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The Role of the Church in the Fight against HIV and AIDS: A Case Study of Ward 30 in Murehwa District

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Abstract **Original Research Article**

The study sought to establish the role of the church in the fight against HIV and AIDS. A case study of Ward 30, under Murehwa District, Mashonaland East Province. A representative sample of thirty (30) participants was used. A qualitative research case study design was employed to guide the methodology. Data was collected using the interview schedule guide. The results showed that the role of the church in the fight against HIV and AIDS was critical in the ward in protecting people from getting infected with the disease; there was lack of coordination amongst stakeholders in the ward in terms of the role of the church in the fight against HIV and AIDS in the communities. Recommendations made include the need for the development of policy that specifically deal with HIV and AIDS issues amongst churches and faith based organizations that promote further mainstreaming of HIV/AIDS into the theological functioning of the churches.

Keywords: Postnatal Care, Midwives, Aids, Church and Blood Born Disease.

BACKGROUND TO THE STUDY

Responses to the global HIV/AIDS epidemic are often driven not by evidence but by ideology, stereotypes, and false assumptions. Referring to the hyper epidemics of Africa, an article in The Lancet named ten myths that impede prevention efforts including poverty and discrimination, “condoms are the answer,” and “sexual behaviour will not change.” Such myths are held as self-evident truths by many in the AIDS establishment and they result in efforts that are at best ineffective and at worst harmful, while the AIDS epidemic continues to spread and exact a devastating toll in human lives. In every African country in which HIV infections have declined, this decline has been associated with a decrease in the proportion of men and women reporting more than one sex partner over the course of a year which is exactly what fidelity programmes promote. The same association with HIV decline cannot be said for condom use, coverage of HIV testing, treatment for curable sexually transmitted infections, provision of antiretroviral drugs, or any other intervention or behavior. The other behaviour that has often been associated with a decline in HIV prevalence is a decrease in premarital sex among young people. If AIDS prevention is to be based on evidence rather than ideology or bias, then fidelity and abstinence programmes need to be at the center of programmes for general populations. Christian churches and faith communities have a comparative advantage in promoting the needed types of behaviour change, since these behaviours conform to their moral, ethical, and scriptural teachings. What the churches are inclined to do anyway turns out to be what works best in AIDS prevention.

This good news is often lost on organizations that purport to represent churches and the faith-based response to AIDS. The Berkley Center at Georgetown University issued a report titled Faith Communities Engage the HIV/AIDS Crisis. The report is worth taking seriously, as it reflects the thinking of many international organizations, including many of the faith-based organizations that respond to AIDS. This thinking is often drastically out of sync with the culture and values of the beneficiaries. The Georgetown report claims to explore “development issues from the perspective of faith institutions,” but in fact the report betrays a deep ambivalence about whether faith communities, particularly Christian churches, are part of the problem or part of the solution to AIDS. Katherine Marshall and Lucy Keough, lead authors of the report, are clearly uncomfortable with approaches to HIV prevention that emphasize sexual responsibility, behaviour change, and morally based messages. They praise the work and compassion of faith communities in treating and caring for people living with AIDS and their families, yet

harshly criticize the messages of faith communities for increasing the stigma of AIDS. Their discomfort with attempts to change sexual behaviour is evident early in the report, when, for example, they muse: "Should the focus be on changing the behaviours that contribute to HIV/AIDS? (Is that possible? Desirable? How? With what assurance?)" Although turmoil and instability may make people more vulnerable to HIV, it does not follow that an HIV-prevention strategy aimed at changing sexual behaviour is doomed in circumstances of turmoil and instability. Many of the greatest successes in HIV prevention have been in situations of social, political, and economic turmoil, such as Uganda in the late 1980s and Zimbabwe in 2008.

Faith communities are not shutting their eyes to evidence when they choose to emphasize the core recommended strategy of abstinence before marriage and faithfulness within marriage. These behaviours have, in fact, proved far more effective than condom use in curbing HIV transmission for the vast majority of any population. A 2001 study of condom use in rural Uganda found that only 4.4 percent of the population reported consistent usage in the previous year, a rate that is probably typical of much of Africa. In contrast to the estimated 95 percent or more of Africans who did not practice consistent condom use in the past year, studies from all over Africa show a solid majority of men and women reporting fidelity over the past year, with a majority of unmarried young men and women reporting abstinence. The Georgetown report devotes several paragraphs to the position of the Catholic Church on condom usage and the apparent "nuance" within Catholic communities on the issue. The report seems to imply that the Church's teaching on condom usage is detrimental to the fight against AIDS, while recognizing the Church's contribution to prevention through promotion of abstinence and faithfulness. For instance, the authors note that Pope John Paul II chose to emphasize abstinence and faithfulness rather than directly criticizing condom use. The above background promoted this researcher to embark on a research that focused one ward in one district of Murehwa in Zimbabwe to try establishing the role of the church in the fight against HIV and AIDS.

Statement of the Problem

What is the role of the church in the fight against HIV and AIDS?

Research Question

- What is the role of the church in the fight against HIV and AIDS?
- Is the community aware of the existence of HIV and AIDS in their community?
- What intervention strategies are in place for the community to make use in reducing the impact of HIV and AIDS?

Review of Related Literature

A number of international donors and policymaking organisations have acknowledged the valuable role that churches/faith based organisations play, or could play, in the fight against AIDS response. Especially when looking at their role from the broad prevention perspective described above. They are often active in areas of economic and social justice at local national and international level, so tackling power imbalances. They are among the most important providers of care, treatment, psycho-social support or livelihood initiatives that improve the physical health and economic and emotional well-being of people infected. They also provide individuals and communities with an understanding of the risks to them and others of HIV infection and have clear messages, although not always providing the accurate and full information, regarding risk reduction.

Moreover, churches and faith-based organisations have more often than other actors, a long-term presence in regions and situations at risk, opting for the most marginalised and trusted by the local communities. Finally, churches and faith-based organisations also have the ability to influence the attitudes and behaviours of their community members by building on these relationships of trust and respect. Although they are not always uncontested as concerns their transfer of (religious) beliefs and values, but no easy generalisations can be made here. On the other hand policymaking organisations, international donors and other actors often do not recognise that broad role churches and faith base organisations play in the international AIDS response. They look at the role of churches and other faith-based organisations from the reductionist prevention perspective, resulting in polarisation: "pro-condom" or "abstinence/fidelity only", placing their protagonists in groups, which become diametrically opposed and mutually antagonistic. It must also be said that often churches and other faith based organisation on their turn also look at their own role in the AIDS response in the same reductionist way. Moreover, they still score rather weak on the HIV/AIDS related attributes:

- Lack of policy to deal with HIV/AIDS within the church
- Less mainstreaming of HIV/AIDS into the theological functioning of the church
- Challenges in redressing issues of sexuality and patriarchy by and in the church
- Churches often under estimate the role and position of women with regard to HIV/AIDS.
- Lack of networking and collaboration

Aids Competent Churches

In the last five to six years, different churches and faith-based organisations have worked hard on their theology in times of AIDS. The most perceptible outcome of these theology-oriented activities is a

growing understanding among theological academics and church leaders of the relationship between scriptural messages around compassion, forgiveness and acceptance, and the presence and impact of HIV and AIDS in churches and faith communities. This understanding is affecting the way church leaders and their congregations for example, view and care for community members who are infected or affected by HIV and AIDS, and is affecting the way that people living with HIV and AIDS view themselves as accepted and supported by the community. Furthermore, church leaders themselves are beginning to focus on themselves as powerful role models in fighting stigma, discrimination and denial. Many Christian people living with Aids have found support and comfort in bible-study groups, which focus on the life of Jesus Christ who stood up for the marginalized and stigmatized. Those groups often confront traditional church leaders with texts from the bible and demand a living – aids-competent - church with commitment, support and care for people living with Aids.

Research Design

Qualitative research methodology was used in this study aided by the case study design. The design has been used successfully in similar and related circumstances by a lot of researchers. It is the ability of the case study to enable the researcher to use a representative sample that it was chosen. This research was conducted in a limited period and the use of the sample was the best option for the researcher. Secondly the case study design enabled the researcher to explore the behavioural, cognitive and affective domains of respondents (Wortman and Loftus, 1988).

Study Population

The study population to the research study consisted of three (300) participants who were residents of Ward 30 under Murehwa District, Mashonaland East Province, Zimbabwe. The population included both males and women of the various age groups.

Sampling Procedure and Sample

Thirty (30) participants were used in the gathering of data to establish the role of the church in the fight against HIV and AIDS in Ward 30 of Murehwa District in Mashonaland East Province. Purposive sampling technique used in the study.

Research Instruments

The researcher used one research instrument in the study i.e. the interview guide schedule.

RESULTS

- For an AIDS response to be effective in the immediate as well as the long-term, the complexity of the factors fanning the epidemic has to be understood and recognised in each specific context. Equally so one should recognise that no single institution, organisation or project will not normally address all these factors. In other words the church cannot win the war against HIV/AIDS alone.
- In large parts of the developing world, unlike the more secularised western world, religion or spirituality is very much part of daily life. Religion and culture are carriers of values and beliefs that strongly determine individual behaviour; they are among the key factors that can either contribute to fanning or hampering the spread of the epidemic. The acknowledgement and understanding of these different religiously and culturally determined concepts and values are a precondition for the development of a more effective AIDS response.
- Churches and faith-based organisations are among the actors playing a valuable role in the fight against HIV and AIDS response.

DISCUSSION

The discussion follows the study that was carried out by the researcher in the Mashonaland East Province; Ward 30 of Murehwa District. Thirty (30) participants took part in the study. Research results on the role of the church in fighting against HIV and AIDS revealed that whilst the church is a key stakeholder, it cannot win the war on HIV and AIDS alone. There is clear evidence that whilst the church tries to empower communities on the dangers of HIV and AIDS, there is no statutory instrument that clearly spells out each stakeholder roles so as to avoid duplication of roles. There is a tendency amongst churches and faith based organisation's to view HIV and AIDS mainly in a moral context. Although different studies have shown a significant change, HIV and AIDS is still used within some religions to promote moral church doctrine. Rather than accepting the clinical realities of the disease, some churches are using it as a tool for propaganda and conversion, encouraging only personal salvation as a way to cure HIV and AIDS. Factual knowledge is often missing.

CONCLUSION

The research results have shown that there are loopholes in the current policy management and existing institutional arrangement in the administration of how the churches can effectively participate in the fight against HIV and AIDS in Zimbabwe. There is a tendency amongst churches and faith based organisation's to view HIV and AIDS mainly in a moral context.

Recommendations

- Need for the development of policy to deal with HIV and AIDS within churches and faith based organisations in Zimbabwe;

- Supporting activities and processes that aim at redressing issues of gender inequality, sexuality and patriarchy in the churches;
- Promote networking and collaboration amongst churches and faith based organisations; and
- Eradication of stigma and discrimination within the churches.

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