A CONTEXTUAL ASSET-BASED COMMUNITY DEVELOPMENT APPROACH: MITIGATION BY THE SOUTHERN AFRICAN CHURCH OF THE IMPACT OF HIV/AIDS.

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Abstract

This thesis begins by outlining the magnitude of the HIV/AIDS crisis in the Southern African region, together with the challenges it poses to the Church in Southern Africa. The thesis will therefore reflect on a selected number of complex social issues related to the retrovirus. These issues include poverty, gender, the breakdown of family systems, orphans, stigma and discrimination. Also included is a theological reflection to the HIV/AIDS pandemic together with the related social issues. As the thesis builds up, I will develop a contextual approach to the HIV/AIDS crisis which I will also pose as a challenge for the Southern African Church to consider in its strategies in the battle against the retrovirus. In developing this contextual approach indigenous resources and assets which includes talents, skills, gifts, and values, especially those embedded in the *ubuntu-hunhu* way of life will be considered. Guiding this reflection and exploration into the capacity of *ubuntu-hunhu* way of life together with the resources and assets embedded in it and the development of the contextual approach will be the Asset-Based Community Development (ABCD) model.

Acknowledgements

As opposed to René Descartes' dualistic notion *cogito ergo sum*, the concept *ubuntu-hunhu* is based on the idea that *motho ke motho ka Bantu*, which is often transliterated to mean 'a person is a person through other people'. To this end, the production of this thesis was made possible by a number of people who in their different and unique way contributed and influenced greatly to this final product. As such, and more immediately, my heartfelt and humble gratitude goes to Dr. Beverley Haddad, whose constructive criticisms and meticulous supervision enabled me to produce this piece of work. I will remain indebted to her excellent and critical supervision.

I am also deeply grateful and indebted to Prof. Steve De Gruchy (Director of the Theology & Development Programme) for introducing the Asset-Based Community Development model to me and stirring my interest in the model, and for his financial support, to all the professors and lecturers in the School of Religion and Theology who have lectured me throughout my theological studies and the financial support in the form of a bursary that I got from the School. My special thanks also go to Nonkululeko Jwara, to *sekuru* Patrick Bilai and his wife Christine and to all my friends for their unswerving support and belief that I would eventually produce this piece of work.

Dedication

To my father and mother who have taught me *ubuntu-hunhu* and my brothers and sisters whom I have not seen for almost a decade now owing to the economic and political hardships in Zimbabwe, to *mukoma* Cyril Zhungu and his wife Rosemary, and to *sekuru* Charles Mandivhenyi whom I am also indebted to for their financial help and support throughout my stay here in South Africa.

Acronyms and Abbreviations

ABCD	Asset-Based Community Development
ACTSA	Action for Southern Africa
AIC	African Independent Churches
AI	Appreciative Inquiry
AIDS	Acquired Immune Deficiency Syndrome
FBOs	Faith-Based Organisations
HIV	Human Immuno-deficiency Virus
MTCT	Mother-to-Child Transmission
NGOs	Non-Governmental Organisations
PLWHA	People Living with HIV/AIDS
PMTC	Prevention of Mother-To-Child
SACBC	Southern African Catholic Bishop's Conference
SACC	South Africa Council of Churches
SADC	Southern African Development Community
STIs	Sexually Transmitted Infections
TB	Tuberculosis
UK	United Kingdom
UMCOR	United Methodist Committee of Relief
UN	United Nations
UNAIDS	Joint United Nations Programme on AIDS
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
WCC	World Council of Churches
WHO	World Health Organisation
WSSD	World Summit on Sustainable Development
WiLDAF	Women in Law and Development in Africa
ZINATHA	Zimbabwe N'ngas and Traditional Healers Association

Chapter One
General Introduction

Globally, the impact of HIV/AIDS has been far from even with the most recent prevalence highlighting the continuing concentration of the epidemic in developing counties.[1] Sub-Saharan Africa is by far the worst hit region according to statistics. In Southern Africa, between 20% and 26% of the population aged 15 – 49 is living with HIV or AIDS.[2] Children and young people are among the most affected by the deadly and notorious epidemic. Millions of children have already been orphaned by AIDS, "and tens of millions more will lose one or both parents to the pandemic over the next ten years."[3] Furthermore, increasing numbers of children are living in households with an HIV-infected member, and children are taking on the responsibilities of caring for sick parents, generating income and producing food.[4] Women find themselves more vulnerable to HIV infection than men owing to a combination of both biological and cultural factors. "This is especially true of young girls."[5] Hence studies among various African communities indicate that the rates of HIV infection in young women aged between 15 and 19 may be many times higher than equivalent rates among young men.[6]

According to World Health Organisation (WHO), HIV/AIDS has caused a development crisis in Sub-Saharan Africa and has made deep inroads into economic and social development in many countries in the African continent as a whole.[7] As such, in many African countries the HIV/AIDS pandemic has undermined the institutions and human resources on which a society's future health, security, and progress depend.

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[1] UNAIDS, *Fighting HIV-Related Intolerance: Exposing the Links between Racism, Stigma and Discrimination* (July 2001), p1.
[2] http://www.unaids.org/epidemic_update/report/Epi_report.pdf accessed on 13 May 2005.
[3] http://www.unaids.org/fact_sheets/ungass/world/FSorphans_en.doc accessed on 9 May 2005.
[4] http://www.unaids.org/fact_sheets/ungass/world/FSorphans_en.doc accessed on 9 May 2005.
[5] UNAIDS, *Fighting HIV-Related Intolerance*, p2. Also see Beverley Haddad, "Gender, Violence and HIV/AIDS: a deadly silence in the Church," in *Journal of Theology for Southern Africa, No. 114.* November 2002, pp5-19.
[6] http://www.unaids.org/publications/documents/human/gender/una99e16.pdf accessed on 21 March 2005.
[7] UNAIDS, *Fighting HIV-Related Intolerance*, p4.

> "In subsistence, small-scale agriculture in Sub-Saharan Africa, labour shortages exacerbated by HIV/AIDS combined with declining households incomes are compounding food and livelihood insecurity and contributing to changes in farming practices and farming systems. Morbidity and mortality have already cut the production of many crops by more than 40% in households affected by AIDS..."[8]

A question therefore arises; why and how does poverty make people vulnerable to HIV/AIDS? According to evidence presented by the World Bank in 2000, most people with AIDS are poor.[9] Furthermore, according to reports by the United Nations Development Programme (UNDP) Human Development report, "poverty offers a fertile breeding ground for the epidemic's spread, and infection sets off a cascade of economic and social disintegration and impoverishment.[10]

The task of this thesis is to outline some of the social injustices linked to HIV/AIDS in the Southern African region and see how they pose a challenge to the Southern African Church. Issues such as poverty, orphans, gender, stigma and discrimination will be briefly explored and discussed in their relation to HIV/AIDS. Rachel King argues that worldwide researchers believe that traditional healing techniques – among other indigenous techniques and resources – are among the strategies and approaches that must be further researched and adopted in view of the fact that the majority of populations in developing countries have access to traditional healers and health care, which is not the case with its modern counterpart.[11] The concept *ubuntu-hunhu* as a resourceful African philosophy and the Asset-Based Community Development (ABCD) model[12] as pioneered by Jody Kretzmann and John McKnight[13] will also be used to guide this research. These two theoretical frameworks will be utilized to develop a contextual approach that could be used by the Southern African Church in its attempt to mitigate the impact of HIV/AIDS. As the HIV/AIDS pandemic continues to ravage the Southern African region

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[8] UNAIDS, *Fighting HIV-Related Intolerance*, p5.
[9] World Bank, *Confronting AIDS* (New York: Oxford University Press, 2000).
[10] Quoted in UNAIDS, *Fighting HIV-Related Intolerance*, p5.
[11] Rachel King, *Ancient Remedies, New Disease: Involving Traditional Healers in increasing access to AIDS care and prevention in East Africa* (Joint United Nations Programme on HIV/AIDS – UNAIDS (PDF, 1145KB). (Geneva: UNAIDS Best Practice Collection, June 2002).
[12] See Chapters three and four respectively.
[13] See Jody P. Kretzmann and John L. McKnight, *Building Communities From Inside Out: A Path Towards Finding and Mobilising a Community's Assets* (Chicago: ACTA Publications, 1993).

in particular, more diverse and contextual approaches and strategies to combat it must be tested, adapted and adopted.

In the next chapter the magnitude of the HIV/AIDS pandemic in the Southern African region will be briefly outlined. The complex causes of the pandemic will be emphasized. In addition, the chapter will also focus on the response of the Church to the crisis. It will deal with a theological response to HIV/AIDS and show how the Church can be a healing and caring community

Chapter three is an exploration of the concept and philosophy *ubuntu-hunhu* in the context of HIV/AIDS. What indigenous and traditional African resources and assets are embedded in *ubuntu-hunhu*? Eunice Kamaara argues that the traditional African world view is anthropocentric in the sense that it looks at God and nature from the point of view of human relationship them.[14] The most striking aspect of the traditional African world view is the integration and unification of every being and therefore of every part of life. Nothing exists in isolation, but everything is interconnected and interdependent. There is an interdependence of all beings. To this end, the focus of this chapter is on the traditional African aphorism '*umuntu ungumuntu ngabantu'*, which can be transliterated as 'a person is a person through other people.' *Ubuntu-Hunhu* further acknowledges among other things that "your pain is my pain; your sorrow is my sorrow; your well-being is my well-being; your wealth is my wealth; your salvation is my salvation; and your joy is my joy..."[15] How this aphorism can be contextualized in the HIV/AIDS pandemic will be explored.

Chapter four examines and deals with the Asset-Based Community Development (ABCD) model, pioneered by Jody Kretzmann and John McKnight. This model rests on the idea of the recognition of local or indigenous assets and resources of individuals and communities, arguing that these will inspire positive action for change. The model will

[14] Eunice Kamaara, "Justice for Sustainable Development: An African Christian Theological Perspective on the Global Environmental Crisis," in *The Bulletin for Contextual Theology, Vol. 8: 2 &3.* (April & August 2002), p55.
[15] Jabulani Sithole, "A Cultural Approach to AIDS in Africa," from: *African Online Service* (afrol.com, March 2001).

therefore help in identifying local assets and resources that are embedded in communities, which are normally taken for granted by either community members themselves, by external agencies, and by community workers. The chapter will also show how this model and its approach to community development can be of help in the battle against HIV/AIDS in Southern African.

Guided by the principles of the ABCD model (Chapter four), and drawing from *ubuntu-hunhu* world view (Chapter three), chapter five, which is the last chapter, poses a challenge to the Southern African Church. In this chapter, a contextual and community grounded approach to the battle against the HIV/AIDS pandemic is developed and proposed. The approach takes into account the resources and assets such as traditional healers and traditional medical practitioners, values, cultural practices and beliefs as identified throughout the thesis and emphasizes their incorporations in the strategies and approaches by the Southern African Church in an attempt to mitigate the impact of HIV/AIDS.

Chapter Two

HIV/AIDS Crisis and the Southern Africa Church

Introduction

Why HIV/AIDS? What singles out HIV/AIDS of all the diseases for a special attention over many other equally life-threatening diseases such as tuberculosis (TB), malaria or cholera? One response might be that the HIV/AIDS pandemic contributes greatly to the spread of all other diseases which includes TB, malaria or cholera, hence it is only logical to give HIV/AIDS special attention. HIV/AIDS is the greatest threat to life, liberty and the pursuit to happiness and prosperity in many African countries. In many countries in Sub-Saharan Africa, AIDS is erasing decades of progress made in extending life expectancy. "Millions of adults are dying young or in early middle age. Average life expectancy in sub-Saharan Africa is now 47 years, when it could have been 62 years without AIDS."[16] This chapter outlines the state of the HIV/AIDS crisis in the Southern African region with emphasis on the relationship between HIV/AIDS and some social factors such as poverty, gender, and the breakdown of family and communal systems. I have specifically chosen these issues because of their connection with the development practice, and with the concept *ubuntu-hunhu* both of which are central to this thesis. They raise issues of discrimination, stigmatization and orphan hood which all isolate HIV/AIDS sufferers from the community, denying them the opportunity to participate in the life of the community. Poverty, gender and the breakdown of family and communal systems are among other potentially empowering issues which need to be taken into account in development practice. Hence Beverley Haddad, in highlighting the importance of gender issues, argues that "development as a theory and practice is a gender issue and all our analysis needs to be undertaken from the stand point that unequal power relations exist between women and men."[17] Also crucial to this chapter is the theological response to the retrovirus and a Christian reflection on healing and caring in the same context of HIV/AIDS.

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[16] Jenni Fredriksson and Annabel Kanabus, "The impact of HIV/AIDS in Africa", in http://www.avert.org/aidsimpact.htm accessed on 22 October 2004.

[17] Beverley Haddad, "Theologising Development," in *Journal of Theology for Southern Africa* 110, July 2001, p6.

HIV/AIDS in Southern Africa

The spread of HIV/AIDS continues unabated throughout the whole world. Southern Africa has emerged as a fertile ground for the spread of the virus that has wrecked havoc on all social fronts. Families have been decimated and their structures have been changed with a new trend of child headed families becoming the norm in certain communities. "The HIV/AIDS epidemic is now so spread that there are few, if any, families in African communities South of Sahara who will not be affected."[18] Most people know someone who has died of this disease, either a friend or a relative. Population figures are changing because of the way the epidemic is impacting on demographic structures of communities. HIV/AIDS presents the Southern African region with one of its greatest social, economic and health crisis in living memory. Of the 45 million people infected with HIV worldwide, approximately 85%, or 38 million people, are inhabitants of the Sub-Saharan region.[19] According to the United States Agency for International Development (USAID), in at least seven Southern African countries – Botswana, Lesotho, Namibia, South Africa, Zambia and Zimbabwe – more than one-fifth of the adult population is infected with HIV. Furthermore, in four of these countries, HIV/AIDS prevalence exceeds 30 percent; and Botswana's rate is nearly 40 percent.[20] Moreover, according to 2003 reports, Southern Africa houses about 30% of People Living with HIV and AIDS (PLWHA) worldwide yet this region has less than 2% of the world's population.[21] The economic viability of most of these Southern African countries is expected to be adversely affected because of the way in which the disease has shown a propensity to attack those who are economically productive.

Whilst the number of the people infected by the virus and those with full blown AIDS seem to exceed the number of people who died in the Second World War, governments in the Southern African region have generally shown to lack the urgency that is necessary to respond to the crisis. Funeral services have become unbearable for priests and Church

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[18]Heather Snidle and Rosalind Welsh, *Meeting Christ in HIV/AIDS: a training manual in pastoral care* (Salt River: Methodist Publishing House, 2001), p1.

[19] http://www.ukzn.ac.za/aidsprogramme/ accessed on 18 June 2005.

[20]United States Agency for International Development (USAID), "Country Profile - HIV/AIDS: Southern Africa," from http://www.usaid.gov accessed on 9 August 2004.

[21] UNAIDS and World Health Organisation (WHO), *AIDS Epidemic Update: December 2003*, p8.

ministers by virtue of their numbers in many communities. The funeral industry has grown and increased its exploitation of poor people, as death from AIDS has become a lucrative business.

Since HIV is spread by human beings because of certain types of behaviours in most cases, a multi-sectoral, contextual approach which values African indigenous resources, assets and culture will help to control the spread of the disease.

> "What is needed is a continued involvement and partnership from all sectors of society to promote interventions to reduce high-risk sexual behaviours, treat and control other sexually transmitted diseases, maintain a safe blood supply, ensure safe use of needles, care for those already infected, ensure that human rights are respected and mitigate the problems of those already infected with HIV or otherwise affected by the epidemic."[22]

HIV/AIDS is predominantly a sexually transmitted disease in Southern Africa. More than 90% of the HIV infections are directly a result of sexual transmission.[23] The manner in which it is transmitted in Africa and the manner in which it is transmitted in the western world are vastly different. In Africa the virus is largely transmitted through heterosexual dissemination,[24] while in Europe and America it is found in the homosexual population. HI-virus strain predominantly occurring here in Southern Africa namely HIV 1 gland C is much more virulent than others and it enters the blood stream far much easier than other strands. It is especially easily transmitted from mother-to-child during pregnancy and at giving birth. Breast-feeding mothers can also pass the virus to their children in the course of beast feeding. These women are mostly poor and cannot afford other substitutes for their breast milk. Hence, Denis argues that owing to the absence of treatment infants are at the risk of getting the virus from their mothers.[25]

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[22] USAID, "*Country Profile – HIV/AIDS: Southern Africa*," p10.
[23] Philippe Denis, "AIDS and Sexuality in South Africa" in *Journal of Theology in Southern Africa*, March 2003, pp63-78.
[24] Alan Whiteside, *AIDS in Southern Africa* (Halfway House: Development Bank of Southern Africa, 1990), p3.
[25] Denis, "*AIDS and Sexuality in South Africa*," p66.

HIV/AIDS is also more harmful in this part of the world because of the "failure" to treat other sexually transmitted diseases. Furthermore, the unavailability of antiretroviral drugs in the recent pass has also played an important role in the spread of the virus. These diseases provide an easy ground and fertile opportunity for the transmission of HIV particularly in women. In Southern Africa, "for the want of the necessary medical infrastructure sexually transmitted diseases are rarely treated."[26]

Poverty also exacerbates HIV/AIDS because of forced prostitution, migrant labour, the inability to afford drugs, food and so on. Given these realities about HIV/AIDS and its escalating spread rate in the Southern African region, the Church and the Southern African community as a whole are faced with an undeniable challenge.

HIV/AIDS and Poverty

In the world today, the acute poverty of Africa is a characteristic breeding ground of HI-virus that causes AIDS. Poverty and HIV/AIDS are intrinsically linked, and its spread will not be stopped or even slowed until the world rethinks its understanding of development practice.[27] Eileen Stillwaggon writes;

> "Since the African epidemic is heterosexual, it is clearly different from that of the West, a fact that was noticed by South African President Thabo Mbeki. He had the temerity, as some Western scientists viewed it, to ask how the conditions of poverty in Africa affect the development of HIV/AIDS... President Mbeki's question; how does poverty influence AIDS in Africa? – is neither inappropriate nor unscientific."[28]

Clearly, the environment in which the HI-virus is transmitted in poor countries, particularly here in the Southern African region is very different from that of rich countries like the United States of America and of European countries. The spread of HIV/AIDS in Africa is strongly influenced by poverty, malnutrition, bad water and poor

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[26] Denis, "*AIDS and Sexuality in South Africa*," p70.
[27] Paul. D Jeffrey, "Latin America Confronts AIDS", in Kenneth. R Overberg, SJ (ed.), *AIDS, Ethics & Religion: Embracing a world of suffering* (New York: Orbis Books, 1994), p63.
[28] Eileen Stillwaggon, "AIDS and Poverty in Africa", in http://www.thenation.com/doc.mhtml?i?20010521&s=stillwaggon accessed on 13 May 2005.

access to preventative and curative care.[29] As such, owing to poverty, HIV/AIDS develops differently here in Africa than in Euro-American countries, just as do other diseases such as TB and, pneumonia.

Poverty remains a key factor in leading to behaviours that expose people to the risk of HIV infections. The United Nations Development Program, for example, argues that poverty aggravates other factors that heighten the susceptibility of women:

> "A lack of control [by poor women] over the circumstances in which the intercourse occurs may increase the frequency of intercourse and lower the age at which sexual activity begins. A lack of access to acceptable health services may leave infections and lesions untreated. Malnutrition not only inhibits the production of mucus but also slows the healing process and depresses the immune system."[30]

Poverty and gender are inextricably intertwined. Women and young girls are disproportionately represented among the poor. About 70% of the world's poor is said to be women.[31] It is poor women who are most susceptible to HIV infection.[32] Shereen Usdin points out that due to poverty, women and young girls are forced to prostitution.[33] Ronald Nicolson[34] also argues that most of the women and young girls who engage into prostitution are victims of poverty.

Poverty is a serious factor in HIV transmission and exacerbating the impact of HIV/AIDS. According to an internationally adjusted standard of absolute poverty, Sub-Saharan Africa has four times as many poor people as non-poor.[35] About 1.2 billion

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[29] Stillwaggon, "*AIDS and Poverty in Africa*", p3.
[30] United Nations Development Program (UNDP), "AIDS and failed Development" in http://www.africaaction.org/docs0/rau0010.htm accessed on 18 August 2004.
[31] Robyn Pharaoh and Martin Schonteich, *AIDS, Security and Governance in Southern Africa: Exploring the Impact*. Institute of Security Studies, Paper 65, January 2003, p2.
[32] Stillwaggon, "*AIDS and Poverty in Africa*", p3.
[33] Shereen Usdin, *The NO-NONSENSE Guide to HIV/AIDS* (Oxford: New International and Verso, 2003), pp36-37.
[34] Ronald Nicolson, AIDS: *A Christian Response to HIV/AIDS* (Pietermaritzburg: Cluster Publications, 1995), p24.
[35] UNDP, "*AIDS and failed Development*," p6.

people live on less than one US dollar a day.[36] Poverty contributes in many ways to the spread of HIV/AIDS. It creates the biological conditions for greater susceptibility to infectious diseases, and also reduces the options for treating diseases. Infectious diseases with STDs are an important co-factor for HIV transmission. These diseases provide an entry point for HIV. Most of these bacterial STDs are relatively uncommon in rich countries mostly because of the availability of antibiotics.[37] Here in Africa, even if poor people have access to healthcare, the clinics may not have antibiotics to treat bacterial STDs that acts as co-factors in contracting HIV. As such, poverty alleviation is a precondition for combating HIV/AIDS.

HIV/AIDS related illnesses and deaths are deepening the already existing poverty in the Southern African region. The virus strikes in the prime of people's working lives, and the combination of the loss of income and the cost of caring for the sick continues to be a devastating blow to millions of households, rendering them destitute. Hence HIV/AIDS is said to be a development issue.[38] At the household level it hits families where it hurts most in the most productive ages and especially among women. It is commonly believed that women in Africa are the most important agents of development but are the most vulnerable because of biological and socio-economic inequality. HIV/AIDS and poverty work together in a vicious circle. This is a stumbling block to the central goal of development, which is to better the lives of the poor. According to the World Bank, AIDS also forces countries to make tragic choices – between today's lives and tomorrow's lives, and between health and the dozens of other vital investments for development.[39] Hence, Usdin rightly says, "While HIV is a virus affecting people's health, it will not be eradicated through a purely medical response. With both socio-economic roots and impacts, HIV/AIDS has eroded development gains and requires a broad response.[40]

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[36] See WSSD, This is God's Earth, Adopted by SACC and World Summit on Sustainable Development (WSSD), in *Bulletin for Contextual Theology in Africa*, Volume 8, No. 2 & Volume 8, No. 3, April & August 2002, p99.
[37] Eileen Stillwaggon, "*AIDS and Poverty in Africa*," p6.
[38] Usdin, *The NO-NONSENSE Guide to HIV/AIDS*, p115.
[39] http://www.worldbank.org/aids-econ/aids.html accessed on 26 August 2004.
[40] Usdin, *The NO-NONSENSE Guide to HIV/AIDS*, p115.

Poverty is a development issue which fuels the spread of HIV/AIDS and is at the same time intertwined with gender. Hence Haddad states that; "Gender influences the differences in poverty levels between sexes because social institutions such as the family, religion, culture, and education discriminate against women."[41] Issues of gender are therefore important in the war against HIV/AIDS.

HIV/AIDS and Gender

According to Geeta Rao Gupta gender is a culture specific construct.[42] Gupta proceeds to point out that "there are significant differences in what women and men can or cannot do in one culture compared another." But this is fairly consistent across cultures. Usdin also writes,

> "In many countries the problem is rooted in a patriarchical society that subordinates women. According to Kare Dzumbira of Women in Law and Development in Africa (WiLDAF), cultural systems are too often used to legitimize men's rights over women."[43]

To this end, in order to win the war against HIV/AIDS there is a need to consider gender issues. Hence Kevin T. Kelly states,

> "The pandemic of AIDS challenges us to face up to our own need for a triple conversion. We must promote economic justice for all; we must throw off whatever contradicts the full and equal dignity for women and men; and we must formulate a more satisfactory person-respecting sexual ethics."[44]

HIV/AIDS increasingly and disproportionately affects women and young girls in Southern African. Traditionally, power relations between men and women means that women and young girls are less able to negotiate concerns about their sexuality and are

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[41] Haddad, "*Theologising Development,*" p8.
[42] Geeta Rao Gupta, *Gender, Sexuality and HIV/AIDS, The What, the Why and the How.* Plenary Address 13th International AIDS Conference, Durban, South Africa. in http://www.icrn.org accessed on 9 November 2004, p1.
[43] Usdin, *The NO-NONSENSE Guide to HIV/AIDS*, p51.
[44] Kevin T. Kelly, "Living with HIV/AIDS" in *The Tablet*, Vol. 249, No. 8095, 13 May 1995, p599.

therefore less able to protect themselves from the risk of HIV infection.[45] Hence, Beverley Haddad writes,

> "Traditionally, women have little say over the kind of sexual practices they engage in. Cultural practice such as *lobola* and polygamy may also contribute to the women's vulnerability. Conversations with women indicate that they are often treated with their husbands as if they were "owned" because the men paid *lobola* in order to marry them. This treatment extends to the sexual relationship, with the husbands expecting sex on demand. Requesting the use of a condom often evokes anger and suspicion, so all too often women feel unable to insist on its use during sexual intercourse."[46]

Young girls too are at high risk of coercive sex and violence. Hence Usdin says, "gender-based violence and HIV/AIDS sit together like a couple in a bad marriage and are increasingly acknowledged as two mutually reinforcing epidemics."[47] Young girls, particularly in the province of KwaZulu-Natal, South Africa, are raped with the belief that one could be cured of HIV after having sex with a virgin.[48] HIV prevalence among young girls is outpacing that of all other age groups and of males. Haddad further states,

> "The enormity of the crisis is beyond human comprehension. But perhaps what is even more unimaginable but real, is the additional horror that the AIDS crisis has brought into the lives of women and girl-children. Given the shockingly high incidence of domestic violence and rape, the magnitude of women's vulnerability to the disease is overwhelming."[49]

In a paper delivered by Olive Shisana, four countries within the Southern African Development Community (SADC) were identified as the epicenter of the epidemic – Botswana, Lesotho, South Africa and Swaziland, which together account for 20% of all

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[45] Dennis, *AIDS and Sexuality in South Africa*, pp70-71. Also see Haddad, *Gender Violence and HIV/AIDS*, p97; and Nicoli Nattrass, *The Moral Economy of HIV/AIDS in South Africa* (Cambridge: Cambridge University Press), p141.
[46] Beverley Haddad, "Gender Violence and HIV/AIDS: a deadly silence in the Church," in *Journal of Theology for Southern Africa*, No. 114, November 2002, p95.
[47] Usdin, *The NO-NONSENSE Guide to HIV/AIDS*, p9.
[48] Haddad, "*Gender Violence and HIV/AIDS*", p97; Also see Tinyiko S. Maluleke, "The Challenge of HIV/AIDS for Theological Education in Africa: Towards an HIV/AIDS Sensitive Curriculum", in *Missionalia 29: 2*, August 2001, p134; and Isabel Phiri, "A Theological Analysis of the Voices of Teen age Girls on Men's role in the fight against HIV/AIDS in KwaZulul-Natal, South Africa", in *Journal of Theology for Southern Africa*, Vol. 120, November 2004, p42.
[49] Haddad, "*Gender Violence and HIV/AIDS,*" p95.

people living with HIV/AIDS in the SADC region.[50] According to Shisana it is evident to HIV prevalence ratios between men and women in at least four countries within the SADC region. The odds against women and young girls are great. African women still live largely in a world where they have first and foremost prove their worthiness by being married, having children, and caring for families. Women are not yet equipped to exert themselves in a world that men control. And therein lies their vulnerability to HIV/AIDS. In their subordinate role, most women cannot insist on safer sex and therefore are particularly vulnerable.[51]

Women in the African traditional societies, particularly here in the Southern African region are subordinate partners in marriage relationships and they depend on men for support. Ursula King further writes:

> "Besides the cultural norms and taboos that bound her and held her in subjection, two other oppressive elements have been added to her world; the loaded interpretation of certain biblical passages, and the predominately male Church ministries and institution."[52]

It is therefore seems evident that there are a countless number of factors and issues within the Church itself and outside of it which contributes greatly to the vulnerability of women and their suffering in the context of HIV/AIDS. It is also these issues among others which the Church must address within its bureaucratic structures that are male dominated. Unless the Church re-examines itself and address the above issues which have a direct bearing on women and therefore pose a threat in the fight against HIV/AIDS, it cannot be a true place of redemption, hope, care and healing.[53] Women, as rightly argued by Peter Aggleton, have found themselves not only especially vulnerable to infection, but required to shoulder the burden of responsibility for community education and care[54] in the

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[50] Olive Shisana, *Gender and HIV/AIDS: focus on Southern Africa* (Paper delivered at the inaugural International Institute on Gender and HIV/AIDS, 7th of June 2004, South Africa).
[51] Usdin, *The NO-NONSENSE Guide to HIV/AIDS*, p116.
[52] Ursula King (ed.), *Feminist Theology from the Third World* (London: SPCK, 1994), p139.
[53] Haddad, "Reflections on the Church and HIV/AIDS: South Africa," in *Theology Today 62* (2005) p35.
[54] Peter Aggleton, "Series Editor Preface", in Carolyn Baylies, *et al, AIDS, Sexuality and Gender in Africa: collective strategies and struggles in Tanzania and Zambia: SOCIAL ASPECTS OF AIDS* (London: Routledge, 2000), px.

breakdown of families and communal systems as a result of the severe impact of HIV/AIDS.

Finally, as argued by WHO, it should be borne in mind that while both women and men living with HIV/AIDS experience discrimination and stigma, there are gender differences in the way stigma affects women and men.[55] Hence, UNAIDS sponsored research in India and Uganda shows that women with HIV/AIDS may be doubly stigmatized both as 'women' and as 'people living with HIV/AIDS' when their identity becomes known.[56] Hence black people with HIV/AIDS here in Southern Africa and elsewhere in the world find themselves stigmatized as both 'infected' and 'black' (and by extension black women with HIV/AIDS as 'infected', 'women' and 'black'. As such, there is also a need for the Church together with other stakeholders to seriously consider HIV-related stigma and discrimination on orphans and vulnerable children, and in the entire battle against HIV/AIDS as it further fuels the breakdown of family and communal systems.

Breakdown of Family and Communal Systems

The impact of HIV and AIDS on communities all over the world is far from uniform. In Africa, HIV/AIDS is claiming breadwinners, parents and the most productive people in society continue to die in numbers day after day leaving children with grandparents.[57] Chauke further writes,

> "When a mother who used to bring food to the family through her labour is gone, that leaves the children with no one to care for them and with no source of food. When a father who used to bring money for school fees is dead, children cannot go to school any longer."[58]

However, besides poverty striking the family, the whole family and communal structure begin to be affected and broken down once the parents and elders of the family and in

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[55] WHO, *Gender and HIV/AIDS*, p3.

[56] http://www.unaids.org/publications/documents/human/law/ugandaindiabb.pdf accessed on 19 May 2005

[57] Elesinah Chauke, "Theological Challenges and Ecclesiological Responses to Women Experiencing HIV/AIDS: A South Eastern Zimbabwean Context", in Isabel Apawo Phiri, Beverley Haddad and Madipoane Masenga (eds.), *African Women, HIV/AIDS and Faith Communities* (Pietermaritzburg: Cluster Publications, 2003), pp128-148.

[58] Chauke, "*Theological Challenges and Ecclesiological Responses to Women Experiencing HIV/AIDS,*"p129.

community begin to die. Clearly, the presence of HIV/AIDS in a family has a multifaceted impact. According to Robert Bor and Jonathan Elford, the impact may be economic, psychological, social, physical and spiritual.[59] All this may result from issues such as disclosure of HIV status, orphan hood, stigma and discrimination, social support or lack thereof and poverty.[60] However, the greatest impact and influence on an African family and community is the breakdown of family and communal structures and systems. Because HIV/AIDS is sexually transmitted, when one parent dies, sooner or later the other parent will also die from the infection. A particular effect of this has however been the increase of orphaned children when both parents die, children are likely to be moved from the family home and relocated to relatives. This has resulted in elderly people, grandparents in particular, looking after these children and having to fend for them as their own offspring, therefore threatening their expectation of being cared for in one's old age by one's children.[61] Furthermore, taking in these orphaned children is also likely to place a financial strain on these families. Today in many instances, the orphans experience a lack of support from the extended family members, and have therefore no one to look after them. This has therefore resulted in a growing number of child-headed impoverished households.

Children can be affected by HIV/AIDS either because they have lost their parents to AIDS or they are themselves HIV positive themselves. They may also live with HIV positive parents or live away from home because their parents have HIV/AIDS and are not able to look after them. "Orphans" is a term which is commonly used by many international development agencies to describe all children who are judged to be vulnerable and at risk, including children affected by poverty and conflict as well as HIV/AIDS. The use of terms changes over time to avoid being stigmatising, discriminatory or misleading. For example some development agencies and AIDS

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[59] Robert Bor and Jonathan Elford, *The Family and HIV Today* (London: Wellington House, 1998), p29.
[60] For further discussion see Bor & Elford, *The Family and HIV Today* and R. Shell, Halfway to the Holocaust: the economic, demographic and social implication of the AIDS pandemic to the year 2010 in the Southern African region, in K. Quattek, *et al*, (eds.), *HIV/AIDS: a threat to the African Renaissance? Occasional Papers, 7-27* (Johannesburg: Konrad-Adenauer-Stiftung, 2000); Alan Whiteside and Clem Sunter, *AIDS: The Challenge for South Africa* (Tafelburg: Human Rousseau, 2000) and S. Leclerc-Madlala, "Silence, AIDS and Sexual Culture in Africa: A tribute to women's month", in *AIDS Bulletin 9 (3)*, 2000
[61] Shell, *Halfway to the Holocaust*, p21.

charities no longer use the term 'AIDS Orphan' as they feel it implies children orphaned by AIDS are themselves HIV positive. Currently an orphan is defined as a child under the age of 18 that has lost one or both parents, although some organisations only include children under the age of 15.[62] Different types of orphans are recognised. Paternal orphans are children whose father has died, maternal orphans are children whose mother has died and double orphans are children who have lost both parents.

HIV/AIDS is exacerbating children's problems in Sub-Saharan Africa, particularly in the Southern African region. The number of orphans is increasing dramatically. The most affected region is the Sub-Saharan Africa, where an estimated 12.3 million children have been orphaned by AIDS.[63] According to reports of 2002 and as re-affirmed by the 2004 report, "there are already 3.2 million AIDS orphans in the Southern African region and the number of street children in urban areas is increasing visibly. In 2010, in all affected countries except in Angola, between one-fifth and one-quarter of all children under 15 years will have lost their mother or both parents of AIDS."[64] In Zimbabwe alone about 980 000 children are orphans as a result of one or both parents' death from AIDS.[65] As the number of adults dying of AIDS globally and in the Southern African region in particular continue to rise, the number of orphans is also growing. These children grow up without parental care and love and will be deprived of their basic rights to shelter, food, health and education. The scale of the AIDS orphan crisis is somewhat masked by the time lag between HIV infection, death and orphaning.[66] Even if all new HIV infections were to stop today, the numbers of orphans would continue to rise for least for some years to come.

In African countries, particularly here in Southern Africa AIDS is generating orphans so quickly that family structures can no longer cope. Traditional safety nets are unraveling

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[62]Class Discussion with Professor Philippe Denis at the University of KwaZulu-Natal, in March 2003.
[63]United States Agency for International Development (USAID), *et al*, *Children on the Brink*, A Joint Report on New Orphans Estimates and a Framework for Action (Geneva: Joint UN Programme on HIV/AIDS, 2004), p14.
[64]United States Agency for International Development (USAID), *et al*, Children *on the Brink* (This report was released at the XIV International AIDS Conference in Barcelona, Spain, July 2000), p21.
[65] United Methodist Committee of Relief (UMCOR), *How the Children Hold On in the Midst of AIDS Pandemic*. (New York, November 2004).
[66] www.avert.org/aidsorphans.htm accessed on 13 May 2004.

as more young adults die of AIDS related illnesses. Families and communities can barely fend for themselves, let alone take care of the orphans. Typically, half of the people with HIV become infected before they are aged 25, developing AIDS and dying by the time they are aged 35, leaving behind a generation of children to be raised by their grandparents or left on their own in child-headed households.[67]

More children have been orphaned by AIDS in Africa than anywhere else. The deep-rooted kinship systems that exist in Africa extended - family networks of aunts and uncles, cousins and grandparents, are an age-old social safety net for such children, and it has long proved itself resilient even to major social changes. But capacity and resources embedded in the kinship system are now stretched to breaking point. And those providing the necessary care are in many cases already impoverished. These are often the elderly parents and have often themselves depended financially and physically on the support of the very son or daughter who has died. Bjorn Ljungqvist writes,

> "Almost throughout sub-Saharan Africa, there have been traditional systems in place to take care of children who lose their parents for various reasons. But the onslaught of HIV slowly but surely erodes this good traditional practice by simply overloading its caring capacity by the sheer number of orphaned children needing support and care. HIV also undermines the caring capacity of families and communities by deepening poverty due to loss of labour and the high cost of medical treatment and funerals."[68]

Children who lose a parent or both to AIDS suffer grief and confusion, like any other children who experience the death of a parent. However, there are special differences, and these are the challenges, which the Church and the Southern African community are faced with. According to the World AIDS Campaign, at least three unique differences can be identified.[69]

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[67] M. Fleshman, "AIDS Orphans: Facing Africa's 'silent crisis,' " Africa Recovery, Vol. 15, No. 3, October 2001, in www.un.org/ecosocdev/geninfo/afrec/vol115no3/153child.htm/ accessed on 13 May 2004.
[68] Bjorn Ljungqvist, *HIV/AIDS orphans survey findings conference* (United Nations Children's Fund, 8 April 2003).
[69] World AIDS Campaign, *Children Orphaned from AIDS*. The document was produced from UNAIDS' World AIDS Day in 1999 material, by Health and Welfare Ministries, GBGM, UMC, p3.

First, the psychological impact on children who lose a parent or both to AIDS can be more intense than for children whose parents die from sudden cause. HIV/AIDS makes people ill but it runs an unpredictable course of time. There are months or even years of stress, suffering or depression before a parent dies. Second, the children's distress is often compounded by the prejudice and social exclusion directed at individuals with HIV and their families. This stigma may translate into denial of access to schooling, health care and even of the inheritance rights of orphaned children.[70] In this respect, girls may be at a further disadvantage. The final cruel difference from other parental diseases is that HIV is likely to have spread sexually between father and mother. Therefore, the child's chances of losing a second parent relatively quick are higher than, say, those of a child who has lost a parent to a disease that is not communicable to the partner. In addition, orphans and children affected by HIV/AIDS are also affected by stigma and discrimination at their unique and different levels. The impact of HIV-related stigma and discrimination does not end here. It also affects the families and the capacity of societies and communities to respond constructively to the devastation caused by the epidemic.

Stigma and Discrimination

Among other social issues and those mentioned above, stigma and discrimination also fuel HIV/AIDS epidemic. Hence Gennrich states that,

> "Stigma and discrimination hamper prevention efforts, keeping people from being tested early and looking for medical care and support. They thus sustain the silence and denial around HIV/AIDS, enabling it to continue to spread in secret. This silence and denial contributes to the reinforcement of the marginalisation of people living with HIV/AIDS and those who are particularly vulnerable to the HIV infection."[71]

Like many other feared diseases, HIV/AIDS triggers widespread stigma and discrimination. However, stigmas associated with HIV/AIDS do not arise from the blue, nor are they randomly patterned. Hence, UNAIDS states that,

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[70] Class Discussion with Professor Philippe Dennis.

[71] Gennrich, *The Church in an HIV+ World: A Practical Handbook* (Pietermatzburg: Cluster Publication, 2004) pp17-18.

> "HIV/AIDS stigma and discrimination usually build upon and reinforce pre-existing fears and prejudices; about poverty, about gender, about sex and sexuality, and about race; and they frequently give rise to intolerance and sexist and racist discriminatory actions."[72]

In many countries here in Africa – Southern African in particular – people with HIV/AIDS and related illnesses are perceived as having been promiscuous. And in many other parts of the world, HIV/AIDS is seen as a 'woman's disease', like many other forms of STIs.[73] Accordingly, in the year 2002 – 2003 the World AIDS Campaign devoted and committed itself on stigma, discrimination and human rights.[74] The main aim of this commitment was to reduce, prevent and ultimately eliminate HIV/AIDS-related stigma and discrimination, wherever it occurs and in all its forms.[75] Stigma and discrimination is the greatest barrier to almost anything that is being and can be tried in the attempt to mitigate and effectively fight the spread of the retrovirus. Hence HIV/AIDS stigma and discrimination make prevention difficult by forcing the epidemic out of sight and underground.[76]

However, in Africa, families and communities, just like People Living with HIV/AIDS (PLWHA) are not exempted from being stigmatized and ostracized by their neighbours. HIV/AIDS is still widely viewed as a punishment from God for "immoral" behaviour or lifestyle such as promiscuity, homosexuality and drug use, and viewed with an often irrational fear of contagion.[77] The impact of HIV/AIDS-related stigma and discrimination is multifaceted. Several writers and researchers report on the "excommunication" of partners, children and families, friends and by the community at large.[78] Children affected or infected by the retrovirus have been reported to be discriminated against

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[72] UNAIDS, *Fighting HIV-Related Intolerance*, p3.
[73]UNAIDS, *Fighting HIV-Related Intolerance*, p3.
[74]UNAIDS, *A conceptual framework and basis for action: HIV/AIDS stigma and discrimination* (World AIDS Campaign 2002-2003, June 2002), p5.
[75]UNAIDS, *A conceptual framework and basis for action*, p5.
[76]UNAIDS, *A conceptual framework and basis for action*, p7.
[77]UNAIDS, *Report on global HIV/AIDS epidemic* (Switzerland: Author, 2000), p6.
[78]For further discussion see Clacherty & Associates, *The role of stigma and discrimination in increasing the vulnerability of children and youth infected with HIV/AIDS* (Arcadia/Pretoria: Save the Children, UK, 2001); Shell, *Halfway to the Holocaust*; Whiteside and Sunter, *AIDS: The Challenge for South Africa* and S. Leclerc-Madlala, "Silence, AIDS and Sexual Culture in Africa: A tribute to women's month," in *AIDS Bulletin 9 (3),* 2000.

within the extended family, in the Church and at school owing to the myth with regards to how HIV/AIDS is transmitted.[79] For example, some people hold the belief that children whose parents are ill or have died of the retrovirus are a danger and could transmit the virus to others. This belief will therefore result in families and communities cutting themselves off from family, communal and social support networks, being silent about the illness of the parents, children or relatives, or giving alternative explanations of the illness. While this "conspiracy of silence" is possibly understandable given the stigma and discrimination that surrounds HIV/AIDS, it can however leave those affected without anyone with whom to share their feelings, sorrows, loneliness, fears and associating their loss with a sense of shame.[80] Alternative explanations such as witchcraft are common especially among African communities.[81]

This compounding of HIV/AIDS-related stigma and discrimination by gender, race, sexuality and other factors such as orphan hood and poverty is important. It helps the Church and other partnerships and stakeholders to understand the social responses to the epidemic, and the forms of concrete and practical action that should be taken to prevent the stigma and discrimination from happening and to effectively battle with the continuous spread of the retrovirus. It is these social factors related to HIV/AIDS which continuously challenge the Church to act and be actively involved in the war against HIV/AIDS. The Southern African Church is therefore challenged and called to hear what God is saying through the HIV/AIDS pandemic.

Theological Response to HIV/AIDS

The HIV/AIDS crisis has now reached emergency propositions, exposing the need for a transformed life giving theological response.[82] Hence, Chauke argues that, "the effects of the HIV/AIDS pandemic stimulates theological and cultural challenge to both

[79]Clacherty & Associates, *The role of stigma and discrimination*, p17.
[80] L. Wild, "The psychological adjustment of children orphaned by AIDS," in *Southern African Journal of Children and Adolescent Mental Health, 13*, pp13-27.
[81] For further discussion see Alta C. Van Dyk, "Traditional African Beliefs and Customs: implications for AIDS education and prevention in Africa," in *South African Journal of Psychology, 3 (2),* pp60-61.
[82] World Council of Churches (WCC), *Plan of Action: The Ecumenical Response to HIV/AIDS in Africa.* Global Consultation on the Ecumenical Response to the Challenge of HIV/AIDS in Africa (Nairobi, Kenya, 25-28 November 2001), p3.

ecclesiology and to those that are affected and infected by the pandemic."[83] Snidle and Yeoman also state that,

> "There can be a theological response to AIDS; a theology of discovery, discovery of God's truth, God's presence, actions and words in the human situations in which AIDS speaks. More than that, there is need for a theology of AIDS to encounter false theologies in order to allow God's truth in the world of AIDS."[84]

The Church is becoming more and more a place of stigma, discrimination, dehumanization and rejection in the face of HIV/AIDS. This is mostly as a result of false theological stance adopted and preached by some Christians who hold the belief that HIV/AIDS is a divine punishment and therefore whoever dies of the disease has been punished because of promiscuous behaviour. PLWHA are in most cases separated from their families, friends, and support structures, once they disclose their status. As a result they experience a tremendous stress and alienation, owning to stigma and discrimination. "More frightening is the reality that some Church leaders declare "we do not have AIDS in our Church."[85] As such, it is theological stances like these, which challenge the Church to re-examine and re-visit its role and response in the battle against HIV/AIDS in order for it to be a healing and caring community.

Ronald Nicolson purports that there are a number of aspects that influence the theology of AIDS and the Church's response to this pandemic.[86] Some of these aspects are the bible, modern knowledge and experience. Coupled with these aspects and a theological response, should be the cultural values, beliefs and practices – *ubuntu-hunhu* and community initiatives. There is, therefore, a need for a collective theological response to HIV/AIDS which seriously considers community initiatives and the people's culture. As Christians, the Bible should become the starting point of both the theology of AIDS and the Church's response. People are quick to think that God is angry. In actual fact, it is

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[83] Chauke, "*Theological Challenges and Ecclesiological Responses to Women Experiencing HIV/AIDS*," p145.
[84] Snidle and Yeoman, *Meeting Christ in AIDS*, p31.
[85] Haddad, *Reflections on the Church and HIV/AIDS*, p32.
[86] Nicolson, *AIDS: A Christian Response to HIV/AIDS.*

often announced from the pulpit that God is very angry with us because of our immoral behaviour.

The Bible, modern knowledge, experience and the cultural context are very important aspects in our attempt to develop a theology of AIDS. Modern knowledge, for example, teaches us that it is the people not just the statistics that are dying. We can witness this ourselves from the pain, trauma, discrimination and stigma that our friends and relatives are going through and living with. We do not need to look for places elsewhere out there, but we just need to look around our own friends and relatives and family members. PLWHA experience the worst forms of injustices from their family members and friends, and from the community in general. Some of them are even chased out of their homes, as they are believed to bring shame to the family, while other are treated as less than human. Once we have done this, we are able to see that the pandemic exists and we will then be able to develop a collective, multi-sectoral and contextual approach. The approach will adopt a similar stance taken by the prophetic Church during apartheid, where God was seen to be on the side of the poor, the oppressed and the discriminated. Now God will be seen to be on the side of those living with HIV and AIDS.

Nicolson also advocates that "a theological response to AIDS should be, among other things accompanied by an ethical, educational and cultural response."[87] The Church is called to teach social and sexual ethics, that is, to encourage and lead by example in open discussions about sex and sexual partners. Sex is three-dimensional and is a gift from God. Once again, sex involves procreation, pleasure and the expression of love for the other person. Hence Haddad writes,

> Accordingly, for the Church to become a place that models redemption, it must live by openness and honesty. For too long the Church has pronounced judgment over people's sexual activity without simultaneously celebrating human sexuality as a gift from God. The traditions of the Church have notoriously seen sexuality as 'dangerous', this rendering it as taboo subject confined to the dark, secret corners

[87]Nicolson, *AIDS: A Christian Response to HIV/AIDS.*

> of our lives. This secrecy and silence has made it difficult for the Church to engage in sex education and HIV prevention honestly.[88]

This negative approach to issues of sex and sexuality in the context of HIV/AIDS has resulted in some Churches' negative stance against the distribution and usage of condoms in the battle against HIV/AIDS.

The Church should be considerate, compassionate and non-judgmental in its approach, and construct a multi-sectoral, contextual and theological response to AIDS. Furthermore, the response of the Church should be incarnational. God has to be seen, experienced, felt and be involved in the HIV-positive world. HIV-positive or not we are all equal before God and are therefore all created in God's image.

To be HIV-positive or to have AIDS does not mean that one has become less than human. To dehumanize is to sin. This is contrary to our human and Christian vocation. We are called to humanize. Humanization does not only sum-up very well the mission and ministry of Christ, but it also sums up our vocation as Christians, particularly in the battle against HIV/AIDS. We are called to care for and to heal the sick; physically, morally, emotionally, socially and spiritually. In short, we are called to love our neighbour. This call can only be demonstrated in our acts of love, compassion, and genuine concern for human life and in our desire to heal and care for those infected by HIV/AIDS. "The biggest challenge that HIV/AIDS poses to the Christian Church is the call to become a true community where acceptance, love and belonging flourish"[89] – an *ubuntu-hunhu* centred community.

The Church should be deeply involved in HIV/AIDS related ministries. It is called to be a healing and caring community amidst pain and suffering. The Church has a vocation and duty to console (2 Corinthians 1: 3-5); to reconcile (2 Corinthians 5: 19), to love (1 Corinthians 13), and to minister to all people (Matthew 25: 35-37). Hence Z. W Samta purports that,

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[88] Haddad, *Reflections on the Church and HIV/AIDS*, p34.
[89] Haddad, *Reflections on the Church and HIV/AIDS*, p33.

> "The fact that the Church should be actively involved as an effective tool in the battle against AIDS is based on the fact that historically and traditionally, by its nature and mission, the Church is community-centred and service oriented, preaching and practicing love, compassion and care for the disadvantaged and underprivileged in the society."[90]

The undeniable reality of the Southern African region, and its impact on individuals and the community, challenges the Church to 'start' contributing something significant in the battle against HIV/AIDS. Besides conducting burials and preaching sermons, the Church is called to be a healing and caring community. Furthermore, the Church should be at the cutting edge of making a difference. Promoting hope and acceptance as caring and healing communities, is the key response to HIV/AIDS stigma and discrimination. In contrast, if the Church in (Southern) Africa does nothing about HIV/AIDS-related poverty, gender violence, inequality and, stigma and discrimination, it will contribute to the growing death toll and to reduced quality of life for millions of people.[91] The Church needs to respond to as many HIV related social issues as it possibly can if its response to the HIV/AIDS crisis is going to be effective. HIV/AIDS is not an isolated medical issue.[92] As further argued by Gennrich, HIV/AIDS is so closely intertwined with social issues which include poverty, gender and unequal gender relations, orphans crisis, stigma and discrimination.

AIDS, Gender and the Church

Gender inequalities fuel the spread of HIV/AIDS. To this end, the Church should not ignore and leave issues of gender in its attempt to effectively contribute to the fight against the HIV/AIDS pandemic. The Church needs to be vocal about issues of sex, sexuality and gender, and their importance and that women in particular need to be empowered in order to be equal partners in relationships. In other words, in addressing the issues of gender and unequal gender relations, particularly in the context of

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[90] Z. W. Samta, "Church and AIDS in Kenya", in Mary. N Getui and Emmanuel. A Obrng (eds.), *Theology of Reconstruction: Exploratory Essays* (Nairobi: Acton Publishers, 1999), p177.

[91] Joint United Nation Programme on HIV/AIDS (UNAIDS), *Advocacy for Action on Stigma and HIV/AIDS in Africa*. Regional Consultation Meeting on Stigma and HIV/AIDS in Africa (Dar-es-Salam, 4-6 June 2001), See www.unaids.org or visit http://www.hnet.org accessed 20 May 2005.

[92] Gennrich, *The Church in an HIV+ World*, p55.

HIV/AIDS, the Church needs to pay special attention to women. There is still a great need for the Church to contribute effectively to the empowerment of women. "Women need to be encouraged to talk and think about their position in society and in their relationships."[93] Hence Gro Halem Brundtland argues that we will not achieve progress in the battle against HIV/AIDS until women are empowered to gain control of their sexuality.[94] In its contribution to the empowerment of women in the war against HIV/AIDS, the Church needs to pull itself out of the patriarchal system in which it is deeply embedded. As rightly argued by Gennrich, "women need to know that abusive relationships are not sanctioned by the Church, society or the law, and that they will be supported if they bring these into open."[95] Our God is the God of life who created men and women in His or Her same image with equal dignity and worth.[96] It is therefore the responsibility of the Church to advocate and preach this message more especially in the context of HIV/AIDS. Also included in this message should be the issue of 'AIDS orphans', whose dignity and worthiness in society need to be maintained.

AIDS, Breakdown of Family and communal Systems, and the Church

As rightly argued by Hugh Slattery, "family life and marriage have always been at the heart of all cultures and religions."[97] In fact, they are particularly important in the fight against HIV/AIDS, both in caring for the orphaned children and other family members living with AIDS and in preventing the spread of the retrovirus through Christian formation of the children. As for Christians, the epidemic becomes first and foremost a moral and religious issue. Its spread is due to the large scale of family and marriage breakdown, and of sexual immorality in general, more especially among the younger generation in this modern era.[98] The devastating effects of HIV/AIDS in the Southern African region calls the Church community to lead by example in being supportive to

[93] Gennrich, *The Church in an HIV+ World*, p62.
[94] Gro Halem Brundtland of the World Health Organisation (WHO) at the XIII International AIDS Conference in Durban, 2000.
[95]Gennrich, *The Church in an HIV+ World*, p62.
[96] Ronald Nicolson, *AIDS: A Christian Response* (Pietermaritzburg: Cluster Publications, 1995).
[97] Hugh Slattery, *HIV + AIDS: A Call to Action: Responding as Christians* (Nairobi: Paulines Publications Africa, 2003),p80.
[98] Slattery, *HIV + AIDS: A Call to Action*, p80.

'AIDS orphans' and to those infected by HIV. We must embrace all those who are suffering as a result of the retrovirus and encourage them by all means not to lose hope.

> "There is a great need for on-going support of family life through pastoral events such as family days, family retreats, parenting workshops as well as through support groups and encounter groups."[99]

Hence Pope John Paul in a special letter to the whole Church at the end of the Great Jubilee 2000 spoke about the pressure on family life today and the need for good formation.[100] Hence, families themselves must become conscious of the care due to children, and play an active role in the Church and in society in safeguarding the rights of children. The family is the first community, the first school and the first Church to be continually strengthened and promoted especially at the present time of this deadly pandemic.[101]

Caring for 'AIDS orphans' is clearly one of the greatest challenges facing the Southern African Church and community as a whole. Zwodangani, David Mudau argues,

> "As the number of AIDS orphans continue to increase, there is a possibility that some orphans will grow up as street children due to lack of parental care and guidance. Others will be brought up by grandparents with limited capacity to take on parenting responsibility."[102]

The Church is therefore called to take care and responsibility for the welfare of orphans and widows as a basic element to living out its faith (James 1:27). It is evident that because of poverty, violence and HIV/AIDS which is so prevalent in the Southern African region, a countless number of children are growing up without parents, "basic love, provision and protection that they essentially need."[103] The Church has, therefore an important role and responsibility with regards to orphans and vulnerable children. Hence

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[99] Slattery, *HIV + AIDS: A Call to Action*, p80.
[100] Quoted in Slattery, *HIV + AIDS: A Call to Action*, p82.
[101] Slattery, *HIV +AIDS: A Call to Action*, p83.
[102] Zwodangani David Mudau, "An Evaluation of HIV/AIDS Ministry of the Evangelical Lutheran Church in Southern Africa's Congregation in the Circuit of the South Eastern Diocese," (University of KwaZulu-Natal: Unpublished Masters Thesis, 2001).
[103] Gennrich, *The Church in an HIV+ World*, p68.

Gennrich rightly states that "the Church also has a vital role to play in helping to ensure that children without parents are cared for and where possible remain in their communities."[104] Gennrich further argues that the Church can help orphaned and vulnerable children by helping households, especially in poor communities, to be able to take orphans without becoming more impoverished themselves.[105] Furthermore and as clearly stated by the Inter Agency;

> "A child's opinion should be listened to and given due weight in relation to the child's age and maturity. Children must be kept informed about plans being made for them. This includes decisions about placements and care, tracing and reunification. Programmes should actively engage in the prevention of and response of separation."[106]

Furthermore, and as once argued, while vulnerable and orphaned children need care, they also experience stigma and discrimination in school, Church and communities as a result of HIV/AIDS. As such, it remains the Church's role to be compassionate and kind and to provide a place of safety for these victimized and vulnerable children. In addition, there is need for the Church to play a pivotal role in mobilizing local Non-Governmental Organisations (NGOs), the Department Social of Welfare and connect itself with family and communal systems such as extended families in its attempt to help orphans and vulnerable children. In fact, the Church has also to learn and adopt ways of bringing up children and caring for them. The HIV/AIDS pandemic calls the Church to establish sustainable support systems that will make a lasting contribution in the face of the HIV/AIDS crisis. Stigma and discrimination also remains as one of the issue that the Church needs to fight against.

AIDS, Stigma and Discrimination and the Church

According to Gennrich, one of the roles of the Christian community in the battle against HIV/AIDS is to enhance awareness and banish stigma and discrimination.[107] However, the Church needs to begin by acknowledging that it has very often promoted and

[104] Gennrich, *The Church in an HIV+ World*, p68.
[105] Gennrich, *The Church in an HIV+ World*, p68.
[106] Inter Agency (International Red Cross, UN High Commission for Refugees, UNICEF Save the Children UK World Vision) Guiding Principles on Unaccompanied and Separated Children, August 2003.
[107] Gennrich, *The Church in an HIV+ World*, p58.

perpetuated stigma and discrimination associated with HIV/AIDS.[108] Through their silence, many Churches share the responsibility for the fear that has swept our world more quickly than the virus itself.[109] Gideon Byamugisha further argues that,

> "It is now common knowledge that in HIV/AIDS, it is not the condition itself that hurts most (because many other diseases and condition leads to serious suffering and death), but it is the stigma and the possibility of rejection and discrimination; misunderstanding and loss of trust that HIV positive people have to deal with...[110]

The Church therefore, with its far-reaching influence throughout the Southern African region and throughout the African continent, has the responsibility to promote, prevent and to provide care and comfort and spiritual support to individuals and communities affected by HIVAIDS stigma and discrimination. In fact, our Church leaders in particular have an active role to play in disseminating non-stigmatising and non-discriminatory preventative messages through their preaching. There is also a great need for the Church to promote humanitarian and spiritual values of compassion for all people who face HIV related stigma and discrimination.

Finally and most importantly, the Church in its theological response should identify language and doctrines that are discriminatory and stigmatising, and replace them with alternative language that is caring and non-judgmental. However, besides actively involving itself in HIVAIDS-related stigma and discrimination, among many other social issues related to HIV/AIDS, the Church has a vocation to be a healing and caring agent.

The Church as a Healing Community

The HIV/AIDS crisis in the Southern African region challenges the Church profoundly to be the Church in deed and in truth: to be the Church as a healing community. According to the WCC, AIDS is heart breaking and it therefore challenges the Church to break their own hearts, to repent of inactivity and of rigid moralism. The WCC further purports that

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[108] Christian and Muslim leaders attending the 13th International Conference on AIDS and STIS in Africa (ICASA), held between the 21st-26th September 2003, in Nairobi, Kenya, admitted that their own institutions were sometimes guilty of spreading the stigma attached to HIV/AIDS.
[109] WCC, *Plan for Action*, p3.
[110] See WCC, *Plan for Action*, p4.

since AIDS cuts across race, class, gender, age, sexual orientation and sexual expression it challenges the Church's fears and exclusions.

> "God has composed the body so that great dignity is given to the parts which were without it and so that there may not be disagreements inside that body but each part may be equally concerned for all the others. If one part is hurt, all the parts share its pain. And if one part is honoured, all the parts share its joy (1 Corinthians 12: 24b-26)."

HIV/AIDS challenges us to ask fundamental questions about what it means to talk about the Church as a healing and caring community. It also challenges us to consider the image of a countless number of people see the Church as a judgmental and moralistic rather than caring, compassionate and healing place.

In the gospels one cannot simply get away from Jesus and healing. Wherever there were sick children, crippled or ill women and men, Jesus was there healing them. At the beginning of Mark's gospel, the people in Capernaum "brought to Jesus 'all' the sick and demon-possessed.... And Jesus healed 'many'.... He also drove out 'many' demons" (Mark 1: 32-34). This is one of the great challenges to the Church in the age of HIV/AIDS.

Jesus used spit, touch, and word to heal. In over twenty healings elsewhere in the gospels, Jesus heals in all sorts of different ways. Jesus heals Peter's mother-in-law with a touch (Mark 1:31). He heals a paralyzed man with a word (Mark 2:11). A woman with hemorrhage is healed when she touches Jesus' cloak (Mark 5:28-28). A centurion's servant is healed without even seeing or hearing (Luke 7:10). James encourages us to pray for the sick and anoint them with oil (James 5:14).

> "When I was hungry, you gave me food; when thirsty, you gave me drink; when I was a stranger you took me into your home, when naked you clothed me, when I was ill you came to my help, when in prison you visited me (Matthew 25: 34-36)."

The Church is called to be a healing community amidst the pain and suffering caused by the disease. It has the mandate to console (2 Corinthians 1:3-5), to love (1 Corinthians 13) and to minister to everybody (Matthew 25: 35-37). Bill Kirkpatrick writes,

> "The Church, through the epidemic of HIV infection, is being called into initiating what might be called "an epidemic compassion", nurtured through compassionate action and empathetic counseling. A ministry to those affected by the different stages of this infection has a dual function: that of caring and healing not only for those actually living and suffering with the infection, but also for those whose alienation, whether self-imposed or otherwise, is part of the epidemic of AIDS. The Church must do all in its power to prevent the epidemic of alienation that the AIDS diagnosis could bring leaving us standing as before a huge chasm of fear."[111]

The Church as a Caring Community

The ministry of the Church encompasses a variety of things such as preaching, worship, healing, teaching, prophetic witness and so on. Caring (which is normally called pastoral caring) is one of the Church's ministries—its caring response to individuals, families and communities who are in the midst of crises. Through its caring ministry it must be willing to engage in the real human "drama" of people's crises. This means entering into people's pain, suffering and confusion. In the face of HIV/AIDS, the Church as a caring community must be willing and ready to struggle with HIV positive people and those with AIDS as they figure out what to do. Moral and ethical dilemmas (which are at the center of the HIV/AIDS crisis) become opportunities for the Church to express its care by its willingness and readiness to embrace people in the midst of turmoil and despair.

Christian communities are called to be instruments of the incarnational presence of Christ, and as such are called to express the love of Jesus for those with AIDS and to treat them with compassion and care. The Church must not engage in self-righteous judgment (Matthew 7:1-5). As a caring community, the Church must act with love and compassion. If Jesus was here today, here and now, he would be going to persons with AIDS and their loved ones just as he reached out to those that had sicknesses of body, mind or spirit of his day.

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[111] Bill Kirkpatrick, AIDS *Sharing the Pain: pastoral guidelines* (London: Dartman Longman & Todd, 1988), pp101-102.

What resources does the (Southern) African Church have which will enable it to be a healing and caring community, and to play a unique role in the fight against stigma and discrimination?

The Church and its Resources

It is at least fair and reasonable to say that Faith-Based Organisations (FBOs), ecumenical institutes have and continue to play a big role in the fight against HIV/AIDS. In fact, a countless number of Church leaders, pastors, priests, ministers and ordinary Church members have been and are still involved in mapping out, in the planning and implementation of both regional and national strategies in the HIV/AIDS crisis.[112] The Church is clearly either represented or involved in one way or the other, directly or indirectly at both the grassroots and top level in the war against the devastating pandemic. As I argued earlier, with the emergence of the HIV/AIDS crisis in local communities, mobilised by the Church to be in the forefront in the caring of and in supporting those affected and infected by HIV/AIDS. While it is quite evident that much of the community-based work in the fight against HIV/AIDS has indeed been pioneered by the Church, but, has the capacity of the Church been maximised? The Church has much to offer:

Reach

It is present in communities throughout the Southern African region. As such, through ecumenical institutes and FBOs, theologians, Church ministers and ordinary Church members, the Church is deeply rooted and closely connected to the cultural and social network and environment of the people. Furthermore, the Church also has effective means of communication that can be used. According to the World Council of Churches (WCC) the Church's close connection with individuals, families and the community; its

[112] See WCC, *Plan For Action*; Jacob, *The Methodist Response to HIV/AIDS in Southern Africa* and Sonja Weinreich and Christoph Benn, *AIDS - Meeting the Challenge: Data, Facts, Background.* (Geneva: WCC Publications, 2004), pp99ff.

availability even in the most remote areas has put it in the centre of HIV/AIDS care and other related initiatives.[113]

Capacity and Experience

The Church has been serving the needs of the people who are infected and affected by HIV/AIDS ever-since the break of the pandemic. It has been at the fore-front in pioneering community-based approaches such as home-based care and hospices for PLWHA and for affected people, especially children. In the Southern African region, the Church has provided recognisable proportions of health-care services, educational programmes, pastoral care and counselling among many other services, including mobilising volunteers. The Church has experience in working with and among the sick, marginalised, outcasts and the down-trodded. No other institute or organisation has such experience and exposure. "Besides, as a community of compassion and healing, the Church is a pool of human resources who are willing to reach out to God's people."[114] HIV/AIDS has decimated communities within the region. It has fragmented families, resulting in the breakdown of traditional and local caring relationships and networks. To this end, and as argued, the Church, through community-based approaches remains in the position to make a substantial and sustainable contribution.

Prophetic and Spiritual Mandate

To be prophetic means to be moved by compassion, to stand with those who suffer, to envision a world where all life flourishes, and to passionately and courageously witness God's deep concerns for the poor and the marginalised. Through its mission and message of hope it can restore human dignity by being prophetic. The Holy Spirit (the helper and a gift from God) is the greatest of all resources and the one which uniquely belongs to the Church and she is enabled to give people confidence, hope and strength to face the crisis. Without the Holy Spirit there is no Church and therefore no work can be done.

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[113] World Council of Churches (WCC), *HIV/AIDS Curriculum for Theological Institutes in Africa*, p7.
[114] WCC, *HIV/AIDS Curriculum for Theological Institutes in Africa*, p7.

Conclusion

In conclusion, according to Tinyiko Sam Maluleke, the HIV/AIDS pandemic constitutes a new *kairos* for the Southern African Church.[115] To this end, and as argues in this chapter, the Southern African Church is called to develop a contextually relevant theological approach to meet this new *kairos*. This chapter has attempted to show the challenge that is presented by this new *kairos* and the potential and unique resources which can enable it to respond. The next chapter explores *ubuntu-hunhu* as both a philosophy and a way of life, together with the unique indigenous resources embedded in it. Can *ubuntu-hunhu* be a viable asset and resource in the battle against HIV/AIDS?

[115] Tinyiko Sam Maluleke, "The Challenges of HIV/AIDS for Theological Education in Africa: Towards an HIV/AIDS Sensitive Curriculum," in *Missionalia 29:2*. (August 2001), pp125-143.

Chapter Three

Ubuntu-Hunhu in the Context of HIV/AIDS

Introduction

Having exposed the magnitude of the HIV/AIDS crisis in the Southern African region together with the challenges it poses to the African Church, what follows in this chapter is an exploration into the concept *ubuntu-hunhu* in the context of the HIV/AIDS. Of what relevance is *ubuntu-hunhu* to the African Church within the Southern African region in fighting and mitigating the impact of HIV/AIDS? What kind of indigenous resources and assets are embedded in the *ubuntu-hunhu* way of life which can make an effective contribution in the battle against HIV/AIDS? Can *ubuntu-hunhu* be a viable asset and resource in the battle against HIV/AIDS? In other words, has *ubuntu-hunhu* anything to offer in the war against HIV/AIDS?

Ubuntu-Hunhu: a philosophy and a way of life

Ubuntu-Hunhu are words drawn from the Southern African languages, particularly the Shona and Zulu/Xhosa/Sotho languages of Zimbabwe and South Africa respectively. These words point to moral philosophical values related to respect, humanity, dignity, and communal and collective responsibilities towards one another. Drawing upon the moral values, beliefs, cultural practices and communal responsibilities, *ubuntu-hunhu* is a way of allowing 'cultural resources' to take centre stage in mobilising the community to address key issues – HIV/AIDS in this point and time.

Ubuntu-Hunhu is the root of 'African' way of life- way of "be-ing."[116] "The be-ing of an African in the universe is inseparably anchored upon *ubuntu*."[117] Besides being the well spring of the African way of life and of be-ing, *ubuntu-hunhu* according to Shutte is a "quality of humanity that is characteristic of a fully developed person and the community with others that results. *Ubuntu-Hunhu*, therefore, comprises of values, attitudes, feelings,

[116] See Magobe B. Ramose, "The Philosophy of Ubuntu and Ubuntu as a Philosophy", in Pieter H. Coetzee & Abraham P. J. Roux (eds.), *Philosophy from Africa*, (2nd ed.). (South Africa: Oxford University Press Southern Africa, 2003), p.230. Ramose deals extensively with the word be-ing as a hyphenated word.
[117] Ramose, "*The Philosophy of Ubuntu and Ubuntu as a Philosophy*," p230.

relationships and activities, the full range of expressions of the human spirit."[118] As such, *ubuntu-hunhu* can be seen as a social philosophy, a way of being, a code of ethic and a collective solidarity which is deeply embedded in the African culture.

Furthermore, *ubuntu-hunhu* can also be described as an anthropocentric way of looking at life. A 'participatory humanism' in which each person is seen as being experienced through his or her relationships with others and theirs with him or her. This is what recognises and establishes personhood. It flows directly out of African philosophical aphorisms such as *Motho ke motho ka bantu* (Northern Sotho/Sepedi); *Umuntu ngumuntu ngabantu* (Zulu), *Munhu munhu nevanwe vanhu* (Shona), *Umuntu ngumuntu ngabantu* (Xhosa), all of which can be trans-literated to mean 'a person is a person through other persons.'[119] People experience their own worth and the worth of others by living in community and actively contributing towards its growth, transformation and development. Humans are, therefore, seen as profoundly dependent on one another. Being accepted and recognised (in sickness or health) as a valuable asset and being by others is the chief source of individual self-esteem and happiness.

Ubuntu-Hunhu can also be seen as the capacity in the African way of life to express compassion, dignity, reciprocity, generosity, respect, harmony and humanity in the interest of building, developing and maintaining the community with justice and mutual care.[120] *Ubuntu-Hunhu* is the bedrock of dependence on each other, of interconnectedness, of common humanity and of the responsibility to each other and to the community that flows from profound connection. Accordingly, Broodryk defines *ubuntu* as a comprehensive ancient African world view based on values of intense humanness, caring, sharing, respect, compassion and associated with values ensuring a happy and qualitative human community life.[121] *Ubuntu-Hunhu* can therefore also be said to be a literal translation for collective personhood, collective solidarity and collective

[118] Shutte, *UBUNTU: An Ethic for a New South Africa* (Pietermaritzburg: Cluster Publications, 2001), p31.
[119] Dirk Louw, "Ubuntu: An African Assessment of the Religious Other", in http://noesis.evansville.edu/Author_Index/Louw_J./ *Noesis: Philosophical Research Online.*
[120] See Johanna Broodryk, *UBUNTU: Life Lessons from Africa* (Pretoria: Ubuntu School of Philosophy, 2002), pp31ff.
[121] Broodryk, *UBUNTU: Life Lessons from Africa*, p26.

morality. It permeates every aspect of our African life – hence, it is expressed in our celebrations, funerals, worship, rituals, effort in work and expressions of grief and wailing just to mention a few aspects.

The Tswanas and Basothos refer to this collective unity and way of living and expressing life as *botho*, *hunhu* for the Tsongas and *vhuthu* for the Vendas, *umntu* for the Xhosas - all of which are inhabitants of South Africa. It is through rites, rituals, celebrations, gatherings and many other activities that *ubuntu-hunhu* expresses its collective unity and collective solidarity and collective morality nature. Healing and caring of the sick and dying, looking after orphans is also a collective activity. All these collective activities which characterize *ubuntu-hunhu* world view are also seen as viable resources and assets that maintain and sustain society and community life in the *ubuntu-hunhu* world view. *Ubuntu-hunhu* can therefore be briefly illustrated by the following practical examples which also form a resourceful entity of indigenous assets to sustain life in community.

Rituals and Rites as Collective Work

Collective and solidarity work is still very common in many rural areas in African societies. In Shona society for example, there is always interdependence between people from birth to the hereafter.[122] This is taught and instilled in the community through collective work. Rural areas here in the Southern African region are fast becoming easy target for the spread of HIV/AIDS. HIV/AIDS easily spread in contexts of poverty. In as much as it does not cause AIDS, poverty fuels the spread of HIV/AIDS. Collective work is a tool that can be used in the rural areas in fighting poverty. In the *ubuntu-hunhu* kingdom, a person who does not work, does not eat. Everyone is encouraged to work, and work is done collectively. Below are some different types of categories of collective work which is still common in many Southern African rural areas and indigenous communities.

Nhimbe (Shona) a family may call for help from other villages and provide beer, *mahewu*, *sadza* (thick porridge) and all sorts of foods. There is a shared elected leadership in managing the day; *Jangano* (Shona) two or more families decide to work

[122] Canaan S. Banana, *Come and Share: An Introduction of Christian Theology* (Gweru: Mambo Press, 1991), p82.

in each other's fields based on mutual trust; *Jakwara* (Shona) collective thrashing of grain; *Madzoro* (Shona) villagers take turns to look after cattle, goats and sheep, especially on Sundays and public holidays. *Maricho* (Shona) a family works for another family in return for money, old clothes or school uniforms, food or seeds or for anything else in times of needy.

Initiation period is an ideal time to reinforce basic *ubuntu-hunhu* life principles and skills. Today this would include, teaching initiates about the dangers of HIV/AIDS, about condoms and other preventative measures, about the dangers of pre-marital sex and about the importance of family life and fidelity in marriage. People born in the same year are initiated together and automatically become a mutual support group or network for life in times of crisis, hardships and illness. They also celebrate life together in times of joy and happiness.

Marriage, which is a relationship between families and couples concerned, is very important in the *ubuntu-hunhu* way of life. It reinforces the importance of family life and that of solidarity and collective effort. Hence, the preparation of marriage itself is a collective effort. A liaison person or pupils in most cases to facilitate the relationship and integration of the new life is appointed.

Marriage preparation is also an ideal time to reinforce basic life skills and principle, and to educate the young couple about principle in relationships, values such as respect, trust, mutual support, love and many others. Today this would also be a time to reinforce and educate the young couple on HIV/AIDS, its dangers and related issues. One of the fundamental and basic beliefs in marriage with many African societies, particularly here in the Southern African region among the Shona people is that when a couple marries, the wife must be a virgin and the young man himself should not have had any previous sexual knowledge.[123]

[123] Michael Gelfand, *The Genuine Shona: survival values of an African culture* (Gweru: Mambo Press, 1973), p166.

In times of crisis such as funerals, families and friends are expected to make cash donations or food donation (*chema* in Shona), and most importantly attend collective grief and wailing. Funerals are not events performed in a hurry, or a fashion show through which people wear expensive black and white clothes and buy the most expensive coffins. No! The passage of a person into the spiritual realm of being is guarded, respected and protected, otherwise the person will not rest and will therefore cause trouble to the living. As such, it is a time for the whole family, friends, and relatives to come together from all over for the prolonged morning ceremonies. They gather together to console one another. Christian burial rites will be performed, but in addition, the rites to the ancestors will be carefully observed. It is only during this time that the cause of the death is probed and made public, despite the fact that rumours and gossip would have long taken their rounds. The cause of a person's death is taken very serious.

Prayer and worship is done with others and through others on specific days of the week, and during rites and rituals and on any gathering. It is a collective emotional process. These prayer and worship services act as reminders that God is with us and very near, as Jesus said in Matthew 28:20. Special prayers for the sick and the dying are made, door-to-door visitations are arranged.

There are many other rites which include rites of conflict, rites of celebration, rites of cleansing, rites of departure, rites of reconciliation. The list of rites is almost endless as there are all sorts of rites. It is also important to note that education and awareness is an intrinsic part to all these rites. In other words, the rites and rituals, or any gathering gives an opportunity to teach and educate people and make them aware of other key issues.

The above are some of the practical realities of *ubuntu-hunhu* way of life and its collective identity. Undergirded in the above illustrations are values such as respect, sharing and participation, and relatedness all of which help sustain life in the *ubuntu-hunhu* way.

Values in the *Ubuntu-Hunhu* World View

In the *ubuntu-hunhu* world view, basic values such as caring, respect, relatedness, compassion, sharing and participation are of cardinal importance to practically live and enjoy life cemented in true, real and selfless happiness.[124] These values are valuable resources and assets which are relevant in the HIV/AIDS crisis. In a situation where "some people still perceive HIV/AIDS as a shameful and embarrassing disease,"[125] these values become significant.

Respect and Human Dignity

One of the greatest values underpinning *ubuntu-hunhu* is respect. In fact, respect is taught since it is the basis of a structured and disciplined society.[126] All human beings and therefore all life is seen as having worth for it embodies the spirit of the ancestors and of God, the creator. By respecting the gift of another, their uniqueness, we respect the Being who created that person. People are more important than anything else. A human being, regardless of his or her condition, status or gender, counts. As such, HIV/AIDS in this case can never be a stumbling block that steals away the respect of another person. It does not even matter how the person might have contracted the disease. All life is deserving respect. This respect is shown in the way in which people are spoken to; all people one meets are greeted, even strangers; gratitude is shown, people in need are assisted, the sick, and the dying for example are helped, people are affirmed and cared for.

People living with HIV are human beings created in the likeness of God, deserve respect. They need our help and support, not judgment. Hence Gennrich purports that in as much as it is the Church's responsibility, it is also everyone's responsibility to make sure that HIV/AIDS sufferers receive respect and dignity due to them, especially at the hands of Health Care and Social Welfare services.[127] We should not call them names because of the nature and uniqueness of the disease they happen to have, and how it is generally transmitted. *Ubuntu-Hunhu*, which is the heart of African way of life and which see life

[124] Broodryk, *UBUNTU: Life lessons from Africa*, p31.
[125] Gennrich, *The Church in an HIV+ World*, p55.
[126] Broodryk, *UBUNTU: Life lessons from Africa*, p37.
[127] Gennrich, *The Church in an HIV+ World*, p55.

from an ancestral and Godly point of view implies that each person is worthy of respect. Each person has dignity.

Sharing and Participation

Sharing and participation are important values too. Everything must be shared and cared for; and this is all for the good of the community in the *ubuntu-hunhu* world. Food, clothes, time, work, joy, sorrows, pains and difficulties are all for the purpose of community living. People who do not share and participate in community are looked on as exclusively individualistic and will be excluded from the life of the community.[128] They are looked upon as greedy, and people withdraw from them. In turn, this withdrawal signifies dying to the life of the community.

In Shona there is a proverb which goes; *Ukama igasva hunozadziswa nokudya* (Life is half measure, it finds fulfillment in sharing).[129] As further argued by Murove in this proverb a selfish person is admonished with a proverbial ethical reminder that relatedness is an existential reality which is enacted through sharing of food and possession.[130] The relationship is expressed by sharing food and possessions with others. Banana alluded to this and he writes;

> "In Shona society there is always an interdependence between people from birth to the hereafter. From childhood, a Shona person is taught to share all that he or she has with relatives and friends. A mother may give her child a boiled mealie-cob, a piece of boiled pumpkin or some other food and tell him or her to give half of it to his or her sister or brother. This is repeated until it becomes a strong habit to the extent that it becomes difficult for the child to eat anything without sharing with others."[131]

Broodryk affirms this by saying that children in *ubuntu-hunhu* world view are assisted to acquire the virtue of sharing at a very young age.[132] Sharing food and possession with

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[128] Munyaradzi Felix Murove, *The Shona Concept of Ukama and the Process Philosophical Concept of Relatedness, with a Special Reference to the Ethical Implications of Contemporary Neo-Liberal Economic Practices* (University of KwaZulu-Natal: Unpublished Masters Thesis, 1999), p13.
[129] Murove, *The Shona Concept of Ukama*, p11.
[130] Murove, *The Shona Concept of Ukama*, p11.
[131] Banana, *Come and Share*, pp82ff.
[132] Broodryk, *UBUNTU: Life lessons from Africa*, p32.

others is a highest expression of *ubuntu-hunhu* or an ideal *muntu* (Zulu) or *munhu* (Shona). Strangers, friends and relatives are invited to stop by and have something to eat if and when people are eating. Hence in Shona we have another proverb which says, *Muyenzu haapedzi dura* (A passerby does and cannot empty the granary). This proverb expresses this belief in sharing.[133]

Whilst we can still share our possessions, food, joys, experiences and work with HIV-positive people, the same cannot be said of people dying of AIDS. In the spirit of *ubuntu-hunhu* therefore, we are called to share our time, pain and sorrow with people who are dying of AIDS. Their passage to the next life should be marked with love, happiness and joy. A seriously sick and dying person is rarely left alone at least in many African cultures. Friends, family and relatives are always around, taking turns to share the painful journey with the dying person and make sure that the person dies peacefully. People engage in consoling conversations. They talk about religion, life in general and pray. They tell stories about the past. All these stories and conversations cement the relationship between the dying person and the community. They restore and renew the relationship between the dying person and the community.

Participation in community 'ensures' one's physical and spiritual survival. In fact, not only is one's physical safety and well-being assured, but being included in a group is the source of one's mental, spiritual and physical well-being. The spirit of *ubuntu-hunhu* encourages each and every community member to participate in community activities and to do what they can do best for the community and for their own well-being. As long as one is not bed-ridden, they have a role to actively play and are by all means encouraged to do that as a way of reducing the stigma attached to their illness and also to make them feel less inferior.

[133] Murove, *The Shona Concept of Ukama*, p13.

Relatedness/Connectedness[134]

The idea of understanding life and reality in terms of relatedness is very common in many African societies and communities. Relatedness is not just restricted to marriage or immediate family ties or blood ties. There is a tendency in many African cultures to see everybody as relative. Michael Bourdillon expressed this tendency when he said;

> "Unrelated persons can adopt the term *sekuru* (uncle or grandfather) and *muzukuru* (nephew or niece) towards each other to express a friendly relationship, reflecting the typical relationship between mother's brother and sister's son."[135]

Implicit to this understanding of relatedness is the conviction that being human entails living in relationships. Among many African people living together means that people should be in relationship. Hence it is customary among Shona people that whenever they meet a person for the first time, the first thing they do is o find out about their totem. The idea is not intended to discover how one is not related to the other person, but it is to affirm belongingness. Being a person means being in relationship with others – *umuntu ngumuntu ngabantu* – and participating in the affairs and life of the society. Hence John S. Mbiti writes,

> "The individual does not and cannot exist alone except corporately. Only in terms of the other person does the individual become conscious of his own being [*sic*], his own duties [*sic*], his privileges and responsibilities towards himself [*sic*] and other people. When he suffers he [*sic*] does not suffer alone but with the corporate group, his neighbors and his relatives [*sic*] whether dead or living... The individual can only say: I am, because we are, and we are, and since we are, therefore I am."[136]

This assertion is about people (human beings) and is a sharp contradiction to Descartes whose philosophical pilgrimage of doubt led him to a conclusion that; "I think therefore I am" (*cogito ergo sum*).[137]

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[134] In this sub-section, I extensively draw from Murove, *The Shona Concept of Ukama*, p13ff.
[135] Michael Bourdillon, *The Shona Peoples* (Gweru: Mambo Press, 1989), p34.
[136] John S. Mbiti, *African Religions and Philosophy* (London: Heinemann, 1969), p108.
[137] Bertrand Russell, *History of Western Philosophy* (London: Routeledge, 1991), p547.

There is a sharp distinction between the African and Euro-American or Western understanding of person. Elochukwu Uzukwu writes,

> "While the African definition of a person displays the human person as in subsistent relationships – in other words, the person is fundamentally "being-with", "belonging-to" – Western philosophy lays emphasis on the absolute originality and concreteness of the human person, "being-for-itself"... However, Western systems wish to guard against the dissolution of the person in relationship. The "I" is already constituted before it chooses to be related. The autonomy and the incommunicability of the "I" are fundamental."[138]

Ubuntu-Hunhu entails a person's ethical predisposition in relationship with other people. *Munhu* (Shona) or *Umuntu* (Zulu) means more that just a person, but a person in solidarity or relationship with other people. One who has *ubuntu* or *hunhu* becomes someone who puts the concerns of others first before his or hers. *Ubuntu* or *Hunhu* is shown in the ability to recognize the presence of another person through greeting them as well as the readiness to share whatever one has with others or strangers and those in need. Hence Stanlake Samkange and Marie Samkange defined *hunhu* or *ubuntu* as,

> "The attention one human being gives to another; the kindness, courtesy, consideration and friendliness in relationship between people; a code of behaviour, an attitude to other people and life, is embodied in [*h*]*unhu* (*ubuntu*). Hunhuism is, therefore something more than just humanness deriving from the fact that one is a human being."[139]

From the above definition, it follows that *ubuntu-hunhu* is based on the ethical presupposition that as human beings, we are intrinsically moral. As such, one does not necessarily do something good because of God's commandments, rather one does something good primarily because that is what it means to be human, that is to enhance *ubuntu-hunhu*. How important then is ethics and morality in the *ubuntu-hunhu* world view?

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[138] Elochukwu Uzukwu, *A Listening Church: Autonomy and Communion in African Churches* (New York: Orbis Books, 1996), pp42-45.
[139] Stanlake Samkange and Marie Samkange, *Hunhuism or Ubuntuism: A Zimbabwean Indiginenous Political Philosophy* (Harare: The Graham Publishing Company, 1980), p39.

Ethics and Morality

Many African communities have clear concepts of virtues and vices and they have much to say about aberrations of personality.[140] As such, they all have a definite idea of what constitutes correct behaviour in their respective communities and its importance. Good relations between community members and society as a whole are bound to suffer should one commit antisocial acts.[141] However, and as M. Edel and A. Edel stressed, there are variations in ethical and moral practices from one community or society to another.[142] In any case however, ethics and morality form an important pillar in the *ubuntu-hunhu* world view.

According to Tempels,[143] the "Bantu"[144] person is not the ultimate judge of his or her deeds, but rather, he or she turns towards God to draw out the principles and norms of good and evils, of right and wrong. Accordingly, it is believed that all life belongs to God since it is God who summons it into being, strengthens and preserves it from all harm and ills. The strengthening of life, its preservation and the respect of life are therefore by the very nature of creation the business of God, the ancestors and the elders (the living dead). This in itself forms the basis of morality in the Bantu way of life.

Moral goodness has an ontological dimension. It refers to any action that is "vital force"[145] or serves to increase the vital force of any being. On the other hand, evil and diseases – the HIV pandemic in this case –decreases the vital force and brings about destruction and disharmony within the order of nature. It is the vital force that determines the natural law of the Bantu and it is in accordance with this unifying force that goodness may prevail. The negation of this force, however, leads to destruction. Hence, the vital

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[140] Gelfand, *The Genuine Shona*, p52.
[141] Gelfand, *The Genuine Shona*, p52.
[142] M. Edel and A. Edel, *Anthropology and Ethics* (Illinois: C.C. Thomas, 1959), p139.
[143] Tempels, *Bantu Philosophy*, pp120ff.
[144] My use of the term 'Bantu' here and throughout the thesis has nothing to do with any backwardness connotation as understood and used in the historical past. Rather, I use it to refer a particular grouping of African people – the –"*ntu*" people from the Southern African region.
[145] See Tempels, *Bantu Philosophy*, pp44ff. Tempels deals in great detail with the concept 'vital force', which in short can be described as a unifying and integrating force. Accordingly, things are essentially connected, nothing exists in isolation. For the African, the *Bantu*, the supreme value is "life force, live strongly or vital force" (Tempels:44). God is regarded as the source of the force of every being and in this sense God possesses the force in Him or Herself.

force is what gives life and the preservation thereof lies in obedience to its source – God. To this end, HIV/AIDS is seen as a danger, an evil and an enemy to humanity which seeks only to decrease the vital force and bring about destruction, disunity and disharmony in community.

However, as an important pillar constituting *ubuntu-hunhu* way of life, ethics and morality among other values are instilled in community members through informal education institutes. In fact, rites, rituals, celebrations and other gatherings provide the opportunity to educate community members. Therefore, education forms a very crucial aspect in the *ubuntu-hunhu* world view.

Education in the *Ubuntu-Hunhu* World View

Education is a much debated topic more especially when we talk about HIV/AIDS. One is tempted immediately to think of the talk about the prevention of the disease by advocating the use of condoms.[146] In the *ubuntu-hunhu* world view, education involves much broader topics, all of which are interconnected. In fact, education is an on-going process which is part of an indivisible whole. It is, therefore, not treated as a special and separate entity needing special attention. Among many other opportunities, rites, rituals, ceremonies and gatherings provide ideal opportunities to educate.

In the *ubuntu-hunhu* world view, the African traditional education moulds and prepares people for life. Maybe a crucial 'dose' in our 'modern' educational system in Africa today is that of the traditional African education as it emphasizes on the spiritual, social and community development (economic and political), because life is an indivisible whole. Hence, the African traditional education is all-encompassing. The spiritual wisdom of our ancestors and of the elders is a key and practical reference to burning, key and crucial issues in life.

[146] Juliann Filochowski, "A Measure of Our Humanity: the Church's response to the AIDS pandemic," in *Catholic International* (Based on an address to the Caritus Consultation on AIDS, Hong Kong, November 1999), p961.

In traditional African education system, religious instruction is an integral aspect of life - hence Mbiti argues that "Africans are notoriously religious."[147]Young people receive instructions on many aspects of life through inclusive religious rites, rituals and ceremonies. The most significant rituals are initiation ceremonies, marriage as well as burial ceremonies. It is through the initiation ceremonies that young people receive sex education. It is through the same ceremonies that young people attain adulthood identities and are prepared to appreciate and experience the mystery of life. Significant issues and truths – which would include HIV/AIDS in this case – are communicated more effectively through rituals and myths than through deadening routines of dry logic. It is therefore, with great sadness to learn that all these aspects of education do not exist in our education system. They have been long ignored and taken away. These ritualistic and spiritual aspects or elements need to be grafted back into our educational system and in the Church's religious education if sex education in the face of HIV/AIDS is to be taken serious. Most Africans know about HIV/AIDS, how it is contracted and that condoms can prevent it or at least reduce the chances of getting infected. There is however more to sex education in the battle against HIV/AIDS than educating people about condoms.

Afro-centric religion and instruction in the ceremonies and rituals of ancestors 'worship' ought to be given a place in our education system particularly in the face of HIV/AIDS. Most importantly, this must be accompanied by religious instruction in our Christian faith. For us as Africans to fully embrace other religions, that is, the Christian religion, we need first and foremost to revive, understand and fully embrace our own cultural religious traditions. As Christ once said, "Man [*sic*] cannot live on bread alone, but needs every word that God speaks (Matthew 4:4)." Spiritual and moral elements of education (from both African tradition and Christian religion) are very important educational tools in the face of HIV/AIDS pandemic. Educating people about HIV/AIDS – about condoms, abstinence, Abstain, Be faithful, Condomise (ABC), PMTCT and many other preventative measures – without cultural and religious values, beliefs, norms and reference is not enough. This does not automatically lead people to be responsible and thereby reduce the spread of HIV/AIDS. Education about HIV/AIDS and its dangers can

[147] Mbiti, *African Religions and Philosophy*, p1.

be of little use, meaningless and ineffective if it is not effectively integrated and grounded into the people's cultural and religious belief and value systems.

Educating community members about the value of caring, looking after the sick and the dying, orphans and other family members is something which is grounded in people's cultures. In the *ubuntu-hunhu* way of life caring for others is very important.

Caring in the *Ubuntu-Hunhu* World View

Caring for others and therefore for life is an essential part of the African traditional society. In fact, caring is an everyday activity in the traditional African communities. Caring is therefore a norm in *ubuntu-hunhu*. In fact, caring is a very important pillar in *ubuntu-hunhu* world view. Broodryk writes,

> "Caring in the ubuntu world view is the way one treats others. It shows how a parent and adult treat children, how children behave towards parents, how married spouses behave towards each other, how the aged is attended to, how the sick and the underprivileged are assisted, and to what extent a person controls his or her emotions under all circumstances...."[148]

Generally speaking, in the traditional African system, a disease is a reflection of an unhealthy individual or communal life. If one is not well, the whole kinship and the whole community is affected, and therefore it is sick as well.[149] HIV/AIDS is a practical sign and illustration that all is not well in the Southern African region, let alone in the African continent. AIDS continues to mercilessly ravage the Southern African community more than anywhere else in the African continent. The disease is killing African people,[150] and they are dying like autumn leaves.

For many Africans, particularly among the Shona, Zulu and Xhosa, and Sotho people of Zimbabwe, South Africa and Lesotho respectively, healthiness is not just a matter of

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[148] Broodryk, *UBUNTU: Life lessons from Africa*, p48.
[149] Philip M. Moila, "Caring in Traditional African Society," in *Bulletin for Contextual Theology in Africa*. [Theme: Church & AIDS], Vol 7, No.1, March 2000, p21.
[150] See http://www.sagoodnews.co.za This website reports that in South Africa, 13 percent of the black population today are affected by HIV/AIDS, and only 6 percent of the white and coloured population.

some physical pain of the individual concerned.[151] It is a matter of the mental and spiritual pain[152] of the kinship and of the whole community to which the sick person belongs. Hence Mbiti writes,

> "Kinship has been one of the strongest forces in traditional African life. Kinship is the network of relationships through birth and marriage and any other forms of relatedness within a community which [concerns] everyone in the ethnic community as well as their totems. It is a bounding system which dictates the proper behaviour of its members."[153]

Kinship is also a caring institution. It cares through the family, the community and the whole clan. Orphans and the sick are therefore nurtured and looked after in these extended families. These extended families function as mutual support systems to both the orphans and the sick – in this case it will be the so-called AIDS orphans and those living with AIDS. Let me therefore dare say, should *ubuntu-hunhu* spirit be revived, taken serious and given its rightful place in this age of HIV/AIDS, there would be no need for orphanages and hospices.

The concept of caring in the *ubuntu-hunhu* kingdom is best summarised by George Kaitholi as he defines it as follows,

> "Caring is loving, listening and accepting; caring is communicating, understanding and respecting; caring is openness, sensitivity and availability; caring is supporting promoting and responding; caring is bearing, forgiving and fraternizing; caring is kindness, sympathy and concern; caring is needful, beautiful and joyful; caring merits thinking, training and targeting."[154]

A revival *ubuntu-hunhu* and/or African traditional caring system is of greatest urgency and importance if we are serious about caring for PLWHA and for those affected by it like 'AIDS orphans'. It will also help bring health and healing to those who are infected and affected by the HI-virus.

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[151] Gennrich, *The Church in an HIV+ World*, p46.
[152] Gennrich, *The Church in an HIV+ World*, p46.
[153] Mbiti, *African Religions and Philosophy*, p104.
[154] George Kaitholi, *Making Caring Your Target* (Bandra, Mombey: Better Yourself Books, 1997).

Health-Care, Sickness and Healing in the *Ubuntu-Hunhu* World View

In the *ubuntu-hunhu* world view, the involvement of the community as a whole in health care is very important. Because healing is an interactive process, when one member of a community suffers, all suffer; but because all suffer, all are in some sense concerned with and affected by the need to address the malady of the sick member. Accordingly, when a widespread misfortune hits the community or society such as floods, drought, famine and a pandemic like HIV/AIDS, these calamites are attributed to disharmony or broken relationships which must be restored before the community can regain its harmony. Because illness is derived from a sick or broken society, the community becomes the starting point for individual diagnosis care and treatment. From my experience the traditional healing sanctuaries and shrines of the traditional medical practitioner provide ample opportunity for the kin to participate in diagnosis, prognosis and treatment.[155]

In the *ubuntu-hunhu* world view every human being is viewed both in his or her collective identity as a member of the community, and in his or her personal identity as a unique individual. As far as the conception of health is concerned, the individual is truly human in so far as he or she is an integral member of the community. Mbiti summarizes this point by saying, "the individual is conscious of himself [*sic*] in terms of 'I am because we are, and since we are therefore I am."[156] This, once again is in contrast to Decartes', *dictum*: *cogito ergo sum*.[157] In the *ubuntu-hunhu* world-view, it is not the individual's capacity to think, but rather the fact that he or she belongs, participates and shares life with others that leads to wholeness and guarantees integral health. Hence, individualism is an abomination, and communal and collective responsibility is encouraged.

Ideas about sickness and attitudes towards health vary widely in societies. But, generally speaking, to the African, the notion of health is a state of complete well-being based on a

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[155] This was confirmed in a personal interview with Fr. S'khona Ngosa, Pietermaritzburg, February 2005. Ngosa is a Roman Catholic priest presently working in Soweto, Johannesburg diocese. In 1999, while involved in Christian ministry, Ngosa responded to a call from his ancestors to be a Sangoma, and went for training in Umugababa, South Coast, KwaZulu-Natal.

[156] Mbiti, *African Religions and Philosophy*, p2.

[157] Russell, *History of Western Philosophy*, p547.

way of living, good conduct and abilities in relation to other family and community members. It gives due respect to the dignity of a person and brings about a link of one with society, community, ancestors and God.

Among the Zulu people healthiness is understood in terms of *ubuhlobo* (relatedness) and connectedness.[158] Accordingly, health in its truest sense there is the integration of body, mind and spirit, the self and with others; the self and God.[159] To this end, a person is understood to be in good health when they are in good relations with everything and every being within their surrounding or that concerns them. Harriet Ngubane affirms this by arguing that being healthy means being in a harmonious and connected relations with the universe and the environment.[160] In addition, the World Health Organisation (WHO) also defines health as a state of complete physical, mental, emotional and social well-being, and not merely the absence of disease or infirmity.[161]

Sickness is seen as all health disorders resulting from a complex interaction between heredity and environment, nature and nurture. Sickness is, in other words psychosomatic – a complex interaction of physical and physiological, sociological and spiritual factors. Accordingly, Ngubane argues that *isifo* (sickness) is a generic term which refers to all forms of sickness.[162] Sickness, therefore, refers to all forms of illness, misfortune, disposition of being vulnerable and misfortune and disease such as HIV/AIDS in this context, and many other diseases.

According to Cecil Helman, anthropologists argue that any society's health care system cannot be seen or understood, and therefore function in isolation from other aspects of that particular society, especially its social, cultural, religious, political and economic

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[158] Philip M. Moila, Abstract of a paper on *Health, Sickness and Healing* read by Professor Moila at the meeting of the LWF workshop group on Christianity and African Religion held in Nairobi, Kenya on 9-13 November 2000.
[159] Karin Granberg-Michaelson, *Healing Community* (Geneva: WCC Publications, 1991), p5.
[160] Harriet Ngubane, *Body and Mind in Zulu Medicine: An Ethnography of Health and Disease in Nyuswa-Zulu Thought and Practice* (London: Academic Press, 1977), pp27ff.
[161] WHO, *Official Record of the WHO 2*, No. 100. Adopted by the International Health Conference, New York, 1946.
[162] Ngubane, *Body and Mind in Zulu Medicine,* p22.

organization.[163] In other words, health care system is interwoven with all these aspects of human life and is based on the same assumptions, values and view of the world. Accordingly, besides the key and important role played by health care professionals, health care should take place between and amongst people already linked to one another by either ties of kinship, friendship or neighbourhood or religious organisation. To this end, and as should be expected, health care in the *ubuntu-hunhu* world view is both a personal and communal project.[164] However, the ultimate responsibility of one's health and health care remains in every particular individual concerned. But, because *Motho ke motho ka bantu* this responsibility is shared by kinship.

In the *ubuntu-hunhu* world view, health and health-care issues are very important. Traditional healers occupy a key and central role in the health care system. However, while many healers tend to be general practitioners, there is a very strong tendency towards specialisation and differentiation of roles. Many traditional healers in KwaZulu-Natal, particularly in Pietermaritzburg and Durban, seem to specialise in the making of medicines just like our modern dispensing pharmacists.[165] According to Ngosa these traditional healers make medicine and also conduct divinations of healing. For example, "Sekuru"[166] Chikuni, is a well-known Zimbabwean traditional healer in works in Soweto, specialises in three major areas namely cancer, psychiatry and *Kuuchika* (an area specialising in treating women who experience problems in bearing children). My late and distant maternal uncle Sekuru Mazvimbakupa, whom I once stayed with for a couple of years, also specialised in *kuuchika*. As such, I have a first hand experience of the work and role traditional healers, *sangomas/n'angas* play in the traditional African society.

The approach of traditional healers to the care of patients is a multi disciplinary one. It is inclusive and holistic health care. The entire psycho-socia milieu is taken into account as

[163] Cecil G. Helman, *Culture, Health and Illness*, 4th ed. (Oxford: Butterworth-Heinemann, 2000), p50.
[164] Shutte, *UBUNTU: An Ethic for a new South Africa*, p140.
[165] Interview with Ngosa, Pietermaritzburg, February 2005.
[166] *Sekuru* is a Shona word meaning grandfather or uncle. However, it is also used in the Shona traditional and medical system as a title for n'anga/*sangoma*, traditional healer, herbalist, diviner and so on. In this context it means "doctor".

well as the patient's social and spiritual context when diagonising and treating.[167] Zachariah Kansalu Mambo told me that his examination involves a thorough investigation of the patient's social relationships with significant others in both the living and the dead.[168] Relationships with brothers, sisters, boy or girl-friends, children, parents and ancestors are very important to the overall health of an individual. Individual health and health care is a collective issue. *Umuntu ngumuntu ngabantu.* One can only *be* through others.

Indigenous Resources and Agents of Health care[169]

Belief in the ancestors is largely based on the notion that life continues after death and that communion and communication is possible between the living and the dead. Ancestors are believed to have power to influence the affairs of the living either for good or for the worse. They take interest in the day-to-day affairs of the family. They play the role of guardians and police persons of the public and private morality, and unseen presiders at family meetings and gatherings. They also act as intermediaries between the living and the dead. Ancestors are also believed to be involved in the practice of medicine and can, upon request, send a special cure to a relative seriously sick or dying - HIV/AIDS victims in this context. The departed ancestors by virtue of being part of the extended family and living in proximity of God the creator and endowed with special powers, the living-dead continue to be part of the family and are included in all events of the family or clan. They are invisible beings participating in the world of the living. In the African's mind, offerings to the dead express an attitude that passage into the invisible world has not destroyed life and family.

While one cannot blame the ancestors for one's death, they have a role to play in it and this is seen in the pouring of libation to call for help. Ancestors can punish, warn, and call a person to be a healer through illness or sickness which can result in death depending

[167] Interview with Ngosa, Pietermaritzburg, February 2005.
[168] Interview with Zachariah Kansalu Mambo, February 2005. Mambo is a traditional healer and herbalist from Malawi and is now residing here in South Africa and working in Pinetown, Durban and in Pietermaritzburg. He claims to have a 'cure' for HIV/AIDS.
[169] In this section I am indebted to information I obtained in the interviews with Mambo and Ngosa. I have also drawn from my own experience of an African world view.

with the person's response to their call. This is undoubtedly the most puzzling aspect of the African traditional conception of health - the passage from life to death. One therefore wonders if a further probe into this puzzling aspect would not help explain why many African people, including some pastors, priests and Church ministers believe that HIV/AIDS is a punishment from God.

Witchcraft and magical belief plays a part in the African traditional concept of health. There is a relationship between human beings and evil. Therefore, human ambitions and jealousies become the source of evil. For most of us Africans, witchcraft is an undeniable reality - a reality that we take very seriously. Traditional medicine men and women, witch doctors, *n'angas/sangomas* and diviners are consulted to provide protection against witchcraft.

God is the source of power and the practice of medicine is a gift. God dispenses this gift of healing through the agency of religious experts (herbalists, traditional medicine men and women, divinities, ancestors, *n'anga/sangoma* and other supernatural agents who have the connection with the practice of medicine). It is their task to discover the reasons for disharmony in the universe and to provide cure for problems. According to Euro-American standards, African traditional healers and traditional medical practitioners are considered or judged as primitive. The Church too has failed to subscribe to traditional healers and traditional medical practitioners. But are these traditional healers and traditional medical practitioners too primitive that they would be of absolutely no assistance in the battle against HIV/AIDS? If so, why then is it that among African Christians we have those that are Christians by day and 'Africans' by night? In other words, because the Church has not subscribed to different realities in the *ubuntu-hunhu* word view, Christians choose to consult traditional healers and traditional medical practitioners during the night, unseen in the dark. Edward C. Green writes,

> Despite colonial and post-independence efforts to eradicate traditional medicine, traditional healers continue to play an important part in African societies. Reason

for their resilience can be attributed to the fact that they occupy a broad range of social functions.[170]

Traditional healers can be described not only as medical practitioners, but also as "religious consultants, legal and political advisers, marriage counselors, police detectives and social workers."[171] Green considers traditional healers as "change brokers" to help society adjust to the socio-cultural changes brought about through rapid urbanization.[172] To this end, it seems clear that biomedical objectives of caring physical disease or illness is just one aspect of traditional healing which also includes the maintenance of the spiritual and emotional well being.

Traditional healers in Africa tend to have specialization in illnesses they claim to be able to cure with success. Hence, today there are some traditional healers like Mambo, and Farai Ngwena[173] from Harare, who state that they are able to cure AIDS symptoms. Furthermore, despite the critics (and some damaging popular beliefs), there are also some traditional healers who identify themselves as specialists providing cure for HIV/AIDS.

Included in the category of traditional medical practitioners are; diviners, herbalists, witchdoctors, therapeutic groups and a variety of healers specialized in the diagnosis and treatment of illnesses.[174] Traditional medical practitioners take a holistic health care and healing approach based on a very positive attitude which asserts that people can make a difference in their health or illness. Hence, traditional medical healers - as argued in the previous chapter - emphasize on health as on treating illness, and involves treating the whole person; socially, physically, emotionally and spiritually.

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[170] Edward C. Green, AIDS and STDs in Africa: Bridging the gap between healing methods and modern medicine (Boulder, Co.: Westview Press, 1994), p16.
[171] Interview with Ngosa, Pietermaritzburg, February 2005.
[172] Green, AIDS and STDs in Africa, p32.
[173] Farai Ngwena is a traditional healer who is officially registered with the Zimbabwe N'anga and Traditional Healers Association (ZINATHA). Although he uses the title Dr. (and rightly so), he has no 'formal' training in medicine. He however has four offices in Harare, Mutare, Bulawayo and Masvingo.
[174] Interview with Ngosa, Pietermaritzburg, February 2005.

According to Mambo,[175] the diagnosis of illness or disease by traditional medical healer includes basic questions such as, whom or what is the cause of the illness or disease? Is it the patient's own fault or is it someone or something else? These healers essentially seek in every illness the significance of the disease. They look for and discover the cause of the sickness. They find out who the culprit is and make diagnosis of the nature of the disease. These healers serve as 'doctors and as pastors' to the sick person. Because disease for the African is a religious experience, it is believed that it requires a religious approach for the treatment. In addition, traditional medical practitioners give much time and personal attention to patients, which enable them to penetrate deeply into the psychological state of the patient. Their healing, caring and diagnostic methods are of great value in the battle against HIV/AIDS. These healers provide meaningful answers to their patients and their next of kin with their holistic approach in dealing with sickness.

Conclusion

The Afro-centric heritage of *ubuntu-hunhu* with its concerns for one another, solidarity, teamwork (collectivism), relationships and values, has a unique approach to life. Furthermore, it has a radically unique health-care system, and understanding of sickness and healing. And there lies the richness and resourcefulness of *ubuntu-hunhu* way of life. As such, given these realities about *ubuntu-hunhu* and as highlighted in this chapter, I think it has the potential of being an asset and resource in the battle against HIV/AIDS. As clearly articulated in this chapter, besides being an anthropocentric way of life which looks at God and nature from the point of view of human relationships, *ubuntu-hunhu* also acknowledges that "your pain is my pain, your sorrow is my sorrow, your joy is my joy, your well-being is my well-being..."[176] Hence at the center of *ubuntu-hunhu* is teamwork and collective solidarity. In fact, the values underlying this extraordinary way of life and philosophy seeks to honour the dignity and well-being of every person, and also concerned with the development and maintenance of mutually affirming and embracing relationships.

[175] Interview with Mambo, Pietermaritzburg, February 2005.
[176] Jabulani Sithole, "A Cultural Approach to AIDS in Africa," from Africa Online Services (afrol.com, March 2001).

The next chapter however, will focus on and present a descriptive definition of the Asset-Based Community Development (ABCD) model. As will be learnt in the chapter, this American pioneered model seems to rest on similar values and principles undergirded in the *ubuntu-hunhu* philosophy.

Chapter Four

The ABCD Model in the Context of HIV/AIDS

Introduction

The previous chapter has explored and dealt with the concept *ubuntu-hunhu*. *Ubuntu-Hunhu* values the dignity and personhood of each community member and the relatedness of community members. This chapter will focus on the ABCD model which focuses on community assets and resources. It is characterized by the following elements; inside-led, asset-based, capacity-focused and relationship-driven, all of which will be explored in this chapter.

The Asset-Based Community Development Model

John Kretzmann and John McKnight of the Institute of Policy Research at the North Western University, Illinois, are credited with developing the ABCD model.[177] This model draws on appreciative inquiry [AI]; the recognition of social capital; participatory approaches to development which, are based on principles of empowerment and ownership; collaborative economic development models that place priority on making the best use of community resources base; and efforts to strengthen civil society by engaging people as citizens rather than as clients or customers.[178] Assets may be persons, physical structures, natural resources, associations, institutions, businesses, informal organisations, cultural groups, clubs and the list goes on.[179] The ABCD model involves the community in making "inventory of assets and capacity building relationships, developing a vision of the future, and leveraging internal and external resources to support actions to achieve it."[180] The model, therefore, aims at unleashing and highlighting, so to say, the strength within the community as a means for sustainable development. Furthermore, it seeks to promote self-reliance, self-directing, and change from below. The ABCD model insists on beginning with a clear commitment to discovering a community's capacity and assets.[181]

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[177] Kretzmann & McKnight, *Building Communities From Inside Out*.
[178] http://www.etc.org/cve/docgen.asp?tbl=tia&ID=170 accessed on 19 March 2004.
[179] Kretzmann & McKnight, *Building Communities From Inside Out*, pp7ff.
[180] Kretzmann & McKnight, *Building Communities From Inside Out*, p3.
[181] Kretzmann & McKnight, *Building Communities From Inside Out*, p1.

The ABCD model provides an alternative to the service delivery/institutional model in which external agencies often donors and government funding means, donors and government agenda setting and less local or community control.[182] The ABCD model advocates on starting small, and on what the community has and then building on success.[183] Hence it is characterized by its community-driven approach, as opposed to being driven by external agencies. The model appreciates and mobilizes individuals, community talents, skills, resources, values and assets among other things. According to Kretzmann and McKnight "all the historic evidence indicates that significant community development takes place only when local community people are committed to investing themselves and their resources."[184] The Church, cultural groups and clubs also form part of these vital community assets and resources.[185]

The ABCD model is a reaction in that it advocates concentrating on those assets, strengths and skills that already exist in the community in order to mobilise positive change. In addition, the model is a process or a strategy, rather than a prescription for predetermining outcomes. In fact, a key element of the ABCD model is, as argued before, that it is internally-driven, not dependent on external agencies initiative and direction.[186] Furthermore, it emphasizes on a participatory and inclusive decision-making and is action-based. In addition, it is organic and capacity-focused.

The ABCD model is against a need-driven approach to community development and to the development practice in general.[187] This need-driven approach focuses on the needs and deficiencies of the people.[188] It is outside-led. Meaning it is led by outsider or external agencies. Community members are therefore defined as clients, poor, needy,

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[182] Kretzmann & McKnight, *Building Communities From Inside Out*, pp1-4. Also see Alison Mathie and Gord Cunnigham, *From Assets to Citizens: Asset-Based Community Development as Strategy for Community-Driven Development* (Canada: St. Francis Xavier University, 2002), p2.
[183] Kretzmann & McKnight, *Building Communities From Inside Out*, p5.
[184] Kretzmann & McKnight, *Building Communities From Inside Out*, p3.
[185] Kretzmann & McKnight, *Building Communities From Inside Out*, pp7ff.
[186] Kretzmann & McKnight, *Building Communities From Inside Out*, p4.
[187] Kretzmann & McKnight, *Building Communities From Inside Out*, pp1-4.
[188] Kretzmann & McKnight, *Building Communities From Inside Out*, p1.

sick, disabled, orphaned, victims who are incapable of taking charge of their lives and so on. The community is therefore perceived to be troubled and problematic. As a result community members internalize the fact that they are helpless and in need. For this reason, community problems and development practices are driven and addressed through deficiency-oriented policies.[189] In developing and implementing these policies the community is hardly consulted. The outsider or external agency who may have very little knowledge about the community and its problems proposes, develops and implement strategies and ways of meeting community problems. This seems to be the approach that is dominating any attempt geared at reducing the spread of HIV/AIDS here in the Southern African region. The Church, together with other stakeholders and partnerships seems to be imposing their own one-size-fits-all agendas and strategies, and deficiency-oriented policies and solutions in the battle against HIV/AIDS. There seem to be very little or no consultation at all with local and community members. Indigenous resources, cultural beliefs, values, norms and practices among other things are ignored, discarded and taken for granted. Traditional healers and traditional medical practitioners, for example, who in this case form part of the healing and caring agencies, resources and assets within the Southern African community are not adequately subscribed to and incorporated in strategies and plans to combat the deadly virus. In addition, 'Bantu' ethics, African traditional caring models, educational strategies, understanding of disease and disease causation among other things seem to be taken for granted. In the ABCD model all these aspects form part of the resources, assets, skills, talents and tools within the community which can be tapped into and used by all means in the battle against HIV/AIDS.

Tsitso Monaheng defines community development as the promotion of human development, the empowerment of communities, and the strengthening of the community's capacity for self-sustaining and self-directing.[190] This, therefore, means that in community development, community members' needs should be met, their lives improved and help them to find strategies and ways of sustaining and managing

[189] Kretzmann & McKnight, *Building Communities From Inside Out*, p2.
[190] Tsitso Monaheng, "Community Development and Empowerment," in Firk De Beer and H. Swanepeol, *Introduction to Development Studies* (Oxford: Oxford University Press, 2000), p125.

themselves with little or minimal outside help. While helping (outside help) the Southern African communities to find solutions that help mitigate the impact of HIV/AIDS is necessary and important, there is a need for the Southern African citizens themselves to be allowed to take responsibility and be deeply involved in seeking solutions in the war against HIV/AIDS pandemic. The ABCD model is a tool which can enable the Southern African citizens to involve themselves and be in the fore-front in fighting the HIV/AIDS genocide. Below are some characteristics of the ABCD model which makes it the viable model in the battle against the notorious virus.

Asset-Based

The first principle that defines the ABCD model is that it is "asset-based."[191] What this means is that community development strategies start with what is present in the community. In other words, asset-based approach to development focuses on the assets and resources within the community. Instead of believing and assuming that community members are poor, disabled, helpless and have nothing, an inventory is considered to see the assets and resources within the community, which can be utilized in the face of crisis – HIV/AIDS in this case. This helps the community to realize its own capacity, strength, assets and resources within itself. The Church therefore, together with other stakeholders and partnerships need to foster on and subscribe to the resources, assets, strengths and capacity within the Southern African communities which are useful in the battle against the virus. Assets such as traditional healers, traditional medical practitioners, support groups, kinship systems, cultural values and beliefs, and health-care facilities need to be incorporated in combating HIV/AIDS.

Capacity Focused

The ABCD model focuses on the capacity, talents, gifts and skills within the community.[192] Instead of going into the community to identify what they lack in order to assist them, one goes to the community to identify the gifts, talents and skills possessed by the community in order to help the community to use these unique resources and

[191] Kretzmann & McKnight, *Building Communities From Inside Out*, p9.
[192] Kretzmann & McKnight, *Building Communities From Inside Out*, p5.

assets. The community's capacity to help itself is valued and recognized. Community members need to be valued for who they are and what they have. This helps to reduce the discriminatory attitude and stigmatization towards those infected and affected with HIV/AIDS. The Church therefore, needs to be in the fore-front in helping the Southern African citizens to focus on, to identify and to tap into the talents, skills and gifts within their communities which can contribute towards positive change in the fight against the HIV/AIDS pandemic.

Inside-led

Because the ABCD model is asset-based, it is by necessity internally-focused.[193] This self-conscious internal focus is not intended to reduce either the role of external forces in helping the poor communities nor the need to attract additional resources to these communities.[194] One of the strength of the ABCD model is that it is led by community members themselves who are the beneficiaries of the development practice. The Church, in working with other stakeholders and partnerships in the battle against the retrovirus needs to advocate this community-led approach. The Southern African citizens need not be dependent on the leadership and facilitation of outsiders or external agencies in seeking solution to combat HIV/AIDS.

Bottom-up Approach

The ABCD model advocates change from below in that community members themselves and people at the grassroots level are encouraged to lead and take charge in the development practice.[195] The ABCD model values the initiatives of community members at the grassroots level in solving and seeking solution in the problems facing the community.[196] For this reason, the ABCD model is said to advocate and foster a bottom-up approach to community development.

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[193] Kretzmann & McKnight, *Building Communities From Inside Out*, p9.
[194] Kretzmann & McKnight, *Building Communities From Inside Out*, p9.
[195] Kretzmann & McKnight, *Building Communities From Inside Out*, p8.
[196] Kretzmann & McKnight, *Building Communities From Inside Out*, p8.

Relationship-Driven

The ABCD model values the building and rebuilding of relationships.[197] This helps to promote the networking of as many community members' different gifts, talents, skills and capacity as possible. As such, an inventory of the capacity of individual community members and key assets and resources within the community becomes useful in building relationships.[198] These partnerships help development facilitators to link up individual community members, organization, associations, cultural groups and other institutions in community building.[199] This valuing of relationships is similar to that of the extended family and kinship systems within many African communities here in the Southern African region. The ABCD model therefore helps to rebuild and revive the notion of kinship and extended family which seems to be a thing of the past in the *ubuntu-hunhu* kingdom. The kinship systems that once existed in many African families can help deal with as many social problems as possible that are HIV/AIDS-related. The issues of poverty and that of orphans and vulnerable children are some of the social issues resulting from the spread of HIV/AIDS which can be reduced by the revival of kinship systems.

Relationship with neighborhood is both characteristic of the ABCD model[200] and vital to it and to the *ubuntu-hunhu* kingdom. As once argued, a continuous building and rebuilding of relationships is advocated by the ABCD model.[201] This idea is also similar to the one propounded by *umuntu ngumuntu ngabantu.* Seen and understood from this point of view, the ABCD model becomes an African friendly development model as it values people and their relationships with neighbours. As argued by Mvume Dandala, "*umuntu ngumuntu ngabantu* becomes a statement that levels all people. No one is self-sufficient and interdependence is a reality for all."[202] The ABCD model provides an

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[197] Kretzmann & McKnight, *Building Communities From Inside Out*, p9.
[198] Kretzmann & McKnight, *Building Communities From Inside Out*, p3.
[199] Kretzmann & McKnight, *Building Communities From Inside Out*, p9.
[200] Kretzmann & McKnight, *Building Communities From Inside Out*, pp9ff.
[201] Kretzmann & McKnight, *Building Communities From Inside Out*, p9.
[202] Mvume H. Dandala, "Cows Never Die: Embracing African Cosmology in the Process of Economic Growth," in R. Lessen and Barbara Nussbaum (eds.), *Sawubona Africa: Embracing Four Worlds in South African Management* (Johannesburg: Zebra Press, 1996), p70.

opportunity to put this philosophy into practice. The haves need to be encouraged to share with the have-nots and the have-nots need to also be encouraged to do likewise. Resources and assets should not be limited to material and physical but include the 'spiritual', talents, gifts and skills, of which the have-nots have many.

The ABCD Model, *Ubuntu-Hunhu* and the Church

The Church is recognized as an asset and a resource in the ABCD model.[203] Similarly the *ubuntu-hunhu* philosophy also has resources and assets in terms of cultural values, practices and beliefs.

Kretzmann and McKnight identify skills, talents and gifts as useful and viable resources and assets for the community.[204] These types of assets and resources can be translated into human resources and personnel. As indicated in Chapter Four, traditional healers and traditional medical practitioners are part of these resources and assets.

The ABCD model fosters the building and rebuilding of relationships, hence it is characterized as relationship-driven. The valuing and promotion of networks of relationships and neighborhood between individuals and community members is of great importance. This too is characteristic of *ubuntu-hunhu* way of life in its valuing and promotion of kinship, extended family, co-operation, connectedness/relatedness (*ukama* in Shona and *ubuhlobo* in Zulu). Kinship and extended family systems are seen and understood as caring and helping institutions in many African societies. Hence, Gelfand writes,

> "It is not merely the help which an individual gives voluntarily to another person in need, but rather the obligation of assisting others in the same group or system of groups. This type of help given depends on the closeness of the kinship ties. There is the close relationship in a family lineage in which the brotherhood [*sic*] is referred to as ukama. Another word often used is *kunzwanana* (Shona) implying a state of harmony or peace among people, not only those related to one another, but also among non-relatives."[205]

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[203] Kretzmann & McKnight, *Building Communities From Inside Out*, p9.
[204] Kretzmann & McKnight, *Building Communities From Inside Out*, p4.
[205] Gelfand, *The Genuine Shona*, p38.

This idea of kinship, relatedness and extended family system is, as argued earlier important in many African communities. The idea of building and rebuilding of relationships and the valuing of neighborhood as expressed in the ABCD model is similar to that of kinship and extended family system, of relatedness/connected and of co-operation in the *ubuntu-hunhu* world view.

Conclusion

I have in this chapter highlighted the principles under girded in the ABCD model. This community-based model is relevant in the battle against HIV/AIDS and is similar to the concept *ubuntu-hunhu*. Based on the recognition of local strengths, resources, skills, talents, gifts and assets of individuals and communities, the ABCD model is likely to inspire positive and a fruitful change in the war against HIV/AIDS. Furthermore, the ABCD model is also an important tool which the Church can utilise in mobilising a multi-sectoral, contextual and collective approach in the HIV/AIDS crisis.

In the following chapter I will develop the notion of a contextual approach which the Southern African Church should consider in the battle against HIV/AIDS. In the development of this contextual approach, I will draw together the principles and values that undergird both the ABCD model and the concept *ubuntu-hunhu*.

Chapter Five

Towards a Contextual Approach to HIV/AIDS: a challenge to the Church

Introduction

In the previous two chapters a critical analysis of *ubuntu-hunhu* and the ABCD model was presented in the context of HIV/AIDS. The aim of this exercise was not only to critically engage with the two theoretical frameworks and situate them into the HIV/AIDS catastrophe, but also to reflect on their relevance as tools which the Church can use together with other stakeholders in the battle against the pandemic. This chapter seeks to construct a contextual approach to the HIV/AIDS crisis by integrating these two theoretical frameworks. This contextual approach is proposed as a challenge to the African Church to take seriously in the battle against HIV/AIDS.

The Church is already involved in the joint social efforts against the HIV/AIDS pandemic. Although one might argue that the Church has responded inadequately, it nonetheless is an important provider of competent and compassionate care to people dying of AIDS. Furthermore, Margaret Farley has argued that the Church, particularly the Roman Catholic Church, continues to contribute "not only to the pastoral and medical responses needed for HIV/AIDS prevention, but also to the coherence required of ethicists and moral theologians from every strand of Christianity and from other world religion."[206] The Church is an influential and powerful institution with a potential to bring about change in the war against HIV/AIDS. It has the strength, the credibility, and is deeply grounded in communities.[207]

The contextual approach proposed in this thesis is firmly grounded in the *ubuntu-hunhu* philosophy and the ABCD principles. I believe that a contextual and community-grounded approach can be the cornerstone of an effective response to the HIV/AIDS pandemic. A contextual and community-grounded approach based on community

[206] Quoted in James Keenan, *et al* (eds.), *Catholic Ethicists on HIV/AIDS Prevention* (New York/London: Continuum, 2002).
[207] WCC, *Plan for Action*, p2.

initiatives, cultural beliefs, practices and traditions, indigenous knowledge systems and other local resources has become crucial to a relevant response.

Africa gives people hope, confidence and strength through its belief in God and ancestors, because each person is more than him or herself. The spirit of peace and harmony of the ancestors is shared in community. This spirit of togetherness cures people from illness, isolation, hopelessness, discrimination and stigmatization. An individual who does not have such experience is lifeless, despairing, and isolated. As such, debates around *ubuntu-hunhu* as a tool to bring this spirit of togetherness is heating up in different spheres of Africa. President Thabo Mbeki of South Africa called for an "African Renaissance."[208] The Church too is calling for the revival of the *ubuntu-hunhu* spirit and philosophy.

According Mvume Dandala of the Methodist Church for Southern Africa, *ubuntu-hunhu* is not just a concept easily distilled into a methodological procedure. It is rather bedrock of a specific life style or culture that seeks to honour human relationships as primary in any social, communal or corporate activity.[209] *Ubuntu-Hunhu* is therefore a quality of being human. It is the quality or behaviour of "*-ntu* or *–nhu*"[210] or society that is sharing, interdependent, charitableness and cooperation. As has already been argued, *ubuntu-hunhu* is a spirit of 'participatory humanism.' Of what significance is the concept *ubuntu-hunhu* to the African-Christian Church in the battle against HIV/AIDS? John Mbiti writes,

> Africans are notoriously religious and each people has its own religious system with a set of beliefs and practices. Religion permeates into all the departments of life so fully that it is not easy or possible to always isolate it.[211]

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[208] See Thabo Mbeki, *et al*, *The African Renaissance* (Konrad-Adenaner-Stifling, Occasional Papers Series: Johannesburg, 1998).
[209] Mvume H. Dandala on the South African Broadcast Cooperation (SABC) 2, in *Morning Live News* (unpublished speech, December 2004).
[210] See Ramose, "*The Philosophy of Ubuntu and Ubuntu as a Philosophy.*" Ramose discusses the words *ubuntu* and *hunhu* as hyphenated words, that is, *ubu-ntu* and *hu-nhu*, pp230-232. Also see Murove, *The Shona Concept of Ukama*, pp40ff, and Samkange and Samkange, *Hunhuism or Ubuntuism*, pp39ff.
[211] John S. Mbiti, *African Religions and Philosophy*, p1.

The Christian religion, particularly here in the Southern African region, dominates the African way of life and belief system. This is as a result of the fact that missionaries did not recognize value and respect African culture in their evangelizing mission. Hence Mugambi writes,

> There is something not good in a missionary enterprise which robs people of their culture, religious and moral integrity..... In Africa, Christianity has been used far too long to destroy the cultural and religious foundations of African people.[212]

The implication of this evangelizing enterprise by missionaries has led to the neglect and of *ubuntu-hunhu* – the bedrock of the African way of life and the fountain from which African culture and way of life flows. Africans doubted either consciously or unconsciously part of their being, that which makes them unique and that which authentices their belief system. As such, *ubuntu-hunhu* spirit must be revived, reclaimed and put to the test in the fight against the HIV/AIDS pandemic. *Ubuntu-Hunhu* therefore needs to given a chance, and be the salt in the battle against HIV/AIDS.

> You are the salt of the earth. But if the salt loses its saltiness, how can it be made salt again? It is no longer good for anything, except to be thrown out and trampled by men (*sic*) (Matthew 5:13).

Jesus, in Matthew 5:13, challenges us to be the salt of humanity. Can *ubuntu-hunhu* way of life be a challenge to be the salt in the Southern African community as we struggle to fight HIV/AIDS? Does the *ubuntu-hunhu* way of life, with its values, beliefs, norms and so on, not have the potential to make a difference in the face of the HIV/AIDS scourge? Jesus said, "If the salt loses its saltiness, it is no longer good for anything except to be thrown out and trampled by men (*sic*)." Similarly, I believe that *ubuntu-hunhu* way of life has something to offer in the battle against HIV/AIDS. Radikobo Ntsimane, however suggested that *ubuntu-hunhu* has long lost its saltiness. "*Ubuntu-hunhu* has nothing to offer in the battle against HIV/AIDS. It is just a romantic idea and way of life which one can buy into."[213]

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[212] Jesse N. K. Mugambi, *From Liberation to Reconstruction: an African Christian Theology after the Cold War* (Nairobi: East African Educational Publication, 1995), pxiv.
[213] Interview with Radikobo Ntsimane, Simonlando Project, University of KwaZulu-Natal, Pietermaritzburg, April 2005.

I want to argue that *ubuntu-hunhu* has not lost its saltiness. It has the potential to make a difference. The Church might not have fully subscribed to and embraced *ubuntu-hunhu* philosophy as argued by Ntsimane, but it has certainly not lost its saltiness because of its potential to mobilize for action in the battle against HIV/AIDS.

Ubuntu-Hunhu is an African heritage, a way of life and an African community's asset basket, which the African Church needs to tap into.

> The disciples asked him. "Where will we find enough food in this desert to feed this crowd?" "How much bread have you?" Jesus asked. "Seven loaves", they answered, "and a few small fish." So Jesus ordered the crowd to sit down on the ground. He then took the seven loaves and the fish, gave thanks to God, broke them, and gave them to the people. They all ate and had enough. Then the disciples took up seven baskets full of pieces left over (Matthew 15:33-37).

From the above text, Jesus' feeding of yet another great crowd shows clearly that he was aware that community assets and resources are important and can be used in helping solve community problems. Jesus used the resources within the community to feed the same community which needed help from Him. And God blessed His efforts and multiplied the food so that it was enough for everyone as illustrated in Matthew 15:33-37. Jesus listened to people in order to find out what they had which he could use to heal them. Faith was the determinate and unique resource. This is the same challenge that I am posing to the Church. *Ubuntu-Hunhu* as a philosophy and way of life is a viable community asset and resource which can be used in the battle against HIV/AIDS. While outside help is important and possibly needed, it is also important to use the assets and resources available within the community before seeking outside help. These include values, belief and knowledge systems, skills, talents, as well as material resources such as Church buildings, community halls, and schools. The ABCD model can therefore be a catalyst in helping identify and expose these assets and resources.

Ubuntu-Hunhu and the ABCD Model: situating indigenous resources

Both the ABCD model and *ubuntu-hunhu* way of life advocates the idea of change and development from below, a bottom-up change. The valuing of people at the bottom and grass roots level, together with their assets, resources and capacity is very important. Self-reliance and self-directing is important in both the ABCD and the *ubuntu-hunhu* world view. In other words, resources and assets for transforming and helping the community are drawn largely from within the community itself. Community members, especially those at the grass roots level, are not only seen as more aware of the needs, problems, values, and beliefs of the community, but are also more in touch with the realities of all the day-to-day happenings within their own communities. Hence, they can be the ones who have the capacity and hold more power for the growth and building of their community. They have the potential and are much better placed to sustain, determine and change the future of their community and the world around them. This is the spirit advocated by the ABCD model and deeply embedded in the *ubuntu-hunhu* way of life. Community members are encouraged to be involved in building their communities and in solving the problems and crisis faced by their communities. Those in leadership in the community and Church must facilitate the process of maximum use of community assets and resources.

HIV/AIDS does not only attack or single out individuals, but it obliterates the community. It disfigures and destabilizes the impression of an intact community the people want to keep. It reveals a part of humanity that a community has difficulty in assuming and integrating. Who, therefore, is more knowledgeable about the presence of this devastating disease within a community than community members themselves? Who is most affected by the effects of the HIV/AIDS pandemic? Who understands most the trauma, pain and horror of losing a parent or both, a child, a friend, or a relative to HIV/AIDS? Who then has the 'remedy' for these pains, traumas, horrors and havoc caused by this notorious retrovirus? Is it not the community member, ordinary community members at the grass roots level who hold the key to most of the questions raised above? The ABCD model and most importantly the *ubuntu-hunhu* way of life is grounded on an approach which trusts community members in finding 'remedies and

solutions' to community problems, crisis, and their causes. It is this bottom-up approach that the Church needs to adopt in the battle against HIV/AIDS.

Asset-Based

Africa has generally been labeled poor, helpless and marginalized in almost all capacities. The citizens of Africa as a result internalized this belief, and that they have nothing to offer in their own development and to the sustainability of their own lives. However, one wonders how far true this is in the light of the ABCD model. In the ABCD model, "it is essential that each person's gifts, talents, assets and resources be recognized, even the person who has been labelled or marginalized."[214] Foster and Mathie go on to say that these assets can be anything from carpentry to childcare, compassion to organizational skills. "Similarly, local associations (both formal and informal) are powerful resources for development once recognized."[215] To this end, despite the internalized belief that Africa is poor and marginalized, an inventory needs to be considered in order to tap into the assets and resources within the African communities, which can be utilized in development praxis and more immediately in the face of the HIV/AIDS crisis. Africa has its own unique capacity, assets, strength and resources within itself (see chapter three). As can be learnt from chapter three, most of these resources and assets are embedded in the *ubuntu-hunhu* philosophy. Why was Africa colonized if this was not true and if Africa had really nothing to offer in their own development and in the sustainability of their own lives, and that of the colonizer for that matter? The Southern African communities therefore need to foster on the capacity, assets and resources within its communities which are useful and relevant in the battle against the HIV/AIDS pandemic. As once argued, these assets and resources include traditional healers, traditional medical practitioners, support groups such as the extended family and the kinship systems, cultural values and belief systems, health-care facilities and healing and caring modes.

[214]Foster and Mathie, *Situating Asset-Based Community Development*, p2.
[215]Foster and Mathie, *Situating Asset-Based Community Development*, p2.

Capacity-Focused

Instead of continually perpetuating and focusing on the belief that African communities are helpless or marginalized, there is a need to begin realizing and focusing on their capacity, talents, gifts and skills. This is what is advocated by the ABCD model.[216] The Southern African community needs to both value itself and to be valued for who and what they are. They need to begin internalizing the fact that they have the capacity within themselves which can help make a difference in the war against HIV/AIDS. The hallmark of *ubuntu-hunhu* philosophy for example is about listening to and affirming others with the help of processes that create confidence, trust, fairness, shared understanding and dignity and harmony in relationships. Furthermore, *ubuntu-hunhu* consciousness is about the desire to build a caring, sustainable and just response to the community and its problems. *Ubuntu-Hunhu* has therefore the capacity to reduce the discriminatory attitude and stigma towards those infected with and affected by the retrovirus. *Ubuntu-Hunhu* applied in the HIV/AIDS context will be ultimately about respect, compassion, dignity, healing and caring.

Inside-Led

As argued by Kretzmann and McKnight, an internalized-focused development strategy concentrates first and foremost on "the agenda building and problem-solving capacities of local residents, local assets and resources."[217] Kretzmann and McKnight further argue that the aim of this internal focus is to stress the primacy of local definition, creativity, hope and control. The *ubuntu-hunhu* approach is aimed at appreciating and enjoying life in all its manifestations flowing from the living of the values of humanness, caring, respect and compassion which is deeply embedded within the community itself. This is achieved by promoting an internally-focused spirit of oneness, unity and/or inclusity (*simunye* in Zulu) and collective teamwork (*shosholoza* in Zulu) within and among the community members.[218] The promotion of collective and solidarity work through *nhimbe*, *jangano*, *madzoro* and *maricho* (see chapter three) and many other rites and rituals are examples of this self-conscious internal-focus in the *ubuntu-hunhu* way of life.

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[216]Kretzmann and McKnight, *Building Communities From Inside Out,* p5.
[217]Kretzmann and McKnight, *Building Communities From Inside Out,* p9.
[218]Broodryk, *UBUNTU: Life Lessons from Africa,* p110.

Relationship-Driven

While the ABCD model values the building and re-building of relationships[219] in the *ubuntu-hunhu* world view, relationships and connectedness is the essence of what it means to be human. Being human is expressed through one's relationships with others and theirs in turn through the recognition of the other person's humanity, hence the aphorism that does *umuntu ngumuntu ngabantu*. Furthermore, the idea of extended family which is probably the most common, and also the most fundamental expression of the African idea of community, clearly shows the importance of relationships and connectedness in the *ubuntu-hunhu* way of life. In addition, family in the African conception goes far beyond the nucleus of genetic parent and children. All this therefore, reflects how relationships drive the *ubuntu-hunhu* way of life.

As can be learnt, both in principle and in practice, the ABCD model seeks to uncover and make use of the capacity, strength, assets and resources embedded in the community. It is therefore this community-grounded approach that I am suggesting the Church to adopt in the fight against HIV/AIDS.

The Church, AIDS and the ABCD Model

At the centre of the ABCD model is the idea that every individual person is an active player and co-development agent in the transformation, growth and well-being of the community. Every person is therefore called to contribute to the development and growth, and to the naming of the world around them. Paulo Freire writes,

> Every human being's ontological vocation is to be a subject[220] who acts upon and transforms his or her world, and in so doing moves towards even new possibilities of fuller and richer life individually and collectively. The world is not static and closed. It is not a given reality. It is a problem to be worked on and solved.[221]

The responsibility of humanity as "co-creators" (Genesis 1: 27) is fully realized, and this is our Christian vocation. To renounce this vocation is to renounce the divine vocation.

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[219] Kretzmann and McKnight, *Building Communities From Inside Out,* p9.

[220] The term subject refers to people who know and act, as opposed to objects which are known and acted upon.

[221] Paulo Freire, *Pedagogy of the Oppressed* (London: Penguin, 1970), p14.

This, therefore, also applies to our battle against the spread of HIV/AIDS. Every person has the responsibility to help in which ever way they can in the fight against HIV/AIDS in the region. Hence Daniela Gennrich writes,

> Often churches and Christians avoid getting involved in HIV/AIDS ministry because they feel that what they can contribute or offer is too small. But in a pandemic the size of HIV/AIDS no action is too small and any action is better than no action. If our aim is to love as Jesus loves, then we have no choice; we have to get involved in some way. Church leaders, ministers, pastors, and ordinary Christians are all in a unique position to make a difference.[222]

The implication of Gennrich's suggestion is that, "I am because I participate, and since I participate therefore I am."[223] As opposed to *cogito ergo sum* (I think therefore I am) as suggested by René Descartes[224] and to the world-view that has been inherited from the Greeks, influenced by Cartesian dualism, Kantian rationalism, and the resultant liberalist values of individualism.[225] To be, in the light and context of the ABCD model, is to participate – 'I am because I participate.' A true sense of belonging, of being part of a family and community is advocated and promulgated by the ABCD model. A creative, enabling and inclusive environment is promoted in which all community members can freely and rightfully participate in the transformation of the world around them, by being valued for who and what they are.

The ABCD model focuses on building a human-centred community; a community and society which values and affirms every human person as being a true image of God. "God created man in the image of himself (*sic*), in his image he created him (*sic*), male and female he (*sic*), created them (Genesis 1:27)." In the image and likeness of God, in the shape and proportion of the creator were all human beings created. As such, we are all

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[222] Quoted in Gennrich, *The Church in HIV+ World*, p55.
[223] Sam Kobia, "In Search of a Participatory and Inclusive Society," in R. Koegelenberg (ed.), *The Constructive and Development Programme: The Role of the Church and Society and NGOs* (Cape Town: EFSA, 1995), p257.
[224] Russell, *History of Western Philosophy*, p547.
[225] Jennifer R. Wilkinson, "Race and Gender: South African Women and the Ties that Bind," in Pieter H. Coetzee and Abraham P. J. Roux (eds.), *Philosophy from Africa*, 2nd ed. (South Africa: Oxford University Press. Southern Africa, 2002), p355.

called to preserve and transform the world, which was entrusted to us by God, the Creator.

Kretzmann and McKnight's ABCD model is deeply rooted in the neighbourhood tradition of community organisation, community economic development and community planning.[226] Successful community development grows out of policies and activities based on capacities, skills and assets of community members.[227] The same approach is recommended in our situation.

The ABCD model does not only align itself with the way the first community of believers lived and shared their possessions (assets, talents, skill, gifts etc),[228] but it is also a vehicle towards humanisation – a human vocation. According to Freire, humanisation is a vocation that every human person is called to.[229] To be humane, and to carry out our human vocation in the context of HIV/AIDS is to value the lives of HIV/AIDS sufferers and to contribute unreservedly to the fight against the disease. It is to fight against the dehumanization, discrimination and stigmatization of HIV/AIDS infected and affected people and to all negative attitudes towards HIV/AIDS patients.

A Bottom-up Approach

According to Kretzmann and McKnight in the ABCD model, communities should be built on the basis of what people have, rather than focus on their needs and problems.[230] This need-driven approach has been used for a long time particularly by development workers in an attempt to solve and ease problems of different communities.[231] The problem with this kind of approach is that the community members are taught by outsiders about their problems and then shown how the outsider is important in providing

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[226] Kretzmann & McKnight, *Building Communities From Inside Out*, p1.
[227] Steve de Gruchy, "Why agency? Why assets? Why appreciation?" in *African Religious Health Assets Programme Report* (Pietermaritzburg Colloqium, August 2003), p.31.
[228] Acts 2.
[229] Paulo Freire, *Pedagogy of the Oppressed* (London: Penguim, Rev. Ed., 1993), p15.
[230] Kretzmann & Mcknight, *Building Communities From the Inside Out*, p3.

[231] See Frik De Beer, "Participation and Community Capacity Building," in S. Liebenberg and P. Stewart (eds.), *Participatory Development Management and RDP* (Cape Town: JUTA, 1997), p26.

a solution. In fact, a one-size-fits-all approach to problems is advocated. The ABCD approach on the other hand recognizes that there are problems in a community, and values help from outside. The focus, however, is put on assets and strengths within the community itself that can be used to help solve the crisis and problems faced by the community.[232] A focus on community assets and strength will yield positive energy and has potential for much needed positive results too.

> For we are partners working together for God, and you are God's field. You are also God's building. Using the gift that God gave me, I did the work of an expert builder and laid the foundation, and someone else is building on it. But each one must be careful how he builds *(sic)* (1 Corinthians 9:9-10).

Community members themselves are deeply involved and encouraged to participate in the development and problem-solving of their community through the availability of their skills, talents and gifts. In Corinthians 3:9-10, Paul talks of us as being fellow workers with God, each one according to their gifts, skills and talents for the common good. It is clear that no one is more superior or their skills for that matter in achieving the common good and ultimate goal. This is what the ABCD model advocates. Every community member has the capacity and potential that can be utilized in the community to achieve the common good and to help solve the problems faced by the community.

Towards a Contextual Approach to HIV/AIDS

The greatest and important principles embedded in the ABCD model and also a reality in the *ubuntu-hunhu* world view, are the principles of self-reliance and self-directing. These two principles reduce to an almost bare minimum reliance on external resources and agencies. Reliance on external resources and agencies naturally comes with a price, which includes the loss of autonomy and independence. In the context of HIV/AIDS, it means adhering to Euro-American designed HIV/AIDS awareness campaigns and strategies. Promotion of the use of condoms and AIDS drugs without considering other available resources or alternatives. I am not undermining the contribution of condoms, AIDS drugs and other strategies currently in place, but I believe that it is important not to

[232] Kretzmann & Mcknight, *Building Communities From the Inside Out*, p5.

delude people into believing that condoms and AIDS drugs alone can offer a permanent solution in the battle against HIV/AIDS. Indigenous resources vary from skills, personnel, expertise, talents, knowledge systems, traditions, land, buildings and so on. In terms of skills, expertise and personnel, one looks at traditional medical practitioners and traditional healers who all form part of the African health care workers. The Church, therefore, needs to consider some of these indigenous resources embedded in the *ubuntu-hunhu* world view in the battle against HIV/AIDS.

Valuing Indigenous Knowledge

In times of crisis in communities there seem to be a general and very strong tendency to believe and have faith in expert knowledge and 'special' wisdom assumably possessed 'only' by external agencies. These outside and external agencies, such as donors, NGOs, the Church and other institutions are given the legitimacy to give remedial prescriptions to community crisis and problems - HIV/AIDS in this case. As a result, local or indigenous knowledge from within the community is totally ignored and devalued. While external agencies possess a reasonable amount of expertise and special knowledge, this should not be over emphasized at the expense of local knowledge. The community knows best! Community members themselves have the first hand knowledge and experience of realities around them. They also possess skills, talents, strengths and unique resources. As such, in helping communities to deal with and face their problems and crisis - HIV/AIDS - local knowledge should not be taken lightly. It is local community members who have the required knowledge, wisdom and expertise. The role of outsiders and external agencies is to listen and learn, not to impose solutions or tell the community about its problems and needs.[233] Jesus Christ, throughout His ministry did not impose and force Himself on people and their problems in order to help them. He listened to their needs and used the faith they had to seek solutions (MK. 8:1-10; 10:46-52).

The presence and reality of HIV/AIDS and its devastating reality is well known. The disease is mercilessly killing people throughout Southern Africa region. A one-size-fits-

[233] J. Holland and J. Blackman (eds.), *Whose Voice? Participatory Research and Policy Change* (London: Intermediate Technology Publications, 1998), p26.

all approach to HIV/AIDS based on a Euro-American centre knowledge system does not work. HIV/AIDS campaigns must be tailored to different communities with their different lifestyles, values, and beliefs. Methods and approaches to reducing the spread of HIV/AIDS and mitigating its impact, need to be contextualized. Lifestyles, values and beliefs placed on sex, imparting sex education and so on differ from one community or society to the next. How do 'Africans' care for the sick and the dying? How do they diagnose disease? What kind of healing methods do they use? How is sex education imparted? What causes diseases? Responses to these questions and many others differ from one community to the next and need to rely on indigenous knowledge. Interpretations of the HIV/AIDS reality are multiple, and hence ways of dealing with the disease by the Church and other stakeholders should be multiple. However, presently many approaches are based on one interpretation; the western biomedical model, where a pathogenic agent causes disease. This therefore needs to be challenged.

Valuing Indigenous Culture

The imposition of dominant values and practices in addressing and dealing with key issues such as HIV/AIDS devalues and undermines indigenous and community experience and culture. This results in the erosion or extinction of indigenous cultures. External agencies – Euro-American NGOs, donors and institutions such as the Church - contribute greatly to the erosion of local cultures.

Culture is not static but dynamic. Culture includes people's rituals, signs, signs, symbols and myths. It is about communication and it gives the people's meaning to life. To this end, each cultural group has its right and wrong way of doing things. It also has its own ways of treating and understanding disease and its causation. Each cultural grouping has its own ways of caring for and looking after orphans, elders, the sick and the dying. Furthermore, every cultural group has its own ways of looking at and perceiving sexuality, sexual relations, and of imparting sex education. Each cultural group has its own unique protocols in interpersonal communication. All these are some of the different dynamics that are inherent to different cultural groupings. For this reason, different external agencies, organizations or institutions such as NGOs, donors and the Church for

that matter should not assume the superiority of their cultural traditions in developing strategies and campaigns in the war against HIV/AIDS. Fighting HIV/AIDS requires unconventional initiatives that value myths, ancient practices and cultural truths, practices and realities.[234]

Appreciation of indigenous culture would not only help in achieving the required results in the war against HIV/AIDS, but would also help address and highlight some cultural practices which could be stumbling blocks in the fight against HIV/AIDS. Indigenous culture, its values and practices also needs to be critically assessed. Hence, Ntsimane argues that, "it is very unfortunate that the Church embraces the 'western' culture uncritically yet it could not and cannot do the same with the African cultures."[235] There are some cultural values, beliefs and practices which conflict with human rights and principles. For example, cultural practices where subjugation of women and children are concerned and which leads to domestic violence, are justified as part of traditional culture. These cultural practices, and many more others, are totally unacceptable and cannot be condoned.

Valuing Indigenous Attitudes to Healing and Health-Care

Designed in the capitals by Euro-American educated health experts and other stakeholders of the same background, HIV/AIDS awareness campaigns and strategies to reduce the spread of the disease ignore other traditional explanations of disease causation, illness, prevention, healing and death embedded in the cultural matrix of cultural traditions. This becomes clear in the statement by Zacheriah Kansula Mambo[236] regarding AIDS death, "someone bewitched my daughter or son, as a result she or he died of an AIDS related illness."[237] Bewitching is one of the causes of illness which result in death in many African communities. According to Mambo, some people who come to him for consultation or diagnosis go with a conviction that a death of their

[234] See Laurenti Magesa, "Taking Culture Seriously: Recognising the Reality of African Religion in Tanzania," in James F. Keenan, SJ *et al* (eds.) *Catholic Ethicists on HIV/AIDS Prevention* (New York: Continum, 2002), pp76-84.
[235] Interview with Ntsimane, Pietermaritzburg, April 2005.
[236] Interview with Mambo, Pietermaritzburg, February 2005.
[237] Interview with Mambo, Pietermaritzburg, February 2005.

relative, son or daughter was as a result of some foul play (witchcraft).[238] This even happens when it is clear that the person died of HIV/AIDS related illnesses. How then should the Church together with other stakeholders deal with cases and beliefs such as these in the context of HIV/AIDS? From a Christian or theological point of view, is this not a pastoral case or issue which needs to be addressed or dealt with?

Health in traditional African society is an expression of good relationships with the natural, social and spiritual surroundings. The disruption of this relationship results in illness and many other problems. Without going into any details, anthropologists cite four agents of illness in Southern Africa's traditional medicine; i.e. pollution or contamination, witchcraft and spells, ancestors' spirits or vengeful spirits and natural disasters.[239] In addition, according to Mambo, in Malawi traditional healers and rural people interpret HIV/AIDS with their cultural framework.[240] This is also true in some parts of rural areas in Zimbabwe. HIV/AIDS is attributed to breaking *mdulo* complex of taboos on sexual conduct. Built on concepts of order and contamination, *mdulo* regulates sexual life, pregnancy, birth, initiation, weddings and funerals. Given these realities among many others, I see it as important to graft cultural myths and beliefs in the Euro-American designed HIV/AIDS campaigns and awareness strategies aimed at reducing the impact and spread of the disease. To this end, the Church too needs to subscribe to and embrace some of the cultural realities embedded in the *ubuntu-hunhu* way of life.

Valuing Collective Solidarity

As rightly argued by the WCC, a multi-sectoral and contextual approach influences a greater coordination, better networking, strengthens communication, and mechanisms for working together, building on each other's experience and success, and avoiding unnecessary duplication of efforts.[241]

> John said to him, "Teacher, we saw a man who was driving out demons in your name, and we told him to stop, because he does not belong to our group." "Do not try to stop him" Jesus told them, "because no one who performs a miracle in my

[238] Interview with Mambo, Pietermaritzburg, February 2005.
[239] Cecil G. Helman, *Culture, Health and Illness*, (4th ed.) (Oxford: Butterworth- Heinemann, 2000), p61.
[240] Interview with Mambo, Pietermaritzburg, February 2005.
[241] WCC, *Plan for Action*, p1.

name will be able soon afterwards to say evil things about me. For whoever is not against us is for us" (Mark 9:38-40).

The valuing of indigenous knowledge, culture and resources must be used and taken as a starting point in the fight against HIV/AIDS. Relying on external resources and agencies without forging partnership with them in the battle against HIV/AIDS guarantees failure. 'Whoever is not against us is for us and is on our side' (Mark 9:40). As such, the key component in the fight against HIV/AIDS is working together in solidarity with other stakeholders and external agencies. This, therefore, means that agendas aimed at reducing and mitigating the impact of HIV/AIDS must be a collective effort. This collectivity and spirit of team work is embedded in both the ABCD model and the *ubuntu-hunhu* way of life. The Church, together with other stakeholders and partnerships, should not be independent actors who follow and impose their own agendas in the fight against HIV/AIDS. All stakeholders need to join hands with the communities they serve in the struggle against HIV/AIDS. The Church and other organizations should not fight the HIV/AIDS battle 'for' or 'on behalf of' the community, but should rather fight with the community.

The ABCD model provides us with the framework of collective solidarity, while the *ubuntu-hunhu* way of life is evidence of a collective solidarity. The collective principles embedded in the African way of life, as evidenced in the *ubuntu-hunhu* philosophy, has the potential of forming the basis of developing a contextual approach in the fight against HIV/AIDS.

Why this Contextual Approach?

Most Africans, particularly here in the Southern African region at least, know what HIV/AIDS 'is' and what to say about 'it' when asked. "It is caused by a virus. Abstinence, fidelity and condoms prevent it." This is what many of the people would say should they be asked about HIV/AIDS. Furthermore, it can be agued that the information being imparted and the many campaigns have not exactly achieved or produced results. The Abstain, Be faithful and use Condom (ABC) message for example, seems to be meaningless since it ignores indigenous knowledge systems and the cultural context of

the people. Moreover judging from the dramatic spread of the pandemic it seems as Vitus Sipho Ncube puts it,

> In this current AIDS era we gradually become aware that none of the medical streams operating in this area, Western, traditional African or Faith Initiated healing promoted by African Instituted (Independent) Churches (AIC)[242], are able to give the right response at the right time to the spread of the pandemic. However, in the encounter between these three ethno-medical systems and healing, each can learn from and be informed by the other.[243]

While Ncube's utterance is true, I still think that the Church needs to fully and critically subscribe to and learn more from the traditional African modes of healing and caring, their understanding of diseases and disease causation among other things. The HIV/AIDS pandemic is not a biomedical issue alone, but a socio-cultural disease that spreads because of certain patterns of sexual behaviour.[244] As argued by 'Magesa'[245] any effective change begins with addressing people's world view. Magesa goes on to say, "in the case of HIV/AIDS in Africa this appears to be the approach that could achieve results, a healing from the roots." I fully agree and subscribe to this opinion, hence my proposal for a contextual approach in the war against HIV/AIDS. People's context and world view has to be taken seriously and addressed. Maluleke confirms this when he writes about introducing HIV/AIDS into the theological curriculum. He writes,

> Unlike early African theology of inculturation however, a theology of AIDS will seek to do more than merely inculturate; it will fearlessly and creatively engage in critique of culture... A theology of AIDS will seek to go beyond sheer cultural clichés so that the weapon of criticism – i.e. African culture which was used to critique Western culture and Western Christendom – becomes also an object of criticism. If anything, the AIDS epidemic demonstrates the fallibility of all human cultures – African culture included.[246]

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[242] See Obed N Kealotswe, "Healing in the African Independent Churches in the Era of AIDS in Botswana: A comparative study of the concept of *diagelo* and the care of home-based patients in Botswana," in *Missionalia 29:2* (August 2001), pp220-231.
[243] Vitus Sipho Ncube, "Responsibility in Inculturation: The Healing Ministry in a Zulu Context," in Stuart C Bate (ed.), *Responsibility in a Time of AIDS: A Pastoral Response by Catholic Theologians and AIDS Activists in Southern Africa* (South Africa: St Augustine College of South Africa, 2003), p80.
[244] Willem, A Saayman, "AIDS-still posing an unanswered question," in *Missionalia 27: 2* (August), p.208.
[245] Magesa, "*Taking Culture Seriously,*" pp76ff.
[246] Maluleke, "*The Challenge of HIV/AIDS for Theological Education in Africa,*" p134.

HIV/AIDS is shaking the very foundations and meaning of life, individuality, family, culture, community, religion and Church.[247] To this end, a concrete awareness, involvement and utilization of contextual and indigenous resources and assets is vital. As argued by Ncube, "those attitudes, values, practices, customs and mores that are constructive need to be valued and those that are destructive are to be problematised with specific purpose of engaging in a fruitful dialogue."[248] Ncube goes on to say that an African resource of medicine and healing methods must be mobilized to contribute to the fight against the HIV/AIDS plague.[249]

Based on the above insights and arguments, I suggest that this contextual approach will help produce results. Theologians have already proposed the need to critically incorporate traditional frameworks, resources and assets, modes of healing and caring, disease causation and healing in the battle against HIV/AIDS. Furthermore, the Church has already indicated "a commitment to reflect on positive and negative aspects of culture, identifying harmful practices and working to overcome them."[250]

This thesis has shown that a one-size-fits-all message and approach to HIV/AIDS has not been successful. Rather, campaigns and messages aimed at mitigating the impact of HIV/AIDS needs to be tailored to different communities, life styles and beliefs. Hence the need for a contextual approach which involves a collaborative effort that values the contribution of every person. Much of the richness and resourcefulness of the African traditional culture seems to be taken for granted by the Church community. For this reason, the thesis has challenged the Southern African Church to incorporate the richness of *ubuntu-hunhu* into its practices. Guiding this critical reflection and adventure into exploring the *ubuntu-hunhu* world view and philosophy is the Asset-Based Community Development (ABCD) theoretical model

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[247] Maluleke, "*The Challenge of HIV/AIDS for Theological Education in Africa,*" p130.
[248] Ncube, "*Responsibility in Inculturation,*" p78.
[249] Ncube, "*Responsibility in Inculturation,*" p78.
[250] WCC, *Plan of Action*, p5. Also see Sol Jacob, *The Methodist Response to HIV/AIDS in Southern Africa: Strategy and Implementation Plan* (Methodist Church of Southern Africa (MCSA).

However, more theoretical work needs to be carried out. There is a need for further research into the integration of biomedical approaches and indigenous approaches to healing. How can these approaches be integrated without discrediting each approach's beliefs and paradigms? There is also a need to explore how African Independent Churches and Mission Initiated Churches cooperate in their approaches to health, healing and disease in the context of HIV/AIDS. This cooperation will foster more wholistic strategies of prevention, care and treatment of those infected and affected by the epidemic. Such strategies are desperately needed in order for the Church to become an effective agent of social transformation in an HIV positive world.

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