

Chitando, Ezra

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“WE ARE TIRED OF HIV, BUT IS HIV TIRED OF US?” – ONGOING REFLECTIONS IN AFRICAN THEOLOGY AND RELIGIOUS STUDIES

Ezra Chitando

Introduction

Nyambura Njoroge’s passion for, and contribution to, the transformation of theological education in Africa is significant. As Global Coordinator of Ecumenical Theological Education (ETE) and with the Ecumenical HIV & AIDS Initiative in Africa (later, Ecumenical HIV & AIDS Initiatives and Advocacy), (EHAIA), Nyambura has been central to the task of ensuring that theological education addresses the felt needs of Africans in particular and the global South in general. Combining a sharp intellect, stubborn activism, sensitive leadership and unrelenting commitment to justice, she has been a major force in the trenches where effective responses to HIV have been fashioned and implemented.

Nyambura has refused to be the typical bureaucrat who would be safely ensconced in the global capitals, directing operations from a distance. If anything, she endured burn out and emotional distress by coming to the coal face of the struggle. In EHAIA workshops, as well as activities organised by other partners, she came face to face with the vagaries of HIV in Africa and the global South, even as she had encountered these in her own setting in life. Way into the night after official proceedings, she would listen to harrowing narratives of stigma and discrimination from women and girls. In workshops, she came face to face with patriarchy in its overt and subtle forms. She would challenge her fellow religious leaders to privilege the voices of lay people, as they would be equipped to be more effective in their ministry by hearing firsthand from life and blood human beings. Even as some partners, particularly from the global North, succumbed to the weariness accompanying the HIV response, she never gave up the struggle, consistently energising her colleagues and fellow activists to remain on course and press on. She is the embodiment of one of the key words in HIV response, namely, “resilience”.

The Setting: Weariness in a Persistent Struggle

There is fatigue around HIV in most parts of the world. The epidemic has been around since the mi-1980s in most contexts. In the eyes of some, particularly decision makers in the global North, the availability of anti-retroviral therapy has made the epidemic a manageable one (although many people continue to die from AIDS). For some people, including those who have made financial investments in addressing HIV, it is now time to move on to the next global challenge. In many organisations, HIV has been “mainstreamed,” that is, it has been included in everything else to the extent that it is no longer visible!

For Nyambura, the decision to reduce funding for HIV at a time when HIV remains a real challenge, particularly in Africa, is counterproductive. Her central argument has been that African governments have generally reneged on their responsibility towards the health and well-being of their citizens. How could they outsource the lives of their citizens to funders outside the continent? Thus, for Nyambura, it remains crucial for African governments to mobilise resources to ensure that their citizens have a fighting chance in life. Such a move would not only be about the practical struggle for better lives, but would also contribute towards recovering the continent’s dignity. Nyambura has fiercely opposed the dependency syndrome in which Africa continues to carry the begging bowl to the global North. She writes:

The church (the whole people of God, not just the theologians) in Africa has to wrestle with the damage created by the negative image of the ‘dark continent.’ Africans have internalized this negative image which has nurtured dependence in many aspects of our lives. Dependence has caused a lot of hardships and misery in Africa, a thing that ecumenical theological education needs to address. Dependence has distorted the image of Africa and African humanity. We should be able to affirm our humanity which is created in God’s image (Njoroge 2008: 70).

Sadly, although the world is tired of HIV, HIV itself is not yet tired of wreaking havoc on humanity. The *UNAIDS Factsheet for World AIDS Day* (2018) indicates that in the year 2017, 940 000 people died from AIDS-related illness. Further, 1.8 million people became infected with HIV.¹ In particular, infections are rising among adolescents and youth. Young

¹ UNAIDS, Fact Sheet, World AIDS Day 2018, 2017 Global AIDS Statistics, p. 1. Available at http://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf. [accessed 02/12/2018].

women and girls continue to be disproportionately affected by HIV. Factors that drive the epidemic, including poverty, gender inequality, stigma and discrimination, poor health infrastructure, skewed global economic patterns, migrant labour and others remain firmly in place. Years of activism have not transformed the world into a sea of justice and equality. Heteronormativity continues to influence programmatic interventions and non-normative sexualities remain marginalised in responses to HIV. Below, I reflect briefly on some of these factors. What remains clear, however, is that even if a cure for HIV would be found today, the factors that sponsor it remain active and will continue to haunt Africa.

Although the formula that poverty causes HIV has now been retired, it remains true that poverty is a major factor in vulnerability to HIV, as well as to efforts to respond to it. Poverty has remained a reality in most African contexts, forcing girls, young women and even some grandmothers into sex work. The reality that hunger kills in a short space of time, while AIDS takes much longer before it kills has left many women risking their health and well-being in sex work. The Circle of Concerned African Women Theologians (the Circle) has been consistently prophetic in exposing the impact of poverty on African women and has sought to give women the space to articulate their concerns (Ayanga 2016).

Despite some progress, particularly in ensuring girls' access to primary education, and women's access to higher education in Africa, gender inequality remains a painful reality. Globally, men continue to wield undue influence in the different spheres of life. Although there have been some notable changes due to women's empowerment, it remains true that being born male increases one's opportunities in one's lifetime, while the opposite is generally true for one born a woman. After all the activism, marches, conventions and laws, it is sad having to concede that women and girls in Africa must continue to strive to overcome formidable odds. In a recent study analysing data from different African countries, Azuah *et al* reached the following conclusion:

In many African communities, females are not allowed to be in school. Families preferred to invest in boys' education than in girls'. Women were also not allowed to do major economic activity and had less ownership of lands and assets. In fact, in traditional Africa, a married woman is considered as the legal property of her husband. Ideally, a real democratic system should allow voluntary individual participation in politics, without any sentiments about gender, to optimally benefit from the potentials of women in social and political life. This idea negatively impacts on the well-being

of women, and the development of their children is also impacted negatively. The inequality observed across all countries encourages subjugation; dependency of females on male folk, killing entrepreneurship zeal thereby orchestrating poor quality of life, denying women their meaningful contributions to household, community and nation's development (Azuah *et al* 2017: 6).

Other factors that increase vulnerability to HIV, such as harmful cultural practices, migrant labour, stigma and discrimination remain very central, even as considerable progress has been achieved. This is the frustrating dimension about the overall response to HIV: whereas there are clear signs of progress (Kurian 2016), there is also evidence of apathy and fatigue. When announcements of success are made, such as the increased access to treatment, some activists feel that the worst is over. However, this is dangerous, as HIV/AIDS remains an existential threat in Africa. It is within this context that research and publication on HIV continues to be undertaken in Africa.

Elaborating and Expanding the Discourse: Ongoing Research and Publication on HIV in African Theology and Religious Studies

A number of informative reviews of research and publication in the area of HIV in African Theology and Religious Studies have been undertaken (see, among others, Dube 2009; Haddad 2011; Njoroge 2012 and, Chitando 2009 and 2013). Consequently, this chapter will not seek to repeat the major issues that have already been raised in earlier publications. Rather, the chapter will concentrate on highlighting some of the ongoing research and publications in the field. The chapter will pay particular attention to the elaboration of themes that were raised in the earlier engagements. Further, the chapter will draw attention to some of the themes that require urgent attention from researchers in African theology and religious studies.

Treatment Adherence and Faith Healing

The theme of healing has always accompanied reflections on HIV & AIDS. The urgency of this theme has been due to the challenges around the quest to discover a cure. However, with the rapid expansion of African

Pentecostalism from the 1990s and the upsurge in African Prophetic Pentecostalism, this has become a key issue. At stake is the reality of prophets who claim to have received divine power that enables them to defeat HIV & AIDS completely. They claim to achieve healing “in the name of Jesus!” (Chitando and Klagba 2013).

The area of religion and treatment adherence has attracted considerable reflection. It is emerging that, despite the availability of antiretroviral therapy, a significant number of people living with HIV are defaulting on treatment. They would have been told to abandon their medication as a “sign of faith.” This theme is attracting a number of scholars and activists. It confirms the capacity of religion to pose as a barrier within the overall response to HIV, even as it has served as a viable mobiliser in many instances. Thus, the role of traditional healers and Pentecostal Prophetic healers requires further analysis. The impact of medical pluralism, namely, traditional, faith healing and biomedical systems on access to treatment must be researched on, in a more robust way (Mashobela *et al* 2017).

Younger researchers in African theology and religious studies must invest in innovation and find systems that enable people to derive maximum benefits from medical pluralism, without endangering the lives of people living with HIV. Without subscribing to exclusivism, it should be acknowledged that anti-retroviral therapy has been a notable success in the treatment and management of HIV. Although it has side effects, it has played a major role in prolonging life. Emerging researchers can contribute towards building models that can promote maximising the benefits of medical pluralism, while simultaneously reducing the challenges associated with the phenomenon.

It is also strategic for students and scholars to pursue the extent to which exclusive faith healing claims feature across the different forms of religion found in the region. Although the emerging and youthful prophets within Pentecostalism have attracted greater attention, there is need to broaden the scope and investigate how other religious figures, including those from African Traditional Religions, African Initiated Churches and some personalities from the mainline churches are making exclusive claims to faith healing of HIV. Interacting with religious leaders on how to uphold medical pluralism while adhering to antiretroviral therapy has become an urgent undertaking. To this end, the resource, *Treatment Adherence and Faith Healing in the Context of HIV & AIDS in Africa: Training Manual for*

Religious Leaders (2019) by the World Council of Churches, is a very timely resource that must be utilised extensively in the region. It provides helpful insights into how religious leaders can provide guidance on the issue of faith healing in the context of HIV. By maintaining that there is no contradiction between faith healing and the use of anti-retroviral therapy, the resource proposes a creative approach towards HIV treatment.

Religion and Gender

The theme of religion and gender in the context of HIV remains well subscribed. The Circle of Concerned African Women Theologians (the Circle) has led the way in this field. The challenges that they have continued to draw attention to, particularly the appropriation and deployment of religion and culture to keep women in a subordinate position, remain intact. These have been complemented by reflections on the need to mobilise men in the response to HIV. Therefore, the gender agenda continues to be relevant in the context of HIV.

Sexual and Gender-Based Violence

Sexual and gender-based violence, as well as trauma, generate considerable interest among scholars. Whereas the initial outcry against sexual and gender-based violence by the Circle had been dismissed as alarmist by some male scholars, it has become clear that there is an ongoing need to probe how religion, culture and gender socialisation increase women's vulnerability in the wake of HIV. Emerging scholars have examined the extent to which religious ideologies have been (ab)used to justify sexual and gender-based violence, thereby increasing vulnerability to HIV.

Adolescents and Youth

The emerging trend where HIV infection is increasing among adolescents (particularly girls, but also young women) has also generated interest amongst some scholars. This has led to nascent theological/religious studies reflections on the status of children, adolescents and youth in families and society. Further, there are initiatives that seek to understand how children, adolescents and youth can lead the response to HIV in religion

and society. Given the sheer demographic significance of youth, particularly in Africa, there is potential for this theme to grow in influence.

Although the number of postgraduate students writing on religion and HIV has decreased, the theme continues to invite further reflections. Whereas critics might call for freshness, it is clear that most of the factors that drive the epidemic have not been challenged in decisive ways. Networks of theological/religious studies institutions that address HIV might no longer be as active due to funding challenges and the movement of scholar-activists, but studies on religion and HIV continue to be undertaken.

One critical area that requires further investment is that of adolescents and youth living with HIV. At its height, the HIV epidemic was predominantly about the death of young parents and the phenomenon of children orphaned due to AIDS. There was a lot of investment in orphan care. Now, many children who were born HIV positive have matured and there is need for families, churches, communities and institutions to provide effective counselling and guidance to this special group of young people.

Key Populations

Despite the contestation around the concept, key populations have emerged as a significant variable in the overall response to HIV. Whereas many religious leaders in Africa continue to oppose same-sex relationships, the reality is that if the refrain of “leaving no one behind” is to be implemented, there is need to engage with the lesbian, gay, bi-sexual, transgender and intersex (LGBTI) individuals and communities. Another significant group is that of sex workers. Religious leaders in Africa are being challenged to overcome stigma and discrimination and find ways of working with sex workers to respond to HIV.

Conclusion

In conclusion, there may now be need to undertake additional second order reflections on the interface between religion and HIV. What have we learnt about the role of religion in the response to HIV? When is religion given to pathological performance and prophetic practice, where the former expresses the negative impact of religion and the later captures the

positive role of religion in society? (Orobator 2018: 100). How can the relationship between religion and HIV inform reflections on religion and development, for example? What are some of the lessons learnt from the work on religion and development for curriculum transformation? These and other questions confirm that studies on religion and HIV can have relevance beyond themselves in many ways. Nyambura's quest for African theology and religious studies to address the lived realities of Africans continues to be witnessed as scholars seek to face the challenge of HIV and other forces that seek to deny abundant life to Africans.

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