



## Conference on **Prolonging Life, Challenging Religion**

April 15-17, 2009  
Justo Mwale College, Lusaka, Zambia

### Provisional Programme

#### Convenors:

Prof. Hansjörg Dilger, Institute for Social and Cultural Anthropology, Free University of Berlin  
Dr. Rijk van Dijk, African Studies Centre, Leiden  
Marian Burchardt (MA), Institute of Cultural Studies, University of Leipzig  
Dr. Thera Rasing, Dept. of Gender Studies, University of Zambia (UNZA)  
Josien de Klerk (MA), African Studies Centre, Leiden

#### Co-hosts:

Dr. Austin Cheyeka, School of Education, University of Zambia (UNZA)  
Dr. Deborah van den Bosch, Justo Mwale College, Lusaka  
Churches Health Association of Zambia (CHAZ)  
Zambia Interfaith Networking Group on HIV/AIDS (ZINGO)  
UNAIDS, Lusaka-office, Zambia



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## Tuesday, April 14, 2009

- Arrivals
  - Dinner on own expense
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## Wednesday, April 15, 2009

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8.00-9.00 Registration and Breakfast

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9.00-9.30 OPENING OF CONFERENCE: Welcome and Introduction: by Convenors:

Hansjoerg Dilger, Rijk van Dijk, Marian Burchardt, Thera Rasing, Josien de Klerk

9.30-10.15 KEY NOTE

*Chair: Hansjoerg Dilger, Free University Berlin*

**Prof. Dr. Ezekiel Kalipeni**

(Department of Geography, University of Illinois, Urbana-Champaign)

**HIV and Religion in Africa: The Politics of Treatment and Prevention in a Changing Religious Landscape**

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10.15-10.45: coffee break

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## 10.45-1.00 SESSION ONE: Religious perceptions of ARV

### Plenary

*Chair of session: Rijk van Dijk, ASC Leiden*

#### **- Presentation 2:**

**Amusa Saheed Balogun** (Department of History Obafemi Awolowo University Ile-Ife, Nigeria)  
*The Islamic Perception of HIV/AIDS and Antiretroviral Treatment in Africa*

#### **- Presentation 3:**

**Cate Harding** (Duke University, USA)  
*Exploring the World Views, Spirituality, and Health Beliefs of Healthcare Professionals and Community Health Workers in Moshi, Tanzania.*

#### **- Presentation 4:**

**Nisbert Taisekwa Taringa** (Department of Religious Studies, Classics and Philosophy, University of Zimbabwe, Harare)  
*Shifting notions of healing in African initiated churches in the light of hiv/aids in Zimbabwe*

#### **- Presentation 5:**

**Eliot Tofa** (University of Swaziland, Department of Theology and Religious Studies Kwaluseni, Swaziland)  
*The Impact of HIV and AIDS on African-Indigenous Religion and Thought: Perspectives from sub-Saharan Africa*

#### **- Discussion and Comments**

*Discussant: Felicitas Becker*

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1.00-2.00 Lunch provided

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2.00.- 3.15 Parallel-sessions

### Parallel 1 A:

*Chair: Twebaze Jenipher*

#### **- Presentation 6:**

**Lovemore Togarasei** (Department of Theology and Religious Studies, University of Botswana, Gaborone)  
*Life, death and healing in the age of HIV anti-retroviral therapy: Christian reflections*

#### **- Presentation 7:**

**Daniel Jordan Smith** (Department of Anthropology, Brown University)  
*Producing Positive Subjectivities: The Intersecting Influences of Pentecostal Churches and HIV/AIDS Support Groups on Antiretroviral Patients in Southeastern Nigeria*

#### **- Discussion and comments**

*Discussant: Hansjoerg Dilger*

## **Parallel 1 B:**

*Chair: Rijk van Dijk*

### **- Presentation 8:**

**Jack L. Tocco** (Department of Anthropology, MPH student, School of Public Health, University of Michigan-Ann Arbor, USA)

*ARVs, Islamic Healing and Efficacy Beliefs in Northern Nigeria*

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### **- Presentation 9:**

**Colman T. Msoka (PhD)** (Institute of Development Studies University of Dar es Salaam)

*Christian Construction of ARVs*

### **-Discussion and comments**

*Discussant: Amusa S. Balogun*

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3.15-3.45 Coffee Break

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## **3.45-5.30 SESSION TWO: PLENARY FBO/NGO session**

*Chair/moderator: Catrine Christiansen*

### **- Presentation 10:**

**Olajide Akanji** (Department of Political Science and Public Administration, Redeemer's University, Mowe, Ogun, Nigeria)

*Faith Based Organisations and HIV/AIDS advocacy in Nigeria: The case of the Redeemed Christian Church of God*

### **- Presentation 11:**

Nyamiye Herménégilde (Human Health AID Burundi)

*Role of religious leaders in information provision for AIDS patients*

Discussion statements by **PACANET**

Discussion statements by **Islamic Relief**

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5.30-6.30 Drinks

7.00 Dinner for participants

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**Thursday, April 16, 2009**

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8.00-9.00 Breakfast

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**9.00-9.45 KEY NOTE**

*Chair of Keynote: Thera Rasing, University of Zambia*

**- Presentation 11:**

**Amy S. Patterson** (Department of Political Science Calvin College, Grand Rapids, USA)  
*Church Advocacy on HIV/AIDS: A Comparison of Ghana and Zambia*

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9.45-10.15 Coffee and Tea

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**10.15 – 12.30 SESSION THREE: ARV's and their contradictions in time and place**

**Plenary**

*Chair of Session; Marian Burchardt, University of Leipzig*

**- Presentation 12:**

**Felicitas Becker** (Assistant Professor, African History, Department of History, Simon Fraser University Burnaby, Canada)  
*The contradictory religious implications of ARV rollout in Tanzania*

**- Presentation 13:**

**Nokuzola Mndende** (African Traditional Religion Scholar and a qualified Xhosa diviner Department of Religious Studies, University of South Africa)  
*HIV/AIDS and Traditional Religion: problems of diagnosis and treatment*

**- Presentation 14:**

**Alessandro Gusman** (Department of Anthropology, University of Turin)  
*"Believe in God, not in medicine". ARVs and miracle healing in Ugandan Pentecostalism*

**- Presentation 15:**

*By representative of NGO/FBO from Zambia (yet to be identified); reflections on the contradictions of ARV's from a practitioner perspective*

**Discussion and Comments**

*Discussant: Ezra Chitando*

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12.30-1.30 Lunch Provided

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1.30-3.15 Parallel-sessions

**Parallel 2 A:**

*Chair: Austin Cheyeka (University of Zambia)*

**- Presentation 16:**

**Twebaze Jenipher** (Institute of Anthropology, University of Copenhagen)

*Disclosures and Silences: Challenges to Marital Relationships in the Era of ART in Uganda*

**- Presentation 17:**

**Benjamin Kobina Kwansa** (Amsterdam School for Social Science Research University of Amsterdam)

*The “spiritual” and living with HIV/AIDS: negotiations, compromises, and the complexities in Ghana*

**- Presentation 18:**

**Hanspeter Reihling** (Freie Universität Berlin Institute for Social Anthropology)

*Muslim Biosociality: Support Group Syncretism in Cape Town, South Africa*

**Discussion and comments**

*Discussant: Josien de Klerk*

**Parallel 2 B:**

*Chair: Susan Kilonzo*

**- Presentation 19:**

**Catherine Swing-Wilson and Christopher Nason** (University of Hampshire, Massachusetts- USA)

*ARV adherence and Ramadan: Negotiating Health and Islam’s Holy Month of Fasting*

**- Presentation 20:**

**Jonathan Dapaah** (Amsterdam School for Social Science Research University of Amsterdam)

*The influence of religion on adherence to the use of ARVs.*

**- Presentation 21:**

**Louise Rasmussen** (Centre for African Studies, Copenhagen, Denmark)

*Catholic involvement with ARVs in Uganda– balancing ideals of holistic care with therapeutic citizenship*

**Discussion and comments**

*Discussant: Marian Burchardt*

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3.15-3.45 Coffee and Tea

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3.45- 5.30 Parallel-sessions

**Parallel 3 A:**

*Chair: Felicitas Becker*

**- Presentation 22:**

**Pasch Mungwini** (Department of Philosophy, National University of Lesotho, LESOTHO)

*Schadenfreude, AIDS and the Church: exploring the complex terrain of feelings and sentiments in the provision of support to HIV and AIDS patients.*

**- Presentation 23:**

**Sander Leusenkamp** (Amsterdam School for Social Science Research University of Amsterdam)

*The role of religious actors in ARV provision in Western Uganda. Where is the district government?*

**- Presentation 24:**

**Anthony Simpson** (University of Manchester)

*It's better to know? ARV take-up among a cohort of Catholic mission educated men in Zambia*

**Discussion and comments**

*Discussant: Thera Rasing*

**Parallel 3 B:**

*Chair: Anita Hardon, University of Amsterdam*

**- Presentation 25:**

**Astrid Bochow** (BIGSAS Bayreuth Germany/ASC,Leiden)

*Medicalisation of marriage and the "invention" of sexuality: counselling in PCCs in Ghana.*

**- Presentation 26:**

**Bianca Dahl** (Department of Anthropology, University of Chicago)

*Blood of the Innocents: Christianity, Sexual Taboos, and Witchcraft Accusations surrounding Children on ARVs in Botswana*

**- Presentation 27:**

**Susan M. Kilonzo** (Department of Religion, Theology & Philosophy Maseno University, KENYA)

*Changing voices and statistics: whose responsibility? The Kenyan case*

*Discussant: Rijk van Dijk*

**Friday, April 17, 2009**

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8.00-9.00 Breakfast

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**9.00-10.45 SESSION FOUR: ARV's and the new public domains of religion**

**Plenary**

*Chair: Josien de Klerk, University of Amsterdam/ASC Leiden*

**- Presentation 28:**

**Catrine Christiansen**, (Department of Anthropology, Copenhagen University)

*AIDS Work and the Religious Sector in Uganda: Do Church-based and Faith-based Aid to AIDS differ?*

**- Presentation 29:**

**Ezra Chitando** (Theology Consultant, Ecumenical HIV and AIDS Initiative in Africa (EHAIA))

*The response of the World Council of Churches (WCC) to the HIV pandemic in Africa*

**- Presentation 30**

**Eileen Moyer**, (Amsterdam School for Social Science Research, University of Amsterdam)

& **Nipael Mrutu** (MA) (Mkombozi Centre, Dar-es-Salaam, Tanzania)

*Double combination therapy: ARVs and prayers bring hope and faith to PLHIV in Tanzania.*

**Discussion and comments**

*Discussant: Anita Hardon, University of Amsterdam*

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10.45-11.15 Coffee and tea

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**General discussion**

**11.45-1.15 SESSION FIVE: FBO's, ARV's and the fight against stigma**

**Parallel A: FBO discussion on stigma**

Presentation one: Overview

Presentation two: Outline of challenges

Presentation three: Personal experience

*Discussant: Lovemore Togarasei*

**Parallel B: FBO discussion on ARV**

Presentation one: Overview

Presentation two: Outline of challenges

Presentation three: Personal experience

*Discussant: Eileen Moyer/Nipael Mrutu*

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1.15-2.15 LUNCH

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**2.15-2.45 SESSION SIX: ROUNDTABLE**

INTRODUCTION AND WELCOME TO ROUNDTABLE

**Chair: Joshua Banda, National Aids Council (NAC) , Zambia**

- Introduction of participants of roundtable debate
- Summary of findings academic conference and parallel sessions
- Discussion-statements

2.30-4.00: ROUND TABLE DISCUSSION

Discussion of themes

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4.00-4.30 Coffee and tea

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**4.30-5.30: SESSION SEVEN: THE WAY FORWARD**

- Plenary Chair:

*Rijk van Dijk*

**Research & Policy Development Debate**

Discussion of way forward; academic, policy-orientation, agenda-setting, practical implementation

## Paper Abstracts

Name	Title	Abstract
<p>Akanji</p> <p>Department of Political Science and Public Administration, Redeemer's University. Redemption City, Nigeria</p>	<p><b>Faith Based Organisations and HIV/AIDS advocacy in Nigeria: The case of the Redeemed Christian Church of God</b></p>	<p>The Redeemed Christian Church of God (RCCG) is one of the faith-based religious institutions in Nigeria. Unlike many other religious groups, which only emphasize faith healing/spiritual healing, RCCG has recently partnered with the government in its national crusade against HIV/AIDS. This paper thus examines the nature of RCCG involvement in the national HIV/AIDS campaigns. Drawing on the analysis of primary and secondary data, the paper argues that RCCG employs an array of strategies. These include declaration of HIV/AIDS status by the leader of the group, public encouragement to followers to ascertain their HIV/AIDS status, provision of free voluntary counseling and test to followers during major programmes, intermittent airing of HIV/AIDS advertorials during congregational services among others. The paper however concludes that the strategies have to be strengthened through, for example, data collection and documentation, setting up of HIV/AIDS advocacy groups in parishes, and subsidizing ARVs and generic drugs for followers.</p>
<p>Balogun</p> <p>Department of History Obafemi Awolowo University Ile-Ife, Nigeria</p>	<p><b>The Islamic Perception of HIV/AIDS and Antiretroviral Treatment in Africa</b></p>	<p>Undoubtedly, Christian religious bodies are taking the lead in the religious campaigns against HIV/AIDS all over the world, Africa inclusive. This is not, however, to say that Islamic religious bodies have not been contributing immensely to the combat against HIV/AIDS in Africa. Indeed, the thrust of Islamic contributions in the fight against HIV/AIDS has been in the area of prevention through advocacy for abstinence and faithful sexual relationship. It is against this background that this paper examines the perception of Islam to the emergence and impact of ARV treatment of HIV/AIDS patients in Africa. This study discovers that Islam, in spite of the emergence of ARVs in Africa still emphasizes prevention of the disease and care for the patients. It also identifies some of the impact of ARVs on Islamic belief system relating to disease and healing as well as Islamic measures to prevent risk-taking behaviour by the people. The study concludes that while Islam is not opposed to ARV treatment of HIV/AIDS patients in Africa, it places emphasis on on the preventive and care aspects of the anti-AIDS struggle over management with ARVs.</p>
<p>Becker</p> <p>African History Department of History Simon Fraser University Canada</p>	<p><b>The contradictory religious implications of ARV rollout in Tanzania</b></p>	<p>ARVs have been freely available in Tanzania since 2005, without resolving the ethical and therapeutic problems associated with AIDS. Their uptake, while significant, lags behind initial hopes. The response to ARVs is best understood in a long-term perspective that acknowledges persisting tensions between different healing systems, particularly religiously-based ones, in Tanzania. Biomedical institutions, associated with modernity, the state and often mainstream Christianity, leave patients little control. Indigenous religious and Muslim healers offer a personal form of healing that allows more autonomy yet carries its own threats. ARVs insert themselves in this context and are open to conflicting interpretations. Provided largely through biomedical institutions, in a sense they strengthen their modernist overtones and allow challenges to religion. But the shortcomings of the protocol also invite recourse to religious healers. Ironically, the religious outlook closest to the biomedical approach is that of Islamists.</p>
<p>Bochow</p> <p>BIGSAS/African</p>	<p><b>Medicalisation of marriage and the “invention” of sexuality: counselling in PCCs in Ghana.</b></p>	

<p>Studies Centre, Bayreuth/Leiden</p>	<p>The institution of marriage has gained a new meaning in the context of Pentecostal Charismatic Churches in Ghana. In the matrilineal setting of the Akan not much meaning is attributed to marriage as an institution since marital and non marital unions are little distinct from one another. Even if not encouraged, sexual activities before getting married are not sanctioned, and there are ways to legitimize sexual unions outside the marriage. Through counselling, prospective marriage partners have to give evidence of their good health (sickle cell anaemia and HIV), of their material possessions and of the fact that they were not engaged with each other sexually. Building on old established patterns of courtships, PCCs introduce a “medicalisation” of marriage which can be read in the context of growing public concern about “bodily hygiene”. Secondly, counselling works towards an “invention” of a language about sexuality which is different from contexts outside the church. It is in this context that there is increasing attention for ARV’s and what these may mean in a situation of marriage. The paper will explore these two effects of counselling in PCC against the background of the current situation of HIV/AIDS in Ghana.</p>
<p>Chitando</p> <p>Ecumenical HIV and AIDS Initiative in Africa (EHAIA)</p>	<p><b>The response of the World Council of Churches (WCC) to the HIV pandemic in Africa</b></p> <p>This paper examines the response of the World Council of Churches (WCC) to the HIV pandemic in Africa. In 2002, the Ecumenical HIV and AIDS Initiative in Africa was launched, bringing together churches and ecumenical bodies and donors in Africa and the north. This paper interrogates the role of EHAIA in mobilising churches in Africa to undertake advocacy work with people living with HIV. It describes EHAIA’s vision of “HIV competent” within its ecumenical vision. It analyses EHAIA’s efforts to ensure that churches and faith-based organisations play an effective role in the response to HIV, especially through the provision of antiretroviral drugs. The paper outlines the theology that underpins EHAIA’s prophetic action. Overall, the paper reviews the achievements and challenges facing EHAIA’s quest to ensure that churches and faith-based organisations uphold the right to life of people living with HIV.</p>
<p>Christiansen</p> <p>Department of Anthropology, Copenhagen University</p>	<p><b>AIDS Work and the Religious Sector in Uganda: Do Church-based and Faith-based Aid to AIDS differ?</b></p> <p>The wake of HIV/AIDS and the manifold issues to be addressed (in relation to prevention, care, and treatment) motivated a range of religious people and leaders to take action. In Uganda the 'religious sector' was from the onset an important player in the fight against the epidemic. After two decades, the involvement in dealing with HIV/AIDS issues has also contributed changes to the 'religious sector'. Particularly striking is the emergence of numerous Faith-Based Organisations (FBOs). FBOs could be viewed as a different combination of religion and development in comparison with the mission-based Roman Catholic and Anglican churches where social development work is integrated as part of the church structure rather than located in an organisation separated from the church. The paper will compare HIV/AIDS services provided by churches and FBOs, and it will explore to what extent FBOs (in principle and in practice) can be seen as representing new connections between religion and development. Based on 24 months of ethnographic fieldwork in rural south-eastern Uganda, the paper will include potential connections between the concurrent emergence of FBOs and Pentecostal churches</p>
<p>Dahl</p> <p>Department of Anthropology University of Chicago</p>	<p><b>Blood of the Innocents: Christianity, Sexual Taboos, and Witchcraft Accusations Surrounding Children on ARVs in Botswana</b></p> <p>Botswana’s highly successful Prevention of Mother-to-Child Transmission program, the first in Africa when it was launched in 1999, decreased seroprevalence in newborns of HIV-positive mothers to a mere 4 percent by 2006. As the number of children needing antiretroviral therapy dropped dramatically, moral-religious fervor over the children who do require ARVs has simultaneously increased. Speculation about how these children contracted HIV exemplifies inflammatory discourses about the perceived religious and</p>

	<p>moral decay of Tswana society. This paper explores the increasingly widespread accusations of witchcraft, incestuous rape, and adult breach of sexual taboos, focusing on the emblematic cases of several young children on ARVs in one village in southeastern Botswana. I examine the competing claims of stakeholders – ranging from villagers to church leaders to foreign doctors – in order to illuminate the meanings and consequences of anxieties about social reproduction in the midst of the demographic upheaval caused by HIV/AIDS.</p>
<p>Dapaah  Amsterdam School for Social Science Research, University of Amsterdam</p>	<p><b>The influence of religion on adherence to the use of ARVs.</b></p> <p>This paper discusses the influence of religion in the treatment of HIV in the Ghanaian health care setting. Based on data collected through an on-going anthropological study in two health facilities, it was found that religion plays a significant role in the treatment of HIV. For instance, health workers start daily clinical sessions for HIV treatment with prayers and religious songs, patients continue to attend prayer camps, and take herbal medicines prepared by “men of God” alongside the use of ARVs, and HIV-infected persons try to explain the causes of their infection as spiritual during counselling and testing. In addition, there is an outright prohibition of distribution of condoms to HIV-infected persons in a mission hospital. It is the view of this paper that despite the hope ARVs have brought to HIV-infected persons in Ghana, religion to a large extent influences how an HIV-infected person adheres to the use of ARVs, which is a matter of concern to health workers.</p>
<p>Gusman  Department of Anthropology University of Turin</p>	<p><b>“Believe in God, not in medicine”. ARVs and miracle healing in Ugandan Pentecostalism</b></p> <p>Miracle healing has been one of the main subjects of preaching for Ugandan Pentecostal pastors for the last years, since the advent of the so called neo-Pentecostal wave. Hiv/Aids has had a particular place among the diseases that may be cured with a divine intervention, because of the impossibility to cure it with “western medicine”, and the limited resources this practice had before the introduction of ARVs.</p>
<p>Harding  Duke University</p>	<p><b>Exploring the World Views, Spirituality, and Health Beliefs of Healthcare Professionals and Community Health Workers in Moshi, Tanzania.</b></p> <p>As investigators have examined ways to prevent disease, promote positive treatment outcomes, and improve physical and emotional healing researchers have given increased attention to the interactions between spirituality and health. This work investigates how people, especially health care workers in Moshi, Tanzania understand the world, religion/spirituality, health, and the interactions between these concepts. Twenty-three interviews averaging an hour in length were conducted with members of KIWAKKUKI (a grassroots women’s AIDS NGO in Moshi), chaplains at Kilimanjaro Christian Medical Center, Islamic leaders in Moshi, and a Pastor of a rural village in the area. There were seven major themes that reoccurred across all interviews that showed that there is a strong belief that spiritual and physical healing are equally essential in combating disease, churches and religious organizations play a crucial role in forming people’s views on disease and health seeking behaviors, traditional healers and witchdoctors have a stronger presence in treatment in isolated areas where modern health facilities are limited, and that faith in religion is the most important belief among participants and influences their daily life actions and perspectives. In addition, this researched showed that because of a multitude factors like the stigma associated with HIV/AIDS and the limited time physicians have to spend with patients...religious and motivational counseling can provide a patient with individual empowerment and allow him or her to better understand his or her mental or physical health issue(s).</p>

<p>Jenipher</p> <p>Department of Anthropology, Copenhagen University</p>	<p><b>Disclosures and Silences: Challenges to Marital Relationships in the Era of ART in Uganda</b></p> <p>Marital relationships and marriages are important values to explore in the era of ART in Uganda. Access to ARVs remains a challenge in Uganda especially for people who would not want their status disclosed in their relationships. People disclose their status to donors with hope of getting ART but some find it problematic and stay silent to their partners. Pastors refer to words in the Bible about trust and openness among believers. Fear of loss of relationships among couples and general perception by spouses about lack of faithfulness in marital relationships is a challenge in ensuring sustained relationships and marriages that affects disclosure and leads to silence. Many committed Christians in need of ART thus face difficulties in whether or not to disclose to their partner. The paper will focus on the clients of ART and the ways they seek to navigate the dilemma where, on the one hand, to disclose in order to please the donors and follow the advice of the pastors, and, on the other hand, to keep silent towards the partner in order to maintain the relationship. Furthermore, it will explore the practice of pastors and in particular the focus difference between principle (what they say) and practice (what they do). The paper will be based on ethnographic fieldworks in Kampala since 2003.</p>
<p>Kalipeni</p> <p>Department of Geography, University of Illinois, Urbana-Champaign</p>	<p><b>HIV and Religion in Africa: The Politics of Treatment and Prevention in a Changing Religious Landscape</b></p> <p>Religion has been termed “a double-edged sword” when it comes to combating the HIV/AIDS epidemic in Africa and throughout the world. The Church is in the forefront when it comes to caring for orphans and the sick. Faith-based organizations have also contributed greatly to the care and treatment of people living with HIV and AIDS. However, when it comes to prevention efforts then the question arises as to whether religion is an aid or a barrier to such efforts. The standing of the Church when it comes to HIV and AIDS has been consistent: that AIDS is a consequence of the sin of “sexuality and promiscuity.” As such abstinence has been seen as the best if not the only method for the prevention of HIV. Thus the “moralization” of HIV is certainly an extension of using the religion ‘yardstick’ in explaining HIV-related sexual and other behaviors and HIV infection. This has fueled intense stigma against people living with HIV who are seen as sinners. On the other hand, religious leaders happen to be in a privileged position to influence people’s behaviors and attitudes of compassion to those living with HIV instead of condemnation.</p> <p>In an era of ARVs and changing religious attitudes and landscapes, this paper highlights the politics of treatment and prevention in sub-Saharan Africa over the recent past, particularly the role of religion in such ventures. In so doing, the paper will attempt to shed some light on a number of pertinent but pressing questions with regard to the challenges the Church faces in light of the recent and on-going roll-out of ARVs. For example, what is the prevailing attitude of the Church with regard to ARVs and what directions are religious ideologies and practices taking? And, in the layman’s view, what direction should the Church take? What does it mean if anti-retroviral medications prolong life and not God? Is religion losing ground in Africa because of the success of bio-medical science? Is the active involvement of religious bodies in the roll-out of ARV’s contradictory to their ideology? Is religion taking new positions where it concerns sexuality and have lessons been learnt in the context of AIDS? And in times of ARV’s does religion have a greater responsibility in fighting stigma?</p> <p>The paper ends by noting that it is time that the Church stopped ignoring the realities of sexuality among adolescents and young adults in all its manifestations, something which puts these vulnerable groups at high risk of contracting HIV and which in turn needs multiple methods and strategies to combat. We end with a clarion call that there is great need for the Church, the government, NGOs and FBOs to join hands in partnership in order to effectively combat this disease. We also need to enter into constructive dialogue with religious leaders instead of simply attacking them for their methods and ideologies.</p>

<p>Kilonzo</p> <p>Department of Religion, Theology and Philosophy, Maseno University, Kenya</p>	<p><b>Changing voices and statistics: whose responsibility? The Kenyan case</b></p> <p>The paper explores the changing dynamics of HIV prevalence in Kenya. The past six years have recorded reduced rates of HIV cases, a record attributed to the availability of ARVs, VCTs and joint campaigns from private, government, and community institutions, including the Church. The recent 2008 statistics are however troubling. There is a noted high increase in HIV prevalence. Questions raised by many concerning the scenario include: Whose fault is it? What does the Church say about the new statistics? How is it affected? What formerly used mechanisms have failed? What are the implications for this? What is the way forward? These among other questions are addressed through an examination of data from 10 randomly sampled VCTs, 10 churches, 15 health care workers, and 5 purposively sampled hospitals,. These samples are picked from Nyanza province, particularly Kisumu district which is currently leading in HIV prevalence in Kenya.</p>
<p>Kwansa</p> <p>Amsterdam School for Social Science Research University of Amsterdam</p>	<p><b>The “spiritual” and living with HIV/AIDS: negotiations, compromises, and the complexities in Ghana!</b></p> <p>For People Living with HIV/AIDS (PLWAs), getting to know ones status demands a thorough “soul-search” to determine the next line of action – to seek for spiritual help, or any other support, or/and from whom. This paper describes the complex religious lives of PLWAs in their bid to cope with their present predicament and social reality even where ARVs are available to them. It brings to fore personal negotiations, compromises, and outright surrender of one’s beliefs and practices in her/his bid to find both physical and spiritual “break-through”. It is based on an on-going anthropological study in the Ashanti Region of Ghana where several spiritual heads – mainly charismatic church leaders, traditional priests (and healers) – have professed having a “cure” for HIV/AIDS. The study combines observations and in-depth interviews of PLWAs and their families to elicit data.</p>
<p>Leusenkamp</p> <p>Amsterdam School for Social Science Research, University of Amsterdam</p>	<p><b>The role of religious actors in ARV provision in Western Uganda. Where is the district government?</b></p> <p>This paper investigates how religious actors increasingly shape the nature of ART services in Kabarole district, Uganda. Like regular health services, religious based donors, NGOs and churches have stepped up to provide money for ARVs and to care for PLWHA. It is explained how formal public structures at the ground are superseded – both literally and figurative – by religious actors: when ART related services are not only attuned to the needs of the Ministry of Health but also to those of the bishop; when service provision is restricted to the diocese boundaries rather than those of the district; and when coverage and nature of ART is discussed with NGOs and donors both within and above the district level instead of with the local government. Though the district health department is formally involved as project owner, their position becomes increasingly marginalised due to the power and wealth of these religious actors.</p>
<p>Mndende</p> <p>Department of Religious Studies. University of South Africa</p>	<p><b>HIV/AIDS and Traditional Religion: problems of diagnosis and treatment</b></p> <p>The western approach to the treatment of HIV/AIDS in South Africa has unfortunately not yet used the holistic approach by incorporating the role of African culture and spirituality in the treatment and counseling (which is based on age, gender and status of the counselor) of people living with HIV/AIDS. Disregarding indigenous spirituality or a biased interpretation of African culture results in the infected rural people and traditionalists to adopt a silent approach by secretly resorting to traditional forms of their preferred choices and publicly pretend to only using western forms of healing. This approach leads to either denial or misdiagnosis, and because of the commonalities of the symptoms of the opportunistic diseases it sometimes leads to incorrect forms of indigenous healing methods. The replacement of the role of the family structures by ‘Traditional healers’ has also lead to the corruption and abuse of the field of spiritual healing as the call and cause of ‘traditional</p>

	<p>healing' has now become a business transaction more than focusing on the healing of the disease.</p>
<p>Moyer &amp; Mrutu  Univ. Of Amsterdam/ Mkombozi Centre, dar-es-Salaam</p>	<p><b>Double combination therapy: ARVs and prayers bring hope and faith to PLHIV in Tanzania.</b></p> <p>The majority Tanzanians are on one hand consumers of scientific and technological products and at the same time followers of a certain religion be it Christianity, Islam or traditional religion. This paper is based on the field of medical anthropology but it can be useful to other studies like theology and studies on HIV/AIDS. The paper describes the interrelation between biomedicine and religion and how the two are combined in treating PLHIV. It concerns treatment choices as experienced by PLHIV. It is argued in this paper that the search for treatment and cure is a complex undertaking brought about by a number of influencing factors namely, economic which includes issues of poverty and unemployment, gender, political factors which include health policies and social factors which encompass issues of openness and stigma. These factors dictate how and where to search for cure as a way of taking personal responsibilities for ones health. The contextual approach described in this paper demonstrates how people strive to cope with a chronic disease. It also highlights how combined therapy can compliment each other and hence fulfill the needs of a person. It illustrates how science which deals with things which are tangible can be combined with things taken on faith.</p>
<p>Msoka  Institute of Development Studies University of Dar es Salaam</p>	<p><b>Christian Construction of ARVs</b></p> <p>Teachings of churches toward the use of condom as a method of controlling the spread of the HIV/AIDS pandemic are well known to many people. Condom campaigns are looked at as campaigns that <i>legitimise</i> premarital, unmarried and or extramarital sex (PUES). PUES, whether protected or not, is against the teaching of the church hence not allowed. Advocates of “use condoms” campaign see it as a strategy to protect the general population from contracting HIV/AIDS. The pandemic is seen as a threat to human resource, which is important resource for socio-economic and national development. Moving a step further, while the use of ARVs can be predicted among the supporters of the condom campaign; <i>safe life, save human resource</i>, the question that needs a close look is, what is the positions of the anti condom use supporters toward the use of ARVs? Does their position on ARVs contradicts with the stand on condom use or is inline with the <i>save life serve human resources</i>? In this paper, an attempt will be made to get insights on the position of Christians towards the use of ARVs by AIDS patients. Using ethnographic methods, I will look at how expanded access to the use of ARVs is socially constructed and received within Christian communities.</p>
<p>Mungwini  Department of Philosophy. National University of Lesotho</p>	<p><b>Schadenfreude, AIDS and the Church: exploring the complex terrain of feelings and sentiments in the provision of support to HIV and AIDS patients.</b></p> <p>The work explores the place of feelings and sentiments in the AIDS debate within an Afro socio-cultural context. It analyses the interface between the feelings of guilt, shame and personal responsibility endemic in most sufferers and how they impact on their relations with care givers within the family and the community at large. Since the disease is largely associated with sex, feelings such as these have a strong bearing on how relations have been defined between care givers and the sufferers. More often than not the family care givers are accused of schadenfreude prompting most sufferers to look for solace outside the family in such institutions as the church. But can the church be the answer? While the church has received its own fair share of accusations of schadenfreude, it remains so far the only institution capable of handling the feelings generated by the morality surrounding the AIDS pandemic. The wok argues that the more science succeeds in prolonging life the more relevant the church becomes especially in dealing with the emotive dimension of patients which in turn has a direct effect on their receptivity to therapy.</p>

<p>Patterson</p> <p>Department of political science, Calvin College</p>	<p><b>Church Advocacy on HIV/AIDS: A Comparison of Ghana and Zambia</b></p> <p>HIV prevalence levels differ greatly between Zambia (~16%) and Ghana (~2%). Yet, in both countries churches have been involved on AIDS. Churches have developed programs, sought to raise public awareness, and shaped policies on treatment and prevention efforts. Focusing on the activities of mainline (“mission”) churches, this paper first outlines the different and similar ways that churches have approached AIDS in each country. It then investigates why these differences and similarities may exist. How do church strategies such as coalition building differ between the two countries? What is the role of stigma in shaping church AIDS efforts in each context? How has the tension between biomedical explanations for AIDS and spiritual worldviews shaped church activities on AIDS? What does each country’s political history mean for church influence on AIDS resource allocation and policy priorities? The paper is based primarily on interviews conducted among Zambian and Ghanaian Christian organizations during 2007 and 2008.</p>
<p>Rasmussen</p> <p>Centre for African Studies, Copenhagen, Denmark</p>	<p><b>Catholic involvement with ARVs in Uganda– balancing ideals of holistic care with therapeutic citizenship</b></p> <p>For Catholic organisations and health institutions providing treatment/care/support to people with HIV/AIDS the notion of ‘holistic care’ is central. Linking up to central tenets in Catholicism about wholeness, holistic care entails that attention to body, soul, mind, family and community must be weaved together when caring for people with HIV/AIDS. In a sense holistic care seems to be perfectly suited to deal with the challenges ARV provision entail. Catholic organisations in Kampala with comprehensive programmes that address medical, social, spiritual, emotional and economic needs of ART patients have been credited for having exemplary high ART adherence. However, with shifting donor agendas, the roll-out of ARVs, and growing concerns over the social implications of such elaborate support systems, the efforts to provide holistic care has come under pressure. While ART adherence must be enforced. In responding to that challenge, different Christian technologies are mobilised in the various Catholic organisations I study.</p>
<p>Reihling</p> <p>Freie Universität Berlin Institute for Social Anthropology</p>	<p><b>Muslim Biosociality: Support Group Syncretism in Cape Town, South Africa</b></p> <p>In recent years medical conditions like HIV/AIDS have been seen as constitutive of new social forms and networks that blur the boundaries between different identity groups to form new biosocialities. In this context patients have been seen as knowledgeable actors able to turn these conditions into various forms of capital thereby constructing their own destinies through the embodiment of medical discourses and technologies. On the other hand, it has been argued that Antiretroviral Therapy (ART) generates forms of clientship linked to patronage and the re-thinking of existing social relations rather than the development of new social groups. In this paper I want to point out that through ART and particularly the support group sessions that go with it, in deed, boundaries between different identity groups become blurred. During my ethnographic fieldwork in Cape Town, South Africa I encountered a form of religious syncretism tied to support group sessions. In this context the divide between Islam and HIV/AIDS as well as the one between Muslims and Christians which make up the majority of seropositive people in the city, is bridged by prayer as well as by narratives of social suffering. In these sessions HIV/AIDS does not only connect people; it creates a physical and imaginary space in which old and new relations with the secular and the sacral are negotiated and mediated by a discourse on adherence to medical regimes. In order to characterize this kind of Support Group Syncretism I will draw on an extended case study focused on a so called faith-based organization and a particular support group encounter.</p>

<p>Smith</p> <p>Department of Anthropology Brown University</p>	<p><b>Producing Positive Subjectivities: The Intersecting Influences of Pentecostal Churches and HIV/AIDS Support Groups on Antiretroviral Patients in Southeastern Nigeria</b></p> <p>The advent of antiretroviral treatment for HIV/AIDS has produced new relationships between patients and the institutions and communities from which they receive medical, social and moral support. As individuals in treatment navigate their healing and forge new kinds of subjectivities, curious intersections have emerged among the different arenas in which people “living positively” carry on with their lives. In southeastern Nigeria, two of the most important institutions for many HIV-positive people are support groups and churches. Based on an ethnographic study in the city of Owerri, this paper addresses the parallel, intersecting and conflicting ways in which increasingly popular Pentecostal churches and a growing number of HIV/AIDS support groups influence the beliefs and behavior of their members. Religious and support group messages interconnect and sometimes conflict over issues of disclosure, sexual behavior, treatment adherence, marriage and fertility, with critical consequences for people’s physical and social wellbeing. Churches and support groups alike encourage projects of “living positively” that separate people with HIV from the wider society even as they offer opportunities for new forms of community.</p>
<p>Simpson</p> <p>Department of Anthropology Univ. of Manchester</p>	<p><b>It’s better to know? ARV take-up among a cohort of Catholic mission educated men in Zambia</b></p> <p>This paper draws in part upon my forthcoming book, "Boys to Men in the Shadow of AIDS: Masculinities and HIV Risk in Zambia" (Palgrave-USA, May 2009). The paper describes how a cohort of men and their wives strove to understand the HIV/AIDS pandemic in the context of their religious understandings of human experience. I focus on the performance of, and limits to, certain constructions of masculinity. The paper compares two periods, the first prior to the availability of ARVs, and the second as ARVs started to become available in urban areas in Zambia. Some men and women wrestled with the question of whether it was better to know their HIV status and, when it became possible, to get access to ARVs, or whether to place their trust solely in God’s power to protect and heal. Some preferred to both trust in God and to take advantage of whatever medical help was available to them. I discuss the relevance of their responses in the light of their religious understandings and their contemporary sexual conduct.</p>
<p>Swing &amp; Nason</p> <p>Hampshire University</p>	<p><b>ARV adherence and Ramadan: Negotiating Health and Islam’s Holy Month of Fasting</b></p> <p>A key component of Islam, practiced by 98% of Zanzibaris, is the observation of Ramadan, a month in which Muslims fast between sunrise and sunset. The arrival of Antiretroviral drugs (ARVs) to Zanzibar in 2005 provided the first accessible and effective treatment for people with HIV. However, because these pills must be taken at regular intervals it is impossible to adhere to the therapy and still fast. While the sick are exempt, ARVs are so effective that those taking them often do not feel or seem ill and some make changes in their treatment schedule to enable them to fast. Yet failure to precisely follow the regimen risks rendering the treatment ineffective. In this paper we use ethnographic and other forms of qualitative and multi-disciplinary research methods to explore the complex ways in which people on ARVs integrate the demands of both their faith and illness.</p>
<p>Tocco</p> <p>Ph.D. student, Department of Anthropology, University of Michigan-Ann</p>	<p><b>ARVs, Islamic Healing and Efficacy Beliefs in Northern Nigeria</b></p> <p>Based on ethnographic research, this paper examines the association of Islamic health beliefs and the treatment of HIV/AIDS in Northern Nigeria, a predominantly Muslim society hard-hit by the disease. Largely resulting from U.S. PEPFAR implementation, HIV-positive Nigerian Muslims are newly enrolling in HIV clinics, consuming ARVs, and improving the</p>

Arbor	<p>quality and length of their lives. This development is drawing traditional, Islamic, and Western bio-medical modalities--with their varied assumptions about the efficacy of medicines and the existence of a cure for HIV and AIDS--into novel relationships. I argue that the popular Islamic <i>hadith</i>, "For every disease, Allah has given a cure", is being interpreted heterogeneously by different Muslim participants in Northern Nigerian HIV/AIDS care: patients, bio-medical doctors, and Islamic healers.</p>
<p>Taringa</p> <p>University of Zimbabwe, Department of Religious Studies, Classics and Philosophy, Harare</p>	<p><b>Shifting notions of healing in african initiated churches in the light of hiv/aids in Zimbabwe</b></p> <p>For many years people have studied and taught about origins, growth and life of Shona Initiated Churches hereafter referred to as AICs. They have focused on the role of these churches in the liberation struggle and also in their role in environmental protection and healing. Another area of interest has been the concern of these religions with health and healing. These religions embrace a particular understanding of the self and the body, health and wholeness, healing and transformation. This understanding is expressed in distinct healing practices. There have been widespread rumours that some African Initiated Church prophetesses/prophets have a cure for HIV/AIDS. This is widely discussed in Zimbabwe but there is a good deal of skepticism. This paper focuses on the Shona Independent Churches' health/healing beliefs and practices related to HIV/AIDS with reference to the Holy Apostolic Church in Epworth, Harare that is in a context dominated by secular western biomedicine. It investigates the worldview and the <i>miteuro</i> rituals at the core of this church's endeavor to deal with HIV/AIDS related problems and the innovations that have evolved in dealing with HIV/AIDS. The paper also examines the churches' attention and inattention to secular western biomedicine and its shifting notion of healing from spiritual to material means. The paper argues that while western biomedicine has, through ARVS, turned HIV/AIDS into a treatable disease the AICs seem to have turned to material healing in the context of <i>miteuro</i> rituals. As result of the unaffordability of ARVS to most Zimbabweans many people are flocking to these churches as an alternative</p>
<p>Tofa</p> <p>Department of Theology and Religious studies Swaziiland</p>	<p><b>The Impact of HIV and AIDS on African-Indigenous Religion and Thought: Perspectives from sub-Saharan Africa</b></p> <p>African peoples subscribe to a plethora of beliefs about health and well-being. Central is the association of death and ill-health with ancestral retribution and/or witchcraft and the observance of rituals meant to gain favour and protection by the ancestors from all forms of adversity including HIV and AIDS. The advent of HIV and AIDS has, however, promulgated a serious assault on African indigenous religious beliefs and practices. The present paper therefore considers the impact of HIV and AIDS on African Indigenous Religion from the time of its inception to the present. Firstly, it considers the perception of HIV and AIDS in this religion and secondly, demonstrates how such perceptions have influenced and continue to influence the behaviour of those affected and infected with HIV and AIDS. Given that HIV and AIDS remains one of the most feared and leading cause of death in Sub-Saharan Africa due to the dearth of anti-retroviral drugs, the paper explores how both the affected and infected adherents of African Indigenous Religion respond to this pandemic. Further, the paper posits ways in which HIV and AIDS have 'questioned' the fundamentals religious beliefs in African indigenous religion, viz. cannibalism, mubobobo, central locking system (runyoka), blood sucking, blood transfusion, etc. Drawing illustrations from specific peoples in Sub-Saharan Africa, the paper argues that the HIV and AIDS menace contributes to the eradication of key beliefs and practices in African Indigenous Religion.</p>
Togarasei	<p><b>Life, death and healing in the age of HIV anti-retroviral therapy: Christian reflections</b></p>

<p>Department of Theology and Religious Studies, University of Botswana</p>	<p>The introduction of anti-retroviral therapy (ARVs) has called Christians to revisit their understanding of HIV and AIDS. The initial response of Christians to HIV and AIDS was a condemnation of those infected as sinners deserving punishment and death. This paper will discuss the Christian understanding of life, death and healing in contexts of HIV anti-retroviral therapy which has tended to prolong the lives of those infected. The paper also discusses the place of faith healing in the age of ARVs. The paper will be based on interviews with Christians on ARVs, church leaders and Christian healers. Because of the varied forms of Christianity in Africa, reflections on life, death and healing will mainly be made from the point of view of the Bible in light of the teachings and practices of specific Christian groups.</p>	