifa* verse *Eji Ogbe* which states as follows:

Eji Ogbe fere ni mo pe o
ni ojo ti Olodumare
ara ati eje lo da
ko da arun mo

Translation

Eji Ogbe I call on
When God Created body
he created only body and blood
he did not create ill-health with them.

The argument is that ill-health came into the body due to man's disobedience to the counsel of the witness of destiny (Jegede 1998:8).

Among the Yorubas, *aisan* (disease) depicts that something is not well and to be well does not only means biological wellbeing but holistic condition of the individual and the society. It has been argued that the 'social well-being' referred to in the World Health Organizations' (WHO) definition of health does not question the appropriateness of

different value systems to foster individual health. Kleinman (1978) said that disease which is reserved for the abnormalities in the structure and functioning of the organs is a pivot of the biomedical model. "Illness to him refers to an individual experience of diseases and other related conditions". Richman (1987) has, however, explained that when sickness is applied cross-culturally the categories can "fracture" and that some traditional societies locate disease outside the body. Halm (1995) emphasized the importance of differentials in cultural perception, definition and interpretation of phenomena. According to him, the more direct power of social relationships and cultural expectations in the production of events of sickness and healing, societies and their relationships and beliefs sicken, kill and heal as well. Richman further opined that the patterns of diseases and treatment distinguished by each culture reveals the practical reasoning on which its wider social order is based. *Aisan* in Yoruba conceptualization is therefore a broader concept for all expressions of ill-health, disorderliness, displacement, disorganization or frail, weak, infirmity and anything that makes a person or society unwholesome. The Yorubas perceive every departure from social expectations as *aisan*; as a result the concept of *aisan* is viewed as personal and non-personal phenomenon.

For anyone to be labeled sick means that person is socially unfit for the role expected of him or her. And as such, the person needs to be taken care of and be brought back to normal condition (Turner 1988:87). To be sick is to have a specific social identity, a perspective on the world and to be in case of illness, a member of a community. According to Talcott Parsons (1951:90), the sick role commits an individual to pass from community of the healthy to the world of the sick. To Parsons, the sick role demands a temporary 'exemption' from social roles.

3.8 Purity vis-à-vis Stigmatization and Discrimination

Stigmatization and discrimination arising from impurity is usually relegated among the Yoruba to cases dealing with health matters such as leprosy, mental disorders and epilepsy. Diseases are socially significant in the day to day interaction among the Yoruba. It is a regulatory phenomenon used to classify as fit or unfit. Relationships like marriage are contracted on the understanding that none of parties involved has any notable disease (especially contagious disease like leprosy) trait in his or her family. A marriage may be refused on the ground of disease trait or distasteful behaviour on the

part of the either of the spouses. As a result of social stigma which disease carries, every family in Yorubaland wants to maintain good health status, to avoid social ostracism. This is why the Yorubas go a long way to find out the health details of the family which their child is marrying into. To the Yorubas, when a man is healthy, he adapts himself to the needs and aspirations of his community. It is when a man is in good health that he can fulfill his social functions as well as his moral obligations. The Yoruba acknowledge this when they say, *Ilera ni oogun oro* – “Good health is the magic of wealth”. This means that all is in useless without good health, and nothing can be achieved while in a state of ill-health. The Yoruba also speak of *Alafia* – “good health”, and they are continually mindful of the goal of *alaafia*, so they avoid whatever threatens their health and combat it by all possible means (Dopamu 1979). This also informs why they develop a sort of pathology through which their attitudes towards disease and their treatment of diseases can be discerned.

However the advent of the HIV/AIDS pandemic has resulted in sufferers being included in this category of stigmatized people, in what Bolaji Bateye has termed a “conspiracy of silence” (Bateye, 2006: 10). In the same vein, the well-known African theologian, Professor Ukachukwu Chris Manus lamented that:

Many, many including staff and students have not yet brought themselves to accept that HIV infection is not a sufficient proof of someone’s immoral life-style. Many members of the church and the theological community have not yet come to fully understand factors like ethnicity, gender, poverty, and sexual orientation as factors that are contributive to the spread of HIV/AIDS (Manus 2005:9).

He went on to note and makes the following recommendations viz:

There is still much to be done in making people eschew stigma and discrimination. Unpleasant expressions people use to refer to HIV/AIDS such like ‘*obiri n’ aja ocha*’, “stick”, “the divine rod”, “sign of the end-time” and other such remarks are rather dis-empowering and murderous. Most of our institutions are high concentrations of PLWHAs but whom, due to the

damaging stigma and discrimination; refuse to declare their HIV status. Theological education should engage in active reflections and rigorous critique of our socializing influences in order to transform the campuses into HIV/AIDS friendly environments(Manus 2005)

The detection of such in person would shame not only to him or her but to the entire family. The Yoruba have a custom whereby marriage is regarded not as that of an individual but a contract between two families. When a would be suitor visits the family of his intended spouse, members of that family would be dispatched to *spy out* and collect information on the peculiar family history of the suitor. Such information is usually on health matters so as to detect if any incurable disease runs in the family. Detection of the HIV pandemic in a particular family would make such to lose its standing in the society. That family would receive the stigma of impurity.

In the Yoruba context, the action or conduct of one man within the Community can affect the other members for good or for evil. According to Awolalu and Dopamu (2005:234) in order to prevent man from becoming rebellious and endangering the welfare of the society, there are set patterns or code of behaviours for the individual and the community as a whole. Hence there are taboos governing societal life in Yoruba cultural setting. The Yoruba word for taboo is *ewo* – things forbidden, things not done. In the words of Awolalu:

In African Communities, there are sanctions recognized as the approved standard of social and religious conduct on the part of individuals in the society and the Community as a whole. A breach of, or failure to adhere to the sanctions is sin, and this incurs the displeasure of Deity and this functionaries. Sin is, therefore, doing that which is contrary to the will and directions of Deity. It includes any immoral behaviour, ritual mistakes, any offences against God or man, breach of Covenant, breaking of taboos and doing anything regarded as abominable and polluting; and to disregard the norms and taboos of the society is to commit sin (Awolalu 1976:44).

For the Yoruba, man's character is of supreme importance in public morality. Bolaji Idowu (1962:157) puts it that "as character makes for good social relations, it is laid upon every member of the Community to act in such a way as to promote always the good of the whole body". The Yoruba will say of a person: *Iwa re laye yii ni yoo da o lejo* – "Your character here on earth will pass judgement on you". They believe that no sin committed in secret is hidden from God. That is why the Yoruba say, '*a mokun jale, bi oba aye ko ri o, Oba oke n wo o*' (You who steal in the cover of the night, know you assuredly that if the earthly king does not see you, the heavenly king (God) does. In fact, it is another way of applying the retributive principle instituted by God himself.

3.9 Cultural Context of HIV and AIDS in Yoruba Society:

To the Yoruba and in their context diseases are viewed ritually and morally. Ritual impurity when the gods or the ancestors are offended or when the spirits are angry and inflict offenders with disease such as *sanponna* – small-pox, *jejere* – cancer, *gege* – goiter etc. Moral impurity is understood as occurring when diseases are caused by immoral behaviours. For example *atosi* – gonorrhoea, *ako-atosi* – syphilis. The Yoruba believed in germ theory of disease causation as observed by Buckley (1985:43) although they see other etiological categories as part of the causes of human afflictions. The germ theory postulate an illness caused by the activities of worms and germs (*kokoro*) present in the body. Among the Yoruba the word for germs is *kokoro* while worms are called *aran*, which are believed to be parasites that either resides in the stomach, inside the blood, on the skin or any part of the body. The Yoruba also recognize the fact that diseases can pass from father to son or daughter or from a mother to her children. Thus hereditary diseases constitute natural diseases which are often prevented through 'selective' forms of marriage in which the family health background of both parties in marriage is ascertained before is consummated.

The HIV and AIDS epidemic has impacted not only on the biological well being, but also on the general wellbeing of the individuals and that of the community (Jegade 2002:23). It therefore clears the ground for our understanding and examination of the socio-cultural factors fuelling the problem of HIV and AIDS as it affects individual and Communal relationships among the Yoruba people of Nigeria .

In a multidisciplinary research conducted by Aderemi Ajala (2007: 61 – 69) on “The socio-cultural factors influencing the prevalence, care and support in HIV and AIDS among the Yoruba of South Western Nigeria” he discovered that there were **five** major contesting issues on HIV/AIDS among the Yoruba people:

1. The Yoruba concept of the disease is that it is a chronic sexually transmitted disease, hence in some traditional communities is referred to as ‘*ako-atosi*’ (virulent gonorrhoea). Consequently, they see HIV and AIDS as a sexually transmitted disease caused by sexual immorality; hence, the victims cannot disclose as they would be treated with ridicule and embarrassed and the victims therefore seek treatment secretly. Thus, victims should be seen as immoral and should be made to serve the punishment for their lack of discipline.
2. The Yoruba people have the view that death would not occur without a cause, and that every human being has a destined cause of death. The Yoruba people believe that a person dying as a result of HIV and AIDS infection is destined to die like that.
3. The Yoruba people believed that the statistical prevalence of HIV/AIDS is grossly exaggerated; they claim that it is not as rampant as claimed.
4. The Yoruba people believe that HIV/AIDS is an incurable and fatal disease, and that no amount of care given to people living with HIV and AIDS will avert death.
5. The Yoruba argue that HIV and AIDS is a problem associated with human development process, thus solutions to the problem should focus on the entire development of the society.

Furthermore, the Yoruba people believe that anyone who contracts such disease is to be ostracized from the community so as not to influence or ‘pollute’ others in the society (see Awolalu and Dopamu 2005:134). Lines and boundaries that discriminate against people living with HIV and AIDS at the onset are so strong that anyone infected is regarded to have violated the sexual taboos of the community (Ajala 2007:235). However, it should be noted that with education the Yoruba people are now been influenced to think positively towards people living with HIV and AIDS.

3.10 Theorizing Purity Cross-culturally

An expose on culture is mandatory before we theorize purity. Culture has been defined as a whole way of life characteristic of a human society or grouping. Citing the Cultural Policy for Nigeria, Richard Okafor write that culture involves:

The totality of the way of life evolved by a people in their attempt to meet the challenge of living in their environment, which gives order and meaning to their social, political, economic, aesthetic and religious norms and modes of organization thus distinguishing a people from their neighbours (Okafor 1997: 3).

Culture has both material and non-material components. The non-material aspect comprises character, attributes, ideas, desires, values and norms which are expressed in form of customs and folklore (Akintan, 2002: 1-16).

Any discussion on purity must be done within a culture *Weltanschauung*. It is the people's cultural practices that dictate the content of their belief and attitude to purity. Various Yoruba mythology across the ages has described purity as cleanness of body and clothes. Some regard it as spiritual purity where the body is literally punished to make the soul pure. Others see purity in what one learns and says. For the ancient Greek thinkers, purity is an idea of safety, of oneself and others. Sociologists such as (Gordon, 2006) and Douglas (1966) attest that where the concept of purity is operative, safety is central and the society becomes integrated and progressive. Purity is also linked with character (Omoyajowo 1994:97). In this sense, it is equated with beauty. It is believed that God is the giver of character and he only can make a person pure. But this purity rather than being external is an internal quality (Lateju 2008: 39). The binary interpretation of life can be viewed from two perspectives: good or bad. It can be considered as codification of ideas, behaviours and views deep-rooted in meanings, hence it is important to pay attention to cultural symbols, since they label human and social phenomenon (Biobaku 1963:17). For instance Mary Douglas (1966) using cross-cultural examples including the Old Testament, Hinduism and western beliefs in hygiene argued that 'dirt' is a symbol for matter out of place in a society's classification system. Geertz (1957) a proponent of symbolic anthropology also argued that human behaviour is

fundamentally symbolic and therefore laden with meaning for social actors. For Beals and Hoijer (1971:123-178) men symbolize or bestow meanings upon physical phenomena in every aspect of their daily lives. However, Douglas (1966) indicated that purity and 'danger' sensitize people to the need for caution in a particular society, whereas in others it may not. Africans, like the Westerners associate purity with 'order'. For instance, certain unhygienic practices are classified as 'dirt' which is *idoti* in Yoruba language. This could have more than one meaning and varies from culture to culture what dirt means (Beals and Hoijer 1971; Marshall 1994; Good 1995). "Human behaviour is symbolic behaviour, and symbolic behaviour is human behaviour, because the mind creates its universe" (Douglas 1975:15-53). However Sperber (1985) said it is not so, arguing that an act does not become social unless it involves more than one person. Human knowledge is culturally shaped and constituted in relation to distinctive forms of life and social organization (Good 1995). Cultural symbols provide meaning for social phenomena as well as human behaviour; the culture that shapes the history of a people also establishes the frame work for explaining it; hence how a people interpret a phenomenon is important.

Mary Douglas is believed to be the best known contemporary anthropologist who has dealt extensively with the subject matter of purity. In her classic interdisciplinary collection of essays on *Purity and Danger*, Douglas (1966) examines the various ways in which the human body can be used symbolically as an agent of forming and maintaining identities. Mary Douglas writes:

No experience is too lowly to be taken up in ritual and given a lofty meaning. The more personal and intimate the source of the ritual symbolism, the more telling its message...the body is a model which can stand for any bounded system. Its boundaries can represent any boundaries which are threatened or precarious. The body is a complex structure. The functions of its different parts and their relation afford a source of symbols for other complex structures. We cannot possibly interpret rituals concerning excreta, breast milk, saliva and the rest unless we are prepared to see in the body a

symbol of society and to see the powers and dangers credited to social structure reproduced in small on the human body (Bowie, 2000:45).

In any scholarly discussion of the concept of purity, cognizance must unavoidably be taken of the context and the agencies. The Yoruba adage, *bayi laa se ni'le wa, eewo ibomiran*, translated as, "This is how we behave in our house (hold)", comes to mind. In all, Douglas' illustration of the body as a bounded system finds varying meanings depending on the people and the culture in question. She goes on to give different and remarkable illustrations on the connection between purity rules and social structures cross-culturally. Of focal point is her use of the terms, *medical materialism and mystical participation*. These are defined respectively as: "attempts to explain away purity rules by reference to scientific, medical, or hygienic principles" and "the assumption that all rituals and regulations of *primitive* peoples are wholly irrational and have only a magical or mystical significance" (Bowie 2000). The foregoing provides a solid background for our discussion of purity among the Yoruba.

3.11 Social Change in Yorubaland

Within any given society, there is usually an alteration of direction, implementation of plans, complexity, roles and functions to a limited or greater extent, this is called development, progress, social change or evolution (Dopamu 2005:34). It is generally asserted that change is an integral property of social structures. Eades (1980:43) gives social change a more nuanced connotation by pointing to "... the significant alteration of social structures (that is of patterns of social action and interaction), including the consequences and manifestation of such structures embodied in norms (rules of conduct), values, and cultural products and symbols."

Social changes had taken place among the Yoruba over the years, in social, religions and cultural institutions, noticeable in marriage, moral and ethical values, dressing, occupation, politics, religion, education and economic enterprises. Social changes are ubiquitous (Goldthorpe, 1968:160). This change, has however affected the Yoruba value system, customs and beliefs which are supreme and advantageous to the society. The traditional system has not changed totally into a modern life as the values and norms of the traditional societies are still upheld.

The influence of Christianity on the populace as it concerns the observance of taboos and other purity codes in Yoruba context is very significant. The reactions to the concepts vary between non-consequential beliefs to demonic manifestations. There are changes in the domestic and family life, moral and ethical standards, taboos, governance and so on.

In the context of domestic and family life, there have emerged new kinds of conflict, not provided for by tradition. For instance, the marriage institution had witnessed dramatic changes due to Western influence as well as Christianity. Traditional weddings among the Yoruba in the past were always arranged by the families of the bride and groom, they would make inquiries for disease and anything else that could mar the relationship or make it unproductive (Olajubu 1978:51). Today, the marriage institution had been influenced, that we no longer practice arranged marriages, most marriages are based on the choice of the individuals involved.

Among the Yoruba, issues of moral and ethical standards form a major part of their lives. Taboos served as “reminders” and anchors for man to maintain his uprightness both to the divine and human beings. It covers every aspect of Yoruba behaviour and serves to put man on checks. In other words taboos have acted as means of moral, social and economic control and have also helped in regulating the individuals’ behaviour.

Christianity came into Yorubaland in 1841, pioneered through the slaves who were liberated in Sierra Leone. It came accompanied by Western culture and dressed up in European garb. Its influence has been incalculable. The presentation of Christianity to the Yoruba people by the European missionaries did not help in the understanding of the concept of God and purity. It was presented as a new religion with a different God which was unknown and unfamiliar with the Yoruba people. The missionaries could not separate their culture from the Christian ethos and ideals. This made the religion to be foreign to the Yoruba people. The introduction of Christianity to Yorubaland brought about some positive and negative changes to the culture of the people. Education was used as a ‘bait’ to convert to Christianity; people were given Christian names as against the traditional names which expresses their belief in the concept of God. Apart from the Yoruba names, songs, proverbs, prayers and greetings which Yoruba’s used to express their belief were dropped for European ones and so God was presented to them in a

European understanding and culture (Omotoye 2005:5). Biblical interpretations were done in the English way with no recourse to Yoruba cultural beliefs and context.

However, Christianity has enlarged men's visions, opened them to new possibilities and in some ways freed them from unnecessary fears. It has given men a progressive outlook and a new sense of personal values; it has also helped to emphasise the belief of the Yoruba in the supreme God, as opposed to a tendency towards polytheism and has impressed upon them the sacredness of human life and human responsibility (Idowau 1966: 209). The change in outlook occasioned by the new religion, has also affected the cults of traditional Yoruba people: the appearance looks conservative but in reality they have undergone many internal changes. There has also been a shift in moral values (Awolalu and Dopamu 2005:45).

As I conclude this chapter on the Yoruba cultural context, let me reiterate the words of Bolaji Idowu (1966:215) that a vacuum has to some extent been created in the aftermath of colonialism with regards to religion in Yorubaland, and there are contending forces for the filling of the vacuum. Christianity stands the best chance of filling that vacuum because of its compatibility with the Yoruba concept of God, character and purity codes. This however depends as in every age and lands upon the vision, attitude, spiritual stamina and faithfulness of those who are charged with the Christian message that is Christians in Yoruba context and traditions.

On the whole, our discussions show clearly why the Yoruba people of the south western part of Nigeria behaved and reacted the way they did at the advent of the HIV and AIDS problem. The Christians in Yoruba area of Nigeria especially in the three Dioceses of our study: Remo, Ijebu and Ijebu North Dioceses of the Church of Nigeria (Anglican Communion) were influenced by the same in their attitude to people living with HIV and AIDS. The Yoruba Christians are able to absorb outside influences without losing the individuality of their culture, hence attitudes and behaviour with respect to health originating from Yoruba culture remained somewhat unchanged or at most modified; this is also revealed in Christian attitudes to PLWHA.

The researcher observed that the concept of God and of purity is not new in Yorubaland, and so the research is to read the Bible especially the Gospel of Luke in the Yoruba context.

3.12 Conclusion

This chapter has tried to examine the concept of purity among the Yoruba. It gave an exposition of scholars' theorization on culture and purity. The chapter has also attempted to discuss Yoruba Sayings on purity and the diverse spheres of purity and stigmatization arising from impurity. It was discovered that purity asserts itself in many aspects of Yoruba traditional life and cannot be rigidly compartmentalized. Stigmatizations in various forms are meted out against those who are considered to be impure or polluted by communal dictates. It is significant that even those who are mentally ill, imbecile and in recent times, live with HIV and AIDS are known to be stigmatized and discriminated against. *Aisan* (illness) from the Yoruba context as a social concept will help our understanding of the relationship between cultural factors and health problems; it will explore the society's reaction to ill-health, and also explain the health seeking pattern of the Yoruba people in their cultural environment (Jegede 1994:15). On the whole, looking at diseases and sickness socially will enhance a wholistic view of man in the society.

The perception of illness is affected and influenced by the belief system (Ojo, 1966). In the Yoruba traditional religious system, there are cults which focus on sickness and health; for example there is a cult responsible for the prevention of smallpox (*sanponna*). Oke (1993) has also argued that most people of the Yoruba nation respond to illness in accordance with their culture.

Among the predominantly rural populace, ill-health is commonly believed to be due to evil machination of witches, sorcerers, deities and ancestors, and this belief system influences the perception of the people about diseases especially HIV and AIDS and also the health seeking behaviour of the people. Saunders (1972:12) is of the opinion that what is recognized as disease or illness is a matter of cultural prescription. Lambo (1993:56) emphasized the essence of cultural elements to health. According to him, African societies have developed indigenous forms of psychotherapy that are very effective and woven around the social fabric of the society. He argues that healing in Africa is an integral part of the society and religion. Jegede (1994:29) expressed a similar view in his work on *aisan* a social term in Yoruba definition of illness.

However, the study discovered that things are changing due to the influence of Christianity and education. The question then is whether being a Christian having the

Bible as a resource in the Yoruba Context does or can make a difference to the way Yoruba people respond to HIV and AIDS.

CHAPTER FOUR

THE LUCAN CONTEXT

4.0 Introduction

To fully understand and present the attitude of Jesus in the Yoruba cultural context, there is the need to explore the cultural background of the times of Jesus, and according to Craffert (2008:78) describe across the historical and cultural gap what it was like in the strangeness, of their world, and how things were in the life of Jesus in Galilee, and how that can be appreciated in a modern world. This chapter examines the purity systems in the Lukan context giving a general overview of the purity codes and laws of the time of Jesus. It specifically outlines the purity maps, lines and boundaries in the Jewish context. I have taken the freedom to use the term Jewish context despite recent scholarly doubts and arguments about the precise reference of the term Jew. The intended readers of this thesis understand the term to be referring to the Hebrew group that survived until the time of Jesus, the people referred to in the Bible and, otherwise known as Israel and in order not to raise new issues in this research, I stay with the conventional understanding. The chapter also presents the body and boundaries of the time and the classifications of purity and impurity in Luke's Gospel. It also tries to examine the attitude of Jesus to the purity codes, and ended with the context of Luke and purity issues.

4.1 Purity System:

The idea of purity can be viewed in different ways. Mary Douglas (1966:141-172) brings structuralism to bear on the study of purity, arguing that purity and pollution are expressed through symbolic language and only have meaning within structural systems; which she identifies with the cosmological world views of the societies. According to James D.G. Dunn (2007) one of the main features of current research into the life and mission of Jesus is that they start from the recognition that Jesus was a Jew. Passakos (2002: 277) opined that one of the constituent elements of the worldview that every culture brings forth is the distinction between sacred and profane, and consequently between clean and unclean. According to Passakos, the distinction between clean and unclean was a keen interest in Palestinian Judaism.

Mary Douglas explored the Old Testament issues of purity in testing her anthropological model of ritual classification systems: *Analysis of Deuteronomy* (1991), *Leviticus as Literature* (1999), *Risk and Blame* (1994) and *In the Wilderness: the doctrine of defilement in Numbers* (1993). In her exploration of the concept of purity in the chapter entitled, “The Abominations of Leviticus” in *Purity and Danger* (1966:41-57), she introduced the purity or holiness paradigm in which she links the idea of purity directly with physical wholeness or completeness. The idea of purity was given an external physical expression in the wholeness of the body seen as a perfect container (Olyan 2008:2). To be whole is articulation of an external physical expression of holiness and is understood as a communicator of holiness. Only the perfect body is fit to be consecrated, no animal with a blemish may be sacrificed; no priest with a blemished body shall approach the altar (Douglas 1999:46). Mary Douglas (1966: 141) writing on external boundaries has shown that the purity laws a society imposes on its members have a direct relation to the external pressures that such society receives as a whole. She relied on the principle that the human body is often used as a symbol of the wider society, which acquires form, external boundaries, margins and internal structure. She argues that the Israelites were through much of their history a hard pressed minority. In terms of her theory, this results in a concern to control the boundaries of the body, which is why in their beliefs all the bodily issues caused pollution: blood, pus, excreta, and semen. The threatened boundaries of their political body would be well mirrored in their care for the integrity, unity and purity of the physical body. The anxiety about bodily margins expresses danger to group survival (Douglas, 1966: 124).

Luke’s Jesus according to Susan Haber (1999:56) needs to be examined in his Jewish context and within the larger framework of Second Temple Jewish studies to understand his life and attitudes. This Craffert (2008:79) calls dealing with the historical Jesus material in a culturally sensitive manner (cultural brandishing). Paula Fredrikson construes the gospel traditions within the historical framework in which they were written (Fredrikson, 1995: 20-22). Hence, purity was a major preoccupation in the Judaism of Jesus time. Judaism at the time of Jesus was pre-occupied with issues of purity. This study therefore at this stage will examine the purity systems in the Jewish context of the time of Jesus, adopting purity in the form of the kind of symbolic systems postulated by Mary Douglas.

4.2 Purity in the Jewish Context

The laws of clean and unclean are central to Jewish identity (Leviticus 11:1-23, Deuteronomy 14: 3-21). Ancient Israel defined being pure in three ways: (1) to be free of dirt or pollution; (2) to have no contact with anything that was unfit for a religious person to touch; (3) to be free of actions that were evil or that hurt others and went against God's command. The works of Jacob Milgrom (1991), Jonathan Klawans (2001), and Christine Hayes (2002) provide a method of understanding purity issues in the Old Testament. All of these scholars explore the distinction between ritual and moral purity in Jewish thought. Meier (2005:2) in his article distinguished four types of impurity in the Jewish context as; ritual purity, moral purity, food purity and genealogical purity, but this may be an over-elaboration. Purity laws were not fixed immutably as a block, but they developed and formed opinion groups in Judaism: Pharisees, the Essenes, the Qumran sect and Jesus and his followers all interpreted the purity rules in different ways. Even the others in Diaspora Judaism tended to limit purity observance to the dictates of the Torah so as to accommodate them to the lives of ordinary people living among the gentiles.

For this study, "purity has to do with the system of ordering and classifying, the system of purity. These lines help us to classify and arrange our world according to some dominant principle, they convey through their structural arrangement the abstract values of the social world of which we are a part" (Malina 1981: 25ff drawing on Douglas). Each culture is unambiguous in the classification systems, in the lines they draw and the boundaries they erect; yet they are often ambivalent according to Mary Douglas, a material may be polluting in some circumstances but healing in others; and in times of breakdown and transition there is considerable ambiguity. According to Douglas (1966: 38), purity alludes to the cultural system and to the group i.e. the standard value of a community, a positive pattern in which ideas and values are tidily ordered.

In highlighting and discussing the issue of purity in the Jewish context, this study will draw inferences greatly from the work of Jerome H. Neyrey (1991). The principle and rules of purity in the Jewish culture of Jesus times had their foundations in the Old Testament quotation: "You shall be holy, for I the Lord your God am Holy" (Leviticus 19: 2). This statement is foundational in subsequent Jewish writings, including early

Christian writings. Mary Douglas makes reference too in chapter three of her book *Purity and Danger* which are well-suited to the idea of purity in the Old Testament. Creation, the ultimate act of ordering and classifying the world, was the original map, holiness in turn implies “keeping distinct the categories of creation” which involves correct definition, discrimination, and order (Soler 1976: 24ff). This creation expression was in the cultural history of the Jewish people, but interposes in their culture through specific rules surrounding Israel’s temple (Neusner 1979: 103). According to Neusner this abstract order of creation in the Old Testament fashioned purity rules for the system:

- a. What animals may be offered?
- b. Who may offer them – a priest?
- c. Who may participate in sacrifice? – Leviticus 21:16ff.
- d. Where the offerings may be made and when?

Although, many of the rules apply to priests, it is often times extended to the people of Israel at large so as to maintain the purity of the land (Neusner 1973:232 and Fenmelly 1983:277).

Purity in the Jewish context is seen in different areas of their life; purity is a map of a social system which co-ordinates and classifies things, places, persons and times. It could also mean boundaries or a line of a particular society, “the image of society”, says Douglas, has form; it has external boundaries, margins and internal structure (Douglas, 1966: 114). We shall examine each component of purity in the Jewish context.

4.3 Purity Maps in Jewish Context:

The Mishnaic tractate *Kelim*, as quoted by Neyrey, (1991) provides insight into maps of place in Israel according to the purity system:

1. The land of Israel is holier than any other land.
2. The walled cities (of the land of Israel).
3. within the walls (of Jerusalem).
4. The Temple mount.
5. The rampart
6. The court of women
7. The court of the Israelites

8. The court of the priests.
9. between the porch and the altar.
10. The sanctuary and the Holy of Holies.

The direction of the map suggests the principles of classification; purity is measured in terms of proximity to the Temple, the Centre of the map. Gentile territory is outside Israel and is not pure at all; it is off the map.

The Mishnah and Tosefta offer a map of persons according to Jewish purity system (Jeremias 1969: 271-312):

- | | |
|---|-------------------------------|
| 1. Priests | 7. Netins (temple slaves) |
| 2. Levites | 8. Mamzer (bastards) |
| 3. Israelites | 9. Eunuchs |
| 4. Converts | 10. Those with damaged testes |
| 5. Freed Slaves | 11. Those without a penis. |
| 6. Disqualified priests (illegitimate children of priests). | |

The map of people follows what purity means, wholeness, and so people with damaged bodies are ranked last. The map of persons in Israel is very practical as it is the determinant of many other things as it relates to purity. It establishes who to marry, one's social position etc. hence there are marriage maps which indicates ranking and permissible or impermissible unions (Malina 1981: 110ff). One's second status in Israel was ascribed through birth and blood, and so marriage is solemnized within the classification. The purity system ascribes appropriate social status to persons within the community. For example, the observant and non-observant Jews, observant elites and uneducated common men (Acts 4: 13).

All these classes in the map of persons can be further broken down, public sinners, such as tax-collectors and prostitutes; can be distinguished from other non-observant Jews. Also on the margin are the physically unclean such as lepers, menstruating women, blind and lame. According to the law they are unclean (cf. Leviticus 21: 16-20). There is also a formal hierarchy of uncleanness.

4.4 Lines and boundaries in the Jewish Context

Purity again may mean lines and boundaries drawn by the society / context. The prime activity of a group with a strong purity system will be making and maintaining the lines and boundaries (Douglas 1966: chapters 7-8). The external boundaries which distinguish the Jews of Jesus' time from other people according to Neyrey (1991:7) include (1) Kosher diet (2) Circumcision, (3) Observance of the Sabbath. Jews could be identified by special times (Sabbath), special things (diet) and special bodily marks (circumcision). These observances serve as lines and help to build the boundaries which distinguish them from non-Jews (cf. Leviticus 20: 24-26). The Jews maintain the boundaries of a symbolic map (Smallwood 1976: 123). Lepers, lame, blind, eunuchs etc. lack bodily wholeness (Leviticus 21:16-20), hence are marginal to the covenant people, and so they reside on the fringes or borders of Jewish society (cf. Luke 17:11 and Leviticus 21: 16). "To be holy is to the whole, to be one; holiness is unity, integrity, perfection of the individual and of the kind" (Douglas 1966: 54).

In the Jewish context, there are internal lines and boundaries which describe the social structure of the society at the time of Jesus.

From the Gospel of Luke we deduce the following bodily maps according to the Jewish purity system:

1. Dead body – Luke 23:46
2. Unclean people – tax collectors & sinners (Luke 15: 1-2).
3. Bodily impure – Lepers, lame, blind, (Luke. 14: 13).
4. Unobservant Israelites – Acts 4: 13.
5. Observant Israelites – Luke 2: 25.
6. Pharisees – Luke 18: 11 – 12
7. Scribes and Priests – Luke. 10: 31 – 32
8. Chief Priests – Luke 23:13

“The tradition is a fence around the law; titles are a fence around riches; vows are fence around abstinences; a fence around wisdom is silence.” (*m. Aboth* 3: 14). Purity is arranged in concentric rings around the Holy of Holies in the Temple in Jerusalem. All

this is related to purity issues because they all form the basis by which the whole system is sustained; they form the body for the organic whole.

4.5 Body and Boundaries in the Jewish Context:

In the Jewish context as it relates to this study, there exists a major area of the Jewish life where lines and boundaries are drawn, the personal human body. The human body is a facsimile of the social body, a symbol of society; a model of the bounded society; its boundaries can represent any margin which are threatened or precarious (Douglas 1966: 115). The social body draws lines, restricts admission, expels undesirables and guards its entrances and exits, and thus results in the control of the physical body. According to Douglas, “Body control is an expression of social control” and hence “abandonment of bodily control in ritual responds to the requirements of a social experience which is being expressed” (Douglas 1973: 98). “The physical experience of the body..... Sustains a particular view of society” (Douglas 1973: 93). The human body is a map of the society. The surface of the body is a focus of purity concern. The horror displayed towards skin diseases and leprosy in the Bible confirms the Jewish concern for the external boundaries. Flaking skin, scabs, eruptions on the skin, and leprosy are all unclean and renders the suffers unclean.

If purity stands for clear lines and firm borders, then pollution or uncleanness refers to what crosses those boundaries or what resides in the margin and has no clear place in the system (Neyrey 1991: 10). Thus, in the Jewish context, unclean persons are people who are not physically whole in body or family lines. People who either experience emissions from bodily margins or who come in contact with these emissions or with the emitter; and foods and animals which do not fit clearly within defined boundaries of the society. Hence, in a given state of purity, anyone that crossed a boundary or entered a space holier than him becomes an unclean polluter (Frymer – Kensky 1983: 405; Douglas 1966: 122). Purity laws in the Jewish context required separation from all that was unclean within the maps of the society including Gentiles and many Gentile practices. Socially, the emphasis upon purity was to insulate and isolate Israel from the practices of the heathen, to protect against corruption and religiously the emphasis flowed out of total devotion to Yahweh

as the holy God. They therefore created a 'fence' that would help defend against being defiled by other influences and to be holy (pure) (Borg: 1984: 58).

The above discussion, clearly demonstrated the fact that there was a fundamental concern for issues of impurity within the socio-historical context in which Jesus lived. Judaism of his time was characterized by its diversity in its interpretation of the purity laws of Israel, yet underlying the arguments of the factions were basic tenets of practice and belief that were agreed upon by the generality of the Jewish people. And it was within this socio religious milieu that Jesus lived and taught.

4.6. Purity in First Century Judaism

The history of Israel and all their prospects were intertwined with their religion; so that it may be said that without their religion they had no history, and without their history no religion. Issues of purity touched many aspects of Jewish life, and this consisted of any unclean or incomplete state that may affect the body. Hence, to be holy is to be whole and complete in all aspects, physically and otherwise. Douglas (1992:51) says:

The temple as the centre of the life and worship of Israel was considered holy. Therefore, it meant that everything and everyone coming to the temple needed to be in perfect condition. A Jewish person is required to wash his/her hands before eating, the animal offered in sacrifice must be without blemish, a person who touched a dead person was unclean, a priest could only be in contact with the dead when his own close relative dies. The high priest must never have contact with the dead. A woman during childbirth was considered unclean. All bodily discharges are defiling, persons with discharges were not allowed to approach the temple.

Distinction between what is considered ritually clean and unclean is established in the Pentateuchal law. Pentateuch law prohibits the Israelites from incurring certain kind's of uncleanness. The language of defilement is used indiscriminately in matters ranging from sexual morality to rules of diet; varying degrees of severity accompany the different types of defilement and priests are governed by special laws of purity which must not be transgressed lest the sanctuary be profaned (see Leviticus 18, 21-22, 19:31, Deuteronomy

14; Leviticus 7). The laws of purity cannot be understood apart from the commandment to be holy with which they are associated (Leviticus 11:44). Holiness implies wholeness and completeness, freedom from physical deformity (Leviticus 21:17 – 21), and bodily discharge (Leviticus 15) and adherence to right order and so on. According to Mary Douglas (1966), the laws of purity in the first century Judaism have their context in the requirement of holiness; in other words holiness forms the context within which the laws of purity have their place. In the ancient Israel, many events illustrate the theme; which are both ritual and moral (Leviticus 10:1-3; Numbers 11:1-3, 41- 50, 25:1-9; 2 Sam 6: 6-8 etc). What is unclean in an abomination to Yahweh and will not be tolerated, the priests teach the distinction between the clean and unclean (Lev. 10:10-11). The unclean are banished outside the camp to prevent the community's defilement (Numbers 5:1-3; cf. Deuteronomy 23:9-14).

The practice of ritual purity became apparent in the Old Testament prophets particularly in the visions of what the sanctuary and community would be like after the exile (Ezekiel 40-48). Observance of the fundamental requirements became a norm among the people. Jews were known throughout the ancient world for their refusal to eat pork and other unclean foods (cf. Acts 10: 14), as a rule would not eat with Gentiles (Acts 10: 28, 11:3, Galatians 2:12). Lepers were isolated from the community (Luke 17:12). Mothers of new born children observed the prescribed rites of purification (Luke 2:22). The observance of purity laws was vigorous and consistent. It is clear from the writings of Josephus, (*Jewish Wars* 1.11.6 and 229), Rabbinic texts relating to the Second Temple period and the evidence of the gospel texts, that the importance placed on issues of ritual purity was most evidently the concern of the Pharisees. The Pharisees were meticulous in their interpretation and observance of purity regulations.

The Pharisees' desire to enforce holiness, resulted in the frequent resort to the central theme of the priestly code, "Speak to all the community of Israel: you shall be holy, because I, Yahweh your God, am holy" (Leviticus 19:2). To the Pharisees the future security of the nation depended upon the achievement of purity. It meant separation from all that defiles, hence a strict emphasis on Sabbath observance, proper tithing, prohibition of marriage with non-Hebrews, and the increasing separation from other nations (Borg

1984:52). Borg further explained that for the Pharisees, Israel was to be a kingdom of priests and a holy nation. They demanded that everyone observe the same laws of purity peculiar to priests in the temple; and so they intensified the demands of Torah by extending to the people as a whole the purity demands that once applied to the priesthood. The Pharisees act as the flag-bearer of the quest for purity and holiness in public life (Borg 1984:57). In the Jewish context, purity laws required separation from all is unclean, including gentiles and gentile practices. The insistence on purity was aimed at differentiating Israel from the practices of the non-Israelites and to avoid corruption. It was a social and religious separation that created divisions within society and many people were alienated and rendered despicable (Borg 1984:58-69).

4.7. Cultural View of the Context of Luke's Gospel.

Luke's narrative world is located in Jewish Palestine in the period of Roman occupation before the downfall of the Jerusalem Temple. It is set in the midst of Jewish custom, culture and people. According to Robbins (1991:121) "culture is a humanly constructed arena of artistic, literary, historical, and aesthetic competencies". Berger (1967:4) also claims that culture is a humanly constructed world. He argues that, as a direct consequence of "man's" biological constitution, "man" must on- goingly establish relationship with the world. "Man" is born into a world that predates him but, unlike the world of animals, 'man's' world is open and unstable. "Man" must fashion a world by his own activity. It is through this process of world building that 'man' creates stability for himself. Culture provides firm structures for human life that are lacking biologically. Society is one aspect of culture. It is "that aspect of non-material culture that structures man's ongoing relationships with his fellowmen" (Berger, 1967:5-7). Esler (1987:43-87) writes that concern with social factors relating to commensality and purity laws were highly significant in shaping Lukan theology.

In the light of this understanding there is a double imperative to look more closely at the social world of the Gospel. Firstly, through an understanding of the social world we visit the narrative in the context in which it was set. Secondly, if, as Esler claims, Lukan theology is formed in response to the social pressures experienced by the community, then Lukan theology becomes more accessible as we understand the culture through which it is conveyed. The use of the social sciences in interpreting New Testament texts

has developed rapidly over the last 20 years (Osiek,1992:54). Whereas history is concerned with the specific, particular, atypical situation, the social sciences are concerned with the usual, recurring, typical features of a community as the basis for understanding the social setting. Sociology is the discipline of the social sciences that in essence examines the recurrent and typical aspects of social behaviour and institutions. Esler (1980) provides a helpful introduction to issues of methodology.

In the task of biblical interpretation there is a growing dependence on the use of models and theories as the categories of social organisation and social world as comprehensive world of meaning are employed. Osiek (1992:23), drawing on the work of Jonathan Smith (1975:52), suggests four distinct approaches to biblical interpretation: description of social facts or *realia*, social history, social organisation and social world as a comprehensive world of meaning. The various stages of social science research can be seen in these different approaches to biblical interpretation.

The use of the social sciences in biblical interpretation, however, has not been without its critics. Esler (1987:44) has addressed various objections to the use of the social sciences. Osiek (1992:54), on the other hand, identifies the problems associated with the proper and valid use of social models on material quite different from that for which the models were originally intended. She concludes her paper with two challenges facing social scientific biblical interpretation: the problem regarding the proper and valid use of social- science models on materials quite different from that for which the models were originally intended and making results available in a helpful format to other researchers using other methods.

An institution is commonly defined as “a distinctive complex of social actions” (Berger, 1969:87). Drawing on the work of a German social scientist Arnold Gehlen, Berger develops the notion of an institution as a regulatory agency, “Institutions provide procedures through which human conduct is patterned, compelled to go, in grooves deemed desirable by society.” According to Elliott (1991), institutions “comprise social associations or processes that are highly organized and systematized in terms of roles, relationships, and responsibilities. They are stable over time.” Institutions encompass a wide range of areas of organized social life including kinship, politics, education, religion

and economics (McVann,1991). The model of social relations will assist in analyzing the two key institutions of first century Palestine, the Temple and the household.

Elliott (1991:220) draws on the work of Malina to present a comparative model of ancient social relations. Malina (1986) argues that the forms of social relations in pre-industrial societies fall along a spectrum marked by types of reciprocity at one pole of the spectrum and types of redistribution or centrality at the other. The model of ancient social relations contrasts reciprocity and redistribution. Reciprocity is typical of small-scale societies, villages and household life. Personal back and forth exchanges of goods and services such as food, clothing, shelter, hospitality and other basic necessities of life are shared between households, kins and fictive kins. On the other hand, redistribution is typical of large-scale societies with a central political base and central storehouse economies. Goods and services are pooled, usually in association with a Temple. They are kept under centralized control and are redistributed by the powerful elite or temple hierarchy.

The Jerusalem Temple can be aligned with the social-economic system of redistribution (Elliot 1991:221). The Jerusalem Temple was at the heart of first century Palestine's redistribution economy which was controlled by an alliance of the city's elite (chief priestly families, lay elders, Herodians) in collaboration with Rome's colonist policy. It became a system of exploitation causing poverty and distress to a growing number of peasants who were unable to pay the taxes required. Not only was the Jerusalem Temple the political and economic centre of first century Palestine it was also the means by which the people understood and maintained their relationship with God. The Temple was understood as the place where God dwelt, the expression of the holiness encoded in Genesis 1 and, therefore, of God's holiness. The Temple represented the chief visible symbol of Israel's identity as God's Holy people and their union with God (Myers, 1988:200; Neyrey 1991:277). Furthermore, the Jerusalem Temple was at the heart of the Jewish purity system and as such set the pattern for Jewish life. Purity is a cultural map that indicates order, correct position, in placeness. Pollution indicates disorder, confusion, out of placeness. In first century Judaism purity and pollution took on specific meanings with certain people, places and times becoming pure, and others representing uncleanness or pollution. God's command for holiness formed the basis of the purity code for Israel. 'Be holy as I am holy' was one of the core values in first century Judaism. A person,

place, thing or time is pure or holy insofar as it has a specific place and stays in that place. This notion of holiness became the norm (the purity code) which indicated how things in Israel's world should express the divine order established in God's initial programmatic action of creation (Neyrey, 1991:277). With reference to the Temple, certain ceremonies, people, places and times symbolized what was clean, pure and holy and other people, places, and times symbolized what was unclean and taboo.

Both the institution of Temple and household feature prominently in Luke's narrative. While the gospel opens in the Temple and closes in the Temple, Jesus met with people in households, shared meals and formed family with those who came to faith. An understanding of the dynamics of the institution of both Temple and of household will assist our understanding of the Lukan narrative.

The process of legitimation, a process by which the socially constructed world is maintained, takes place after the social institution has been established. It serves to support and maintain the social order. "Legitimation is the process whereby socially objectivated "knowledge" serves to explain and justify the social order" (Berger, 1967:112). It may also be described as the collection of ways in which an institution is explained to its members (Esler 1987:86). The process of legitimation ranges from the self-legitimizing existence of social institutions to the legitimation of social institutions in the face of challenge, or theoretical constructions of an all-embracing symbolic universe. Legitimation operates at both an objective and a subjective level. There is an important relationship between religion and legitimation. While legitimation maintains the socially defined reality, religion legitimates that reality. "Religion legitimates reality by bestowing on it an ultimately valid ontological status that is by locating that reality within a sacred and cosmic frame of reference" (Berger 1967:33-35). Religious legitimation has the unique capacity to locate human activity within a cosmic frame of reference, to ultimate, universal and sacred reality. When religious legitimations ground socially defined institutions in the ultimate reality of the universe, the institutions are given a semblance of inevitability, firmness, durability, that is analogous to the Gods themselves. Although these institutions remain tenuous, they are perceived as being stable: a manifestation of the structure of the universe (Capps 1995:112). This has been referred to by Berger and Luckmann (1969: 48) as a 'symbolic universe'. The symbolic universe is a body of theoretical tradition that integrates different provinces of meaning and

encompasses the institutional order in a symbolic totality. Within such a universe members of the institution have an experience of everything being in its right place and also of the various phases of their life as being ordered. As people look back into their past or forward into their future they conceive of their lives unfolding within a universe whose ultimate co-ordinates are known. People create a world of classification and definition to bring order out of chaos. This world becomes their symbolic universe. It acts as a sheltering canopy (Berger 1967:214). It orders history and locates all collective acts in a cohesive unity that includes past, present and future. From birth people are socialized into perceiving the world in this way. Individuals are linked with their predecessors and successors in a meaningful way. They understand themselves as belonging to a universe before they were born and they will be there after they die (Esler 1987:287).

Problems emerge when a small group comes to share a version of the symbolic universe that is different to the one shared by society at large. In this case the symbolic universe of the deviant group, by its very existence, challenges the objective reality and existence of the original mainstream symbolic universe. The dominant group responds with repressive measures against the new group, who then in turn responds to the challenge. This in effect leads to the creation of two competing symbolic conceptions of reality. Alternatively, problems emerge when, through conflict or war, key symbols of the all-embracing symbolic universe are damaged or destroyed (Malina 1981:222)

Luke's community was facing both these challenges. Firstly, with the destruction of the Jerusalem Temple, the symbolic universe of the Jews had been shattered. Secondly, as Jews rebuilt their world, there was conflict between those who had decided to convert to Christianity and those who did not. Luke's Gospel, written in the light of these circumstances, legitimates the choice of Christians to convert to Christianity. Through the gospel Luke creates a new symbolic universe that is anchored in the person of Jesus Christ, but linked in terms of its past with Jewish history, Temple and scriptures, and in terms of its present and future with the anticipations of Israel of old. All the above, will help our reading and exploration of Luke's Gospel in its context and also see the Jesus attitude within the context.

4.8. A classification based on purity and impurity in Luke:

For a good understanding of why a specific sickness / disease is considered a misfortune in a given society, one needs to know the cultural values and social norms of that society. Thus, the cultural perspective of Luke is very important for this study. Also looking at the difficulty that accompanies skin problems (leprosy) as part of a classification based on symbolic body zones; it is possible to construct a grading of illness mentioned in the gospels based on levels of impurity. Skin problems affect the body's boundary and thus symbolize threats to purity or wholeness. People with skin problems are considered impure (Leviticus 13-14) because their body's boundary has been invaded and their presence in the Community violates the Community's boundary. The presence in the community of such people makes it unclean, impure and lacking in wholeness and holiness (Pilch 1984:11). Similarly, people afflicted in one or another of the symbolic body zones can also be classified unholy or impure because they are considered to lack the symbolic bodily integrity symbolizing deficiency in purity, wholeness and holiness. Thus, a classification based on impurity shall be used to explain illnesses listed in Luke's Gospel.

The attitude of Jesus in such instances is 'therapeutic', restoring the afflicted person to purity and wholeness. This in turn restored such individuals to full and active membership of the community (Luke 17:11-19). The Jewish community judged purity on the basis of external boundaries; deficiencies in one or another of symbolic body zones are difficult to assign; hence impurity. Reading the gospels from the perspective of purity, wholeness, cleanness and its opposite impurity, uncleanness and unwholeness may suggest the most comprehensive classification of purity concerns.

4.9. Luke and Purity.

The book of Luke has a balanced appraisal of purity issues (Marshall 1978:35, Cassidy 1983:146; Danker 1988:3). Certain pericopes in Luke shows a sensitive handling of purity issues, which may be as result of traditional materials used (Paffenroth 1997:145; cf. Fitzmyer 1981:1-83), e.g. the Parable of the Good Samaritan which describes the indifferent responses of a priest and a Levite towards the dying man (Luke. 10: 30). From the viewpoint of ritual requirement, their action is understandable as corpse defilement might interfere with their temple duties. However, the Samaritan who belongs to the

group of outcasts, despised and defiled as the Jews were concerned becomes a model of religious behaviour. Bauckham (1998:479-80) argued that the case was carefully crafted to set up a conflict between biblical purity laws; but others believe that the parable is pre-Lukan (Evans 1990:46; Bovon 1996:2.84 and Paffenroth 1997). The story places the moral imperative of loving one's neighbour on a level with priestly obligations in the service of God. Luke places inward and outward purity on the same level. For instance, his form of the "Woes on the Pharisees" places the two together, in comparison with what obtains in Matthew's gospel (Luke 11:39-40). The assertion that Pharisees convey impurity like unmarked graves likens their moral influence to the most serious form of ritual defilement. Luke 12:1 warns about "leaven or 'hypocrisy' of the Pharisees. Luke differentiates the importance of ceremonial requirements but also warns of the danger of being 'leavened' by Pharisaic interpretations of the law, and so forming a wall against others in the society.

Moreover, Luke's perception of the relation between Jews and gentiles in connection with his 'salvation-history' helps to clarify his view of purity issues. Salvation comes to the gentiles through Israel in fulfillment of God's promise to Abraham, which is reiterated by the prophets (cf. Luke 1: 68-75, 2:30-32; Acts 2:39, 3:25-26). Also in the sermon at Nazareth Jesus mentions the widow of Zarephath and Naman, hinting at the inclusion of some from outside the boundaries of Israel (Evans 1993). Luke depicts the apostles carrying forward the mission of Jesus to other areas beginning from Jerusalem (Luke 2:38, 4:9; Acts 1:8). After the Jewish-Christians during persecution were dispersed from Jerusalem, the mission involved Samaritans (Acts 8:4-5), an Ethiopian eunuch (Acts 8:26-29) and others on the 'fringes of Judaism'. Luke portrays difficulty in annexing the people outside the maps of Israel into the life of the Church as rooted in conflicting ideas of purity. The question which follows logically from here is whether gentiles need to be circumcised in order to become Christians or not. Peter's argument after his vision was that God makes no distinction between Jewish and gentile believers, having purified the heart of both by faith (Acts 15:8-9). Gentile Christians do not need to be circumcised and contact with them does not defile (cf. Luke 11:38).

Luke's careful delineation of matters of purity reflects a delicate handling of Jewish concerns and effectively utilizes them to bring out the basis for a more open attitude of Christianity towards the gentile world. The available evidence suggests purity

concerns quite apart from temple ritual (Poirier 2003). The Lukan author does away with all fundamental references to the purity code of Leviticus 12-15.

4.10. Historical Jesus and Purity.

From the above discussions, it is demonstrated that there was a fundamental concern for issues of purity within the socio-historical context in which Jesus lived. According to Jewish religion and culture, Jesus would be expected to be a defensive person and avoid all contact with uncleanness. He would be expected to respect the lines and boundaries of Jewish observance, which are indicated in the maps of places, persons, things and times (Neyrey 1991: 11-12). There exist different assumptions about the Jesus of history presented in the gospels, however, the one element of continuity that spans the history of the quest from past to present, Kelber says, is “the diversity of Jesus images” (Kelber, 1994:142).

Craffert is of the opinion that everything that is known about the context of the worldview of Jesus of Nazareth shows that he lived in a world that is historically and culturally far removed from that of the modern Western reader (Craffert 2008:85). Therefore, it becomes apparent that Jesus was a historical figure within a particular cultural system, which in this study is the Jewish culture. He further argues that looking at the gospels themselves, it is clear that a large amount of the materials ascribed to Jesus belong to the category of cultural events and phenomena or to the category of common human events (2008: 90).

Looking at Jesus and purity, it must be conceded that Jesus, even though he lived within the Jewish context of strict purity rules, did not accept the Pharisaic interpretation of the “clean” and “unclean” (Borg 1984:135; Luke 11:37-41). Borg explains that uncleanness was not simply a lack of cleanness but a power which positively defiled. Jesus taught that holiness rather than uncleanness was to be understood as contagious. It is to be seen as the transforming power, not one that needs protection through separation. Jesus’ understanding of purity was different from the idea of the Pharisees; his criticism of them in Luke 11:44 as hypocrites and unmarked graves was to show the holiness God expects from his people. The Pharisees were protecting the holiness of God from defilement and therefore separates the people of God from the contagion of uncleanness. Jesus’ view was of freedom from legalistic traditions and concern for internal purity and

not outward pureness (Hargrove 1999:15). For Luke's Jesus, human need overrides purity regulations but does not necessarily abolish them. Purity according to Jesus should be a concern of the heart, which is from the inside; his focus on issues of purity was on the internal or heart related part of man (body). Hence, according to Sanders (1985:266), Jesus ate and fellowshiped with people whom the Pharisees considered unclean. Jesus in the gospels fellowshiped and touched people regarded as "outcasts" or "untouchables". Thus, in the Jewish Pharisaic system of belief, these sinners caused Jesus to become defiled (Borg 1984:83).

Sanders, responding to Borg, argued that to equate the Pharisaic interpretation of purity with the entirety of the Torah is basically an error. Hence, to approach the question of purity is not the same as addressing the status of the law; such a position is based on a false premise, and can never arrive at a sound conclusion. Therefore, it is suggested that the issue of purity and the alleged system of work-righteousness in the Jewish context are not the overriding factors that define the relationship of Jesus to his contemporaries (Sanders 1985: 264). Jesus' healing of lepers and the role of women and children in his ministry also reflect God's care for the outsiders. Kung (1976:273) also argues that "... for Jesus this fellowship at table with those whom the devout had written off was not merely the expression of liberal tolerance and humanitarian sentiment, it was the expression of his mission and message: peace and reconciliation for all, without exception, even for moral failures". Jesus many times in his ministry broke the 'fence' of purity stipulated in the Jewish purity codes. In Borg's analysis, Jesus practiced a "politics of compassion" rather than a "politics of purity", and thus consciously and consistently challenged the boundaries of the Jewish purity as interpreted by the Pharisees. Jesus actions shattered the purity boundaries of his social world (Borg, 1984:85).

The words of Jesus, as presented by Luke, especially in the parables (Luke 15:11-32) serve to show Jesus' fellowship with tax-collectors and sinners. He did not observe any of the maps so important to the Judaism of his days: Jesus came in contact with unclean people (compare Luke 5:13 he voluntarily touched the leper). Jesus traveled in Gentile territory (Luke 17:11) thus crossing boundaries. Jesus was always in contact with the possessed (Luke 8:26-39), the blind (Luke 9:10), the lame and the deaf (Luke 11:14), tagged as unclean in Jewish Torah (Leviticus 21:16-24). Jesus seems not to have restrained his bodily boundaries as a strict religious Jew: he shared fellowship meals with

so called sinners and outcasts, touched lepers and walked freely among people who belong outside the gate in a Jewish religious context. Hence, to the cultural and religious norms of the times, Jesus was crossing forbidding boundaries (Luke 5:27-36, Luke 11:37-40, Luke 6:6-11). Jesus' understanding of holiness and hence purity was quite different to that of the Pharisees. His criticism of the Pharisees as leaven (Matt 16:6, 11-12, Luke 12:1, Mark 8:15) and unmarked graves (Luke 11:44, Matt 23:27-28) was to show that Israel was to be the people of God and thus criticized the Pharisees as defiling and corrupting Israel. One could also see that holiness was to be understood differently from the post – exilic quest after holiness. To the Pharisees, the holiness of God needed protection from defilement and the people of God needed to be separated from uncleanness and whatever is contagious.

Jesus in Luke's narrative displayed a purity system which is expressed in rules of purity which differ from those of the Pharisees, the Pharisees were concerned with the external and surfaces (washing of hands, vessels and so on) but Jesus main concern has to do with the interior and the heart. The Pharisees guarded the external "fences around the Torah", i.e. the traditions of the elders, but Jesus was concerned with the core or heart of the law. To Jesus purity is measured by the keeping of God's law and not in the traditional "fences" of men. Hence, Jesus is not abrogating the idea of purity when he violates the rules of purity, but on the contrary Jesus is referring the rules of purity in line with what God wants and what makes whole, clean and holy (Neyrey 2002:32-39).

The idea of purity is an important anthropological concept for understanding the gospels (Malina 1981:112). It helps our understanding of the criticism of Jesus by the Pharisees on purity issues. According to the cultural and religious norms of the times, Jesus was crossing forbidden boundaries and had relationships with unclean people and outcasts. Douglas (1973) in classifying the differences between Jesus and the main stream system which structured Jewish life in the first century used two variables for locating and explaining diverse groups, namely "group and grid" (Douglas 1973:77-92) Group refers to the degree of societal pressure exerted upon individuals or subgroups to conform to the purity system, its symbols and rules. At the time of Jesus, they experienced strong pressure to accept and conform to the central values of Judaism. The second variable, grid refers to the degree of assent that people give to the symbol system

which is enjoined on them, its classification, definitions and evaluations. For example the Sadducees, as guardians and exponents of the Jewish purity system experienced a strong fit between the system's aims and their life, hence a high grid. But the Pharisees attempted an extension of the system to non-priests acting as defining points, hence had a lower grid compared to the Sadducees. Jesus is portrayed as a reforming figure who contested many of the basic classifications, definitions and evaluations of the system and since his degree of dissent from the mainstream is greater than that of the Pharisees, his grid is lower.

Looking at the Jewish system of purity and Jesus' standard of purity some differences could be highlighted generally. The core value of the Jewish purity system is God's holiness. "Be ye holy as I am holy" (Leviticus 11:44), but Jesus points to God's 'mercy' as the core value, "The Lord, the Lord, merciful and kind" (Exodus 34:6-7).

For the Jewish purity system, holiness is symbolized in God's act of creation (fundamental act of ordering) but for Jesus, God's mercy is symbolized in God's free election and God's unpredictable gift of covenant grace (Deuteronomy 7:7-8, Exodus: 33:19). The structural implications of God's holiness as ordering led the Jewish system to a strong purity system with a particularistic tendency, whereas God's mercy as election leads to a purity system with an inclusive tendency. A defensive strategy flows from holiness as order, whereas a strategy of mission, hospitality and inclusiveness represent the appropriate strategy where mercy as election constitutes the core value. On the whole, the scriptural legitimations for holiness as order are found primarily in the Pentateuch, whereas election and covenant is found both in pre-Mosaic tradition and in the prophetic criticisms of Israel's cult (Neyrey, 2002).

On the whole, from the view point of the religious, social and political context of Jesus' time i.e. the Jewish context, the theological concerns of Jesus went beyond the interest and influence of the Jewish life of his time. Although Jesus disregarded the maps and bodily boundaries of Judaism, Jesus did not abrogate the idea of purity, he only revived the same in the context of love, mercy and justice of God.

4.11. Moral purity and ritual purity: Jesus attitude to purity laws.

The relationship between ritual purity and moral purity is very necessary to aid our understanding of the origin of Christianity within its Jewish matrix (Dawson 2008:25).

Jonathan Klawans indicates that moral impurity is a phenomenon to be found in Jewish writings from the Second Temple period (Klawans 2001:143). Whereas the sources of ritual impurity are either natural phenomena (child birth, scale disease, menstrual and seminal emissions) or certain cultic procedures (Leviticus 16:28, Numbers 19:8), moral impurity results “from heinous acts, offensive to social life such as sexual sins, bloodshed, idolatry and deceit” (Klawans 2001:144). Moreover, while ritual impurity may be unintentional, moral pollution is the result of deliberate act and thus testifies to the offenders own character; however the character of such moral defilement may vary from metaphorical blemishing to a substantive impurity that is quite similar to ritual impurity. From a religious perspective, the rationale of moral impurity is that sin and offence cannot come close to the sacred (Jeremiah 7:3-15), while a socio cultural perspective looks at moral pollution as a disruption of the perfect social or cosmic order (cf. Regev 2004).

Klawans also discussed the New Testament attestations of the belief that sin defiles in its Jewish context, arguing that this underlying belief is central to the understanding of the cultural ethos of the early Christians (Klawans 2001:136-157). Several N. T. passages have been interpreted as proofs that the historical Jesus taught that moral purity was a more important concern than ritual purity, not that ritual impurity was unimportant. A number of scholars (Sanders: 1985, Crossan 1991 and Borg 1984) portray the historical Jesus as an opponent of the Levitical purity system. Marcus Borg for example focused on the traditions about Jesus’ response to those Pharisees who criticized his disciples for neglecting to observe the handwashing ritual as well as Jesus’ relationship with sinners (Mark 7:1-23, Mark 2:13-17). Borg sees Jesus advocating compassion rather than purity, and argues that Jesus understood holiness as an active rather than a passive force needing to be defended (Borg 1984:87, 1987:49, 1994:97).

The relationship between ritual impurity and moral impurity appears to be the focus of Luke 11:38 – 41 when the Pharisees were astonished that Jesus and his disciples did not wash their hands before eating. Jesus’ response about what goes into a man and what comes out of him defiling him. It is from within, from the human heart that evil intentions come: fornication and the like. All these evil things come from within and they defile a person. Scholars were of the opinion that “not what goes inside, but what goes outside defile” as saying that impurity of what goes out is more important than what goes

in. Hence, attest to the fact that Jesus knew that moral impurity is more severe and harmful to society than ritual purity (Klawans 2001).

Traditions of the first century Jewish community often place Jesus in the company of sinners, who they regarded as the generators of moral impurity. The sinners were people not concerned with religious piety or those rejected by the purity laws of the time (e.g. tax collectors, prostitutes, lepers, etc). Jesus, however, was ready to consider the sinners as made righteous by their faith even before the traditional redemption and atoning sacrifice or rite had been made (see Luke 3:12-13). According to McKnight (1999:91-98) Jesus' table fellowship with sinners was a sign of God's forgiveness and a symbol of the eschatological kingdom. He also connects this treatment of sinners with a call for righteousness and a need for moral reform. The followers of Jesus like Peter in Acts of the Apostles did not screen those who were baptized in the name of Jesus (Acts 2: 38 – 41), Phillip baptized Samaritans and Ethiopian eunuch (Acts 8: 5 – 40, 10: 1 – 8). The Christian Church displayed, an open attitude towards the gentiles, in effect, lowering the barriers of the new gospel”.

On the whole, the acceptance of sinners and tax collectors in the Jesus tradition / movement may seem to indicate non-conformity in matters of ritual purity, since adherence to the bodily purity characteristic of many Jews is not emphasized. However we can see evidence for the observance of ritual purity by the earliest Christians in Luke – Acts. In Acts 18:18-26, Paul and four others took a Nazirite vow; James and others forbade shared table fellowship and Peter was reluctant to dine with gentiles (See Acts 10:15-11:3). Luke is at pains to demonstrate that it is legitimate for Jewish Christians to dine with fellow gentiles. According to Klawans (2001:154), moral impurity led to expulsion from the land, because immoral behaviour defiled the temple and the land of Israel. Jesus' attitude to the ritual purity laws of his time can be said to be that of spiritual revolution prioritizes moral purity over ritual purity, although moral purity did not displace ritual purity, nor did it cause a rejection of the temple cult. In fact, all through Luke-Acts, Luke portrays members of the community of faith as taking part in prayers and sacrificial rites in the Temple (Esler, 1987:131-165).

Like the Jews, each culture has a purity system, whether they are aware of it or not, that organizes matter as in place (pure) and as out of place (impure), and it applies to objects, people, times and places (Craffert 2008:290), hence the concerns for purity

systems as in the context of Jesus time applies to the Yoruba purity system. Malina (2001a:161) argues that impurity in this sense is the description of a visible condition that could have been caused by a variety of factors. What during his mission, did Jesus actually do? Purity codes are about distinction, divisions and separation, but Jesus proclaimed and lived out a vision of a new social life in the Kingdom of God.

4.12. Luke's Jesus and the Law.

Conzelmann (1957:147) sees Luke's portrayal of the attitude of Jesus towards the law in the context of the Luke's salvation historical schema, giving the law as functioning primarily within the framework of redemption history. Hubner (1984) quoted by Loader (2002:274) looking at issues of the Sabbath and with purity, opined that Luke portrays Jesus as Torah-faithful and as not calling the law to question. He sees Luke wanting to avoid indications that Jesus abrogated Mosaic Law. Luke's Jesus attacks the Pharisaic, not the Old Testament understanding of purity in Luke 11:38-41. Esler (1987:113) agreed with Hubner that Luke portrays Jesus as both Torah-observant (with the lepers) and as upholding obedience to the Torah as a way of life (Luke 10:25-28). He also speaks of Luke's Jesus challenging the law. Luke places Jesus above the Torah (Banks 1975:122; Wilson 1983:33; Blomberg 1984:58); and in other places Luke presented Jesus as a defender of some religious practices against the views of the Pharisees.

Jervell (1972:133-152) for his part noted that Luke is most concerned about the ritual and ceremonial aspects of the law in his presentation of Jesus. However, Banks opined that Luke's foremost interest is the character of Jesus' ministry and its general relationship to Judaism rather than with specific issue of the law (Loader 2002:277). Turner (1982:99) said Luke's Jesus never enjoins study of the law, and subordinates the law to his own activities. Juel noted that Luke's Jesus avoids meetings with gentiles and keeps away from Gentile territory (1983:103-104). However, Klinghardt (1988:99) sees Luke's Jesus consistently affirming the law and as far as the attitude of Luke's Jesus is concerned were sometimes Torah observant and sometimes not (Loader 2002:299). Also, Neyrey (1991:289) in depicting Luke's argument of Jesus purity addresses the Jesus' pedigree and his occasional observance of the law to show that he was no stranger to the rules of the time. Jesus is not affected by the boundary lines as it relates to clean and unclean; he is seen as a limit breaker. In the healing of the ten lepers (Luke 17:11-19)

Luke has Jesus instruct the lepers to show themselves to the priest just as in Luke 5:12-16; and he did not touch them (unlike Mark 1:41). Hence, Luke's Jesus is seen to be pious, obeys the requirements of the Torah and Luke did not indicate a breach in the Torah when Jesus breaks the purity rules. He consistently represents Jesus' action as a strategy to secure salvation (Loader 2002:345).

4.13. Leprosy and Purity Laws

Purity laws are not about diseases but about social control (Draper 2005:98). Each community creates boundaries of various kinds around themselves and marginalizes what the community fears and drives it out of both body and society, hence the boundaries and the purity of the community is dictated by the individual community. Douglas (1982:65) said what we do with our bodies is a map of what we do with our society. In the Jewish context of Jesus as it relates to leprosy, the purity laws are laid down in the Torah and the Priestly codes of Leviticus 13-14. There is not so much anxiety about the contagious and incurable nature of leprosy, as about the fact that it defiles, hence sufferers are detached from the society. At the time there were no means for testing but the Levitical code empowers the priests to examine and confirm clean or unclean, that is they take decisions about social control in the community, and had the control of the purity system and boundaries.

Anyone confirmed to be leprous by the priests is then sent out of the community to wander around the countryside as in the story of the ten lepers in Luke 17. Leprosy is also seen as a punishment for sin (2 Chronicles 26:16-21) as in the punishment of King Uzziah for questioning the authority of the priests. We infer for our purposes in this study that purity rules at the time served the function of deciding who is inside or outside the community, it also suggests that the authority exercised the priests over the Judean community in the first century CE might challenge the role of the Church and its social agents in our context in an HIV and AIDS era.

4.14. Conclusion

On the whole, having examined purity systems in the Jewish context and having tried in juxtapose Jesus and purity as well as Luke and purity issues, one can conclude that the standard of purity set in the Jewish context (in the time of Jesus) were not so much

opposed by Jesus, but that he was opposed to the rigid overlordship and enforcement by the Pharisees, to the extent of neglecting human personality, love and relationships.

CHAPTER FIVE

Exegesis of Some Texts in Luke on Jesus' Attitude to the Sick and Outcasts

5.0. Introduction

As we have said in our previous discussions the Tripolar exegetical approach adopted for this research has three poles or phases of interpretation: context, distantiating and appropriation. The approach is an African Contextual framework that brings together the two worlds of the text and context, for a conversation that facilitates an understanding and produces praxis. In the process of exegesis, the three poles of the exegetical approach need to be looked at; hence in the last two chapters (i.e. chapters three and four) the research had looked at the context and the distantiating poles of the approach: the Yoruba cultural context of interpretation and the Jewish and Hellenistic context of the text.

In this section, we shall initiate a conversation between the reader in his context and the biblical texts of Luke 17:11-19 and Luke 5:12-15 in their context. Since the methodology chosen within the theoretical framework is a socio-scientific reading of selected texts depicting Jesus' attitude to outcasts in Luke's Gospel in the light of the socio-scientific reading of the Yoruba Context, informed by the use of the model of the body as a social map (Douglas 1966). Our hypothesis is that this could challenge and contribute to the transformation of the contemporary attitudes of Christians in the Anglican Dioceses of Remo, Ijebu and Ijebu-North to people living with HIV and AIDS.

The story of the lepers could be seen as saying something about diseases, impurity and exclusion in the ancient world, even though they were later healed by Jesus. The attitude of the Christians to people in our community who are living with HIV and AIDS is problematic; they are ostracized and often die in social exclusion and condemnation. Hence the biblical text may contribute to the church's understanding of and response to the problem in Nigeria today, through transformative readings of the Bible in Contextual Bible Study groups. The accounts of the foundation of the church mission as revealed by Jesus in Luke 4:16 – 19 and the healing stories recorded in Luke 17 and Luke 5 are some of the biblical records of outcasts who had encounters with Jesus during his earthly ministry. The response of Jesus to the lepers is to serve as a model for contemporary church.

5.1. The Bedrock of the Jesus' Mission (Luke 4:16-19)

Jesus declarative statement of his mission in Luke 4:16 – 19 is very significant. Luke 4:18, 19 is identified within the large section of Luke 4:1 -9:50, which describes Jesus' ministry. This section is full of teaching and miracles. Luke 4:14-44 is a summary of Jesus' powerful teaching and healing ministry. After noting in Luke 4:14-15 how that ministry is received in the Galilean stage, Luke proceeded to give an exemplary day in the synagogue where Jesus announces himself and his ministry to be the fulfillment of promise (Luke 4:16-30). The location of this Nazareth declaration has been a major problem of New Testament critical scholarship if the event is the same with the similar ones recorded in Mathew 13:53-58 and Mark 6:1-6. Some scholars hold that Luke's account is the record of Jesus first visits home, mid way into his public ministry possibly in late spring of A.D.29. They posit that Mathew and Mark record the event of his second visit about the early spring A.D.30 (Nchol, 1980:5-726). In the quest to establish the relationship between the synoptic records. Abogunrin (2003:239) captures the debate thus:

Some scholars, arguing from the point of view of the Markan priority, believe that the Lukan account is a redaction of Mark 6:1-6, perhaps With additional information drawn from the L.Source. Bultmann claims it is secondary creation from the anti-Jewish polemics of the Gentile churches, which Luke has placed in a scene created on thebasis of Mark. Some scholars hold the view that two separate incidents were combined together, while others believe that 4:25-30 is Luke's own theological addition. Also there are some who argue that the material is from a pre-Lukan composition.

He nonetheless conclude, that the three events are the same although Luke may have brought it earlier than it occurred (Ibid:240) its natural location, following Mark's order, would have been after Luke 8:56. Luke may have intended to show why Jesus chose to locate his ministerial base in Capernaum rather than Nazareth because of the contemptuous opinion on him. But we agree with W. Liefeld (1984:870) who argued that Luke's intention here was theological, with the purpose possibly being to emphasize the progression of the gospel from the Jewish environment to the Gentile and Roman world.

He did this by featuring statements about the extent of the grace of God to the Gentiles. In any case, our purpose here is to establish the background to the miracle accounts in Luke's understanding rather than to determine the historicity of the accounts.

To establish a basis for our exegesis of the text, we note first that in the Jewish synagogue worship was divided into two parts. The first part consisted of the recitation of the *shema`* (Deuteronomy 6:4), a prayer, and a reading from selected portion of the Pentateuch. The second part witnessed a reading from the prophets, which was often followed by an explanation of the passage which had just been read. An invitation to perform this task could be by the ruling elders to any qualified member of the congregation or to a guest (Acts 13:15). In line with this custom and upon entering the Nazareth synagogue on the Sabbath, as was his practice, Jesus was given the scroll of Isaiah by the *chazzan* or attendant requesting him to read. It is not however clear whether he chose the passage or it was determined for the day's worship; but he read from the scroll of the prophet Isaiah the words recorded in Luke 4:18,19. The larger part of this message is taken for the Septuagint (LXX) text of Isaiah 61:1-2. The phrase translated "to set free those who are oppressed" is taken from Isaiah 58:6 of the Septuagint (LXX). But the most reliable Lukan MSS omits the clause "to heal the broken-hearted" (Buttrick 1976:90-91) as found in Luke 4:18 of the King James Version but absent in most other versions of the English Bible. Following the return from the Babylonian exile many of the Jews who came back struggled with hardship and discouragement in their promised home in Palestine. Their faith and early enthusiasm began to wane, as there seemed to be a failure of the promises of restoration by earlier prophets. This seems to be the immediate background to this text, which offers hope and comfort to the depressed people. By the time of Jesus, the Jews took these words as referring to the new age which they eagerly anticipated.

5.2. The Anointing of Jesus

The text begins by accrediting the speaker. It affirms his empowerment by the Spirit by anointing, expressed by ἔχρισέν με ("he has anointed me", 4:18). The anointing here possibly refers to his baptism, where his status was attested by the Holy Spirit. It could also refer to eternal purpose of the plan of salvation (Abogunrin 1974:233). The motif of anointing was familiar to the audience Jesus was addressing. The practice of the Jews had

been to inaugurate the high priest, kings and prophets for their assignment through anointing with oil (Exodus 29:7; 1 Samuel 9:16; 1 Kings 19:15). Following this practice those who were set apart by God for special assignments in the functions mentioned above were referred to as the Lord's anointed (1 Samuel 26:6; Ps 84:9, 45:1). Hence he was "the Christ" on account of his mission, though not anointed in the manner of the ancient kings, he was nevertheless called--rightly according to Luke--the Messiah "the Anointed One". In the context of the messianic thrust of this passage, it could be made to read, "He hath made me the Messiah" or "He had made me the Christ" since the word anointing here is derived from the Greek *χρίω*, from which *χριστός* ("Christ") is derived (Grundmann 1974:493-580)

5.3. The Mission of Jesus

Jesus proceeded by giving his agenda for mission. The first here, though may not necessarily be placed in the order of priority is the proclamation of the good news to the poor. The good news here recalls the joyful announcement which the Angel Gabriel had made to the shepherds in Luke 2:10, 11. It is the intervention of God through Christ, "the anointed one", and all he stood for in human affairs. In its original context, the passage as Marshall (1970:119) might have referred to the prophet's own sense of mission. But it is also possible to identify it with the suffering Servant of Yahweh whose characteristics and mission were dominant in the immediately preceding chapters of the prophecy in Isaiah. The language of the passage is nonetheless prophetic and thus found its fulfillment in the person and activities of Christ. And in this vein, his mission is eschatological in nature. The recipients of the good news here are the poor (*οἱ πτωχοί*), which would be better translated "the destitute", those who are so poor that they are forced to engage in the act of begging for alms for survival. It occurs here in the nominative dative plural. The question to be addressed here is, "Who are the poor in the scope of this passage?" In its technical sense we would say the poor here are those who are destitute of the comforts and goods of this world. In ancient Palestine, the distinction between the rich and poor was widened in the eighth and seventh centuries before Christ (Thompson 1986:62) The Pharisees and Sadducees despised them and ancient philosophers showed no concern for them either (Barnes 1976:34) although the Bible made provisions for their welfare (Exodus 22:11, 22-27; Leviticus 19:9, 10; 25:39-42; Deuteronomy 23:24, 25). Thus the

good news of hope and comfort to them was an integral part of the activity of Christ (Matthew 11:5; 19:21; Luke 14:13; 18:22).

But the poor could also mean those in all ages, who though rich in the comfort of this world, are conscious of their spiritual depravity (Matthew 5:3). This might conform to the *anawim*, “the pious poor” of the Old Testament (2 Samuel 22:28; Psalms 14; 22; 24; Amos 8:4; Isaiah 3:14, 15). Such possesses an attitude of humiliation before God on account of the realization of their moral destitution. To this category the good news is the provision of hope and salvation from their unpleasant situation in the Person and activities of the Messiah. Next the Messiah details the nature of the good news to the poor. First as part of his mission, is freedom for the prisoners. He has the mandate as the “sent” (ἀπέσταλκεν) from (ἀποστέλλω). A word frequently used to describe someone sent on a mission with authority. For instance in John 3:17, it is used in relation to God sending Jesus into the world for His mission. Deliverance for activities, (αἰχμαλώτοις) and here initially has reference to the Babylonian captivity who anticipated freedom from the yoke of captivity. In this context it conveys the power of the gospel to liberate from the bondage of sin. The motif of sin as bondage to the devil is demonstrated in Christ’s teaching in the fourth gospel (John 8:32) and taken over by Paul who expands it in the Epistle to the Romans (Rom 6:15, 16). The reference to this release in terms of freedom from sin might be buttressed by the Jesus used (ἄφεσις), “the standard term of the New Testament for the remission of sins, sending them away forever (Lenski 1946:251). By releasing them the captives or prisoners are brought into his fold of God as sons and daughters.

The blind were receiving the recovery of sight in the mission of Jesus. The aspect of the mission of Christ might first be a reference to his miraculous work in restoring the sight of those who were literally blind. To such he returned their sight (Mat. 9:27, 28; 11:5; Mk 8:22; 23:10:46; Lk 7:22; John 9). Upon these people the prophecy was literally fulfilled to demonstrate the arrival of the reign off God over Satan (John 9:1-3, cf. 31-33). But those who need return of sight, (ἀνάβλεψις) legitimately includes those who are spiritually blind. Christ in the dialogues with the Pharisees who questioned his authority and the authenticity of the miracle of sight on the man born blind infers this understanding when referred to them as blind (John 9:35-41; cf. Matthew 15:14; 16-26; Luke 6:39; Romans 2:19). This thought is clearly established in John 9:41 in his word

thus: “Jesus said to them, ‘if you were blind you would have no sin; ‘but since you say, ‘We see,’ Your sin remains.” All who are spiritually blind to the provision in the person and activities of Jesus as the Messiah need the sight of faith to appreciate the magnitude of the provision.

Release for the oppressed is an integral part of the components of the good news that is being heralded to the poor in the programmatic declaration of the mission of Christ and by extension the church sin oppresses. This is captured by the term *θραύω*. According to Lenski (1966:253) its usage in this context denotes the continuous effect of the crushing and shattering sin leaves on its victims. Also being under the oppression of demons could be likened to being trapped in a prison of despair and pain. And to set them free is to release them from the pressure of sin and gave them consolation and liberate them from the yoke of the demons. Jesus adequately demonstrated this in his teachings and miracles (Bock 1994:90). The release is also extended to the marginalized, the excluded and outcasts, thereby reversing their situation and readmitting them into the normal society/community.

5.4. Proclaiming the Year of the Lord’s Favour

The year of the Lord’s favour means the era of salvation (Marshall 1970:121) or the age of the gospel (Nichol 1980:729). The allusion here is obviously to the year of jubilee in the Jewish calendar (Leviticus 25: 8-54). In this year, slaves regained their freedom, debt relief was given to the poor and lands bought or taken in pledge were released to their original owners. Similarly in the era of the gospel, the acceptable year of the Lord, the poor, the prisoners or captives, the blind, the oppressed, who are the unfortunate of the world and those who realize a sense of dependence on God may expect consolation, comfort, forgiveness, and liberation from the forces that confront them. This is the essence of the gospel. Luke gospel here shows that the good news borne by Christ addresses the moral and spiritual state of the hearers and provides them with a door or hope and emancipation from the crutches of sin and the activities of the devil; and the arms of the gospel also touches on the physical needs of the hearers. It is to attend to their physical handicaps and provide sunshine in their earthly living. D. L. Bock (1996:141-142) argues that the major application emerging from the scene where Jesus preaches in the synagogue involves the nature of his mission. The church’s call is but an extension of

Jesus' mission. The fulfillment is part of the fulfillment that the church proclaims. Values reflected in this mission should be reflected in the church's outreach...the people not only heard his message of repentance, forgiveness, release, and fulfillment of promise, but they also saw his compassion and care.

5.5. The Literary Context of Luke 17:11-19:

The story of the cleansing of the ten lepers is recounted solely by Luke. Ordinarily, the story of the lepers appears like a typical miracle story with the unique feature that the healing was done at a distance (compare 2 Kings 5:10-14). However, like miracle stories in Luke it takes an additional forward step beyond the Markan lepers-cleansing story by emphasizing that one of the lepers gave praises to God and actually returned to show appreciation (Marshall 1978:648-649). Vincent Taylor (1933:75) had no hesitation in calling this episode a pronouncement story, with the dominical logion in verse 18 perhaps being the application of a miracle story.

Bultman described it as a biographical apophthegm of Hellenistic origin depending on the miracle story of Mark 1:40-45 (Bultman 1963:33). Dibelius (1956:40) is of the opinion that the story is neither a paradigm, nor a novelle, and neither is it a legend about a Samaritan, rather it is a narrative of the recognition by Jesus of a Samaritan and his religiousness. According to him, it was Jesus rather than the Samaritan leper who stands at the centre of the narrative and it is just a tradition interested in the attitude of Jesus to the Samaritans. This is rather very winding and imprecise classification, but it shows classification according to form-critical standards. Taylor (1933:78) argued that the relation between Mark 1:40-45 and this passage must always be observed. Betz (1971:32-37) calls the entire story an apophthegm but refers to the first part (verse 11-14) as a parody of Mark 1:40-45, and the pronouncement in verses 17-19 as limitation of a dominical dictum. Betz insists on the fact that the story portrays the Church's attempt to show that a healing miracle is not the same thing as salvation itself. The healing miracle is in itself superficial and is not properly experienced unless it leads to conversion and faith in Jesus Christ. Nevertheless the primitive community did not disparage the reality of the miracle, for by it, a way is opened up for faith in the saviour miracles (Betz 1971:327-329). The historicity of this story is usually defended by

exegetes who see it as a variant of Mark 1:40-45. Bultman says that the story in Mark has been transposed into an imaginary story (1963:35); Richardson (1956-12) says the story of the ten lepers is reminiscent of Mark's story of the lepers, or even a version of it which is specially adapted for circulation in a non Jewish church.

Marshall (1978:648-720) however thinks that it is unlikely that Luke had created this peculiar story since Luke avoids doublets, and it could also be an expanded version of the earlier story by the Church. To Marshall, the argument that this account is a variant of the Markan one has no strong basis than the questionable assumption that there can originally have been only one story of the cure of a leper. In all, one would find it very hard to see why the writer of Luke should then retain the Markan version in Luke 5:12-16, which he knew he would later on parody: hence, I agree with Marshall (1978:48), although for our purposes we can leave the question of historicity open. The opening of this section is a Lukan construction (Betz 1971:3-14; Plummer 1981:402). It is also believed that if Luke owed the story to a source, it may have been oral and had a free hand in choosing his words; as the account is full of Lukan marks of style and phraseology and may be singled out as one of the stories which Luke certainly narrated in his own word (Balmforth 1930:247, Ragg 1922:227).

The Lukan narrator sets the stage by reporting that Jesus, journeying towards Jerusalem, was on his way through the land that bordered Samaria and Galilee. In Luke 17: 11-19, we are confronted with questions of the ritual context of social exclusion. What society considers clean or unclean is reflected in its disposition of the body to creates boundaries and pathways about the body which reflect the boundaries set in each community (Draper 2005:93). The Lukan narrator sets the stage by reporting that Jesus, journeying toward Jerusalem, was on his way through the land that bordered Samaria and Galilee (v. 11). The ten lepers were recorded to be outside the gate or at the borders of two regions, Samaria and Galilee. Jesus was traveling to Jerusalem when he had this encounter with the lepers. Jesus was said to be entering an unknown village when the lepers met him. John Carroll (1969) is of the opinion that concerns for purity play a prominent role in the gospel accounts of Jesus' public ministry, though often the concern is implicit. If rules about purity have to do fundamentally with the ordering of a community life and especially with the defining of its boundaries, then Jesus in the two stories in Luke poses

a serious threat to the community. Luke's account of the inauguration of Jesus ministry in chapter 4 suggests the image of Jubilee (Leviticus 25) – release for the outcasts. Nevertheless, in comparison with the Levitical codes in Leviticus, the gospels characterize Jesus' approach to matters of purity as provocative.

The ten men in the story at the onset had no identity or any identifying marks, apart from their disease (lepers); their condition marks them as ritually impure and marginalizes them. They were cut off from the community and its religious life; hence they addressed Jesus from afar. Jesus responded to their plea for help by directing them to “show themselves to the priest” (Luke 17: 14; cf. Luke. 5: 14). It is not clear which temple and which priest are meant (Jerusalem or Samaria?). In either case, a priest's certification or cleansing (ritual purity) is necessary to return them to full participation in the community (Leviticus 14).

The narrator further informs us that while on their way, they were “made clean” (Luke 17:14b). So far, the ten lepers have operated together as a group, calling out with one voice and journeying as one company; but suddenly the camera zooms in one of the ten: the Samaritan. Luke 17:15-16 – They were all “made clean” but one perceived that he had been ‘healed’ and turned back to give thanks. Only now do we learn that “he was a Samaritan” (v. 16b). Presumably, the nine others obedient to Jesus' direction and the levitical codes are still bound for the temple and the priest's certification for ritual purity. Infact, Luke 17:18 cuts to the heart of the focus of purity and boundaries in the passage: “Were none found returning to give glory to God, except this foreigner?”. The praise of the Samaritan is one of the long string of reversals in Luke's story, a pattern that showcases the fact that Divine mercy overlooks or transcends conventional social structures and lifts up the marginalized and far beyond the borders of the excluded and outsiders (Samaritans and Gentiles).

The story of the healing of the lepers is one of those polyvalent accounts of the miracles of Jesus recorded in the Synoptic gospels. The context of such stories form a major determinant in the interpretations we make with the Bible; and such accounts invite and encourage one to re-read the text in any culture and any audience. Approached the text from background that biblical scholarship has begun to focus on the messages from human experience and biblical stories in a bid to locate itself “within the social, political and ecclesiastical context of Africa” (West 2001:88).

In the age of globalization and the scourge of the HIV and AIDS pandemic, a contextual reading of Jesus' attitude to the lepers who cried to him for cleansing is desirable. The question may be asked: What will a contextual exposition of a narrative approach to the story of the lepers offer the Anglican churches in Remo, Ijebu and Ijebu-North Dioceses in Nigeria in an HIV and AIDS era? The answer to the above is premised on the views of African biblical scholars that trained readers' readings of the Bible must be informed by the perspectives and concerns of "ordinary readers and ordinary readings" from his people (Ukpong 2001: 191). Hence in our approach, the social location where the HIV and AIDS pandemic unabatedly prevails as a killer-disease is apt to be made the topic of our biblical examination on Jesus' cleansing of the ten lepers in Luke 17: 11 – 19 and its equivalent accounts.

5.6. Exegetical Analysis of Luke 17: 11 - 19

5.6.1. Geographical Location – Luke 17: 11

The location of this event is different to difficult. Luke speaks of a certain village (τινα κώμην) between Samaria and Galilee. Leaney (1976:228) renders it as διὰ μέσον – 'the border country' and takes the entire verse as evidence that Luke was totally ignorant of the geography of Palestine, since it had already 'Galilee and entered Samaria' in Luke 9:52.

Conzelmann (1960:68) and Ellis (1966:209) sees it as "going South between Samaria and Galilee" with the possibility that Luke mistakenly thought that Galilee bordered Judea on the South with Samaria alongside on the East. However, Luke's mentioning Samaria first would imply a journey from Jerusalem, where it is said that Jesus was already going towards it: Luke remoulded this story to suit the journey towards Jerusalem (Plummer 1908:403).

"On the way to Jerusalem he (Jesus) was passing along between Samaria and Galilee." The first thing to notice in the passage is the crucial part played by geographical and spatial details in the development of the story. Luke is not just reporting the incident of the healing and where it took place (as in Luke 10: 38), he emphasized that it was along the "border" between Samaria and Galilee. The mention of the border area between Samaria and Galilee signals a limit of separation, distance and alienation. This confirms

the boundary lines drawn at the time of Jesus. According to Weissenrieder (2006:42). before the Luke 17 text begins to speak of the lepers and their situation of need, the author introduces the geographic context which occupies a key position in the text. It is significant firstly for the religious – political context of the story which among other things sets the standard for the judgement of the location and context of the text.

Floyd Filson (1970) opined that the journey narrative is strikingly used in Luke-Acts is one of the dominant literary patterns of the biblical story. The two books of Luke and Acts share the general biblical pattern of the journey narrative. The great travel section of the Gospel of Luke (9: 51-19:44) tells of the decisive journey of Jesus from Galilee to Jerusalem; a section which takes up nearly 40 percent of Luke (Robinson 1960: 20-31; Stagg 1967: 499-512). According to Norval Geldenhuys (1961), this section of Luke's Gospel commenced the third and last part of the so-called "Journeys on the road to Jerusalem" portion, which for the most part contains materials given only by Luke.

In terms of a model of travel and ritual, one must take into account ideas of purity when it comes to Jesus' movement towards Jerusalem. Purity describes, in abstraction, an ordering of a social system; it indicates what is in place, appropriate and what fits cultural norms. And in all cultures, purity represents the lines humans draw in order to create meaning in their world. That which does not fit into a culture's idea of purity has the ability to contaminate what is pure. Mary Douglas (1966) calls it 'dirt'. "Dirt is a kind of compendium category for all events which blur, smudge, contradict or otherwise confuse accepted classifications. The underlying feeling is that a system of values which is habitually expressed in a given arrangement of things had been violated" (Douglas 1979: 51).

Jerome Neyrey (1993) applied this concept in a more concrete way to the "maps and boundary lines" in first century Judea. According to Neyrey, boundaries determine who is part of the in-group and who is part of the out-group (Neyrey 1993: 281).

He further applied the word 'margins' to refer to those people, places, things, that do not fit either entirely or partially, into the ordered system. These things are impure and threaten the social order. For example, non-Israelites are 'impure' when inside the boundaries of the Holy Land and the temple (Acts 21: 28). People who are not whole are also 'impure'. It suggests matter out of place, hence a hunchback is unclean (Lev. 21: 20). Defectives are also considered "impure" and this includes lepers, the blind, the lame

and anyone with a bodily defect (Leviticus 21: 16 – 20)(Pilch, 1988: 29-30, Neyrey, 1993: 282 ff.). Luke in the story of the lepers strictly presented the lepers in line with the rituals of pollution and line boundaries of the context. The writer of Luke is very deliberate and schematic in his introduction to the journey in Luke 9: 51 – 56, plunging the readers into the Samaritan world; the destination of Jerusalem and the movement through “Samaria and Galilee”

We note here an intriguing feature of Luke’s literary procedure in his cautious introduction of references to Samaria and Samaritans (Moscats 1976: 355-361) The Gospel of Matthew in its one mention of the Samaritans (10:5) limits itself to saying that the disciples should ‘enter no town of the Samaritans’. The Gospel of Mark simply ignores Samaria and the Samaritans. The Gospel of John in 4: 1-42 reports Jesu’s encounter with the Samaritan woman and a brief ministry in the town. Luke however located a great section to the Samaritans (Luke 9:52 and Luke 17:11). Jesus’ traveling on the border between Galilee and Samaria. It must be noted that Luke does not know or make a specific claim to any actual ministry by Jesus in the region of Samaria; his travel section prepares for, but does not begin the ministry to the Samaritans (Filson 1970: 72)

5.6.2 “They Stood at a Distaince”

In Luke 17: 12, another point of separation was revealed. The ten lepers ‘stood at a distance’ and had to shout to make their voices carry across the intervening space. The ritual laws of impurity relegated them to a place (Leviticus 13: 46). They were to announce their uncleanness as the law did not allow lepers to come near healthy people. It should also be noted that Jesus did not go to them, to touch and heal them as he had done with other lepers (Luke 5: 12-13). He kept a distance and simply told them to go and show themselves to the priest and, on their way, they were cleansed (by telepathic healing). A distance was established between the lepers and Christ. How often does our culture alienate the sick from the healthy?

Unlike many of the healing stories in the Synoptic Gospels, the healing of the ten lepers in Luke 17: 11-19 was without any sign of physical contact between the hands of Jesus and the healed. There is no rubbing of spit unto eyelids or massaging of bumps on a crooked spine. The healing that occurred in the passage comes through appeal and pronouncement, and responsive faith. One at first may see the absence of touch by Jesus

as inconsequential, but a closer analysis of the spatial gap between Jesus and the lepers shows the removal of a host of boundaries lines by merely speaking of God's purpose. According to Draper (1991) this is a recognition that their discovery of a new human community has already begun its healing work, hence a challenge to make a public stand together and to witness to the healing effect of their new human community which has overcome the oppressive force of human 'purity' rules. The healed person is restored to his/her community and relationships are rebuilt. This distance reminds us of their leprosy; it is made necessary by the ritual uncleanness associated with the disease (Leviticus 13 – 14). The lepers broke the social distance by calling on Jesus to have mercy on them. Why doesn't Luke portray Jesus as initiating the conversation? (Bruce 1972: 56). Nevertheless, it was they (the lepers) who lifted up their voices to Jesus. One person isn't the designated spokesman; they all seemingly, raise their voices for help (Miller, 1971: 124).

5.6.3 Why were the Lepers at the border?

As we have seen the theory of Mary Douglas (1966 & 1970) on the body as a social map and that 'dirt' is a fundamental boundary marker for society, relates particularly to what is included and excluded in any social sphere. Douglas opines that social boundaries most often are marked out physically or in terms of dirt taboos on the body. Attitudes to boundaries will show forth as form, external boundaries, internal structure and boundaries. A society's outward boundaries will be noticeable in the taboos relating to the physical body, especially the orifices, mouth, arms, sexual organs, hands, foot etc. Israel, as a society shows a particular obsession with the bodily boundaries and also the Yoruba people of Nigeria. From the Old Testament through the New Testament, examples abound where lepers, are socially ostracized from the community, e.g. the lepers in I Samuel decided to go to the Assyrian camp because they will not be given food in the community due to their condition; this means they will starve to death. Therefore they decided to go to the Assyrian camp in the belief that if they are spared they would live but if they were killed, death is in any case the ultimate end of every human being. In the Yoruba setting no one will publicly associate with lepers, epileptic persons, mentally deranged persons, people living with incurable or contagious diseases or those who break community taboos. In fact any one who breaks a community taboo will be sent out of the community.

The question raised by this theory is: Why were the lepers outside the town? Why at the border? In the opinion of Passakos Demetrious (2002: 1- 4) one of the constitutive elements of the world was that every culture brings forth its own distinction between sacred and profane, and consequently between clean and unclean.

Uncleanness is perceived in its essence as disorder, a threat to social harmony and decency, an element tolerable only at the margins, but preferably completely beyond the borders maintained by a society. This standpoint sees uncleanness as everything that does not fit in the space, or even in the time, in which it is found, and thus belongs elsewhere. Therefore, the location of the unclean indirectly defines the boundaries of a “cultural map”. This legislation is constituted by the Pentateuch’s “purity laws” (Leviticus 11 – 15), the “law of holiness” (Leviticus 17-26), and “code of laws” (Deuteronomy 14:1-21).

It is not out of place that the story in Luke 17:11 – 19 is located in the border area between Samaria and Galilee. It is not clear what “between Samaria and Galilee” means, but it could be inferred that it would be a “no-go zone” between the two regions. The Jewish historian Josephus stated that Jews under John Hyrcanus, the Maccabean priest and king from Jerusalem, had captured and destroyed Samaritan temple about 150 years before Jesus ministry and totally destroyed the city of Samaria (*Jewish War* 1. 61 – 63; *Antiquities* 13. 249, 254-256 as quoted by Draper 2005). This over the years created hatred and suspicion between Jews and Samaritans (cf. Luke 9:51-56). Hence, the border area between Samaritan and Galilee would have been full of uncertainty and danger. The two communities would see it as “Impure” or “out of bounds” because neither could control it. Such an area is the refuge of the lepers who were regarded as outcasts by both communities.

The lepers also suffer from a disease viewed as incurable and contagious. People infected are driven out of the Community and such are regarded as socially unfit to mix up in the society. The setting of the story of the ten lepers showed why they gathered outside a village at a distance. Aware of their state of uncleanness and hopelessness, they call out to Jesus for help. Carl Kazmierki (1992:42) argued that it was only in great cities and walled towns that the restrictions seem to have been strictly observed, but everywhere lepers would have been driven out and shunned. Lepers were not only social outcasts, but were also religiously unclean, cut off from fellowship with God and his people; they were required to identify themselves by shouting ‘unclean, unclean’

(Leviticus 13:45). It was the priest who could proclaim the completeness of a cure (Lev 13) and in earlier biblical times leprosy was regarded as resulting from sin, and later Judaism pinpointed specific sins like perjury and bloodshed. Hence, staying at a distance was in conformity with Torah requirement (Spence and Exell 1898:88; Henry 1708-1710:766; Marshall 1978:208). This banishment from the society and the mainstream of everyday life shows that in this culture, sickness existed in relation to daily life; hence being pinpointed with a serious illness like leprosy meant segregation from others and you take a new status in the community. It also means separation from the spiritual life and possibly relationship with God.

Jean Comaroff (1982:51) in her work, *Body of Power, Spirit of Resistance: The Culture and History of a South African People*, attempts to show this interconnection of knowledge symbol and ideology. She rightly points out that healing means human intervention in disorder. And she rightly states that illness calls into question particular cultural concepts and values. In this particular context here it is an intervention that calls for separation from everyday life until the sufferer is deemed fit according to the cultural norms set by this particular community for entry into the mainstream of everyday life.

Comaroff (1982:63) points out that illness also tests the system of relationship between the sufferer and his particular cultural system. It brings new meaning to the sufferer and to his/her cultural system. This is evident in this situation of leprosy. For leprosy had caused tensions among the people and had thus forced them to make boundaries separating each other even though the illness was not contagious. It brought about a change to their accepted system of socio-cultural relations.

This context also illustrates the point that healing does indeed play upon the relationship between the physical and the social and it forces human intervention and interaction. The physical body impacts on the social body in that what happens in the physical arena is acted out in society. And what happens in society is acted out on the physical arena is acted out in society. And what happens in society is acted out on the physical body so that the body becomes a “social map”. According to Douglas in her book *Purity and Danger* (1966), all margins are dangerous. Any structure is vulnerable at its margins this was also the case for the Israelite community. Thus, the orifices of the body symbolize its vulnerable points. Matter issuing from the body’s open skin is most

obvious and leprosy as a skin disease displayed danger to the whole community. And more so for the Israelites to whom holiness meant wholeness and a person with leprosy posed a danger to the purity of the nation.

5.6.4 The Christological Title – Luke 17: 13.

“Jesus Master, have mercy on us”

What are often overlooked in this passage are the interesting literary techniques used by Luke in telling the story, that of the special knowledge of the lepers, how, in fact, do they know that Jesus is “master”, their unique term of address to him (Long, 2007). The word ‘master,’ ἐπιστάτα, is found only in Luke, the parallel synoptic gospel used διδάσκαλε meaning teacher or rabbi. Ἐπιστάτης is a term used in secular Greek for various officials, teachers and leaders. It is used when people who are clearly identified as disciples or are about to become disciples address Jesus (Barclay 1956: 226).

Betz (1965) asked of the possibility that it was Luke who was responsible for the Christological title “Master” (ἐπιστάτης) attributed to Jesus by the lepers; since this title occurs only in Luke’s Gospel (Luke 5:5; 8:24, 45; 9:33; 17:33). The confusion comes from the fact that in all other occasions, this title is used by Jesus’ disciples, but in Luke 17:13 the title was used by men who were not disciples of Jesus. How did they know that it was Jesus? Why did they use the special term ἐπιστάτα? We could deduce that ‘master’ here connotes a person of high status, particularly in a view of a role leadership for someone who is in a serious need (lepers).

5.6.5 Why send the lepers to the priest? Luke 17: 14

“Go show yourselves to the priests”.

The response of Jesus to the cry of the ten lepers calls for examination. Why would Jesus, who the Pharisees and the Jews see as one who criticize and decry the purity rules of the time send the lepers to the priests? Why Jesus who does not mind breaking the Jewish law on other occasions such as harvesting wheat on the Sabbath under the watchful eye of the Pharisees, is directing the lepers to the fulfillment of the law. The Levitical laws in Leviticus 13:2-31 and 14:2-32 demands a diagnosis before healing or after healing. This is to have their healing assessed, and to get themselves ritually cleansed and their “quarantine lifted” (Hamm 1994). The priest issues a certificate of cleansing for the

individual to be re-admitted into the community. The readers learn of the ritual dimension only through Jesus' reference to the priests who will confirm their purity. It is interesting to note that in both Luke 5: 12-16 and 17:11-19 a re integration into the community only seems to be possible through the priests. No other social context is mentioned in the texts concerning reintegration in the Gospel of Luke.

“This shall be the ritual for the leprous person at the time of his cleansing: He shall be brought to the priest; the priest shall go out of the camp, and the priest shall make an examination. If the disease is healed in the leprous person, the priest shall recommend that two living clean birds and cedar wood and crimson yarn and hyssop be brought for the one who is to be cleansed....” (Leviticus 14:2-4). Jesus, who does not mind breaking the Jewish law on other occasions, such as “harvesting” wheat on the Sabbath etc. is directing the lepers to the fulfillment of the law. Jesus saw the issue of purity as more important and of strong significance since it has to do with the body as a representation of the social system. Also for the fact that admission of the cleansed lepers into the community is tied to the certification by the priest or the giving of a clean bill of health. Sanders (1990:2) commenting on Jesus sending the lepers to the priests to be certified as ritually clean said that Jesus' act in general conformity with the law, meaning that Jesus showed obedience to the Law. Banks (1975:103) opined that this section in the passage is decisive for proper understanding of Jesus' intention. Jonathan Turner is of the opinion that rituals are weapons of boundary-breaking and are able to change personal social identity (Turner, 2003:70). The purpose of this instruction by Jesus, may be to confirm the cure through religious officials who were the custodians of the Levitical traditions of the time and it is a ceremonial ritual of cleansing, a necessary requirement of the law, before they could be pronounced cure to reenter the society.

This act of healing leprosy is very different from the one described in 5: 13. Here Jesus does not touch the ten; he does not even say: “Be cleansed” or anything similar, he simply tells them to go and show themselves to the priests. This was required by the Law (Leviticus 14: 1f). Besides, once the priests had pronounced them healed, they would be restored to full social and religious fellowship with the rest of the people (Hendriksen 1978; Bowie 1965; Manson 1930; Hiebert 1981). The obedience of the lepers to the words of Jesus is meant to be a sign of their faith to be healed. This unquestionable obedience may have arisen as a result of the reputation which had built around Jesus.

Geldenhuis (1961:436) said “the Saviour’s command to them is at the same time also His authoritative utterance through which they are cured. This time He causes the healing to take place while they in obedience to His command and trusting in His power, are on their way to the various priests under whose authorities they are”.

Verse 15: “One of them seeing he was cured “(εἶς δὲ ἐξ αὐτῶν, ἰδὼν ὅτι ἰάθη) marks a new beginning in the story. Betz puts a great premium on ‘ἰδὼν’. Only the Samaritan ‘sees’ the fully understands what had really happened. His ‘seeing’ leads him to understand not only that he was healed, but that he has found God’s salvation (Betz 1971:318). Admirable as this is, it is doubtful if ἰδὼν would be interpreted this way. His seeing’ may not have gone beyond his literally seeing that he was physically cleaned. His finding of salvation, if we could say so, would depend more on his returning, and his giving praise to God, and thanks to Jesus. It was after all these that Jesus pronounced him saved (σέσωκεν).

5.6.6 The Samaritan Leper – Luke 17: 16.

καὶ αὐτὸς ἦν Σαμαρίτης (But he was a Samaritan).

The identity of one of the lepers as a “Samaritan” is very instructive. The question that came to my mind is, “Why did Luke make the Samaritan leper the hero of the story?” Hendrikson (1978) said “it was with marked emphasis that the evangelist adds “and he was a Samaritan” as if to say ‘think of it, a Samaritan!’ One of the striking features of Luke – Acts is the prominent visibility of Samaritans. Luke specifically re-arranges the journey of Jesus in Luke 17 towards Samaria so as to plunge the readers into the Samaritan world (Luke 9:51-56). References to Samarian and Samaritans are concentrated in Luke-Acts and John. Mark and Matthew do not mention the geographical region of Samaria. In fact, they do not appear at all in the other two synoptic gospels except for a negative note about Samaritans in Matthew 10:5, “Enter no town of the Samaritans” In Luke-Acts, Samaritans appear in several different contexts, and doubtless play some theological role in the Luke-Acts schema. In Luke 17:11-19, the Samaritan leper was given prominence by Luke as the only one who came back to give thanks to Jesus. This shows Luke’s perspective on the Samaritan, who was later tagged “foreigner” in the passage.

There have been a number of attempts to prove that for Luke these Samaritans

should be classified as Jews. Some of Marshall's discussion seems to indicate that the Samaritans are to be distinguished from both Jews and Gentiles. In his discussion of Acts 8, he calls them schismatic. His further comments, however, make it clear that he thinks of them as Jews when he says "Although we might be tempted to see in the mission to Samaria the Church's first attempt to evangelize Gentiles, this would be a wrong interpretation. (they are) part of the lost sheep of the house of Israel" (1980: 153). Jervell (1972:117; cf. Ellis 1966: 209), on the other hand, argues that there is something of a scholarly consensus that they are Gentiles. His statement is made with the presupposition that Samaritans must be either Jews or Gentiles. S. K. Bietenhard (in Walles 1975: 6-8) argues that the use of ἀλλογενής, which occurs only in Luke 17: 18, is evidence that Jesus regarded Samaritans as non-Jews: "The grateful Samaritan who returned to give thanks after being healed of his leprosy is called one of another race, a foreigner, for he was not a Jew". Another factor to keep in mind is the care that Luke takes to show that these converts of Samaria are unable to experience the full benefits of the messianic message through the ministry of Peter and John. If they are Jews, then how, is it that they need such care and attention from Jerusalem?

Though of less importance in Luke's narrative, Jerusalem's interest in the Samaritans seems to parallel in some ways Peter's later ministry to Cornelius in Chapter 10: 1 (8:16). Although, the Samaritans are not Jews, they are religiously very close to Judaism and therefore cannot be said to be Gentiles.

Luke's point in recording the story of the Samaritan is to indicate that the gospel is embracing a group of people who have been historically excluded from Jewry, thus edging this young movement away from the fierce particularism that characterized Judaism. Preaching and extending the gospel to Samaritans represents an obvious cultural step in the movement of the gospel. But apart from the word foreigner, we might think that the Samaritans were some kind of minority group within Jewry. They are definitely not Gentiles in Luke's understanding. Luke gives almost no information on the cultural differences between Jews and Samaritans, but when he narrates the care with which Jerusalem incorporates them into the Christian movement, which for Luke, is a theological point, it indicates a major cultural step has been taken in the gospel becoming universal. The church has taken a major step in overcoming historic racism.

According to Pilch, we can apply the theme of purity and impurity as the

overriding category for all depictions of illness. Similarly people afflicted in one or another part of the symbolic body with sores can also be considered not wholesome. Their perceived lack of symbolic bodily integrity is perceived to point to a deficiency in purity, wholeness, holiness. Leprosy, Pilch suggests, is a disease of boundaries. The lepers were in a medical condition paralleled by the “boundary conditions” of Jewish and Samaritan territories. Mary Douglas sees in the body a symbol of society, hence we see the powers and danger credited to social structures reproduced on the human body. Health issues for people of Jesus’ day had less to do with the eradication of symptoms and nothing to do with the destruction of bacteria; it had more to do with the social estrangement lepers experienced when their boundary disease, seen as a social threat, excluded them from social interaction. The embrace of Jesus undid this diseased boundary condition and made them whole.

The use of the word “foreigner” by Jesus in Luke 17: 18 shows the boundary line between the Samaritans and the Jews. From the Jewish perspective the Samaritan was indeed a foreigner, a stranger, an alien. The word ἀλλογενής is a New Testament *hapax legomenon*. The Classical equivalents are ἀλλόθρους (Acts 10:28) and ἀλλοεθνής. In the LXX ἀλλογενής is used of non-Jews (Exodus 12:43; 29:33; 30:33). The word was used in the inscription on the barrier placed in the Temple in the court of the Gentiles stipulating that Gentiles who crossed the barrier did so on the pain of death (Plummer 1908:405; Wallace 1960:153).

The Samaritan outcast closed the spatial gap that customarily existed between Jews and Samaritans, the distance of disease and social isolation. The cleansing of the lepers broke their human solidarity before the cleansing. The nine Jews had easy access to the temple and the priest, hence parted ways with the Samaritan. A new marginalization takes place and the Samaritan is excluded and alone; the old boundaries are re-established as the nine were too eager to fit back into the old oppressive human purity laws (Draper 1991). It was only the Samaritan, shut out, refused and oppressed owing to his race that returned to the source of the cleansing to show gratitude.

Verse 17: “Were there not ten cleansed? But where are the nine?” This is the very climax of this narrative. Bultmann (1963:33) is of the opinion that this interrogative statement could not have circulated without the preceding healing story. Betz (1971:319)

argued that the saying could not have been original to Jesus but a 'imitation saying' which violates the most important feature of what it imitates. Marshall (1978:625) takes Betz's deduction from Bultmann's observation as illogical and sees no justification in his assumption that the story is unhistorical. The mournful remarks by Jesus about the nine lepers (all of who are assumed to be Jews) who did not return creates a difficulty for expositors. Manson (1942:196) claimed the nine can hardly be condemned for not returning from an errand on which Jesus had just sent them unless we assume that they all went first to the temple and that only one return to give thanks.

Why then Jesus' remark? The problem here is that if this incident is historical is whether Jesus expected them to return or if it is entirely due to Luke or pre-Lukan redactor, one wonders why he makes only one out of them, and a Samaritan at that, return. Geldenhuys (1961:436) and Morris (1974:258), both of whom agreed with the historicity of this account, are satisfied with the remark that the nine were so selfishly taken up by their unexpected cure that they forgot to return appreciation to the person who had made their new freedom possible. It follows also that the problem of misunderstanding the meaning of bodily healing through divine grace on the part of many is raised, we may accept that it is of Jewish unbelief and their failure to recognize Jesus as the anointed one in spite of the many miracles he had performed; those healed went back to remain in Judaism. In the light of this Wallace (1960:184) talks of those who remain at a distance from Christ all their lives; even though they are healed, they never come back to Jesus, they keep their lives to themselves and remained untouched by Jesus in their inmost being.

5.6.7 A Limited Zone and Uniting Force

The boundaries drawn by society separating people from each other had restricted the lepers to a luminal zone, they belong perpetually to the zone beyond the margins of village life; Jesus is only passing through. The social isolation was no less dramatic for these ten men. The ten men came from two opposing population groups that will normally have nothing to do with each other, they include Jews and a Samaritan. Draper (2005) said "their common "impure" position outside the bounds of society, in the no go area between Galileans and Samaritans, has brought them into solidarity of affliction". Not only does this solidarity defy the separation and loneliness of impurity but it makes

them strong. A group of ten standing together and shouting attracts meaningful attention and response. The lepers in their location were free to discover a new fundamental human community where discrimination or boundaries do not exist (Turner 1969). The lepers were in a new human community bonded together. Hendricksen (1978) said “when one is afflicted with leprosy, nationality ceases to be a barrier to fellowship: Jew and Samaritan unite”.

Before their healing, all ten lepers were together, although one of them was from a despised and shunned people. People having experienced a common loss of similar condition have an unnamed bond established among them. They have something (common cause) binding them regardless of how much money or status they have, regardless of colour or ethnic, religious or political background. For those ten lepers, in the days before leprosy, the Jews would never have considered joining forces with Samaritans, but here they share the same hopeless disease – leprosy. They stand the accompanying experiences – being ostracized living outside the towns and villages. Cox (1941:52) said these men made common cause in their wretchedness. He said ‘think what their affliction had done for them, it brought them to a common level, causing them to forget racial hatred. Their wretchedness reduced them to a common level of need before God. It made them unclean, isolated them and made them hopeless’. The miserable malady suffered by the lepers broke down the racial barrier between the Jews and Samaritan among them; for under normal circumstances they would have nothing to do with one another.

5.6.8 “Your faith has made you well”.

Healing and Salvation (Luke 17: 19) for this aspect of the exegesis, I will dwell in form of review on the work of Fredrick J. Gaiser (1996). He argues that the words ‘healing’ ‘cure’ and ‘being well’ are three distinct expressions adopted in the gospels. Following Richard Ya Deau he recognizes the triune being (the human) as composed of a physical entity, a psycho-social entity, and a spiritual entity, curing becomes that endeavour which rectifies a disease or a disorder in one component of the triune being, while healing addresses the integration of these three components into a single entity, and is independent of the extent to which an individual physical body is cured”. It presupposes

an holistic healing as in the case of shalom in Hebrew language or being well (σέσωκεν) in the New Testament.

Luke's account of the story of the ten lepers does seem to make a distinction between what might be called cure and healing. Ten lepers were cured of the symptoms of leprosy. One is pronounced 'well' (σέσωκεν). The other nine lepers were healed physically but not made whole in their relationship with the Lord.

Perhaps there is a progression about salvation and healing from verses 14, 15 and 19. Betz (1971:315) therefore speaks of a 'two stage' soteriology and a theological progression in the narrative. The pronouncement "your faith has made you well" by Jesus appears to have been a regular set of expression on the lips of Jesus found not only in Luke but also in Mark and Matthew (Luke 7:50, 8:48; Mark 5:34, 10:52; Matt. 9:22,29).

Many commentators are prepared to see σέσωκεν σε as not just implying physical healing but salvation in the fullest sense of restoration to life in relationship to God and fellow human beings (Betz 1971:315-325, Geldenhuys 1961:436-438; Marshall 1978:650-670; Ragg 1922:228-229). For the Samaritan, the very concept of healing has broadened its meaning: the realization that he has been healed... becomes the realization that he has been saved (Betz 1971:318). The Samaritan obtained full salvation because of his faith in the person of Jesus which resulted in gratitude. The faith of the nine was superficial and incomplete, out to seek miracles for their selfish sake.

Another dimension in this healing account is that of humble gratitude which leads to a more personal relationship: this definitely has some appeal to a Yoruba man. Yorubas are naturally a grateful people and to the Yorubas gratitude is not only the greatest of all virtues, it is the parent of all others. To this they would agree, for among them gratitude for benefits received is a highly valued virtue. The child is taught to be grateful to parents and all older people for what they have done for him. Neighbours meticulously practice the art of gratitude among themselves. Gratitude by the Yoruba is not only practiced on the human plane but also in their relationship with the deities. Idowu (1962:122) observed that the Yoruba people of Nigeria naturally offer thanks to the divinities just as they do to humans. According to him, the Yoruba abhor ingratitude which to them is a grievous sin and they show this in their dealing with God; whom they believe to have conducted their destiny prosperously (Idowu 1962:123). That being the

case, the Yoruba Christian can apply this cultural trait in their relationship with God through Jesus Christ. The accounts of the cleansing of ten lepers by Jesus in Luke, had served as a source of inspiration to many Christian missionaries in establishing leper settlements in different parts of Africa for the care and cure of lepers. The Gospel of Luke alone tells us of what appears to be a colony of lepers and the soteriological nature of the healing was well displayed.

5.6.9 The Story in the Synoptic Gospels

The healing of the ten lepers is a healing story similar to Mark 1:40-45, Matthew 8:1-4 and Luke 5:12-16. The difference according to Samuel Lachs (1987:412) is the non-Jewish element, i.e. the thankful Samaritan who was introduced to emphasise the universal aspect of the story or as an example of an anti-Jewish bias in Luke (Luke 17). A discussion of the Synoptic narration of the story reveals some obvious compositional features. Mark has the story sketched out in five verses, (Mark 1:40-45). Matthew 8:1-4 accounts for it in four verses, Luke 5:12-16 in five verses, and in Luke 17: 11-19 in nine verses.

Matthew provides a geographical scene, “when Jesus came down from the mountain” and the accompaniment of a huge crowd and within the scenario Jesus was unexpectedly approached by a leper. Mark had no geographical placement of the story, but reported that Jesus was in a quiet place; but people continued to flock around him. In Luke’s, the story seems the same as in Mark but in Luke 17, the geographical location was emphasized.

To Mark’s narrative was added the miraculous effect of Jesus’ touch of the hand, the effect of his word, the society imposed on the healed person and the injunction to fulfill the Mosaic prescription. In Luke 5, the narrative becomes an occasion to stress the prayer life of Jesus, the miracle working Lord.

Another attraction in the story is the concept of ‘immediacy’ of the healing. This is found in all the accounts. The publicity given by the healed leper in Mark and in Luke 5 was marvelous that a crowd of people went to all the places Jesus went. Matthew omits this publicity, may be because of the assumption that the crowds that descended from the mountain had seen and witnessed what happened. Luke 17 did not talk about the publicity but made a hero of the Samaritan leper who came to give thanks.

The Christology of the narrative is noticeable in the three gospels (Manus 2000). In Mark, Jesus' attitude to real human suffering is humanly described: "moved with pity, he stretched out his hand, touched and said to him, "I do will it. Be made clean" (v. 41). Matthew and Luke dropped "moved with pity". While Mark humanizes Jesus in his emotions and feelings, Matthew and Luke spiritualize his person and his actions. However, one thing that all the three evangelists agree upon is the fact that Jesus is the compassionate healer and the Son of God, who has been empowered by the father to give divine mercy to the infirm in order to destroy their isolation, remove their stigma and re-integrate them into the community of the living (Manus and Bateye 2006: 162).

5.7. Exegetical Analysis of Luke 5: 12 - 15

This text shows us a leper who came to Jesus for cleansing. Leprosy rendered a man ceremonially defiled, so that, if he was healed, he had to go to the priest and carry out an extensive ritual of cleansing before he could be accepted back into the religious Community. Luke's account of this story is parallel to Mark 1: 40-45, but is briefer and can be compared to the healing of the ten lepers earlier discussed, i.e. Luke 17:11-19.

5.7.1. Luke 5: 12 "Bible passage"

Luke tells us that this man was "full of leprosy" (πλήρης λέπρας). His disease was in advanced stages; evidently a bad case, full of sores and far advanced. Leviticus 13: 12 curiously treated advance cases as less unclean than the earlier stages. Luke did not tell us the condition of the ten lepers in Luke 17: 11-18; the stage of their leprosy was not disclosed. Lepers were not allowed to approach people or join the community, as the ten lepers stood afar off, but this man broke through the regulations of the ceremonial law and came to Jesus; he broke the taboos and approached Jesus for cleansing: "Lord, if you will you can make me clean."

The physical disease of this man was horrible, but the terrible, social consequences in ancient Israel added to the misery. HIV and AIDS in the contemporary world seems to carry the same stigma and fear that the lepers faced; often times those who have contracted AIDS have been treated with disgust, as outcasts and with outright violence. The lepers came to Jesus in desperation and faith for cleansing. The action and the request indicate that the man fully recognizes that Jesus acts with supernatural authority

(Perrin 1973: 11). He has faith and strongly believes that Jesus is the only one that can cleanse his impurity, give him new strength and release him from his disadvantaged and underprivileged position in society (Manus, 2006: 163).

5.7.2. Luke 5: 13 – “Jesus’ Touch”

The willingness and compassion of Jesus for the leper showed in his response. The disease in a special manner rendered its victim unclean, that even contact with a leper defiled whoever touched him; so while the cure of any other disease is called healing that of leprosy is called cleansing. This is alluded to in the passage by the fact that the leper does not ask for healing but for cleansing. Jesus did not hesitate to reach out to the man. He defied social norms and any concern for his own well-being to touch a man who was not only considered unclean but thought to be highly contagious.

The instant healing of the man proves that the man recognizes in Jesus the supernatural Son of God whose touch heals the worst diseases and impurity. It shows the authority of Jesus over diseases and illness. It calls attention to the instantaneous effect of Jesus’ mighty deeds (cf. Luke 4: 39). When we compare the cleansing of the leper in Luke 5 with the ten lepers in Luke 17, one observed that Jesus did not touch the ten but he touched the one leper, the one leper received instant cleansing but the ten realized their cleansing on their way to the priest. This shows that healing miracles of Jesus follows different patterns and ways which cannot be restricted.

5.7.3 Luke 5: 14

This verse contains two major themes: the imposition of silence and the directive to go to the priest to perform the Mosaic rites – ritual of cleansing. The synoptic gospels all have the command to report to the priests and the injunction to perform the Mosaic ritual ceremonies; but the imposition of silence is not recorded in Matthew. The command to keep silent would make perfect sense here because the cleansed leper needs certification before he is declared to be totally cleansed, hence the directive to show himself to the priest. The injunction to show himself to the priest presents Jesus as one who is not against the religious traditions of his time, complying with the Mosaic regulations about ceremonial defilement and the removal of it.

5.7.4. Luke 5: 15

The effect of the cleansing is seen. Jesus was given wide publicity by the man that was cleansed; Luke reported that the incident was spread far and wide, so much so that others with different diseases came to Jesus for healing and cleansing

5.8. Purity rules and Boundaries in Luke 17:11-19 and Luke 5:12-15:

A Contextual Discourse in an HIV and AIDS Era.

According to Draper (2009:67) there is a widespread feeling that disease always has a social cause, hence HIV and AIDS which comes into the body from outside and is hidden for a long period before it is discovered, presents a problem not only medically but also for public perception of the disease. HIV and AIDS stigma emanates from the problem of social boundaries in our context. Also in the Yoruba cultural context of our study, one agreed with Mary Douglas that religious attitudes towards human sexuality are closely connected to fears about social boundaries which are put in place through purity codes of each society (Douglas 1970: 72-75). It then follows that the broken body personified by people living with HIV and AIDS portrays the brokenness of the society and healing of the body touches the religious values and the questions of faith in the community. The social body according to Douglas (1970:72) constrains the way the physical body is perceived, and that the physical experience of the body is always modified by the social categories through which it is known, sustains a particular view of society. Hence the church in this context can be viewed as a broken body in the era of HIV and AIDS because it is a community of Christians constituted by individuals including people living with HIV and AIDS. Richardson Neville (2009:144) is of the opinion that the *sine qua non* for Christian community is that there should be a clear communal intention to be faithful to the story of Jesus Christ, and recognizing that the story itself is pluriform.

The exegesis of the stories in Luke 17:11-19 and Luke 5:12-15 present to us the Jesus of the gospels as a readymade, observable and participatory narrative that should challenge the church in the era of HIV and AIDS. I agree in totality with Neville Richardson that the church in being faithful to the narratives, in being the community that remembers the broken body of Jesus in the Eucharist, the Jesus who served the poor and

the outcasts and healed the sick, is under a clear imperative to risk its own body in the era of HIV and AIDS on behalf of those whose bodies are broken by the challenge of living with HIV and AIDS. The church which is the body of Christ is called to display in its own life and attitude this brokenness in a world of broken bodies (Richardson 2009: 146).

The boundaries drawn by society (in this case Yoruba Christians) separate people from each other, creating insiders and outsiders. The stigmatization of PLWHA not only draws boundaries between them and those without HIV and AIDS, but also excludes them from the body of Christ, labeling them as sinners (unholy, impure) and as such the PLWHA experience oppression. And since purity rules are a matter of control exerted over others, these rules derive their power from the belief that it is the way things are, natural or biblical, but are mere human constructs made to control. Douglas (1966:2) said “Dirt is only matter out of place”. It is noteworthy that purity laws are not really about disease, but about social control. The community of Christians (church) could create boundaries of various kinds around it, and marginalize her fears, enforce it on her members through an organized system and law.

In the story of the ten lepers in Luke 17:11-19, we can deduce many parallels in our attitude to people living with HIV and AIDS. The margins of the Yoruba Christian community where people are labeled positive and negative, infected and uninfected, carriers of HIV and non-carriers of HIV, promiscuous and pure Christians. Paradoxically, these purity codes have now become a source of solidarity among the labeled people, and different groups of PLWHA, with the support of many NGO’s and organizations are agitating for freedom. People living with HIV and AIDS like lepers are being marginalized and treated as unclean once their HIV and status is known. They are seen as sinners who had broken the societal law or who are promiscuous, isolated and treated in loneliness. But this marginalization can become a source of solidarity and strength for them in a society where others are afraid of HIV and AIDS, just as was the case with the lepers in Jesus’ day.

The narratives here in Luke’s Gospel showed the attitude of Jesus to the lepers. By his actions, Jesus was not only destroying social barriers but showing that the new kingdom which he had come to establish “on earth as it is in heaven” would be an inclusive church, not bounded by barriers of race, sex or nationality. Jesus’ response to the lepers are unexpected as it challenges the fundamental healing method. He does not

pronounce healing, but simply instructs the lepers to go and show themselves to the priest for re-admission into the community.

The story presents to the Yoruba Christians a new horizon for understanding the Bible and the attitude of Jesus to the marginalized. It also challenges the church in Yorubaland to take the lead in seeking to comprehend the love of God and the attitude of Jesus which both establish a healthy community and requires the Christian community to transcend it in a new fellowship which knows no boundaries. Jesus does not rubbish the culture of his days but he evaluates the cultural expression of boundary rules in the light of the fundamental values of his people and his attitudes and actions were aimed at restoring individuals to full participation in the community.

5.9. Conclusion:

The two stories in Luke 17: 11 – 19 and Luke 5: 12 – 15 could be adopted as a narrative to portray the ministry of Jesus and his attitude and concern for the sick, ushering in the reign of God in human history. One major area of importance in the stories was the intervention of Jesus to fill the gap created by the lack of concern for the plight of persons with social diseases in our contemporary societies (Manus 2006). The common understanding was that leprous persons did not have a right to live within the community; they are excluded, ostracized and seen as outcasts. But “Jesus breaks through the petrified religious codes, touched and cleansed them and by so doing entered their isolation and restored them into the ranks of the unpolluted and pure people (Schweitzer 1977:211; Manus 2002:75-78).

Moreover, the stories can ultimately be understood as a critique of the social religious ethos of the age that socially depersonalized a large sector of the population and considered the healthy as children of Abraham (Bateye 2002). It can also be said to be an appraisal of the social religious culture of the time that reflects in the contemporary attitude of people towards people living with HIV and AIDS. On the whole, these stories sensitize us to the danger of stigmatization and discrimination against PLWHA, the need for the social transformation of such people and the call for social justice and love towards the excluded on our Yoruba cultural societies.

CHAPTER SIX
CONTEXTUAL REFLECTIONS: THE YORUBA CONTEXT OF HIV AND AIDS
AND CONTEXTUAL BIBLE STUDY.

6.0. Introduction: The agenda of this thesis as set from the beginning is to study the attitude of Jesus to outcasts in Luke’s Gospel in the Yoruba cultural context. Our approach in this section is to present the field survey and the discussions resulting from them as well as the contextual reflection. The section sets out the trends on the Yoruba perception of health and diseases as it relates to HIV and AIDs; the contextual reading of the texts in Luke as revealed in the field survey; the hidden transcripts of the survey as revealed by reading with people living with HIV/AIDs; and finally follow it with a discussion of implications possible from Luke’s Gospel for the church.

6.1. The Perception of HIV and AIDS.

It is believed that the perception of the pandemic affects the peoples’ attitude to PLWHA. Table 2 and 3 examined the way the respondents perceive HIV and AIDS and the level of their knowledge about the disease.

Table 1: Respondents Knowledge of HIV and AIDS

Variable	Level	Frequency	%
Have heard of HIV and AIDS	No	24	2.7
	Yes	<u>890</u> 914	<u>97.3</u>
Is it curable?	No	600	65.6
	Yes	314	34.4
It is a disease of the poor?	No	500	54.7
	Yes	414	45.3
Is AIDS real?	No	25	1.8
	Yes	889	98.2

This table shows that the respondents knowledge of the disease is very high as about 97.3% have heard of HIV and AIDS. It implies that the awareness and campaign about the disease is adequate and people are well informed of the virus. However, 65.6% of

respondents believe that HIV and AIDS is incurable; this means that the respondents are aware of the danger of acquiring the virus and its non-curable status. The respondents also affirm that the pandemic is not only for the poor, but it affects all. They believe HIV and AIDS is real.

Table 2: Respondents' Perception of HIV and AIDS

Variable	Frequency	%
Afflicts Immoral People	314	34.3
Natural/Germ	188	20.6
God's punishment	237	25.9
Can afflict anybody	39	4.3
Don't know	136	14.9
	914	100

Table 3. showed that the majority of the respondents believed that HIV and AIDS is the disease of immoral people or punishment from God. In the Focus Group Discussion some participants were of the view that: "AIDS is a white man's disease, which is brought home by those who had traveled abroad". Also in some groups, PLWHA were described as adulterers, immoral people and outcasts. They believed that God is punishing them for their sins, and people stay away from them for fear of contracting the disease. They also claimed that the stigma associated with the disease scares them away from PLWHA.

These findings agreed with the views of Orubuloye, Caldwell and Caldwell (1993) in a study in Nigeria on the clergy's view of the disease, in which they found that majority of the clergy define HIV and AIDS as punishment from God. The perception of people about HIV and AIDS affects their attitudes toward people living with HIV and AIDS and their families.

These perceptions most often are in line with the peoples' traditional religious belief system that anyone suffering from an unknown illness must have offended the gods and is being punish for his sins. We need to note that people with such perceptions would not be sympathetic to PLWHA. These perceptions could explain the high level of stigma and discrimination in Yoruba which has implications for the management of stigma.

6.2. Attitudes to People Living with HIV and AIDS

Here the researcher raised some stigmatizing statements and discriminating questions. These questions seeks to tease out, whether the common attitudes accorded family members in traditional Yoruba Society in times of illness would be extended to people living with HIV and AIDS.

Table 3 Stigmatizing Statements

Variable	Yes		No	
	Frequency	%	Frequency	%
Stigmatizing Statements Level				
HIV-Infected people are promiscuous	612	66.9	302	33.1
HIV and AIDS is a punishment from God	599	65.5	315	34.5
HIV infected people are responsible for their own problem	525	57.4	389	42.6
HIV infected people are not useful to anyone	313	34.2	601	65.8
HIV infected people should not be allowed to mix with uninfected people	764	83.6	150	16.4

Table 4:Discriminatory Questions

Variable	Yes		No	
	Frequency	%	Frequency	%
Would you sleep in the same room with someone who has HIV?	612	66.9	302	33.1
Would you attend and partake in the Eucharistic service with an HIV infected person?	512	56	402	44
Would you freely associate in church and outside the church with anyone who is HIV positive?	530	58	384	42
Would you tell others if a relation of yours died of HIV and AIDS after a long illness?	313	34.2	601	65.8
Is your context tolerant to sick people?	712	77.9	202	22.1

Table 5: Distribution of other attitudinal responses to PLWHA

Variable	Yes		No	
	Frequency	%	Frequency	%
Drinking using same cup at	477	53.7	411	46.3

Eucharist				
Eat with same wares	480	52.5	434	47.4
Will shake hands	659	72.8	236	27.2
Help to treatment centre	771	85.2	134	14.8
Sit together in church	800	87.5	112	12.2
Do house chores for PLWHA	615	67.2	285	31.1
Accept him as a leader in the church	312	34.6	588	65.4
Will marry if need be	120	13.3	780	86.7

Table 3 indicated that 66.9% of respondents put the blame of infection on people living with HIV and AIDS while 33.1% differs. About 65.5% also see the disease as a punishment from God.

Table 4 and 5, indicated the attitude of people to PLWHA. The majority of the respondents (varying from 53.3% to 87.5%) will sit with PLWHA in church, partake of the Eucharist and do house chores with them, while a percentage of about 34.5% will not. However, 86.7% of the respondents will not marry people living with HIV and AIDS while 13.3% will marry them if needs be.

This result was an expression of the positive attitude of people of PLWHA in the study area. However, some members of the focus group discussants maintained that inasmuch as they would not like to discriminate against people of their clans, they may not be too keen to work or relate with PLWHA because the cause of the disease and cure are not known, and that it is contagious.

The attitude of the people we have presented showed the general positive attitude expressed the fact that culture of the people determines their behaviour, hence, in spite of how they saw the disease (that of being the result of immoral behaviour), they were still willing to behave positively towards PLWHA. Also the perception of the respondents that HIV and AIDS is a disease of immoral people and a punishment from God, has cultural undertones in the sense that their belief system influences how they see things and react to them. Ojo (1966) argued that perception of illness is affected or influenced by belief system in African societies; a magico-religious belief system does influence how people perceive diseases, and there are cults or movements which focus on sickness and health. Among the predominant rural populace, ill health is commonly believed to be due to evil machination of witches, deities, and ancestors, and this belief system influences the health seeking behaviour of the people (Osunwole 1989). In the Yoruba traditional system, it is believed that sin against the gods attracts strange illness which includes HIV and AIDS. This corroborates the result of a research by Orubuloye et al (1993) that majority of Christian leaders and Muslims in south-west Nigeria see HIV and AIDS as a punishment from God. However, a belief system is concerned with the cosmology, which is the nature of the universe, the spirits that may control it, beliefs about life and death, life after death, morals, and how people should behave towards one another and towards the powers that control the world. Therefore, a decision about a particular disease does not depend simply on the physical nature of the disease and its symptoms (Mechanic 1978) It is a person's perception of disease that is important, and this perception is based partly on the physical symptoms, but is also influenced by a number of environmental factors (Bourdillon 1991). These environmental factors include the social environment within which a person acts and thinks (Jegede1998:64).

6.3. Nature of stigma in Yorubaland

The nature of stigma in Yorubaland is such that at the family level, members do not stigmatize PLWHA, rather, as indicated in tables 5 and 6, would eat, sit and care for them as they do for other sick people in the community. However, a 56 year old man living with HIV and AIDS in the study area explained that his wife and children no longer relate freely with him since he tested positive to HIV.

At the institutional level, there is so much discrimination of PLWHA by health workers in some hospitals that are isolated in secluded wards and rooms. A respondent said he decided to stop looking for hospital medication because of the negative treatment meted out to him by hospital staff and the way they circulated his result. Many employers are not friendly to PLWHA as they are sent away as soon as their status is known.

At the societal level, PLWHA and their family members were stigmatized. According to the leaders of the different communities interviewed, nobody wants to associate with PLWHA because of the shame and fear of contracting the disease. The informant maintained that PLWHA are treated like outcast by the community.

6.4. Management of stigma in the study area

People in the study area (Yorubaland) try to manage the stigma associated with HIV and AIDS by taking certain actions, which they feel are in the interest of the infected person and or that of the community. Table 7 and 8 indicated actions that would likely be taken by respondents if a relation or spouse were HIV positive using variables as care and support, confine and keep secret and do nothing etc.

Table 6: Reaction if a relation were HIV positive

Variable	Frequency	Percentage
Care and support	480	53.3
Confine and keep secret	202	22.4
Do Nothing	118	13.2
Don't know	100	11.1

Table 7: Reaction if spouse is HIV Positive

Variable	Frequency	Percentage
Care for him/her	499	55.4
Divorce	101	11.2
Run away	199	22.1
Will do nothing	61	6.8
Don't know	40	4.5
Total	900	100

According to the tables above 53.3% would care for PLWHA while 22.4% would confine and keep it secret. Also about 55.4% will care and support their spouse, while 22.1% will run away, 11.2% will divorce and 6.8% will do nothing. It is noteworthy that a family could do more than one of the above for members of their family living with HIV and AIDS. According to a male respondent:

The families of PLWHA keep him/her in one room and care for the person by providing basic needs and accompany him to hospital to seek medical care. No family ever reveals the fact that a member is living with HIV and AIDS as the shame would not be for him alone but the whole family.

The majority of discussants at the FGD maintained that if their family member is living with HIV and AIDS they would not mention it to outsiders. This is done to minimize the rejection and isolation, the family may be subjected to. Some families go to the extent of taking the sick outside the community to a faraway place or keep sufferer in a secluded place and do not allow outsiders to have access to them.

The implications of many of these management strategies in the study area is that PLWHA do not have access to modern health facilities and thus worsen the problem. Also PLWHA do not have access to others with similar problems so as to discuss, share information and encourage one another. Moreover, their isolation makes them feel lonely and frustrated and so quicken death.

Table 8: Cultural Obligation to the sick and PLWHA

Variable	Frequency	Percentage
Taking the sick for treatment centre	186	20.7
Caring for the sick till recovery	552	61.3
Financial & moral support	115	12.8
Inquiry into the cause of illness	47	5.2
Total	900	100
Are these also done for PLWHA?		
Yes	757	84.1
No	143	15.9

Total	900	100
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If No Why?

Variable	Frequency	Percentage
PLWHA are responsible for their illness	45	31.4
No cure, therefore hopeless	80	56
Afraid of contracting HIV and AIDS	16	11.2
Don't know	2	1.4
Total	143	100

In the traditional Yoruba community, the culture demands that certain obligations be done for the sick. The above table tried to compare obligations to the sick and to people living with HIV and AIDS. It indicated that 84.1% said Yes, the same would be done while 15.9% said No. Those who said No, gave reasons like, PLWHA are responsible for their fortune and so needs to weather it alone (31.4%). 11.2% are afraid of contracting the disease and 56% of the respondents were of opinion that if HIV and AIDS is incurable, It makes no point caring for them (PLWHA). They never saw hope of recovery, hence a waste of the hard-earned resources.

6.5. Discussion of Findings:

The research work is to examine the socio-cultural nature of HIV and AIDS and how it has influenced the attitude of Anglicans to PLWHA in the Yoruba society of western Nigeria especially in the Ijebu Remo division of Ogun State. Thus, the analyzed data center on:

1. Perception of HIV and AIDS.
2. Attitudes to people living with HIV and AIDS.
3. Nature of stigma in Yoruba Society.
4. Management of stigma in the study area.

A. The study examined people's perceptions of HIV and AIDS in the study area and found that the majority of the respondents see it as a disease of immoral people and

punishment from God. These perceptions of HIV and AIDS have cultural undertones in the sense that it is the people's belief system that determines how they see things. In the Yoruba context, the traditional religious belief is that an offence committed against the gods cause strange illness, which has no cure because the gods has punished the offender for committing such an offence. Traditional Yoruba society believes that sex outside marriage (non-marital sex) should be surreptitious and that public revelation or being caught out often resulted in punishing illness and other disasters. This belief system still has influence on the way people in the study area see strange illnesses/diseases till today and this includes HIV and AIDS.

Orubuloye et al (1993) corroborated this in a Nigerian study by stating that majority of Muslim and Christian leaders in South-West Nigeria see HIV and AIDS as punishment from God. It also agrees with the labeling theory that the culture and environment of a people determines their definition of the situation. In this case, the belief system of the people in the Yoruba context has determined the way they perceive HIV and AIDS. Sabatier (1988) also confirms the findings when he said that due to the initial misconceptions and negative reaction to the disease, people living with HIV and AIDS throughout the world have been blamed, stigmatized and isolated. Furthermore Kirly (1994) argued that the outbreak of a disease whose cause is not immediately known and which has no known cure is given a supernatural explanation. Bleek (1981) opined that an act done in secret when exposed through a disease or many other forms brings with it a sense of shame, and the reaction of relatives when this occur is to distance themselves from the shame and ridicule. He maintained that it is within this context that the reaction of some people to HIV and AIDS infections should be viewed.

B. The researcher also discovered that the people's attitude to people living with HIV and AIDS is a general positive attitude. The majority of the respondents were willing to share eating utensils, shake hands with PLWHA and are willing to assist them in one way or the other. This finding is contradictory to the people's perception of HIV and AIDS as a disease that afflicts immoral people. This can only be explained by the fact that the culture of Yoruba people forbids them to abandon their blood relations, since human action and interaction are influenced by the culture of the people. This is why in spite of their perception of the disease; they are still willing to behave positively towards

PLWHA as it is against their culture to behave otherwise. This finding was corroborated by Dane (1998) in a study of women living with HIV and AIDS in which it was found that the women were given full support by their families which in turn influenced and improved their health tremendously.

C. The study also found that most families of PLWHA confine them and do not allow outsiders to have access to them, thereby limiting PLWHA interaction with the public. Some are sent to distant relations or to the village so as to hide them from the Community. Some families even resort to denial by telling outsiders that the family member is having another sickness or that it is a case of poison or witchcraft. All these ways of managing HIV and AIDS stigma are mainly because of the fear of stigmatization and shame associated with the disease; families try to shield themselves from such by secret attitudes. The fact of the matter is that if any family acknowledges infection, nobody in that community would like to have anything to do with them and this can be devastating because communal life means so much to the Yoruba people.

The implications of the above findings are of great importance because such families do not take PLWHA to modern health facilities (to avoid stigma), thereby they have no access to good modern health care and as such their health problem worsens. PLWHA do not interact with other PLWHA and the isolation makes them feel lonely and frustrated, which in itself is enough to kill a person. On the other hand, families care and support PLWHA to the best of their abilities and make the PLWHA feel at home to bear the stigma.

D. Through our observation and interaction during the field work we also discover that age and gender were very important in the management of the stigma associated with HIV and AIDS. Young people were found not to be ready to care or support PLWHA like the older people. The old people are noted as the repositories of experience, memories, authority and wisdom, maybe as a result of the fact that youths are not as attached as the extended family as the older generation. Older people are more appreciative of the cultural heritage and mostly experienced cultural orientations (socialization) that are different from that of the younger ones. It could also be the influence of Westernization which has brought about a kind of insensitivity to family problems with emphasis on

individualism. Females (women) were found to be more sympathetic and are more willing to help relations living with HIV and AIDS. Sometimes men are impatient and selfish, while women are the caregivers and ever ready to give care and support. Awusabo Asare (1925) in an early study in Ghana notes that relations especially females are more sympathetic and very helpful, and this may play a role. Caldwell et al (1993) also noted that in the family support system, women play a dominant role because they do the bulk of the work throughout Africa. According to them, although the family has provided the care and coping structure, the provision of care has been almost wholly an undertaking of females.

While the results of the quantitative survey seem to indicate that Anglicans in these dioceses hold an enlightened attitude to HIV and AIDS sufferers, there is no evidence that their declared position on this affects their actual behaviour. There is no sign that PLWHA feel safe to disclose their status in Anglican congregations or even to Anglican priests. Other factors seem to militate against the management of stigma in the study area from our interaction include the lack of knowledge about the disease which breeds much stigmatization and discrimination, and inhibits how PLWHA cope with the stigma. Some of the respondents do not know that the disease can be contracted through other means apart from sexual intercourse, hence this discrimination and stigmatization negatively influence people attitudes towards PLWHA and limits the coping capacity of infected individuals.

Poverty is also a major factor inhibiting how PLWHA cope with stigma. Many of the respondents claimed that they cannot help a sick blood relation because they do not have the financial strength to do so. According to Ogunbanwo (2006) poverty limits the extent to which a person can help a sick relation including people living with HIV and AIDS. While the Anglican Church in Yorubaland through its doctrines, theology and practice has tried to fill the gap created by the cultural background of the Yoruba Christians, it has been without discernible success. The positive answers to many of the questions may rather reflect a culture of silence than an openness to change.

On the whole the research findings corroborate a study conducted by S.A.Ajala (2005), an anthropologist in two states from the Yoruba society of the southwestern Nigeria, to examine the social and cultural factors influencing the prevalence of HIV and AIDS, and care and support systems in those states. The study examined in historical

perspective the condition of health facilities in the study area before the outbreak of HIV and AIDS and how such facilities coped with HIV and AIDS. The study revealed that the socio-cultural condition of the society is not conducive to fighting HIV and AIDS, and that certain contesting issues in HIV and AIDS were found to account for the continued prevalence of HIV and AIDS in the study area. Some of the contesting issues include the perception that HIV and AIDS is a chronic sexually transmitted disease, hence in some traditional communities, it is referred to as “ako-atosi” (virulent gonorrhoea). Consequently, they see HIV and AIDS as a sexually transmitted disease caused by sexual immorality; hence the victims cannot disclose their status as they would be treated with ridicule and embarrassment (Ajala 2005).

The Yoruba people have the view that death would not occur without a cause, and that every human being has a destined cause of death. It is their belief that a person dying as a result of HIV and AIDS infection is destined to die like that (Orubuloye and Oguntimehin 1999).

The Yoruba believe that the statistical prevalence of HIV and AIDS is grossly exaggerated; as it is not rampant as claimed. They believe that HIV and AIDS is an incurable and fatal disease and that no amount of care given to people living with HIV and AIDS will avert death (Ajala 2005) and argued that HIV and AIDS is a problem associated with the process of human development, so that solutions to the problem should focus on the entire development of the society. It is their belief that anyone who contracts such a disease is to be ostracized from the community so as not to influence or ‘pollute’ others in the society (Awolalu and Dopamu, 2005). In fact, lines and boundaries that are drawn against people living with HIV and AIDS, at the onset, were so strong that anyone infected is regarded and seen to have violated the sexual taboos of the community (Ajala 2007:14 and Akintunde 2008:5). However, with enlightenment and education about HIV and AIDS pandemic these cultural attitudes are now changing positively.

The culture of silence that surrounds sex education in all societies especially in the Yoruba culture is also a major issue; young adults are exposed to sexual practices before they know much about the consequences. According to Caldwell, Anafi, Awusabo Asac, Ntozi, Orubuloye, Mark, Cosford, Colombo and Hollings (1999) people prefer not to talk about AIDS partly because it was an unusual disease with mysterious symptoms perhaps related to the occult.

Culturally sanctioned bodily mutilations or alterations such as male or female circumcision, scarification, tattooing, ear and lip piercing, foot binding and some forms of local cosmetic surgery are associated with the spread of HIV and AIDS (Helman 1997:326). This is because it involves blood contact with the instruments used if already used by an infected person.

The myths about HIV and AIDS, and the fear associated with it, have in most cases undermined the offer of care and compassion for PLWHA. They affect the moral and ideological attitudes of society towards those infected and affected. Helman (1997:345) said “the society defines the victim as the ultimate other, alien, antisocial, unnatural, dangerous and threatening; their disease is manifestation of their inner moral evil and or mental illness (Helman 1997:348). There is the myth that once a person touches an infected person or eats with him or her, such a fellow will be infected. It is also assumed that women are mostly responsible for infecting men with HIV and AIDS (Gennrich 2004:13). It is the belief in religious circles that HIV and AIDS is a punishment for sinful behavior, a result of breaking religious moral laws, and some traditionalists see it as an illness caused by the breaking of certain sexual taboos and others blame it on sorcery (bewitched). As we have seen, the outbreak of a disease whose cause is not immediately known and which has no given cure is given a supernatural explanation; it may be attributed to an offence against the gods or ancestors or a spell by an enemy (Kirby 1994). Historically, among the Yorubas the cause of a number of diseases such as small pox and protruding stomach has been given such explanations, hence Bleek (1981), maintains that it is within this context that the reaction of the people to HIV and AIDS infection should be viewed. Such interpretation obviously influences perception of a particular disease, people living with it and the behaviour of the infected persons. All these constitute greatly to the stigma and discrimination associated with HIV and AIDS in Yoruba Communities.

Osunwole (1996) argues that in traditional societies like the Yoruba, disease etiology and diagnosis can only be effectively determined through a careful consideration of cultural variables surrounding a particular affliction. He noted that in traditional cultures, indigenous beliefs and practice inform responses to illness in terms of causation, diagnosis, care and support. He strongly believes that traditional diagnosis methods and attitudes are influenced by cultural and religious beliefs of most indigenous communities.

The perception of illness is affected and influenced by the belief system (Ojo, 1966:178). As we have seen, in the Yoruba traditional religious system, there are still cults which focus on sickness and health, and even where these are not practiced they continue to influence people's responses to disease (Oke 1993:29).

Among the predominantly rural populace, ill-health is commonly believed to be due to evil activity of witches, sorcerers, deities and ancestors, and this belief system influences the perception of the people about diseases especially HIV and AIDS and also the health seeking behaviour of the people. Saunders (1972) is of the opinion that what is recognized as disease or illness is a matter of cultural prescription. Lambo (1993) emphasized the essence of cultural elements to health. According to him, African societies have developed indigenous forms of psychotherapy that are very effective and women around the social fabric of the society. He argues that healing in Africa is an integral part of the society and religion. Jegede (1994) expressed a similar view in his work on "aisan" a social term in Yoruba definition of illness.

However, the study discovered that things are ostensibly changing due to the influence of Christianity and education but not necessarily resulting in changed praxis. The question then is whether being a Christian having the Bible as a resource in the Yoruba context does or can make a difference to the way Yoruba people respond to HIV and AIDS. The discussions so far gave a large number survey which expressed the "official transcript" (Scott 1990:120) of the Yoruba culture and the church as caring for and accepting the sick people. However, there existed some divergences from the transcript as some people see HIV and AIDS as a punishment for sin and therefore carries a stigma. In other words, there is a "hidden transcript" (Scott, 1990:120) underneath which is not being openly expressed.

In the Contextual Bible Studies, the research went further to conduct small and intimate Bible study groups for in-depth conversation, when the hidden transcripts can be safely expressed. This involved a thick description of cultural interaction with the Bible and the context of a growing HIV and AIDS infection in Nigeria (Yorubaland). This will enable the research have an excellent base for interrogating the hidden transcripts in small community Bible Studies (West, 1998). The pertinent issues highlighted above were used to formulate questions for the Bible Studies.

6.6. CONTEXTUAL BIBLE STUDY ON LUKE 17:11-19

This section presents the results of the Contextual Bible Study (CBS) in the groups. The research chose to use the Bible Study methodology or approach adopted by the Institute for the Study of the Bible (ISB) (West 1993; 1999; 2000), which is now called Ujamaa. The Institute engages in Bible Study with the ordinary readers of the Bible including the poor and marginalized communities, based on the understanding that both formally trained readers of the Bible and the ordinary readers have resources to offer one another (West 1999; 2000). The work is premised on the assumption that the Bible plays a central role in the lives of the poor and marginalized communities since our lived experiences shape our reading of the Bible and Contextual Bible Study has a commitment to the context of the poor and marginalized people.

In this research among the Yoruba Christians of Ijebu/Remo area of Ogun State, the Yoruba context is important and our interest is really to understand what it means to read the Bible from the Yoruba context. To achieve this, the Bible needs to be read communally and collaboratively (West 2000:599) Trained readers bring their critical resources to the process, while the ordinary readers offer interpretive strategies that have been “forged in diverse and difficult circumstances” (West 2000:602). Collaboration through communal reading enables the mutual sharing of these resources and gives expression to a commitment to the recognition and recovery of subjugated theologies of the marginalized people.

Among the Yoruba there exists a community consciousness about people tagged outcasts or the excluded in the community; for example lepers are regarded such as before the problem of HIV and AIDS. Our research involved contextual analysis within the reading process because an existing community consciousness already exists and there are organizational structures (see West 2000:598). Applying the Contextual Bible Study method within the Yoruba cultural context requires some flexibility in facilitating the reading of the text in Luke 17:11-19. The focus group discussions having prepared the study in relation to community consciousness, questions were framed to draw on the critical resources of the researcher as a trained reader to ensure a careful and close reading of the text. Through the questions readers more from community understandings of the text, to textual issues, and then conclude by grounding the biblical text back into their concrete life experience.

6.6.1. Reading Luke 17: 11-19

The understanding emanating from the Contextual Bible Study (CBS) groups shall be discussed based on each question in the Bible Study outline (Appendix II). The analysis of the Bible Studies and not the full transcripts will be provided here, though I do have in my possession all the Bible Studies reports, which shall be kept in a secure place in accordance with the ethics policy of the University of KwaZulu-Natal.

6.6.2. General Introduction: Read and summarize the story of Luke 17: 11 – 19.

In this task there was no evaluation or analysis required. It was meant to focus on the content of the narrative, rather than on its form, context, or history. It is just to get the groups familiar with reading the “text as text” and later read for evaluation. Almost all the groups recorded a familiar posture of the participants to the text. Many of them had heard sermons on the text before and viewed it in different ways. The groups also agreed that the pulpit interpretations were motivated by the position of the preachers as ministers of religion who are always eliciting a theological message from the Bible without necessarily considering the effects of the literal text on believers.

6.6.3. SECTION A –

The first part of the Contextual Bible Study was a set of textual questions put in such a way as to foster discussion and also force the group to gain critical distance of the text. The groups were made to understand that they were free to analyze the passage and the characters involved, to provide their own opinions as well; but the textual questions were designed to keep on inspiring them to go back to the text. The questions were to help the participants see that the text had its own ‘voice’ and that this might not be the same as the usual approach to the sick and the outcasts they were familiar with; and that they did not need to have misgivings for this task.

O. What is the text about?

Most of the participants in all the groups were very familiar with this passage in Luke’s Gospel. They have heard sermons and teachings on the text. The participants in the three dioceses said the text is about the healing of ten lepers by Jesus Christ, appreciation, showing gratitude to the Lord. However, a man named Christopher in one of the groups in Sagamu

said the passage is about “how to respond to God’s blessing”. Another man in Ijebu-Igbo area sees the text as talking about Jesus’ attitude to outcasts. Other generalized by saying the passage is about lepers in the Palestinian society; while a few of the group members said the text is about compassion, healing, love and attitude to outcasts. The answers to this question shows an understanding of the text at the shallow level and such, the study must go deeper so as to bring out the concerns of the research.

1. What Does The Passage Say About Lepers And Their Position In The Society Then?

This question is designated to create space for the understanding of the text that the participants might want to share whether an orthodox interpretation easily available in the public view or what reflects some more hidden and less commonly articulated “working” theology of the respondents (West 20002:4). The participants in all the study groups responded variously. Most of them said the lepers were seen at the time as unclean people not to be related with in the society. Some were of the reasoning that the lepers were treated as nobodies, outcasts, bad people, a dirty group and a such isolated from clean and normal people.

2. Where Were The Lepers Before They Met Jesus? And Why Was It So?

The participants in all the Bible Study groups were unanimous to agree that the lepers were at the border of the village because they were not allowed to stay inside the town/village. Others said they were banished outside the towns because they were unclean. A young man in one of the groups observed specifically that they were at the outskirts of the town, on the road side, in the bush because they were not to be seen in the community as they were unclean, impure and a source of defilement to whoever had contact with them. The disease (leprosy) is a dreaded disease that is a picture of sin, it renders sufferers ceremonially defile, so that they have to do ritual cleansing before they could be admitted into the society (Leviticus 14). The lepers according to the participants (as interpreted by me) were defined by the purity system of the time (first century Palestine) in terms of uncleanness, disease, impurity and defilement owing to body odour, fluids etc. In other words the lepers were situated in social systems that determine how the world in which they live relates to them, were regarded as outcasts.

3. What Was The Attitude Of Jesus To The Lepers?

To the participants, the attitude of Jesus to the lepers was different. A participant from Odosembora – Ijebu said “Jesus did not reject the lepers even though the societal norm rejected and excluded them”. The attitude of Jesus they responded to was that of compassion towards the lepers. Others simply answered that Jesus showed mercy, compassion, love, acceptance to the lepers. Some even said Jesus sympathized with the lepers and identified with them.

Abejide Akinola from Ogijo-Remo answered that “Jesus listened to their cry, gave them audience and understood their condition”. Generally, the participants observed the love and compassion of Jesus to the cry of the lepers. Jesus simply instructed them to go show themselves to the priests.

4. Why Did Jesus Ask Them To Show Themselves To The High Priest?

This question seems a little hard for some participants to answer, however, many who were educated and conversant with the Bible answered that Jesus sent them to the priest for certification of cleanness, so that they could be admitted back to the community. Others said for confirmation of clean or unclean, since the priests were seen as custodians of the spiritual authority to declare clean or unclean. Yet some of the participants said Jesus sent them to the priest so that they can offer thanksgiving to God for their cleansing. A young brother named Olalekan Bamiro from Odogbolu is of the opinion that “Jesus was only testing their faith.” This he explained further that the cleansing did not occur until the leper displayed their faith in the words of Jesus.

5. What is the position of the Samaritans at the time and why was this Samaritan leper accepted by other Jewish lepers?

The Jews and the Samaritans were enemies and they did not relate together. Participants in Ijebu Diocese refer to the story of the Good Samaritan in Luke 15 to explain the love lost between Jews and Samaritans. The Samaritans were always looked down upon by the Jews and seen to be inferior, sinners and of bad blood.

The lepers who were Jews had no option in accepting the Samaritan leper because they were all at the border area between Samaria and Galilee. The place is a refuge of the lepers and so none of them could lay claim to the place. Other participants also said their

togetherness was brought by the common problem the ten of them had: isolated, in affliction, separated, lonely and put out of the normal community. One clergyman from Ijebu-North Diocese, added, that at the time the lepers had no identity, as a leper remains a leper, nothing more to be proud of.

6. Do We Have People In Our Communities Who Are Treated As Lepers Today? Why?

Participants in all the Bible study groups responded in the affirmative that we have such people in Yoruba Context. Mention was made of people who were insane, ex-convicts, prisoners, the epileptic, people living with HIV and AIDS, etc.

On the question “why” participants gave varying answers; some people said to curb the spread of the diseases, others claim it is because the societal norms exclude such as deviants, some equate it to lack of sufficient knowledge and yet some others claim it is to guide the purity and sanity of the society. A woman from Aiyeye-Ijebu was quick to answer that “It is because we are not Jesus”. She explained that we find it difficult to relate with such excluded people because we do not love or show compassion like Jesus.

6.6.4. SECTION B

The next set of Bible Study questions would take the participants into their own context. It is the final phase of Contextual Bible Study process. Contextual Bible Study must lead into action and to change (West 2002:3-5).

1. What Does This Text Say To People Living With HIV And AIDS?

The text according to the participants gave hope, encouragement and love to people living with HIV and AIDS. A young member of the group in Ijebu-Ode drew our attention to the fact that the text could be appropriated to the stigma and discrimination against people living with HIV and AIDS in our context.

2. Is The Position Of Lepers In Luke 17:11-19 Similar To That Of The People Living With HIV And AIDS Today?

The Bible Study groups in Sagamu, Ode-Iemo, Ijebu-Igbo and Awa were of the opinion that they differ because leprosy is a skin disease easily noticed but HIV and AIDS is internal and not easily seen on the face. However, other groups were of the opinion that the position is the

same since people living with HIV and AIDS are socially discriminated against as they do to lepers.

A respondent from Ogijo commenting said people who had been diagnosed as HIV positive felt just “like prisoners” as people distance themselves from them like lepers in the community. The predominant view in most Christian communities is that HIV and AIDS is a punishment from God and such sufferers are treated like lepers who are also seen as sinners. Leprosy and HIV and AIDS were socially stigmatized and sufferers excluded; for lepers they were excluded owing to the contagious nature and because it defiled the holiness of the people, for PLWHA it is out the fear that others may be infected.

3. Are Our Attitudes To PLWHA Also Influenced By The Socio-Cultural Realities In Our Land? Why?

Almost all the Bible Study groups agreed that Yoruba Christians were also influenced by the socio-cultural realities in Yorubaland. One of the respondent said in Yoruba culture “there is no mother of a mad person in the market”. Further commenting on the question, an elder in the group at Odosembora traced the reason to the fact that no society harbors infectious disease. Moreover, at the onset people living with HIV and AIDS were given negative connotations by associating HIV and AIDS with already marginalized groups such as homosexuals, prostitutes and other such people in Yoruba contexts. In the Yoruba context, the participants further observed that the shame associated with HIV and AIDS is far more than that of leprosy. A woman corroborated this fact that “at the family level, family members of people living with HIV and AIDS indicated that their families are tagged as AIDS family and also reported isolation and rejection. The general perception is greatly influenced by the traditional belief system of the Yorubas that people who suffer such were immoral, indisciplined and are only being rewarded for their promiscuity. My deductions from the studies show that discrimination on the basis of HIV and AIDS is often inseparable from and reinforces discrimination on other grounds. HIV and AIDS-related discrimination is thus based both on fears of the disease and on pre-existing punitive attitudes towards those believed to be responsible for the spread of HIV.

4. In The Light Of The Stories About Jesus Attitude In Luke 17, What Can You Infer To Be His Attitude To Outcasts?

It could be deduced that Jesus loved the outcasts and was ready to solve their problems. Others saw the response of Jesus to be one of compassion and love. Jesus did not see the lepers as people he should not relate with but he accepted them in their state of health. A young man opined that Jesus did not discriminate against the lepers as all people are one with him.

5. How Does Jesus Attitude Compared To The Christian Attitude To PLWHA Today? Any Differences And Or Similarities?

A major response from all the group is that the attitudes of Christians today have been corrupted by the cultural and religious beliefs of the Yoruba context, however Jesus' attitude is above culture because he lived above cultural dictates. The attitude of Jesus is above the Jewish traditions and cultures of the time. He also worked above the purity codes of the Pharisees of his time. Christians today in the Yoruba context find it difficult to draw a line of demarcation between cultural codes of purity and religious purity. However, there are some exceptions in the biblical standards which may not agree with some their cultural codes. Bolaji Idowu (1961) said, "In all things the Yoruba people are religious", referring to their traditional cultural practices. However, some of the traditional beliefs and practices conflict with the law of love which Christianity preaches and which Jesus embodied and calls his followers to practice also.

The fear of infection has made Christians today distance themselves from PLWHA; but one group opined that this contradicts even their own Yoruba culture, because Yoruba people are supposed to be always sympathetic to sick people especially if a relation. Jesus even showed love and compassion to the outcasts, and so Christian's today needs also to show love and compassion.

6. Which Of The Attitude(S) Of Jesus Challenge Our Attitude As Christian To PLWHA In Our Context?

Jesus' attitude towards outcasts (HIV and AIDS) is not different to his response to all situations and circumstances that require healing; irrespective as to who is concerned. There was no special treatment or class treatment; to Jesus all men were treated equally.

Jesus did not reject the lepers but met them at the point of their need. Jesus did not heal them because they were Jews or Samaritans but treated them as persons with specific need. Jesus showed in practical terms what it means to be in relationship with God and others. He showed openness to people (lepers/sick people) without barriers of class or race or gender or diseased state. He demonstrated accessibility of God who showed no partiality, but received all – rich or poor, sick or healthy, male or female, leper or clean, HIV positive or negative.

Jesus showed love and compassion to the lepers, was moved with pity and deep concern for those who were in a state of suffering. Jesus further offered them a solution to their impure state by making them clean. An opinion further stressed that Jesus sending them to the priest was a process of reintegrating them into the community after their meeting with him. The concern is about human community, reconciliation, restoration and rebuilding relationships.

7. How Can We Make An Impact On Our Community (And Our Church) About PLWHA And Our Attitude To Them?

A woman in one of the study groups emphasized her response that for the Yoruba Christians to make any impact on our community about people living with HIV and AIDS, individual Christians need to first decide to be like Jesus in all attitudes of life. The groups further resolved in their discussions that Christians need to imbibe the “Jesus’ Culture” which transcends a particular cultural orientation. A culture based on love, equality and justice.

Other ways suggested by the groups include: counseling of the infected and affected; education/teaching on HIV and AIDS, giving hope and encouragement to PLWHA. It was also suggested that Christians need to explore the sources of their response to HIV and AIDS in the light of the Bible and the life and example of Jesus.

Christians in the Yoruba context and the church, they argued, have a responsibility to stand for the poor and the marginalized in our context, against wrong identities and boundaries.

The Christian church is supposed to take the lead in seeking to establish the love of God in our communities which both attests healthy society and surpassed boundaries (whatever the definition).

The Contextual Bible Study sessions opened the eyes of the participants to the compassionate attitude of Jesus to the social outcasts of his time especially the lepers. Many

of the participants identify the need to contextualize the biblical passage in an HIV and AIDS era. The study was able to show case evidently the need for more positive attitude towards PLWHA by Christians in Yoruba context. The Church therefore has an obligation to meet the aspiration of the members specifically in changing some traditions to accommodate all members not minding their HIV status. It is our belief that the avenue for change should be mainly through religious institutions and in this case the church. Attitudes must be changed in accordance with the message of Christ. We recommend that the Christian Church play an active role in the liberation and integration of PLWHA into the society without stigmatization and unnecessary discrimination.

6.7. Hidden Transcript: People Living with HIV and AIDS.

The social sites of the hidden transcript are those locations in which the unspoken riposte, stifled anger, and bitten tongues created by relations of domination find a vehement, full-throated expression (Scott 1980:120). The carriers of the transcripts most often are socially marginalized, and it follows that the hidden information will be least inhibited when it is voiced in a sequestered social site where the control, surveillance, and repression of the dominant are least able to reach and when this sequestered social mileu is composed entirely of close confidants who share similar experience of domination.

The researcher having presented a general result went further to conduct fieldwork among people living with HIV and AIDS in four different centres in the study area:

1. New life support group of Sagamu Community Centre, Sagamu with thirty members.
2. Aanu Oluwapo Group of Sagamu Community Centre, Sagamu with thirty five members.
3. Health for Life Group of the Olabisi Onabanjo University Teaching Hospital, Sagamu with eighty members but about thirty who are Christians took part in the Bible Study.
4. Home Based Care Group of both the teaching hospital and the community centre with about twenty five members.

6.7.1. Sagamu Community Centre

The establishment of Sagamu Community Centre came as a result of the need for the management of HIV and AIDS virus in the local government area of Sagamu in 1996 (Sagamu Community Centre Brochure 2003:2). The impetus for its establishment came from the need to educate and empower members of the community on issues affecting their health and development. The aims, objectives, visions and mission of SCC is the attainment of a level of health care services that will permit Sagamu community members to live a socially satisfying and economic productive life. It is to contribute to the overall community health development of Sagamu and its environ through the following main activities: advocacy, community health and development education, provision of primary health care services, youth empowerment, networking and research in the spirit of equity and social justice, with an emphasis on gender and People Living With HIV/AIDS (PLWHA) and other vulnerable groups. To achieve this, the centre offers:

1. The provision of a resource/information unit on health and other development issues for members of the community: This unit serves the need of individuals who require information on health and development issues. Secondary school students, medical students, other undergraduates from OOU and OOUTH and health professionals use the service of this unit. The unit provides books, journals, magazines and videocassettes.
2. Community outreach and enlightenment programmes on health and development issues: SCC staff engages in outreaches to various groups within the community. These groups include market women, traditional and political leaders, youths, barbers, hairdressers association, hoteliers, sex workers, truck drivers, ethnic communities, etc in Sagamu.
3. Provision of recreational facilities especially for youths: The centre has a range of recreational faculties, e.g. snooker, basketball, badminton, table tennis etc., aimed at attracting youths to the centre, all focused on the development of healthy youth.
4. Provision of counseling services for members of the community and people living with HIV/AIDS.
5. Provision of primary health care (PHC) services including treatment of minor ailments, tuberculosis and opportunistic infections associated with HIV/AIDS. This is all to touch the people of Sagamu in positive way.

6.7.2 Olabisi Onabanjo University Teaching Hospital, Sagamu is the teaching hospital of the university where research and training is carried out. It has a virology department that caters for people living with HIV and AIDS as well as a welfare department which also has a group called “Friends of OSUTH” which, as a priest, the researcher had been supporting for a long time. This group gives constant support to people living with HIV and AIDS who together formed the “Health for Life Group” of the teaching hospital.

The researcher was given permission to run only one meeting of two sessions with each of the groups because the groups had specific times of meeting once every month. The groups had male and female members as well as old and young members. They would not want the researcher to demarcate based on sex as they see each other as having a common course and I would like to oblige their request. The survey was done within two months which is two consecutive meetings.

6.7.3. Result and Discussions

In analyzing the results from the fieldwork among the people living with HIV and AIDS on the Yoruba context and outcasts, I discovered that the view in the four centres were the same even though the centres were sub-divided into two different groups.

1. Perception of HIV and AIDS: since they are involved, many of the respondents knew what it is; only a few who are illiterates cannot really explain their perception.
2. What is the Yoruba idea or concept of disease? According to the respondents the Yoruba people see diseases as an aberration caused mainly by a specific factor, hence they see them as evil or those who had committed one abomination that caused them sickness. The respondents agreed with the research questions that leprosy, madness and smallpox are parallel phenomena to HIV and AIDS as far as the Yoruba people are concerned.
3. Why are such diseased people sent out of the community? The respondents argued that it is to prevent the spread of the disease and to hide the disease from public glare.
4. Who is labeled outcast in Yoruba Context? To them they are those seen as evil or those who brought shame and disgrace to the family.

On the relationship between HIV and AIDS and those seen as outcasts, the respondents all agreed that at the onset and in some quarters up till today, they were seen as evil mainly because the source of their sickness is not known. They claimed that when people discovered their status, hatred is shown, things sold were not bought by people in the market, people separate from them, relationships broken and were refused accommodation.

A middle-aged woman shared her experience that when she first tested positive to HIV, her landlord sent her packing to the extent that for almost a year she lived at the community centre, before she finally got an understanding landlord.

The leader of the Aanu Oluwapo group who is in his sixties, who had lived with HIV and AIDS for about fifteen years also shared the problem he faced at his place of work during the early stage, and that everyone thought he would soon die. According to him, people started relating better with him after about five years that he lived and did not die. A young lady in the new life support group of the Sagamu Community Centre whom I perceived would be in her late twenties (28-29 years) shared a moving experience of how her siblings abandoned her to die after she tested positive, but when after some years she did not die, came back to apologize to her and sent her back to school.

The majority (if not all) confirmed the fact that people run away from them and do not want to associate with them. Some of the respondents in all the groups shared the bitter experiences they had with their spouses and relations when they discovered the disease.

5. On discriminatory and stigmatizing statements, the respondents agree with the research that many people see them as promiscuous without taking time to ask them how they got infected. Others see them as not been useful again, but they claim to be all out to prove them wrong.

One of the respondent shared a testimony that in her place of work, when the boss discovered that nothing has changed about her since the discovery of her status, the boss most times makes reference that “even Mrs. A whom we all thought..... is better than you”.

6. Would people freely associate in church and take Holy Communion with HIV infected person?

Many of the respondents confessed that they do not disclose their status in the church, while some only disclose to their pastor. Others felt it is not something to broadcast except to close relations and colleagues.

7. Would you tell people your HIV and AIDS status? To some of the respondents, “No” and to a large number “Yes”. The elderly ones testified that after years of living with HIV and AIDS (15years, 11years, 10years and 6years range) they now counseled others and show themselves as living testimonies.

It was this group of people living with HIV and AIDS that constituted them into the “Home Base Care Group”. They are involved in voluntary work that cares for PLWHA community. The respondents however added a poser that the reaction of people when they disclose their status is that of belief and unbelief – some people looking at them will never believe they had HIV, while others will readily believe so. A man whose children were negative in status shared the fact that up till now, his children did not believe he is positive despite living with the same for about five years running.

I want to note that many of the respondents did not know or rather that they do not want to discuss how they got infected. An elderly woman said it is not clear to her how it happened. In fact, she said it was herself who willingly went for the test, not that she was sick or noticed any abnormality in her system.

On the whole talking about the Yoruba context and its tolerance to sick people especially people living with HIV and AIDS the respondents observed a high level of discrimination based on fear and the fact that the source of the disease is not known. Many of the respondents blame the media and medical professionals for improper handling of the disease from the outset. They opined that the picture presented then was so bad that it portrays instant death for carriers.

The groups however solicits for adequate education and support for PLWHA.

6.7.4. Contextual Bible Study Session.

Reading the Bible from the social location of living with HIV has revealed treasures in the text that were previously invisible to the research. The experience of having sessions

with people living with HIV and AIDS has been an eye opener for the purpose of this thesis. Although many diseases plague humankind, HIV and AIDS is unique because it is religiously stigmatized, and it affects religiously stigmatized people (Mitulski 1999:153).

In this exercise the plenary was divided into smaller groups where they studied the text choosing one of them as leader. This was done so that I will not influence their reasoning and the local language was used. I could not go with trained Bible Study leaders as I was the only person allowed for the research to protect the identity of the members.

The questions in the Bible-Studies were in two parts: Textual questions and contextual questions. The groups were asked to reflect on the contributions the study could make towards social transformation in their communities.

6.7.5 RESPONSE:

The results of the Bible study sessions were not documented or written out by the leaders because I did not feel it ethical to force them to do so in terms of confidentiality. They gave me oral reports of the studies and the summary I deduce from them is here presented. While I realize that this limits the verifiability of the survey, the participants were not willing to expose themselves to the risks involved in verbatims, even with the promise of confidentiality.

Part 1: - The groups claim to understand the text and the position of lepers in the Bible. They simply see Jesus as showing love, compassion and acceptance of the lepers, claimed Jesus did not discriminate against them because he is God incarnate who knows everything from the beginning.

Part II: On the contextual part, the groups agree that HIV and AIDS can be likened to leprosy of old, even though not as contagious and serious a plague as leprosy.

The respondents argue strongly that the attitude of Yoruba Christians to PLWHA is not cultural because in their opinion the Yoruba context cares for the sick, but that the attitude of stigmatizing and discrimination came out of fear and selfishness. They claimed that Jesus, if in the world today, would have related freely with PLWHA and given them hope as he did in Luke's Gospel.

Plan of Action: - Many of them promised to give the study to their pastor to run in the church for people to see the attitude of Jesus. The church of God was challenged on their role to reduce or eradicate stigma against PLWHA. The church is called to give hope to people living with HIV and AIDS and those whose lives are affected by it.

From the above I want to agree with Eric Rofes (1998: xii) that the church is called to prophesy to the dry bones, called to bring to account the churches that will perform the funeral of PLWHA, but not their marriages, who will bury them with sad and pitying faces but will not marry them proudly and openly for fear the love will defile their sanctuaries. The church is called to declare plainly to them that they will never learn about resurrection in the midst of AIDS as long as they foster antagonistic teachings and until they learn to love their bodies as much as their souls.

The HIV and AIDS experience challenges us to take back the word of God and find its message for us and it challenges the church to distinguish liberating attitudes from oppressive attitudes and provide new levels of meaning for all.

6.7.6. Personal Experience with a Couple

It is important to add this section to this thesis because my person as an Anglican Priest and later Bishop is somehow inseparable from the research project. It is also imperative for readers to know the background experience of the researcher and from which perspective the research is being approached. I was born to an Anglican priest who had worked in different parts of Yorubaland and was ordained Priest in June 1993. I have lived and worked in the project area for over twenty years.

Rossmann and Rallis (1998:2001) stress the fact that, because the researcher enters the world of the participants, he may shape that world in significant ways. He not only affects the ongoing social life or world view of the research participants, he shapes the entire work. From the earliest stage of conceiving the research, his curiosities all the way to the final writing, the researcher's experience is also a lens through which he sees the world. As the researcher emerges and progresses, the researcher reflects on how he affects the on-going flow of the project.

As the Dean of the Cathedral Church in Remo Anglican Diocese, I had an experience which is relevant to this study. During one pre-marital counseling, the bride

confided in me that she was HIV positive and that I should inform the bridegroom before the wedding service. My first reaction was asking her to go for another HIV test and bring the results to me. She did and the problem was left on my table. Two weeks to the wedding as I conduct the last stage of the counseling sessions, I asked the groom: will you marry a lady that is HIV positive? The response of the young man to my question was “It depends”. I further asked him – on what? The young man responded that it depends on the level of the relationship, if it had gone far, will move on but if at the onset will stop the relationship.

At first I was hesitant to tell him the status of his fiancée, but after a short while I disclosed the status to him with the evidence (which is the HIV test result). The groom after a long silence decided to go on with the wedding and he promised to love the bride not minding her status. Problems began to spring up some months into the marriage as the man came to me claiming the status of his wife was a big problem as she cannot conceive after many months of marriage. I became the middleman between them as the secret of the status was known to me alone as their priest. Having this problem at hand, I decided to read the Bible with the couple and give them pastoral guidance on living together as a couple in an HIV and AIDS environment. Our discussion in their home yielded a lot of positive results as the couple till date lived together in peace. They were blessed with a bouncing baby boy in year 2009 and to our surprise the boy is negative in status.

From the perspective of this study, having been born, brought up and worked as a priest in the project area, it suffices to say that I basically share the same orientation and experiences with the research participants due to the similarities in our culture and traditional ideologies (even though may not be absolute). These variations will emanate from the differences in socio-economic status, educational level and most importantly our interaction with the Bible, knowledge of the same, interpretation and ability to contextualize in our different locations and experiences.

In applying the labeling theory to the response of the PLWHA we can deduce the fact that many people living with HIV and AIDS see themselves as neglected, oppressed and outcast. The labeling has also led to the rejection in many groups and as **Becker (1970: 162)** posited, the label is a master status beclouding other positive statuses and make it impossible for PLWHA to relate freely and keeping their status a secret. The

label is the factor beclouding their Christian status. According to Becker, an individual's self-concept is derived from the response of others and a such he or she tends to see himself or herself in terms of the label. Since PLWHA see rejection on the faces of people around them including family members, church members and significant others, they tend to withdraw into their shell by not disclosing their status, drawing back from church attendance and some stopped attending public functions. It is suggested therefore that there should be concerted efforts by the Christian communities to remove the Stigma associated with HIV and AIDS since it is the society that often creates stigma (Becker, 1970:165).

6.8. Relating the Problem of Leprosy to HIV and AIDS:

Even though people compare HIV and AIDs with leprosy; it is must be noted that it is only comparable in a metaphorical sense. The researcher discovered that the problem of leprosy in not common in the area of study and that it is curable in the modern world of medicine. Also leprosy is not a modern day or current disease and many communities do not experience it any more.

In the course of this research, I paid a visit to lepers who lived along the Lagos – Benin road in Nigeria and in my interaction, I discovered that even though they beg for money on the road, their family members never gave up on them, to support and feed them secretly. Therefore, the problem may not actually be medical (as it could be cured when treated), but the main problems are that of stigmatization, secrecy and the cultural segregation attached to the disease.

Relating the problem of HIV and AIDS to the background problem of leprosy in Yorubaland and among Yoruba Christians, one can deduce that the major problem for PLWHA is the stigmatization and discriminatory attitudes attached to the disease. Family members of those infected by HIV and AIDS kept the discovery secret from the public because of the stigma attached to it; those living with the problem also keep the status as a big secret and many will not seek medication for fear of being exposed to others.

Let me conclude that in most cases the cultural and the theological narratives as it concern diseases especially HIV and AIDS are more powerful than the medical issues. Hence, a new praxis in the Christian attitudes to people living with HIV and AIDS will go a long way in eradicating the HIV and AIDS problem.

CHAPTER SEVEN.

THE OTHERED SELF² AND TRANSFORMATIVE PRAXIS: CONVERSATION OF THE BIBLICAL TEXT WITH THE CONTEXT OF STUDY.

7.0. Introduction

African contextual hermeneutic models of biblical interpretation adopted as the theoretical framework for this study has three poles of interpretation: contextualization, distantiation and appropriation. Our aim in this chapter is to have a conversation between the text of Luke 17:11-19 and the Yoruba context, that will lead to a new praxis among the Yoruba Christians in an HIV and AIDs era. For our purpose in this research thesis, the encounter and attitude of Jesus to the lepers and the transactions that took place as recorded by Luke form the basis for our discussion.

The stories of the healing of the lepers by Jesus in Luke's Gospel is being re-read in this thesis against the background of the stigma associated with people living with HIV and AIDS in the Yoruba context of today. PLWHA are neglected, isolated and many die untimely deaths leaving families helpless. The scandal, gossip and neglect they suffer from relatives, neighbours and the community are so psychologically stressful that it exacerbates the problem. They are, like lepers of the gospel times, the most socially despised people. PLWHA are rejected by people, and in some places church leaders and members ridicule, chatter about and deride them, seeing them as sinners whose plight came due to the punishment for their immoral life.

The study of the social-historical context of the story of the healing of lepers in Luke's Gospel shows that persons infected with contagious diseases in Jesus' time also suffered isolation, abandonment, exclusion and stigmatization just like people living with HIV and AIDS in the contemporary Yoruba Christian context. The encounter between the lepers and Jesus as presented by Luke (Luke 5:12-15 and Luke 17:17-19) presents a picture of how Jesus related with them in their plight and provides the reference point in our theological enlightenment.

² This expression is taken from Draper, 2008:53.

The healing in other words is significant as it presents the intervention of Jesus, to fill the gap of lack of concern for the plight of people with social diseases which resonates in our modern day societies. During the time of Jesus, the socio-religious system did not favour the weak and infected persons; it also excluded them from religious rites and heightened the marginalization. In their tradition, a leper did not have a right to live within the community hence the lepers were at the border towns and villages. The society believed that the infected, handicapped, disabled, infirmed, lepers and others in such state must be “guarded” (Pilch 1981:112) and “quarantined” (Manus 2006:164) so that the healthy may stay healthy and unpolluted. Jesus in these texts breaks through the petrified religious codes, entered the lepers isolation and restored them back into the ranks of the unpolluted and clean members of the society (Schweitzer 1977:211).

In a story of healing, Luke affirmed the mission of Jesus to the outcast. He was on a journey across the border from Galilee to Samaria, a border town in an area fully controlled by neither Jews nor Samaritans, a place of social exclusion, polluted and messy. The first point that we need to raise in the Yoruba context in relation to Luke 17:11-19 is “do we have people at the border in the Church and in the community?” Do we create social gaps that exclude people from the community?

The lepers were at the border town because they were excluded from the community owing to their skin disease. In the Yoruba context there are lepers who are also sent out to live in the forest beyond the borders of ordinary society.

In Yoruba context, people living with HIV and AIDS are highly stigmatized and excluded. One can then ask. What does leprosy and HIV and AIDS have in common? In biblical times leprosy was considered a visitation from God (Chesby 2003:70).

HIV and AIDS at the onset were also seen in this light. Both HIV and AIDS and leprosy were severely stigmatized diseases that infected people who were discriminated or ostracized from the community. Leprosy became an object of stigma because of the purity codes and its ability to defile the holiness of the people of God. HIV and AIDS in our world became a stigma for the fear of infection and contact, the threat of sudden death that came with it at the onset.

A conversational model of hermeneutics will be adopted here since it focuses on the other as an opportunity and not a danger. Draper (2008:51) opined that the

recognition of the nature of the historical text (in this case Luke 17:11-19) as “other” challenges us to explore the difference and identity without alienation. In the last chapter the text was presented and exegeted but here we shall engage with the otherness of the text so that its fundamental differences can challenge the Yoruba context beliefs, myths, actions and attitudes of people living with HIV and AIDS and speak to the context in the language of Jesus. As Ricoeur (1984:68) puts it when we read the texts in this way we enter into and experience another possible world, a proposed world, a world I may inhabit and wherein I can project my own most possibilities, and this process has the potential to transform us and our own world (as summarized by Draper 2008: 52). This chapter therefore presents a conversation of the texts of Luke 17:11-19 with the faith traditions and social context of the Yoruba people of Ijebu-Remo, Ogun-State, Nigeria, with the desire that the process will send out a transformed praxis.

7.1. Conversation

Attitude of the Lepers.

The lepers in the text voiced out and called for mercy. Marshall (1978:64a) said the story is not simply about the power of Jesus to cure the lepers but that it also relates to their attitudes. The lepers did not relent to faith and kept their peace, but they cried to Jesus for help. People living with HIV and AIDS in the Yoruba context need to break the attitude of silence and secrecy associated with the disease. The need to voice out to the world the HIV status of every person will go a long way in combating the problem and the stigma associated with it. The lepers in Luke’s Gospel accepted their situation and were ready to work together. United they fought a common cause and they cried out together. People living with HIV and AIDS need to speak with one voice, organize support groups, defie gender divisions, and defie cultural margins and work together to fight a common problem.

The boldness of the leprous man in Luke 5:12 to defy the law of his time to present himself before Jesus is very unique to the reading of the healing story. According to Perrin (1973: II) there are three solid actions in the passage that show that the leper understood and accepted the healing authority of Jesus. The leper had faith in Jesus as the only one that can cleanse his impurity, give him new strength and free him from the

disadvantaged social position in the society. People living with HIV and AIDS in our contemporary context need to approach their situation with the boldness it requires for them to be healed. The need to have faith both in the Lord and in the medical process if healing is very important.

In the Yoruba cultural context, the sick were taken care of as a social obligation, but the fear that came with HIV and AIDS created a gap in the cultural balance. Could we see the ten lepers as sick people but with one specifically infected with HIV and AIDS? If the Yoruba people and Yoruba Christians cared for the sick, why not people living with HIV and AIDS? If one of the ten lepers had been HIV positive would Jesus have seen nine sick people or would the number still have been ten. Would the nine receive mercy leaving one because of his special status? Would the experience of the PLWHA be different? The challenge is for the Yoruba Christians in an era of HIV and AIDS to accept all sick people as one and not separate them into units. Even though the disease of leprosy was mostly seen as a divine punishment for sins, Jesus in our texts did not judge the lepers. Yoruba Christians need to desist from being judgmental about PLWHA. Many have been condemned by their neighbours, family and even the church which saw them and tagged them as sinners. Jesus did not judge or condemn the lepers.

Hearing the voice of the outcast.

It is one thing to cry for help and it is another one to be heard. The lepers in our text cried and shouted for mercy from Jesus. In the passage, we discovered that Jesus stopped on hearing their cry to attend to them.

In the Yoruba context in the HIV and AIDS era, the church, the government and the people (Christians) need to listen to the cry of the oppressed, the excluded, the sick and the outcasts in our society. We need to hear their feelings, feel their emotions, give them space to air their problems. Often times the outcasts are left to their problem, no one cares to listen to them and many times are not even given the opportunity to speak out.

Attitude of Jesus.

What would Jesus' attitude towards PLWHA be? In our previous discussion and exegesis, we observed how Jesus dealt with purity issues in His time. Would Jesus

attitude be the same for people living with HIV and AIDS today as it was for victims of leprosy in his time? This brings to mind our attitudes to the many in our community/church who are living with HIV and AIDs. Many of us are afraid to relate, eat or drink and associate with them. In fact when they cannot hide their status any longer, they are discriminated against at the slightest opportunity or they are totally ostracized. Many often lived secluded lives, others die of loneliness resulting from social exclusion and condemnation. The society in the Yoruba context needs to change condemnatory attitudes to people living with HIV and AIDs and accept them with love and compassion. The story of the healing of the lepers by Jesus challenges us to change our attitudes and behaviour. HIV and AIDS is a sickness not a punishment from God (Draper 1996:222), those living with the disease should be seen with God's eyes as beloved and adequately cared for so as to halt the spread of HIV and AIDS in our world.

Standard for Re-integration.

Jesus sends the lepers to the priest for re-admission into the society. By doing so, he assisted them in the journey back into the society. He pointed them to the standard. The instruction to report themselves to the priest presents Jesus as a person who is not against the religious traditions of his time; he was only opposed to the prohibitive rules of the religious in so far as they ostracize and dehumanize people and make them function detrimentally to society. The action of Jesus presented him as a respecter of the religious laws of his time (Leviticus 14:1-32). The priest must certify any healed leper before he could enjoy free association and integration into the society. Jesus understood religion as a means to an end and not an end in itself (Manus: 2006:164). Jesus was able to give the lepers holistic salvation by lifting them from their place of rejection and marginalization.

Readiness for Re-integration.

From our text we could deduce the readiness of the lepers for instant reintegration. They immediately left to see the priest for clearance and readmission.

The need for PLWHA to on their own take bold steps for reintegration into the society in the Yoruba cultural context needs to be emphasized. PLWHA should not see themselves as condemned people who are just waiting to die. PLWHA need to accept the fact that they can live and not die. With all the retroviral facilities, support groups and

efforts being put in place all over the world, PLWHA should accept the problem and live with it, not accepting to be treated as secondclass citizens. They need to take their rightful place in society without fear or favour. PLWHA should rise up to the challenge and reintegrate themselves into the society.

Acceptance by Society.

In the times of Jesus, once a leper is given the certificate of clearance by the priest, the person is reintegrated into the normal societal life. But would society readily accept such people unconditionally in the Yoruba cultural context? What would be the attitude of the family and the church to the healed person? From my experience as a young school leaver, in our neighborhoods there was a man who left prison before I was born, but people still call him “ex-con” (meaning ex-convict). The man was never accepted back into the society as a normal citizen. They rather call the leper an “ex-leper” or put the tag of leprosy on him forever. Yoruba Christians needs a change in this regard in their relationship and attitude to people living with HIV and AIDS.

Attitude of Thanks.

Some people were of the opinion that the Samaritan leper came back to Jesus after his healing because he could not go to the priest, owing to the fact that according to Jewish understanding all Samaritans were unclean. However, before coming back to the issue of being a Samaritan, I want to emphasize the need for thanksgiving. The challenge from the text is that men need to appreciate God for his mercy. The publicity given to the healing by the ex-leper in Luke 5:15 have a theological function for us today. He was overjoyed by the encounter with Jesus and the removal of the social stigma placed on him by his status. He was now a free man, who could re-enter the community and partake in its cultic rites. Such were the compelling reasons for him to rejoice and spread the news abroad. The new dimension in this narrative is that of humble gratitude which leads to a more personal relationship. This motive definitely has some appeal to the Yoruba people who are culturally predisposed to displays of gratitude. Failure to show gratitude for a favour in the Yoruba context is seen as an indication that the beneficiary does not truly appreciate and therefore has so easily forgotten what has been done for him.

Gratitude in the Yoruba context is not only on the human plane but also in their relationship with the deities. Bolaji Idowu (1962:122) proclaims that “the Yoruba abhor ingratitude which to them is a grievous sin; their keen sense of gratitude they therefore show in their dealings with the deity (i.e., God or a divinity) whom they believe to have conducted their destiny prosperously”. True gratitude to God means personal commitment, love and obedience to him. For example in the Yoruba Christian context, the man would have gone to Church for special thanksgiving, sharing the great testimony of what Jesus has done for him.

Missionary Enterprise

The accounts of the cleansing of lepers by Jesus have served in the past as a source of inspiration to many Christian missionaries in establishing many leper settlements in different parts of Africa (including Nigeria) for the care and cure of lepers. Such missionaries include Father Francois and Father Coquard from France who did pioneering job among lepers in Abeokuta in Nigeria in the 1890s. The result of their work led to the opening of a leprosarium in 1897 (Ferguson 1971:78-81). The accounts continue to encourage mission work in the contemporary Yoruba context so as to give Christian service among the sick, the less privileged and those infected and affected by HIV and AIDs.

On the whole, the healing stories of the lepers in Luke’s Gospel can be eventually understood as a critique of the social religious ethos of the age that socially depersonalized a large sector of the population by seeing only the normal people as children of Abraham. It can also be pointing to the social religious culture of Judaism of the second Temple period that reflects in the contemporary attitude of Yoruba Christians towards people living with HIV and AIDS. It draws our attention to the hazards of stigmatization and discrimination; the need for social transformation and praxis in our attitude to people walking on the fringes of the society; especially people living with HIV and AIDS. For Christians to actualize God’s reign on Earth, especially in Anglican Dioceses in the study area of Ijebu- Remo, Ogun State, Nigeria. Jesus’ attitude to the lepers reminds us that HIV and AIDS is a condition that requires prompt action, compassion and care from us. It is a condition that calls us to reject stigmatization exclusion and marginalization.

This research, as we conclude our conversation process, read the story of the healing of the lepers in Luke's Gospel with our eyes focused on the social context of the Yoruba Christians. We need to point out clearly that no biblical text is specially marked out for a particular subject matter as we have more than one meaning depending on the social location of the reader and the situation of the audience he is reading with. Our contextual background which is the Yoruba Christian context has greatly influenced our reading of the texts in Luke using the optic of the contextual approach to interpret the healing stories of Jesus and the lepers. What the research has done is the interpretation of the human experience in the light of the re-interpretation of the action and attitude of Jesus. All these were done to facilitate a change of attitude by Christians in the Yoruba context to those over-burdened by the HIV and AIDS disaster, seeing the plague of stigmatization as a challenge for Christian concern. It is also to make the Yoruba Christians mindful of their attitude and relationship in a process of having a better social relation with people living with HIV and AIDS. The Christian church in the Yoruba context in this era is called to give hope and love, and to make committed efforts to give life to PLWHA and to help them to take hold of their future.

7.2. Jesus In Our Place : Implications For The Christian Church In An HIV And AIDS Era (New Praxis).

Having examined the Yoruba context of diseases *vis-à-vis* HIV and AIDS era; and also having looked at the texts in Luke 17:11-19 portraying the attitude of Jesus to the ten lepers. We need to have a conversation between the context and the text.

The story of the ten lepers in Luke could be read as a story about disease, impurity and exclusion. The lepers were excluded from the community because of their impurity – leprosy, people living with HIV and AIDS were excluded because of their broken body and impurity. In the Yoruba setting no-one will publicly associate with lepers, epileptics, mentally deranged persons, and people living with incurable or contagious diseases or those who break community taboos. In fact, anyone who breaks a community taboo will be sent out of the community. An aspect of the problem with treating diseases in general, and sexually transmitted diseases in particular, lies in the social taboos and secrecy which surround them in virtually every society. Fear, silence and feelings of guilt compound the biological aspects of sickness. The fears are not

without foundation, since public acknowledgement of HIV/AIDS, for instance, can lead not just to ostracisation but also to personal violence. Yet without open acknowledgement of its existence, the disease cannot be effectively dealt with on either the personal or the communal level. Religion is the aspect of virtually every society which legitimates the existing structures and guarantees the continuity of the values and thought patterns of a particular society's social universe (Draper 2005).

The attitude of many in our community to PLWHA, when they discovered that they were HIV positive is to ostracize, and exclude them. The situation of PLWHA in Yoruba community is like that of the lepers at the gate or border waiting for healing. For us today, Jesus story of compassion, love and healing of the lepers would see people living with HIV and AIDS re-admitted into the fellowship of the larger community. Some Christian traditions today see HIV and AIDS as punishment from God. However drawing the example from the attitude of Jesus, PLWHA should be counted like the lepers as those specially loved by God. Society should not leave them lying at the border unattended to, but show love, compassion and care for their wellbeing.

As pointed out from the outset, in the traditional societies like Yoruba, disease etiology and diagnosis can only be effectively determined through a careful consideration of cultural variables surrounding a particular affliction (Osunwole 1996). The Yoruba people like the Jews of the time of Jesus' have some similarities about the fear of pollution and what it brings to the larger community. This is evident in their attitude of PLWHA. However, Jesus' challenge to the attitude is that their protection against the penetration of the boundaries of the social and personal body undermines the fundamental values of love. According to Draper (2005), the issues raised by the societal fears about bodily orifices as symbols of social boundaries can be discussed and evaluated in terms of the fundamental values of society. For us in this study the Yoruba cultural traditions and values were out in the foreground and made to interact with those coming up in the ministry of Jesus: Jesus does not trash his own culture, but evaluates the cultural expression of boundary rules in the light of the fundamental values of his people. Hence, Christians in the Yoruba traditional setting need to evaluate their attitude to PLWHA in the light of their communal values.

The interaction between the Bible and Yoruba culture especially in the area of healing is vast in the church traditions in Yorubaland, running through mainline churches

and independent church movements. Scholars continue to stress the centrality of their own African cultural locatedness in their reading of the Bible (Ukpong 1995: 3-14). Therefore, we cannot push aside the impact of culture on the attitude of the Yoruba to PLWHA but need to have a conversation between the cultural dictates and the Jesus standard, if Christians in Yoruba communities really want to come out of the prisons of their culture to become real followers of Jesus Christ. Hence a new way of relation needs to emerge in their attitude to PLWHA. Yoruba Christians need to see PLWHA through Jesus' eyes. Clodovis Boff (2003:199) defines it thus:

The object of theology is God in God's own mystery, the God of revelation. Theology sees everything with God's eyes and theology's proper perspective is the faith perspective. While the mystery of God is the formal object of theology, its material object is everything: God and the world, the Church and society.

Yoruba Christians need to ask what the attitude of Jesus to the lepers is and what would be His attitude today in an HIV and AIDS era. For the Christian Church that is committed to upholding Jesus' eternal covenantal relationship with his people, not as a remote ideal but what is revealed daily in every aspect of life, it relates to how the Church sees itself and understands its mission in the face of HIV and AIDS. The distinction between clean and unclean was of keen interest to Palestinian Judaism. It defines relations between the Jesus and other peoples. Jesus appearing in such an environment took a position *vis-à-vis* this destruction and its consequences.

Jesus' ministry in Luke's Gospel showed that he generally accepted the purity law of Israel, but often his healings are directed towards persons considered unclean by the law. Some of them were excluded from social relations with the rest of the society, for example lepers (Luke. 17). While others were excluded from the Temple because of physical deficiencies, e.g., lameness, blindness and others conditions. Jesus was not questioning the general usefulness of the purity laws but rather the social usefulness of these laws. In the case of the healing of the ten lepers (Luke 17) the picture seems to fully comply with the demands of the law: the lepers stood at a distance (17: 12), there was not any contact with Jesus, and they were advised, to go and show themselves to the priests. As they went they were cleansed.

The story of the ten lepers and the attitude of Jesus to them raise important questions about new forms of social purity practice which should emerge in the Yoruba context of Nigeria especially in relation to our attitude to people living with HIV and AIDS. People with HIV and AIDS are being marginalized and seen as sinners. They are treated as offenders or deviants who have broken the taboos and laws of the land. They are avoided and ostracized, some are said to be under the wrath of God and are being punished by God. HIV and AIDS has become a disaster and it is indeed a hazard that poses a serious challenge to the health of the Yoruba people of Nigeria. It has raised a lot of tensions not only in the family settings but in the church of God in Nigeria.

The willingness of Jesus to heal the lepers obliges Christians in the Yoruba context to have hope that there shall be healing to our HIV and AIDS infected family and church members in the near future. The attitude of Jesus compels Christians not to abandon the infected but to show love, compassion and care to them. It also calls us to support, succor and encourage them morally, psychologically and financially. Through our support, PLWHA will be productive and hopeful in their situation. The faith communities in actualizing God's reign on earth must show love and compassion. The attitude of Jesus bids Yoruba Christians to reject stigmatization, exclusion and marginalization. The church needs to break down the barriers of our society and show the contemporary world the new divine commonwealth which Jesus had come to establish on earth, where there are no barriers of race, sex, nationality, status, etc. Jesus broke down the barriers of exclusion, holier-than-thou attitudes of the scribes and Pharisee and set people free from the social bondage of discrimination, and we are challenged to go and do the same. What can the church do to combat the plague of stigma and discrimination of PLWHA?

The Church can influence a change in the societal attitudes towards people living with HIV and AIDS. The Church should give spiritual and moral guidance to society about issues raised by HIV and AIDS pandemic and offer undiluted counseling to PLWHA. Using the Bible as a tool of transformation the PLWHA can be given adequate counseling to disabuse their minds of the guilt and to reassure them that though this physical body be destroyed by HIV and AIDS, there is hope of the resurrection of "a body that is perfect" (Akintunde 2008:10)

Care and support for people living with HIV and AIDS may be spearheaded by the Church. The Church should move from being part of the problem to being part of the solution, we need to move from the moralistic, judgmental and socially conservative stances towards PLWHA and move up against stigmatization and discrimination of PLWHA. Sermons and teachings should be tailored towards restoring life and hope to the hearers. It should restore love and positive relationships.

The unity that existed among the lepers before the cleansing is also very significant for our context as Christian community in Nigeria. Christians must stand up against the scourge of HIV and AIDS with one voice; whatever the denominational difference, we need to come together to call on God to heal our land. The lepers with one voice called on Jesus to have mercy on them. Jesus was able to give power to overcome moral evil and also to cleanse all evil, if we sincerely cry unto him. In the era of HIV and AIDS, the churches need to unite to combat the epidemic, listen to PLWHA and use the Bible to create space and voice for them in a bid to put a stop to the devastating effects of the epidemic in our land. The healing of the lepers by Jesus throws a challenge to the contemporary Christian church about the healing ministry. Yoruba Christians need to minister healing in an HIV and AIDS era. The church needs to rise up to the challenge of healing the sick and restoring the outcasts to the community. The outcasts should not be left outside the gate begging for scraps of our bounty, but the church needs to allocate part of our resources to care and adequately support People Living with HIV and AIDS (Draper 2001).

Jesus sending the lepers to the priests for certification and restoration to the society throws a challenge to the contemporary priesthood in Nigeria. The priests in the Old Testament and Jesus' times had authority and control over the community and in fact after the end of the Davidic dynasty, they were the rulers, the checks and balances of social control. The priests determine who is inside and outside the community. It is also true that Anglican priests in the early days of the Church in Yorubaland also enjoyed such authority (interview with Bishop Elijah Ogundana, the retired Bishop of Remo Diocese on 23rd February, 2008). The priests in Anglican Churches of today need to take their place in the control of social purity practice for their members and in influencing the societal decisions especially in an HIV and AIDS era.

The role of the church and the priests in an HIV and AIDS era is very important and significant to the acceptance and relations with the PLWHA today; if the church clears them and accepts them, society will. Jesus was an agent of purity and cleanness, Jesus reforms the purity rules and Jesus defends the idea of purity, the priests of our world need to do the same for us to have a fair world where social justice and equity prevails and reigns. In the words of Abogunrin (1988) the salvation of the soul as preached by the missionaries and handed down to the churches is important, but salvation limited to the soul will be meaningless in the African context; as salvation must be related to man's body, health, victory over demons, and continued protection from them, provision of daily need, and man's total well-being.

It is not an overstatement to say that people living with HIV and AIDS are being marginalized. The texts selected from Luke's Gospel for our study have established the mission of Jesus as a reconciler and liberator of the oppressed. In almost all his encounters with the marginalized, he related with them, showed love and compassion. Having a change of attitude towards PLWHA would give them the opportunities for service and adequate integration in to the community of faith.

If society has become side-tracked, if the culture has marginalized a whole category of suffering people, the church as a community of the believers in Jesus Christ as their saviour should be revolutionary in establishing the kingdom of God in the world where they live. There is also the need for those labeled, marginalized and oppressed to respond positively by rising to the challenge of restoration.

7.3. Conclusion:

As we conclude our discussion in this chapter, it is important to reiterate once again that our aim has been to examine the ritual context of exclusion in Yoruba communities as a background to understanding the implications of Jesus' interaction with the outcasts of his days. The chapter also advocate a re-appraisal of the Yoruba Christian attitude to the people living with HIV and AIDS. Jesus is not only the Lord of all Christians but has remained the best and perfect example or model they strive to emulate in all their ways. The hermeneutical problem this thesis is addressing is that in the contemporary times Christians should relate to the norms and values of their community by simply looking at

how Jesus related with the religious culture of his time i.e. putting Jesus in our place, most especially in the HIV and AIDS era.

CHAPTER EIGHT.

CONCLUSION AND RECOMMENDATIONS.

In our discussion in this thesis, we have in the context of the Yoruba people revealed the suffering and stigma associated with people living with HIV/AIDS and made it the background against which the healing story in Luke 17:11-19 and Luke 5:12-15 is being re-read. The health scourge occasioned by HIV/AIDS is devastating to families, the church and the entire community. Some PLWHA are and left to die unattended, their condition is rated as having its end in the grave, their families are left helpless with the widows and orphans infected and affected.

The analysis of the ten lepers indicates that persons with contagious diseases in Jesus' time also suffered isolation, abandonment, exclusion and stigmatization, just like HIV/AIDS people in the present Yorubaland of Nigeria. The scandal and neglect attached to the disease are so psychologically stressful and in itself a big problem. Like the lepers, they are socially despised and rejected. And in some cases, even the church taunts them and sees their plight as repercussions from their immoral life.

The significance of the attitude of Jesus to the lepers is his compassion as one who is also able to heal, and who is the Son of God who has been empowered by God to call down divine mercy upon the infirm in order to pull down their isolation, remove their stigma and re-integrate them into the community. This constitutes the challenge and provides ethical implications for Christians in the Ijebu/Remo area of Ogun State, the entire Yoruba community and the Anglican Church in Nigeria as a paradigm for discerning the correlation between theological identity and moral praxis. According to Fagbemi (2005:78), this exercise is important if hermeneutics is not to remain irrelevant to modern church life. Howard Marshall (1992:8) in this regard rightly remarked that:

New Testament interpretation is not concerned solely to lay bare the meaning of the text for its original readers but reaches its goal only when it examines the meaning of the text for today and allows the text to affect our own attitudes and understanding.

The first major contribution of the present study is the discovery of the present implications of the attitude of Jesus to lepers in the Gospel of Luke to the Yoruba context of HIV and AIDS. Luke in Chapter 4:16 – 19 records that Jesus proclaims:

The Spirit of God is upon me, because he has anointed me to preach good news to the poor. He has sent me to proclaim release to the captives, and recovery of sight to the blind, to set at liberty those who are oppressed and to proclaim the acceptable year of the Lord.

Luke presents a Jesus whose message is that of hope to the outcast, the socially ostracized and the featureless members of the society, among whom People Living with HIV and AIDS are grouped. Therefore, the message of Luke is relevant to our contemporary church and world today. Luke portrays the life and ministry of Jesus as a model for the church to follow. He reveals Jesus to us as a revolutionary who did not allow the religious and racial prejudices of his days to impede him from showing care and compassion to the outcasts or those with body crisis or infections. Abogunrin (1998:25) substantiates this fact thus:

Jesus gave hope and confidence to men and women alike, to the outcasts and those religiously declared unclean, he gave equal attention to people of all races, who needed his help.

It is our contention that Luke's presentation of Jesus' attitude to outcasts has present implications for believers in the contemporary church in so far as their experience of the attitude provokes in them the desire to rediscover the compassionate attitude of Jesus and form a new praxis of attitude towards the outcasts.

The healing of the lepers by Jesus addresses itself to the HIV and AIDS era in the Yoruba context where the pandemic has become a disaster. It is indeed a hazard that poses a serious challenge to the health of Yoruba people of Nigeria. But the willingness of Jesus to remove the lepers' distress impels us to have hope that there shall be healing to our HIV and AIDS infected people soon. His actions behests us not to abandon the infected but to support, succour and care for them morally, psychologically and

financially. Without our support, people living with HIV and AIDS cannot be productive and cannot care for themselves and their families. We are called to give hope and love to people living with HIV and AIDS. The texts of the Bible can have more than one meaning and are thus capable of being polyvalent in their meaning depending on the social location of the reader and/or the context. Our human experience and contextual background play significant roles in the light of re-interpreting the actions of Jesus. Jesus' response to heal the lepers reminds us that HIV and AIDS is a condition that requires from Christians compassion and caring. It is a condition that beckons Christians to reject stigmatization, exclusion and marginalization. As followers of Jesus, it is our role to reach out to those outcasts and offer a caring word that fills the silence with love and understanding, to offer the sheltering support that uplifts those around us living with HIV and AIDS.

Furthermore, the attitude is to shock us into changing our attitudes and behaviour towards PLWHA in the church and in our society. The study has shown that literary critical modes of reading the biblical text can contribute in a variety of ways towards social transformation in our communities. It has shown that the agreement between scholars and the community is a vital one and the challenge is for biblical scholars to use the opportunities given them to empower the community and the church. It has also shown that a one-size-fits-all message and approach to HIV and AIDS has not been successful, rather, campaigns and messages aimed at mitigating the impact of HIV and AIDS needs to be tailored to different communities, life-styles, and beliefs. There is the need for contextual approach which involves a collaborative effort that values the contribution of all stakeholders. It emphasis the need for scholars to speak transformation to their communities stepping out from behind the safety of their ivory desks and do their part in repairing the world where real people use the Bible as their manifesto for living, dying, fighting, and also for transformation (Weems 1996:161).

Recommendations

1. The Christian church should appropriate the Bible as an instrument of change and a tool for social transformation by bringing it into the cultural understanding of the ordinary readers. The contextualization of the text should be the basic tool for social

- transformation. Ethical issues in the Bible should be discussed from the cultural context of the readers so as to enhance better understanding.
2. Care for PLWHA should be spearheaded by the Church. Jesus is the model in this case. While in the earthly ministry, care for the downtrodden and the outcast was uppermost in His ministry. Instances abound where He allowed the touch of a prostitute, lepers were healed, the despised were honoured; an example was Zaccheaus, and other people who were despised in the community.
 3. The society can and should play strong advocacy roles for the improvement of young people's reproductive and sexual health. In this respect, community members including youth representatives need to initiate groups that can advocate for policies, social norms and reproductive well-being for young people.
 4. The society should also be involved in promoting formal education of young people. Members of the community should collectively and individually promote formal education of young people especially the girl-child. Families that refuse to send young girls to school should be counseled, as it has been established that young women who are constrained by low levels of educational and economic attainment frequently have limited ability and motivation to regulate their fertility, which result in early childbearing and exposure to various STD's
 5. Promotion of family and traditional life education. The family as a basis of a stable and wholesome society is in the frontline position to promote family life education. In this regard, the parents and extended family members have responsibilities for educating both girls and boys from infancy about the sacredness of their bodies and the need for its preservation.
 6. Parents and significant others in the family can initiate consistent discussions in a lively, private and non-judgmental way with their children thereby increasing their knowledge, attitudes, skills and confidence on all areas of reproductive and sexual health. This unfortunately has been lacking in homes because of the belief that sexual matters are sacred, thus, discussions on this, should be limited to adults.
 7. Promotion of traditional reproductive education: as in the olden days, where there were designated elders in each community whose function was to prepare young people for manhood and womanhood. This preparation usually culminated in the initiation rites often described as barbaric by the colonialists. People, by this method

assimilate a code, which they were expected to follow as responsible men and women in the future.

8. Traditional reproductive education on sex and desirable social habits are critical in reducing the current prevalence of undesirable high-risk reproductive and social behaviour of young people. It therefore behooves the community to initiate and implement educational activities that could promote abstinence and enhance adolescents' self esteem.
9. The media also has a role to play. The various mass media in Nigeria need to design focused and innovative reproductive health mass media education programmes. Jingles on the correct and consistent use of condom, accepting only blood already tested for HIV, avoiding risky behaviours like sharing blood contaminated needles/syringes, blades, clippers, and exchange of blood especially in cultists' practice should top their programmes.
10. Non-Government Organizations are implored to work together with the community in planning, implementing and sustaining programmes that can meet the needs of people, especially those in the adolescent years.

In all, as we conclude this study, it is our contention that this research has some significant implications and challenges for the believer in Jesus Christ in the sense that it can enable the Christians to rediscover their heritage and be fully engaged in the task of social concern. Such a task could be accomplished by making it an established practice of the church to walk in the steps of Jesus and follow his attitude in their social relations.

Further Research Needs:

The direction for future research emanates from the findings and the recommendations proposed above. This study is exploratory and has thus opened up a wide area of research in New Testament Ethics i.e. using the Bible to suggest solutions to ethical issues in our society.

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Appendix 1

Group Discussion Procedure

Theme: Yoruba context and out casts.

Step 1: Welcome formalities and introduction.

Step 2: Questions for discussion

1. What is the Yoruba idea or concept of diseases?
2. Which disease (s) in the Yoruba cultural realities can make one to be sent out of the community?
3. Why are such people sent out of the community?
4. Who is labeled outcast in Yoruba context?
5. What is your understanding of HIV and AIDS?
6. Are they in any way related to outcasts in Yoruba context?

Step 3: Some stigmatizing and discriminatory statements are put forward for discussion. They are:

- a. HIV infected people are promiscuous.
- b. HIV/AIDS is a punishment from God.
- c. HIV infected people are responsible for their own problems.
- d. HIV infected people are not useful to anyone.
- e. HIV infected people should not be allowed to mix with infected people.
- f. Our society hates infected people.

Questions:

1. Would you sleep in the same room with someone who has HIV?
2. Would you attend and partake at the Eucharistic Service with an HIV infected person?
3. Would you freely associate in Church and outside the Church with anyone who is HIV positive?
4. Would you tell other if a relative of yours died of HIV /AIDS after a long illness?
5. Is your context tolerant to sick people?

Step 4: Allow people in the group to ask questions and further comments.

Step 5: Conclusion and Appreciation.

Appendix 2

Contextual Bible- Study Procedure

Theme: The Christian and people living with HIV and AIDS.

Key Text: Luke 17: 11 - 19

Introduction: This Bible study is out to discuss the socio-cultural realities in Yorubaland that under pines Christian's attitudes to people living with HIV and AIDS. Most Christians in Yoruba area of Ogun State (Ijebu /Remo) tend to think that HIV and AIDS is a punishment from God and people infected are labeled as sinners and outcasts in the society. The study is to see the attitude of Jesus in Luke's Gospel and place it side by side with the attitude of Christians in Yorubaland; since contextual Bible study has three dimensions viz (a) behind the text (b) on the text and (c) in front of the text.

Step 1. Welcome and opening prayer

Step 2. The text Luke 17: 11 – 19 will be read and studied individually.

Step 3. The following questions shall be put up for discussion.

1. What does this passage say about lepers and their position in the society then?
2. Where were they before they met Jesus? And why was it so?
3. What was the attitude of Jesus to the lepers?
4. Why did Jesus ask them to show themselves to the high Priest?
5. What is the position of the Samaritans at the time?
6. Do we have people our communities treat as lepers today? Why?

Step 4. At this stage the study will apply the key text to the context of people living with HIV and AIDS in Yorubaland. The following questions shall guide our discussions:

1. What does this text say to people living with HIV and AIDS?
2. Is the position of lepers in Luke 17: 11ff similar to that of the PLWHA today?
3. Is our attitudes to PLWHA also influenced by the socio-cultural realities in our land? Why?

4. In the light of the stories about Jesus' attitude in Luke 17, what can you infer to be his attitude to outcasts?
5. How does Jesus' attitude compared to the Christians attitude to PLWHA today? Any differences and or similarities?
6. Which of the attitude(s) of Jesus challenges our attitudes as Christians to PLWHA in our context?
7. Are there lessons from Jesus' attitude to reform our attitudes about labeling in Yoruba context?
8. How can we make an impact on our community (and our Church) about PLWHA and our attitudes to them?

Step 5. Allow for individual questions and further comments.

Step 6. Note down the responses and harmonize them.

Step 7. Bring the study to a close with prayer.

Appendix 3

Format of Interview

Personal Details

1. Name:
2. Position in the Church:
3. Position in the Community:
4. Level of Education:

Study Title: - A Socio-Scientific reading in the Yoruba Context of selected texts in Luke's Gospel portraying Jesus attitude to outcasts: Implications for Anglican Diocese in Ijebu – Remo, Ogun State, Nigeria in the HIV and ADIS Era.

Interview Procedure:

Step 1.Introduction and Protocols.

Step 2.Questions for the Interview.

1. What is your understanding of the HIV and AIDS Pandemic?
2. What was the attitude of the Church / Community to the problem at the onset?
3. What is the involvement of the Church of Nigeria (Anglican Communion) in the process of Combating the problem?
4. Is the Church receptive to the HIV and AIDS infected in the area of services in the Church in the liturgy and in the Church Sacraments?
5. Will the Church Ordain an HIV infected into the Priesthood?
6. In the light of the Jesus' stories presented in Luke's Gospel about his attitude to the outcasts, what do you think should be the attitude of the Church to HIV and AIDS infected people?
7. In this Diocese in particular, what efforts is being played to combat the stigma and discrimination attached to HIV and AIDS?
8. How does the attitude of Jesus to outcasts in Luke's Gospel compare to the Christian attitude to HIV and AIDS infected today? Any similarities or differences?
9. Why are people labeled in the community? What are the forces behind the discrimination?
10. Is the Church influenced by the culture of the land?

Step 3. What comments or advise will you personally give to the study as it relates to HIV and AIDS in the Yoruba Context viz a viz the attitude of Jesus to outcasts portrayed in Luke's Gospel.

Step 4. Closing remarks and appreciation.

Appendix 4A

Consent Form for Participation in Research Project

Study Title: A Socio-Scientific reading in the Yoruba Context of selected texts in Luke’s Gospel portraying Jesus attitude to outcasts: Implications for Anglican Diocese in Ijebu – Remo, Ogun State, Nigeria in the HIV and ADIS Era.

Researcher – Babatunde F. R. Ogunbanwo (Ph.D. Candidate).

I have been fully informed of the reasons for the discussions and studies to be conducted and the use of the findings by the researcher at the School of Religion & Theology, University of Kwazulu – Natal, Pietermaristburg; South – Africa.

I agree to participate in the group discussions and Bible Studies voluntarily and not entitled to any financial gain.

I promise to give information about the study at the best of my ability.

My contact details are:

Address _____ Tel (H) _____
_____ Cell _____ No _____

I hereby agree to participate in the research:

Signature _____

Participant Researcher.

Appendix 4B.

Letter to the Diocesan Bishop

School of Religion & Theology,
University of KwaZulu – Natal
Pietermaritzburg.
South Africa.

My Lord,
Request for Permission to Conduct Field Research.

Greetings to you my Lord Bishop in the name of our Lord Jesus Christ.

I am a research student of the School of Religion & Theology, University of Kwazulu – Natal, Pieter maristburg, South Africa, working on the topic “A Socio-Scientific reading in the Yoruba Context of selected texts in Luke’s Gospel portraying Jesus attitude to outcasts: Implications for Anglican Diocese in Ijebu – Remo, Ogun State, Nigeria in the HIV and ADIS Era.”

This is to request your permission to conduct group discussions and Bible – Studies among the Clergy and the Lay members of your Diocese. The selected Clergy and Lay members shall have sessions of discussions and Bible – Studies.

I shall appreciate your kind permission and approval.

Yours Faithfully,

Revd. B. F. R. Ogunbanwo

**Permission Letter from Olabisi Onabanjo University Teaching Hospital, Sagamu.Ogun-
State. Nigeria**

**OLABISI ONABANJO UNIVERSITY TEACHING HOSPITAL, SAGAMU
P. M. B. 2001, SAGAMU, NIGERIA.**

Chairman:
Prof. Femi Ajayi
PhD, M.A., BA.
☎ 08033867480
e-mail: sobef650@aol.com
chairman.bomooouth@ogunstate.gov.ng

Director of Administration and Secretary to the Board:
Mr. S. B. Ogunsipe,
B.Sc. (Econ), PGDE, M IPM, AMNM, AHAN
☎ 08037198846
e-mail: dadmin.oouth@ogunstate.gov.ng

Chief Medical Director:
Prof. A. M. O. Shonubi
MBBS (Ib.), Cert. Pead., Surg (L' Pool), Cert. Data Proc.
FMCs (Nig.), FWACS (W Afr.), FICS, MNIM.
☎ 08033606130
e-mail: amoshonubi@yahoo.co.uk
cmd.oouth@ogunstate.gov.ng

Chairman, Medical Advisory Committee:
Dr. H. A. Ajibode
MBBS (Lagos), FWACS (W Afr.), FMCDph (Nig.)
☎ 08037117851
e-mail: tunjisligh@yahoo.com
cmac.oouth@ogunstate.gov.ng

☎ 08055683965; 08058376736.
E-mail: oouth@ogunstate.gov.ng

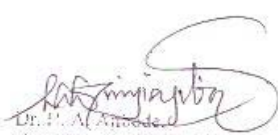
OUR Ref: OOUTH/DA. 326/T/3 **Your Ref:** **Date:** 23rd March, 2011

Rev. Revd. B. F. P. Ogunbanwo,
Bishop of Ijebu South West,
Diocese of Ijebu South/West,
Bishop's Court,
Orunbo Okunluyi Road,
P. O. Box 90,
Odegholu,
Ogun State.

**RE: REQUEST FOR PERMISSION TO CONDUCT
FIELD RESEARCH/ETHICAL APPROVAL.**

I wish to inform you that the Scientific and Ethics Review Committee of this Hospital has granted you a tentative approval on your research proposal as titled above.

2. Many thanks.


Dr. H. A. Ajibode
Chairman, Medical Advisory Committee
for: Chief Medical Director

SAVE A LIFE: DONATE TO OOUTH

Appendix 6

Research Questionnaire.

A. Demographic Information.

1. Name(optional)_____
2. Address_____
3. Gender : Male _____ Female_____
4. Status / role in Church: Clergy_____. Lay_____. Elder_____. Clergy wife_____.
Women leader_____. Youth_____.
5. Age: 18-24_____. 25-40_____. 41-55_____. 56 and above_____.
6. Marital Status: Single_____. Married_____. Divorced_____. Widowed_____.
7. Educational Level:
University Degree_____
- Diploma _____
- Secondary_____
- Primary_____
- No Education_____

B. The Perception of HIV and AIDS.

1: Have you any previous knowledge of HIV and AIDS?

Have heard of HIV and AIDS? Yes_____ No_____.

I have no knowledge of it: Yes_____. No_____

Is it curable? Yes__ No_____

It is a disease of the poor?Yes_____. No_____

Is AIDS real?Yes____. No _____.

2. What can you say about HIV and AIDS?

Afflicts Immoral People_____ .Natural/Germ_____ God's
Punishment_____ Can afflict anybody_____ Don't know_____

3. What is the attitude of your ethnic group to people living with HIV and AIDS?

- a. HIV infected people are promiscuous.
- b. HIV/AIDS is a punishment from God.
- c. HIV infected people are responsible for their own problems.
- d. HIV infected people are not useful to anyone.
- e. HIV infected people should not be allowed to mix with infected people.
- f. Our society hates infected people.

4. Kindly react to these questions with a Yes or No.

1. Would you sleep in the same room with someone who has HIV?
2. Would you attend and partake at the Eucharistic Service with an HIV infected person?
3. Would you freely associate in Church and outside the Church with anyone who is HIV positive?
4. Would you tell others if a relative of yours died of HIV /AIDS after a long illness?
5. Is your context tolerant to sick people?

5. What will be your attitude if you know the HIV and AIDS status of a person?

Would you drink using same cup at home or in church during Eucharist?

Would you eat together with same wares?

Would you shake hands freely and relate freely?

Would you help him to treatment centre?

Would you sit together in church?

Would you do house chores for PLWHA?

Would you accept him as a leader in the church?

Would you marry a man / woman who is positive if need be?

C. Cultural Obligation to the sick and PLWHA

1. Which disease (s) in the Yoruba cultural realities can make one to be sent out of the community?

2. What is the Yoruba idea or concept of diseases?

3. How will you relate if you suddenly discover that your spouse is HIV Positive?

4. How are the sick managed in the Yoruba context?

Care and support _____ Confine and keep secret _____ Care for him/her _____

Do Nothing _____ Divorce _____ Run away _____ Will do nothing _____

Financial and moral support _____ . Don't know _____

5. Why are People living with HIV and AIDS not cared for in some cases?

PLWHA are responsible for their illness _____

No cure, therefore hopeless _____

Afraid of contracting HIV and AIDS _____

Don't know _____.

Note: All information given shall be used entirely for research work and confidentiality of the respondents shall be maintained.

Thank you.

Babatunde Ogunbanwo.