THEOLOGY IN THE HIV&AIDS ERA SERIES

MODULE 5

AFRICAN INDIGENOUS RELIGIONS IN THE HIV&AIDS CONTEXTS

BY

EZRA CHITANDO

SERIES EDITOR

MUSA W. DUBE

THE HIV&AIDS CURRICULUM FOR TEE PROGRAMMES AND INSTITUTIONS IN AFRICA

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Ecumenical HIV & AIDS Initiative in Africa
150 route de Ferney
P.O. Box 2100
1211 Geneva 2, Switzerland

Tel: +41 22 791 6321 Fax: +41 22 791 6122
E-mail: ttz@wcc-coe.org
Website: http://www.wcc-coe.org

COURSE DEVELOPMENT TEAM

Writer:
M. W. Dube
Technical Advisor:
G. S. Ntloedibe-Kuswani
Series Editor:
M. W. Dube

A NOTE TO LEARNERS, USERS AND READERS

The overall goal of this module is to contribute towards building HIV&AIDS competent churches and theological institutions. This module is part of a series of ten modules entitled, *Theology in the HIV&AIDS Era* which were developed for distance learners. The modules accompany the HIV&AIDS Curriculum for TEE Programmes and Institutions in Africa.

The process of production began with an all Africa training of trainers' workshop on mainstreaming HIV&AIDS in Theological Education by Extension (TEE), held in Limuru Kenya, July 1-7, 2004. The workshop called for the production of a distance learning curriculum and accompanying ten modules to enable the mainstreaming of HIV&AIDS in TEE programs.

Writers were thus identified, trained in writing for distance learners and given their writing assignments. In July 2-13, 2005, twelve writers gathered at the Centre for Continuing Education at the University of Botswana with their first drafts for a peer review and a quality control workshop. The result of the process is this series on *Theology in the HIV&AIDS Era* and the accompanying curriculum for TEE. The whole process was kindly sponsored by the Ecumenical Initiative for HIV&AIDS in Africa (EHAIA).

Although the target audience for these modules is the distance learning community, it is hoped that the series will also stimulate new programmes, such as diplomas, degrees, masters and doctoral studies in HIV&AIDS theological research and thinking in residential theological institutions. It is also hoped that the series will contribute towards breaking the silence and the stigma by stimulating HIV&AIDS theological reflections and discussions in various circumstances, such as in Sunday schools, women's meetings, youth and men's fellowships, workshops, conferences and among teachers and preachers of religious faith.

Musa W. Dube
Gaborone, Botswana
July 28, 2006

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AFRICAN INDIGENOUS RELIGIONS IN THE HIV&AIDS CONTEXT

OVERVIEW

The HIV&AIDS epidemic has caused a lot of pain, suffering and death in Africa. Its effects have been devastating. This module seeks to highlight the importance of Africans Indigenous Religions (AIRs) in the struggle against HIV&AIDS. It is believed that the indigenous worldview is of crucial importance in the battle against the epidemic. This module, therefore, seeks to describe and identify the significance of the indigenous beliefs and practices in the fight against HIV&AIDS.

This module stresses the importance of AIRs in the struggle against HIV&AIDS. It recognises the fact that many Africans continue to be influenced by the indigenous worldview. Therefore, there is a need to understand the spiritual heritage of Africa if efforts to prevent HIV&AIDS and care for the infected and affected are to succeed. The module explores the central beliefs and practices of AIRs with the aim of showing how they can be utilised in fighting the spread of HIV&AIDS. It highlights how indigenous perspectives have addressed People Living with HIV&AIDS (PLWHA).

OBJECTIVES

At the end of this Module you should be able to:

- Describe the role of AIRs in the fight against HIV&AIDS
- Identify indigenous beliefs and practices that have a bearing on HIV&AIDS
- Discuss the value of the indigenous perspective for HIV&AIDS prevention
- Outline approaches to stigma in AIRs and HIV&AIDS
- Explain the values of care giving in AIRs and its impact on HIV&AIDS
- Identify the influence of AIRs on approaches to interacting with PLWHA
- Describe the impact of AIRs on various groups affected by HIV&AIDS
- Discuss the value of AIRs in creating healing communities in the context of HIV&AIDS

EXPECTATIONS

AIRs are characterised by regional and local variations. In this module, most of the examples used come from the Shona indigenous religions of Zimbabwe. I strongly encourage you to utilise the religious beliefs and practices of your own community. This will enable you to realise the impact of indigenous religions on HIV&AIDS. In instances where there may be written material on specific aspects of indigenous religions, I encourage you to carry out independent research by interviewing elders, religious leaders and other specialists found in your community.

HIV&AIDS is an epidemic that is rapidly changing. I encourage you to do frequent research in order to understand the latest information concerning HIV&AIDS. It is recommended that you read this module with other modules in this series where some of the issues raised in this module are discussed in greater detail. Cross-referencing will increase your awareness of the role of religion in fighting HIV&AIDS in Africa.

The struggle against HIV&AIDS requires the active participation of people from diverse backgrounds. As you recognise the urgency of the task, we expect that you will also undertake activities that may slow down or stop the spread of HIV&AIDS in your community. I urge you to regard yourself as an active participant in the struggle.

ACTIVITIES AND TESTS

You are strongly encouraged to have a notebook in which you will write down your activities. This will help you in the revision process.

At the end of this module, you will find a written assignment, a test and an exam. You must write the assignment after competing Unit 5. Write the test and exam after completing the module.

UNIT 1

DEFINING THE HIV&AIDS CHALLENGE

OVERVIEW

In unit 1, we will discuss the challenge of HIV&AIDS in Africa. You will learn about the extent of HIV&AIDS on the continent. You will also become aware of the fact that HIV&AIDS has become the leading cause of death in many parts of sub-Saharan Africa. This unit will provide you with the basic facts about HIV&AIDS. This background information will help you to appreciate why there is so much attention on HIV&AIDS. We will examine the impact of HIV&AIDS on the body. We shall highlight how it affects the family and the community. The unit will also examine the impact of social injustice on HIV&AIDS.

OBJECTIVES

At the end of this unit you should be able to:

- Outline the challenges of HIV&AIDS in Africa
- Describe the impact of HIV&AIDS on the body
- Discuss the impact of HIV&AIDS on the family and the larger community
- Identify the link between HIV&AIDS and social injustice

TOPICS

- The Magnitude of the HIV&AIDS Challenge in Africa
- HIV&AIDS and the Body
- HIV&AIDS and the Family and Community
- HIV&AIDS and Social Injustice
- Summary, Self-Assessment Activity, Further Reading

THE MAGNITUDE OF THE HIV&AIDS CHALLENGE IN AFRICA

HIV&AIDS is the greatest challenge that Africa is currently facing. HIV stands for Human Immunodeficiency Virus. AIDS stands for Acquired Immune Deficiency Syndrome. There are over 42 million People Living with HIV&AIDS (PLWHA) across the world. Over 20 million people have died since the appearance of the first HIV cases in 1981. Sub-Saharan Africa has been the worst affected by HIV&AIDS. Although the region is home to only 10 per cent of the world's population, it has 70 per cent of all PLWH. In addition, 77 per cent of all AIDS-related deaths occur in sub-Saharan Africa.

In many parts of sub-Saharan Africa, HIV&AIDS is responsible for most of the deaths. It has increased the death rate significantly. You may have noticed that funerals have become more frequent in your own country. Across most parts of Africa, many people are dying young. Hospital beds are full of PLWHA, while others are getting home-based care.

The geographic pattern of HIV&AIDS shows that different regions have varying levels of infection. Botswana, South Africa and Zimbabwe have some of the highest levels of HIV infection in the world. They have an adult HIV prevalence rate of over 30 per cent. In fact, the prevalence rate in Botswana is close to 40 per cent. Similarly, in Zimbabwe it is estimated that 1 in every 5 adults is infected with HIV. Consequently, the life expectancy has fallen from 62 to 47 years.

East Africa was one of the first regions to experience the negative effects of HIV&AIDS. By the year 2000, countries such as Uganda, Rwanda, Burundi and Kenya had over 200,000 PLWH. However, the infection rates in these countries have been below 20 per cent. As indicated above, Southern Africa remains the worst affected. Countries with small population sizes, such as Swaziland and Lesotho, have prevalence rates of over 30 per cent. If prevention efforts do not succeed, we will witness entire countries facing serious challenges as many of the adults will succumbed to HIV&AIDS.

In West Africa, prevalence rates are much lower than in Southern Africa. However, there are indications that HIV is spreading rapidly in this region. Cameroon has witnessed rising HIV prevalence rates, alongside of Nigeria. Over 3 million people in Nigeria are infected with HIV. Countries like Burkina Faso, Togo, Cameroon and Nigeria have adult HIV prevalence rates of between 5 and 9 per cent. Cote d'Ivoire has a prevalence rate of 11 per cent, making it the most serious case in West Africa.

ACTIVITY 1

Take a look at the map of Africa. Identify the different regions and countries that I have referred to in these paragraphs.

I must emphasise that although West Africa has not been as badly affected by HIV&AIDS as East and Southern Africa, there is need for vigilance. HIV travels quickly and quietly. We witnessed this in the early 1990s when countries like Uganda were the focus of attention. Before we knew it, HIV&AIDS had quickly established itself in Southern Africa. In addition, it is notable that, generally, the HIV prevalence rate in urban areas is higher than in the rural areas. Why do you think that this is the case?

There are a number of reasons why the HIV adult prevalence rate is higher in African cities than in the rural areas. First, the availability of HIV testing facilities in urban areas makes more data available. Such facilities are not available in most rural parts of Africa. Secondly, commercial sex work tends to be located in the urban areas. Thirdly, the urban situation has fewer social mechanisms which control the sexual behaviour of individuals. However, in many countries the rural prevalence rates are rising. More people have agreed to be tested for HIV. This has increased the data on infection rates across the continent. As we shall further explore in the section on prevention, voluntary testing and counselling is very useful in fighting HIV&AIDS. Individuals who are aware of their HIV status tend to be more empowered in their sexuality.

It should also be noted that young women in Africa are more vulnerable to HIV infection. As we shall see in our discussion on the impact of social injustice, a number of factors are responsible for this. Additionally, HIV prevalence rates tend to be higher in some age groups than in others. It is highest among women between 20-29

years old. Among men, it is highest in men that are between 30-39 years old. Economic desperation forces many young women into sex with older men. This has increased their vulnerability to HIV infection.

ACTIVITY 2

Establish the magnitude of HIV&AIDS in your country.

1. *Are there people in your community who still do not believe that HIV&AIDS is real?*
2. *Suggest* ways of promoting awareness of HIV&AIDS in your community.

HIV&AIDS and an Individual's Body

You should now understand the magnitude of HIV&AIDS. You have learnt how HIV&AIDS has become a leading cause of death in many parts of the continent. In this section, you will be introduced to the impact of HIV&AIDS on the body. This is to assist you in understanding how HIV&AIDS operates within the human body. HIV related infections are caused by two types of virus, HIV-1 and HIV-2. Scientists have observed that these two types of virus operate differently. HIV-1 is highly infectious while HIV-2 is less infectious. HIV-1 now exists in almost every country.

When HIV enters a person's body, it can take a long time before its effects are experienced. If one is in good health, it can take up to 10 years. Unfortunately, this period tends to be shorter in Africa, where there is a lack of quality medical care. Small children and newborns also have a shorter period between infection and the setting in of illness. This is because they have weaker immune systems. The immune system refers to the capacity of the body to defend itself against infection.

When HIV enters the body, the body detects that it has been invaded. It produces antibodies to fight HIV. This is usually between 6-8 weeks after infection. This is known as the 'window period'. HIV tests are not able to detect the presence of the virus during this period. HIV weakens the body's immune system. The body has its own defence system, as I indicated above. It produces CD4 cells to defend the body. The virus targets these CD4 or helper cells. As a result, the body is weakened as its

defenders continue to be eliminated. As the cells decline, various infections begin to take advantage. Antiretroviral drugs may then be required to assist the body.

ACTIVITY 3

1. *How does the human body defend itself against infections?*
2. *How does HIV affect the human defence system?*

Although the terms HIV and AIDS are often used together, we need to make a fine distinction between them. AIDS is, in fact, the last stage of the HIV disease. All persons who are infected with HIV do not have AIDS. As we learnt above, a person infected with HIV can live for a number of years without showing any signs of being infected. It is only after the immune system has been weakened that AIDS sets in. At that point, the body becomes vulnerable to various types of diseases that it had previously been able to resist.

AIDS is characterised by the appearance of 'opportunistic infections'. This name is derived from the fact that these infections take advantage of the body's weakened immune system. They include pneumonias, skin diseases, diarrhoeal diseases and other infections that affect the nervous system. In the African context, tuberculosis is another common opportunistic infection. It is important for PLWHA to seek early treatment for opportunistic infections. This leads to a better management of HIV&AIDS.

ACTIVITY 4

1. *What are opportunistic infections?*
2. *Why is it important to seek early treatment for opportunistic infections?*

We now need to discuss the issue of HIV transmission. Four main means of transmitting HIV are:

- Sexual intercourse (vaginal, anal, oral)
- Blood and blood products
- Needles
- Mother-to-child transmission

By far, most HIV infections in Africa are transmitted through sexual intercourse between men and women. Unprotected sex with PLWH is the main route of transmission. HIV is passed on through bodily secretions that are exchanged during sexual acts. The presence of sexually transmitted infections increases the risk of HIV infection. As we noted in the case of opportunistic infections, people with sexually transmitted infections need to get early treatment.

Anal sex increases the risk of HIV infection since the skin is tight and can break easily. Although the number of men having sex with men in Africa is low, it is important for us to acknowledge that such individuals do exist in our communities. They need to be considered when designing programmes for HIV&AIDS awareness and prevention. Unfortunately, most men who have sex with men are hiden because of stigma. This frustrates prevention efforts. The possibility of HIV transmission through oral sex is quite reduced. The presence of sores in the mouth or on the sexual organs increases the risk.

The chances of HIV transmission through blood and blood products has been significantly reduced by careful blood screening. Mother-to-child transmission occurs when an infected mother passes the virus to a child during the birth process or breast-feeding. It can be reduced by administering ARV (anti retrovirals) drugs to pregnant women. All these options imply that our greatest area of focus should be on the sexual transmission of HIV. In the next section, we are going to discuss the impact of HIV&AIDS on the family and the larger community.

ACTIVITY 5

Discuss the four main means of HIV transmission.

HIV&AIDS and the Family and Community

We have now discussed the extent of HIV&AIDS in Africa. You have studied how it works within the body. The previous section introduced you to the main means of HIV transmission. In this section, we want to examine the effects of HIV&AIDS on the family and the larger community. This will enable you to understand that

everyone in impacted by the HIV&AIDS epidemic. Think about your own community. How has it been affected by HIV&AIDS? What about the orphans and other vulnerable children? Who is looking after them? What have you done yourself to contribute to the fight against HIV&AIDS? This section explores how HIV&AIDS infects communities, not only individuals.

Although HIV operates in an individual's body in the manner that we discussed in the previous section, we need to recognise that individuals are tied to families. In turn, families are linked to clans, communities, nations and the international community. I would like you to think about this interconnectedness in terms of circles. The inner circle represents the individual. The circle immediately encompassing this circle represents his/her immediate family. The next circle represents the extended family and the next, the clan. Bigger circles which encompass all of the aforementioned circles represent the nation and the entire world. What affects an individual eventually affects humanity, at large.

When an individual initially becomes sick as a result of HIV&AIDS, the immediate family is affected. AIRs encourage people to support each other. Members of the community at various levels are understood to be neighbours, responsible to look after one another. Resources are required to fight against HIV&AIDS. These include both emotional and material resources. Feelings of genuine care and love have to be cultivated. Family members are encouraged to *feel for and feel with* PLWHA.

First, HIV&AIDS affect the family by reducing financial resources. In most African countries, quality health care is expensive. If the infected individual had been employed but can no longer work, the family income is significantly reduced. In some instances, assets and household property are sold in an effort to meet the rising medical costs. By the time the individual dies, the family may have become much poorer than they were before the illness.

Secondly, orphans tend to be more vulnerable due to HIV&AIDS. Please note that I deliberately avoided referencing 'AIDS orphans'. This term generates stigma and should not be used indiscriminately. It stereotypes children whose parents have died as a result of HIV&AIDS. This has resulted in the painful reality of child-headed

households. Young children have had to take over the responsibility of looking after their sisters and brothers. You may have become aware of child-headed households in your own community.

Thirdly, the welfare of the family is threatened when one of the members becomes sick as a result of HIV&AIDS. In the case of children, their future is threatened. In some situations, children have had to drop out of school due to a lack of finance. Furthermore, seeing a beloved parent dying slowly is traumatic for children. It is equally painful for parents to bury teenage children who die as a result of HIV&AIDS. The cumulative emotional impact of HIV&AIDS in Africa is massive.

At the national level, there is loss of economic productivity due to HIV&AIDS. For example, agricultural output on the continent is threatened because the economically active age group is falling sick and dying. In countries like Malawi and Zambia, HIV&AIDS has had a devastating impact on the education sector. Many teachers have died due to HIV&AIDS. Such losses have also been experienced in other sectors of the economy across the continent. It is expensive to train professionals. Unfortunately, soldiers, nurses, doctors, university professors, and other professionals have all been affected by HIV&AIDS. This is a major loss for a developing continent such as ours. At the level of national development, HIV&AIDS has reversed the gains that many African countries had achieved.

By now it should be clear to you that HIV&AIDS is not just a health issue. It affects all dimensions of life in Africa, including the social, political, economic, religious, etc. Furthermore, HIV&AIDS is not an isolated problem facing individuals. As we have seen above, it confronts all of us. The slogan, ‘Some Are Infected, But We Are All Affected’ summarises our situation. We now need to analyse the impact of social injustice on HIV&AIDS.

ACTIVITY 6

What is the effect of HIV&AIDS on the immediate family?

Social Injustice and HIV&AIDS

It is common to approach HIV&AIDS as an issue of individual morality. In other words, we often think that only people who have many sexual partners are vulnerable to HIV infection. However, we need to pay attention to the impact of social injustice on the spread of HIV&AIDS. Issues of poverty and gender inequality, for example, are key to understanding the epidemic in Africa. I hope that this section will enable you to recognise that social injustices are to blame for the rapid spread of HIV&AIDS.

There are a number of factors that increase vulnerability to HIV&AIDS. These include poverty, high levels of unemployment and gender inequalities. As we observed, some women have been forced into commercial sex work for survival. According to one commercial sex worker in Beit Bridge, a border town between Zimbabwe and South Africa, "It is better to die slowly of HIV&AIDS than to die quickly of hunger". In addition, older men, known as 'Sugar Daddies', abuse their economic power and lure young girls into unprotected sex. The low financial status of most women therefore increases their vulnerability to HIV&AIDS.

In Southern Africa, many men have left their homes to look for employment in other countries. South Africa's mines are a good example of this movement. Men from Botswana, Mozambique, Zambia, Zimbabwe and other countries have sought jobs in these mines. They are separated from their wives for long periods. Some have resorted to meeting with commercial sex workers. Back in their own countries, their wives may also have sexual relationships with other men. If governments could provide their citizens with viable employment opportunities, the risk of HIV infection would be reduced.

The low status of women in many African communities has increased their vulnerability to HIV infection. This is a result of a combination of factors. Cultural, religious and social factors are often used to justify the low status of women. In most

instances, women are powerless to insist on safer sexual practices, such as using condoms. It is men who often determine when, where, and how sexual acts takes place. Women are expected to comply with men's demands. Marriage does not improve the situation; over 80 per cent of married women who are infected with HIV were infected by their husbands.

Male domination is also seen in practices such as polygamy, widow inheritance, and widow cleansing. Some men resist the use of condoms, claiming that they have a right to unprotected sex. Furthermore, it is women who provide the bulk of the care for PLWHA in Africa. Social injustice is a more significant factor than personal morality in understanding vulnerability to HIV infection. This means that although we can continue to talk about abstinence and prevention, we will have to pay more attention to addressing issues of social injustice. If we can fight oppressive practices that make women vulnerable to HIV infection, address issues of poverty and invest in quality medical care, we would have taken big steps towards winning the war on HIV&AIDS.

ACTIVITY 7

Describe the status of women in your society, showing its significance to the HIV&AIDS epidemic.

Poverty has also left many PLWHA in Africa without access to antiretroviral therapy. Earlier in this unit, you have learnt that although a person infected with HIV can live up to ten years without falling seriously sick, in Africa this period is reduced. In wealthy countries in Europe and North America, HIV&AIDS has become a manageable disease. It is like any other chronic disease, such as diabetes, where one has to take medication consistently. It no longer leads to quick death. However, in Africa it continues to kill at an alarming rate. If we can tackle poverty in Africa, we would be on our way to winning the fight against the epidemic.

Finally, we can examine social injustice in areas like rape. The risk of HIV transmission is increased when the sexual act takes place forcefully. In countries like South Africa the incidence of rape is quite high (even small girls and babies have been raped). It is not very helpful to talk about sexual purity in such instances. Social

injustice has to be blamed when a young girl who has protected her virginity is violently raped and is infected with HIV.

It has been observed that HIV tends to thrive in situations of war and social unrest. In some parts of Africa, rape has been used as a weapon of war. Women in refugee camps are also more vulnerable to HIV infection. When there is a general break-down of law and order, HIV infections tend to increase. Unfortunately, there are many armed conflicts on our continent. It is easier to combat HIV&AIDS in situations of social stability. We therefore need to invest heavily in peace-making in order to overcome HIV&AIDS.

We also need to tackle secrecy, social stigma and denial surrounding HIV&AIDS. As communities and families, we have not been open and transparent regarding HIV&AIDS. Studies have shown that some PLWHA do not disclose their HIV status to people who provide care for them. This is due to the stigma and secrecy that we have associated with HIV&AIDS. In some instances, religious groups have worsened the silence and shame by portraying HIV&AIDS as punishment for sinners. We need to accept the reality of HIV&AIDS. We should also be open, transparent and caring. In our efforts to counter the negative effects of HIV&AIDS, we need to accept PLWHA as full members of our communities. We are all members of the human family, whether or not we are infected.

SUMMARY

Let us summarized what you have learnt in this unit. You have discovered that HIV&AIDS has spread across most parts of sub-Saharan Africa. I hope you noted that virtually everyone is at risk of getting infected with HIV. You have also learnt how HIV works in an individual's body. In this unit you have become aware of how HIV&AIDS affect the family and the larger community. We also discussed how social injustice increases vulnerability to HIV&AIDS. I urge you to continue to gather information relating to HIV&AIDS. In the next unit we will discuss the basic cosmology of AIRs and how this is related to HIV&AIDS. Please attempt the self-assessment activity below.

SELF-ASSESSMENT ACTIVITY

1. Briefly, state which African region currently has the highest adult HIV prevalence rates.
2. Imagine that you have been invited to teach school children about HIV&AIDS. List the issues that you would discuss with them.
3. Discuss the transmission of HIV.
4. "Women in Africa are more vulnerable to HIV & AIDS." Discuss.
5. Discuss the need to overcome secrecy and stigma in the fight against HIV&AIDS in Africa.

FURTHER READING

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Unit 2

THE BASIC WORLDVIEW OF AFRICAN INDIGENOUS RELIGIONS

OVERVIEW

In the previous unit you learned about HIV&AIDS. You attained basic facts regarding its magnitude and mode of operation. You should be able to explain the impact of HIV&AIDS on the family and the larger community. I hope that you can also inform your church and study group members about the impact of social injustice on the spread of HIV&AIDS in Africa. As we noted in the previous unit, we need to continue to talk about HIV&AIDS in our families and communities.

In this unit we are going to focus on the basic features of African Indigenous Religions (AIRs). This will enable you to recognise the need to take them seriously in the struggle against HIV&AIDS. Learning more about our own African beliefs and practices is very important. We need to appreciate what has been handed down to us from our ancestors. We can also challenge the harmful aspects of our cultures in the face of HIV&AIDS.

OBJECTIVES

- At the end of this unit you should be able to:
- Identify concepts of God and wellbeing in AIRs
- Explain concepts of ancestor-hood and wellbeing in AIRs
- Discuss the meaning of communal and individual wellbeing
- Explain traditional ideas of evil and healing
- Identify the implications of the cosmology of AIRs.

TOPICS

- Concepts of God and Wellbeing
- Concepts of Ancestor-hood and Wellbeing
- Concepts of Communal and Individual Wellbeing
- Concepts of Evil and Healing
- Implications for the HIV&AIDS Struggle

Summary, Self-Assessment Activity, Further Reading

CONCEPTS OF GOD AND WELLBEING

AIRs refer to the African Indigenous Religions in existence before the arrival of Christianity, Islam and other religions. African religious beliefs and practices have been handed down from one generation to another. There are no sacred writings or scriptures, as in Christianity or Islam. Through songs, prayers and other oral traditions, Africans have been able to transmit their faith from one generation to another.

Africans developed their own notion of who God is, how God operates and God's significance in their lives. As we shall see, the belief in ancestors is equally important amongst most Africans. Some people have argued that AIRs are mainly concerned about ancestors. They argue that the idea of God is a result of Christian and Muslim influences. However, current research has shown that most African communities had their own concepts of God before the arrival of missionary religions.

ACTIVITY 1

1. What is the name of God in your local language?

2. What does the name of God suggest?

I should indicate that African concepts of God differ from one community to another. Some African communities are highly monotheistic, believing that there is only one God. Among the Shona people of Zimbabwe, *Mwari* (God) is believed to be the sole creator of the universe. There should be no images or representations of God. Although Shona sculptors are well-known for their ability to carve, they have not attempted to carve images of God. This belief in the supremacy of God is found across most parts of Africa.

God is not the only spiritual being in the African world of spirits. In West Africa, there is a strong belief in the existence of divinities. These have specific responsibilities that they have received from God. God has delegated powers and

responsibilities to these lesser gods or divinities. However, they do not act independently. Their authority is derived from God. In the many regions of Africa, it is believed that God presides over the operation of the world. However, God works together with the divinities since they share the same spiritual space.

Many African languages do not identify God as either male or female. God is understood to be beyond gender. However, God is regarded as the all-powerful force behind all that exists. It is God who is responsible for giving life to human beings. It is also God who is ultimately responsible for death. God is regarded as the ruler of the universe. Nothing can take place in this world unless God allows it to happen. Such a belief has implications for interpreting HIV&AIDS in Africa. It implies that HIV&AIDS exist because God has allowed it to come into being.

ACTIVITY 2

Give an account of the traditional myth of creation in your community and illustrate its importance for understanding HIV&AIDS.

According to the Shona religion, God created human beings with the intention that they should lead long and healthy lives. In some stories, human beings were not supposed to die but to live forever. Death was only introduced as a result of human failure. Human wellbeing, as desired by God, should be maintained by the absence of disease, pain and death. Life on earth should be long and enjoyable. God desires humans to experience a rewarding life.

ACTIVITY 3

What is the impact of your community's indigenous beliefs concerning the origin of death on HIV&AIDS?

Concepts of Ancestor-hood and Wellbeing

The belief in ancestors is quite strong in most parts of Africa. It is believed that although God is all-powerful, ancestors are in charge of the daily affairs of humans. In most instances, God is rather withdrawn, leaving the effective governance of the world in the hands of the ancestors. Ancestors are believed to derive their power from God. They facilitate communication between the living and God. Many Africans would describe ancestors as 'conveyor belts'. If you go to a factory, you can see conveyor belts carrying products from one stage of production to another. Ancestors play a similar role by linking humans to God.

Ancestors in AIRs are often referred to as 'the living dead'. This means that although they are dead, they continue to have an interest in the affairs of the living. Ancestors are also believed to be the departed elders of the community. There are different criteria for qualification to the grade of ancestor-hood. However, among the Shona, it is generally believed that only individuals who led morally upright lives qualify. Those who indulge in anti-social behaviour are disqualified. Witches and sorcerers are also deemed unworthy of this status. In most instances, one needs to have left children behind to be able to be an ancestor. As we shall learn in the section on prevention in the era of HIV&AIDS, the need to have children is a major factor in understanding HIV&AIDS in Africa.

ACTIVITY 4

Identify how HIV&AIDS has affected beliefs concerning ancestors in your community.

Having once lived on earth, ancestors are aware of the numerous problems that the living encounter. They pass on prayers, requests and petitions to God. In addition, they preside over a moral system established by God. They reward those who do good and punish those who break the moral laws. Those who forget to honour the ancestors, act against cultural norms and indulge in sexual immorality are neglected by the ancestors. Such beliefs are significant in the struggle against HIV&AIDS.

Ancestors ensure the wellbeing of their descendants. They support their ventures in life. These include success in marriage, business and other activities. Of particular significance, ancestors are believed to protect their descendants from disease and misfortune. They form a protective wall around the living. Ill health and lack of success occur when they withdraw their support.

Families and individuals interpret health and wellbeing in terms of ancestral blessings or the withdrawal of support. Ancestors should ensure that the living do not die young. Old age is necessary to become an ancestor. In traditional African communities, individuals are expected to live until they are very old. Among some African groups, a very old person is already considered an ancestor. Old age is also seen as a sign of blessing from God and the ancestors. When most of the descendants live to old age, the community enhances its wellbeing. It follows that by killing young people, HIV&AIDS is upsetting the spiritual beliefs.

In some African communities, there are individuals who are known to use mystical **powers** in order to sustain their lives on earth. Indigenous healers are believed to administer medicine that can prolong life. We can see that for indigenous believers, life on earth is to be lived to the full. This world is not an evil place that must be destroyed. Since God and the ancestors provide health and wellbeing, life should be promoted.

ACTIVITY 5

According to AIRs, what do the ancestors provide to their descendants?

Communal and Individual Wellbeing

African life tends to be focused on the communal. Think about your village or one that you have visited. How are the houses built? Do people stay far away from others? What does the community say about those who do not like to interact with others? Across Africa, a communal way of life is promoted. Individualism is discouraged.

Through proverbs, songs and folk tales, Africans encourage communal wellbeing. The popular saying is, ‘I am because we are’. Selfishness is believed to injure the

health of the community. An individual's life has meaning in relation to the lives of others. To exist is to be connected to other members of the community. People who do not value the wellbeing of the community are accused or suspected of witchcraft. The basic idea is that people have to share whatever is available.

The idea of a circle helps us to see the African emphasis on communal wellbeing. Most African games, dances and sitting arrangements are governed by the circle. A circle allows Africans to face each other and to recognise how they are connected. Kitchens and other meeting places often have the circular shape. This allows face-to-face contact. Westernisation threatens this by building private rooms where individuals do not have to face each other.

Wellbeing in AIRs requies progress and prosperity for the whole community. Salvation is not understood as the release of an individual's soul from sin. In the thinking of Africans, humans belong together. Their slogan is, 'An Injury to One is an Injury to All!' Among the Shona, the saying, '*makudo ndimamwe, musi menjodzi anorwirana*' (baboons are one, on the day of danger they fight for each other) captures the feeling of solidarity. Such an approach can be very helpful in meeting the HIV&AIDS challenge in Africa. It calls for solidarity with PLWHA and facilitates co-operation in seeking solutions.

ACTIVITY 6

Examine how togetherness is expressed in your community and highlight how such beliefs are useful in confronting HIV&AIDS.

Although AIRs place significant emphasis on communal wellbeing, they do not leave the individual without any space. An individual is still allowed to pursue his/her interests. However, these interests should not disturb the harmony of the community. It is by the pursuit of individual interests that one also contributes to the wellbeing of the community. AIRs do not see conflict between individual and communal wellbeing.

The connection between individual and communal wellbeing can be illustrated in the case of marriage. According to AIRs, virtually everybody should get married and

have children. Only those who have special religious duties are not required to fulfil this social obligation. By meeting individual concerns, one is also ensuring communal wellbeing. AIRs celebrate children as a special blessing from the spiritual realm. In this context, communal wellbeing is ensured in the pursuit of individual wellbeing.

The good health and prosperity of individuals is also linked to communal wellbeing. When individuals suffer from diseases and die prematurely, communal wellbeing is undermined. However, when they are healthy and they succeed in their efforts, the community rejoices. This is why there are no 'private funerals' in AIRs. There are also no private weddings or parties as far as AIRs are concerned. Both grief and success are interpreted in communal terms. For most Africans, any event or experience that includes a member of the community is an invitation for all to participate.

Concepts of Evil and Healing

Evil is regarded as a force that threatens communal and individual wellbeing. Evil prevents individuals from achieving their desire goals. It is believed to be caused by witches and sorcerers, individuals who are able to mobilise negative spiritual forces and cause harm to others. According to AIRs, evil has to be detected and removed if the community is to thrive. Evil can be found in people, objects and animals. The form of evil differs from one community to another.

In the African worldview, spirits have different qualities. Some promote human wellbeing, while others are opposed to it. Ancestors fall into the category of spirits that ensure the prosperity of the living. There are also evil spirits that seek to frustrate human beings. Such spirits generate disease, misfortune and death. It is through constant interaction with God and the ancestors that such evil spirits can be defeated.

Evil is believed to be a force that follows some individuals. It blocks their path to success and prosperity. In some instances, it leads to unemployment, childlessness and premature death. When children and young people die, evil is often suspected. Witches and sorcerers direct evil towards innocent people. They use it to frustrate individuals who are about to get married, be promoted or undertake successful business ventures. Evil results in accidents and occurrences that are difficult to explain.

AIRs classify HIV&AIDS under the category of evil. It brings death to young people. It results in orphans and vulnerable children. The community can no longer enjoy health and wellbeing. AIRs regard evil as a force that can be defeated. Through petitions to the spiritual realm, consulting traditional healers and other religious specialists, evil is removed. Exorcism and the administering of medicine are some of the mechanisms for defeating evil in the AIRs worldview.

ACTIVITY 7

List the causes of evil, as understood by your community.

You have now learned about the understanding of evil in AIRs. We will now consider the theme of healing. Healing is a major concept in AIRs. It is closely connected to that of evil. When evil has been defeated, the community and individuals experience healing. Healing means more than just the restoration of physical health to an individual; it refers to a state of being which includes healthy relationships with people, the land and the divine powers. Healing is understood holistically. A community is healed when it establishes peaceful existence with its members and spiritual beings. Although disease might still cause suffering and death, there is healing when members know that the spirit world is satisfied with their efforts.

As we saw in the discussion on evil, various strategies are used to ensure the removal of forces that threaten the wellbeing of the community. Alongside the performance of exorcism, afflicted individuals may also take a bath in medicated water. Furthermore, traditional healers and spirit mediums intervene to bring health and healing to the community. When health is restored, evil is defeated. AIRs seek to ensure that the members of the community enjoy long and prosperous lives.

Indigenous healers use divination to identify factors responsible for reducing health and wellbeing. Most members of the community consult indigenous healers. The task of the indigenous healer is to identify those forces that are preventing the community from enjoying life. With their clients, the indigenous healer must propose or work out a solution. In many cases, the clients have to assure the healer verbally that they agree

with the solution. We could therefore say that the solution is decided together. The indigenous healer will rarely prescribe a solution that the clients do not accept. Together, the indigenous healer and the clients bring about healing.

Re-establishing good relations with the spiritual world is critical for healing to be complete. As we noted in our discussion on evil, misfortune sets in when the world of the unseen beings is not happy with the living. AIRs teach that failure, disease and death are often the result of poor relations with God and the ancestors. When this relationship is weakened, evil gets an opportunity to disturb the living. It is by repairing relations with the spirit world that total healing can occur.

The popularity of healing in Africa can be seen in the emergence of African Independent/Initiated Churches (AICs). Perhaps you are aware of such churches in your community. These are churches that are led by Africans. They are not limited to the activities of white missionaries who came to Africa with the message of Christianity. Most of these churches have prophets who provide healing for various ailments. In fact, some people have called such churches 'healing churches'. They address issues that emerge from the African world. These include evil, misfortune, childlessness, and so on. Some members of mission churches actually visit these churches in order to find healing.

Implications for HIV&AIDS Struggle

The themes that we have discussed in this unit are crucial in the struggle against HIV&AIDS. We need to take the African worldview seriously if we are going to have effective HIV&AIDS awareness and prevention campaigns. Throughout this study, our emphasis is on the need to take AIRs into account in the HIV&AIDS context.

One of the key issues that we have to bear in mind is that AIRs provide spiritual interpretations of events. You learned that God is believed to be in charge of the world. Ancestors are also believed to operate a system of support for their descendants and withdraw their support in accordance with their behaviour. The belief that HIV&AIDS are a form of punishment from the spiritual world is quite dominant in Africa. This belief can contribute to the creation of stigma against PLWHA. We

can also understand why the spiritual explanation for the origin of HIV&AIDS is so strong. Such an interpretation emerges from the belief that such a devastating disease can only occur because God and the ancestors have withdrawn their protection.

The indigenous approach to wellbeing is also important for the struggle against HIV&AIDS. The fact that HIV&AIDS is killing young people means that elders and religious leaders of AIRs agree that it is a major problem. They can be approached to assist in the fight against the epidemic since they are aware that it is disrupting our worldview. In their quest for communal wellbeing, indigenous leaders can make a positive contribution to the struggle against HIV&AIDS.

The emphasis on communal solidarity and healing is also helpful in the battle against the epidemic. Such indigenous beliefs can assist in the provision of care to PLWHA. The search for healing in its various dimensions also means that African communities recognise the need to fight evil. Since HIV&AIDS falls into this category, it is possible to mobilise resources to fight it. The communal approach to divination also implies that the whole community needs to come together to find a solution to HIV&AIDS. This is very helpful because it can help men accept that they need to play a more meaningful role in prevention and care.

However, indigenous beliefs can also limit our responses to the epidemic. If people believe that evil can be caused by human beings, they can interpret HIV&AIDS in terms of witchcraft. In some African communities, HIV&AIDS is not being treated as a new disease. Some people are explaining it in terms of witchcraft and sorcery. Additionally, the tendency to look for spiritual explanations for everything might stop some individuals from taking active steps to prevent HIV&AIDS. If one believes that maintaining a healthy relationship with the spiritual world provides protection, such a person could have a false sense of security.

ACTIVITY 8

Examine the interpretation of evil in your community and show how it influences attitudes towards HIV&AIDS.

The concern with healing means that some indigenous healers have claimed to be able to reverse the symptoms of HIV&AIDS. Some prophets from the AICs have made similar claims. This is a major concern as scientists have maintained that at present there is no cure for HIV&AIDS. Regarding children as a sign of ancestral blessing means that some forms of protection, such as condom use, may be disregarded by people seeking to have children. Regarding HIV&AIDS as a form of evil might be helpful in encouraging people to work towards defeating it. However, it can also generate stigma and discrimination against PLWHA. We will always have to remember that our struggle is against HIV&AIDS and not against infected people. If we maintain this distinction, we will become less prejudiced.

From this analysis, we can conclude that the indigenous cosmology can be a source of strength and/or weakness in meeting the challenge of HIV&AIDS in Africa. However, we need to take it seriously. It continues to influence how Africans view the world. Our indigenous interpretations of wellbeing, evil and healing shape our understanding of HIV&AIDS. Even though other religions like Christianity have had an impact on our view of reality, the indigenous cosmology continues to dominate.

SUMMARY

We will now summarise the key issues that we discussed in this unit. In this unit you have learned that God and the ancestors are responsible for communal and individual wellbeing. You became aware of the fact that evil is regarded as a powerful force that disturbs progress and prosperity. You also learned that healing is a major concept in the cosmology of AIRs. Healing occurs when the community does not suffer from pain, misfortune, disease and premature death. You discovered that the concepts that we have discussed in this unit have implications for the struggle against HIV&AIDS. You also learned that we have to take the indigenous worldview seriously. I strongly encourage you to try the self-assessment activity below.

SELF-ASSESSMENT ACTIVITY

1. According to traditional teachings, how does God affect human wellbeing?
2. Discuss the role of ancestors in AIRs.
3. Explain the relationship between communal and individual wellbeing.
4. Why is HIV&AIDS regarded as a form of evil in AIRs?
5. How does the cosmology of AIRs affect the struggle against HIV&AIDS?

FURTHER READING

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UNIT 3

HIV & AIDS PREVENTION

OVERVIEW

Welcome to unit 3. This unit introduces you to HIV&AIDS prevention. You should be able to identify and discuss the prevention strategies that have been designed to minimise or stop the spread of HIV&AIDS. The unit discusses the impact of factors like poverty and gender on prevention strategies. You should also appreciate the importance of paying attention to AIRs in the quest to prevent HIV&AIDS.

OBJECTIVES

At the end of this unit, you should be able to:

- Define prevention in situations of HIV&AIDS
- Describe effective prevention interventions
- Identify the impact of factors such as poverty and gender on prevention
- Explain the importance of the cosmology of AIRs in prevention

TOPICS

- Prevention
- ABCs of HIV&AIDS prevention
- Poverty and gender factors in HIV&AIDS prevention
- Implications of ignoring the cosmology of AIRs

Summary, Self-Assessment Activity, Further Reading

Prevention

In unit 1, you were introduced to the extent and challenge of the HIV&AIDS epidemic. You were informed about how HIV is transmitted. You became aware of the fact that the majority of HIV infection in sub-Saharan Africa is through sexual intercourse between men and women. The importance of poverty, gender and social

inequalities was highlighted. In this section, I would like to introduce you to prevention strategies that have been used to stop or slow down HIV&AIDS. These prevention efforts are urgent because, at present, there is no known cure for HIV&AIDS.

You might be familiar with the saying, 'Prevention is better than cure'. Is there an equivalent saying in your own language? What do you think this saying implies, especially in light of HIV&AIDS? We have to put in place mechanisms that stop or slow down the spread of HIV&AIDS.

A number of factors have been identified by Weinrich and Benn (2004: 55-56), as positively influencing HIV&AIDS prevention efforts. They are listed below;

1. A political context which actively supports prevention
2. The active role of communities and grassroots initiatives
3. Communication and information, including education on sexual and reproductive health
4. Creation of an enabling environment which puts people in a position to protect themselves and others from infection
5. Integrating outstanding role models and personalities
6. Combating and reducing stigma, discrimination, denial and taboos
7. Breaking the silence surrounding HIV
8. Protecting and promoting human rights, including the rights of women and children
9. Treating sexually transmitted infections
10. Integrating prevention, care and mitigation of the impact of HIV/AIDS
11. Increased access to ARV therapy

ACTIVITY 1

Examine how various factors influence prevention of HIV&AIDS.

Drawing on the factors above, it should be assumed that HIV&AIDS prevention is not just a result of one's personal strength. There are many contextual factors that influence

whether or not HIV&AIDS prevention efforts succeed. In many cases, social, cultural, economic and political factors have a bearing on HIV&AIDS prevention efforts. For example, in countries where leaders have been actively involved, there is evidence that infection levels are decreasing. There is also a need to include PLWHA, women and young people in HIV&AIDS information and publicity campaigns.

ACTIVITY 2

Outline strategies used in your community/country to raise HIV&AIDS awareness.

ABCs of HIV&AIDS Prevention

The first three letters of the English alphabet; A, B, and C have been used to provide a guideline for prevention against HIV&AIDS. The letters stand for the following:

A= Abstain

B= Be monogamous/faithful

C= Condomise or use condoms

We shall examine these strategies in turn.

Abstinence

Abstinence means that an individual refrains from engaging in any sexual activity. Many religious communities promote abstinence as the safest way of avoiding HIV infection. It is also a strategy recommended to young people who are not yet married. Abstinence is also suggested as an effective prevention strategy for couples/partners who are separated from one another for different reasons.

However, abstinence is a very difficult option for many young people who are in good health. The need for sexual fulfilment is a strong human drive.

Faithfulness

Being faithful to one's sexual partner or spouse is another strategy for fighting HIV&AIDS. Since having multiple sexual partners increases one's exposure to the

possibility of HIV infection, faithfulness to one's partner decreases this exposure. Religious organisations have also promoted this strategy.

The prevention strategy of being faithful to one's sexual partner requires that *both* partners are dedicated to this commitment. The couple should be committed to what has been termed a 'closed' sexual relationship. In the absence of the partner, they have to observe the strategy of abstinence.

ACTIVITY 3

Identify some of the challenges facing the strategies of abstinence and being faithful.

Condom Use

As a result of the realisation that both abstinence and faithfulness are not always adhered to, condoms are proposed as a strategy of prevention in the fight against HIV&AIDS. In unit 1 you learned that the exchange of bodily fluids during sex is the fastest way of spreading HIV in sub-Saharan Africa. Condoms significantly prevent this exchange of fluids, thereby reducing the chance of HIV infection. The condom acts as a barrier, significantly stopping the transmission of HIV. In most African countries, there are publicity campaigns to promote the use of condoms. I would like you to become aware of the following points regarding condoms:

1. Condoms must be used correctly and consistently
2. Studies have shown that condoms are very effective in preventing HIV transmission. However, due to the fact that they may not always be used correctly and consistently, effective protection estimated at 85 per cent
3. There are cultural and religious factors that may discourage couples from using condoms
4. The female condom grants some power to women to negotiate safer sex

Some religious leaders in Africa have criticised the campaign promoting the use of condoms. They claim that the messages tend to encourage young people to become promiscuous. Some indigenous religious leaders argue that the moral code of society has been destroyed by advertisements that suggest that people should use condoms. In

many countries, traditionalists, Christians and Muslim leaders have stated that only abstinence and faithfulness are realistic options in fighting HIV&AIDS.
The reservations of religious leaders concerning condoms needs to be taken seriously. However, those who support the use of condoms are not necessarily opposed to the application of the first two prevention tactics (A and B). They are only saying that if A and B have not been choosen, they should proceed to C. They also argue that condoms have been found to be very efficient in preventing the transmission of HIV. Furthermore, effective sexual health education does not lead to greater sexual activity, as feared by religious leaders. In fact, studies show that young people have delayed their first sexual encounters as a result of effective health education campaigns.

Many people find it embarrassing to enter a store and purchase condoms. There is a general association of condoms and loose sexual behaviour. Buying condoms appears to be an open acknowledgement that one is soon going to engage in sexual acts. In particular, women who are in possession of condoms are often considered ‘loose’ and ‘dangerous’. This is due to gender dynamics that operate in society. We shall discuss this theme in greater detail in subsequent sections. I would like to emphasise that condoms should be readily accessible so that individuals do not have to face the heavy burden of trying to get them.

Although some religious leaders are opposed to the use of condoms, they have allowed them in cases in which one partner in a marriage is HIV+ and the other is HIV-. Such couples are said to have a discordant HIV status. In such situations, couples use condoms and prevent the other partner from infection. This confirms that condoms are an effective strategy for fighting HIV&AIDS.

Other prevention strategies include prevention of mother-to-child transmission (MTCT) of HIV. Expecting mothers take certain medications that help prevent the transmission of HIV to the infant. Transmission can occur during pregnancy, labour and delivery, or breastfeeding. The prevention strategy is as follows:

- Prevention of HIV among expecting parents
- Prevention of unwanted pregnancies among HIV-positive women
- The treatment and care of HIV positive women

Antiretoviral drugs, such as Nevirapine, have been proven effective in lowering the rate of MTCT.

Other prevention strategies include screening blood products. As you learned in Unit 1 blood products are another way in which HIV is transmitted. Most countries now have a rigorous screening procedure to try to ensure that infected blood is not used in hospital procedures. Voluntary counselling and testing (VCT) is also an important prevention strategy. When people are aware of their HIV status they are more willing to implement prevention. In many countries, VCT is promoted by the government and NGOs.

ACTIVITY 4

Discuss the attitude of indigenous religious leaders in your community towards the use of condoms.

Poverty and Gender Factors in HIV&AIDS Prevention

In the previous section, you were introduced to the main HIV&AIDS prevention strategies. At first glance, you would think that it is as 'easy as ABC'. According to the above strategies, the only necessary prevention methods are to abstain, be faithful and use condoms. If everyone observed these strategies, the struggle against HIV&AIDS would have a happy ending.

Unfortunately, in the real world things are never as 'easy as ABC', especially in the case of HIV&AIDS prevention. In this section, you will become conscious of some factors that have a bearing on the ABC prevention efforts. This section focuses on the impact of poverty and gender on HIV&AIDS prevention strategies.

Poverty is one of the major factors behind the rapid spread of HIV&AIDS in most parts of sub-Saharan Africa. I underlined this point in unit 1. The ABC strategy is based on the idea that people are always free to choose to engage in sexual activities. It is informed by the belief that individuals can decide to abstain, be faithful or to use

condoms. However, the reality of poverty makes it impossible for many people to have these choices. When one is poor, there is very little room for choice. Poverty, therefore, has a direct bearing on the ABC strategy for preventing HIV&AIDS.

Poverty forces people into commercial sex work. As some studies show, poverty in Africa affects women more than men. This has been called 'the feminisation of poverty'. Due to restricted opportunities in the field of education, many women have limited means of livelihood. Some resort to commercial sex work in order to try to ensure the survival of their children and themselves. In such situations, abstinence is not a realistic option. They feel compelled to engage in commercial sex work. As a result, the message of abstinence is undermined by the women's life-situation.

Poverty increases the vulnerability of the girl child to HIV&AIDS. Men with financial resources and social influence sometimes coerce young girls into having unprotected sex. Due to young women's relative powerlessness, they sometimes give in. They need money for food, education and other basic needs. While they may want to be faithful to boyfriends of their own age, their poverty drives them into transactional sex. They use sex to get jobs as well as to enhance their career prospects. Poverty challenges abstinence and monogamous commitment. It also challenges condomising. People who do not have money to buy condoms may not use them consistently.

ACTIVITY 5

List the main factors that drive women into commercial sex work in your country.

Thus far, I have concentrated on describing the situation of women who are forced into commercial sex work. This might lead you to the conclusion that only women are involved in this industry. Actually, poverty has also driven some men into commercial sex work. In many urban areas in Africa, men have been driven to provide sexual pleasure to other men for a fee. In some seaside countries, such as the Gambia and Kenya, African men sell sex to white tourist women. This is a result of desperation. Children living on the streets may also be exposed to HIV&AIDS through commercial sex work. Poverty forces them to engage in risky sexual behaviour.

Condom use is often not an option for some individuals engaged in commercial sex work. Often clients decide the terms under which the sexual acts take place. Some men do not like condoms. They prefer 'flesh to flesh' sexual contact. Some men are even willing to pay more in order to have unprotected sex. People involved in commercial sex are therefore faced with difficult choices. They may feel that the risk of unprotected sex is less serious than their pressing economic needs. As a result, condom use decrease because of poverty.

ACTIVITY 6

How does poverty frustrate efforts to implement the ABC strategy in your country?

Having examined the impact of poverty, let us analysis the role of gender in HIV&AIDS prevention efforts. In most African communities, men have the power to make decisions. How is this issue of power central to HIV&AIDS prevention strategies? As you discovered in previous units, African cultures have granted a lot of power to men. When it comes to issues relating to abstinence, being faithful and using condoms, men are key players. We shall discuss each one of these strategies and illustrate how existing gender relations in Africa influence them.

In some instances, men, influenced by their social and cultural beliefs, imagine that they are unable to abstain from sex for long periods. Although it is true that male's sexual drive is very strong, that does not mean that abstinence is impossible for men. Furthermore, some men actually believe that it is 'unhealthy' for them to abstain. Some traditionalists believe that male sexual fluids have to be released periodically if a man is to remain healthy. This is a result of socialisation. Sayings such as 'a fighting bull is seen by its scars' (*bhuru rinorwa rinoonekwa nemavanga)* are used to defend the presence of sexually transmitted infections among men.

ACTIVITY 7

Investigate and write down some proverbs and sayings found in your community that are used by men to justify having multiple sex partners.

There is a double standard in many cultures in relation to the issue of being faithful to one's partner. In most cases, there is a general belief that it is women who have to remain faithful. Society appears to accept men who have more than one sexual partner. Such a person may even be considered a 'real man'. The idea that man is a sexual predator, looking for female sexual conquests, is deeply established in most societies, including those in Africa.

Prevention strategies that focus on faithfulness are often practically translated to mean that women alone remain faithful. Some men have multiple sexual partners. They feel that society allows them to do so. Discussions that focus on faithfulness as a prevention strategy in the context of HIV&AIDS have to take gender dynamics into account. The same standards of faithfulness have to be expected from both men and women.

Let us now proceed to the issue of using condoms. As I have indicated, often men make decisions relating to the performance of sexual acts. Culturally, women are generally discouraged from playing a direct initiating role. As a result, some men refuse to put on the male condom when having sex. In the case of married men, the situation is even more difficult. Some married men argue that sex with their spouses should not be 'spoiled' by using condoms. Unfortunately, many married women and women in stable relationships have been infected by their husbands or partners.

ACTIVITY 8

Examine sexual attitudes in your own community, with specific focus on the use of the male condom.

You are now familiar with the relationship between poverty and gender and HIV&AIDS prevention. Factors, such as rape, challenge the effectiveness of the ABC strategy for women. In other words, even if a woman abstains, is faithful and uses condoms, she may be raped and infected with HIV. Countries with high incidences of rape, such as South Africa, need to address this issue urgently. Women are vulnerable to HIV infection through rape.

The prevention of MTCT is also an important gender issue. It is women who give birth and breast-feed. Priority should be placed on the welfare of both the mother and the child. Currently, there is too much focus on the child. Perhaps it is more helpful to talk about parent-to-child transmission, as this includes the father as well.

Implications of Ignoring the Worldview of AIRs

In this section, we want to examine the importance of the worldview of AIRs in the issue of preventing the spread of HIV&AIDS. If we do not take the worldview of the people seriously, the efforts to prevent the spread of HIV&AIDS will not succeed. We need to take the pre-existing beliefs and practices into account. This will have favourable results.

Male Dominance

The first theme that we will address is the dominance of men in African cultures. The preceding sections highlighted the role of men in prevention efforts. African cultures have tended to favour men as the guardians of the social order. Prevention strategies that do not take male dominance into account will be of limited value. I should point out that there is general acceptance among the stakeholders that HIV&AIDS prevention programmes need to include men. If men accept the ABC strategy and undergo behaviour change, the fight against HIV&AIDS will be enhanced.

Attitudes towards Sexuality

The second issue that we need to pay attention to relates to the need to be sensitive to local attitudes towards sexuality. Indigenous religious leaders tend to resist HIV&AIDS communication campaigns that do not take into account local respect for sexuality. If a campaign is too explicit and disregards all taboos surrounding open discussion of sexuality, it is likely to fail. You may be familiar with situations in which the radio or television were switched off because of an advertisement promoting condoms that was too open. This is often done to avoid the embarrassment felt by people who are not supposed to be exposed to issues of sexuality together. In such a situation, the message of HIV&AIDS is missed because of its failure to take local realities into account.

Marriage and Child-bearing

Thirdly, we must bear in mind that marriage and having children are important in the indigenous worldview. Campaigns that promote the ABC strategy without coming to terms with this reality will have limited success. It is crucial to begin by examining the indigenous cosmology before providing quick messages proclaiming the ABC. How does one promote the use of condoms in an environment where the exchange of bodily fluids might be crucial to the definition of sex? A message that places emphasis on the condom's ability to prevent the exchange of bodily fluids clashes with people's definition of sex. There is a need to develop creative ways of communicating about prevention strategies that do not oppose indigenous worldviews.

Indigenous Views of Protection

We should also pay attention to the benefits of using the indigenous worldview in fighting HIV&AIDS. There are useful points that can be utilised in prevention. One key idea that could be central to prevention efforts is the utilization of protective charms against harmful spirits and forces. Individuals are given charms and amulets to ward off dangerous spirits. Condoms could be promoted in this context. They could be viewed as another protective charm against the destructive spirit of HIV&AIDS. This is consistent with the cosmology of AIRs in which all negative forces can be stopped. Condoms become another strategy for confronting a deadly opponent of life, HIV&AIDS.

The idea of communal responsibility in AIRs is also important in encouraging individuals to adopt prevention strategies against HIV&AIDS. It is believed that an individual's transgression can endanger his or her family and the community. In this connection, sexual adventures can be likened to threatening the existence of the community. Individuals can be encouraged to abstain, be faithful and to use condoms in order to promote their welfare and that of the community.

SUMMARY

Let us now review what you have learned in this unit. You have learned about HIV prevention. You have become aware that there are a number of factors that influence the success of HIV&AIDS prevention efforts. You also learned about the ABC strategy in the fight against HIV&AIDS. As discussed, A stands for Abstinence, B for

Be faithful, and C for use Condoms. You also became familiar with the impact of poverty and gender on HIV&AIDS prevention. Finally, prevention efforts should always take the cosmology of AIRs seriously if they are to succeed.

SELF-ASSESSMENT ACTIVITY

1. In your own words, describe how HIV&AIDS can be prevented.
2. Imagine that you have been invited to speak to young people about strategies of HIV prevention. Write down your brief speech, showing your key points.
3. How is HIV&AIDS prevention affected by poverty and gender?
4. Write down some of the advantages and disadvantages of using the cosmology of AIRs in HIV prevention.

FURTHER READING

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UNIT 4

ATR WORLDVIEW AND HIV&AIDS PREVENTION

OVERVIEW

Welcome to unit 4. In the previous unit you were introduced to prevention against HIV&AIDS. In this unit you will be introduced to the importance of the indigenous worldview in HIV&AIDS prevention. This will be a build on the previous unit. In this unit you will also learn about indigenous approaches to illness, sexuality, gender relations and poverty and how they affect prevention efforts.

OBJECTIVES

At the end of this unit you should be able to:

- Identify indigenous approaches to illness and the influence on HIV&AIDS prevention
- Discuss indigenous approaches to sexuality and the influence on HIV&AIDS prevention
- Describe indigenous approaches to gender relations and the influence on HIV&AIDS prevention
- Explain indigenous approaches to poverty and the influence on HIV&AIDS prevention

TOPICS

- AIRs' View of Illness and HIV&AIDS Prevention
- Sexuality and HIV&AIDS Prevention
- Gender Relations and HIV&AIDS Prevention
- Poverty and HIV&AIDS Prevention

Summary, Self-Assessment Activity, Further Reading

ACTIVITY 1

Describe how AIRs view illness and show how this influences interpretations of HIV&AIDS in your community.

In this section we would like to explore the indigenous approach to illness. I would like you to reflect on your own experiences and culture. Think about the illness of a member of your family, friend or relative in recent times. What did other people say was the reason for the illness? How did the person who was ill explain the illness?

In general, most African communities make a distinction between natural and unnatural illnesses. Natural illnesses respond to treatment and may be age related. On the other hand, unnatural illnesses are prolonged and resist treatment. Natural illnesses are regarded as part of the order of creation, while unnatural illnesses are believed to be caused by negative spirits and forces. Unhappy ancestors and witchcraft are often blamed for unnatural illness. HIV&AIDS is regarded as mysterious and unnatural. The fact that there is no cure for it increases its mysterious character. In many cases of HIV infection, witchcraft is suspected.

ACTIVITY 2

How is a witch defined in your community and how does this affect HIV&AIDS awareness efforts?

The distinction between natural and unnatural illnesses is not as rigid as it initially appears. An illness can appear quite natural when it is experienced for the first time. We can use the example of a headache. An individual can decide to simply have a rest or take some medicine. It is assumed that the headache will disappear after a short while. However, when the headache persists for weeks or months, its classification changes. The patient and his/her family may argue that it is no longer a natural illness

but an unnatural one. The services of an indigenous healer may then be required to find the spiritual forces that are causing the persistent headache.

In the indigenous cosmology, spiritual forces and witches are believed to cause illness. It is also believed that indigenous healers and herbalists can identify the cause of illness and effect healing. They can prescribe herbs, prayers and rituals to fight illness. In addition, they prescribe protective medicines against illness and misfortune.

We can say that AIRs operate on the basis of both realism and optimism. They indicate to the community that illness is a reality in this world. However, they also believe that illness can be defeated. They are 'life-affirming' traditions. This means that they have a positive attitude towards human life on earth.

ACTIVITY 3

In one paragraph, explain the role of indigenous healers in fighting illness.

Advantages of the Indigenous Approach

We will discuss the advantages and disadvantages of the indigenous approach to illness in relation to HIV&AIDS prevention. We will begin our discussion with an analysis of the advantages. The first issue relates to the idea of protection against illness and forces of destruction that we noted in the previous unit. One of the greatest strengths of the indigenous cosmology is that it already has the concept of prevention and protection against everything that prevents the individual and the community from experiencing health and wellbeing. In indigenous religions, individuals can use "medicines for good fortune, love, success, security of person and property, and so on, and there are also medicines against sorcery and witchcraft" (Magesa 1997: 210).

Prevention

The idea that illness can be prevented is important to the struggle against HIV&AIDS. AIRs empower the community to regard illness as an attack on health and wellbeing. This means that HIV&AIDS prevention campaigns find fertile ground in African

thinking. Campaigners can utilise the concept of preventive medicines to introduce other strategies. These can be presented as strategies designed to avoid illness and to promote life. The cosmology of AIRs is therefore full of potential to meet the challenges posed by HIV&AIDS. A second resource lies in the notion of unnatural illnesses. Communities can be mobilised to consider HIV&AIDS a very serious epidemic. As unnatural illnesses call for extra vigilance, so can strategies of prevention be introduced as appropriate responses.

Disadvantages of the Indigenous Approach

We can now examine some of the disadvantages that emerge from the indigenous approach to illness. The emphasis on witchcraft and unseen forces in causing illness can be misleading. If people believe that HIV&AIDS is a result of witchcraft, they may not be particularly encouraged to use and promote prevention strategies. Furthermore, the tendency to explain HIV&AIDS in terms of pre-existing sexually transmitted infections may result in their failure to realise that it is a relatively new and deadly epidemic.

The conviction that indigenous healers possess the power to defeat all types of illness can also frustrate prevention efforts. Some people may believe that HIV&AIDS is like other illness that can be cured by indigenous healers. Indeed, you may know of indigenous healers who claim to have the ability to cure HIV&AIDS. Such claims may lead some people to become less aggressive in implementing prevention strategies.

Finally, placing too much emphasis on the spiritual or mystical dimensions of the epidemic might complicate research efforts and hide structural issues. In regards to the former, scientific research tends to progress when people are willing to investigate issues closely. When spiritual factors are emphasised, communities tend to stand back. In regards to the latter point, I would like to remind you of the discussion we had in unit 1 over the role of structural factors, such as poverty and gender inequality, in the spread of HIV&AIDS. For example, instead of encouraging men to change their sexual behaviour and adopt the ABC model, time and resources may be spent trying to find witches who are believed to be causing HIV&AIDS. Other members of the community might use their resources to appease spirits instead of investing in

preventive strategies. I would like you to note that such limitations do not apply to AIRs only. Many other spiritual systems run this risk.

ACTIVITY 4

Explain how poverty and gender inequalities may be seen as witchcraft, promoting the spread of HIV&AIDS.

Sexuality and HIV&AIDS Prevention

In this section, we would like to examine the impact of indigenous views on sexuality on HIV&AIDS prevention. Sexuality is central to the indigenous worldview. In unit 2 you discovered that marriage, having children and perpetuating the lineage are key social stages in African societies. Sexuality is surrounded by taboos because it is directly connected to the transmission of the life-force. As a powerful aspect of human life, it is closely monitored and regulated. For example, among the Shona, sexuality is considered mysterious and sacred. It is believed that sex should take place in lite space, hence there should be a fire when a husband and wife engage in sex.

Positive Attitude to Sexuality

In general, AIRs have a positive attitude towards sexuality. Men and women are encouraged to fully express themselves sexually. Although some communities, such as the Shona, have promoted celibacy among certain individuals who are dedicated to the service of *Mwari* (God), sexuality is not condemned. It is regarded as healthy. Initiation groups have the responsibility of teaching young people the right attitudes towards this important aspect of life.

I would like to draw your attention to the question of alternative sexuality. Since AIRs concentrate on sexual relations as an avenue for procreation, they stress that heterosexuality is the only acceptable channel of expressing sexuality. Only sex between a man and a woman is considered legitimate. Homosexuality and lesbianism has been suppressed in indigenous African cultures. In such communities, individuals who show homosexual traits are taken to indigenous healers in the hope of 'curing'

them. However, they are not driven out of the community or openly criticised. Efforts are made to integrate them and to reorient their sexuality.

In addion, sexuality in Africa is characterised by the absence of open discussion about sexuality. It was left to initiation groups, specially designated individuals like aunts and uncles, and peers to impart education on sexuality. It was considered disrespectful to talk about such a sacred topic in public. Furthermore, talking about sex and sex organs in public has been associated with shame. However, colonialism disrupted the initiation groups. Sexuality is now shrouded in silence and secrecy. In the wake of HIV&AIDS, this is deadly.

We will discuss the impact of indigenous approaches to sexuality on HIV&AIDS prevention. We will begin with the strengths of the indigenous understanding of sexuality. First, the idea that sexuality is mystical and sacred is crucial in guarding against casual sex. The idea that the sex is different from other human activities, such as eating, talking and so on, can promote abstinence and faithfulness. Individuals can develop a respectful attitude towards sexuality.

Secondly, the fact that traditional teachings about sexuality are positive is a major advantage in terms of communicating the message of HIV&AIDS prevention. It is difficult to have a successful campaign in an environment where people regard sex as something evil. While AIRs restrict discussions concerning sexuality to appropriate contexts, they do not portray it as something negative. It is therefore possible to build on this positive attitude to present the message of HIV&AIDS prevention.

Disadvantages of the Indigenous Approach

However, there are some disadvantages about the indigenous worldview. One of the major challenges is the silence and secrecy surrounding the topic. Although this is mainly due to the influence of colonialism, it has a devastating impact on HIV&AIDS prevention. It is extremely difficult to mobilise communities when there is secrecy and silence around the issue of HIV&AIDS. Research has shown that prevention programmes succeed in places where there is openness on the topic of sexuality.

A second major problem relates to the association between sexuality and procreation. It is a serious challenge to the message of HIV&AIDS prevention. Abstinence and condom use do not lead to procreation. They actually frustrate the indigenous cosmology that regards children as a sign that one has favourable relations with the unseen world. Children are seen as a confirmation that the ancestors have not abandoned the family. In some indigenous traditions, one needs children in order to qualify to become an ancestor. However, this quest to have children needs to be reviewed, especially in the light of HIV&AIDS.

A third challenge comes from the indigenous approach to homosexuality. It is difficult to get HIV&AIDS prevention messages to men who have sex with men because they are often in hiding. Many religions believe that sex between men and women is the only normal and legitimate form of sexual interaction. However, in those countries that have accepted the presence of homosexuality, HIV&AIDS prevention messages have been more successful. In most parts of sub-Saharan Africa, sex between people of the same sex is condemned. This makes it difficult to reach individuals who may be engaged in such sexual acts.

ACTIVITY 5

Analyse homosexuality in relation to HIV&AIDS.

Gender Relationships and HIV&AIDS Prevention

In this section, we focus on the impact of indigenous approaches to gender on HIV&AIDS prevention. We will begin by restating the meaning of gender. Then, we will tackle the indigenous approach. Afterwards, we will undertake an evaluation of this approach.

Gender refers to the socially defined roles and expectations of men and women. Our actions as men and women are significantly influenced by how we have been raised. They are also informed by what we think we are supposed to be doing. In other words, we ‘play’ or ‘act out’ specific roles. Think about how you dress, walk and so on. Who taught you how execute these functions in the manner that you do? Consider

the tasks that you do in the home. Who cooks? Who washes the clothes? Who chops firewood? Roles have been constructed by society.

In most African societies, there is a rigid separation between genders. Although some people argue that this is division of labour, closer analysis shows that power is concentrated in male hands. It is men who are the head of families, communities and nations. As you learned in unit 1, male dominance is justified by culture and religion. Efforts to encourage gender equity are sometimes dismissed on the grounds that they are 'foreign'.

As I have emphasised, the dominance that men enjoy has increased women's vulnerability to HIV&AIDS. In the area of sexuality, it is men who possess the power to decide when and how sexual acts take place. In many instances, men have claimed to have 'bought' their wives' sexual services permanently by paying *lobola* (bride wealth). They argue that a married woman does not have any right to deny sex to her husband. This increases the vulnerability of women.

However, indigenous cultures contend that there is a balanced distribution of responsibilities: activities that require strength and endurance are performed by men and domestic chores are overseen by women. This sharp differentiation is believed to have been handed down by the ancestors. Overturning these gender roles is believed to result in social disintegration. As a result, there are taboos concerning these roles. For example, a man is generally not allowed to stay in the kitchen, believed to be the woman's space. Similarly, activities like hunting and war were exclusively undertaken by men. In either case, it was only a few individuals who could undertake activities that were assigned to the other gender.

Overall, we can observe that the indigenous approach to gender relations is built on the idea that the woman needs to be protected by a man. Women are often regarded as being under the guardianship of a man. Fathers and brothers are tasked to control the young woman. When she marries, she falls under the authority of her husband. This idea is at the root of practices like widow inheritance in some African communities.

ACTIVITY 6

How do gender relations in your community increase vulnerability to HIV&AIDS?

Advantages of Indigenous Approaches to Gender

In this section, we will analyse the advantages of indigenous approaches to gender relations to HIV&AIDS prevention. One strength is men's role in ensuring the survival of the family and the lineage. This implies that HIV&AIDS prevention programmes can target men. Men can be encouraged to demonstrate their caring attitude by abstaining, being faithful or using condoms. In short, the male-centred focus of African cultures can be utilised in HIV&AIDS prevention campaigns.

The indigenous approach to gender is also significant in its emphasis on complimentarity. It emphasises that men and women have separate but equally significant roles in society. However, these different roles are crucial for the continued existence of society. Metaphorically, gender relations are like a bird. A bird has two wings. By flapping both wings, it is able to fly. Think about what happens if one of the wings in broken. Would the bird still be able to fly? No. The indigenous approach to gender relations promotes the idea that both men and women are necessary for the development of society. Such an ideal is useful to HIV&AIDS prevention work.

The idea highlighted above enables communities to appreciate messages that show that both men and women have a role to play in fighting HIV&AIDS. If women only fight the battle, society increases its vulnerability. This would be similar to expecting a bird to fly when one of its wings is broken. HIV&AIDS prevention can only benefit the efforts of both men and women.

ACTIVITY 7

Discuss how indigenous ideas are useful to convince men about the need for their active participation in HIV&AIDS prevention.

Disadvantages of Indigenous Approaches to Gender

Although there are valuable perspectives emerging from traditional approaches to gender, we have to acknowledge that there are some limitations. In this section, we would like to draw attention to some of them. The most glaring one relates to gender disparities. AIRs tend to present women as occupying one level below that occupied by men. While the theory of indigenous gender relations appears to be one of, "separate but equal", in practice it is a case of, "separate but unequal."

By depriving women of power, the indigenous approach to gender relations hinders HIV & AIDS prevention efforts. It leaves women without adequate resources to adopt safer sexual practices.

UNIT 5

HIV&AIDS STIGMA

OVERVIEW

Welcome to unit 5. This unit examines the meaning and manifestation of stigma in the context of HIV&AIDS. You may be aware of the fact that many communities in Africa have developed local terms for HIV&AIDS, as well as for PLWHA. Some of these terms are negative. They reflect the stigma that surrounds HIV&AIDS. Such negative attitudes complicate the fight against the epidemic. This unit draws your attention to how stigma hinders HIV&AIDS prevention.

OBJECTIVES

- At the end of this Unit you should be able to:
- Explain the meaning of stigma
- Describe HIV&AIDS stigma and discrimination
- Identify how stigma affects HIV&AIDS prevention and care
- Describe secular approaches to stigma

TOPICS

- Stigma
- HIV&AIDS Stigma and Discrimination
- Stigma and HIV&AIDS Prevention
- Other Approaches to Stigma

Stigma

Stigma refers to the attitude of looking down upon or shunning someone because of his or her status or condition. You might have noticed how children are selective in who they play with. They might say that they do not want to play with another child because he/she is 'too dirty', 'boring' or provide some other explanation. This illustrates the stigma that they direct towards the other child. Stigma is often without any convincing reason. It has no real basis.

Prejudice

Stigma is always informed by prejudice. It emerges from a false feeling of superiority. The person stigmatising the other feels more powerful, important and privileged. S/He feels that the other person occupies a lower level than her/himself. This could be a result of factors such as social class, race, gender, religion and so on. The person towards whom stigma is directed is demeaned and reduced in stature. In this section, we would like to examine various types of stigma. We shall outline instances that give rise to stigma.

Cultural and Religious Factors

Stigma might be informed by cultural and religious factors. Among the Shona people, individuals with albinism face stigma. They are described as the 'lost white people'. They are believed to pollute society. Pregnant women are encouraged to spit whenever they encounter such a person. It is believed that such an action will ensure that they do not give birth to an albino child. Some people do not want to share utensils with albinos. Others demonstrate their stigma by refusing to share seats with people with albinism. Such stigma emerges from cultural beliefs.

ACTIVITY 1

How does immigrant status increase vulnerability to HIV&AIDS?

Although many religions nominally support basic equality for all human beings, religions have been responsible for generating stigma. A religion that classifies its

followers as ‘the saved’ often generates stigma towards those who are regarded as ‘sinners’. Some followers of Christianity and Islam in Africa have directed stigma towards those who practice indigenous religions. These followers of missionary religions fear that traditionalists ‘pollute’ them. Consequently, they sometimes seek to be physically separated from ‘unbelievers’.

Racism

Stigma might result from racism. Throughout history, black people have faced stigma from other racial groups. Some racial groups believe that black people are inferior. They also contend that black people are carriers of diseases. In many countries there were laws that prohibited black people from interacting with humans belonging to other racial groups. It has been feared that persons with darker skin can ‘pollute’ others. Racism therefore promotes stigma.

Gender Superiority

Stigma might also be informed by feelings of gender superiority. In many African communities, women have been discriminated against. Menstrual blood contributes to such stigma. Some men hate women strongly. They are called misogynists. They believe that women have a ‘polluting’ effect. This gender-based stigma threatens equitable relations between men and women.

Economic Status

Poverty within a given community can also give rise to stigmatisation. Some rich and successful people look down on poor people. They do not see them as having any significance. In many urban centres, people try to avoid poor people and children on the streets. They regard them as ‘dirty’ and inferior. They do not want to share utensils with such people. This highlights poverty related stigma.

Economic disparities across national boundaries sometimes lead to stigmatisation. Negative words are often used to describe foreigners coming from struggling economies. For example, when Zimbabwe’s economy was doing well in the 1980s, Zimbabweans used negative words to describe traders and workers from Malawi and

Mozambique. In a similar way, some citizens of Botswana and South Africa have developed humiliating terms for Zimbabweans, Nigerians and other foreigners. Stigma and discrimination that targets foreigners is known as xenophobia.

ACTIVITY 2

Why are foreign women more vulnerable to HIV&AIDS?

In previous units, you were introduced to the theme of homosexuality in Africa. You learned that heterosexuality is regarded as normal. This creates a situation in which only sex between a man and a woman is believed to be legitimate. In such a context, homosexuals tend to face stigma. Their humanity can be denied. Indeed, some African leaders have described them in unpleasant terms. As a result, homosexuals face a major challenge in terms of seeking acceptance. They face stigma and discrimination.

Having outlined some of the significant situations that give rise to stigma, we now highlight that stigma is negative. It is almost always accompanied by discrimination. Once an individual/group of people has been set apart by stigma, it is often discriminated against. This is due to the fact that stigma diminishes the humanity of the other. This is then used to deny them their basic human rights. It is critical that stigma, in all its various forms, is resisted. This will allow human beings from diverse contexts to enjoy full lives.

HIV&AIDS Stigma and Discrimination

Having discussed the general meaning of stigma in the previous section, in this section we would like to examine the meaning of HIV&AIDS stigma and discrimination. As we observed above, religious, cultural, racial, gender and other factors give rise to stigma. HIV&AIDS stigma and discrimination often follows existing patterns of stigma and discrimination. In other words, poor people, women and blacks with HIV are likely to face greater stigma and discrimination; this is consistent with current trends.

As a way of elaborating on the above observation, I could cite the issue of gender-based HIV&AIDS discrimination. A woman living with HIV&AIDS is likely to face greater stigma and discrimination than her male counterpart. Society tends to associate such a woman with commercial sex work. Furthermore, sexually transmitted infections in Africa are associated with women. In some countries like Zimbabwe they are referred to as *women's diseases*.

Religious perspectives have been responsible for increasing stigma and discrimination in relation to HIV&AIDS. I have already made reference to how indigenous religions might project PLWHA as individuals who did not uphold the instructions of the ancestors concerning sexuality. Christianity and Islam have also added to stigma and discrimination. By placing greater emphasis on sexual sins, they have made life difficult for PLWHA.

Although religions play an important role in promoting responsible sexual behaviour, they have generated stigma and discrimination in the context of HIV&AIDS. In AIRs, members of the community are not supposed to stigmatise others. This is believed to cause abandonment by ancestors. Similarly, other religions preach a message of love and acceptance of all human beings. This would entail upholding the value and dignity of PLWHA.

ACTIVITY 3

What is the role of religion in HIV&AIDS stigma and discrimination?

In many instances, HIV-positive people experience rejection and exclusion. There have been reports of neighbours who refuse to visit PLWHA, although it is now well-known that HIV does not spread through casual social interaction. Some PLWHA have had to live with a lot of rumours and gossip. Workmates and friends spend time speculating about their HIV status. They also try to establish how they might have been infected.
Insensitive members of the community may openly crack jokes mocking PLWHA. In Zimbabwe, PLWHA are sometimes described as being 'in the departure lounge', suggesting that they are about to die. You might be aware of some musicians and

writers who perpetuate HIV&AIDS stigma and discrimination. In different countries, artists have spread the message of fear of HIV&AIDS. Although many feel that they have a duty to warn the community about the danger posed by the epidemic, they have presented negative images of PLWHA.

In some instances, posters, television and radio advertisements have presented HIV&AIDS as an exclusively sexually transmitted infection. They challenge people to change their sexual behaviour in order to defeat it. This is commendable. However, this tends to create the impression that every PLWHA got infected through sex. They also overlook the role of factors like social injustice in the spread of HIV&AIDS.

ACTIVITY 4

Examine the role of musicians in your country in the fight against HIV&AIDS.

The most serious forms of HIV&AIDS stigma and discrimination relate to the "refusal of care, loss of living space, neglect, physical violence, and the collapse of partnerships and marriages"(Weinrich and Benn 2004:46). These are vivid expressions of HIV&AIDS stigma. They emerge from the failure to realise that PLWHA have the same rights as all other members of the community.

Denial of Care

In some instances, PLWHA have been denied care once the caregivers have become aware of their status. In the case of women, they are often sent back to their parents' home once they begin to fall seriously ill. This highlights the gender-based nature of HIV&AIDS stigma and discrimination. The same applies to the collapse of partnership and marriage, as noted above. In most cases, it is women who are forced to vacate the living space after testing HIV-positive. A Zimbabwean woman said, "After my husband discovered my HIV status, he sent me away, saying that I had brought the disease to our home."

Discrimination at the Workplace

Apart from HIV&AIDS stigma and discrimination being an issue at home, PLWHA face major challenges at work. I have already made reference to some workmates who want to find out the HIV status of colleagues. Some PLWHA have had their contracts terminated for being off sick too much. Their vulnerability is increased in cases of high unemployment. Most African countries have many unemployed people. PLWHA may be disadvantaged if they have a record of seeking regular medical attention.

Orphans and Discrimination

HIV&AIDS stigma and discrimination also affects children who have been orphaned by the epidemic. There has been a trend of describing them as 'AIDS orphans'. According to one such child, "the term is an offensive one. I do not wish to carry a label on my back." The term has negative connotations. It marks such children from the rest. The term can generate stigma and discrimination. It is suggested that the term be dropped. Although children who have been orphaned due to HIV&AIDS have peculiar circumstances, such as having lost both parents and being positive themselves, they need to be treated as other children. This will minimise the stigma and discrimination that they face.

There is a distinction between HIV&AIDS stigma and discrimination. As we saw in the preceding section, stigma refers to negative attitudes towards PLWHA. On the other hand, discrimination is the practice of disadvantaging PLWHA on the basis of their status. When PLWHA are denied opportunities at the work place, they face discrimination. As I indicated above, stigma often leads to discrimination. It is therefore important to fight stigma to minimise discrimination.

Stigma and HIV&AIDS Prevention

We now proceed to a discussion of how it affects prevention and care. I would like to emphasise that stigma has emerged as yet another epidemic. It is difficult to undertake effective HIV&AIDS prevention and care programmes in contexts that are dominated by stigma and discrimination.

One of the most effective strategies in fighting HIV&AIDS has been to give it a human face. This means that communities stop talking about HIV&AIDS as something happening 'out there', in some far away place. It is important to have PLWHA who are known to the local community. They can play a leading role in prevention campaigns. However, it is difficult for PLWHA to publicly disclose their HIV status when there is stigma and discrimination.

Voluntary counselling and testing (VCT) is also strongly recommended to help people become aware of their HIV status. People have been known to take greater responsibility for their sexual behaviour when they are aware of their HIV status. However, the presence of HIV&AIDS stigma discourages people from seeking to establish their HIV status. They feel that discovering their HIV status will result in a life of discrimination.

ACTIVITY 5

Describe how voluntary counselling and testing is a strategy to fight HIV&AIDS stigma and discrimination.

HIV&AIDS stigma and discrimination also affects care for PLWHA. In a number of cases, PLWHA have not disclosed their status to care givers. This is due to the reality of stigma and discrimination. They fear that disclosure may result in neglect, abandonment or loss of shelter. This is an unfortunate development as care givers need to be in an informed position. This will allow them to take the necessary protective measures and to provide quality care.

The connection between HIV&AIDS and sexuality has sometimes frustrated prevention efforts. The reluctance to address the issue of sexuality openly enhances stigma and discrimination. Silence and secrecy around sexuality increases negative attitudes towards HIV-positive individuals. It is therefore crucial for communities in Africa to 'break the silence' around sexuality. This will enable greater openness and more sensitive attitudes towards PLWHA.

It is easier to implement HIV&AIDS prevention and care programmes in an environment that is free from stigma and discrimination. Communities that offer a safe and tolerant environment can succeed in fighting HIV&AIDS. Quality care for PLWHA can be provided when communities are willing to talk about sexuality and HIV&AIDS. This can enhance prevention programmes. Obstacles to effective HIV&AIDS prevention, especially in the form of stigma and discrimination, need to be overcome if Africa is to emerge victorious in its struggle.

ACTIVITY 6

Investigate whether there are some PLWHA who have openly declared their status in your community and illustrate their contribution to HIV&AIDS prevention.

Other Approaches to Stigma

In this section we would like to examine how secular (non-religious) institutions have responded to the issue of stigma. HIV&AIDS stigma and discrimination have been taken up by governments and international Non-Governmental Organisations (NGOs). These include the different United Nations (UN) bodies and the International Labour Organisation (ILO). Their main emphasis has been on the need to recognise the human rights of PLWHA. They insist that there should be no discrimination because of HIV status.

In the section on stigma, you were introduced to how stigma has followed existing fault lines, such as racism, social class distinctions, gender and others. This theme has been embraced by secular activists. Due to the high incidence of HIV&AIDS in Africa, many people associate the epidemic with Africa. Foreign media reports also tend to present HIV&AIDS as ‘an African problem’. Activists in Africa have protested against negative images of PLWHA on the continent. They demand that journalists have no right to walk into hospitals and film images of dying people without their consent.

Governments have also set up National AIDS Councils that fight against discrimination. The ILO has issued guidelines regarding the rights and welfare of PLWHA at the workplace. It has come out strongly against conducting HIV tests as a condition for hiring or retaining employment. This is a response to some employers who have been demanding HIV results before taking the decision to hire. This is a clear form of discrimination against PLWHA. It is based on stigma and creates the wrong impression that PLWHA are somehow 'disabled'. The ILO argues that HIV&AIDS should be treated like any other illness. This would ensure that working people are not stigmatised or discriminated against on the basis of their HIV status.
Secular approaches to HIV&AIDS stigma also place emphasis on dismantling gender inequalities. UNAIDS and UNIFEM have observed that it is the women and children who face the full effects of stigma and discrimination. They regard the empowerment of women as an urgent issue if HIV&AIDS is to be countered successfully. Activists have drawn attention to the vulnerability of women to HIV&AIDS. They also carry the burden of care, isolation and stigma.

Activists are calling for solidarity with PLWHA. This implies the need to cultivate a culture of care and human rights. If individuals and communities uphold the dignity and rights of PLWHA, a healthy environment emerges. This will enable communities to mobilise resources to resist the epidemic. Stigma prevents the emergence of such solidarity because it makes a distinction between 'us'(the not yet infected) and 'them'(the infected and affected).

ACTIVITY 7

Outline NGO activities dealing with HIV&AIDS stigma and discrimination in your country.

I would like to draw your attention to the fact that secular approaches to HIV&AIDS stigma and discrimination have provided a lot of helpful approaches. Many of them have been effective in upholding the rights and dignity of PLWHA. In Africa, religion plays a key role in influencing people's response to HIV&AIDS. It is therefore crucial to combine the religious perspectives with secular approaches to stigma.

SUMMARY

We are now in a position to summarise the major issues that we have covered in this unit. You have been introduced to the meaning of stigma. You interacted with example situations that might generate stigma. You became aware of HIV&AIDS stigma and discrimination. You became familiar with how HIV&AIDS stigma and discrimination has followed existing patterns of stigma. In this unit, you also gained an awareness of the impact of HIV&AIDS stigma and discrimination on prevention. This unit also drew your attention to secular approaches to stigma.

SELF-ASSESSMENT ACTIVITY

1. In your own words, explain the meaning of stigma from your community's perspective.
2. What is the meaning of HIV&AIDS stigma and discrimination?
1. Examine the impact of HIV&AIDS stigma and discrimination on prevention
2. Discuss approaches to HIV&AIDS stigma that do not use religious perspectives.

FURTHER READING

Radstake, M. 2000. *Secrecy and Ambiguity: Home Care for People Living with HIV/AIDS in Ghana*. Leiden: African Studies Centre.

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UNIT 6

AFRICAN INDIGENOUS RELIGIONS AND HIV&AIDS STIGMA AND DISCRIMINATION

OVERVIEW

Welcome you to unit 6. This unit introduces you to the understanding of stigma in AIRs. It highlights the approach of AIRs to HIV&AIDS stigma. The central focus of this unit is to raise your awareness of the role of the indigenous worldview in shaping attitudes to HIV&AIDS. In this unit you will also learn about how AIRs contribute towards de-stigmatising HIV&AIDS.

OBJECTIVES

- At the end of this unit you should be able to:
- Identify stigma in AIRs
- Describe the impact of HIV&AIDS stigma in AIRs
- Illustrate gender-neutral ways of de-stigmatising in AIRs
- Identify de-stigmatising views of AIRs and show their relevance to HIV&AIDS prevention

TOPICS

- Stigma in AIRs
- HIV&AIDS Stigma and AIRs
- Gender and Stigma in AIRs
- Some Gender-Neutral Ways of De-Stigmatising
- Other De-Stigmatising Views of AIRs

Stigma in AIRs

In unit 5 you were assigned an activity that asked you to reflect on the existence of stigma in your community (Activity 1). In this section, we would like to build on this theme. We would like to pay attention to the various types of stigma found in AIRs. In addition, we will examine illness-related forms of stigma.

From our discussions on stigma, you have realised that stigma of various types exists in African communities. By paying attention to proverbs, songs and other types of communication, we can deduce the presence of such stigma. In addition, we need to closely observe which types of people are excluded from participating in rituals. Notions of ritual purity give strong indications of stigma. Stigma associated with illness will also enable us to interpret the status of HIV&AIDS in the indigenous cosmology.

Age

In most African communities, old age is celebrated. In unit 2 you were introduced to the idea that old age is regarded as a sign of favour from the ancestors. However, there is a general stigma against old women. Among the Shona, old women are discriminated against on the basis that they could be witches. It is believed that they use their greater experience in life to bring harm and death to the community. Many old women have been harassed on the basis of false witchcraft accusations. We should take note of the stigma that emerges on the basis of old age and gender.

Class

Class-based stigmatisation occurs in indigenous cultures. Poor people are believed to have failed to cultivate favourable relations with the ancestors. Among the Shona, they are known as *marombe*. This is a negative term that implies the inability to plan and manage finances. Destitute individuals are blamed for finding themselves in such desperation. In years of drought, individuals could be subjected to humiliation as they sourced food for their families. They were forced to kneel and roll in the dust while begging for food from those who would have had a successful harvest.

ACTIVITY 1

Examine attitudes towards poor people in your community and indicate how this affects responses towards HIV&AIDS.

Disability

As with most other cultures, disability tends to be stigmatised in African culture. Individuals with disabilities are often kept away from other members of the community. These include those with physical challenges (the lame), the visually impaired (the blind) and others. The indigenous interpretation is that disability is a result of intervention from the realm of the ancestors. It is a result of having failed to uphold ancestral instructions on the part of the parents or other family members. As a result, people with disabilities find it difficult to gain acceptance. Their lives are surrounded by secrecy.

ACTIVITY 2

Write a paragraph to describe illness-related stigma in your community.

We will now discuss illness-related stigma in AIRs. You recall that AIRs view illness as a sign of broken relations between the living and the ancestors. Health and wellbeing are regarded as a sign that the relations are sound. The result of such interpretations is that some forms of illness are stigmatised.

Mental illness

Mental illness is associated with unhealthy relations between the living and the departed. In this form of illness, an individual loses his or her integrity. Some individuals with mental illness break all taboos. They may walk around naked or shout words about sexuality. As a result, people with mental illness face high levels of stigma and discrimination in society. In many instances, it is believed that mental illness is a result of an individual having committed murder or some transgression of the moral code. It is then assumed that somehow such people 'deserve' their mental illness.

Menstruation

Although menstruation is not a form of illness, it is a condition that gives rise to stigma and discrimination in some African communities, such as the Shona. It is believed that menstrual blood is a source of power and therefore dangerous. Menstruating women were often prohibited from participating or leading in rituals. It is also believed that they have a 'polluting' effect. As a result, menstruating women would often be secluded in a hut for the days in which they had the menstrual flow. In most instances, menstruating women were prohibited from touching weapons or musical instruments. Such taboos extended to breastfeeding women.

Other Conditions

Other conditions like albinism, sexually transmitted infections, and visual impairments led to stigma as well. Of particular significance is leprosy. Individuals with leprosy were marginalized. It was believed that the ancestors were responsible for causing such conditions. The intervention of the ancestors would be sought in order to restore health. As a result, indigenous doctors had an important role to play in fighting illness and getting instructions from the ancestral world.

HIV&AIDS Stigma and AIRs

Having examined various types of stigma and illness-related stigma in AIRs in the previous section, we now proceed to examine the impact of HIV&AIDS stigma on prevention and care. I would like you to pay particular attention to the fact that indigenous approaches to stigma have both strengths and weaknesses. We shall begin by examining the weaknesses.

Weaknesses

The major weakness relates to the idea of connecting illness with spirituality. The link between HIV&AIDS and sexuality has created a lot of stigma. There is too much emphasis on observing the moral code on sexual relations. If the community fails to observe the rules regulating sexual behaviour, there is calamity. AIRs indicate that drought and diseases are a result of immorality. This tends to portray PLWHA as

wrong doers who have endangered themselves and the community. Such stigmatisation of PLWHA frustrates prevention efforts, as we saw in unit 5.

A second weakness emerges in connection with reducing a complex issue to one of personal morality. It projects PLWHA as individuals who deliberately and carelessly went in search of HIV&AIDS. This has the danger of compromising the care that PLWHA receive. If care givers feel that an HIV-positive individual 'deserves' his or her illness, they do not provide quality care. We need to recognise the impact of social injustice on HIV&AIDS in Africa. Issues like poverty and gender inequality have a bearing on the epidemic.

The third limitation in the indigenous interpretation lies in its emphasis on spiritual factors. This runs the risk of recognising that human agency plays a part in HIV infection. Although I have continued to highlight the significance of structural issues, I would like you to realise that there is still space for human beings to make choices regarding their sexual behaviour. Although the ABC strategy operates within specific limits, as discussed in unit 3, people should still be encouraged to implement it. Personal responsibility remains critical in the fight against HIV&AIDS.

ACTIVITY 3

Discuss any continuity between illness-related stigma in AIRs and HIV&AIDS.

The associating HIV&AIDS exclusively with sexuality in the indigenous worldview constitutes a fourth weakness. It might compromise prevention efforts that are designed to address other routes of infection. These include the use blood products, needles and other piercing instruments, and mother-to-child transmission of HIV. There is need for the indigenous worldview to adopt a holistic approach towards this issue.

Strengths

Despite the serious limitations, HIV&AIDS stigma might have some possible strengths. The fear of stigma itself might encourage some individuals to adopt safer sexual practices. Although studies show that prevention efforts that are based on fear

are not very effective, fear can regulate sexual behaviour. However, I would like to reiterate that using fear to fight HIV&AIDS is not encouraged.

AIRs also encourage care for and rehabilitation of people who face stigma. There is also an effort to consult healers and other religious specialists to facilitate the integration of individuals who are on the margins of society. In other words, AIRs are always promoting a feeling of oneness or togetherness. This dimension is an asset to HIV&AIDS prevention and care. We shall examine this theme more closely in unit 8.

Gender and Stigma in AIRs

We have already noted that gender inequality is a major factor behind the rapid spread of HIV&AIDS in most parts of sub-Saharan Africa. Women face gender-based stigma and discrimination in African communities. By now you are familiar with the fact that sexually transmitted diseases are often labelled as 'women's diseases'. Such attitudes have an effect on HIV&AIDS prevention and care.

Women are sometimes presented as weak moral agents who are easily seduced. The rapid spread of HIV&AIDS is blamed on women. The existence of a core group of female commercial sex workers is used to justify the portrayal of women as disease-carriers. In addition, there is a lot of secrecy surrounding female sexuality. It is a topic that is not openly discussed, thereby increasing the mysticism.

As we noted in the preceding sections, women living with HIV&AIDS face the double stigma of being HIV positive and female. This is a demanding situation. Such individuals stand accused of promiscuity in the eyes of members of society. As a result of the fear of stigma, some women who are HIV-positive do not come out in the open. This might prevent them from receiving timely quality medical care.

The treatment of sexually transmitted infections is a major strategy in fighting HIV&AIDS. Unfortunately, women with such infections encounter stigma in their communities. In some instances, the stigma extends to Western medical institutions. Medical personnel sometimes condemn women with sexually transmitted infections. This forces many of them to avoid seeking medical attention. In turn, this facilitates the spread of HIV&AIDS.

ACTIVITY 4

Describe how health centres in your country provide a friendly environment that might encourage young women with a sexually transmitted infection to come forward for treatment.

The question of gender and stigma is also felt in the area of care for PLWHA. HIV positive women often find it difficult to get quality care. In many instances, they are cared for by their own mothers or small children. This is grossly unfair as women are expected to nurse their male partners when they fall ill. Instead of finding care within their own homes, many HIV positive women are returned to their parent's homes when serious illness sets in.

Despite the gender disparities and accompanying stigma, we need to acknowledge that AIRs continue to empower some men to participate in HIV&AIDS prevention and care programmes. The idea of solidarity with the vulnerable is central to AIRs. There are many cases of men who have adopted HIV&AIDS prevention strategies. In addition, some men have provided care to women. This shows that the patriarchal dominance is not always a hindrance to men. Some men have successfully challenged their privileges to provide quality care to women in Africa. However, we need more husbands, fathers, brother, friends and uncles to give care.

Some Gender-Neutral Ways of De-Stigmatising

Although gender roles are important to the indigenous worldview, there are some gender-neutral ways of de-stigmatising in AIRs. Of central significance is the idea that AIRs affirm the basic humanity of women. If we are to use a human rights approach to HIV&AIDS, we will appreciate the fact that AIRs assert that women have basic rights. Across the continent, it is believed that treating women badly results in the withdrawal of ancestral support. Such an idea needs to be utilised in fighting gender-based HIV&AIDS stigma and discrimination. We need to emphasise that African women do possess fundamental rights, such as the right to dignity and respect. This will empower communities to de-stigmatise HIV&AIDS.

AIRs are concerned about the observation of religious duties by all members of the community, with little regard to variables such as age, gender, social position and so on. As a result, being male or female is not a sign of ethical superiority or inferiority. This idea promotes gender-neutral ways of de-stigmatising in contexts of HIV&AIDS. It means that one's gender is not an indicator of one's spiritual or moral stature. If this idea could be emphasised, gender-based stigma and discrimination would be reduced significantly.

ACTIVITY 5

In one paragraph, write down how AIRs are gender-neutral in relation to the integration of members of the community.

AIRs regard illness among both men and women as a negative experience that must be eliminated. Through the activities of healers and other ritual actions, illness is actively countered. This shows that AIRs have gender-neutral ways of de-stigmatising. They tend to concentrate on the disease and its elimination, rather than the gender of the patient. They recognise that the pain of one member of the community affects the rest.

Other De-Stigmatising Views of AIRs

In this section, we would like to consider how AIRs present de-stigmatising views that can be used to break HIV&AIDS stigma. The collective wisdom of the Africans is an important source from which to pull. Through proverbs, members of the community are socialised to refrain from stigmatising others. A good example is stigmatising people with disabilities. Among the Shona, there is a saying, "*seka urema wafa*" (mock disability when you are dead). This reminds people that as long they are alive, they may themselves become disabled. If we use this idea in the case of HIV&AIDS stigma, it means that every living human is vulnerable to HIV infection. Consequently, no one should shun PLWHA as they could soon find himself or herself with such a condition.

AIRs also caution individuals from mocking people who are undergoing difficult experiences, such as disability, living with HIV&AIDS, and so on. They hold that what has been sent by the ancestors should not be the object of fun. Indeed, they threaten that such an approach might lead the ancestors to transfer the condition to the individual who is mocking others. Folktales and songs are full of such wisdom. Cruel people and those who stigmatise others in vulnerable conditions end up in a worse condition themselves. Such teachings are a useful in the context of HIV&AIDS stigma and discrimination.

AIRs promote acceptance of illness. In their anthropological beliefs (beliefs about the human condition), illness and death are realities in human life. There is no escapism in indigenous religions. They encourage members of the community to face painful experiences with realism. As a result, illness and death are taken as an integral part of human life. Although rituals are used to fight illness and misfortune, AIRs also maintain that human existence is characterised by serious challenges. This notion is useful in challenging HIV&AIDS stigma. It calls upon members of the community to accept that HIV & AIDS is a reality of our times.

The idea that all human beings possess a vital life force can also be used to undermine stigma and discrimination. AIRs hold that a person is made up of the physical body and a spiritual dimension. This spiritual force has been described as the life-force in AIRs. This implies that although the physical body can be weakened by illness, the life-force remains active. It is this dimension that ensures the integrity of all people in African communities. By emphasising this idea, HIV&AIDS stigma can be undermined.

In unit 5 you were introduced to the idea of stigma informed by economic disparities. This has given rise to situations where citizens of one prosperous African country use negative terms to describe people coming from other countries. It is normal to be suspicious of people that one is not familiar with. However, indigenous African societies have always had effective ways of integrating ‘aliens and foreigners’. In many instances, newly resettled families intermarry with the indigenous families. This ensured their transition from being foreigners to relatives.

Among the Zezuru, a sub-group of the Shona, there is an institution known as *usahwira* (ritual friendship). Adult men who are not related by blood can cement their friendship through a ceremony known as *kucheka usahwira* (establishing a friendship). Such a friend becomes more than just a friend. He is integrated into the family. He presides over the burial of his friend and knows all the family secrets. Women too can establish such close friendships that are recognised by other members of the community. Where the stranger used to face stigma and discrimination he or she becomes an integral member of the community.

ACTIVITY 6

Describe the process through which strangers are incorporated into the community and highlight how this be useful in the fight against HIV&AIDS.

HIV&AIDS stigma and discrimination can be broken by adopting de-stigmatising approaches, such as that described above. PLWHA can be viewed as 'strangers' and 'aliens' who are on the margins of the community. The community should be encouraged to establish *usahwira* (ritual friendship) with PLWHA. This concept has parallels in other African communities. The basic idea is to de-stigmatise people who are on the margins of society. Establishment of ritual friendship with PLWHA implies banishing stigma and discrimination and embracing them as true and valuable friends.

SUMMARY

In this unit, you were introduced to stigma in AIRs. You became aware of the fact that there are various types of stigma in AIRs. These may be influenced by factors like disability, gender, and social class. You were also introduced to the idea of illness-related forms of stigma in AIRs. It was noted that AIRs tend to interpret most illnesses in relation to intervention from the ancestors. You also became aware of the HIV&AIDS stigma in AIRs. You realised that HIV&AIDS stigma has been influenced by prevailing ideas connected to illness-related stigma. The unit highlighted gender-neutral ways of de-stigmatising that are found in AIRs. Other de-stigmatising views of found in AIRs were highlighted.

SELF-ASSESSMENT ACTIVITY

1. Discuss various types of stigma that are found in your community.
2. How does HIV&AIDS stigma hinder prevention and care?
3. 'HIV&AIDS stigma follows existing patterns of illness-related stigma in Africa.' Discuss in 2 pages.
4. What is the impact of gender-neutral ways of de-stigmatising?
5. Using examples from your own community, illustrate the presence of de-stigmatising views of AIRs

FURTHER READING

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UNIT 7

HIV&AIDS CARE GIVING TO PEOPLE LIVING WITH HIV&AIDS

OVERVIEW

Since the significant emergence of the disease in the 1980s, the scientific community has managed to provide helpful information on HIV&AIDS. This unit introduces you to the dominant issues in Western medical approaches to HIV&AIDS. It examines the medical understanding of HIV and analyses the Western medical view of PLWHA. You will also be introduced to care givers in the Western medical system.

OBJECTIVES

At the end of this Unit you should be able to:

- Identify the Western medical views on the HIV positive status
- Describe the Western medical understanding of AIDS patients
- Discuss care giving for AIDS patients
- Identify care givers within the Western medical system

TOPICS

- Western Medical Understanding of an HIV Positive Status
- Western Medical Understanding of AIDS Patients
- Care Giving for AIDS Patients
- The Caregivers

ACTIVITY 1

On the basis of your recollection of previous discussions, what is the Western medical understanding of an HIV-positive status?

Welcome this unit, focused on the Western medical understanding of the HIV positive status. I should like to emphasise that although we are referring to this approach as 'Western', other scholars refer to it as the 'scientific approach'. Different communities, including African, have contributed to this medical system. In addition, we should acknowledge that there are strengths and weaknesses in this approach, as we shall discuss in this unit.

In unit 1 you were introduced to the Western medical understanding of HIV&AIDS. You learned that researchers report that infection with HIV is caused by two types of virus: HIV-1 and HIV-2. You also gained awareness of the fact that Western medicine indicates that HIV has a long incubation period, sometimes up to 10 years. Western medical researchers have designed HIV tests that detect the presence of antibodies. As you became aware of in unit 1, the body has its own defence system. Once it detects the presence of an intruder (HIV), it moves to protect itself. It produces specific antibodies against HIV. It is the presence of such antibodies that has been used to confirm HIV infection. This infection can be demonstrated through various examination methods. These include the HIV P24 antigen which can be detected after 1-2 weeks, specific tests to test the virus in the blood, and, the more popular tests for the presence of antibodies, 6-8 weeks after infection (Weinrich and Benn 2004: 1).

I would like emphasise that Western medical research has made some impressive discoveries concerning HIV&AIDS. It understands HIV as a natural virus that follows a certain way of operating. Western medical research tends to minimise or eliminate completely religious beliefs in its analysis of the virus. We shall elaborate on this point below. For now, I would like you to appreciate the advances that have been made in Western medical research regarding HIV&AIDS.

In a summary, we can say that an HIV-positive status as interpreted by Western medicine implies the presence of HIV in the human body. Different types of tests have been developed. However, these are also determined by resources. In technologically advanced countries, sophisticated HIV tests can be undertaken. On the other hand, in resource-poor settings, the tests tend to be simple. However, in both contexts, it has become possible to establish the HIV status of individuals with a high degree of accuracy.

ACTIVITY 2

Where does one go for an HIV test in your country?

Advantages of the Western Medical Approach

We will now proceed to discuss the advantages of the Western medical understanding of an HIV-positive status. As I indicated above, one of the greatest successes of Western medicine has been its high degree of accuracy and reliability. Through constant experimentation and enquiry, valuable data on HIV&AIDS has been accumulated. Large volumes of material on the HIV positive status have been gathered.

Another advantage is that Western medical diagnosis of HIV status proceeds on the basis of observable facts. It minimises guesses and speculation. It considers the human body as an organism that can be broken into small units for closer scrutiny. It is through such analysis that HIV tests are carried out and results obtained. For Western medical researchers, an HIV positive status means that the virus has been identified within the body of the person who has come for consultation.

The Western medical understanding of an HIV positive status is not mystical. It is based on the view that HIV is a virus that operates in a particular way. Although there is no known cure for it, efforts have been made to track routes of infection. Researchers are confident that once the means of transmission are known, preventive measures can be implemented. You were introduced to most of the preventive strategies in previous units. Consequently, we can see that the Western medical approach to an HIV-positive status is based on continuous searching for more knowledge about the status, through empirical research.

ACTIVITY 3

Write down the major challenges facing the heath delivery system of your country.

Disadvantages of the Western Medical Approach

Although Western medical research has achieved some impressive results relating to our knowledge of the HIV positive status, it has some limitations. One major disadvantage has been its failure to provide a satisfactory explanation of the origins of HIV. Since the system is highly rated, it was expected to provide a detailed explanation of how HIV came about. This would have enabled us to understand an HIV positive status better. Currently, there are many gaps in our knowledge of how HIV emerged.

The second major limitation of the Western medical approach to an HIV positive status is its tendency to view the human body as an organism. Western scientific research has been able to make impressive breakthroughs because it is largely *desacralised.* In other words, it tends to remove spiritual aspects from the research process. However, this may not appeal to some communities that have a holistic approach to reality. In the indigenous African worldview, the body has a mysterious quality. Western medical interpretations of an HIV-positive status may, therefore, not readily correspond to the indigenous interpretation. In the indigenous approach, it is possible for spiritual intervention to occur and effect healing, even when this appears to be totally impossible according to Western medicine.

The third major limitation of the Western understanding of the HIV positive status is closely related to the foregoing one. The scientific view of the HIV positive status has found that this condition in a life-time condition. The indigenous understanding suggests that it is possible for the ancestors to intervene and change situations. As a result, there is a belief that spiritual forces can alter the HIV positive status. When indigenous doctors claim to reverse the HIV positive status, they are informed by such a worldview. The Western medical view tends to rule out dramatic interventions from the spirit world.

ACTIVITY 4

In 2 paragraphs, discuss the limitations of the Western approach to an HIV positive status.

Western Medical Understanding of AIDS Patients

In this section, we would like to examine how Western medicine views AIDS patients. You should noticed that we are not calling them 'AIDS victims'. It is recommended that we use the terms PLWHA and AIDS patients. This is because the idea of 'AIDS victims' does not empower PLWHA. I should also remind you that not everyone who is HIV positive has AIDS. AIDS is the final stage in an HIV positive individual. It is only those people who are now bed-ridden that are described as 'AIDS patients' in this unit. This is why there is now emphasis on separating HIV&AIDS. The needs of HIV positive individuals and those whose condition has progressed to AIDS are different.

One key feature of the Western medical understanding of AIDS patients is to regard them as individuals with a peculiar medical condition. The diagnosis and therapy focuses on them as isolated individuals. There is emphasis on their right to medical treatment. There is also an emphasis on confidentiality concerning their HIV status. Western medicine insists that the right of the patient to keep his or her HIV status unknown should be respected.

The second significant factor relating to the Western medical understanding of AIDS patients is connected to its efforts to provide antiretroviral drugs (ARV) to PLWHA. Scientific progress has enabled the manufacturing of drugs that have minimal side effects. For some AIDS patients in developed countries, AIDS is no longer a killer disease. It has become a manageable chronic illness due to the availability of ARV. These have proved to be life-prolonging, especially if treatment begins early.

The third dimension is connected to the idea that AIDS patients are autonomous individuals who possess 'treatment literacy'. In other words, it is assumed that AIDS patients are conscious of the need to adhere to ARV therapy. They are seen as people

who will make the most beneficial decisions regarding their health. They are encouraged to eat in a healthy way as well as to exercise regularly. This general Western assumption can be seen in medication that are supposed to be taken after meals. It is assumed that most people have three meals a day. As we have noted throughout this presentation, the situation of poverty in Africa implies that many AIDS patients do not have access to three meals a day.

Strengths of the Western Medical View

There are a number of strengths in the Western medical view of AIDS patients. The first strength relates to our earlier acknowledgement of the *success* of this medical system. Western medical specialists now possess impressive knowledge concerning HIV infection. They can diagnose opportunistic infections, the quantity of HIV in the blood and other significant information. This allows AIDS patients to gain an understanding of what is happening to their bodies. AIDS patients who possess information regarding the disease are better able to take care of their health needs than those who do not have the information.

The second strategic advantage relates to the commitment to finding a cure or life-prolonging drugs through ARV therapy. As we have noted, in some rich countries, AIDS-related deaths have been reduced significantly. AIDS patients no longer view their situation as one of a slow painful process towards sure death. Western medicine continues to seek new ways of producing drugs that enable AIDS patients to lead long and productive lives. Efforts are being made to develop affordable drugs.

A third strength that we might observe lies in its emphasis on confidentiality. Western medicine maintains that the right of AIDS patients to protect information concerning their HIV status should be protected at all times. This is an important consideration as it protects individuals from possible stigma and discrimination. Confidentiality also enables AIDS patients to feel free to consult Western medical specialists.

ACTIVITY 5

Describe the consultation process in Western medicine in your country and show how this affects PLWHA.

Limitations of the Western Medical Understanding

Despite the advantages, the Western medical understanding of AIDS patients has some limitations. One of the major limitations lies in approaching AIDS patients as autonomous individuals. Such an approach is inadequate in African contexts. In African contexts, a patient is not seen in isolation. Diagnosis and therapy take place in the presence of other concerned members of the community. The Western medical approach therefore tends to clash with the indigenous understanding of a patient. In the indigenous view, the AIDS patient is directly linked to other people and his or her condition is of equal concern to them.

The second limitation derives from the first. It relates to the issue of confidentiality of HIV tests. You might have noticed that consultation with indigenous healers involves the patient and those close to him or her. In fact, in some situations, the consultation might be done in the absence of the patient. In AIRs, there is what we could term, 'shared confidentiality'. In this scheme, illness is not considered a private issue. Instead, other members of the community participate in the processes of diagnosis and therapy. When Western medical specialists concentrate on the AIDS patients and exclude other close relatives, they undermine the indigenous approach to health.

The third limitation of the Western medical approach to AIDS patients is that it generally does not take the reality of poverty into the situation of AIDS patients in Africa. It operates on assumptions concerning the context of AIDS patients in developed countries. Issues of access to ARV therapy, 'treatment literacy' and health life-styles are compounded by crippling poverty in most parts of sub-Saharan Africa. There is need for Western medicine to be more realistic in addressing the situation of AIDS patients in Africa. Poverty in Africa complicates the conventional wisdom. Researchers who operate from African contexts tend to be more sensitive to local realities than those based in Europe or North America.

ACTIVITY 6

In one paragraph, describe how the process of consulting indigenous medical specialists affects PLWHA.

A fourth limitation of the Western medical view of AIDS patients relates to its exclusive outlook. Due to its success, it tends to regards its approach to AIDS patients as the only legitimate one. Although science has been successful because of its openness to new findings, it tends to be dismissive of other possibilities. The situation is changing in some African countries, however. The views of indigenous medical specialists on AIDS patients are beginning to be taken seriously. Western medicine therefore needs to leave room for other medical systems. The co-operation of different medical systems might provide more comprehensive information on AIDS patients.

AIDS Patients Care Giving

In this section, we would like to focus on the important issue of caring for AIDS patients. As you have become aware, individuals infected with HIV can live for many years without falling seriously ill. It is only later, as the immune system begins to weaken, that they develop AIDS. The availability of ARV therapy has increased the chances of living longer for many infected individuals. However, poverty and stigma in most parts of sub-Saharan Africa means that HIV&AIDS has become the leading cause of death. Furthermore, the majority of patients occupying hospital beds are AIDS patients.

Caring for AIDS patients is a key aspect of the struggle against HIV&AIDS. It can be divided into two components: self-care and care by others. We shall begin by discussing self care. As you may recall from unit 1, HIV infection does not immediately lead to serious illness. However, as the virus wages a war against the body, the body becomes more vulnerable to different infections. These are called opportunistic infections. Self-care is important because the individual adopts a life-style that minimises his or her exposure to opportunistic infections.

Self-care is important for AIDS patients because it allows them to take charge of their own lives. By minimising exposure to opportunistic infections, AIDS patients can lead normal, healthy lives. Western medical specialists recommend that AIDS patients need to pay attention to basic health issues, such as having regular exercise, putting on warm clothing when it is cold, avoiding stress and so on. Of central significance is the question of having a balanced and healthy diet. It is critical for AIDS patients to have healthy food. Furthermore, resting and having a positive approach to life is important.

ACTIVITY 7

What is self-care in relation to HIV&AIDS?

We now come to the issue of care giving by others. Western hospitals and health centres are playing an important role in this regard. A number of African countries have started providing life-prolonging ARV therapy for free. The government of Botswana has played a leading role in this regard. However, stigma prevents some AIDS patients from enrolling in such programmes. As you learned in unit 5, HIV&AIDS stigma hinders prevention and care efforts. We need to undermine stigma so that AIDS patients can access treatment with a free conscience.

The Western medical system has been providing care to AIDS patients through VCT. By accessing voluntary counselling and testing services, AIDS patient are empowered to face life with courage and hope. VCT enables AIDS patients to recognise that there is life after testing positive. Western medical specialists provide counselling to AIDS patients, encouraging them to undertake positive living. They are also assisting families and communities with home-based care programmes. They visit AIDS patients in their homes and supervise their adherence to treatment. This is very helpful because home-based care often means total abandonment by Western medical specialists.

Care for AIDS patients has also come in the form of treatment of AIDS-related diseases and opportunistic infections. This has alleviated the pain and suffering of AIDS patients. I would like you to recognise the importance of the treatment of tuberculosis (TB). The on-set of the HIV&AIDS epidemic has seen a major increase in TB cases in most parts of sub-Saharan Africa. It is crucial for all TB patients,

including those with HIV, to take their medication consistently and fully. Part of providing care to AIDS patients is to ensure that they adhere to treatment.

Hospital-based care for AIDS patients includes advising pregnant women of mother-to-child transmission (MTCT) of HIV. It also entails caring for infected children. Western medical professionals have provided valuable information to women who are HIV-positive. In addition, they have administered drugs to prevent MTCT. On the whole, the Western medical practitioners have sought to ensure that women receive quality care as a method of preventing the spread of HIV&AIDS.

In summary, we can say that Western medical practitioners have provided care to AIDS patients in terms of counselling and treatment of chronic diseases associated with AIDS. These include chronic coughing and difficulty in breathing, diarrhoea, an itching and painful skin rash and vomiting (Weinrich and Benn 2004:74). Such care has empowered AIDS patients to live positively.

I would like to emphasise that an analysis of care giving shows that we have to adopt a holistic perspective. This means taking into account the various dimensions of human existence. We shall summarise the dimensions here. In terms of the spiritual aspect, it is important for care givers to be sensitive to the spiritual beliefs of most AIDS patients in Africa. Many AIDS patients have been able to find the strength to continue to live on the basis of their religious convictions. It is therefore critical for care givers to respect and integrate these beliefs in their care giving. As you may have noticed, Western medical professionals tend to minimise this aspect of care giving.

We have already mentioned the mental and physical aspects of care giving. These are found in adopting the right mental attitude and having regular exercise. AIDS patients are encouraged to undertake activities that they enjoy doing. They have to avoid slipping into depression as this compromises their health. The social aspect relates to the need for AIDS patients to continue playing active and meaningful roles in society. This is very important as ‘social death’ speeds up real death. In order to minimise stigma, AIDS patients need to be regarded as useful members of society. They continue to provide whatever skills they have. It is by integrating all these dimensions that AIDS patients can enjoy quality care.

The Caregivers

In this section, we would like to identify the care givers in the Western medical system. Nurses and doctors play central roles in providing care to AIDS patients. These are often highly trained specialists who are committed to the welfare of their patients. Despite the absence of sophisticated technology and medicines in most African countries, nurses and doctors continue to work hard to mitigate the impact of HIV&AIDS. In many African countries, hospitals are under-staffed. Many professionals have been attracted by the availability of greater resources and better working conditions.

Alongside nurses and doctors, one finds other care givers operating in the Western medical system. These differ from one country to another. However, the most important feature is that they assist nurses and doctors in looking after patients. In the Zimbabwean health system, they include those who administer first aid, orderlies, and nurse aids. Medical teams that provide ambulance services also need to be counted as care givers to AIDS patients.

In most urban centres in sub-Saharan Africa, HIV&AIDS has given rise to nursing homes and hospices. Workers in these institutions play an important role providing care to AIDS patients. Hospices provide care to the terminally ill and dying. However, since they are often better equipped than most homes, they have often facilitated the recovery and survival of the ill. Workers in these health institutions are the ones who wash clothes for AIDS patients, bathe and feed them, as well as attending to all their basic needs.

The HIV&AIDS epidemic has placed a major strain on the health delivery systems of most African countries. Caregivers are often overworked and stressed. The situation is worsened by the unavailability of medicines to alleviate the pain of AIDS patients. Watching children and other AIDS patients dying is often traumatic, even for the best-trained of professionals. There is a need to find ways of assisting care givers in the Western medical system.

SUMMARY

We are now in a position to recap the major issues that we have discussed in this unit. You have learned about the Western medical understanding of an HIV-positive status. You were also introduced to the Western medical understanding of AIDS patients. In both instances, we undertook an analysis of the advantages and disadvantages of the Western medical approach. In this unit, you encountered care giving for AIDS patients. You also became aware of the need for a holistic approach to care giving. This entails integrating the spiritual, mental, physical and social dimensions. The last section drew your attention to the identity of the care givers in the Western medical system.

SELF-ASSESSMENT ACTIVITY

1. Describe the Western medical understanding of an HIV positive status.
2. How does the Western medical approach view AIDS patients?
3. Using examples, illustrate the various aspects of care giving to AIDS patients.
4. What are some of the major challenges that care providers in the Western medical system face?

FURTHER READING

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UNIT 8

AFRICAN INDIGENOUS RELIGIONS APPROACH TO PEOPLE LIVING WITH HIV&AIDS

OVERVIEW

Welcome to Unit 8. In this unit, we would like to focus on the approach of AIRs to PLWHA. Having examined AIDS patients' care giving in Western medicine in the preceding unit, we would like to pay particular attention to indigenous approaches in this unit. You shall be introduced to the influence of AIRs on care giving in communities. In addition, you will become familiar with the identity of care givers in AIRs.

OBJECTIVES

At the end of this unit you should be able to:

- Identify the strengths and weaknesses of the indigenous approach to health and illness
- Describe HIV positive care giving in the cosmology of AIRs
- Identify the caregivers in the home-based care programmes
- Discuss ways of caring for the caregivers

TOPICS

- AIRs Understanding of Health and Illness
- HIV-positive Care Giving in the Cosmology of AIRs
- The Caregivers
- Community Care and Caring for the Caregivers

ACTIVITY 1

In unit 4, you were introduced to the idea of natural and unnatural illnesses in AIRs. Write down an illustration of this distinction.

Health is a major concern to AIRs. The health of individuals and the community is necessary for continuity to be ensured. As a result, illness and death are regarded as intrusions that disturb the welfare of individuals and the community. Religion plays an important role in understanding illness. According to John S. Mbiti, one of the leading scholars in the study of AIRs:

> Disease is not just a physical condition, according to African interpretation and experience. It is also a religious matter. Therefore, to deal with it people revert to religious practices. They use religion to find out the mystical cause of the disease, to find out who has been responsible for it or has sent it the sick person. They use religion to prescribe the right cure, part of which is the performance of certain rituals that the medicine man [EC: or woman] may specify. It is also necessary to take counter measures to make sure that the cause of disease is neutralised so that the person will not suffer from the same disease again (Mbiti 1991: 139).

I have cited Mbiti at length because he manages to bring out the major issues concerning interpretation of illness in indigenous societies. Illness is associated with activities in the ancestral world. Witchcraft is often suspected when an illness shows little or no sign of responding to treatment. Witches and sorcerers are the enemies of society. They are believed to be responsible for illnesses, accidents, barrenness and misfortune. They frustrate the living in their quest to lead full and rewarding lives.

Religious functionaries like indigenous healers play a key role in restoring health to individuals and the community. To begin with, these men and women are believed to have special access to the ancestors, constantly communicating with them, and know when the ancestors have been wronged. As a result, they are perceived to be in a

position to prescribe rituals to restore harmony between the living and the ancestors. Secondly, they are believed to have the ability to fight diseases and restore health.

ACTIVITY 2

In a paragraph, outline the key functions of indigenous healers.

Strengths of the Indigenous Approach

The indigenous approach to health and illness has a number of strengths, as discussed in unit 4. One of these strengths lies in the communal approach to health and illness. As we have seen throughout this module, indigenous religions seek to forge solidarity amongst all members of the community. Visiting the sick is a vivid illustration of this sense of togetherness. The community is not supposed to abandon one of its members when he or she falls ill. Members are expected to show keen interest in his or her recovery.

You will have observed how even the poorest of the poor in your own community has sacrificed a lot in order to find a bus fare to visit a member of the community who was admitted to a hospital far away. This demonstrates communal solidarity, a major resource that African communities are investing in the fight against HIV&AIDS. The practice of allowing only 2 visitors per patient in Western hospitals runs contrary to the indigenous idea that all members of the community should have an opportunity to express their solidarity with the person who is seriously ill.

The second strength is the commitment to fight illness. The community mobilises all the resources at its disposal to defeat illness. Although it is accepted that illness and death are part of life, a lot of effort is invested in trying to banish illness. Furthermore, the comfort and dignity of the person who is ill is to be upheld at all times. These values are important in the struggle against HIV&AIDS. The community is called upon to show even greater commitment towards prevention and care.

The third positive feature of the indigenous approach to health and illness lies in its acknowledgement of the spiritual dimension. We noted that the Western medical system tends to downplay or totally ignore this aspect. The challenge emerges when

there are some issues that Western medicine is not able to explain convincingly, like the origins of HIV. In this regard, indigenous approaches to illness appear better equipped than Western medicine. They are open to interventions by the ancestors and other spiritual forces.

Weaknesses of the Indigenous Approach

Despite these strengths, weaknesses exist in the indigenous approach to health and illness. To reiterate the point made in earlier units, placing too much attention on the spiritual dimension tends to hide the importance of structural issues. Poverty, gender inequality and other factors do not receive due attention if we concentrate only on spiritual factors. Furthermore, personal responsibility is given a limited role when we interpret illness in terms of spiritual activities. In terms of HIV&AIDS, this might discourage individuals from undertaking prevention strategies like ABC.

The communal approach to health and illness can become a source of weakness, especially in relation to HIV&AIDS. It is difficult to uphold individual confidentiality when all members of the community are interested in knowing the nature of the illness. There is tension caused by this communal approach, especially in the light of HIV&AIDS stigma and discrimination. Some PLWHA might feel that their privacy is threatened by other members of the community. While Western medicine speaks the language of privacy and confidentiality, AIRs are interested in expressing communal solidarity. How to balance these approaches emerges as a major challenge.

HIV Positive Care Giving in AIRs Worldview

In this section, we would like to examine the relationship between HIV positive care giving and AIRs. To begin with, we have to note that AIRs encourage all members of the community to take an active interest in the welfare of all the other members. This can be exemplified by the greeting formula that is found in most African languages. When asked, ‘How are you?’ the response indicates the shared destiny. Often one hears the answer, ‘I am well if you are well’. In other words, the health of one member of the community has a bearing on the health of the others. To draw an analogy with the human body; if the hand is in pain, the entire body is affected.

The tie between the individual and the community that we observed in unit 2 is an important factor in mobilising members of the community to provide care to HIV-positive individuals. The starting point is the nuclear family. When one member begins to fall ill, and efforts are made to find healing, in many instances, families try the different medical systems - Western medicine, indigenous healers and prophets from African Independent Churches. All these efforts are inspired by the indigenous belief that members of the family have responsibility for looking after one another.

When an illness persists, members of the extended family, neighbours and the entire community become involved. Visiting the sick is an ethical duty in AIRs. A person who does not identify with the sick is accused of witchcraft. It is therefore a religious duty to care for vulnerable members of the community. In this connection, the worldview of AIRs already provides useful guidelines for caring for HIV positive individuals. It is believed that every member of the community needs to be sensitive to the sick.

ACTIVITY 3

Illustrate how the greeting formula in your language can be utilised in the fight against HIV&AIDS.

Although HIV positive individuals face stigma and discrimination, AIRs have many teachings that promote care giving. It is believed that the ancestors do not appreciate the marginalisation of any member of the community. This is believed to cause misfortune. A community does not prosper when it does not take care of its members. This idea encourages members to look after HIV positive individuals. Abandoning them is believed to threaten the welfare of the community. This is also true of all people on the margins of society, such as the elderly, the disabled and others. AIRs maintain that the community should ensure that every one of its members is treated with respect.

In most African communities, it is held that death transforms an individual into a powerful spirit. Such a spirit can chastise the community for having been neglected. Among the Shona, the concept of *ngozi* (avenging spirit) facilitates the care of all people. It is feared that a person who endured ill-treatment during his or her life can utilise his or her new status as a spirit to bring the living to account. As a result, a

woman who was ill-treated by her husband, a worker who was not paid his wages and any other person who feels abused can find justice upon death. Although this idea has negative connotations, it illustrates how the cosmology of AIRs presents concepts for HIV-positive care giving.

As we have emphasised, AIRs hold that the basic humanity of all its members needs to be acknowledged and preserved at all times. Whatever the social class, gender, age or disability status, a human being remains sacred. His or her vital life-force has come from the spiritual realm. Consequently, no one may mock or ill-treat vulnerable members of the community without invoking the wrath of the ancestors. The ancestors do not accept the ill-treatment of members. They are believed to withdraw their protection when this happens. It takes the diviner to establish why suffering, misfortune and death have become common in the community. Once the diagnosis shows that ancestral displeasure is at play, corrective rituals are performed.

The point noted above has been useful in the provision of home-based care to AIDS patients. Although most African communities lack financial resources, they have used the little that they have to provide care. They are empowered to do so by the indigenous religion that holds that all human beings need to be treated with love and respect. It is this belief that has energised communities to provide care to HIV positive individuals.

I hope you will recall the observation made previously concerning the life-affirming nature of AIRs. Unlike other religions that portray this world as temporary and passing-away, AIRs regard it as real and long-lasting. As a result, AIRs are favourably disposed towards promoting human life, an understanding believed to be coming from the realm of the ancestors and God, and therefore precious. It encourages communities to provide care to HIV positive people.

Related to the issue raised above is the conviction of AIRs that healing is always a possibility. While the Western medical system tends to define healing narrowly in terms of finding a cure, the cosmology of AIRs is more holistic in approach. It defines healing as including the spiritual dimension. This concept of healing has facilitated

the provision of care to HIV-positive individuals. Communities are always optimistic and live on the basis of hope.

ACTIVITY 4

Describe ideas found in your indigenous religion that are useful for the care of HIV positive individuals in your community.

To repeat, the cosmology of AIRs offers useful perspectives for the care of HIV positive people, but it also has limitations as mentioned in previous units. Such limitations include perceiving illness to be seen as a sign of ancestral displeasure; a perspection that can generate illness-related stigma. Stigma and discrimination have emerged as a result of pre-existing patterns. The challenge now lies in drawing maximum benefits from the positive aspects of the cosmology of AIRs, while minimising the weaknesses.

In the view of AIRs, the emergence of such devastating diseases as HIV&AIDS implies that communities have not upheld religious values handed down by ancestors. AIRs may maintain that it is not possible to have a phenomenon that causes death to so many young people without justification. As a result, diseases like HIV&AIDS are seen as statements from the realm of the ancestors. The interpretation is that the community should take urgent steps to re-establish favourable relations with the unseen beings. According to AIRs it is by admitting that the living have failed to uphold religious demands and correcting their behaviour that healing can occur.

The Caregivers

ACTIVITY 5

1. *Reflect on the experiences of an ill person in your family or community, either at present or in the recent past.*
2. *Who has or had the responsibility of providing care?*

In Unit 7 we observed that the Western medical system in Africa is facing tremendous pressure due to the HIV & AIDS epidemic. Most hospital beds are occupied by AIDS patients. This has given rise to the concept of home-based care. Essentially, this means that AIDS patients receive most their care while at home. They can periodically utilise Western medical facilities, but they spend most of their time at home. Our task in this section is to identify the caregivers in the home.

Home-based care has the advantage that the AIDS patient receives care in a familiar environment. Most people find Western medical institutions impersonal and unsettling. Being in a hospital tends to create the feeling of being seriously ill. Furthermore, home-based care allows for personalised care. In other words, carers tend to have more time for the patient. As we noted in previous Units, Western medical facilities in Africa has been stretched to the limit by the HIV & AIDS epidemic. Consequently, health professionals no longer spend adequate time with patients. However, as we shall discover below, home-based care providers also face major challenges.

Women and Care-giving

It has emerged that the burden of caring for AIDS patients has fallen on the shoulders of women. This is heavily influenced by existing gender relations. The home has been defined and understood as women's space. It is women who have been assigned the responsibility of looking after the home, as we noted in our discussion of gender approaches in AIRs. Colonialism reinforced the gender patterns by forcing African men to seek employment in far-away places. This had the effect of removing men

from the domestic sphere. The performance of domestic chores was relegated completely to women.

In most African communities, it is women who are providing the bulk of the care for AIDS patients. Home-based care has in fact become, "women-based care." It is women who wash the clothes for AIDS patients, cook food for them, bathe them and change their bedding. It is again women who provide company to AIDS patients. In most cases, men might be away looking for financial resources, or they might be around, but feel that it is not their responsibility to provide care to AIDS patients.

In most cases, it is married women who are often at the forefront of providing care to AIDS patients. Society expects them to be compassionate and responsible. Indeed, women are expected to be self-sacrificing. Even in situations where the husband might have abandoned the family, his wife is supposed to nurse him when he falls ill. A woman who finds the burden of care-giving too much is roundly condemned by society.

Young girls are also increasingly playing a role in the provision of care to AIDS patients. Some have had to abandon their studies to care for ailing parents. At the same time, a boy child may continue to go to school. Young girls fetch water, cook food and tend to AIDS patients. In most instances, no one explains to them the need to ensure that they own health is not compromised. Society dictates roles to them on the basis of their gender.

In addition to mature women and young girls, grandmothers are the unsung heroes of AIDS patients care giving in Africa. In some situations, the wives of AIDS patients might have become sick first and it is their own mothers who take over the responsibility of looking after the family. Grandmothers often look after their daughters when they fall ill. At the on-set of serious illness, married women might be returned to their parental homes. Old grandmothers, with limited resources and advanced in years, are providing care to their children infected with AIDS.

In the event that a married couple dies leaving a child who is infected with HIV, elderly grandmothers have assumed the responsibility of looking after such children. Once again, they must assume the responsibility of parenting. The case of raising

children while having little or no resources is traumatic for everyone, particularly for older women. This dimension highlights the impact of HIV & AIDS on Africa.

Relatives and Friends

Alongside the above female family members, relatives and friends have also been providing care to AIDS patients. In most cases they tend to be female. Others too strive to alleviate the suffering of AIDS patients -- teams of volunteers, workers from NGOs and churches who operate within African communities. They provide AIDS patients with company and a sense of hope, and bring some relief to overworked caregivers.

Volunteers

Volunteers and church workers often assist AIDS patients with self-care abilities. There are now efforts to train more men in the provision of care to AIDS patients. Organisations such as Zimbabwean Padare (Men's Forum on Gender) are encouraging male participation in the provision of care. The results are impressive as more men have come forward to participate in care-giving programmes.

ACTIVITY 6

In your opinion, how can men be encouraged to provide care to AIDS patients in Africa?

Community Care and Caring for the Caregivers

How do we care for the caregivers? In this section, we would like to examine strategies that may assist caregivers. We begin with the idea of "community" care, which implies that every member of the community recognises that HIV & AIDS is a concern of everyone. The whole community needs to mobilise resources to provide care to AIDS patients. Community care reduces stigma and discrimination. It actively encourages the community to take care of AIDS patients and orphans.

The idea of community care seeks to build on the indigenous notion of communal solidarity, discussed in Unit 2. The philosophy that, "I am, because you are; you are

therefore I am" is utilised to call upon all members of society to make HIV & AIDS their own concern. The tendency to view HIV & AIDS as a matter for "specialists" is a limitation, a result of earlier approaches that presented it as an exclusively medical issue. Community care challenges this notion by illustrating how every member of the community can make relevant contributions to the struggle against HIV & AIDS.

You are now aware of the issue of stress that most caregivers are currently experiencing. Community care seeks to recruit more combatants in the fight against HIV & AIDS. A good example is how young men could make a difference in the provision of care. They can relieve the pressure on women and grandmothers by taking over some domestic chores. If more people are available to provide care to AIDS patients, the task will become more manageable. This would also allow care-givers to rest, to be recharged and refreshed.

One of the greatest limitations of home-based care for AIDS patients is the unavailability of resources. In many cases, caregivers do not even have pain-killers to administer to AIDS patients when the need arises. They often lack basic necessities, including bedding, soap and food. In some instances, they do not have protective clothing or gloves. If the task of caring for AIDS patients is to become less demanding, all these requirements are needed. This will enable caregivers to meet the challenge with greater enthusiasm.

We have repeatedly made reference to the importance of ARV therapy in the struggle against HIV & AIDS. In rich countries, an HIV infection no longer spells doom, as it tends to do in most parts of Africa. Making life-prolonging drugs available to AIDS patients delays the occurrence of AIDS-related diseases. It lightens the workload of caregivers as AIDS patients fall ill less frequently. It also provides grounds for greater optimism on the part of the infected and the affected, including caregivers.

NGOs that focus on HIV & AIDS should partner with African governments to provide food parcels to the most destitute families affected by HIV & AIDS. As we have reiterated, poverty has been a central factor in AIDS-related deaths in many African countries. An AIDS patient without access to healthy nutrition will deteriorate

rapidly, while his or her counterpart with access to food may remain healthy for much longer. Food support will lighten the burden on the caregivers.

Both infected individuals and caregivers also require the latest information relating to HIV & AIDS. Access to information is a major challenge. It is clear that caregivers who possess high "HIV & AIDS literacy" are more empowered than those who do not. They can provide quality care as they have greater knowledge about the epidemic. They can also take adequate prevention strategies. This is particularly important in the case of married couples in which one partner might be HIV-positive but the other is not. The use of condoms is highly recommended in such a situation.

ACTIVITY 7

Describe the various groups of people who are providing care to PLWHA in your community.

SUMMARY

Let us now summarise the key issues covered in this Unit. You were introduced to the advantages and disadvantages of the indigenous understanding of health and illness. You were reminded that the cosmology of AIRs provides helpful perspectives on the care of HIV positive individuals. The Unit also explored the identity of care-givers. We discovered that women currently constitute the majority of care-givers. You also learned the meaning of community care, as well some interventions that might alleviate the burden on the caregivers. It was emphasised that directing more resources towards the caregivers will be of great help to the struggle against HIV & AIDS.

SELF-ASSESSMENT ACTIVITY

1. Discuss the strengths and weaknesses of how AIRs understand health and illness. To what extent does the worldview of AIRs facilitate HIV positive care giving?
2. "Women provide the bulk of the care for AIDS patients in Africa." Discuss.

Define community care in the context of HIV & AIDS.

FURTHER READING

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UNIT 9

PROGRAMMES FOR GROUPS AFFECTED BY HIV&AIDS

OVERVIEW

HIV&AIDS has affected various social groups. These include widows, children, grand parents, and communities in general. In this unit, you will be introduced to various interventions that have been offered by governments, NGOs and communities. The central aim of such interventions has been to mitigate the impact of the epidemic. An awareness of the various affected social groups will enable us to become more conscious of their vulnerability and how AIRs enrich the intervention programmes.

OBJECTIVES

At the end of this unit, you should be able to:

- Describe programmes directed towards widows
- Identify programmes directed towards children
- Examine programmes directed towards grandparents
- Discuss programmes directed towards communities
- Identify the implications of the interventions to the cosmology of AIRs

TOPICS

- Widows and HIV&AIDS Programmes
- Programmes for Children
- Programmes for Grandparents
- Community Programmes
- Implications for the Worldview of AIRs

Widows and HIV&AIDS Programmes

HIV&AIDS have had a devastating impact on women in Africa. One of its most notable effects has been the increase in the number of widows. Whereas in the past, widows tended to be older, HIV&AIDS has brought about the phenomenon of young widows. Today, most widows are aged between 20 and 40. This has generated social challenges.

Most of the NGOs that have responded to the reality of widows in the wake of HIV&AIDS in Africa have tended to concentrate on equipping them with basic skills for economic productivity. As the man is often considered the bread-winner, his death from AIDS-related illnesses is believed to push the widow into desperation. It is likely that if the economic needs of widows are not addressed, more widows might resort to commercial sex work or have transactional sex as a strategy for survival. This poses a major challenge to HIV&AIDS prevention work, especially if the widows are infected with HIV.

Income Generating Projects

Interventions to help widows tend to take the form of modest income-generating projects. These include garden projects, quilting, sewing and beading. The central task of such interventions is to provide economic empowerment to women as a strategic way of mitigating the impact of HIV&AIDS in Africa. Such interventions aim to help widows fend for themselves and their families. Furthermore, it is envisaged that the income-generating projects will help families meet other expenses such as clothing, education, rentals and so on.

ACTIVITY 1

Investigate whether there are there any programmes directed towards widows in your community.

It should be acknowledged that interventions by NGOs and government-related gender organisations have contributed to supporting widows in various countries. Due to the patriarchal nature of most African communities, it is men who are often in formal employment. This is due to the fact that it is men who tend to have greater access to formal education. Women are often denied the chance to continue with their

studies due to prevailing cultural beliefs. While the situation is changing gradually, women remain marginalised in the formal education system.

In the event that a woman has not been formally employed or engaged in rewarding informal activities, the death of her husband from AIDS-related illnesses can spell economic disaster. As we have discovered, a death in the family from AIDS-related illnesses can deplete a family's economic resources. By the time the person dies, so much money may have been spent on him that the widow and surviving children are actually worse off than at the beginning of the illness. In such situations, the opportunity for widows to participate in income-generating projects often provides much-needed financial relief.

However, most of these projects are small-scale. Furthermore, they may perpetuate existing gender ideologies. The income that comes from such projects is often inadequate to meet the financial commitments of the widows. This forces some widows to participate in commercial sex, thereby increasing their exposure to HIV. There is therefore need to design bigger and more sustainable projects for and with widows. This would enable them to meet their financial commitments without resorting to commercial sex work.

Limitations

A major limitation in many secular interventions has been to view women who have been widowed by HIV&AIDS as victims. This is a problematic approach in that it underplays the capacity of women to survive in difficult economic contexts. At any rate, some of the women have been responsible for the upkeep of their families, even when their husbands were alive. Why should it be assumed that they suddenly become totally powerless when their husbands die? More realistic evaluations of the capacities of widows need to be undertaken.

A second limitation relates to the failure or hesitation to address the sexual needs of young widows. Due to cultural considerations, this issue does not feature in most interventions. There is total silence in relation to how young women will conduct their sexual lives. Some NGOs have begun to make references to the use of condoms and

other prevention strategies. It is more helpful to tackle this issue in a forthright manner, rather than to assume or pretend that all the young widows will abstain from sex.

Programmes for Children

It is estimated that over 11 million children below the age of 15 in sub-Saharan Africa have lost one or both parents due to AIDS. These staggering figures demonstrate the devastation caused by the epidemic. Many orphans and vulnerable children have emerged in the wake of HIV&AIDS. If communities do not undertake urgent measures to safeguard the welfare of these children, the very future of the continent will be threatened.

Because of AIDS related death, the phenomenon of child-headed households has emerged in many parts of Africa. This is a situation in which an older child, sometimes aged between 8-10, assumes responsibility for the welfare of his or her younger siblings. He or she assumes the responsibility for their security and food. In most cases, this has implied that all the children in the household have to abandon their education. To compound matters further, some of the younger children might be infected with HIV and are prone to periodic illnesses. The child heading the household is expected to provide medical attention for the younger child.

ACTIVITY 2

1. *Investigate the number of orphans in your community.*
2. *What are some of the programmes designed by the government and NGOs to address the challenges that orphans face?*

The desperation that some orphans experience force them on to the streets. Both boys and girls on the streets have an increased risk of suffering sexual violence. In an effort to escape their misery, many turn to drug consumption. This only serves to increase their vulnerability to HIV infection. We must realise the vicious circle that emerges from all this. Due to the fact that they would have missed their education, poverty will further expose these children to HIV later in life.

The vulnerability of the girl child requires special attention. A girl heading a household might be forced into commercial sex work or transactional sex in order to assist her siblings. Having lost the protection of their families, orphaned girls are also vulnerable to sexual abuse and exploitation. Worse still, the belief that sexual intercourse with a virgin cures AIDS only serves to increase the vulnerability of the girl child to rape.

ACTIVITY 3

1. *Examine whether the system of absorbing orphans is still operating in your community.*
2. *How has HIV & AIDS worsened the situation?*

There have been many interventions designed to mitigate the impact of HIV&AIDS on orphans. Most have been designed to ensure that children orphaned by AIDS remain in school and have included payment of school fees and levies, buying uniforms and providing them with food. Such interventions are critical as education can enable the orphans to break the circle of poverty. Education offers them hope for a secure future.

One challenge has arisen from these well-intentioned interventions. In many communities, only children who were orphaned by HIV&AIDS are now attending school, with new uniforms and carrying food packs. The rest of the children can not afford to do so due to crippling poverty. This tends to increase stigma directed at the orphans. It is now recommended that interventions should not specifically target children orphaned by HIV&AIDS. Rather, they should embrace other children as well.

Various types of interventions have been directed to child-headed households. In Zimbabwe, chiefs and headmen have set aside food for such families. In different parts of Africa, NGOs and governments are trying to ensure that the basic needs of such children are adequately addressed. It has been realised that it the lack of resources that makes the situation of child-headed households so desperate.

Other interventions have included building orphanages. These provide a more secure environment, especially for children who used to be on the streets. However, they tend to be more expensive to maintain. Furthermore, they take the child outside his or her familiar background. Many social workers recommend interventions that are not disruptive for the orphans and vulnerable children. They argue that it is better to empower communities to look after such children than to put them into institutions.

ACTIVITY 4

‘ *Orphanages have both advantages and disadvantages’. Discuss this statement in 2 paragraphs.*

Finally, many programmes target primary school children and children of similar ages with messages of HIV prevention. As we noted earlier, in indigenous societies, education about sex was provided during initiation ceremonies. However, colonialism undermined such institutions. Most children now get information about sexuality from their peers and the media. Some interventions seek to empower children with the right information regarding sexuality and prevention in the context of HIV&AIDS.

You might be familiar with the indigenous arguments against imparting knowledge about sex and sexuality to children in primary school. Often, it is argued that this is contrary to indigenous culture. Secondly, it is argued that this only makes children more curious, thereby encouraging them to experiment with sex early in life. However, studies show that these reservations are not built on a solid foundation. They show that education about sex for children is quite effective. It often results in delay in sexual activity and empowers young people to avoid sexually transmitted infections and HIV.

Programmes for Grandparents

In our discussion on the caregivers in unit 8, we identified grandparents as playing an important role in mitigating the impact of HIV&AIDS. Under normal circumstances, one may expect grandparents to be resting and looking back on the lives they have lived to the

full. Unfortunately, HIV&AIDS has called upon grandparents to become parents one more time. Studies show that most orphans in Africa are under the care of elderly grandparents.

Grandparents struggle on two main fronts in their efforts to bring up orphans. The first one is the result of their advanced years. They no longer possess the energy to produce food, fetch water and fire wood. As a result, caring for the orphans is a major challenge. At any rate, some of the grandparents might themselves be facing health problems associated with old age. Yet, the reality of children orphaned by HIV&AIDS has forced many grandparents in Africa to rewind the clock and provide care to their grandchildren.

The second challenge that grandparents in Africa face is lack of adequate resources. This makes their situation particularly difficult. Many of them live in depressing circumstances. They do not have many options when children cry out because of hunger. Unlike the situation in developed countries where most grandparents are retired and have pensions, the situation in most parts of Africa is desperate. In many cases, grandparents who now have to look after orphans were themselves being looked after by the parents of the same orphans.

ACTIVITY 5

List the major challenges faced by grandparents who look after orphans in your community.

Most of the secular interventions are designed to assist the grandparents with food and other resources. Due to their experience in raising families, most of the grandparents are quite competent to provide guidance to orphans. However, they often lack financial resources to meet basic needs. Interventions that provide financial assistance to grandparents seek to alleviate such needs.

Some grandparents are looking after children infected with HIV. In most cases, they do not have adequate knowledge about HIV&AIDS. Some interventions seek to provide basic information on the provision of care to children infected with HIV. This is designed to

empower the grandparents to seek early treatment for opportunistic infections. Such knowledge enables grandparents to provide quality care to children infected with HIV.

Community Programmes

It is now generally recognised that entire communities need to be mobilised if responses to HIV&AIDS are to be effective. Interventions by governments, NGOs and FBOs and other players seek to ensure that communities take responsibility for fighting the epidemic. It is believed that when communities own the process, responses to HIV&AIDS are more sustainable and rewarding. Such communities are convinced that they are responsible for looking after AIDS patients.

One of the major difficulties in earlier interventions was that external donors or development partners would define the problem on behalf of the community. They then proceeded to prescribe solutions on the basis of the problem they would have defined. It could be said that in most cases they were providing answers to questions that communities in Africa had not asked. This resulted in interventions that did not address the burning needs of communities. It is now gradually being accepted that communities need to be involved in planning and implementing interventions.

An effective way of ensuring the success of HIV&AIDS interventions is to allow communities to define their own needs through the participatory approach. Planners based in national capitals or in global centres tend to underrate the capacities of communities to identify and prioritise their needs. One may not assume that a community needs an internet café for speedy access to information, while the community does not have any food. Communities that have been allowed to spell out their own needs concerning HIV&AIDS interventions have shown greater willingness to participate in interventions.

ACTIVITY 6

Outline some of the challenges of imposing HIV&AIDS interventions on local communities.

We have tended to concentrate on interventions from outside the community. There is a weakness in this approach. It creates the wrong impression that African communities are totally helpless in the absence of interventions by outsiders. It maintains the idea that Africa's salvation in the battle against HIV&AIDS is totally dependent on external support. This is misleading as African communities themselves have invested heavily in this struggle.

African communities, though facing serious financial challenges, have not been idle in the face of HIV&AIDS. They have mobilised available resources to provide care and mitigate the impact of the epidemic. We have already discussed how different groups have provided care to AIDS patients. It is not possible to quantify this input in financial terms but we can say that it constitutes a huge investment. While it is possible to send money to fight HIV&AIDS from a distance, it is members of the community who are providing daily care to AIDS patients.

We have already highlighted the plight of child-headed households and grandparents. Perhaps in your own community you have seen how young women and men have assisted orphans and grand parents. This could have been in terms of fetching water, cooking food or assisting in the fields. Such examples illustrate the extent to which African communities are playing a critical role in facing HIV&AIDS.

Implications for the Worldview of AIRs

The reality of HIV&AIDS is having an impact on the worldview of AIRs. In this section, we examine how the indigenous approach to various social groups has been affected. We will elaborate on this theme in the next unit, highlighting that, like all other religions, AIRs respond to developments within society. We will discuss the implications by following the order of specific social groups as we have in the preceding sections.

We begin with the issue of widows. In the indigenous worldview, widows would often be inherited by a male relative of the deceased. This was meant to provide security to the widow and her children. In most instances, a brother of the deceased would inherit the widow. In some African communities, a ritual known as widow cleansing would be performed. This entailed a male member of the community having sex with the widow in order to 'purify' her. In all these activities, the subordination of the widow to male authority was assumed and encouraged. Widowhood rites have therefore been central to patriarchal control in AIRs.

HIV&AIDS has introduced a new dimension to rituals associated with widowhood. NGOs have had interventions that present widow-inheritance and widow cleansing as harmful cultural practices. Many men no longer want to inherit widows or to 'cleanse' them. There is fear that their husbands might have died of AIDS and that the widows could themselves be infected. In some cases, substitute rituals have been invented to replace the ones that entailed having sex with the widow. This illustrates the flexibility of AIRs.

We have cited the difficulty that sexuality in general, and women's sexuality in particular, poses to AIRs. It has become clear that continuing to maintain silence and secrecy is deadly in the context of HIV&AIDS. Community leaders have begun to encourage open discussion of the options that are available to young widows. This also highlights the capacity of AIRs to respond to changes within society.

Interventions relating to children have had an impact on the worldview of AIRs. As we observed in unit 2, AIRs place emphasis on children. They are regarded as a sign that relations with the world of the ancestors are favourable. Their security and happiness is a major concern. The reality of orphans, vulnerable children and child-headed households poses a major problem to the cosmology of AIRs. Interventions that empower children economically transform them into 'adults', while their age implies that they are not yet ready to execute leadership roles. Would one expect a child heading a household to assume the ritual role of a family head in the indigenous cosmology?

Grandparents are supposed to devote their time and expertise to guiding the community on spiritual, legal and administrative issues. However, HIV&AIDS has taken them back to parenting. Interventions by governments and NGOs have mainly sought to enable them to fulfil the parenting role more effectively. This has direct implications for the cosmology of AIRs. Grandparents have now been forced to abandon their spiritual leadership to engage in the hectic activity of bring up children. As a result, their role as religious consultants might suffer.

Interventions that are also directed towards communities have affected the cosmology of AIRs. Outsiders who are bringing in financial resources are often not interested in their impact on local beliefs and practices. Their main interest is to ensure that their interventions are successful in terms of execution. As a result, AIRs have been forced to accept open discussion of sexuality. Although it used to be a taboo for parents and children to listen to conversations on sexuality together, NGOs have regarded this is a necessary step in HIV&AIDS prevention efforts.

The increase in the death rate and the pain caused by HIV&AIDS, calls for a deep soul-searching in AIRs. Members have asked whether this suffering is a sign that the unseen beings have abandoned the living. To worsen the situation, most of the interventions do not seek to engage the cosmology of AIRs in any serious way. They have been planned by outsiders, and do not take the religious beliefs of communities seriously. If anything, they are built on the assumption that indigenous beliefs and practices have to undergo radical transformation if the battle against the epidemic is to be won. As a result, AIRs have had to revisit the meaning of death, childhood and the role of the ancestors in ensuring health and well-being.

SUMMARY

Let us now highlight the major issues that we have addressed in this unit. You were introduced to programmes that target widows. You also encountered programmes that focus on children, as well as grandparents. In all these cases, we highlighted the importance of these interventions in terms of mitigating the impact of HIV&AIDS in Africa. Vulnerable groups of affected people have benefited from such interventions.

In this unit, you also became aware of the fact that HIV&AIDS interventions have had major implications for the cosmology of AIRs.

SELF-ASSESSMENT ACTIVITY

1. 'Widows have different capacities for survival'. Discuss this statement with special reference to interventions that target widows.
2. Describe the challenges faced by children who have been orphaned by HIV&AIDS in Africa.
3. What are the advantages that grandparents offer when they look after orphans?
4. 'Communities should be consulted before HIV&AIDS interventions are implemented'. Debate this assertion.
5. What has been the impact of HIV&AIDS interventions on your own community?

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UNIT 10

AFRICAN INDIGENOUS RELIGIONS AND THE AFFECTED

OVERVIEW

Welcome to the final unit in our journey towards understanding the relationship between HIV&AIDS and AIRs. Our central focus in this unit is to evaluate the impact of indigenous approaches on vulnerable social groups. In this unit, you shall be introduced to the strengths and weaknesses of the indigenous approach to widows, children and grandparents. We shall also explore the idea of communities of healing in African thinking. In the concluding section, we shall pursue the theme of healing in the global village.

OBJECTIVES

At the end of this unit, you should be able to:

- Identify the strengths and weaknesses of the indigenous approach to widows
- Describe indigenous approaches to children
- Identify indigenous approaches to grandparents
- Describe communities of healing in African thinking
- Explain the idea of healing in the global village

TOPICS

- Indigenous Approaches to Widows
- Indigenous Approaches to Children
- Indigenous Approaches to Grandparents
- Communities of Healing in African Thinking
- Towards the Idea of Healing in the Global Village

Indigenous Approaches to Widows

In this section, we would like to analyse the social status of widows in AIRs. We will proceed to identify helpful and unhelpful approaches in the light of HIV&AIDS. As we noted in unit 9, HIV&AIDS has created the phenomenon of young widows. In most instances, responses towards these widows have been influenced by pre-existing ideas concerning the social status of widows.

The loss of one's husband can be traumatic. However, some aspects of AIRs often heighten the pain endured by widows. To begin with, the widow might be accused of having used witchcraft to eliminate her husband. For example in Shona culture, society also expects her to publicly and dramatically express her grief. Failure to do so will only reinforce the suspicion that she is responsible for her husband's death. Private grief is not regarded as convincing.

ACTIVITY 1

Describe the social expectations of your community concerning the behaviour of a widow at her husband's funeral.

In some African communities, widows are required to undergo extensive mourning rituals. Among the Shona, these may include shaving the hair and putting on distinctive mourning attire. There are also rituals concerning sexual purity until the spirit of the deceased husband has been properly integrated into the world of the ancestors. In some instances, the mourning period lasts up to a whole year.

We have already made reference to practices like widow 'cleansing' and widow inheritance. These highlight the subordinate status of women in society. The underlying idea is that a woman requires male protections. In some instances, women who refuse to be 'cleansed' or inherited, risk losing their property or face expulsion from the family home. Many cases of property-grabbing by relatives of the husband has been reported.

Advantages of Indigenous Approaches to Widows

There are some helpful approaches towards widows in AIRs. The principle behind wife inheritance is quite noble. The key idea is that the widow should not be left feeling abandoned and uncared for. This concept can be adopted in the era of HIV&AIDS to underscore the need for care and support. However, the requirement that the woman should select a male relative of her deceased husband as her new husband can be dropped. What could be salvaged is the principle that members of the community have to act in solidarity with widows. This entails respecting all their rights. The principle could also help curtail property-grabbing.

In recognition of the freedom of the widow, Shona's now allow the widow to select her son as her new 'husband'. In this regard, AIRs uphold the right of the widow not to be inherited. In terms of the indigenous approach, the family is obliged to respect her choice. She was entitled to continue occupying the family home and to retain all the property. To a very large extent, property-grabbing is a modern abuse of a system that was meant to provide security to the widow and her children.

Another helpful approach by AIRs is the liberation of the widow. In general, she was allowed to pursue her activities without being controlled by anybody. As she continued to utilise the family piece of land, she could generate resources to support her family. However, in some African countries, widows are being forced off the land. They have had to trek to the cities where their vulnerability is increased. The indigenous idea of allowing the widow to continue with her activities should be retained as it empowers widows to be self-sufficient.

Disadvantages of Indigenous Approaches to Widows

Despite the good intentions, there are limitations within the indigenous approach to widows. The idea that widows have a lower social status is an infringement of the principle that all human beings are created equal. Furthermore, the notion that widows require male protection might expose widows to HIV. Patriarchal practices like widow inheritance and widow 'cleansing' should be radically reviewed in the era of HIV&AIDS. Concessions should only be made if the widow herself freely and

voluntarily agrees to re-marry within the family of her late husband. I should like to add that she would also benefit from VCT.

Regarding widows as minors is unhelpful. It is informed by patriarchal ideologies that portray the male as mature and responsible. Widows often show a lot of creativity and enterprise. In the wake of HIV&AIDS, this should be promoted. The empowerment of women will minimise their vulnerability to HIV. African communities are now being called upon to realise that widows are not totally helpless beings. What they require is empowerment, so that they can look after themselves and their families. The idea of male protection is a myth that needs to be interrogated.

The tendency to suppress the issue of the sexuality of the widow is also unhelpful in an HIV&AIDS era. While the idea of widow inheritance also addresses this dimension, the resistance to the practice raises new challenges. African communities need to face the question of young women's sexuality realistically. In situations where some widows are in their early twenties, thirties and forties, there is need to accept that sooner or later, they will be engaged in sexual activities. In this connection, messages of HIV&AIDS prevention need to be communicated to the young widows. This will be a major step in the struggle against the epidemic.

ACTIVITY 2

Examine the options that are available to a widow in your community concerning re-marriage.

Indigenous Approaches to Children

AIRs are quite child-friendly. They consider children as a sign that the lineage will be perpetuated. The arrival of children is often celebrated with ritual, song and dance. The failure to have children is often seen as a serious challenge that requires the services of indigenous healers and other religious specialists. Many prayers of Africans seek intervention from the spirit world to ensure fertility amongst couples. Children are therefore highly prized.

As children constitute the basis of hope for a prosperous future for families and the community, their welfare is of critical importance. Every member of the community is expected to play a role in the upbringing of the child. As a result, an African child has many 'mothers' and 'fathers'. Each one of them is allowed to discipline the child if they see him or her misbehaving.

Although children are seen as important, their social status is rather low. With the women, they occupy a position below that of men. In most African communities, it is only men who can sit at the village forum and lead in discussion. Children are generally expected to keep quiet and to show total respect towards elder members of the community. An inquisitive child is often regarded as lacking proper manners. The same opinion is also directed at a child who questions the actions of his or her elders.

As you may be aware, in most African communities the status of the boy and girl child is different. Due to the patriarchal nature of most indigenous communities, the arrival of a boy child is met with much joy. On the other hand, a girl child does not cause as much excitement. This is due to the fact that it is expected that a girl child will be married and goes off to promote another lineage. Even the names given to the children signify the feelings towards the boy and girl child. In many instances, the boy is assigned names that capture joy and progress, while those given to girls tend to be lukewarm.

ACTIVITY 3

Describe religious ideas associated with children in your community.

Advantages of Indigenous Approaches to Children

Indigenous approaches towards children offer some valuable perspectives. The communal approach implies that children grow up knowing that any member of the community can sanction them for way-ward behaviour. This tends to act as a form of social control. As a result, this can minimise experimentation with sexuality and drugs. In contexts of HIV&AIDS, this regulation of behaviour is a positive development.

The idea of providing a safe environment for children that is found in AIRs has been helpful in the provision of care to children orphaned by HIV&AIDS. AIRs maintain that children should be nurtured to ensure their physical, mental and spiritual growth. Members of the community feel that they have a duty to look after orphans and vulnerable children. In many instances, child-headed households have never been totally abandoned. Neighbours and other elders make regular checks to ascertain whether the children are safe and healthy. They also bring food and other items to assist the orphans.

Disadvantages of Indigenous Approaches to Children

Although the indigenous approach has some helpful insights concerning children, it has a number of limitations. One of these relates to the issue of respecting elders and those in authority. Some people have taken advantage of this socialisation to sexually abuse and exploit children. Some children endure abuse for long periods in silence because they have been taught to respect elders. This is a major draw-back in the fight against HIV&AIDS. In many African countries, it is emerging that some individuals in positions of trust and authority, such as teachers, personnel at boarding schools, maids, parents and others are abusing children. They issue threats to force children to remain silent. There is now need to challenge the notion of according respect to seniors in AIRs. There is need to empower children in Africa to expose people who abuse them. The traditional idea of unquestioning obedience to elders is increasing the vulnerability of children to HIV.

As issues of sexuality are believed to be outside the domain of children, African communities are generally not comfortable with exposing children to education about sex. This is another unhelpful approach. Education about sex enables children to become aware of the dangers with experimentation before attaining the right age of maturity. It also provides them with skills regarding alternatives like abstinence. Gaining knowledge about this important subject from their peers and the media might lead to wrong and harmful ideas. The reality of HIV&AIDS requires that African communities should invest in empowering children with knowledge about sex and sexuality.

Other unhelpful approaches relate to the marginalisation of the girl child. Since the family might regard the girl child as less important, this might limit her access to education and other resources. This increases her vulnerability to HIV as she might resort to transactional sex in order to meet her needs. In addition, some African communities need to rethink the question of adoption. In Zimbabwe, studies have shown that indigenous beliefs prevent some couples from adopting children. It is feared that a child with a different totem might bring harm to the lineage. This is unhelpful in the light of the increase in the number of orphans and vulnerable children.

ACTIVITY 4

1. Consult a newspaper report on court cases in your country.

2. How prevalent is sexual abuse of children?

Indigenous Approaches to Grandparents

In this section, we would like to gain an understanding of the indigenous approach to grandparents. As we discussed in units 8 and 9, elderly grandparents are playing an important role in providing care to AIDS patients and orphans. AIRs regard old people like grandparents as reservoirs of wisdom. They are believed to have gained experience by virtue of having lived longer. They are expected to impart wisdom and offer guidance to the young generation. They are treated with utmost respect.

Grandparents are seen as having greater spiritual insights. Old age represents a mark of favour from the spiritual realm. Living to a ripe old age is a major aspiration of AIRs. As we noted in unit 2, dying young is considered a fundamental human problem. Seeing one's grand children is therefore a cause for celebration. It represents a crowning moment of one's life.

Advantages of Indigenous Approaches to Grandparents

The indigenous approach to grandparents has a number of advantages. To begin with, the respect that is shown to elderly people has mobilised communities to assist grandparents who are looking after orphans. It is felt that should no longer be forced to undertake

physically demanding tasks like fetching firewood, drawing water and other tasks. In many instances, younger members of the community have provided such services for free.

Many grandparents have provided valuable advice on the upbringing of children. Predominantly, they advance the message of close monitoring and supervision of children. While this might sound 'old fashioned' to members of the young generation, it is very useful in the context of HIV&AIDS. Children who are under close supervision are less likely to fall prey to sexual abuse. They are also less likely to experiment with sexuality too early in life.

Disadvantages of Indigenous Approaches to Grandparents

However, there are some unhelpful aspects in the indigenous approach to grandparents. The respect shown towards them might prevent people from imparting information relating to HIV&AIDS to them. This is crucial if the grandparents are looking after children infected with HIV. Members of the community with greater knowledge about the epidemic might find that culture makes it difficult for them to approach grand parents with new information.

As we noted in our discussion on widows, AIRs also tend to view grandparents as dependants. This can be misleading, as grandparents possess resources of their own. Some of them have cattle and other resources. It is therefore unhelpful to approach all grandparents as economically challenged. Some might even possess greater resources than young men and women. There is therefore need to treat grandparents on an individual basis, rather than to generalise about their economic status. Nonetheless, it remains true that the majority of grandparents in Africa do not have adequate financial resources to look after young children.

The assumption made by most members of the community is that grandparents are no longer sexually active. At any rate, it is a taboo to discuss issues of sexuality in relation to old people in Africa. However, it should be acknowledged that some grandparents are sexually active. Some of them might actually be having sexual partners who are much younger than them. The silence and secrecy regarding the sexual activities of grandparents is a limitation. It is necessary to alert them about the dangers posed by HIV&AIDS.

ACTIVITY 5

List indigenous beliefs relating to the sexuality of old people in your community.

Communities of Healing in African Thinking

We have now discussed most of the key issues relating to HIV&AIDS and AIRs. You are now familiar with the transmission of HIV. You have learned about its impact, prevention and care. You became aware of the strengths and weaknesses of indigenous approaches to vulnerable social groups. You are also now alert to the role of AIRs in either mitigating the impact of HIV&AIDS, or worsening it in some instances. Throughout this module, we have endeavoured to maintain an honest, open and balanced approach. It is only by adopting such a critical stance that we can hope to secure key victories in the struggle against HIV&AIDS. The epidemic has emerged as a true opponent of life.

In this section, we would like to pursue the theme of communities of healing in African thinking. You will recall that we identified health and well-being as being at the heart of AIRs. HIV&AIDS has had a major impact on the cosmology of AIRs. Health has been seriously undermined by the epidemic. Many people are dying young, while millions of orphaned children face an uncertain future. HIV&AIDS has brought suffering and death to African communities where AIRs have been promising happiness and life.

AIRs have not been eclipsed or overpowered by the arrival of HIV&AIDS in African communities. Although their worldview has been shaken in a profound manner, they continue to profess a message of healing. If we examine the African idea of communities of healing, we can appreciate how AIRs are responding to HIV&AIDS with a sense of optimism and hope. While admitting that the epidemic is threatening the capacity of the ancestors to grant happiness and longevity to their descendants, AIRs are showing that healing can transform and re-energise communities.

In the thinking of AIRs, HIV&AIDS can be successfully checked by developing and enhancing communities of healing. In the first instance, such communities of healing ensure that there are harmonious and equitable relations among their different members. This means that they would have worked to remove structural inequalities that fuel the spread of HIV&AIDS. Healing communities strive to eliminate gender inequalities and poverty. By empowering and healing injustice, healing communities do not provide HIV&AIDS with convenient entry points.

Communities of healing try to negotiate the divisive issue of HIV&AIDS stigma and discrimination. They reach out to PLWHA and accept them as valuable members of the community. They consider them as having the same rights, privileges and responsibilities as the rest. These communities operate on the basis of solidarity with all PLWHA and the affected by HIV&AIDS. They regard HIV&AIDS as a challenge to the whole community.

You will recall that we have noted that healing in AIRs has to be considered holistically. The African idea of healing communities follows this concept of holism. It regards healing communities as ones that will embrace commercial sex workers, drug addicts, men who have sex with men and all other people who may be on the margins of society. Healing leads to reintegration. Healing communities will recognise that HIV & AIDS is the challenge, not members of the community who are infected or affected. Such communities are also sensitive towards widows. They allow them to keep all their possessions and the family home, while assisting them to move on with their lives. Healing communities critique and reject harmful cultural practices that fuel the spread of HIV&AIDS.

In the African thinking, children who have lost their parents to HIV&AIDS require healing. Communities will need to provide food, shelter, clothing and education to such children. It is by meeting their needs and upholding their rights that communities can reassure such children that they are valuable members of the community. Healing communities as projected in African thinking are communities that will not rest until the effects of HIV&AIDS no longer threaten the health and well-being of every one of their members.

ACTIVITY 6

Describe how the idea of healing communities in AIRs can make a positive contribution to the struggle against HIV & AIDS.

Towards the Idea of Healing in the Global Village

You have probably encountered the idea that the world is shrinking and has become a global village. The African notion of communities of healing transcends the continent. As we noted in unit 2, the idea of community is ever-expanding. It includes the nuclear and extended families, the local community, the nation, region and the entire world. If we are to succeed in the struggle against HIV&AIDS, the idea of healing has to extend to the global village.

Healing in the global village implies that rich and powerful countries recognise the need to fight poverty in all parts of the world. It is by demonstrating genuine concern for the lives of all members of the earth community and especially the vulnerable communities that the notion of a healed global village will become a reality. The rich countries need to commit resources to the fight against HIV&AIDS.

Healing in the global village will be experienced as liberating when race-based HIV&AIDS stigma and discrimination is eliminated. The current portrayal of the epidemic as a black African problem does little to explode the idea that Africa is home to disease, famine and death. Healing in the global village will become a realistic possibility when black people are no longer stigmatised as carriers of incurable diseases like HIV&AIDS.

Finally, healing in the global village can become a reality when various communities across the face of the earth dedicate themselves to act in solidarity with PLWHA. HIV&AIDS will then cease to be 'their' issue, but 'our issue together'. A healed world will not be necessarily one in which HIV&AIDS has disappeared completely. A healed and healing world is one that has come to terms with HIV&AIDS. It is one where billions of people begin to undertake individual and collective efforts to bring health and well-being to the face of the earth.

ACTIVITY 7

Using examples show how the idea of healing in the global village can be used to fight HIV&AIDS.

SUMMARY

Let us now recapture the key issues that you encountered in this Unit. You became aware that the indigenous approach to widows, children and grand parents has strengths and weaknesses. You were introduced to the need for African communities to interrogate certain beliefs and practices in the wake of HIV&AIDS. In this unit you were introduced to the notion of healing communities. You learnt that healing communities are communities that seek to forge ties across all divisive factors in the fight against HIV&AIDS. You also became aware of the idea of healing in the global village. This is a situation in which all the different communities on earth begin to take HIV&AIDS as a human problem, that is, as affecting the entire human family on earth.

SELF-ASSESSMENT ACTIVITY

1. Examine the responses of women's organisations in your country to the treatment of widows.
2. How do NGOs dealing with children's welfare approach indigenous ideas relating to children in your community?
3. 'Communities of healing eliminate social injustice'. Discuss.
4. In your own words, discuss healing in the global village.

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ASSIGNMENT

EITHER

Examine the impact of the low life expectancy caused by HIV&AIDS on the indigenous religious beliefs in your community **OR,**

Record the proverbs in your local language that discourages members of the community from stigma and discrimination. Illustrate how such sayings are useful to the struggle against HIV & AIDS (5 pages).

This assignment is to be attempted after completing unit 5.

TEST

This test can be undertaken upon the completion of the module.

1. Define HIV&AIDS and describe how it is spread. How do African Indigenous Religions interpret HIV&AIDS?
2. 'HIV&AIDS challenges indigenous beliefs regarding health and well-being'. Discuss.
3. What is HIV&AIDS prevention? How do African Indigenous Religions affect HIV&AIDS prevention?
4. 'African women find it difficult to negotiate safer sex'. Examine this statement in the context of HIV & AIDS prevention.
5. Describe various types of stigma and illustrate their impact on HIV&AIDS stigma.
6. Outline the African indigenous understanding of illness and highlight how this has influenced attitudes to HIV&AIDS.
7. Analyse some indigenous beliefs that are useful to the provision of care in African contexts of HIV&AIDS.
8. Describe the status of grandparents in African Indigenous Religions. How have they been affected by HIV&AIDS?
9. Examine African ideas regarding healing and illustrate their significance to the fight against HIV&AIDS.

EXAMINATION

This exam can be undertaken upon the completion of the module.

1. Give an account of the link between HIV&AIDS and social injustice. Illustrate how explanations of HIV&AIDS by African Indigenous Religions influence such interpretations.
2. Describe the concept of ancestorhood in African Indigenous Religions, showing how ancestors are believed to respond to HIV & AIDS.
3. Examine the importance of children in African Indigenous Religions. How do such beliefs influence attitudes to HIV&AIDS prevention?
4. Debate indigenous approaches to sexuality in the light of HIV&AIDS.
5. What is HIV&AIDS stigma and discrimination? What are some of the indigenous beliefs that could be utilised to fight it?
6. Outline the Western approach to HIV&AIDS. In which ways is this approach similar and different to the indigenous approach?
7. Describe the indigenous approach to HIV&AIDS care giving.
8. 'Women carry the burden of caring for people living with HIV&AIDS in Africa'. Discuss.
9. Evaluate the effectiveness of HIV&AIDS programmes designed for children in Africa.
10. 'African Indigenous Religions promote the idea of healing communities in the global village'. Discuss with special reference to HIV&AIDS.

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