The Cartography of HIV and AIDS, Religion and Theology

A Partially Annotated Bibliography

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An edited book has been released containing a collection of thematic reviews, based on the materials in this bibliography:


In its opening comment, this general article provides a clear intersection between Islam and HIV and AIDS. The Qur’anic shifa, the article goes on to explain, incorporates Allah’s instructions to consume, in moderation, food and drink that is permissible and wholesome. The article cautions that notwithstanding the activist claim that "AIDS is a calamitous trial and tribulation demanding the restoration of Islamic governance to counteract and rectify this spreading disorder and decadence" in Muslim countries, Muslims are beginning to face the stark reality that as a global community they are subject to the pain and suffering of AIDS, and therefore Muslim activists must not only advance the restoration of Islamic governance, but also advance the restoration of the prophetic health care system to provide for Muslims and non-Muslims with AIDS and all other disorders. [CHART]


South Africa has the largest percentage of people living with HIV/AIDS in the world. However, the response against the further spread of HIV/AIDS in the country is being hindered by stigma and discrimination. In order to develop effective intervention programmes to control and reduce the further spread of the disease, it is important to understand the nature of HIV/AIDS-related stigma and especially how people construct it. In the present study, the social construction of HIV/AIDS-related stigma among Muslims was investigated because high levels of stigma were found in this group. This was fueled partly by the belief that HIV/AIDS was not a serious problem amongst Muslims.


South Africa after the Truth and Reconciliation Commission in which the nation witnessed the testimonies of the victims and the perpetrators of gross human rights violations of the apartheid era, a process that has “seared souls with rage, feelings of vengeance, guilt and longing.” This article reflects on difference and otherness from the author’s context, and that of a century characterised by much agony worldwide. Various ways of dealing with difference are discussed, leading to the insight that the essential human nature is found in relationship. The second major part of the chapter examines what the custom of lament can bring to the healing of the pain. It pleads for public confession and lament for the inability or unwillingness to “deal lovingly with neighbors who are different”. Denise Ackermann traces the roots of lament in antiquity and in ancient Israel, discussing the laments of the Bible, these “candid, intense, robust, and unafraid” cries against the enemy and even against God. She closes with a plea for public forums for lament, both of victims of apartheid and of those who benefitted from it. While HIV is only briefly noted as part of the context of brokenness, the applications of this reflection to the pandemic is evident. [CHART]


Since this book’s publication, the figure of Tamar has come to represent all women, everywhere, who are raped and abused in societies where ‘such things are not done’ (or at least not officially). [CHART] The story of Tamar has become an important resource in the struggle against gender violence and the associated consequence of HIV infection. One such example is this
essay by Denise Ackermann, in which she provides a literary reading of the story, drawing out “clues for resistance and hope”. [CHART]

—. 2004a. "Seeing HIV and AIDS as a gendered pandemic." Nederduitse Gereformeerde Teologiese Tydskrif 45:214-20. The article contributes towards seeing and understanding the nature and extent – the “bleak immensity” – of HIV and AIDS in South African society today. It argues that we are in fact in the midst of “a gendered pandemic” which has dire consequences for the lives of women (and children). The nature of this pandemic presents a particular challenge to the Church.

—. 2004b. "Tamar’s cry: Re-reading an ancient text in the midst of an HIV and AIDS pandemic." Pp. 27-59 in Grant me justice! HIV/AIDS & gender readings of the Bible, edited by M. W. Dube and M. R. A. Kanyoro. Pietermaritzburg/Maryknoll: Cluster Publications/Orbis Books. Ackermann seems to have drawn her inspiration from three stories of South African women who were infected by HIV by their partners. These stories are critical in showing that many women are infected even if they remain faithful to one partner. In her reading of the Tamar story, Ackermann uses the meditative, literary and canonical approaches to reading the biblical story. Critical in this chapter is the assertion that Churches have sponsored gender inequality and indirectly gender violence by insisting on a gospel of exclusion rather than inclusion. Owing to the physical and emotional scars caused by gender violence, Ackerman calls for churches to move beyond the salvation of the soul to that of the body. [CHART]


Ackermann draws up a set of theological suggestions, all of which emanate from her hermeneutical point of departure, “namely that Christians are charged with living out the values of the reign of God. This means confronting the sinful nature of stigma squarely and then finding hope in our scriptures and our traditions for communicating God’s grace, mercy and compassion in our actions in present times”. Ackermann then offers fifteen theological observations, citing one or more biblical text in each to situate her suggestion within scripture. [CHART]

—. 2005b. "HIV and AIDS-related stigma: Implications for theological education, research, communication and community. Stigma: implications for the theological agenda." Pp. 46-50 in A report of a theological workshop focusing on HIV and AIDS-related stigma. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS). This brief paper discusses the implications of the conference theme, ie HIV related stigma, for theological education. It sketches various approaches for including HIV in the curriculum, but advocates for a re-conceptualisation of the theological curriculum as “HIV and AIDS and its related stigmas impinge on virtually every aspect of the theological curriculum”. The method of teaching theology, too, needs to become more appropriate to dealing with HIV, by giving space to narrative methodologies, the creative tension between theory and praxis and critical analysis. The author then illustrates this by referring to two theological topics relevant to HIV and AIDS related stigma: understanding human sexuality and its place in theological anthropology, and finding in the language of lament effective language to deal with HIV and stigma. [CHART]


This essay first explores the meaning of the terms “mere existence” and “tenacious endurance” and the nature of stigma. After setting out what is understood by a feminist theology of praxis it concludes by exploring how stigma can be countered in communities of faith by this theological perspective. The final section offers detailed practical suggestions, i.e. ‘the praxis of story-telling’, gender analysis, mutual relationship, ‘Body of Christ praxis’ in the eucharist and embodied praxis.


This chapter explores the challenge to provide theological training that takes the reality of AIDS seriously paying attention to methodology (critical role of narrative, awareness of the theory-praxis tension) and critical analysis of power relations.


This paper uses a feminist ethic to address the challenge HIV and AIDS raises in South Africa with a particular focus on women’s bodies. It starts with three stories of women affected by HIV, and sketches the impact of the pandemic on South Africa as a gendered pandemic. It then comments on feminist ethics in general before outlining a feminist ethic emerging from the author’s own situation. In conclusion themes emerging from the stories are related to problems and possibilities for a feminist ethic, an ethic that enables women in the church to deal effectively and ethically with the ‘bleak immensity’ of AIDS. Themes that are dealt with include the body and relationship, stigma and the body, sexuality, moral community, women’s bodies and the body of Christ in the Eucharist. [CHART]

Adams, Jimi. 2007. "Religion networks and HIV in rural Malawi." Sociology, Ohio State University, Columbus, OH.
Sub-Saharan Africa’s residents represent approximately two-thirds of the nearly 40 million global HIV/AIDS cases, while comprising only about one-tenth of the world’s population. In the rural settings where most inhabitants of SSA live, religious organizations are the only formal organizations present, and virtually all residents of SSA participate in a religious organization. Many have theorized a relationship between religion and HIV/AIDS, suggesting alternately its helpful and harmful potential in this crisis. The existing research conceptualizes religion, HIV risk and the connection between them by studying individuals, organizations, or aggregations of individuals and organizations. In this dissertation, I demonstrate the adjustments a network perspective contributes to researchers’ ability to understand religious organizational responses to this epidemic, the nature of HIV-risk and, perhaps most importantly, how these are linked. The resulting conceptualization suggests some of the first mechanisms that demonstrate how beneficial and harmful HIV-related outcomes can arise simultaneously from religious structure or corresponding individual behaviors. While many intended models of prevention and intervention rely on implicit formal organizational hierarchies, little is known about how this contributes to the content and effectiveness of subsequent prevention messages. I describe of the networks within which local religious leaders develop the HIV-related messages conveyed in their congregations. I then compare the HIV-related messages of religious leaders at the national-denominational and local-congregational levels, to demonstrate the existing gaps between the intended model and the reality of these efforts. I explain how local clustering of these networks drives discordant messages. Conceptualizations of individuals’ HIV-risk also benefit from adopting a network perspective to more readily capture the epidemiology of HIV. While individuals’ religious involvement may reduce risk behaviors; potential infection is dependent, not only on the frequency of risk behaviors, but also on characteristics of ones’ partners. I therefore generate a series of simulated networks to demonstrate that the differences observed in risk behaviors associated with religious affiliation do not necessarily translate into corresponding differences in network-oriented risk properties. I draw on data from the Malawi Religion Project and the Malawi Diffusion and Ideational Change Project to investigate these questions.


Scholars have recently become increasingly interested in the role religion plays in the responses to the HIV/AIDS epidemic in sub-Saharan Africa. Here, we present the Malawi Religion Project (MRP), which provides data to examine the relationship between religion and HIV/AIDS through surveys and in-depth interviews with denominational leaders, congregational leaders, and congregation members in three districts of rural Malawi. In the paper, we outline existing perspectives on the religion-HIV/AIDS link, describe the MRP's design, implementation, and subsequent data; provide initial evidence for a series of general research hypotheses; and describe how these data can be used both to extend explorations of these relationships further and as a model for gathering similar data in other contexts. In particular we highlight the unique possibilities this project provides for analyses that link MRP data to the Malawi Diffusion and Ideational Change Project. These linked data produce a multi-level data set covering individuals, congregations and their communities, allowing empirical research on religion, HIV/AIDS risk, related behaviors, attitudes, and norms.


This short essay affirms that "like Job, the African does not give up", even when confronted with "another fatal scourge," that of HIV and AIDS. "Like Job", the African "seeks for meaning, life and growth from his sufferings." The essays affirms that even if we cannot understand the meaning of any particular suffering, nevertheless we may "trust and depend on God for his help and salvation." [CHART]


Adopting a familiar hermeneutic strategy whereby the biblical text is shown to be in continuity with African culture, Adogame argues at length that there is "an affinity and continuity" between African Pentecostal and Yoruba indigenous cosmologies with respect to "the belief in indiscernible spiritual forces". Quoting from Eph. 6:10-17 and 2 Cor. 10:3-4 as well as other New Testament references to support his argument, the author also makes reference to Old Testament texts where there is
"spiritual warfare" or "spiritual encounters" or power encounters", for example "between Moses and Pharoah (Exod. 7:12) and Elijah and the prophets of Baal (1 KI. 18)". The overall point of appeal to the Bible here is that because of the resonances between African and biblical worldviews, the Bible is a resource in dealing with HIV and AIDS in Africa, precisely because HIV is a recent addition to the "paraphernalia of the devil". This is why, he argues, that Nigerian Pentecostals claim that "the warfare motif in the Bible provides humans with amulets which with which to thwart the enemy's plans. Prayer, fasting, repentance, forgiveness, righteousness, and every other human attitude and behaviour that stands in obedience to God can be seen as acts of war and means of enabling God to accomplish his plans in the human realm." [CHART]


International and African discourses on the HIV/AIDS pandemic and intervention neglect the role of religion and religious organisations. Social science perspectives in tackling health and disease neglect religious doctrines and faith central to worldviews and praxis of religious groups. Both aspects are important for religious groups and individuals affected by HIV/AIDS. Informed by a religious studies paradigm and through the religious ethnography of the Redeemed Christian Church of God (RCCG) in Nigeria and the Diaspora, this article demonstrates mechanisms employed by African Pentecostals to combat the epidemic and provide support for infected members. The RCCG conceptualisation of disease and healing is central to understanding responses and measures in combating HIV/AIDS.


Afari-Twumasi, Lucy-Seiwa. 2007. "The role of the church in the prevention, education, care and support of people living with HIV/AIDS." University of Fort Hare.


The sociocultural factors that influence care and caregiving vary from place to place, with both beneficial and harmful effects on the health of the caregivers. Therefore, this article presents the cultural and social structural factors that influence care and caregiving from the perspectives of the family caregivers of people living with HIV/AIDS in Addis Ababa, Ethiopia. Using semistructured interviews and participant observation, a purposive sample of six key participants and 12 general participants were interviewed in their home between December 2005 and January 2006. Four important sociocultural factors that influence care and caregiving have been identified: religious beliefs, economic issues, education, and social stigma and discrimination. The findings of our study underscore the importance of understanding the cultural and social structural factors that influence care and caregiving from the perspectives of family caregivers in order to provide culturally congruent care to those in need.


In societies where formal channels of diffusion of health risk and prevention-related information and practices are inadequate, informal social networks offer a powerful alternative. This study compares how social networks deal with two types of public health concerns — the prevention of cholera and HIV/AIDS. It is based on data from in-depth interviews and focus groups conducted in Maputo, Mozambique, in June-August of 1998 — in the aftermath of a major cholera epidemic and in the midst of an unrelenting catastrophe of HIV/AIDS. For both diseases interaction through social networks compensates for the insufficient and inadequate information distributed through official channels. However, the differences in the latency period, course, and clinical manifestations of the two diseases affect the nature, mechanisms, and forms of social interaction. Because HIV/AIDS remains largely an abstract threat not supported by practical knowledge and everyday experience, HIV/AIDS-related social interaction transmits mainly rumors and unconfirmed suspicions. In addition, this interaction is constrained by traditional social barriers and distances, such as the ones based on gender and age, which may retard the rise of HIV/AIDS awareness in the community. In contrast, the symptoms of cholera are easily identified and understood, and the generalized threat of the epidemic spawns intensive and widespread interaction both within and across conventional social boundaries. This interaction mobilizes the community against the epidemic and helps individuals to improve the prevention of infection.


Using survey and semi-structured interview data collected in various religious congregations in urban and rural areas of Mozambique, this study analyses how gender differences in perceptions of HIV/AIDS and preventive behaviour are mediated by religious involvement. Logistic regression is employed to examine the effects of gender and of the interactions between gender and type of denomination—"mainline" (Catholic and Presbyterian) or "healing" (Assembly of God, Zionist, and Apostolic)—on female and male members' exposure to HIV/AIDS-related prevention messages, knowledge and perception of risks and practice of prevention. The analysis detects women's disadvantage on several measures of knowledge and prevention but also suggests
that gender differences are less pronounced among members of “mainline” Churches. The semi-structured interview data further highlight how gender differences are shaped in different religious environments. Although the potential of faith-based institutions in combating the HIV/AIDS pandemic is undeniable, policy-makers need to heed important differences among these institutions when devising ways to harness this potential.


The role of religion in the fight against HIV and AIDS is frequently talked about. It is often argued that religion discourages risky behaviour and therefore serves as a barrier to HIV infection. In particular, it is said that religious people are less likely to have multiple or casual sexual partners. Religious organizations can also make an important contribution to raising public awareness of HIV and AIDS by using their institutional channels and mechanisms. In poor areas, where secular institutions are relatively weak and ineffective, the role of religious organizations, with their social mobilization potential and networks of committed activists, can be especially important. At the same time, religious leaders may disagree with the secular authorities on approaches to HIV prevention. Religious leaders may be particularly reluctant to directly accept (not to mention to promote) the notions of safer sex and condom use on the grounds that this encourages extramarital and casual sex.


Religious organisations (ROs) are often said to play an important role in mitigating the impact of HIV/AIDS. Yet, limitations of that role have also been acknowledged. While most of the literature has focused on ideological and individual-level implications of religion for HIV/AIDS, in this study we shift the focus to the organisational factors that shape and constrain ROs’ involvement in both HIV prevention and HIV/AIDS care and support. Using primarily qualitative data collected in a predominantly Christian area in southern Mozambique, we show that the organisational vitality of a RO as determined by its membership size and its relationships with other churches and with governmental and non-governmental agencies is a pervasive priority of RO leaders. Therefore, all church activities, including those related to HIV/AIDS, are instrumentalised by the religious leadership to achieve the church’s organisational aims - maintaining and growing its membership, safeguarding the often precarious coexistence with other churches, and enhancing its standing vis-à-vis the government and powerful non-governmental organisations. As a result, the effectiveness of ROs’ involvement in HIV/AIDS prevention and assistance is often compromised. [author]


This paper sought to examine the role of religious organisations in the provision of HIV/AIDS-related assistance in Africa. Data was collected from Christian religious organisations in southern Mozambique. Bivariate comparisons and logistic regression analysis of survey data were performed. An analysis of qualitative data to complete the quantitative results was conducted. The analysis revealed little involvement of religious organisations in provision of assistance. Most assistance was decentralised and consisted of psychological support and some personal care and household help. Material or financial help was rare. Assistance to non-members of congregations was reported more often than to members. Members of larger and better-secularly connected congregations were more likely to report assistance than were members of smaller and less-secularly engaged ones. Assistance was reported more in cities than in rural areas. Women were more likely than men to report providing assistance to congregation members, and the reverse was true for assistance provided to non-members. The cooperation of religious organisations in provision of assistance was hindered by financial constraints and institutional rivalry.


Uganda has reduced its prevalence of HIV/AIDS from 18 to 6.5% within a decade. An important factor behind this might have been the response from faith-based voluntary organizations, which developed social capital for achieving this. Three behaviors have been targeted: Abstinence, Being faithful, and Condom use (the ABC strategy). The aim of this study was to explore the association between social capital and the ABC behaviors, especially with reference to religious factors. In 2005, 980 Ugandan university students responded to a self-administered questionnaire (response rate 80%). It assessed sociodemographic factors, social capital, importance of religion, sexual debut, number of lifetime sexual partners, and condom use. Logistic regression analysis was applied as the main analytical tool. In general, social capital was associated with less risky sexual behavior in our sample. However, gender and role of religion modified the effect so that we cannot assume that risky sexual behavior is automatically reduced by increasing social capital in a highly religious society. The findings indicate the importance of understanding the interplay between social capital, religious influence, and gender issues in HIV/AIDS preventive strategies in Uganda.

More knowledge is needed about structural factors in society that affect risky sexual behaviors. Educational institutions such as universities provide an opportune arena for interventions among young people. The aim of this study was to investigate the relationship between sociodemographic and religious factors and their impact on sexual behavior among university students in Uganda. In 2005, 980 university students (response rate 80%) were assessed by a self-administered questionnaire. Validated instruments were used to assess socio-demographic and religious factors and sexual behavior. Logistic regression analyses were applied. Our findings indicated that 37% of the male and 49% of the female students had not previously had sex. Of those with sexual experience, 46% of the males and 23% of the females had had three or more sexual partners, and 32% of the males and 38% of the females did not consistently use condoms. For those who rated religion as less important in their family, the probability of early sexual activity and having had a high number of lifetime partners increased by a statistically significant amount (OR = 1.7; 95% CI: 1.2-2.4 and OR = 1.6; 95% CI: 1.1-2.3, respectively). However, the role of religion seemed to have no impact on condom use. Being of Protestant faith interacted with gender: among those who had debuted sexually, Protestant female students were more likely to have had three or more lifetime partners; the opposite was true for Protestant male students. Religion emerged as an important determinant of sexual behavior among Ugandan university students. Our findings correlate with the increasing number of conservative religious injunctions against premarital sex directed at young people in many countries with a high burden of HIV/AIDS. Such influence of religion must be taken into account in order to gain a deeper understanding of the forces that shape sexual behavior in Uganda.


In 1999, the Broward County Health Department and local community faith-based organisations collaborated to develop Churches United to Stop HIV (CUSH). CUSH has provided HIV prevention services to over 32,000 people, trained over 2,850 faith leaders, conducted over 1,000 risk assessments and provided HIV counseling and testing for over 825 people and technical assistance for 48 churches, including the development of a training manual. We report the development of this innovative programme that demonstrates how collaborations between public health and faith-based organisations can connect science with communities.


The aim of this conceptual framework is to: create a common understanding of HIV/AIDS-related stigma and discrimination; highlight some existing interventions targeting HIV/AIDS-related stigma and discrimination, and contribute to effective ways of preventing stigma and challenging discrimination when it occurs, and monitoring and redressing human rights violations.


The purpose was to determine whether religious affiliation reduces HIV risk among young women in Zambia, and to examine the effects of religious affiliation on sexual initiation and on condom use during first sexual experience. Data from a representative probability sample of 5534 women aged 13-20 years was analysed. The instrument included questions on sexual initiation, condom use during first sex, religious affiliation, and socio-demographic characteristics of respondents. Statistical tests were performed at the bivariate and multivariate levels. Cox proportional hazards and logistic regression were used at the multivariate levels. Standard errors were adjusted for the “clustering” effect found in data from multistage cluster samples. Affiliation with religious groups that excommunicate members for engaging in premarital sex, and that oppose condom use has both positive and negative effects on behaviours that carry the risk of HIV infection; young women affiliated with conservative groups are more likely to delay sexual initiation but less likely to use condoms during first sex. Denominations that are not only strongly opposed to premarital sex and condom use, but are able to exercise control over adolescents through socialization or the threat of social exclusion, are likely to create conflicting behaviours among adolescents that cancel each other in terms of HIV risk. Overall, these findings suggest that affiliation with conservative religious groups is unlikely to reduce the risk of HIV infection. Additional studies are recommended.


The spread of the human immunodeficiency virus in Africa has reached epic proportions, and the controversy over the use of condoms as a preventive measure has also escalated. In South Africa, 5.7 million of the nation’s 50 million people are infected with HIV. In 2001, 5.8 percent of Nigeria’s 140 million were infected with the virus.1 In dealing with this problem, which has been described as the twenty-first plague, some faith-based organizations have denounced condom use based on their sexual ethical teachings, while government and other secular agencies that pursue preventive programs endorse it based on its proven
efficacy. The issues involved in this controversy will be the focus of this article. These issues include the following topics: religious beliefs, marital fidelity, abstinence, and condom use. The purpose of this study is to examine how religious teachings and policies affect the implementation of preventive programs of governments and civil organizations that advocate the use of condoms as an essential ingredient of a comprehensive prevention program. Furthermore, the study hopes to provide some insight that can be helpful in fostering more effective collaboration between faith-based organizations on the one hand, and governments and social organizations on the other.


In the current HIV debate there are diverse opinions about the spread of HIV/AIDS in Africa and the reasons for it. Caldwell and his colleagues, for example, argue that the whole of Africa has a distinct sexuality which is inherently permissive. They claim moreover that no religious moral value is attached to sexual activity, and Christianity has thus not succeeded in changing matters. They find in this failure the reason for the failure of the fertility control programme in sub-Saharan Africa, and they argue that HIV/AIDS control efforts will fail similarly unless the fear it generates forces Africans to adopt the Eurasian model, with its religious, moral value. The article re-examines Caldwell et al.’s conceptualisation of the role of moral value in social change. Without considering the internal expressions, mechanisms and social contexts within and through which moral value is maintained and changed, they assume that Christian moral values could lead to a change in sexual behaviour from permissive (as they see it) African sexuality to the Eurasian model. In making such an assumption they ignore the ethical and behavioural contradictions generally inherent in moral systems. Moreover they pay little attention to the process of change in Western societies, where Christian morality has lost a great deal of its control over behaviour. But even if we assume that internal contradictions and processes of change do not exist, the Christianisation process in Africa fundamentally transformed local customs in ways that delinked their role in regulating behaviour, including sexual behaviour. For discussions and decisions on options and strategies for the prevention and control of HIV/AIDS, identifying the nature and impact of that transformation is essential. This article attempts to do so. It is in three parts. The first is a summary of the thesis as presented by Caldwell et al., including their location of African sexuality and their conceptualisation of change. The second offers a critical response, focusing mainly on the problems of research into sexual behaviour and the Christianisation process, with special reference to the case of the Kikuyu people, among whom, recent studies suggest, even where sexual activity may have appeared largely free of moral restraint, there was indeed a moral order. The same studies indicate the specific way in which missionary activities transformed that moral order. Part three offers a new way forward.


This article examines the approaches of different Muslim AIDS responses as basis for analysing the attitudes of Muslims to fellow-Muslims living with HIV. It shows that these attitudes have changed considerably over time. The article offers a brief overview of developments before 2000; showing how the different groups’ understandings of Islam impact on their approaches to AIDS prevention. The paper then focuses on Positive Muslims, an awareness-raising and support group for people living with HIV, established in the Western Cape in 2000. This group has developed a theology of compassion, focusing on Allah’s deep concern for all creation. Hence an AIDS prevention model was developed that offers a comprehensive range of services and adopts a progressive approach to AIDS education.


This research critically analysed Muslim approaches to five women with HIV/AIDS in Cape Town focusing particularly on the approach of 'Positive Muslims' - an awareness-raising and support group for Muslims living with HIV/AIDS. The central question of this thesis dealt with the impact of the norms, values and practices of Cape Muslims on the approach of Positive Muslims to women living with HIV/AIDS. It is suggested that while norms and values articulated in religious texts inform the ideological approach of the organisation’s AIDS prevention model. This is due to the pragmatic approach adopted by Positive Muslims which recognises that the articulated norms and values do not always conform to the practices of Cape Muslims.


Discusses AIDS as predicted curse as a result of disregard for living according to Quranic teaching.


This exploratory qualitative pilot study examined the extent to which seven African American clergy discussed and promoted sexual health dialogue with couples preparing for marriage. We explored the following topics: (a) clergy perspectives on disclosure; (b) clergy awareness about HIV/AIDS and (c) the extent to which clergy awareness about HIV is translated into their
premarital counseling programs. Our results suggest that greater awareness and comfort level with discussions about sexuality mediate the inclusion of sexual health and promotion of HIV testing in premarital counseling.


In response to the overwhelming burden of new cases of human immunodeficiency virus (HIV) in Africa, Asia, Latin America, and the Caribbean, the Joint United Nations Programme on HIV/AIDS (UNAIDS), in 1997, initiated a project to examine the application of existing communication theories/models to HIV/acquired immune deficiency virus (AIDS) prevention and care in these regions in the past 2 years, 103 leading researchers and practitioners from different parts of the world were invited by the UNAIDS to participate in one of five consultative workshops designed to review these theories/models and rethink their adequacy for Africa, Asia, Latin America, and the Caribbean. A new communications framework for HIV/AIDS was developed to move from a focus on the individual to a focus on five domains of 'contexts' that influence behaviours: government policy, socioeconomic status (SES), culture, gender relations, and spirituality.


Assets church members believed they needed to engage in effective HIV/AIDS prevention and control activities are presented. We used the three-step forum focus group discussion (FFGD) methodology to elicit responses from 32 church leaders and lay members, representing five denominations in Aba, Nigeria. Concrete resources, health expertise, finances, institutional support, capacity building, and spiritual support connected to the collective interest of members were indicated as useful for church members to engage in HIV/AIDS prevention and control activities. Adequate planning and delivery of cost-effective, appropriate and sustainable health promotion programs require an understanding of perceived church-based assets. Key Words: Community-Based Programs, Closing Forum, Health Education, Health Promotion, HIV/AIDS, Prevention, Focus Groups, Forum Focus Group Discussion, Open Forum, Nigeria, Qualitative Methods.


This study investigated perceptions of assets held and needs within churches for HIV/AIDS prevention activities. It was conducted among members of 83 Nigerian churches through questionnaires (830) and forum focus groups. The prime need it identified was access to health promotion relevant to HIV prevention, in particular to the expertise of members working as health professionals in this area. The study recommends training workshops for church leaders in order to achieve a sustainable HIV prevention programme.


This descriptive cross-sectional study was conducted among prospective couples referred from Faith-Based Organisations in Port Harcourt, Nigeria for pre-marital HIV screening. The study sought to establish the sero-prevalence of human immunodeficiency virus (HIV) in this peculiar study group. Our findings prompt a wake-up call for faith-based organizations (FBOs) to urgently initiate or be more receptive of measures that emphasize behavioural and social changes amongst members. Government and non-governmental organizations should organise capacity building training for religious based organizations to enable them cope with the challenges of HIV/AIDS. The outcomes of this study further underscores the value of voluntary counselling and confidential HIV testing and especially pre- and post-test counselling as the basis of pre-marital HIV testing.


Today the medical literature is dominated by discussions on issues related to HIV/AIDS. This is not surprising considering the fact that in the history of humankind, the HIV/AIDS scenario has posed one of the greatest challenges. The reality of the physical, socioeconomic and psychological problems associated with the AIDS epidemic has become obvious to the general populace in Africa. Currently, both the AIDS victims and several others in the society continue to entertain the fear of dying from AIDS. The situation has become a source of concern to almost everyone, including primary health-care (PHC) workers. While several options are being examined to address the AIDS problem in Africa, one area that is often neglected is how to foster hope in people living with AIDS (PLWA) and their caregivers. In an attempt to examine this issue, this paper discusses the concept of hope, the cultural construct of HIV/AIDS in African countries and the role of PHC workers in fostering hope in PLWA.
The paper concludes that by assisting the PLWA to develop a good sense of hope, PHC workers will be able to meet an important challenge: how to improve the quality of life for PLWA.

Volunteers are increasingly being relied upon to provide home-based care for people living with AIDS in South Africa and this presents several unique challenges specific to the HIV/AIDS context in Africa. Yet it is not clear what motivates people to volunteer as home-based caregivers. Drawing on the functional theory on volunteer motivations, this study uses data from qualitative interviews with 57 volunteer caregivers of people living with HIV/AIDS in six semi-rural South African communities to explore volunteer motivations. Findings revealed complex motivations underlying volunteering in AIDS care. Consistent with functional theorizing, most of the volunteers reported having more than one motive for enrolling as volunteers. Of the 11 categories of motivations identified, those relating to altruistic concerns for others and community, employment or career benefits and a desire by the unemployed to avoid idleness were the most frequently mentioned. Volunteers also saw volunteering as an opportunity to learn caring skills or to put their own skills to good use, for personal growth and to attract good things to themselves. A few of the volunteers were heeding a religious call, hoping to gain community recognition, dealing with a devastating experience of AIDS in the family or motivated for social reasons. Care organizations' poor understanding of volunteer motives, a mismatch between organizational goals and volunteer motivations, and inadequate funding meant that volunteers' most pressing motives were not satisfied. This led to discontentment, resentment and attrition among volunteers. The findings have implications for home-based care policies and programmes, suggesting the need to rethink current models using non-stipended volunteers in informal AIDS care. Information about volunteer motivations could help organizations plan recruitment messages, recruit volunteers whose motives match organizational goals and plan how to assist volunteers to satisfy these motives. This could reduce resentment and attrition among volunteers and improve programme sustainability.

The author draws on the biblical account of Jesus being anointed by a woman assumed to be a prostitute to inform church attitudes to and relationships with women involved in prostitution. Her exegesis of the text is informed by reading it with a group of women from an independent African church in Nigeria, as well as interviews with women living with HIV. The paper offers a feminist interpretation of the text and an analysis of the factors driving prostitution in Africa. On the basis of these she challenges churches to reach out to sex workers, and encourages women trapped in this trade and women living with HIV to follow the example of the woman in the text and approach Jesus in spite of social sanctions. [CHART]


In reading Eze 31:1-14 in the context of HIV and AIDS, Akoto provides a fairly detailed exegesis of the passage before concluding that Ezekiel speaks "to a universal human experience". As with other biblical scholars, Akoto links Ezekiel with other biblical texts such as Matt. 28:19a, Hos. 6:4 and Luke 4:18-19, locating the prophetic voice of Ezekiel within a larger canonical trajectory which "advocates for the downtrodden and abused". But notwithstanding this trajectory, she finds herself uncertain whether she can affirm with Ezekiel in answer to God's question "Can these bones live?", namely "Lord, you know". Such is the enormity of the change required in our society's response to HIV and AIDS that Akoto is almost overwhelmed, uncertain even to invoke Ezekiel's cautious optimism. [CHART]

Liberation, it is often argued, is no longer the most helpful metaphor for the present situation in (South) Africa, which needs to capture the complex social and theological challenges ahead. There is a popular view that the new social and political changes brought with them new challenges and responsibilities for theologians in Africa, in general, but South Africa and Nigeria in particular. This essay attempts to examine the South African and Nigerian social and political challenges of the past 10 years. It argues that such challenges should shape, redirect the tasks, contents and methods of theology of African theologians toward
"developmental" issues such as poverty, HIV/AIDS, wars, public life and public morality, as they seek to address the social and political challenges of the new millennium.


The study examines the role religious institutions play in responding to health crises in the community with a particular focus on HIV/AIDS. It argues for the importance of focusing on health outcomes for assessments. The study examines the involvement of a local Anglican Church, St Paul's, in health in the urban context of Pietermaritzburg, KwaZulu-Natal. The asset-based approach guides the study in capturing the basic notion that assets carry value and may be used to create greater value. The research findings show that the worshippers of St Paul's Anglican Church seem to have little understanding of their religious asset portfolio, which could be used effectively to improve the health conditions and health prospects of those in need in order to build healthy communities. The study argues that religious congregations and other faith-based organizations can play a vital role in local public health systems and community-based health improvement initiatives. In addition, faith communities can act as conveners and mobilizers of community residents and other faith-based groups around issues of health policy and interventions for health promotion and disease prevention.


This paper was presented at the "Regional Consultation on the Role of Religion and Ethics in the Prevention and Control of AIDS and Sexually Transmitted Diseases", convened by the World Health Organization, Alexandria, Egypt, 9-10 September 1991. It covers the following topics: Religion and sensual pleasure; Chastity: an objective of marriage; Prohibition of sexual relations outside marriage; Prohibition of drugs and all intoxicating substances; Doing a way with pretexts justifying the unlawful behaviour; Deterrent penalties; Religious teachings and the concepts of freedom and human rights; Religion and health; Patient’s rights and doctor’s obligations.


This survey is aimed at assessing knowledge, attitudes, beliefs and practices in Kuwait regarding AIDS/HIV. Structured face-to-face interviews were conducted during the year 1995 on a sample of 2,219 subjects, aged 18 to 60, health professionals were excluded. The survey instrument included 26 questions on AIDS/HIV knowledge, six about attitudes and beliefs, and six about behaviour and practice. The remaining 22 items dealt with socio-demographic characteristics, role of religion, source of information, and satisfaction about AIDS control programmes. Two thirds of subjects had good knowledge about the main modes of HIV/AIDS transmission. Using a multiple regression model, the knowledge score was positively associated with level of education, age, years of hearing about AIDS, and socioeconomic status. The multiple logistic regression showed that subjects tend not to change their behaviour related to AIDS if they were less than 40 years old, had low education, were females, single, had a lower socioeconomic status, had heard about AIDS for less than 3 years, and had a low level of knowledge about AIDS. More than half of the participants were satisfied with the government’s action for AIDS prevention. The majority of subjects thought that religion was important in dealing with daily life problems. In conclusion, while most of the people in Kuwait were aware of the main modes of AIDS transmission, a gap existed about modes that did not transmit the disease. This was reflected in their attitudes and practice toward AIDS patients. The study calls for a greater role for medical professionals, mass media, and religion in AIDS prevention and control.


The HIV/AIDS epidemic in America is rapidly progressing in certain subpopulations, including African-American and Hispanic communities. Churches may provide a means for reaching high-risk minority populations with effective HIV/AIDS prevention. We report on a series of focus group interviews conducted with Utah clergy who primarily serve African American and Hispanic congregations. There were remarkable similarities in the attitudes and beliefs among all clergy participating in this study regarding HIV/AIDS and church-based prevention programs. All groups expressed concern about the diseases as a global epidemic and reported that the disease is highly preventable. Also, participants indicated a sense of responsibility to address the issues surrounding HIV/AIDS-related prevention, testing and care within their theological framework. HIV/AIDS prevention and care for the infected are seen as falling within the scope of religious organizations. Openness to expanding efforts in this regard was shared by clergy participating in this study. Approaching religious leaders with tailored approaches that respect the values and practices of their particular religions will be more effective than attempting to impose approaches that do not achieve this standard.

A survey was conducted to assess the knowledge and attitudes of 67 preschool and children's directors of the Southern Baptist Convention of Texas during a statewide meeting on AIDS. Data on church policies regarding AIDS and AIDS education were also obtained from the participants.


In October 1995, the Pakistan AIDS Prevention Society held an international meeting to explore the relationship of Muslim religious and political concepts with HIV transmission, medical care, and human rights. Participants noted that interpretations of the Koran are often inaccurately used to deny women equality and that marriage practices increase women's vulnerability to gender inequalities. It was recommended that all men and women study the Koran to combat inaccurate teachings, including Justifications for such practices as female genital mutilation. Participants also expressed concern about the lack of information people living in Muslim societies have about reproduction, sexuality, HIV/AIDS, and sexually transmitted diseases. Exploration of the culturally-sensitive issues surrounding AIDS requires cooperation and understanding between leaders and educators and the formation of "safe" channels of information such as free, confidential telephone lines. Participants supported efforts to endorse the right of people with HIV/AIDS to receive compassionate treatment in an atmosphere of confidentiality. An increased number of counselors was called for to help individuals and families and to refer people to the new forms of self-help organizations which will become necessary. Finally, the need to train program managers, policy-makers, staff, and volunteers in appropriate skills was identified. Networking was seen as a means to reduce the sense of isolation which pervades the operating climate for many NGOs [CHART].


A remarkable collection of reflections (most of them biblical) from a gay Catholic priest. James Alison writes about the challenge of living positively with 'difference', both before God and before the world. [CHART]


The fight against HIV and AIDS involves not only medical issues, but also raises fundamental ethical questions. Hence, rather than approaching the socially significant subject of HIV/AIDS primarily from a medical or technical research perspective, "HIV/AIDS – Ethical Perspectives" deliberately examines it as a field of ethics. Contributions from the fields of theology, religious studies, philosophy, jurisprudence, media studies, political studies, medicine and economics have been compiled here in a single volume for the first time, in order to address the ethical perspectives of HIV and AIDS.


Ghana is one of the countries of sub-Saharan Africa where the human immunodeficiency virus (HIV) prevalence in blood donors ranges between 1 and 4%. Considering the social importance of religion and the very high level of religious practice observed in Ghana, the hypothesis that these factors may play a role in containing HIV was tested. Consenting HIV-infected candidate blood donors, and two age- and gender-matched seronegative control donors, were asked to complete a questionnaire regarding their religious and sexual behaviour. Multivariable conditional logistic regression was used. Irrespective of their HIV status or religion, 95% of the respondents believed that extra-marital sex was a sin, and 79% of those tempted to have an extra-marital affair considered that their religious beliefs helped them to abstain. In the multivariable models, having a formal role in church activities was associated with reduced odds of HIV [odds ratio (OR) = 0.41; 95% confidence interval (CI): 0.21–0.80]. Worshipping at the same location for more than 20 years was associated with a reduced risk (OR = 0.30; 95% CI: 0.08–1.10). In addition to other factors limiting HIV spread, such as male circumcision, relatively high level of education and an absence of armed conflicts in Ghana, the use of condoms conferred a reduced risk. An active role in religion, and reporting a lengthy duration of worship at the same place was beneficial. Collecting blood at places of worship with a strict behavioural code and from donors practicing in the community of their birth might improve blood safety.


This book depicts the story of the author’s family’s experience in confronting AIDS. Members of his family founded the daycare center for AIDS children (Bryan's House in Dallas) and the AIDS Interfaith organization.


The Christian understanding of human relations is a resource in the churches' response to HIV/AIDS. Investigates this by penetrating the critical components of human relations within a Christian context. Among the components, explores: (1) the fundamental encounter: the place of theodicy and co-suffering; (2) the actio Christi: creating an atmosphere of acceptance; (3) the healing power of story: concretising the abstract; (4) the reversal: what the suffering offers the church.

This is a highly readable history of social attitudes to disease, and the stigma it has always attracted. The book was inspired by the writer’s personal experiences of the HIV epidemic. [CHART]


The Azande of Ezo county, southern Sudan consider HIV/AIDS to be their worst health problem. Although there have been few confirmed cases, there is ongoing migration from neighbouring countries that are thought to have high prevalence. There are also more locally specific reasons for concern. Zande fears about HIV/AIDS relate to understandings of witchcraft. Witches, like HIV positive people, may look like everyone else, but are secretly killing those around them. Some individuals, who know they are HIV positive, demonstrate that they are moral persons by being open about it. They are active in providing information about the epidemic, and associate their activities with the Christian churches. Their efforts, and those of local religious and political leaders, have contributed to awareness about modes of transmission associated with sexual intercourse and contamination with infected blood. However, accepting such messages does not necessarily contradict witchcraft causality. Also, without knowing who are secretly positive, almost anyone is suspect. Advice about stopping sexual intercourse is viewed as untenable or worse, because sexuality and procreation are fundamental to life. A minority is enthusiastic about the use of condoms; but most people have had no personal experience of them and oppose their introduction. It is unclear why HIV/AIDS controls cannot be like those for other diseases, such as sleeping sickness. Support is expressed for testing facilities, and for clinical treatment. In addition, there are requests for all positive people to be publicly identified and concentrated in one place.


AIDS raises a number of ethical and social problems which must inevitably be confronted by the whole community, by people with AIDS and their relatives, and by those professionally involved. This book challenges a growing polarization of viewpoint on these issues. In contrast to the one-sided and divisive proposals of those who set civil rights against public health and vice-versa, it argues for a two-pronged approach which, in the face of a virus which attacks human beings in their reproductive function, accepts not only the rights of individuals to sexual self-fulfillment, but also the need to protect the unaffected from infection.


Overcoming violence against women requires critical reflective questioning both by individuals and human societies. At stake are not just questions of whether we respond to situations of violence but more importantly, where, when and how we respond. This paper examines the problem with respect to new dimensions arising from existing interventions on violence against women in the Ghanaian context. It calls for well-planned and sustained strategies to help break the cycle of violence being created. The paper also calls upon the Church to look within its own resources for strategies that are life transforming to help break the vicious circle. It notes that the Church is not only well placed to respond appropriately but it has been commissioned and given the requisite tools to do so. The call is therefore for the Church to enlist these foundational resources available to it and to put them to good use as it is demanded by its calling. [CHART]


A special issue of the journal Concilium comprising a collection of Christian articles covering: the impact of AIDS in different regions of the world, various prevention efforts, as well as several theological questions concerning HIV/AIDS. The work concludes with essays covering the ethical and moral imperative for action from a primarily Christian standpoint. [CHART]


Amos, William E, Jr. 1988. When AIDS comes to church. Philadelphia: Westminster Press. Based on personal experiences, this book describes how a pastor and his church responded when AIDS did in fact come into their congregation. This book deals with the inner preparation, both educational and emotional, that is required if pastors and congregations are going to move effectively to persons with AIDS and their families.

Amuyunzu-Nyamongo, M., L. Okengo, A. Wagura, and E. Mwenzwa. 2007. "Putting on a brave face: The experiences of women living with HIV and AIDS in informal settlements of Nairobi, Kenya." Journal of AIDS Care 19:S25-S34. This paper examines two key dimensions of HIV and AIDS in sub-Saharan Africa, namely poverty and gender, within the particular context of informal settlements. The study, conducted in five informal settlements of Nairobi, Kenya explored the challenges facing women living with HIV and AIDS (WLWA) in informal settlements in Nairobi in terms of the specific risk environments of informal settlements, the support they receive and their perceptions of their future.

Anane, M. 1999. "The soul is willing: Religion, men and HIV/AIDS in Ghana." Pp. 79-94 in AIDS and men: Taking risks or taking responsibility?, edited by M. Foreman. London: Panos/Zed Books. Focussing on men from both a Christian and a Muslim background in Ghana, Anane observes a discrepancy between religious teachings on sexuality and gender, and the practice of believers. Men forget that their holy scriptures assert the need for mutual respect for the sexes. Furthermore they disregard the moral teachings of their religion on sexuality, by engaging in premarital sex and having extramarital affairs. This discrepancy is disadvantageous to women and makes them vulnerable to HIV. In the second part of the paper, Anane focuses on the perception of, and response to HIV/AIDS by religious communities. He observes that many religious leaders scarcely address the issue, but they recognise that people living with HIV require support. They engage in HIV prevention by emphasising the values of abstinence and fidelity. Generally they reject condom use - although Muslims accept condoms within marriage. Several religious organisations have implemented prevention programmes, and some of them have chosen to target men particularly. The paper offers interesting observations rather than profound analyses. [CHART]

Anderson, Cheryl Barbara. 2003. "Lessons on healing from Naaman (2 Kings 5:1-27): An African-American perspective." Pp. 23-43 in African women, HIV/AIDS and faith communities, edited by I. A. Phiri, B. Haddad, and M. Masenya. Pietermaritzburg: Cluster Publications. Anderson locates her reading of the Naaman story within the parameters of the pandemic within the African American community, offering her community three ways of engaging with this text, focusing in front of the text (as real readers engage with the theological implications of the story), in the text (identifying the narrative detail of the text), and behind the text (deciding whether the story of Gehazi is integral to the narrative or a secondary addition). In so doing, the author offers her community two sets of resources, namely, particular methodological perspectives and their respective contributions. [CHART]


Anderson, Gloria D. 2006. "The religious coping of persons with HIV/AIDS." Regent University. The purpose of this exploratory study was designed to explore the impact of positive and negative patterns of religious coping and religious commitment on the outcome of persons living with HIV/AIDS in the African-American community. This study investigated the impact of religion on people coping with HIV/AIDS. This investigation used measures of coping and stress (Brief RCOPE) and religious values, beliefs, and practices (RCI-10). Findings revealed that the use of positive religious coping methods increases with age and that male and female participants were found to have similar positive and negative coping styles. Results from this study were discussed in terms of their implications for mental health professionals and the African-American
church and community. It is hoped that alliances will be forged to develop culturally relevant HIV/AIDS education and prevention interventions aimed at at-risk African-American populations.

Anderson, Moji, Gillian Elam, Sarah Gerver, Ijeoma Solarin, Kevin Fenton, and Philippa Easterbrook. 2008. "HIV/AIDS-related stigma and discrimination: Accounts of HIV-positive Caribbean people in the United Kingdom." Social Science & Medicine 67:790-798. This paper explores the effects of HIV/AIDS-related stigma and discrimination (HASD) on HIV-positive Caribbean people in the Caribbean and the UK. In-depth, semi-structured interviews were held with a purposively selected group of 25 HIV-positive people of Caribbean origin, using primary selection criteria of sex, age, sexuality and country of birth. Interviews with respondents revealed that they are keenly aware of the stigma surrounding HIV/AIDS, which some attribute to a particularly Caribbean combination of fear of contamination, homophobia, and ignorance, reinforced by religious beliefs. In fact, religion serves a double role: underpinning stigma and assisting in coping with HIV. HASD has usually occurred where respondents have lost or do not have control over disclosure. Compared to UK-born respondents, the accounts of Caribbean-born respondents, most of whom were born in Jamaica, include more reports of severe HASD, particularly violence and employment discrimination. All respondents mobilise a variety of strategies in order to avoid HASD, which have implications for their social interactions and emotional well being. While some manage to avoid the “spoiled identity” of the stigmatised, thereby creating their own understandings of HIV infection, these may remain individual-level negotiations. HASD affects HIV-positive Caribbean people at home and in the diaspora in a variety of ways: emotionally, mentally, financially, socially and physically. Interventions specifically addressing stigma and discrimination must be formulated for the UK’s Caribbean population. Tackling stigma and discrimination requires more than education; it requires “cultural work” to address deeply entrenched notions of sexuality.


Ankomah, B. 1998. "Are 26 million Africans dying of AIDS?" New African. New African has carried many articles and letter, over the years, which have questioned Western explanations of HIV and pointed to the stigmatization of Africans within global constructions of the epidemic. [CHART]

Ankrah, E. M., N. Asingwire, S. S. Wangalwa, S. Kyomuhendo, and A. Misanya-Gessa. 1989. "AIDS in Uganda: Analysis of the social dimensions of the epidemic; national survey, Sept. - Dec. 1989." Makerere University, Kampala. In 1989, with seroprevalence studies indicating that Uganda faced a major epidemic of HIV infection and AIDS, the AIDS Control Program (ACP) increased activity to impact the sexual behaviours of Ugandans that put them at risk. Earlier Knowledge, Attitude and Practice (KAP) studies indicated that the general population knew about AIDS. Little was known however about the effects such knowledge had on the beliefs, attitudes, and behaviours of the people. This national cross-sectional study was sanctioned by the ACP to provide baseline data for the development policies and culturally sensitive interventions. A quantitative study which also included focused group discussions was used to explore perceptions that govern sexual behaviours associated with the risk of HIV transmission and AIDS. A structured instrument focused on: (1) the people's awareness, knowledge, and beliefs about AIDS; (2) the sources and impact of information obtained; (3) their ‘sense’ of vulnerability; (4) culturally based sexual practices, risk-taking and experience with other sexually transmitted diseases; (5) personal perceptions and efforts towards behavioural change, and (6) caregiving to persons with AIDS.


Ansari, David A. and Allyn Gaestel. 2010. "Senegalese religious leaders' perceptions of HIV/AIDS and implications for challenging stigma and discrimination." Culture, Health & Sexuality 12:633-648. Senegal has been heralded as a model country in the fight against HIV/AIDS because of the low prevalence in the general population and concerted prevention efforts since the start of the epidemic. Despite its success, stigma and discrimination remain a reality for people living with HIV/AIDS as HIV transmission remains linked to lifestyle and perceived morality. Because religious teaching and the participation of religious leaders in HIV prevention is reported as partially responsible for Senegal's success, the present study seeks to deepen the understanding of their role in psychosocial aspects of care and support of people living with HIV/AIDS. Interviews were conducted with 87 religious leaders. Muslim, Catholic and Protestant leaders differ in their involvement in HIV/AIDS education, their opinions of condom use and their counselling techniques for people living with HIV/AIDS. Most religious leaders in each group believed that addressing the HIV/AIDS epidemic and the reduction of
HIV/AIDS-related stigma and discrimination are priorities, yet some leaders still hold beliefs about HIV/AIDS that may ostracise people living with HIV/AIDS. Organisations working to sensitisie religious leaders on HIV/AIDS should focus more on the everyday experience of people living with HIV/AIDS, promote the value of condom use, even if solely among married couples, and reinforce religious leaders' roles as spiritual counsellors.


This paper presents a case study of wellness programme and health policy development based on an HIV/AIDS organisation's Khayelitsha site in the Western Cape Province, South Africa. The study examines the different challenges that the organisation faces in relation to its predominantly low-income staff, donor-driven structure, its limited resources and organisational capacity, and the highly stressful and demanding nature of HIV-related treatment and care. This case study also examines the significant and contentious challenges lying in the organisation's faith-based identity. Research began with a review of civil society organisations' responses to HIV in sub-Saharan Africa, as well as related topics, such as South Africa's public health system, and health-seeking attitudes, beliefs and behaviours in high-risk South African communities. The organisation's health policy was analysed and 'workshopped' with multiple employees. Focus groups were conducted with mid-management and fieldwork staff in the Khayelitsha office, while a comprehensive, anonymous, wellness questionnaire was distributed in order to collect quantitative data. Data acquired from the questionnaire responses and the focus group discussions indicated that wellness programme and health policy development faces its greatest challenges on two fronts, namely due to a critical lack of organisational development and capacity, and a host of practical, social and cultural challenges among the most vulnerable people whom the NGO intends to serve. The study's primary recommendations include: taking its employees' cultural and social norms into consideration; addressing issues related to capacity and organisational development with the major donors; broadening the scope of its health policy to extend beyond issues related to HIV; and examining and clarifying expectations of employee behaviour in light of its identity as a faith-based organisation. The study also issues a secondary list of recommendations for other resource-constrained NGOs that also wish to develop and implement wellness programmes and health policies in their workplace.


Spiritual coping mechanisms remain basically unexplored, particularly as they pertain to families coping with HIV/AIDS. Although the historical, situational, health, and drug contexts that are often operative in African American communities may make African Americans more vulnerable to HIV/AIDS, there are a number of cultural strengths such as a spiritual orientation that may ameliorate vulnerabilities to the disease's debilitating consequences. Spiritual coping was expected to uniquely contribute to the coping process at the levels of stress appraisal, coping activities, and well-being. The current study predicted differences in spirituality, religiosity, stress, coping strategies, and well-being between groups categorized by ethnicity and illness. Results indicated the highest levels of spirituality and "turning to religion" as a coping strategy among African-American caregivers of children with pediatric nephrotic syndrome. Non-African-American caregivers in the control group reported the lowest levels of spirituality, religiosity, turning to religion as a coping strategy, and denial as a coping strategy, while African-American caregivers of HIV-positive children demonstrated the highest levels of stress in the form of pessimism. As hypothesized, spirituality moderated the relationship between stress and coping in that higher levels of spirituality were associated with higher levels of problem-focused coping and positive reframing, and lower levels of emotion-focused coping and denial in the face of stress. Moreover, spirituality moderated the relationship between stress and well-being such that, under high levels of spirituality, individuals were buffered from the negative effects of stress on increased depression, though opposite effects were found for life satisfaction and family cohesion as outcomes. The cumulative findings of the present study provide evidence of the role of spirituality as a coping mechanism associated with adaptive outcomes.


This chapter explores the silence around sexuality in African feminists' writing compared to their Western counterparts, hoping to clear a way out of this silence. The first part follows Amina Mama's writing which links the silence to conceptions of a
particular ‘African Sexuality’, the often donor driven nature of such work that is concerned with illness / violence eg HIV, female genital mutilation – and ultimately death rather than life, desire or pleasure. The author analyzes two narratives in order to de-
construct the ‘colonial lines of thinking on sex in Africa’. A second part of the chapter considers Caldwell’s paper on ‘African AIDS’ from a feminist perspective, while the final section considers other types of silence. [CHART]

Arnold explains how certain diseases acquire stigmatized, politicized meanings. [CHART]

A gay Roman Catholic priest who has been diagnosed with AIDS shares his ministry to fellow AIDS sufferers, explains how he has dealt with his own illness, and offers hope, love, and understanding to AIDS sufferers and their caregivers.


Landscape has been described as "the bold account of a sister coming to terms with her brother’s death and with the type of grief that arises only when one sibling loses another..." The last chapters describe her experience in an HIV/AIDS support group led by a clergyman at a Church.


This paper comprises extracts from Adam Ashforth’s book: Witchcraft, Violence and Democracy in South Africa (Chicago University Press, 2005). It argues that the distinction between witchcraft and healing is essentially a moral one (healers and witches use supernatural forces supposedly for different ends) and that both activities fall under the rubric of ‘African science’. Whereas proponents of ‘Indigenous Knowledge Systems’ attempt, as part of a broader cultural project, to provide ‘traditional’ African healing with scientific status, others – starting with Motlana’s 1988 call to ‘stop romanticizing the evil depredations of the sangoma’ in order to free patients from the ‘tyranny of superstition’ – emphasise the incommensurability of traditional healing practices with science. The paper concludes with a discussion of how such incommensurability makes it very difficult, if not impossible, for the post-apartheid state to regulate ‘African science’.

Witchcraft, Violence and Democracy is a rich and illuminating treatment of the precariousness of life in Soweto as well as a comprehensive and systematic study of the role of witchcraft in this contemporary setting. While Ashforth grounds this book in established studies on witchcraft, much of his material is gleaned from his personal experiences in Soweto. There are also fascinating chapters on the varied applications of witchcraft and magic, the role of formal religion, especially the Apostolic and Zionist churches, in dealing with issues of spiritual insecurity, the ways that ancestors feature in people's lives, and the South African legal system's fundamental inability to manage the threat posed by witches. The book examines the relationship between witchcraft beliefs and democracy in South Africa, arguing that public confidence in government may be undermined by a widespread perception that the state refuses to acknowledge the threat posed by witches, nor does it provide protection against witchcraft. Ashforth does however offer no evidence for these claims.

The connection between the AIDS epidemic and the efflorescence of religious 'enthusiasm' (construed in both classical and contemporary senses) in Africa in recent decades is best understood, this paper argues, by reference to a concept of spiritual insecurity'. The article offers a general description of the condition of spiritual insecurity and argues that it is best studied within a relational realist paradigm. The article presents a critique of the concept of 'belief' as commonly used in the social science of religion, arguing instead for an opening of the study of social relations to include the universe of relations within which people experience the world, including their relations with entities such as spiritual beings that might otherwise be considered virtual.

The document reports on an international workshop on gender injustice and its connection to HIV vulnerability, especially for marginalised groups from 27th October until 3rd November 2007 in Chennai, India. The workshop was organized by the Association of Churches and Missions of South-west Germany (EMS) and Church of South India (CSI). It included exposure visits to and engagement with marginalised groups like people affected by HIV, Dalit, men who have sex with men, transgender. The workshop gave new perspectives on how churches and their leaders can be involved in tackling the HIV pandemic. [CHART]


Pentecostalism is the fastest growing form of Christianity in developing countries. Paralleling Pentecostalism’s growth has been the HIV/AIDS pandemic. This paper examines how post-apartheid South Africans are responding to the conflicts born of the HIV/AIDS crisis. Fieldwork conducted in 2005 shows that Pentecostals who were not involved in efforts to address HIV/AIDS saw the church’s mission as almost exclusively spiritual in nature. Pentecostals who were engaged in HIV/AIDS-related work were more likely to have an integrated worldview and to see the church’s mission as relevant to the physical world. Beliefs about removing racism from the church and sin as structural as well as individual were also associated with this integrated worldview. These insights lay the foundation for constructing a Pentecostal social ethic for addressing HIV/AIDS.


More than 11 million children under 15 years in sub-Saharan Africa have lost at least one parent to AIDS. In Uganda, about 2 million children are orphans, with one or both parents dead. The objective of this study was to investigate the psychosocial consequences of AIDS orphanhood in a rural district in Uganda and to identify potential areas for future interventions. The study was conducted in a randomly selected sub-county in Bushenyi District in Uganda. The study population consisted of 123 children aged 11-15 years whose parents (one or both) were reported to have died from AIDS and 110 children of similar age and gender living in intact households in the same neighbourhood. Symptoms of psychological distress were assessed using the Beck Youth Inventories of Emotional and Social Impairment (BYI). The standardised interview also included questions concerning current and past living conditions. A multivariate analysis of factors with possible relevance for BYI outcome showed that orphan status was the only significant outcome predictor. Orphans had greater risk (vs. non-orphans) for higher levels of anxiety (odds ratios (OR) ¼ 6.4), depression (OR ¼ 6.6), and anger (OR ¼ 5.1). Furthermore, orphans had significantly higher scores than non-orphans on individual items in the Beck Youth Depression Inventory that are regarded as particularly “sensitive” to the possible presence of a depressive disorder, i.e. vegetative symptoms, feelings of hopelessness, and suicidal ideation. High levels of psychological distress found in AIDS orphans suggest that material support alone is not sufficient for these children.


This narrative approach aims to explore the experiences of some families with HIV/AIDS in Grabouw. This involves the telling of and listening to stories of members of affected families. The ways in which this occur differ enormously depending upon the people involved. I am trying to understand and interpret what it means to be a member of such a family. This means regarding the narratives that have shaped the circumstances these family members find themselves in with great seriousness. My journey begins by creating a space in which they can share their stories, and hopefully by reconstructing a framework they can use to gain insight and change that which is impoverishing. It is from within this scenario that I am also trying to make sense of my own story.


The author reflects on the role of religion in conserving biodiversity in Africa. He cites as a model the role of the churches in altering behavior and controlling the spread of HIV/AIDs in sub-Saharan Africa. He cautions that information and rationality alone cannot solve these problems and the role of institutions in altering behavior is not foolproof.

The story of how different faith groups came together to address issues of HIV and AIDS related stigma in Zambia.


The chapter seeks to elucidate some of the possible reasons for the greater vulnerability of women to HIV infection in Africa and to suggest some steps that could be taken in order to rescue women from what appears to be a monster. Some of the areas examined include women’s early exposure to sexual behaviour, early marriages, women's lack of control over their own sexuality and lack of information on STIs and HIV/AIDS in particular. Finally this chapter discusses the contention that an ‘inappropriate church theology’ can make a deadly contribution to the problems women face in HIV/AIDS.


Identifies and explores the extreme difficulties of HIV/AIDS realities for evangelical Christian Churches which tend to stymie effective ministry. Discusses the issues of morality, morbidity, mortality, reality, responsibility; and concludes that the Church has fallen short in its mission to HIV/AIDS persons. Claims that this shortfall has created an integrity question in the minds of those whose lives have been touched by this contemporary health crisis.


Traditional cultural practices and sexual rituals have an important role in the life and structure of tribal groups within Kenya. These cultural practices and rituals also play a significant role in the spread of HIV. The purpose of this descriptive qualitative study was to document the underlying social and cultural significance of the sexual cleansing ritual and to assess its impact on HIV prevention strategies. The study participants were selected by purposive and snowball sampling. Data were collected using in-depth interviews, focus group discussions and observations; they were analyzed using content analysis. The article gives detailed explanations of the meanings and symbols of the ritual in its cultural context as a ritual of social transition. Sexual intercourse is perceived as a sacred rite when performed as a ritual. It is associated with most social cultural activities like planting, harvesting, weddings and burial ceremonies. The underlying intention of this ritual is to cleanse evil spirits and to sanctify. Widows who are not cleansed are ostracized and discriminated. The continued practice of the ritual is perpetuated by a shared common belief system that affects social interactions of the community members. Widows and cleansers are believed to be purveyors of the HIV virus. The ritual encourages unprotected sex with multiple partners. These are barriers to HIV prevention strategies that are aimed at changing sexual behaviors.


Azmi, Soraya. 2006. "The role of religious leaders in the fight against HIV/AIDS."

This paper reports on the impact of the UNDP supported "Islam and HIV/AIDS" project conducted between 2001 and mid-2005. It provides some insight into the project’s strategies and its overall effectiveness. Achievements are considered in terms of project objectives and the impact it has had on the level of commitment and involvement of Islamic religious leaders in HIV/AIDS prevention, care and support. The paper also discusses the role of Islamic leaders in changing behavior and provides suggestions for building on the work that has been done.


This essay develops a framework for thinking theologically about the HIV pandemic. It draws on Augustine’s hamartiology, which the author considers a helpful resource because of its understanding of individual choices in a broader corporate moral responsibility, and because sin is always understood within the reality of divine grace. Such an Augustinian-type doctrine of sin is regarded as helpful for shaping an appropriate moral vision within which the church’s moral responses to HIV and AIDS may be developed.


In this special issue of PTSA researchers present on the one hand the (sometimes moving) stories of people infected and affected by HIV/AIDS they have "collected" and on the other hand they describe in detail how they (methodologically) have proceeded and what impact those stories have (had) on their motives, feelings, faith and attitudes. I admire and agree with the courage of the researchers to focus on stories and narratives, to choose an academically disputed paradigm and not to hide themselves. Nobody is left to wonder about the preferences of the researchers, and considering their contexts, the taboo of the HIV/AIDS and the local cultures, their preferences are very well defensible.


This article is based on desk and field research carried out by Tearfund. It explores the position of local evangelical churches in Africa with respect to gender relations and sex, and the implications for HIV and AIDS. It reflects on the fact that, in some countries, more married women are infected with HIV than sexually active, single women. The authors examine the role of the church in providing leadership in a time when the institution of marriage does not protect women from HIV infection. The authors discuss strategies to respond to this situation.


The paper considers the many aspects of people’s lives impacted by AIDS and hence potential areas of AIDS-related ministry, e.g. death and funerals, education, worship forms, sexuality and collaboration with those beyond the own denomination or faith.


Badri, in his influential Islamic analysis of the AIDS pandemic, views it as a natural outcome of “rampant promiscuity and unrestrained homosexual abandon” which characterise the Western lifestyle. Its approach to HIV is described as ‘letting people do what they want as long as it is safe’, which evidently is not working as it does not address morality or ‘gay sexual practises’. There is a role for government media and Islamic movements in addressing such misconceptions. AIDS responses need to be rooted in the culture and values of the society in which they are to be used. An Islamic-based prevention strategy is proposed which advocates “faith in an almighty god, prayer, fasting (boosts the will to change), and performing the haj (it shapes an ummah personality)”. The author claims that strategies need to go beyond giving information, e.g. by using fear of divine punishment to control sexual appetite. The book gives background information on HIV, explaining the complex issues in an accessible way. It questions the theory of the HI Virus originating in Africa; and addresses homosexuality as disorder to be treated. It also examines potential ethical, social and political problems and how to cope with them. [Tan Gim Ean review extract]


AIDS is understood here as “a natural consequence of the promiscuity and unrestrained homosexual abandon” characteristic of Western modernity. The solution to the pandemic lies in addressing this cause. The author shows the power of terminology in shaping thinking about AIDS and its causation: e.g. where ‘adultery’ or ‘fornication’ have a religious connotation that implies sinfulness, ‘promiscuity’ or ‘extra-marital’ relations does not imply disapproval. Professor Badri challenges educational AIDS prevention programmes as they don’t seem to be effective. Instead prevention ought to draw on the affective and behavioural dimension, using fear, disgust, hate or love. “The AIDS pandemic should …. be viewed in general as a serious sign and a grave warning for adopting a lifestyle of sexual abandon and drug intake.” [Firoz Osman review extract]


—. 2000c. *AIDS prevention: Role of governments, the media and organisations.* Qualbert: Islamic Medical Association of South Africa.


Malik Badri views the pandemic as divine retribution for the (homo)sexual revolution in the West; the way to respond to it is to strengthen Islamic values. This is a widespread and influential Muslim position. His seminal work in the field is pulled together in this chapter, and responded to by the following two papers.


The study used interviews to investigate the spirituality of 22 mothers diagnosed with HIV. 95% of them reported that they did pray, more commonly using active prayers (talking to God) than receptive prayers (quietly listening to God). Supplications and petitions were the most common form of praying. Most mothers in the sample considered prayer as a positive coping
mechanism from which they gained support, positive attitude and peace. The results supported expanding the boundary conditions of the interpersonal coping component of the Social Interaction Model (Derlega & Barbee, 1998) to include prayer.


This manual will help youth to strengthen their capacities and increase their knowledge in the area of HIV, to make use of testimonies of their HIV+ brothers and sisters in order to be personally and collectively involved in the drawing up of programmes and projects to counteract the crisis. Introductory sections deal with HIV information and dimensions of stigma, while the bulk of the manual consists of case studies with questions for reflection and activities. A final part calls on its readers to dip into their traditions and draw lessons from their tales, idiomatic expressions and proverbs, and adapt them to the conditions of people living with HIV in order to allow them to live in their respective communities and feel that they are supported and loved. [CHART]


This cross-sectional study investigated the differences in sexual practices, hygienic behaviours, and other HIV risk factors between circumcised and uncircumcised men in Industrial Borough, Mbale, Uganda. A total of 188 circumcised and 177 uncircumcised men were interviewed with the use of a structured questionnaire. Findings showed that circumcised non-Muslim men had a higher risk profile than uncircumcised men in that they were more likely to consume alcohol in conjunction with sex, to have sexual contacts with women on the first day of meeting, to have experienced pain on urination or penile discharge, to have been younger at sexual debut, and to have had more extramarital sex partners in the previous year. Although Muslims had a lower risk profile than other circumcised men, they were less likely to have ever used a condom. These results indicate that the differences between circumcised and uncircumcised men in their sex practices and hygienic behaviours do not account for the higher risk of HIV infection found among uncircumcised men. Together with other epidemiologic and biologic evidences, these results further suggest that studies of the feasibility and acceptability of male circumcision as an additional intervention to reduce sexually transmitted diseases and HIV infection are warranted. [CHART]


The second decade of AIDS demands that Jewish and Christian communities of faith respond to the epidemic and collaborate with public health. Information about programmes that are currently showing success must be disseminated, and new and renewed efforts for education and ministry must be made. Faith communities must respond to those already affected by HIV/AIDS through both prevention education and ministry. Such action, particularly in collaboration with public health, can help faith communities to promote spiritual development; adherence to a faith-based sexual ethic; physical, emotional, and spiritual health; an increased sense of community; and the spread of God's love throughout the world.


Historically, the Black Church has participated by lending support, providing care, and being actively involved in the health and social welfare of its members. However, since the epidemic impact of HIV/AIDS in the Black community, the Church has been sharply criticized for its lukewarm response and involvement. Nurses are in a unique position to participate in educating the Black community about HIV/AIDS through the Church. This article provides an insight into the response by the Black Church to the disease and the potential role of nurses in faith communities, and offers recommendations for planning an HIV/AIDS programme and a list of helpful resources.

In apartheid South Africa the issues of morality were quite clear and specific. In spite of the various attempts at justification or obfuscation it was clear that apartheid was wrong and the struggle for democracy was right. Other issues that might have come to the fore in a normal society were eclipsed by the apartheid story. In post-Apartheid, liberated, South Africa, the issues are not so clear. A multiplicity of stories from various segments of the society compete for the moral high ground. This has produced what J. D. Hunter called "culture wars" (1991) - that is, different groups expressing different sets of values that find their legitimating moral base in different meta-narratives. While Hunter describes only two for the American situation at least seven are discernible in contemporary South Africa. From myths that support the free market to those that sidestep the AIDS pandemic to those surrounding burgeoning witchcraft practices, the moral terrain is being contested by various groupings in the new society. What are the indications of the presence of these myths in society? How are they being used to construct moral understandings of the society? Which worldviews are they assuming? What sorts of values are emanating from them? What impact are they having on our society?


A disconcerting and often inexplicable feature of the AIDS debate is the propensity for denial that occurs in it. Denial happens at all levels of the history of the disease - from denying that the virus is the cause of the disease in the first instance, to the denial that it was the cause of death in the final instance, with all the stages of denial in between. This paper interrogates the possible reasons behind this denial, arguing that there are three socially constructed contexts that explain the denial syndrome. The first is the idea that the disease evokes an image of Africa and Africans that was constructed from the earliest encounters between Africa and the West and attacks directly the human dignity of Africans. The second is its association in the popular imagination with witchcraft, and the third is its association with stigma.


The purpose of this study was to evaluate a pilot program designed to educate African American adolescents living in rural, North Florida about STIs/HIV and to compare the effectiveness of peer- and adult-led faith-based, HIV educational programmes. Controlling for age and pretest knowledge scores, the summed knowledge score was significantly higher at posttest for the adult-led group than the teen-led group. Participants’ perceived risk of acquiring HIV also increased significantly for the adult-led group. Significant pretest differences between the two groups narrowed at posttest. This pilot study has the potential to inform future, faith-based interventions for African American youth that utilise peer leaders to educate and conduct outreach on HIV/AIDS issues.


Some religious reactions to the HIV epidemic in Africa unwittingly contributed to the expansion of the epidemic in its early years. This was because many religious people regarded the emergence of HIV and AIDS as divine punishment for man’s sins as a result of people’s sexual promiscuity. Some also opposed public promotion of the use of condoms for HIV prevention. However, religious bodies have made positive contributions to HIV/AIDS responses in many African countries in recent times. Though Christian bodies are taking the lead in faith-based responses to HIV and AIDS in Africa, Islamic bodies have also been major partners in HIV/AIDS interventions in several countries. Against this background, this article examines some Islamic perceptions of HIV and AIDS, and especially the impact of antiretroviral treatment (ART) for people living with HIV in Africa, with particular emphasis on Nigeria. In spite of the emergence of antiretroviral (ARV) drugs in Africa, Islam still emphasises the prevention of new infections and care for people living with HIV or AIDS. The article discusses basic issues associated with ARVs, such as health, sickness, life-prolongation and death, from an Islamic viewpoint, as well as some Islamic measures to prevent HIV-risk-taking behaviours in an era of ARVs. It also looks at the nature and extent of Islamic involvement in the national HIV/AIDS response in Nigeria. The paper concludes that while Islam sees HIV and AIDS and other diseases as ‘tests’ from Allah, the religion is not opposed to ART. Thus, efforts need to be intensified by Islamic bodies and Muslim leaders in Nigeria for an improved response to HIV and AIDS in the country.


This book provides ideas for youth meetings in which participants can examine the myths that surround HIV, challenge the unhealthy attitudes, and practice life-skills. Topics that are addressed include Relationships, Peer Pressure, Puberty, Sex and Reproduction, Sexually Transmitted Infections – and the use of condoms to prevent them. It is spearheaded in Zambia by the Lusaka Interfaith HIV/AIDS Networking Group. [H. Robert Malinowsky review extract]


The book wants to challenge Christians to face the tragedy of HIV and their general reluctance to respond to the suffering it has caused. On the other hand it shows how much has been done by Christians worldwide, both in terms of strategic planning and local efforts. German and international experts share their positions. This first volume reflects on the underlying principles of the Christian task and sketches the worldwide HIV context.


The book wants to challenge Christians to face the tragedy of HIV and their general reluctance to respond to the suffering it has caused. On the other hand it shows how much has been done by Christians worldwide, both in terms of strategic planning and local efforts. German and international experts share their positions. This second volume includes country-specific reports, case studies and personal narratives.


Bangstad challenges Malik Badri’s position on AIDS (see referenced entry) with a detailed critique framing it as Islamization of knowledge under the perceived threat of Western modernity to Islamic way of life and values.


Sketches the early Catholic response in the USA then points towards a ‘gospel response’ to AIDS.


This is a well-written and balanced introductory text on the forces driving the AIDS pandemic and its impact on households, communities and economic sectors. It links the discussion of HIV and AIDS to other societal ills such as poverty and inequality, and to its denial at various levels of society. Global trends are shown but the focus is on Africa. The text is referenced thoroughly and a subject index is provided. [CHART]


—. 2000. "Differences in confessional advice in South Africa " Pp. 212-221 in *Catholic ethicists on HIV/AIDS prevention*, edited by J. F. Keenan, J. Fuller, L. S. Cahill, and K. Kelly. New York: Continuum. A case study is used here to bring home a point that HIV/AIDS in Southern Africa, especially South Africa, is worsened by the migratory labour system. Workers, especially in under the apartheid regime, were unable to bring their families with them, and were forced into situations of heterodox sexual practices. HIV transmission is generally linked with the resultant social breakdown and disorganisation leading to fluidity in social mores, cultural values and worldviews. The Church must respond in such context with a pastoral and theological action that is socially and culturally relevant.

—. 2002a. "Good news for AIDS myths." *Missionalia* 30:93-108. Investigates some popular myths about HIV and AIDS. Calls upon Christians to share in the healing ministry of Jesus so that they might be good news to those suffering from this illness.

—. 2002b. "Independent evaluation of HIV/AIDS project funded through SACBC." SACBC, Johannesburg. The report begins an assessment of the impact of the Catholic Church’s response to AIDS in Southern Africa as well as the way in which working in the field of HIV/AIDS has led to individual and spiritual growth among Catholics, and how it is changing the way in which the Church sees its mission. It evaluates capacity in Catholic programmes, identifying both best practice and weaknesses in existing programmes; and provides current and potential donors with information concerning the impact of Catholic programmes.

—. 2003a. "Catholic pastoral care as a response to the HIV/AIDS pandemic in Southern Africa." *Journal of Pastoral Care and Counselling* 57:197-209. Recent estimates suggest that more than 10% of Southern Africa is HIV+. This article is based on a research study of sixty four pastoral care projects focussing on the HIV/AIDS pandemic in Southern Africa. The projects, which fall under the auspices of the Southern African Catholic Bishops' Conference AIDS office, focus on both education for HIV prevention and the pastoral care of people living with HIV/AIDS (PLWHA). The article recounts the results achieved by these projects over the last two years, discussing their strengths and weaknesses, and proposes some recommendations for further action. The author discusses the pastoral and theological dimensions of these pastoral services indicating the importance of socio-cultural mediation in pastoral responses.

— (ed). 2003b. "Responsibility in a time of AIDS: A pastoral response by Catholic theologians and AIDS activists in Southern Africa." Pp. 192. Pietermaritzburg: Cluster Publications. An analysis of our Southern African society reveals a thread of unwillingness, by many stakeholders, to take responsibility for the AIDS tragedy unfolding before us. Yet a call for greater responsibility is often narrowly misunderstood as searching for someone to blame. Many culprits have been readily identified including, tragically, those infected by HIV themselves. Others see the cause of the plague in the work of the devil, in angry ancestors, in witchcraft, in an American plot to destroy Africa, in the general promiscuity of blacks and even in God. Attitudes like these are common in our society. Responsibility, however, is not principally the apportioning of blame but rather the empowerment of people to take charge of their lives in an ethical human response to this crisis which affects us all. Irresponsibility is seen in actions like the rape of virgins for a cure, the refusal to admit the presence of the disease in our communities, the hiding away of people living with AIDS, reckless sexual behaviour and, disastrously, the apparently incoherent response of the South African Government to develop an effective strategy to fight the disease. It is omnipresent in the stigma that the disease carries throughout society. Responsibility means enabling the fullness of life expressed as concern, care for others and the promotion of the common good. Responsibility implies seeking ways to prevent the spread of the infection and the illnesses that accompany it. It also means care for the infected and affected and the promotion of moral lifestyles which promote the fullness of life for all in our society. This book explores these themes from a Catholic theological perspective.


Social support is important in managing HIV and AIDS. Some people living with HIV or AIDS (PLWHA) have sought support from churches, despite their reputation for stigmatising PLWHA. Semi-structured interviews were conducted with 21 PLWHA and 21 church leaders to identify ways that churches can effectively enact support for PLWHA through improved communication about HIV, AIDS, and related issues. Church leaders also were asked about the institutional barriers to enacting support for PLWHA. Implementing these strategies consistently and holistically will require intentional efforts to address the barriers within church organisations to create environments that are welcoming to and supportive of PLWHA.


This is another chapter that deals with poverty and economic justice, reflecting on economic structures that result in making groups vulnerable to HIV.


Based on the author's personal experience in medicine and the priesthood in some countries in Africa, Bayley brings the reality of HIV/AIDS to the Church. Issues raised include the medical and social consequences of the disease for humankind in general, and the theological implications for the church in particular. In this confused situation of HIV/AIDS, hope for the infected people in drawn from the Christian faith. [CHART]


Physical, social and economic constraints often limit the ability of people living with HIV/AIDS to meet their basic needs. Community members are a valuable source of support for people living with HIV/AIDS, although little is known about the types of support they provide or how to mobilise this support. To examine this issue, a survey of 1200 members of six religious congregations was conducted in Kumasi, Ghana. A fifth of congregation members reported providing some support to people with HIV/AIDS in the last six months, mostly through prayer, financial support, and counselling. Factors associated with providing support include having heard a congregation or tribal chief speaking about HIV/AIDS, collective efficacy related to HIV/AIDS, and perceived risk of becoming infected with HIV. To enhance support to people with HIV/AIDS, programmes should involve community leaders and encourage dialogue on ways to address the epidemic.


Older Latina women are one of the least studied American demographic groups with regard to social, health, or sexual behavior. This could leave social workers and other geriatric professionals unprepared for dealing with HIV/AIDS in this population. Currently, older Latina women are one of the fastest growing groups of new AIDS cases. Twenty percent of all women ever diagnosed with the disease are Latina and 5.5% of Latinas infected with the virus are older. The number of diagnosed infections is increasing in older women, including Latinas, in spite of recent declines in infection rates with younger populations. There are also a potentially large number of cases that go misdiagnosed or undiagnosed. This article also addresses risk and protective factors related to gender roles, traditional Latino family values, religion, socioeconomic factors, health, and health care, with special attention to the triple jeopardy faced by this population by virtue of being female, seniors, and minorities. The article concludes with recommendations for the development of culturally competent practices with older Latinas and the development of a research agenda to better understand their risk-related and health-seeking behavior.


This paper examines Tanzanian Muslims’ practical and discursive stances on AIDS in relation to the context in which they are produced. The AIDS problematic is interacting with lively debates, as for the last two decades Muslim reformists have been demanding revisions to ritual practice and a more restrictive application of Muslim social norms. The state-sponsored central organisation for Tanzanian Muslims is viewed with distrust not only by reformist, but also many ‘mainstream’ Muslims, and there is no organisation to provide an inclusive forum for debate. Official AIDS education programmes reached provincial Muslims before the epidemic had become acute, and were initially greeted with the same formulaic, passive acceptance as many other state initiatives. Since AIDS deaths have become more frequent, recommendations for prevention have become the subject of intense debate. Understanding of the epidemic draws on local religious notions as well as Muslim teachings, and invariably focuses on ways of life rather than questions of health narrowly conceived. It indicates increasing scepticism regarding the ability of either local society or the state to achieve ‘development’ and wariness of the perceived closeness of science to authority. On the other hand, Muslim observers have found ways to relate scientific descriptions of the epidemic to the Qur’an and to accept the epidemic as God’s will, without thereby abdicating responsibility for trying to contain it. Ultimately, individuals are on their own in formulating their understanding of the epidemic. There is no clear correlation between reformist sympathies and the acceptance or otherwise of official recommendations, as many other factors, including age, education and personal experience, influence individual stances.


The commonalities of eastern Africa’s history from colonial occupation to the formation of nation states and their post-postcolonial decay, the region’s shared experiences with the religions of the book-fist Islam and later Christianity-and its shared struggle with the physical, social, political and epistemological predicament of HIV/AIDS, make East Africa, with its cultural and historical diversity, a suitably coherent field to study the relationship between religion and the experience of AIDS-related suffering. The papers in this issue explore how AIDS is understood and confronted through religious ideas and practices, and how these, in turn, are interpreted and changed by the experience of AIDS. They reveal the creativity and innovations that continuously emerge in the everyday life of East Africans, between bodily and spiritual experiences, and between religious, medical, political and economic discourses. Countering simplified notions of causal effects of AIDS on religion (or vice versa), the diversity of interpretations and practices inserts the epidemic into wider, and more open, frames of reference. It reveals East Africans’ will and resourcefulness in their struggle to move ahead in spite of adversity, and goes against the generalised vision of doom widely associated with the African AIDS epidemic. Finally, it shows that East Africans understand AIDS not as a singular event in their history, but as the culmination of a century-long process of changing spiritual imaginaries, bodily well-being and livelihoods. Intimately connected to political history and economic fortunes, it presents itself at present as an experience of loss and decay, yet it remains open-ended.


This special issue of the Journal of Religion in Africa draws on contributions to a workshop. The focus is on the way people rely on shared religious practice and personal faith in order to conceptualise, explain and thereby to act upon the epidemic. The geographical focus is on East Africa because of the epidemiological similarities across the region.

This volume explores how AIDS is understood, confronted and lived with through religious ideas and practices, and how these, in turn, are reinterpreted and changed by the experience of AIDS. Examining the social production, and productivity, of AIDS - linking bodily and spiritual experiences, and religious, medical, political and economic discourses - the papers counter simplified notions of causal effects of AIDS on religion (or vice versa). Instead, they display people's resourcefullness in their struggle to move ahead in spite of adversity. This relativises the vision of doom widely associated with the African AIDS epidemic; and it allows to see AIDS, instead of a singular event, as the culmination of a century-long process of changing livelihoods, bodily well-being and spiritual imaginaries.

Translated title: Sembabule's miracle: The short story of an anti-AIDS-cult in Uganda

The paper explores the shifting and apparently contradictory representations of culture, gender and sexuality in colonial and postcolonial Namibia, and the gendered reconstruction of cultural spaces concerned with sexuality, particularly the ongoing practice – or not – of women’s initiation among the Owmambo, the efundula. The author discusses the ethnography of the efundula practice, and sketches conflicting representations of this between the Christian missions, the colonial administration and the Owmambo authorities. She explores developments in a context that has been significantly impacted by the various colonial influences and more recently by the reality of HIV and AIDS. The colonial silence around efundula has been replaced by a lively discourse. [CHART]

Taking as my example a lay organisation of the Roman Catholic Church, the Uganda Martyrs Guild, which entered the public domain in western Uganda in the 1990s and started to organise witch and cannibal hunts, I offer two arguments to the ongoing debate on the rise of occult forces in Africa. First, against the tendency to find the origin of the rise of occult forces in the invisible hand of capital, I relate the dramatic activation and rise of occult forces in Africa to the large increase in death rates caused by the AIDS epidemic (and to a lesser extent local wars). Although various scholars have shown in detail that in Africa contemporary Christianity has not put an end to witchcraft and the occult, but instead provided a new context in which they make perfect sense, they missed the point that precisely the fight against the occult reproduces and strengthens the ‘enemy’. As I try to show, Christian anti-witchcraft movements are instrumental in reinstating the occult powers they fight against.


A newly emerging understanding of AIDS in central Nepal, and the beliefs and practices it involves, is discussed by a Christian anthropologist. He draws on texts by people living with AIDS.

A manual-guided, spirituality-focused intervention--spiritual self-schema (3-S) therapy--for the treatment of addiction and HIV-risk behaviour was developed as part of a Stage I behavioural therapies development project. It is theoretically grounded in cognitive and Buddhist psychologies and may be suitable for individuals of diverse faiths. The therapy development process began with focus groups to assess addicted clients' perceived need for a spirituality-focused intervention. The therapy was then codified in manual format, and a controlled clinical trial was conducted. Here the authors report on inner-city, methadone-maintained clients' personal experiences that were recorded in semistructured interviews following completion of the therapy. Findings from this qualitative study support the value of integrating spirituality-focused interventions into addiction treatment for the purpose of increasing motivation for drug abstinence and HIV prevention.

This paper presents the findings of a multi-site qualitative survey conducted with four major religious communities (Orthodox, Evangelical, Catholic, and Muslim) in Ethiopia to examine the response of the religious society to HIV/AIDS. The survey was carried out using a variety of approaches, such as structured questionnaires, open forum discussions, in-depth interviews, and annual basic meetings. Leaders were asked questions related to basic HIV/AIDS facts, modes of transmission, and prevention techniques. Overall, results showed an improved level of understanding about modes of transmission, with a noticeable emphasis of the sexual mode. The most population preventive solutions were virginity until marriage and thereafter strict
adherence to that sexual partner. Risk factors of contracting HIV were generally discounted, which showed a failure of participants to internalise such realities as other modes of infection: unclean injection and harmful traditional practices. Almost all participants agreed that there had been a delay in putting in place HIV/AIDS control. This delay was due to an initial denial of the virus and a theological uneasiness concerning the nature of the disease. Another reason was due to the perception that the problem was a medical one and not one which called for their involvement. All admitted that there is a serious need to form alliances to join in fighting against the epidemic. Moreover, all groups agreed to establish an inter-religious network to cope with AIDS issues.


The article begins with stating that Ethiopia is known for its diverse cultural and traditional practices. Some of it has been beneficial for the maintenance of society while some has been detrimental to the health of women and children who she states carry the brunt of harmful traditional practices and allocation of resources. Some of the practices identified are like female genital mutilation (FGM) which she terms as some form of violence against girls and women due to the serious physical consequences which adversely affect their health. Others listed include, early child marriage, at 16 for girls and 20 for men, marriage by abduction whereby the abductor in many occasions is much older and already sexually active. In these unions, in order to guarantee marriage, rape soon follows. Rape has been identified as a means of spreading HIV if the perpetrator is infected. Others are widow inheritance and food prohibition/taboo for pregnant and non-pregnant mothers and adolescent girls are common in almost all communities of Ethiopia. The nutritional status of Ethiopian women is low and this is of importance in their overall health status. HIV has worsened the health problem of women and she states that all harmful traditional practices performed on women are a reflection of the gender bias and the imbalance of power between men and women. She also states that all harmful practices have devastating consequences on the physical, social and psychological well being of women and children. She gives a number of measures that can be directed to eradicate harmful traditional practices among them being empowering women to control their own lives and in particular sexual relationships and improving the social and economic power relations between men and women. [CHART]


For decades, the Roman Catholic Church opposed use of condoms to prevent spread of sexually transmitted infections (STI) because of their contraceptive effect. In 2009, Pope Benedict XVI said that widespread use of condoms could worsen the situation, a position rejected as 'unscientific'. Recently, however the Pontiff stated that because the Church considers acts of prostitution and homosexuality to be gravely immoral and disordered, in such specific cases use of a condom might become an initial step in the direction of a moralization leading to an assumption of responsibility and a new awareness of the meaning of sexuality. In doing so, he reaffirmed his belief that condoms cannot solve the problem of STI spread, stressing the Church's position that modern societies no longer see sexuality as an ‘expression of love, but only as a sort of drug that people administer to themselves’. The new Papal position has been widely applauded, but made conservative Catholics unhappy. A dialogue with the Church now seems possible: Does concentrating on condoms hinder the effectiveness of other strategies? What are the respective roles of condoms and other approaches to prevent infection spread? Does a special situation exist in Africa requiring specific and focused interventions?


South Africa’s transition to a democracy — characterized by a liberal constitution, a bill of rights, and attempts to pursue reconciliation rather than revenge — has been widely admired as a paradigm shift in human relationships from seemingly inevitable conflict to a negotiated peace. The challenge of narrowing racial disparities in health care is a formidable one for the new government. The high rates of infection with the human immunodeficiency virus (HIV) and full-blown AIDS add another layer of complexity. In this review I evaluate health care reform and responses to the pandemic of HIV and AIDS during the first decade of the new democracy.

Bender, Courtney. 1997. "Kitchen work: The everyday practice of religion, cooking and caring for people with AIDS." Princeton University. The author was a participant observer in an ethnographic field study of God's Love We Deliver, a large non-profit AIDS service organization in New York City. She reports in-depth interviews with twenty volunteers. Although the agency is not "faith-based" the author describes how the agency became "sacred space" for those volunteers for whom their service was an enactment of religious faith.


Translated title: "Dogmatic sermon, pragmatic help? The churches and the fight against AIDS in Africa" Churches in Africa have a central role in health provision and an influence on health-related behaviour. Because of that they are able to contribute to
AIDS prevention. In order to do so, however, they need to address tricky themes such as sexuality and gender relationships. Yet the taboos in society are also evident in the churches, at times with even greater force, as they are supported by official doctrines. [CHART translation]


These studies show that faith and religious practice are effective in preventing and treating specific diseases such as heart disease, malignant tumours, and psychiatric disorders. These studies also indicate that religion extends life expectancy in general and that specific religious attitudes and practices are especially effective.


In the twenty years since the discovery of AIDS this disease has spread throughout the whole world and has developed into the greatest threat to health and development. This is even more tragic as many interventions for HIV prevention are available but effective methods of safer sexual behaviour have not been adopted on a sufficient scale. There are many factors that complicate the issue and prevent widespread behaviour change. Among them are socio-economic conditions of poverty, unhealthy gender roles, violence, lack of information, unequal access to quality health services. A factor that has not received sufficient attention is culture and the philosophical frameworks or paradigms determining our understanding of diseases, their causes and appropriate methods for prevention. All people are more or less influenced by at least three different paradigms: the scientifics, the religious and the traditional one. All of them provide different interpretations of HIV/AIDS, its origin, and the most appropriate methods to overcome this dreadful disease. This paper will explore these different frameworks and its influence on HIV/AIDS. It will argue that all of them have to be taken seriously. We need to understand better the sometimes conflicting messages if we really are to move from proper information and good intentions to sustainable behaviour change that will finally lead to decreased rates of HIV transmission and less human suffering.


The authors discuss a common conceptual framework for deciding medico-moral questions i.e. the "Principles of Bio-ethics"; these principles are: respect for the autonomy of persons, beneficence, non-maleficence and justice. Philosophical and Christian ethics are explored and it is shown that this framework can also be accepted by the adherents of different religious traditions. The latter part of the paper applies the principles of ethical reasoning to moral issues in HIV/AIDS, such as confidentiality, use of condoms and provision of clean needles and syringes, informed consent vs compulsory testing, research issues, the allocation of resources and the duties of health professionals to treat PWAs. [CHART]


HIV and AIDS claims the lives of millions and profoundly affects the economic, political and social stability of lands and regions. It is no longer the illness of an isolated population but has spread widely across the Americas and Europe, Africa and Asia. AIDS-Meeting the Challenge: Data, Facts, Background is based on the authors’ personal experiences and research as they have engaged in the campaign to eradicate AIDS. They addressed matters of medical fact, and also taken into consideration sociological, psychological and theological question that inevitably arise.


In Papua New Guinea, where HIV infections are increasing, the Christian Churches have responded to HIV, by offering community support and encouragement. Recognising the potential role of Church leadership in offering safe spaces for those living with HIV and for HIV prevention, the National AIDS Council Secretariat/National HIV/AIDS Support Project offered capacity development training for clergy, through the "Church’s Response to HIV and AIDS in a Care Continuum" model. This paper discusses the model and the lessons learned.


Bernstein, Karen, Maureen E. Lyon, and Lawrence J. D’Angelo. 2009. "Will you pray with me? Do HIV-infected adolescents want their care providers involved in their religious or spiritual life?" Journal of Adolescent Health 44:S27

medical care at an urban Adolescent Health Clinic completed a study-specific questionnaire about spiritual inquiry by their physician, the Brief Multidimensional Measurement of Religiousness/Spirituality, and the Pediatric Quality of Life Inventory 4.0. Chi-squared analysis, Fischer’s exact test, and t tests were used to assess associations. A total of 45 participants enrolled: 19 HIV? (53% vertical transmission) and 26 HIV; mean age 17.2 years; 80% African American. Four out of 45 (9%) had ever been asked by their doctor about their spiritual/religious beliefs, and only 8 (18%) had ever shared these beliefs with their healthcare provider. Most teens wanted their provider to ask them about their spiritual beliefs during some visits, especially when dealing with death/dying or chronic illness (67%). Those with HIV were more likely to endorse wanting their doctors to pray with them (42% vs. 15%), feeling “God’s presence” (Mean = 3.95 vs. 2.83), being “part of a larger force” (Mean = 2.58 vs. 1.69), and feeling “God had abandoned them” (Mean = 1.63 vs. 1.15). There are certain circumstances in which healthcare providers should include a spiritual history with teenage patients. Few differences emerged in the teens studied with and without HIV.


How are Christians to understand God’s grace for individuals in the midst of severe trauma, particularly in light of a global epidemic of sexual violence against so many women and children? How does the call to witness to the good news of Christ’s love translate into specific obligations that respond to the needs of sexual abuse survivors? The purpose of this article is to explore these questions in the context of Karl Rahner’s theology of grace. When seeking to understand God’s gracious presence in the midst of sexual violation, it is particularly helpful to explore Rahner’s insight that God’s grace is mediated through acts of neighbour-love both within and beyond Christian communities. Such insight into the social mediation of grace has exciting potential to transform perceptions of what is at stake in loving our neighbour and the forms that neighbour-love can take, mobilising Christians for greater social justice in the service of God.


The author looks at some of the contemporary human rights declarations and conventions which have been coined by man to overcome the growing concerns of human rights violations. Many have some loopholes which allow some perpetrators to go scot-free; others lack the character of universality and are grounded with concerns of national security and foreign policy of nations. Unlike Islam, these contemporary documents are subject to amendments from time to time. Fourteen hundred years ago Islam gave to mankind an ideal code of human rights which are firmly rooted in the belief that God, and God alone, is the Law giver and Source of all human rights. Due to their Divine origin, no ruler, government, assembly or authority can curtail or violate in any way the human rights conferred by God, nor can they be surrendered. Finally, it looks at the Muslim understanding of right to life as it relates to clean environment, education, HIV/AIDS, and laws of war.


The role of religious activity in the psychosocial adjustment of 205 inner-city African-American women, one-half of whom are HIV infected, was examined. Those who were HIV infected reported praying more but viewed prayer as less effective in coping with a chronic illness. Frequency of prayer predicted optimism about the future, whereas religious activity was not related to current depressive symptoms.


Billingsley surveyed nearly a thousand black churches across the USA. These churches have roots that extend back to antebellum times and have periodically confronted social, economic, and political problems facing the African American
community. He addresses such questions as: How widespread and effective is the community activity of black churches? What are the patterns of activities being undertaken today? How do activist churches confront such problems as family instability, youth development, AIDS and other health issues, and care for the elderly? Also included in this book are profiles of the remarkable black heroes and heroines who helped create the activist church, and a compelling agenda for expanding the black church’s role in society at large.

Birdsall, Karen. 2005. "Faith-based responses to HIV/AIDS in South Africa: an analysis of the activities of faith-based organisations (FBOs) in the national HIV/AIDS database." Centre for AIDS Development, Research and Evaluation Johannesburg. HIV/AIDS strategies in South Africa have generally emphasised the role of the formal health system, led by national and provincial governments. Less attention has been paid to documenting and analysing the many and diverse activities conducted by non-governmental organisations, community-based organisations and other institutions, including faith-based organisations, at community level. These organisations provide a range of HIV/AIDS-related services across the continuum of prevention, care and support, treatment and rights. Much however remains to be understood about the nature, scale and scope of these contributions and the way in which they supplement and interface with more centralised responses.

Birdsall, Karen and Kevin Kelly. 2005. "Community responses to HIV/AIDS in South Africa: findings from a multi-community survey." Centre for AIDS Development, Research and Evaluation. What contributions are community initiatives actually making to the larger struggle against HIV/AIDS? What motivates individuals or groups to begin engaging with HIV/AIDS-related issues in a public or collective way? Are there certain conditions under which community responses emerge and/or flourish? Are there ways that government or donor policies could better support and encourage such activity? Should they? Few, if any, systematic studies have been undertaken on community responses to HIV/AIDS. In an attempt to shed light on these and other questions about the extent, shape and impact of community responses to HIV/AIDS, the South Africa-based Centre for AIDS Development, Research and Evaluation (CADRE) notes in this 80-page resource that, although widespread, community-level responses to AIDS have often been overlooked and marginalised in favour of emphasis on large-scale centralised approaches to HIV/AIDS prevention, care and treatment. This report presents findings from an audit of local-level responses to HIV/AIDS in 3 South African communities: Vosloorus (a large urban township), Obanjeni (a rural area), and Grahamstown (a medium-sized town). The focus of this report is on the activities of government institutions, civil society organisations (CSOs), and faith-based organisations (FBOs) identified in the survey.

Birdsall, Karen and Kevin Kelly. 2007. "Pioneers, partners, providers: The dynamics of civil society and AIDS funding in Southern Africa." Centre for AIDS Development Research and Evaluation (CADRE), Johannesburg. This report examines the AIDS funding environment through a civil society lens. It presents and discusses findings from a six-country study of access to AIDS funding by civil society organisations (CSOs) – including faith-based ones – in southern Africa. The study draws upon data from 439 CSOs conducting AIDS response activities as well as as community case studies and interviews with a selection of donor institutions in Lesotho, Malawi, Mozambique, Namibia, Swaziland and Zambia. It focuses on the period 2001 – 2005.


Black, Bill. 1997. "HIV/AIDS and the church: Kenyan religious leaders become partners in prevention." AIDSCaptions 4:23-26. Throughout the early 1990s, most religious groups in Kenya either ignored AIDS or explained it as the result of aberrant or immoral behavior. Religious leaders were divided over the epidemic and how to deal with it. MAP International, a nonprofit Christian relief and development organization, developed and launched the MAP Kenya HIV/AIDS Project to teach pastors the facts about HIV/AIDS and encourage them to discuss the subject with their parishioners. Awareness packets were sent to pastors with sermon outlines on HIV/AIDS, explaining that AIDS affects the entire community, that people should be compassionate to those with AIDS, and that care should be offered to the sick. Parishioners should protect themselves from HIV by avoiding extramarital and premarital sex. A powerful grassroots campaign based in the churches and communities has now been created.

The aim of the book was to help Christian development organisations to consider their response to the challenges brought by HIV and AIDS. This involved mobilising, and working with, local churches. The book examined what HIV and AIDS are and how HIV is spread. It also looked at different types of responses to the AIDS pandemic, both preventing the spread of HIV and reducing the impact of HIV and AIDS. Bible studies, case studies about work that has been carried out by Tearfund partners and reflection questions are used to help organisations think through what their own response might be.


Section 9 of the book, on AIDS and Ethics, addresses the attitude of churches towards HIV and AIDS, and presents these under the headings of the Catholic Church, Protestant churches, and Fundamentalist churches and their sympathisers.


This indexed bibliography, covering an impressive range of anthropological research, was compiled by the Commission on AIDS Research and Education. The importance of this literature – and access to it for further research – is evident at a time where the limitations of biomedical approaches to solving the global AIDS crisis highlight the need to consider the social and cultural dimensions of AIDS in attempts to find more effective means of stemming the pandemic. The collection includes some publications in sociology, history, and psychology, which deal with social and cultural aspects of AIDS. [CHART]


Facing a Pandemic traces the history and spread of the HIV/AIDS virus in Africa, its impact on African society and public policy before considering new priorities needed to combat the pandemic. The central argument is that the theological motif of the image of God invites a prophetic critique of the social environment in which HIV/AIDS thrives and calls for a praxis of love and compassion.


In this essay, I discuss the importance of virtues as dispositions that should be cultivated for wellbeing in the Christian community in Africa. I argue that justice is a social virtue, which requires that African states should create a political and social climate that will empower citizens to seek to live lives of virtue in the context of HIV/AIDS.


AIDS and Faith has four distinct sections. In Part 1, the revised sacrament of the sick is examined and interpreted to mean that a sick person may use his or her experience to derive new meaning from God. The characteristics of AIDS allows many of the orthodox interpretations of God to be overturned, revealing God as a mystery, transforming human existence, and offering a “future beyond our imagining.” Part 2 examines how the expression of grief and suffering allows a person to move from a
powerless isolated state to a powerful unity with God. The author illustrates how Psalms 77, 88, and 143 “reflect the three stages in the healing of suffering.” Part 3 discusses how caregivers should respond to AIDS. The final section looks at an issue that was examined more completely in Knowing the God of Compassion: how the suffering of people with AIDS puts them through the “dark night of the spirit,” when God seems to abandon them.


Since colonial times, religious institutions in the United States have played a major role in providing social services to the needy. In doing so, churches and synagogues for most of the nation's history either operated without significant support from the government or set up separate nonprofits for their charity work. Over the past few decades, however, a growing movement has developed to expand partnerships between faith-based organisations and the government. The "Charitable Choice" provisions in the 1996 welfare reform law effected the most significant legislative changes to the relationship between government and faith-based organizations in recent history. President Bush has sought to build on Charitable Choice by establishing the White House Faith-Based and Community Initiative and Centers for Faith-Based Community Initiatives across several government agencies. Through these initiatives and an array of policy reforms and outreach, Bush has promoted broader involvement of faith-based organisations in social programmes as a core component of his "compassionate conservative" agenda.


The idea for this paper, originally delivered at the annual meeting of the American Academy of Religion in November 1997, emerged out of the personal experiences of two of its authors, that of pregnancy and motherhood on the one hand, and on the other that of living with AIDS – and dying of it before the completion of the project. The paper was written to be performed, an interplay between two voices. They reflect on suffering and salvation from the experience of being in “dying time” and on incarnation from the experience of giving birth, offering a genuinely embodied theology of life and love. [CHART]


A study of high school students attending a missionary school and a public school in Lagos was carried out to determine their knowledge and attitude about HIV/AIDS and to compare their sexual behaviour. Self administered questionnaires were used for the respondents, selected by multistage sampling. There was no significant difference in the knowledge of students from both schools about HIV/AIDS. 90% of all the respondents knew the exact meaning of HIV/AIDS. Most of the students got their information from the mass media (66%) and the school (57%). Only 5% and 0.3% of missionary and public school students respectively were informed by their parents. There was no significant statistical association between the type of school and the occurrence of sexual intercourse. However, only 4% of sexually active missionary students used condoms compared to the 37% of the public school students. 25% of the sexually public students had multiple sexual partners, compared to 2% for the missionary school students. The study recommends that age-appropriate comprehensive sexuality education (including condom use) should be made available to students from both schools.


This study investigated the impact of the use of a spiritually-based mantra on faith/assurance and average salivary cortisol levels of PLWH. Methods: Using a randomized design, HIV-infected adults were assigned to the intervention (n = 36) with an attention-matched control group (n = 35). Faith scores and saliva were assessed at preintervention, postintervention, and 5-week follow-up. Conclusions: The results suggest a relationship between faith and cortisol, which may be enhanced by mantra use. Decreased cortisol could potentially benefit immune functioning among HIV-infected individuals.

Boswell, Georgina. 2005. "Investigation into the factors underpinning a spirituality for HIV/AIDS sufferers who are socio-economically marginalised." St Augustine College of South Africa.

This research undertakes a study into certain factors underpinning a spirituality for HIV/AIDS sufferers who are socio-economically marginalized.


The editorial discusses various reports within the Supplementary issue, including one about the importance of spirituality, religiousness and health-related quality of life in the disease management of people with HIV/AIDS and another one about their relationship with the people they live with.


Translated title: “Pastoral therapy with the HIV/AIDS infected family: A narrative approach”. HIV/AIDS has become an increasing concern, especially in South Africa. Recent statistics have revealed no significant decrease in the number of HIV/AIDS-infected individuals - this, in spite of numerous campaigns aiming to increase awareness and stop the virus from spreading. Aside from having an enormous impact on a country's economy and population structures, HIV/AIDS also has a great influence on an infected person's identity as well as on his friends and family. Although a number of pastoral methods of therapy already exist, certain theological components have been irreversibly radicalized by HIV/AIDS. Subsequently, a need has developed for a suitable pastoral method of therapy, concerning the HIV/AIDS-affected family. The narrative method is one that combines all the positive aspects already present in existing pastoral methods. When applied in conjunction with qualitative research, it is the method most suited to use for the purpose of this particular study. By taking basic theoretical perspectives on pastoral therapy into consideration, an attempt is made to set up alternative guidelines, by which to approach this specific problem situation. The extent to which HIV/AIDS disrupts the emotional atmosphere of the family, can clearly be observed in the obvious withdrawal in the behavior of especially the toddler, but also in those of the remaining members of this family (consisting of the parents and a toddler). By following the guidelines of the narrative approach, each family member, traumatized by the gripping influence of HIV/AIDS, is given the chance to express his/her experience (this is done in a reflective and meaningful way). Through these reflective conversations, the aim of this study is achieved as these (revealing) descriptions of each member's experiences are shared among the participants, creating an atmosphere of acceptance - and ultimately restoring brittle relationships within the family. The research group as a whole undergoes spiritual and emotional growth and thus the aim of practical theology (to bring about a transformation in conjunction with the Gospel) is reached - by means of the narrative method. By finally examining expressive results of the study, a suitable approach to pastoral therapy is revealed through which to bring about such a transformation in the lives of Christians from all culture groups.


This paper was presented as a keynote speech at the Conference of Churches in the Western Cape entitled “Turning the Tide of the City of Cape Town, 22 August 2000”. The conference focused on four areas: poverty, reconciliation, morality, family and AIDS. This paper argues that the central crisis of Cape Town is a crisis of “hope”. Hopelessness is the mother of its apathy and despondency. It then makes a proposal of the ways in which church leaders could engage the notion of "social hope" in their ministry.


Research shows convincingly that patients with serious medical illnesses commonly use spiritual methods to cope with and manage their illnesses. This reliance on spirituality seems to be associated with a range of positive outcomes in the form of an enhanced sense of well-being, improved feelings of resiliency, and decreased adverse physical symptoms (e.g., pain and fatigue) and psychologic symptoms (e.g., anxiety). The methodologic flaws and limitations of this literature, however, make more research necessary before confident conclusions can be made regarding the objective, biologic benefit. Further efforts should focus on identifying the potential mechanisms through which spirituality enhances both subjective and objective outcomes. Care should be taken to use reliable, valid spirituality assessment measures and more advanced methodologic designs, such as prospective, longitudinal studies, and randomized, controlled trials.


This article describes the effects of a national mass media and community-level stigma-reduction programme in Ghana, in which national and local religious leaders urged their congregations and the general public to have greater compassion for people living with HIV or AIDS. Data were collected from men and women living in three regions, first in 2001 (n = 2 746) and again in 2003 (n = 2 926). Attitudes related to a punitive response to PLHA both improved over time and were positively associated with exposure to the programme's campaign, controlling for potential confounding variables. Overall, respondents exposed to the campaign were 45% more likely than those not exposed to it to be willing to care for a HIV-infected relative, and 43% more likely to believe that an HIV-infected female teacher should be allowed to continue teaching; they also had significantly more favourable scores on an attitude scale measuring the belief that HIV-infected individuals should be isolated from others. The results of this evaluation suggest that mass media channels and religious leaders can effectively address HIV-related stigma on a national scale.

In discussing the importance of notions of 'human dignity' and 'image of God' in engaging theologically with HIV and AIDS, Bouwer turns to the biblical concept of 'honour', in search for a biblical category roughly analogous to 'human dignity'. As he states, "Ample biblical evidence can be found of the notion of honour". "Because of the danger of 'human dignity' becoming an empty concept, given its foundational position in international charters and jurisdiction", he argues, the biblical concept of 'honour', "which actually encompasses that of 'dignity' and its necessary counterpart, self-respect, might offer a common basis for a religious discourse uniting Africa and the West in finding a common language that will help people not only escape the stigma, but also to act upon the need for the eradication of this pandemic. In this discourse, God is seen as a friend who has compassion, shows respect for human beings, is trustworthy and non-judgmental and is One who cares unconditionally". [CHART]


Does the position of the Roman Catholic Church on contraception also imply that the usage of condoms by HIV-discordant couples is illicit? A standard argument is to appeal to the doctrine of double effect to condone such usage, but this meets with the objection that there exists an alternative action that brings about the good effect-namely, abstinence. I argue against this objection, because an HIV-discordant couple does not bring about any bad outcome through condom usage-there is no disrespect displayed for the generative function of sex. One might retort that the badness of condom usage consists in thwarting the unitive function of sex. I argue that also this objection cannot be upheld. In conclusion, if there are no in-principle objections against condom usage for HIV-discordant couples, then policies that deny access to condoms to such couples are indefensible. HIV-discordant couples have a right to continue consuming their marriage in a manner that is minimally risky and this right cannot be trumped by utilitarian concerns that the distribution of condoms might increase promiscuity and along with it the HIV infection rate.


This paper suggests that compassion is the philosophical "good" in Thailand. Compassion is endorsed by the prevalent Buddhist philosophy adhered to by the majority of the population. Compassion is the essential element that motivates non-governmental organizations to provide home-based care through outreach ministries of the Church of Christ in Thailand in Chiang Mai. Compassion motivated the creation of an AIDS hospice at a Buddhist Wat in Loburi. These two examples serve to establish a hypothesis: that compassion is the prima facie duty of an ethical response to the compelling human needs associated with HIV/AIDS. [CHART]


There are over 100 million girls and women who have undergone female genital mutilation (FGM). The World Health Organization (WHO) estimates that another 2 million are subject to it every year. FGM is practiced in many countries, especially Africa and parts of the Middle East. Various degrees of FGM are prevalent, the most mutilating one being infibulation (pharaonic). With infibulation there are numerous life-long health problems such as haemorrhage, infection, dyspareunia, genital ulcers, and gynaecological and obstetrical complications. It has been postulated that FGM may also play a significant role in facilitating the transmission of HIV infection through numerous mechanisms. In this article several of the most common complications are discussed and helpful suggestions for management during pregnancy and delivery are explored. Included are the legal and ethical ramifications.


The participants were 256 African-American students between the ages of 18 and 25, from two historically Black universities. The purpose of this study was to see how dimensions of religiosity and spirituality influenced the HIV risk behavior in African-American college students. Each participant completed the Expressions of Spirituality Inventory (ESI) and a survey of sexual attitudes, beliefs, and behaviors. The data were analyzed using a series of ANOVAs, t tests, and correlations. The results from the study confirmed that there was a relationship between religiosity/spirituality and one’s tendency to engage in HIV risk behaviors in the population of African-American college students. Interestingly, this study was able to reveal that traditional indicators of religiosity, such as association and church attendance, were not predictors of any of the risky sexual behaviors or attitudes. The portions of religiosity with the greatest impact on these behaviors were the Experiential/Phenomenological, the Existential Well-being, and the Cognitive dimensions, with high scores on each indicative of less likelihood of engaging in risky sexual behaviors.

Brame, Brooke M. 2006. "Sex, religion, and HIV/AIDS knowledge and beliefs among young adolescents and college students." East Carolina University.


Historically, spirituality has been an instrumental component to the survival of Black women. In an era when the HIV epidemic disproportionately compromises their health, it is imperative to explore spirituality's role in sustaining the psychological health of Black women living with HIV. This study examined the relationship between spirituality and self-reported depression among Black women living with HIV. A sample of 308 HIV-positive Black women were recruited from HIV/ AIDS clinics in the Southeastern United States. Participants completed an interview assessing demographics, quality of life, depression, coping, and spirituality. A hierarchical multiple regression was used to determine the association between spirituality and depression. The results suggest that in our sample, spirituality accounted for a small, yet significant proportion of variance in reducing depressive symptoms, above and beyond variance accounted for by demographic variables and other theoretically important psychosocial factors. In light of these findings, future studies with HIV-positive Black women should assess spirituality as a salient factor affecting psychological health. Developing interventions that address spirituality may serve to enhance women's psychological adjustment to living with HIV.


Jaap Breeveld conducted research on the theological response to HIV and AIDS for 'Kerk in Actie'. His findings make up this book. Breeveld has a strong connection with the church in Africa, in particular with its theological training; this book is well suited to be used for training in church contexts. His theological reflection is sensitive to local contexts and deals with African religions and Islam. The content of the book indicates directions for further study and theological reflection.


The author recounts her marriage to a man who hid from her the fact that he was suffering from AIDS, describing her feelings and experiences after discovering the deadly secret and drawing on her personal faith to call for an end to the silence, ignorance, and stigma of AIDS.


Concern over the devastating effects of HIV and AIDS in Africa has inspired many organizations to develop intervention programmes that aim to reduce the impact and spread of this pandemic. Since none of these programmes is likely to have been created in isolation, the particular socio-cultural experiences and institutional affiliations of the author(s) would have some influence on the ultimate content. This can be problematic within the contested regions of HIV prevention programming, particularly when interventions representing different institutions with conflicting perspectives coexist in a community. The task of this research project is look at two particular institutional voices which are often viewed as conflicting--Christian religion and public health. By comparing the discourses of these institutions as they are presented in programmes which target youth in Kenya, similarities and differences are identified providing suggestions of existing spaces for dialogue between these organizations.


Because of the faith community's historical response to HIV/AIDS, some religious leaders, local community activists, and public health professionals are challenging this institution to get involved in the struggle against HIV especially among adolescents. The paper reviews the historic process and reports findings from a study, which assess Southern Rural Florida pastors' perception of and involvement in STI/HIV prevention education of their adolescent members. Surveys were administered to 43 African-American pastors of three denominations to describe existing STI/HIV prevention efforts targeting adolescents within their churches and pastors' perceptions of the STI/HIV and drug prevention needs of their adolescent members. Forty-two percent of the churches had existing educational prevention discussions focused on condom use, pregnancy and STI/HIV
prevention, and what constitutes appropriate sexual behavior, while 58% did not. Pastors with program (83%) and without program (64%) desired specifically designed formal prevention programs. All pastors desired program content consistent with abstinence while 50% and 39% desired additional content on condom use and negotiating safer sex behavior, respectively. The existence of faith-based prevention programs offers hope as churches assume a facilitator role in prevention services; however, their rather narrow and conservative agenda may be perceived as a barrier to effective intervention prevention.


In attempting to address the "central hermeneutical problem faced by practical theology: how to connect the divine reality and the human reality at the experiential level", Brown and Hendriks probe "how God's love translates to humans", constructing their conceptual apparatus in part on a psychological reading of biblical notions of love. Integral to their hermeneutic is that the Bible embodies "the normative principles". [CHART]

The article highlights a process followed to bridge the gap of alienation between the church and the AIDS community in a very poor urban area of Lilongwe, Malawi. The research illuminated the fact that although it can be done, in so doing, discoveries were made regarding other essential, but unanticipated factors. Disillusionment came when the pious idea of church volunteers reaching out to assist their neighbours in need, revealed the true source of their motives, compounded by the reality and impact of abject poverty.

This is a beautifully written history of ambivalent or downright negative attitudes to the human (and especially the female) body within Christian tradition. [CHART]


Abstinence has seemed the obvious – and moral – answer to many concerned with solutions to HIV in Africa. The article argues, though, that it is often an immoral option because it does not consider the agency of women. Assumptions of black sexuality underpin the thinking that advocates or embraces abstinence as the answer to the African pandemic. The author questions the focus on sexual morality rather than on the economic, gender, and social inequalities driving the pandemic. Using a postcolonial critique of abstinence, she argues that linking abstinence as morality and abstinence as prevention is restrictive; instead, it should be framed as ‘space’ for women to find their own agency in abstinence.

Within the general context of preventing HIV infection and the specific context of virginity testing in KwaZulu-Natal, South Africa, Bruce examines a number of aspects of 'virginity'. She locates 'virginity' in their ancient and contemporary socio-historical contexts before discussing the New Testament, particularly Paul's understanding in depth. The author provides a detailed analysis of 1 Cor. 7, concluding that the perspective here is that of males, but that Paul was not seeking to control women. "Paul was obviously open to the possibility of women not marrying and, in fact, believed that it was the better option in the circumstances (7:34)". This view, she continues, "would give women an unusual choice in their context but it was not a choice based on a low view of women, the body or marriage. It was seen as a gift (7:7)". [CHART]

Cultures that value virginity often seek to control women closely. This paper examines ancient Jewish, Greek and early Christian attitudes to virginity, setting them in dialogue with contemporary cultural initiatives in KwaZulu-Natal that aim to promote virginity as part of the fight against HIV/AIDS. The Church, which has traditionally advocated virginity, needs to exercise caution in such a situation, where its own traditions and teachings might combine with cultural practices to entrench patriarchy. Discussion of the topic of virginity /sexual abstinence in 1 Corinthians 7, leads to the conclusion that Paul's views (when
considered in his own context) were moderate and not aimed at restricting the freedom of women. Subsequent interpretations of Paul’s views have, however, been oppressive to women.

Bruun, Birgitte. 2006. "Questioning the role of culture and traditional practices in HIV transmission." Aidsnet, Copenhagen.

The present working paper was developed as a follow-up to the workshop ”Youth perspectives – challenges and problems in HIV/AIDS projects” organised by Aidsnet, ADRA, the Adventist Development and Relief Agency, and the Danish Family Planning Association in December 2004. The workshop was based on the experiences of ADRA Malawi, the Adventist Development and Relief Agency in Malawi. Aidsnet’s Working Group on Children and Young People decided to explore further how NGOs can work with practices that are considered to be important elements of local culture, but which are also likely to carry the risk of transmitting HIV.


The main argument of this article is that has the church been true to its nature as the one body of Christ, the pandemic would perhaps not have reached epidemic proportions. For Buffel therefore, "the church must reclaim its true biblical nature as the body of Christ in order to respond appropriately to the pastoral needs of God’s people, and in particular to the pastoral needs of those living with HIV/AIDS". As a result, "There is therefore an urgent need to reclaim the true nature of the church". Buffel refers to 1 Cor. 12:12, 25-27; Eph. 4:15-16, and Gal 6:1 to support this claim, arguing that "Therefore the problem of HIV/AIDS should have been the central problem of the church right from the start. The alarming proportions of the epidemic has long ceased to render the HIV/AIDS pandemic merely a private and individual health issue. It is a social (communal) issue that affects all of human life". Finally, Buffel uses 1 Jn 3:16 to advocate for a new liberation theology paradigm in pastoral care. [CHART]


Bujo stresses the importance of the community for understanding disease; in the case of AIDS the community is the whole world and its structural injustice is at the root of the spread of the virus. He demonstrates the inadequacy of an individual behaviour-change approach as basis for HIV prevention claiming that "The prevention and stopping of AIDS does not depend solely on the individual but on the quality of our institutions, changes in culture, economy and politics as well." The solution to this crisis will have to include a restoration of the African culture and its holistic approach to life and well-being. [Raymond Downing review extract]


This book shows how AIDS gets on the theological agenda and begins to stimulate reflections. The main question is "What does God and His Church help us to learn about AIDS?" In other words, what does AIDS teach us about God, our world, the Church and ourselves? This book is a response to the Catholic Bishops’ invitation to reflect theologically on all aspects of the pandemic.


The authors study the severity of the epidemic and the threat it poses to the population and society in Tanzania and Zambia. They argue that the success of strategies against the spread of AIDS in Africa rests on their recognition of existing gendered power relations and that this success might be enhanced if the strategies are built on existing organisational skills and practices, especially among women.


Support groups of HIV-positive people in South Africa are predominantly female. This article explores how in these groups the links between gender and religion are reconfigured in the context of modernization. On the basis of field research in Cape Town it shows the potential of religion, mostly Charismatic Christianity, as a space in which gender dynamics are transformed. New
faith-based organizations create spaces in which inequalities between women and men are partially neutralized. On the basis of shared experiences women are enabled to enter existing religious spaces and exploit them in novel ways. [CHART]


Situated at the interface between the sociology of religion and gender studies, this article explores the complex relationships between faith-based activities and gendered arrangements of domination in the context of HIV/AIDS in South Africa. It argues that the linkages between religion and gender work in two directions: existing gender relations affect the shape of religious AIDS interventions just as these interventions influence dominant models of femininity and masculinity, and provide alternative models. Drawing on two case studies from the fields of sexual education and AIDS support, the article explains how emerging religious spaces mediate the ways in which female subordination is partially transformed into a gendered asset in successfully managing everyday life in an environment of bio-social risks.


Look at topics discussed at the International Conference on Medicinal Plants, Traditional Medicine and Local Communities in Africa on May 16-19, 2000 in Nairobi, Kenya. Aims of HIV/AIDS research initiative on traditional healthcare in Africa; Keynote addresses at the conference; Summary of second-day session on ethics in research and development for traditional medicine.


I aim to develop an ethical model of thought concerning relational upbringing which is educational. Concretely, I intend to do justice to both the contribution of Christian-human ideals of life as well as the contribution of experience and the social sciences. In addition we should not lose sight of the multifaceted modes of experience in their concrete societal situation as in our western European society affected by, among others, the current AIDS problem. Otherwise we will neither educationally guide young people 'from where they stand', nor concretely help them grow toward a meaningfully human and Christian sexual life.


The authors explore counseling persons infected with HIV and AIDS, within the specific themes of rejection, powerlessness, and death. These themes have been chosen because they are common concerns of people with HIV and AIDS. Selected quotations from 14 interviews with persons diagnosed with HIV/AIDS are used to clarify these concerns. Specific counseling recommendations are provided to make counseling an effective, compassionate endeavor with this population. Counselors are encouraged to struggle with these themes to enhance the counseling they provide to people with HIV and AIDS.


This is written as a contribution to the ongoing iterative process of an eternal Creator, a chosen people and a world of false markings engaged in hegemonic dispute over attribution of these markings. Christians need to ground their contributions within the discourses and markings of the Creator, and not be deceived by the transience of stigmatisation of a world that fears. By engaging strongly, creatively and powerfully with the current challenges of markings attributed to the HIV epidemic and its implications and consequences, we do no more than authenticate for our time the primacy of the markings assigned by the Creator, of all made in the image of God, and a smaller group marked by the cross. These markings are hegemonic over the transient markings of stigmatisation. This needs to be continually and publicly affirmed and lived.


Although religiousness is commonly associated with limited sexual activity, little is known about spirituality's unique effect. Study aims involved measuring spirituality's unique affect on young adults' sexual practices (frequency of sex, number of sexual partners, and condom use) and determining whether spirituality adds significant increment over well-established predictors. Three hundred fifty-three (61% female) heterosexual young adults aged 17 to 29 completed this cross-sectional, self-report questionnaire study. Hierarchical regression analyses demonstrated spirituality is positively associated with participants' number of sexual partners and frequency of sex without a condom. Spirituality contributed to the prediction of participants' number of partners and condom use above and beyond the variance accounted for by religiousness, alcohol use, and
impulsivity. A moderating effect for gender was found. Spirituality appears to have a unique and strong association with the sexual practices of young adults, particularly women, and should be assessed in future studies of young adults’ sexual practices.


This paper examines stigma and discrimination around HIV/AIDS in Southeast Asia, and how projects in the region have dealt with the problem. The paper focuses on community-level, or less formal discrimination. This type of discrimination occurs at the level of families, communities, workplaces, the health sector, religious structures, and the media. Interventions that have been successful in reducing stigma and discrimination are described.


One of the most challenging issues in dealing with HIV and AIDS is breaking through the stigmas surrounding the disease. This article wants to contribute to the present discussion by investigating the relationship between shame and guilt and HIV and AIDS stigmatisation with specific reference to a rural community in South Africa. This will be done by looking at key features of the African worldview and culture and how it manifests in community attitudes towards people living with AIDS (PLWA). The influence of prevailing beliefs in witchcraft and the way it aggravates the experience of shame and suffering of stigmatisation by people infected and affected by HIV will also be highlighted. Approaches to Christian HIV and AIDS counselling and intervention has to be contextualised to be culturally sensitive and relevant. At the same time a Christian approach to HIV and AIDS intervention may be enriched and become more holistic in unveiling the aspects of the Christian Gospel dealing with God’s merciful covering of the shame of his children and Christ having triumphed over and disarmed all spiritual powers and authorities.

Poverty and HIV are inextricably linked. A concern for economic justice is at the heart of this chapter which reminds the reader of guidance from the Qur’an about how to respond to poverty. The role of pharmaceutical industry is used as example.

The writer in this book concentrates on AIDS education and prevention. He argues for the church to consider the appropriate use of condoms. If the HIV/AIDS situation is to be brought under control, then, as a matter of urgency, the scientific and moral aspects of condoms need to be examined separately and then a way needs to be found to unite the two in a way that accepts the truth and importance of both. Though the church argues that advocating for condom will increase promiscuity, there is increasing evidence that, campaigns on condom use do not necessarily lead to increased promiscuity among the youth. However, advocating for safer sex is not the same as advocating for safer sin. Sexual sin is sin, with or without a condom.
The writer uses the theme of the World AIDS DAY 1995 – Shared Rights and Shared Responsibility – and Genesis 4:9 to point out the spiritual and socio-economic reasons for individual and collective involvement and the church’s religious imperative for social responsibility. The book consists of expository thoughts and reflections on the Cain and Abel Story; collection of foundational messages from re-known HIV/AIDS educators, counsellors and policy makers; and mapping out of areas for possible action.
This booklet deals with sexuality education from the perspective of religious institutions. Divided into seven chapters, it addresses the biological, psychological, social, and spiritual dimensions of human beings, survival, and reproduction. Moreover, it covers acquiring information and forming attitudes, beliefs and values about one’s identity, relationships and intimacy. It also discusses sexual development, reproductive health, affection, intimacy and interpersonal relationships at various levels (individual to global). Specifically, this publication focuses on the silence of the Church regarding sex and sexuality. The strength
and relevance of the Church and other religious institutions in the struggle against AIDS are also discussed. Furthermore, the booklet discusses the importance of accepting and involving people living with HIV/AIDS in the search for solutions and provides 11 practical hints for religious institutions and their health organizations in dealing with sexual issues in their communities. The principles religious institutions need to be aware of in teaching on sexual matters and discussing the efficacy and effectiveness of condoms in preventing diseases and unwanted pregnancies are discussed. Finally, the guidelines for comprehensive sexuality education in the context of the Church and theological institutions are outlined.


In the church, the care and cure of souls (counselling) has always been a very integral part of ministry. Today, with the pressure of the ever expanding HIV/AIDS pandemic, HIV/AIDS counselling has become almost an unavoidable activity by Church communities and leaders.


This video/DVD documents the life and the HIV ministry of Gideon Byamugisha, an HIV-positive pastor in the Church of Uganda.


This essay addresses the question of how HIV prevention is understood, whether addressing the behaviour of individuals or the environment in which the individual find themselves: "Because how we see and understand the epidemic affects the kinds of responses we try to encourage ... And it affects where we lay the responsibility for change." The author underlines the importance of stigma in driving the pandemic, and discusses factors that place members of some communities at greater risk. He final section discusses the HIV prevention programme in the Diocese of Namirembe, Uganda, as an example of a response that – taking the Bible as starting point – addresses both levels of risk. [CHART]


Practitioner response to the essay "HIV, AIDS and stigma" by Gillian Paterson. [CHART]


'Journeys of Faith' describes how churches in southern Africa have joined together to tackle the problems of HIV and AIDS. Their experiences are a rich source of information and practical guidance for churches wanting to translate their religious convictions into effective action. The book shows how church workers in Mozambique, Namibia and South Africa are providing counselling, social support, food and medicine to people living with HIV/AIDS. The book tells us how the churches are tackling the problem of the huge number of AIDS orphans by setting up orphan havens, and how they help the impoverished grandparents who are left to look after the orphans, by setting up income-generating activities. The churches are also training volunteers to provide HIV/awareness and follow-up support to help prevent the further spread of the disease, and improve the quality of life for those already infected. Among those interviewed are the Anglican Archbishop Ndungane who says his faith helps him to realise he is not alone when all the loss, sorrow and death caused by HIV/AIDS seems unbearable.


Injecting drug use is a reality in Muslim societies and the main mode on transmission there. Chris Byrnes demonstrates this and discusses some successful Muslim community responses in Asian countries to this risk behavior.


The book contains contributions by Gary Bouma, Brendan Byrne, and Janet Gaden, and a foreword by Bill Kirkpatrick. "The authors provide important new information about the changing evolution of the HIV/AIDS pandemic, the persons it is affecting,
and its global impact...Most important, it presents a compassionate and prophetic vision of what the church’s response ought to be..." [Nelson review]


In Mark’s Gospel later circumstances, a later community of faith, an author, even an unknown reader, interact with Jesus and his setting to make sacred text (‘Word’). To regard Mark as Scripture is to see it as creative or generative rather than normative or regulative. In this framework Mark’s recounting of the symbolic ordering of purity can speak to the impact of HIV/AIDS in our society.


This book endorses feminist critiques of gender, yet upholds the insight of traditional Christianity that sex, commitment and parenthood are fulfilling human relations. Their unity is a positive ideal, though not an absolute norm. Women and men should enjoy equal personal respect and social power. In reply to feminist critics of oppressive gender and sex norms and to communitarian proponents of Christian morality, Cahill argues that effective intercultural criticism of injustice requires a modest defence of moral objectivity. She thus adopts a critical realism as its moral foundation, drawing on Aristotle and Aquinas. Moral judgment should be based on reasonable, practical, prudent and cross-culturally nuanced reflection on human experience. This is combined with a New Testament model of community, centred on solidarity, compassion and inclusion of the economically or socially marginalised.


The thesis of this essay on the global AIDS pandemic and Catholic social teaching is that the primary cause of the spread of this horrendous disease is poverty. Related barriers to AIDS prevention are racism; the low status of women; and an exploitative global economic system, which influences marketing of medical resources. After considering structural agents of AIDS transmission, I will explore the resources Catholic social thought can provide for an ethical analysis.


This essay claims that there is no reason for the concern among theological bioethicists that secular debate has grown increasingly “thin,” and that the voices from “thick” religious traditions have been excluded. First, religious voices compete for public attention with the equally “thick” cultural traditions of modern science and market capitalism. Their distinctive contribution ought to emphasize social justice issues i.e. access to health care, and greater emphasis on the needs of the poor in research and product development. Second, religion and theology play a crucial role in advocating for practical change locally and globally. The argument draws on specific examples, on familiar concepts like subsidiarity and “middle axioms”, and on recent analysis of “participatory democracy” and decentralized forms of governance.


This book is an ambitious effort to find the right entry point for theology into bioethics, drawing from often marginalised discipline of moral theology. While addressing clinical topics like end of life care, reproductive ethics, and aging, the main emphasis is on issues of justice, particularly global health justice. Here the common good, inclusion, distributive justice, and solidarity are seen to matter for health care and call for participatory bioethics. The author addresses bioethics from a communitarian perspective in which participatory democracy is an important civic tool. She has articulated a visionary and persuasive agenda for bioethics. The book leaves one question unanswered, though: how to get to the practicalities of policy from that lofty ground of moral and religious values. [Callahan review]


This essay discusses the AIDS crisis in the light of Catholic social teaching while also highlighting the ways in which the AIDS reality challenges this teaching. Particular challenges - arising out of the practical engagement in HIV and AIDS responses - concern the teaching on sex and gender, empowerment of those who suffer, extending the common good theory beyond its national definition and to include practical social action, and a more ecumenical approach and language. [CHART]

The author illustrates the important role local churches can play in the bio-ethics realm through their social activism, e.g. in their support to the struggle for affordable ARVs in South Africa.

—. 2007c. "Quaestio disputata the atonement paradigm: Does it still have explanatory value?." Theological Studies 68:418-432. The Anselmian theory that Christ's death was required by God to atone for human sinfulness was hegemonic in Western Christianity until the mid-20th century. This has been rejected by recent liberationist, feminist, and antimilitarist theologies strongly critical of violence, whether personal or structural. This article argues for pluralistic soteriologies; the atonement model of salvation is able to transform moral and political praxis if it is associated with a belief in the Incarnation and Resurrection.


Calderón, Jessica A. 2004. "The role of family values and spirituality in the use of alternative therapies among Latinos with HIV/AIDS." University of Texas Health Science Centre at Houston, School of Public Health.


Cameron, Miriam E. 1993. Living with AIDS: Experiencing ethical problems. Newbury Park: Sage. Persons with AIDS experience particularly difficult ethical problems because AIDS is life threatening, communicable, chronic, and stigmatizing. And even though ethicists and clinicians have written extensively about ethical problems related to AIDS, scholarly literature lacks research on the actual lived experiences of those facing such problems. Living with AIDS presents real-life problems and solutions as told by actual people living with AIDS, in their own words, and authentically illustrates their moral difficulties and resolutions revolving around such issues as relationships, sexuality, personhood, chronic illness, death, and discrimination. Their stories show how living with AIDS and its accompanying difficulties can lead to ethical living and creative problem solving on an individual level--as well as institutional, professional, and societal levels.


Campbell, Catherine, M. Skovdal, and A. Gibbs. 2011. "Creating social spaces to tackle AIDS-related stigma: Reviewing the role of church groups in sub-Saharan Africa." AIDS and Behavior 15:1204-1219. An expanding body of literature explores the role of African church groups in facilitating or hindering the support of people living with AIDS and challenging or contributing to HIV/AIDS-related stigma. Treating church groups as social spaces in which HIV/AIDS-related stigma may potentially be challenged, we systematically review this literature, identifying five themes that highlight the complex and contradictory role of the church as a potential agent of health-enhancing social change. In many ways the church perpetuates HIV/AIDS-related stigma through (i) moralistic attitudes and (ii) its reinforcement of conservative gender ideologies. However some churches have managed move towards action that makes a more positive contribution to HIV/AIDS management through (iii) promoting various forms of social control for HIV prevention, (iv) contributing to the care and support of the AIDS-affected and (v) providing social spaces for challenging stigmatising ideas and practices. We conclude that church groups, including church leadership, can play a key role in facilitating or hindering the creation of supportive social
spaces to challenge stigma. Much work remains to be done in developing deeper understandings of the multi-layered factors that enable some churches, but not others, to respond effectively to HIV/AIDS.

Extravagance and selfishness in funerals are often cited as an example of social decline due to the HIV epidemic in KwaZulu-Natal. In this paper these claims are put into an historical context and contrasted with the claim that Zulu rituals are evolving adaptively to face the challenges that high mortality and HIV stigma present to faith communities. Decline and resilience are contained within a single event, the funeral, and it is for ministers to lead their parishioners in a meaning interpretation of their faith practices that fosters care for the bereaved.

Many church ministers have in the past, been faced with the difficult task of transforming the environment of suspicion and anxiety into healing and bereavement. The majority of the religious leaders in KwaZulu-Natal work out of indigenous African Christian churches without formal structures in place to educate clergy. As a result, many of these ministers lack the theological resources to address the scourge of AIDS in a constructive way. Instead they resort to condemning the infected, suggesting that God has punished them for their sinful behaviour.


The event organized by Caritas Internationalis and the United States Embassy to the Holy See was presented in two parts, an International Conference and a Training Session. The aims of the Conference were: To inform key stakeholders among the leadership in Catholic Church-related health, development and educational and pastoral services about the urgent need to expand access to testing and treatment for children living with HIV and TB and to promote greater coverage of simple, efficient and cost-effective means to prevent mother-to-child transmission of HIV; To encourage greater partnership among intergovernmental organizations, governments and faith-based organizations in order to reach a greater number of women and children urgently in need of such care; To promote greater solidarity among faith-based organizations located in industrialized countries and those located in developing countries with high HIV and TB burden in order to deliver such care to the most vulnerable and needy populations.

This study, based on 873 questionnaires, investigates possible links between church affiliation and premarital sex mainly among young Catholics, Jehovah’s Witnesses, Seventh Day Adventists, Pentecostals, and Protestants of the United Church of Zambia. It was found that while churches are in a key position to influence sexual behaviour in a context of a high level of HIV/AIDS, their impact through preaching, formation of anti-Aids clubs, and sex education remains limited. Some reasons for this are lack of unified purpose, a poor Religious Education Programme in schools, and adverse social forces like the promotion of condoms and safe sex combined with ambiguous influences from schools, family, and ethnic traditions.

Carpenter, Stephen T. 2007. "What perceived benefits do HIV positive patients on anti-retroviral therapy derive from participation in a local Church?: The experience of patients at Valley Trust ARV Centre, KwaZulu-Natal." Practical Theology, St Augustine College of South Africa, Pretoria.
As South Africa responds to the ADDS pandemic, the challenge of providing antiretroviral therapy (ART) to large numbers of people faces all sectors of society. For ART to succeed, excellent adherence is required, best achieved by identifying treatment supporters for each patient. The church in South Africa is uniquely positioned at local congregation/ parish level to provide treatment support to people on ART. This study attempted to assess the perceived benefits derived from participation in a local church congregation by people participating in an ART programme. A qualitative study was undertaken using semi-structured interviews of patients attending the Valley Trust ARV Clinic in the Valley of 1000 Hills, Kwa-Zulu Natal. An independent interviewer conducted 34 interviews, discussing disclosure of HIV status to congregation members or leaders, perceived spiritual, emotional or practical benefits of membership as an HIV positive person, and ideas for improvement of pastoral ministry to patients living with HIV/AIDS. The majority of respondents belonged to African Independent Churches, with significant minorities belonging to Pentecostal groupings, mainline Protestant denominations, and the Roman Catholic Church.

Carson, Verna Benner. 1990. "The relationships of spiritual well-being, selected demographic variables, spiritual variables, health indicators, and AIDS related activities to hardness in persons who were HIV positive or were diagnosed with ARC or AIDS." University of Maryland College Park.

The study derived its theoretical basis from the work of Viktor Frankl. Frankl believed that psychological health was dependent on spiritual health. Surveys were administered to 100 subjects who were either HIV+ or diagnosed with ARC or AIDS. Each subject completed three instruments, the Spiritual Well-Being Scale, the Personal Views Survey to measure hardness, and the Demographic Data Survey. The results demonstrated that in this sample, there was a significant relationship between spiritual well-being and hardness (R = .417, p < .0001) as well as existential well-being and hardness (R = .505, p < .0001). In addition, there was no relationship between time since diagnosis, diagnosis, age, sex and spiritual well-being and hardness. Subjects who perceived themselves to be in better physical, emotional, and spiritual health had higher spiritual well-being and hardness scores. Individuals with increased participation in spiritual activities had higher spiritual well-being and hardness scores. Individuals with increased participation in health promoting activities had higher spiritual well-being and hardness scores. Affiliation with an organized religion did not relate to either spiritual well-being or hardness. However, those individuals who perceived themselves to be religious had higher spiritual well-being scores as well as higher scores on the commitment and control subscales of the hardness measure.


This study examined the relationship between spiritual well-being and hardness in a group of 100 subjects who either tested positive for the human immunodeficiency virus (HIV+) or who had diagnoses of acquired immunodeficiency syndrome (AIDS)-related complex (ARC) or AIDS. Each subject completed the Spiritual Well-Being Scale, the Personal Views Survey (to measure hardness), and a Demographic Data Survey. Analysis of data included Pearson Product-Moment Correlation Coefficients and multiple regression techniques. The results demonstrated that there was a significant relationship between spiritual well-being and hardness (multiple R = .4165; P < .001) as well as between the existential component of spiritual well-being and hardness (multiple R = .5047; P < .001). The conclusions of the study are that in this sample those individuals who were spiritually well and who were able to find meaning and purpose in their lives were also harder. This finding has significance for the care that is provided to persons who are HIV+ or who have diagnoses of ARC or AIDS.


This article reports on a discourse analysis of twenty-two poems written by a group of white South African teenagers, with special reference to the construal of people living with HIV/AIDS and the role that stigmatisation plays. The vantage point is that of Christian ethics, while psycho-social models of stigma, and the archetypes of people living with HIV/AIDS (as portrayed by the media) serve as the descriptive framework. The most salient stigma-enhancing factor was found to be the perception that self-stigmatisation is an undeniable reaction to the disease. Although coming to terms with one’s HIV status by finding a deeper meaning in the disease can be regarded a stigma-reducing response, it may be harmful if personal responsibility for one’s physical and mental well-being is not acknowledged and exercised. The article concludes with a number recommendations regarding destigmatising intervention messages based on ethical principles.


This is a brief discussion pointing out how many cultures perpetuate harmful attitudes that encourage the spread of HIV infection. For example, young men often feel they need to prove they are ‘real men’ by having sexual relations with many different young women. Men who use condoms may be seen as weak and be laughed at. Men or women may be concerned that they have a sexually transmitted disease but ignore it out of shame hoping that after a while they symptoms will go away. The issue of wife inheritance is also explored by stating that women are sometimes seen as belonging to men. Still they have little or no choice about when to have sexual relations or whether to use a condom. Initiation ceremonies especially circumcision is blamed for the spread of the virus, and the need for sterilization of such equipment either by soaking in bleach for thirty minutes or boiling for twenty minutes is greatly stressed. [CHART]

Faith-based organisations (FBOs) are receiving growing attention for their roles in addressing HIV and AIDS in southern Africa. These roles, however, are not without philosophical challenges. Yet, to date, most references to the successes or limitations of FBOs have remained the domain of theoretical and, often, ideological debate. In this context, discussions about the roles of faith and FBOs in responding to HIV and AIDS often evoke extreme positions - either advocating for or criticising their involvement. In place of this there is a need for empirical evidence and analyses that shed light on both the challenges and opportunities of faith-based HIV-prevention programming. This article presents a critical sociological analysis of the complexities confronting one FBO in its effort to deliver an abstinence-focused HIV-prevention programme to school-going adolescents in a poor peri-urban area of South Africa. As one aspect of a larger mixed-methods evaluation, this analysis is based on 11 focus group discussions, variously held with parents, teachers, learners and programme facilitators, in an effort to determine how and why the participants perceived the programme to work. We present and analyse four sources of tension appearing within the data which relate to the programme's faith-based orientation: a) enthusiasm for sexual abstinence despite awareness of the structural constraints; b) a dichotomous framing of behaviours (i.e. good versus bad); c) mixed messages about condoms; and d) administering faith-based programming within secular public schools. Through this analysis we aim to identify opportunities and challenges for faith-based HIV-prevention efforts more broadly. We argue that any assessment of faith-based HIV-prevention programming ought to respect and reflect its complexity as well as the complexity of the context within which it operates.


This manual is designed to be used as a training guide for Christian and Muslim clergy or imams and lay leaders for the purpose of launching the 2nd phase of the Stop AIDS/Love Life Compassion Campaign for people living with HIV/AIDS. It is intended as a primary resource and guideline in downstream training of other members of the religious communities in Ghana for bringing about attitude and behavior change for a more compassionate response towards people living with HIV/AIDS.


The article reflects on the influence of Christian ethics within the political order. The paper reflects on the witness of Thomas More, developments in Roman Catholic moral theology since the Vatican II, and the disagreement over the moral evaluation of the sune of HIV-infected spouses of condoms in order to sterilize their procreative acts. The discussion proceeds as a commentary on what Thomas Aquinas says about the temporal promulgation of external law, and locates moral argument within the macroscopic context of divine revelation on health and salvation, which the church must proclaim in its fullness. [CHART]


We live in a very complex society. Different cultures, languages, religions, and beliefs make up the picture of Southern Africa. News headlines tell of civil war, poverty, calamities, divorces, abuses - and the nightmare of AIDS. In the midst if this pain the Christian church does not change her belief that God is a faithful God who never leaves His own, even though Christians are not exempt from suffering. In the midst of suffering, Christians should rejoice. Throughout this paper the researcher seeks to understand the nature of this joy that goes beyond ones circumstances. This study is based on 1 Peter. The book of 1 Peter was written to encourage believers to endure suffering and to find meaning in it, arguing that Christians do not belong to this world; they have a new home in the Kingdom of God where they will experience everlasting joy. There shall be more suffering. Even so, how does the family relate to the governing authorities and social institutions with which they must share everyday? And
how does the church respond to a society that is making life miserable for Christians. The researcher argues that suffering is not 
God’s will for human kind. Because of sin all kinds of suffering (physical, mental, and emotional) has entered into the world. But 
Christians have victory in Jesus Christ. Suffering cannot rob that victory. Therefore joy is possible for Christ’s presence and 
comfort is always present. There is hope for now and for the future.

organisations in New York City.” Social Service Review 75:435-455.

This study discusses the changing meaning of faith in four AIDS organisations in New York City. Although all four organisations 
continue to honour their religious roots and have a place for spirituality, the original meaning of religion has changed. Two 
organisations became secularised, and the two others incorporated a highly ecumenical and personalised form of faith that 
reflects trends in the nature of religion in contemporary American society. The sources of change are more complex than mere 
receipt of government funds, and they include lack of funding for religious activities, changes in client populations, and shifts in 
leadership and stakeholders.

Chand, Sarla and Jacqui Patterson. 2007. “Faithbased models for improving maternal and newborn health.” USAID-ACCESS, Baltimore, 
USA.

subjects and its association with CD4 counts and viral loads: A study from South India.” Quality of Life Research 15:1597-1605.

The objective was to study the association between quality of life (QOL) domains and biological markers of disease progression 
of HIV infection, i.e. viral load (VL) and CD4 counts among asymptomatic subjects with HIV subtype C infection in South India. 
Design: Quality of life was measured using the locally validated version of the WHOQOL HIV-BREF. The subjects were 
neurologically asymptomatic, non-psychiatrically ill HIV infected men and women participating in a cohort study. The results 
indicated mixed findings, with some QOL dimensions being associated with high VLs and low CD4 counts while several others 
did not show any associations. Significant associations were seen between low CD4 counts and the psychological and social 
relationships domain, with lower mean scores in these domains being reported by subjects having CD4 counts < 200 /mm. 
However, there were no significant differences between the CD4 subgroups for the domains related to physical health, level of 
independence, environment, and spirituality domains. Significant lower mean QOL scores were found in the highest VL 
subgroup compared to other groups for the following WHOQOL HIV-BREF domains: physical, psychological, level of 
independence, and environmental. In this sample of HAART naive asymptomatic HIV infected subjects, some QOL dimensions 
were associated with the biological markers of disease progression i.e. VL and CD4 counts, while several were not. The 
associations were significant only in the high VL and low CD4 groups.


This paper examined gender differences in Quality of Life (QOL) among people living with HIV/AIDS in South India using the 
locally validated version of the WHO Quality of Life Instrument for HIV (WHOQOL-HIV 120). Participants (N = 109) were men 
and women with HIV1 Clade C infection participating in a cohort study. There was no gender difference in CD4 counts or use of antiretroviral therapy. Of the 29 facets of QOL, men reported significantly higher QOL in the following facets-positive feeling, 
sexual activity, financial resources and transport, while women reported significantly higher QOL on the forgiveness and blame 
facet. Of the six domains of QOL, men reported better quality of life in the environmental domain while women had higher 
scores on the spirituality/religion and personal beliefs domain. Understanding these gender differences may provide potentially 
useful information for tailoring interventions to enhance QOL among people infected with HIV/AIDS.

Charnley, Simone. 2007. Speaking up: Muslim views on HIV and AIDS: An in-depth study from the Asian Muslim Action Network. Bangkok: 
Asian Muslim Action Network (AMAN).

This publication presents the findings of this research, which covered over 3,500 respondents from Muslim communities across 
Thailand, Cambodia, Bangladesh and India (West Bengal). The first part of this book ‘Introduction and Study Background’ details 
the demographics of the study population and methodology of the research. The second part of this book, Study Findings, 
provides detailed information on the content and results of the research survey. Importantly, this publication also presents 
opinions regarding the relevance of Islam in responding to HIV and AIDS, and the potential roles of religious organisations in 
this. The third part of this book, Critical Findings and Recommendations, summarises the overall key findings, along with 
important findings in each surveyed country, and provides recommendations for future interventions based on this. The 
findings of this research survey have pointed to a number of key challenges that currently exist in addressing HIV and AIDS 
within Muslim communities in Asia. Survey findings have highlighted the prevalence of misconceptions and erroneous beliefs 
regarding HIV transmission, and the lack of awareness of some key risk behaviours within Muslim communities. Survey findings 
have also brought to light the widespread existence of moralistic and judgmental attitudes towards HIV and AIDS and PLWHA. 
The dissemination of accurate information, and addressing issues of stigma and discrimination should therefore be
considered key priorities in responding to HIV and AIDS in Muslim communities in the future. It is hoped that Speaking Up will provide invaluable information for the design and implementation of future interventions targeting Muslim communities in Asia, and that these will have a lasting impact for the prevention of HIV and AIDS, and the care, support and empowerment of those affected by the epidemic.


The chapter discusses the plight of women in South Eastern Zimbabwe who are caught between poverty and HIV, between the demands of culture and religion. Drawing on the case studies of six women the author challenges churches to truly be part of the Messianic mission to offer good news to the poor and broken hearted; this includes addressing cultural practices that kill. She also encourages women to resist all forms of oppression. [CHART]


The article reports on a qualitative study of 29 HIV-positive, Chinese patients and their relationship with their healthcare providers. Overall the healthcare providers were regarded as supportive not only for maintaining health, but also in financial and emotional terms. This was especially important when AIDS-related stigma caused isolation of the patients from their family. Often family members were informed of an HIV diagnosis before the patient. This reveals a conflict between Western ideals of individual autonomy and privacy regarding health status and Confucian principles of collectivism and familial authority.


HIV is an emerging health issue in China, and effective antiretroviral therapy (ART) is now available throughout the country. Complementary and alternative medicine (CAM) includes traditional Chinese medicine (TCM) and has been used in Chinese society for more than 5,000 years. In the West, CAM use is widespread among HIV-infected individuals; however, rates of CAM use among HIV-infected individuals in China are unknown. This qualitative study explores issues related to attitudes toward ART and CAM in HIV-infected individuals in Beijing, China. Semistructured, in-depth interviews were used to explore attitudes, experiences, and perceptions about ART and CAM among people living with HIV (PLWH). Results indicate that Chinese PLWH have both positive and negative attitudes toward ART and CAM, which led many to report taking CAM not only for daily discomforts but to counteract the side effects of ART. This study shows that social, cultural, and governmental factors coalesced to shape Chinese PLWH attitudes toward ART and CAM.


"Religion and health in Africa" is about how healing is perceived and practiced in contexts across Africa where traditional religion and practice interacts with Christianity. The first chapter examines New Testament teaching regarding healing; the bulk of chapters pay attention to the ways in which of African religion influences health-seeking and provision. The chapters are understood as 'ground material for further theological reflection'.

Cherry, Kirttredge and James Mitulski. 1988. "We are the Church alive, the Church with AIDS." Christian Century 105:85-88.

Chetty, Arumugam Perumal. 2003. "HIV/AIDS is not a threat to the Christian Indians of Northdale/Raisethorpe: Is this a myth? A special focus on identifying the absence of pastoral care and counselling ministry for those infected and affected by HIV/AIDS." School of Theology, University of Natal, Pietermaritzburg.

The essential question behind this thesis is: How can we respond to the pastoral needs of Christian Indians in Northdale/Raisethorpe, with regards to the HIV/AIDS pandemic, when there is this silence among those that are infected and affected and the lack of concern from the church? This topic desires to research the silence among the Christian Indians of Northdale/Raisethorpe to look into the possibility that it is a myth that HIV/AIDS is not a threat to the Christian Indians of Northdale/Raisethorpe. Certain aspects of this problem need to be investigated to prove the myth and to open an avenue for pastoral counselling and care. In this investigation the author intends to revisit and open a new dialogue with the clergy to set up combined structures that will alleviate the suffering in the Northdale/Raisethorpe community in regards to the HIV/AIDS pandemic. The interview collections and research findings support the hypothesis that it is a myth that HIV/AIDS is not a threat to Christian Indians of Northdale/Raisethorpe.

This article discusses the role of faith-based organizations in providing AIDS treatment pharmaceuticals as missionary work as another chapter in missions within Africa. The author highlights the vulnerability of women and children and includes case studies of partnerships between international faith-based aid organisations and local churches and church health programmes. [CHART]


This article discusses the role of faith-based organizations in providing AIDS treatment pharmaceuticals as missionary work as another chapter in missions within Africa. The author highlights the vulnerability of women and children and includes case studies of partnerships between international faith-based aid organisations and local churches and church health programmes. The article focuses on CRS and CWS initiatives, but also discusses some case studies of grassroots faith-based services, many of which are NGO-sponsored. [CHART]


Chimfwembe, Richard. 2006. "The Roman Catholic Church and the United Church of Zambia challenged by HIV and AIDS, which results in creating poverty among Zambian people." Faculty of Theology, University of Pretoria, Pretoria.

The writing of this thesis is to investigate the role that the church play for the people living with HIV and AIDS and are poverty stricken. This investigation takes us both into the role of the Roman Catholic Church of Ndola Diocese and the Copperbelt Presbytery of the United Church of Zambia are doing in the fight against HIV and AIDS and poverty. The researcher’s question through this thesis is to find out the role of the church as it seeks to care for those infected and affected by the HIV and AIDS pandemic. Can the church rise to embrace the enormous economic and social need that HIV and AIDS and poverty presents, can it make a difference in an environment of suffering as it seeks to become a healing community?


This article reports on findings from a qualitative study of three Asian immigrant religious institutions in New York City that are part of a larger study of Asian immigrant community institutions and their response to the HIV epidemic. Within and across institutions, there was wide variation in the perceived need for HIV prevention education. Overall, most respondents believed that HIV prevalence was relatively low or nonexistent in their respective communities. Many also believed that religious teachings that encouraged and prohibited certain practices were sufficient to protect individuals from HIV infection. Perception of higher need at the Hindu and Islamic organizations may be a reflection of different HIV prevalence rates in the respondents’ countries of origin. The respondents from the Hindu temple and the Islamic center tended to be more knowledgeable about HIV transmission and were more likely to have had some formal education about HIV through schooling or workshops; none expressed fear about casual contact with someone with HIV.


Using data from a study of Chinese immigrant religious institutions in New York City (primarily Christian and Buddhist), this paper explores why some religious institutions are more inclined than others to be involved in HIV-related work. Although numerous factors are likely to play a role, we focus on organisations’ differing views on social engagement as an explanatory factor. We hypothesise that religious institutions that value social engagement (‘civic’) will be more inclined towards HIV/AIDS involvement than those that are more inward focused (‘sanctuary’). Given that many religious institutions are fundamentally defined by their stance on the appropriateness of social engagement, better understanding of this key characteristic may help to inform community and government organisations aiming to increase religious institutions’ involvement in HIV/AIDS-related work. Our analysis suggests that some organisations may be less interested in taking on the challenges of working in HIV/AIDS because of their general view that churches or temples should not be socially engaged. On the other hand, religious institutions that have concerns about social acceptability, fear of infection or lack of capacity - but generally embrace social engagement - may be more open to partnering on HIV/AIDS-related work because of their overriding community service orientation.


This paper examines how black migrant Africans in Middle England make sense of religion, in particular Christianity, in their daily lives when faced with a life-threatening condition, namely, the human immuno-deficiency virus (HIV) and the acquired
immune deficiency syndrome (AIDS). The movement of the African HIV epidemic to the suburban English home counties, where services are still in their infancy, presents a challenge to service providers as well as those Africans who are living with HIV. In 2003, interviews were conducted with a sample of 22 Africans living with HIV, most of whom reported that they relied on inner strength supplied by their Christian faith in coping with HIV. Despite the importance of faith in the management of daily life within the context of a positive HIV diagnosis, the church was simultaneously construed as a threatening space marked by lack of confidentiality, and a site for the generation of stigma. Faith leaders (n = 20) took part in discussions and stressed their limited capacity in dealing with HIV-related issues within their congregations. Faith leaders expressed a willingness to work in partnership with statutory providers and be recognised as equal partners in the fight against HIV stigma, and wished for their capacity to be developed to support those who were living with HIV.


Many people with HIV/AIDS in Namibia have access to antiretroviral drugs but some still use traditional medicines to treat opportunistic infections and offset side-effects from antiretroviral medication. Namibia has a rich biodiversity of indigenous plants that could contain novel anti-HIV agents. However, such medicinal plants have not been identified and properly documented. Various ethnomedicines used to treat HIV/AIDS opportunistic infections have not been scientifically validated for safety and efficacy. These limitations are mostly attributable to the lack of collaboration between biomedical scientists and traditional healers. This paper presents a five-step contextual model for initiating collaboration with Namibian traditional healers in order that candidate plants that may contain novel anti-HIV agents are identified, and traditional medicines used to treat HIV/AIDS opportunistic infections are subjected to scientific validation. The model includes key structures and processes used to initiate collaboration with traditional healers in Namibia; namely, the National Biosciences Forum, a steering committee with the University of Namibia (UNAM) as the focal point, a study tour to Zambia and South Africa where other collaborative frameworks were examined, commemorations of the African Traditional Medicine Day (ATMD), and consultations with stakeholders in north-eastern Namibia. Experiences from these structures and processes are discussed. All traditional healers in north-eastern Namibia were willing to collaborate with UNAM in order that their traditional medicines could be subjected to scientific validation. The current study provides a framework for future collaboration with traditional healers and the selection of candidate anti-HIV medicinal plants and ethnomedicines for scientific testing in Namibia.


The study investigated knowledge, beliefs, practices and experiences of traditional healers in relation to sexually transmitted diseases (STDs), HIV and AIDS. Traditional healers see about 70% of the African patients, with all kinds of ailments. The advent of HIV/AIDS and the introduction of home-based care in most African countries has increased the case-load of many traditional healers and increased the risk of contact with people living with HIV/AIDS. Rapport between traditional healers and scientific medical personnel is essential for an effective and successful HIV/AIDS prevention and control programme.


This chapter reflects on the struggle for health in a context of poverty, drawing on the author’s personal experience. It gives an overview of the demographics of Zimbabwe and sketches the deterioration of health care – particularly in rural areas and for those who are unable to pay for services – since structural adjustment and the onset of HIV. The author shows how women, always at greater disadvantage in conditions of scarce resources, are disproportionately affected by HIV and AIDS, both in their vulnerability to HIV infection and by bearing the burden of care. The chapter closes with a brief theological reflection on the implications of this reality for churches. [CHART]


The chapter discusses the reality of access to health services in South Africa, post the arrival of democracy, for poor black women, framed in the context of the HIV pandemic. A first part offers an overview of the historic developments in the colonial and apartheid eras that have resulted in stark inequalities in access. A second section discusses the ethic of ubuntu and how it impacts on the care-giving role of women, and how this is complicated by the carers themselves falling sick and needing care. A further section considers the agency of women regarding health-care and their resilience. The chapter suggests that more developmental resources are directed at women in order to enhance their role – based in Christian values and the ubuntu ethic - in caring for themselves and others. [CHART]

This paper is an exploration of women’s and children’s rights in Zimbabwe. It highlights the inherent discrepancies in the distribution of resources and the oppressive nature of most customary laws for women and children, especially inheritance laws and the right to own property. It also elaborates on how these impacts on women’s and children’s health. It highlights the high rate of HIV infection among young women and children, indicating that the great majority of young people aged 15-24 living with HIV/AIDS in Zimbabwe are female who comprise about 80% of the cases. It discusses the impact of HIV/AIDS on the orphans whose parents’ estates are sometimes grabbed by relatives, leaving them stranded and vulnerable to sexual exploitation which usually forces them to adopt other risky survival strategies. The paper also discusses the various interventions initiated by the faith communities and other NGOs to address the women and children’s vulnerabilities, reiterating that these small scale interventions are not going to make much difference unless the fundamental problem of gender injustice has been adequately addressed. The major theological challenge raised is for the church and the society at large to take gender justice seriously in view of its repercussions on HIV/AIDS.


African American women have been keen to highlight that black women are at the ‘bottom of the pile’ in a society that espouses values of human equality. The situation of the women in Africa is probably worse, as their societies do not propagate human equality. Moreover they have to cope with many other problems such as poverty, HIV/AIDS, the threat of death and male dominance. Though African women theologians were few at the beginning of the 1990s, their number increased during the ten years that followed. This article shows how they were inspired by their sisters, the female African creative writers. Often they felt more solidarity with these sisters than with many African male theologians. Women African theologians and creative writers stand for the same struggle in order to prevent men using their religion — be it African traditional religion or Christianity — to oppress their sisters.


HIV/AIDS poses a serious existential challenge in Africa. Its effects have been devastating, particularly for the disadvantaged members of society. Women, children, orphans, displaced people, prisoners and others have been negatively affected by the pandemic. Patriarchy has also compounded the vulnerability of women. Women are unable to negotiate safer sexual practices with their partners, especially in the marriage context. Religious and cultural factors have combined to dangerously expose women to HIV infection in Africa. Due to the influence of Christianity in Africa, its sacred writings have been used selectively to justify the marginalisation of women. This study offers a re-reading of Proverbs 31: 10-31. It interrogates the meaning of being “the good wife” in the context of HIV/AIDS in Zimbabwe. The first section analyses the influence of African and biblical patriarchal values and how they expose women to HIV infection. The second section explores new models for appreciating “the good wife” in the era of HIV/AIDS. The third section calls for greater action by women’s religious groups in HIV/AIDS awareness, prevention and care. Phenomenological techniques like cultivating empathy and recognising the value of religion guide the study.


This book is the second of a two part series which deals with the African churches and HIV/AIDS. The first part is titled Living with Hope: African Churches and HIV/AIDS 1. The author of both books, Ezra Chitando, is professor at the University of Zimbabwe and theological consultant of the Ecumenical HIV/AIDS Initiative in Africa. In Acting in Hope he dedicates several chapters to issues of gender and HIV/AIDS. Drawing largely from the work of African women theologians, Chitando points to patriarchy as a key to the understanding of the epidemic. He finds patriarchy to be present in both church, culture and society, reinforcing women’s vulnerability to HIV and contributing to the burdens women have to bear. Therefore Chitando argues that churches have to involve men actively in the response to HIV/AIDS. Furthermore, churches have to challenge dominant masculinities from the pulpit and by creative evangelisation at the ‘worldly’ places where men can be found. Doing this churches have to cooperate with men’s organizations outside, and men’s groups inside the churches. This book has a great significance as it is one of the first publications that elaborates upon the theme of masculinity in relation to the churches’ mission in the context of HIV/AIDS. It is to hope that its appeal to men and its call for gender justice will be heard. [CHART]


In what is an extensive engagement with HIV and AIDS and African churches this first volume begins by stating that "One of the most significant aspects of the Christian heritage in Africa has been the centrality of the Bible". While African women
theologians have raised important questions about the Bible and its alliance with African patriarchy, the "key role played by the Bible in Africa has major implications for the church’s response to HIV and AIDS". During the early stages of the epidemic Chitando notes that "the Bible was often read in ways that did not affirm life", with HIV and AIDS being seen as the "wages of sin" (Rom 6:23) and part of the Deuteronomistic pattern of retribution. Such readings "generated stigma and discrimination toward people living with HIV and AIDS", but, he argues, we must now "look again at Bible passages in life-affirming ways". Chitando examines the former under the sub-heading of "Theological rigidity", where he says it was "perhaps inevitable for the church to frame its initial response to the epidemic in existing theological vocabulary". in which HIV "became a manifestation of humanity's sinfulness...which include God sending incurable diseases to apostate people. HIV was there "a signifier that the end of the world was drawing near (Luke 21:5-28)", and in which the "failure to develop a vaccine to cure HIV has been taken by some as confirming God's punishment of a stubborn and sinful generation". For Chitando, "Theological rigidity and intellectual aridity have led to the church’s failure to interpret HIV and AIDS as a critical turning point", thereby emphasising the theological dimension of the failure, but implying perhaps, its failure to re-read the Bible in the face of the reality "of the questions that emerge from the cemeteries that are rapidly filling with the bodies of young people in Africa". The remainder of volume 1 provides theological (and some biblical) resources to enable the church to move beyond its (biblical) and theological rigidity. [CHART]


Pentecostalism has emerged as a highly significant phenomenon on the religious map of Africa. A number of dimensions of African Pentecostalism, including the gospel of prosperity, its phenomenal growth in Africa, appropriation of media technologies, and others have come under scholarly scrutiny. However, very few studies have examined the theme of African Pentecostalism and HIV, with particular reference to masculinities. Using examples from Zimbabwean Pentecostalism, this article illustrates how Pentecostalism posits the ideal of 'a new man for a new era'. It examines how Pentecostalism seeks to nurture soft masculinities in the wake of the HIV epidemic. The article interrogates the liberating qualities of the new masculinities emerging from Zimbabwean Pentecostalism. It acknowledges that, while the ideals posited by Zimbabwean Pentecostalism are impressive, they have built-in limitations as they continue to be influenced by the old paradigm of male supremacy. The article proposes that liberating masculinities in the HIV era must promote gender justice.


This is a follow up volume to the earlier WCC publication "HIV/AIDS and the Curriculum".


Drawing from the understanding of HIV/AIDS as an epidemic driven by gender inequality, the author addresses southern African men and masculinities, and utilises ethical insights from African traditional religion and Christianity to guide behavioural changes among men. Three problematic aspects of masculinity in the context of HIV/AIDS are mentioned: 1) masculinities comprise HIV and AIDS prevention and awareness, by the notion of a man as a sexual predator and a preoccupation with virility; 2) masculinities curtail the participation of men in the provision of care to people living with HIV/AIDS; 3) masculinities contribute to the stigmatisation of women living with HIV/AIDS. The author presents the concept of solidarity as a critical resource to challenge men and to transform masculinities. He explores this concept both from African traditional religions and Christianity and understands it as 'standing for, and standing with the other'. Hence solidarity can change men's place in gender- and sexual relations and will make a difference in the context of HIV/AIDS. [CHART]


This article asks whether religion contributes to the problems resulting from AIDS or to their solution.


In this essay, Ezra Chitando shows how the literature has addressed the question of harmful cultural practices which include among others, polygyny, widow cleansing, and hospitality. Chitando also discusses aspects of the African worldview that pose a challenge to the HIV and AIDS context. These issues include fertility, dangerous masculinities, traditional healers and leaders, and witchcraft. There is, however, an emerging discourse, he argues, that suggests there are positive resources within African Traditional Religions that can be drawn upon in the response to HIV and AIDS. Chitando concludes the essay by identifying the gaps in the literature that require further research. These include the impact of HIV on African beliefs and practices such as death and dying, the emerging evidence for male circumcision as a prevention strategy, and an analysis of the ideological persuasions of authors publishing on HIV and African Traditional Religions.

Scholars of African Christianity have tended to celebrate African women purely as charismatic founders of movements. Alternatively, they focus on African women’s active participation in church life. Rarely have young African Christian women been acknowledged for their academic achievements and leadership in addressing contemporary issues that affect the continent. This article examines Musa W Dube of Botswana’s contribution to the African Church’s response to HIV and AIDS. The first part provides the historical background relevant for appreciating Dube’s work. The second part examines Dube’s activism in encouraging an effective religious response to HIV and AIDS in Africa. The third part reviews Dube’s contribution to the integration of HIV and AIDS in theology and religious studies in Africa. The fourth section provides an overview of critiques of Dube’s HIV and AIDS work. Overall, the article acknowledges Dube’s leadership in the church’s response to the HIV epidemic in Africa and beyond.

As the HIV/AIDS pandemic continues to affect most parts of Sub-Saharan Africa, the church has attempted to mitigate its effects. Unfortunately, stigma has emerged as a major challenge. The church has been implicated in stigmatizing such people. Some Christians have used the Bible to justify their exclusion. Examines the HIV/AIDS stigma and highlights its various forms, and explores the occurrence of stigma in the OT. Calls for a rereading of the OT in the context of HIV/AIDS stigma and discrimination. The theme of liberation that underpins the OT implies that stigma has no place in human relations. Draws attention to the need to bring liberation to the heart of mission in light of HIV/AIDS in Africa.

The war against the devastating effects of HIV and Aids continues to be waged on different fronts. From a medical perspective, the discovery of anti-retroviral drugs should be considered a breakthrough, as it has given life to those whom society had considered ‘dead’. However, for people living with HIV and Aids, one of their greatest challenges now is stigmatisation. This is particularly so when the person living with HIV and Aids is a Christian. It is in this context that this article discusses the problem of stigmatisation, suggesting a contextually relevant reading and exegesis of John 7:53-8:11. The article argues that the passage provides valuable insights regarding de-stigmatisation in the context of HIV and Aids.

In India, little is known about health care-seeking behavior among HIV-infected individuals. Similarly, little is known about how HIV is being treated in the community, in particular by Indian Systems of Medicine (ISM) providers. Therefore, while ART implementation programs continue to expand, it is important to determine whether the knowledge, attitudes, and treatment practices of HIV-infected individuals and their health care providers are aligned with current treatment recommendations. We conducted in-depth qualitative interviews with persons with HIV (n = 9 men and 17 women), family members of persons with HIV (n = 14 men and 3 women), and ISM providers (n = 7). Many of the patients we studied turned at some point to ISM providers because they believed that such practitioners offer a cure for HIV. ISM treatments sometimes had negative impacts including side effects, unchecked progression of an underlying illness, and financial depletion. Indian women tended to be less knowledgeable about HIV and HIV treatments, and had less access to financial and other resources, than men. Finally, most of the ISM providers reported dangerous misconceptions about HIV transmission, diagnosis, and treatment. While the existence of ART in India is potentially of great benefit to those with HIV infection, this study shows that a variety of social, cultural and governmental barriers may interfere with the effective use of these therapies. Partnerships between the allopathic and traditional/complementary health sectors in research, policy, and practice are essential in building comprehensive HIV/AIDS treatment strategies.


Christensen alludes to previous epidemics from the last 4,000 years, each of which was considered by some to be divine retribution for some imagined wrong. He then points out that HIV is no different, and reminds us that children often contract the disease. Is God punishing children for the actions of their parents? Christensen then calls on readers to get active in the fight against HIV.


Some evidence in the spirituality literature suggests that one's spirituality and religiousness may increase in response to aging and coping with a serious illness. This study examined differences in spirituality in 201 older adults (50 years old or older) and younger adults (21–49 years old) with and without HIV, and examined the biopsychosocial correlates of spirituality. The Ironson-Woods Spirituality/Religiousness Index was used to measure various aspects of spirituality levels; the biopsychosocial measures included the Profile of Mood States, the Lubben Social Network Scale, and a general health questionnaire. Results indicated that the four groups did not differ significantly on measures of spirituality or religiousness. However, in the HIV-positive group, those who were more spiritual or religious had larger social networks, better overall mood, better self-rated health, and had fewer medical conditions. As people continue to age with HIV thanks to advances in pharmaceuticals, spirituality and religiousness may be important qualities to facilitate successful aging in this emerging and growing population.


After expounding the dimensions in which AIDS constitutes an ethical issue – due to the reality that HIV is 'acquired' through human interaction – the author explores the specific (Catholic) theological-ethical angle to the issue. He claims that moral confusion for African Christians is the inevitable result of teaching ethics as if western perspectives had universal application. Instead he proposes an inculturated ethics to find an African approach to resolving the challenges AIDS poses in Africa. A number of such African resources are named but not discussed. [CHART]


In order to implement the Church of Nigeria (Anglican Communion) HIV/AIDS policy, a four-year strategic plan was developed. This was through extensive and comprehensive participatory process in which efforts were made to accommodate the viewpoints of a wide range of groups within the church. This policy is intended to improve the Church's effectiveness and efficiency in controlling the spread of HIV and improve the conditions of persons living with or affected by HIV/AIDS.


This article diagnostically surveys the present context of the HIV and AIDS pandemic in South Africa and comments on the syndrome of silence in this regard. Several reasons contributing towards this syndrome are listed. The article takes as hypothesis the fact that preaching can indeed play a meaningful role in the transformation of attitudes and values concerning HIV and AIDS. In the light of this hypothesis, and the fact that preaching could inter alia be understood as a language event, preaching is described as language of hope. The latter is defined as language of lament that needs to be reclaimed; as language of hope, that operates with certain God-images; and as language of community, within which preaching as language of hopeful lament can come to fruition.


In this paper a number of cultural and religious shifts taking place in post-apartheid South Africa are discussed, endeavouring to reach a deeper level of understanding of the real forces and centres of power behind these transformations. The impacts of societal crises like crime, poverty, HIV and AIDS, etc, the influence of Americanism and the technological mass media on cultural dynamics like Ubuntu, religious phenomena like church attendance and economical growth are taken cognisance of. The paper concludes by analyzing the quest for a new identity which takes cultural and religious diversity as well as unity seriously and is
in need of intercultural and interpathetic space for redefining our identity. Religion, being part of culture, is evaluated as a definitive and formative space-creator and space-setter within culture.


This passionately argued book shows how it is possible to do ethics in an age of HIV and AIDS with the pandemic destroying millions of lives. It is a well-researched volume drawing on a wide range of sources – from Aristotle to the 21st century, from Johannes Metz to M. Shawn Copeland and various liberation theologies. Cimperman offers a description of the crisis resulting from HIV and of the socio-economic forces driving the pandemic worldwide. She then develops a fundamental theological anthropology for the context where structural sin paves the way for HIV to spread – yet where humans as embodied agents are called to solidarity with those who are affected. Here the need for appreciation of our bodies, in particular our sexual bodies, is highlighted. Next she discusses virtues for a time of AIDS. Here she draws on Keenan's cardinal virtues, but stresses that these only act where hope animates them and moral imagination finds a way forward. A section on Christian discipleship develops a framework and tests it against the work of Noerine Kaleeba in Uganda and Paul Farmer in Haiti. The extensive bibliography is a valuable resource. [Extracted from Lisa Fullam's Review in Theological Studies, 67 (4), p908-909. Dec 01, 2006.]


This article is based on an exploratory qualitative research study on the management of volunteers in faith-based organisations (FBOs). It was the premises of the study that FBOs, being partners of government and NGOs, should play a role in addressing socio-economic conditions in society through the involvement of volunteers. However, this can only be achieved when volunteers are recruited, trained, positioned and retained and their valuable contributions are appreciated and recognised by the leaders of FBOs within the context of a well-structured management system. The goal of the study was to determine the dynamics of volunteers in FBOs and what key aspects are involved in the management of volunteers. For this purpose Lewende Wood Ministries Trust as an FBO, was used as a case study. From the research findings it was concluded that to effectively manage volunteers in FBOs, there are key aspects that need to be taken into consideration, namely motivational factors, needs, recruitment, and effective training and retaining of volunteers. FBOs are challenged to design and implement a management system for volunteers that will facilitate the implementation of strategies that will contribute to an FBO making a more effective contribution to the fight against poverty and HIV/AIDS.

Clague, Julie. 2004. "Living positively with Roman Catholic teaching and transmitting the truth about HIV/AIDS." CAFOD.


Beyond the obvious medical dilemma, AIDS presents a theological and pastoral challenge. AIDS confronts us with the spectre of our own mortality as well as with the apparent impotence, indifference, or absence of God. We can, however, learn to impose meaning upon tragedy, to reject religiously unreasonable explanations of suffering and to reconceptualise God and the divine presence in a process mode. The AIDS crisis forces us to relinquish not only our conception of God as judge, but also our hope in God as a divine rescuer. Instead, we can reconceptualise God as a compassionate presence in suffering, alongside those in pain or on the margins, as well as the ultimate source of empowerment for appropriate response. Discovering this divine empowerment enables us to forgive God, the cosmos, ourselves, and one another. We are empowered to care for, and not avoid, those who are suffering and thereby to contribute actively as pastors to the healing of the psycho-spiritual pain which AIDS brings and to the development of deepened interrelationships and safer sexual behaviour.


For many years, Africans have embraced a Christ who was a stranger to their worldview and culture; a Christ more reflective of western epistemology than that of the Christ encountered through the Scriptures. Today it is widely accepted that all theology (Christology) is contextual and therefore arises out of the synergy between culture, Christian tradition, and Scripture. Our knowledge of Christ is therefore something that is not static or detached from everyday life but dynamic and immanent. A true assessment of Christ in Africa must take us to the wellsprings of African orality where Christ is seen and experienced at the grassroots of Christian experience. This article explores the way Christ is encountered and appropriated among Akan African Indigenous Churches (AICs) in Ghana. Drawing upon a nationwide Christological survey it explores the sources that adherents of AICs draw upon in shaping their knowledge and understanding of who Jesus is to them. It further examines how their
appropriation of Christ aids them in the quest for life and wholeness in what is very often a world of poverty, disease, and conflict.

The writer sees the need for Christians to be well informed about the medical aspects of the AIDS situation. He sees the root problem of AIDS as sexual immorality and therefore critiques the AIDS education being employed. To him what is needed in the situation is commitment to faithful marriages and AIDS ministry, firmly established in the biblical principles.


This paper offers a theological framework for the discussion of issues relating to HIV/AIDS, that is based on the work of Karl Barth and Jurgen Moltmann. Case studies from sub-Saharan Africa and elsewhere help to illustrate the situation of people living with HIV and the commitment of those who seek to help them. The paper is intended as a basis for discussion and is addressed particularly to church leaders, academics and those with some knowledge of theology. It is also suitable for use in church groups and other forums for discussion and debate.

This book takes a unique look at the way that faith leaders in Asia understand HIV. It asks why they turn away from the crisis – and what are the consequences of inaction. It explores how the region’s major religions – Hinduism, Buddhism and Islam, as well as Christianity - shape the understanding of, and response to, one of the greatest threats to Asia’s development. It is a unique and important contribution to theological understanding, based on research and interviews in Bangladesh, Burma, Cambodia, Hong Kong and India.

The United States of America has one of the highest number of HIV infections in the world; approximately 1.3 million people in North America were living with HIV in 2007. Factors influencing HIV survival are essential to disease management and care. Research findings suggest religion and spirituality may be essential components to health and well-being in individuals with HIV-Disease. This study was designed to determine how well spirituality predicted health status in a convenience sample of 39 adults diagnosed with HIV-Disease. A model building approach was used to explore relationships among the five variables of the Neuman Systems model. The five variables of the NSM provided a well supported, holistic framework for investigating how much spirituality contributed to health status in PLWHA. The best explanatory model included: EWB, Negative ROPE, income, and the interaction between EWB and Negative ROPE. The existential component of spirituality, and especially the element of meaning, modified by negative religious coping, is an essential contributor to the health status of people living with HIV-Disease.

In the midst of enormous challenges threatening the public health institutions in sub-Saharan Africa, faith-based organizations (FBOs) are making a substantial contribution to the health of communities. This paper offers a brief retrospective into the development of such collaboration, and how scientific “religion blindness” made it all but invisible. In this context, the African Religious Health Assets Programme (ARHAP) was initiated to research and understand “religious health assets” (RHAs), to probe how such assets can be drawn into public health systems, and to develop appropriate language for this field. First, we explain the turn to “assets” in contrast to the more common discourse of “needs” or “deficits”, and show the importance of both tangible and intangible RHAs for a proper understanding of their significance. Second, we are interested in how religion might strengthen the “leading causes of life”, rather than focusing in the first instance on illness and the burden of disease. We suggest that the potency of an FBO for health will depend on the extent to which these leading causes of life are present. A third innovation arose once we contemplated that fact that many African languages have no direct equivalents for either ‘religion’ or ‘health’, but use comprehensive concepts like bophelo, that encapsulate both religion and health in terms of holistic, relational well-being. To express this, we have coined the term “healthworlds”, which describes the way in which religion and health are intertwined with each other, and impact on the choices people make about their health. The paper emphasises the connection between (ill-)health, power and justice as essential areas of concern for people of faith. It closes by stressing the need for collaboration, not only between the religious and public health sectors, but also among those who are seeking to understand this area.

Are the churches competent to understand and respond to the crisis represented by HIV and AIDS? What kind of ecclesial practice is required for an adequate response? And why should HIV and AIDS take front place when so many other challenges exist? Three main points, interwoven with each other and linked to field research on the faith-based Masangane project’s comprehensive response to HIV and AIDS, are argued. First, that HIV and AIDS present not just a health challenge, but a socially comprehensive one, and therefore, a properly targeted response to HIV and AIDS concerns social systems and people’s lifeworlds, including their religious ways of being and seeing. The second point concerns what churches hold as ‘assets’, tangible and intangible, that may be crucial to our capacity to deal with HIV and AIDS. A discussion of the character of Masangane’s interventions in HIV/AIDS articulates some examples of what is meant by such ‘assets’. The third notes that these religious health assets are deeply rooted in the foundational norms of the Christian faith tradition, for which reason a concern for health, understood comprehensively, is not a sectoral issue but a central one for the self-understanding of the churches in the world. As a whole, the essay poses critical ecclesiological questions in relation to the potential of Christian communities and churches to contribute to the massive challenges posed by HIV and AIDS, ending with the proposal that a conception of ‘decent care’ offers an important integrative paradigm for action.


Resting on current research by the African Religious Health Assets Programme, the essay draws on theoretical insights about the link between health, religion and religious traditions in contexts that have been deeply compromised by unhealthy political and economic forces. The language of ‘religious health assets’ contains within it a two-fold concern: the critical importance of understanding and making visible to public health systems the agency of those who struggle to maintain or gain health in contexts that are often resource-deprived and conflicted in many ways; and the capacity to use this agency to further leverage the religious ‘assets’ upon which it often draws for transforming the conditions that produce ill-health. The term ‘assets’ is related to an approach to health and its social determinants that stresses ‘what people already have’ in local contexts, however deprived, rather than ‘what they don’t have’. It is aligned with people-centred, asset-based development theory. Following on this understanding, the discussion focuses on: 1) the religious construction of ‘healthworlds’ and their plurality in Africa; 2) the impact of healthworlds on individual and social bodies (systemic dimensions); 3) implications for health-related aspects of the MDG and Universal Access. It argues that health is a powerful lens on social justice in Africa, and an intrinsically appropriate focus for religious traditions and leaders in shaping action and policy in the context of global programmes for health and development.


These selected essays, originally presented at the African Religious Health Assets Program (ARHAP) International Colloquium in Cape Town 2009, include several cutting edge studies and reflections on the increasingly important interface of religion and public health. As a whole, they reflect ARHAP’s general sensibility: that religious entities and impulses of one kind or another need to be better understood and mobilized for public health. Religious entities commit vast energies and resources to health. How does one encourage, support and leverage that work for the good of all? What does one need to understand and do to align these assets and capacities, tangible and intangible, with public health institutions and interventions in service of the health of all? What do religious leaders and public health leaders need to learn about and from each other in this regard? The essays, embodying a tapestry of inter-disciplinary thinkers, researchers and practitioners, address ways of understanding religion and public health, ways of thinking about the necessary leadership, specific work on HIV and AIDS, implications for practice and innovation, and lessons learned from work at the forefront of religion in development.


Widely hailed as a leader in the prevention of HIV/AIDS, Uganda is redirecting its HIV prevention strategy. Although endorsed by some powerful religious and political leaders in Uganda, this policy and programmatic shift is funded by the United States government. Pioneered in the United States in 1981, “abstinence until marriage” programs teach that abstaining from sex until marriage is the only effective method of HIV prevention and that marriage between a man and a woman is the expected standard of human sexual behavior. Numerous U.S.-funded studies have shown these programs to be ineffective at changing young people’s sexual behaviors and to cause potential harm by discouraging the use of contraception. The effect of Uganda’s new direction in HIV prevention is thus to replace existing, sound public health strategies with unproven and potentially life-threatening messages, impeding the realization of the human right to information, to the highest attainable standard of health, and to life. See 2006 entry of same title for summary.

Young people in Uganda have never known a world without HIV/AIDS. Ignorance and denial fuel HIV, leaving young people without the critical information that could help them prevent infection. As of 2002, according to government estimates, HIV prevalence among young people in Uganda stood at an estimated 4.9 percent, with rates of 6.5 percent in major towns and 4.1 percent in rural areas. This is the summary and excerpts from the recommendations of this publication. (See 2005 entry with same title & authors).


The AIDS crisis has challenged black churches to examine how to provide spiritual support to individuals who are living with HIV. The dilemmas facing some black churches have been specifically related to providing support without embracing homosexuality. The doctrine guiding some black churches has caused psychological discomfort for both homosexual and heterosexual HIV infected individuals because of the stigma associated with HIV. Previous research showed that heterosexuals reported more distress than homosexuals. The purpose of this study was to examine a subset of African Americans (n = 49) who were heterosexual. Data were drawn from a larger data set (N = 117) collected in California. All participants were HIV seropositive or had AIDS. A questionnaire examining existential and religious well-being, demographic variables, and depression was administered. Religious well-being and existential well-being together explained 32% of the variance in depression. Implications for mental health nurses are discussed.


Condom use during sexual encounters continues to be a challenge for seropositive individuals. Hence, the influence of personal characteristics, AIDS knowledge, and religious well-being on perceived self-efficacy to use condoms has been examined in a convenience nonprobabilistic sample of 130 middle-aged seropositive African American men from the Mid-Atlantic region. AIDS knowledge and religious well-being are strongly related to self-efficacy to use condoms. These findings indicate that it is critical to explore further the relationship of AIDS knowledge and religious well-being with self-efficacy to use condoms.


Data were analyzed from an ethnically diverse convenience sample comprising 1071 adults participating in a multisite study. Older African Americans, Hispanics, and females were more likely to use prayer as a complementary health strategy for HIV-related anxiety, depression, fatigue, and nausea. Implications for future studies are discussed.


The purpose of this descriptive cross-sectional study was to explore the contribution of spiritual well-being and human immunodeficiency virus (HIV) symptoms to psychological well-being measured by depression, hope, and state-trait anxiety in a sample of 117 African-American men and women with a mean age of 38 years living with HIV disease. Of the respondents, 26% had acquired immunodeficiency syndrome (AIDS), and 74% were HIV seropositive. Each participant completed a sociodemographic questionnaire, the Sign and Symptom Checklist for Persons with HIV Disease, the Spiritual Well-Being Scale, the Nowotny Hope Scale, State-Trait Inventory, and the Beck Depression Inventory. The findings suggest that existential well-being, a spiritual indicator of meaning and purpose, more than religious well-being, was significantly related to the participants’ psychological well-being. In addition, HIV symptoms were found to be significant predictors of psychological well-being. These findings support the need for nurses to continue exploring ways to integrate and support spirituality within the domains of clinical practice.


The objective of this study was to explore the association of gender to use of prayer as a self-care strategy for managing the HIV-related symptoms of fatigue, nausea, depression, and anxiety among African American men and women who are HIV-seropositive. To accomplish this, data were determined using convenience sampling from a sample of 448 African American men and women from the United States who were participants in a national study on self-care symptom management of HIV/AIDS. There was no gender difference in the use of prayer to manage anxiety. Prayer was reported as a self-care strategy.
by over 50% of the respondents for three of the four symptoms and was rated highly efficacious. The authors conclude that the African American men and women differed in their selection of prayer as a self-care strategy for managing HIV-related depression, fatigue, and nausea. A higher proportion of women than men used prayer to manage fatigue, and more men than women reported using prayer to manage nausea and depression.


Churches and other faith-based organizations (FBOs) are a vital resource for HIV prevention and education efforts in African American communities. Few models describe how churches and FBOs have implemented such efforts within their congregations or communities, the challenges they faced, or the changes that resulted from such efforts. This article presents a framework for implementing HIV/AIDS prevention programs in African American churches based upon a qualitative investigation of Project FAITH (Fostering AIDS Initiatives that Heal), an HIV education and stigma reduction demonstration project conducted in South Carolina. Between 2007–2008 in-depth interviews were conducted with 8 pastors, 4 technical assistance providers, and 2 project champions; 22 care team members also participated in focus groups to identify domains associated with project implementation. Data analysis was conducted using a grounded theory approach and inputs, enablers, inhibitors, mediators, and outputs associated with HIV/AIDS prevention programs conducted as part of Project FAITH were identified. Furthermore, the framework includes the influences of public policy and stigma on the faith-based HIV/AIDS prevention programs in this study. The framework calls for the identification of individuals (members of the congregation and church leadership) who are passionate about and devoted to addressing HIV/AIDS, and provides specific mechanisms (i.e., health ministries) through which these individuals can organize, strategies for HIV/AIDS implementation, and areas of technical assistance and capacity building to maximize effectiveness of such efforts.


This study was designed to report young people's variations in sexual health knowledge, attitudes and behaviours by religious affiliation by utilizing a cross-sectional, questionnaire-based survey administered in 16 Secondary/High schools in London, UK. Religious students, as opposed to those reporting no religious affiliation, generally reported poorer sexual health knowledge, and were more conservative in their attitudes to sex. Among males and females, those with no religious affiliation and Christian students reported the highest prevalence of sexual intercourse by some margin (around 20 percentage points) over the Hindus and Muslims. Christian males most frequently reported sexual intercourse at 49.7%, and Muslim females the least at 9.0%. Among those reporting sexual intercourse, risk behaviours among all religious and non-religious students were evident. Over one-third of Muslim females who had sexual intercourse did not use contraception on their first occasion compared to 10% of those with no religious affiliation, 12% of Christians and 20% of Hindus. Christian and Muslim females reported the highest prevalence of ever not using contraception at 55%, and non-use of contraception with two or more sexual intercourse partners at 14%. The findings demonstrate diverse sexual health knowledge, sexual attitudes and sexual behaviours among young people with different religious affiliations. These variations demonstrate the importance of tailoring health education and promotion interventions to meet the specific needs of young people from a variety of different religions. The challenge ahead is to find ways to work with these young people to broach such sensitive issues.


HIV/AIDS as well as substance use disorders continue to devastate the African American community. Black women have the highest rate of new HIV infections among all groups of American women, with more than twice the prevalence rate of white or Hispanic women. Substance use and its correlation to HIV is well documented, particularly within America's urban settings. As a result, multiple approaches to reducing HIV infection among inner-city substance users have been developed and operationalised. The SAVED SISTA Project, a program of Recovery Consultants of Atlanta, Inc., is a faith-based adaptation of the evidence based intervention "Sisters Informing Sisters about Topics on AIDS (SISTA)." Its goal is to reduce HIV-infection and high risk behaviours among Atlanta's homeless female drug using population, utilising the black church as a key component in this process.


Inner city women with severe mental illness may carry multiple stigmatised statuses. In some contexts these include having a mental illness, being a member of an ethnic minority group, being an immigrant, being poor, and being a woman who does not live up to gendered expectations. These potentially stigmatising identities influence both the way women’s sexuality is viewed and their risk for HIV infection. This qualitative study applies the concept of intersectionality to facilitate understanding of how these multiple identities intersect to influence women’s sexuality and HIV risk. We report the firsthand accounts of 24 Latina women living with severe mental illness in New York City. In examining the interlocking domains of these women’s sexual lives,
we find that the women seek identities that define them in opposition to the stigmatising label of “loca” (Spanish for crazy) and bestow respect and dignity. These identities have unfolded through the additional themes of “good girls” and ‘church ladies.’ Therefore, in spite of their association with the ‘loca,’ the women also identify with faith and religion (‘church ladies’) and uphold more traditional gender norms (‘good girls’) that are often undermined by the realities of life with a severe mental illness and the stigma attached to it. However, the participants fall short of their gender ideals and engage in sexual relationships that they experience as disempowering and unsatisfying. The effects of their multiple identities as poor Latina women living with severe mental illness in an urban ethnic minority community are not always additive, but the interlocking effects can facilitate increased HIV risks. Interventions should acknowledge women’s multiple layers of vulnerability, both individual and structural, and stress women’s empowerment in and beyond the sexual realm.


From a Catholic biblical scholar, this is a reading of biblical teaching on sexuality, giving insight into how a disciple of Jesus is called to live out his or her existence as a sexual being.


This presentation was made during a training-of-trainers event held in Gaborone, Botswana, in September 2001. It was assumed that all participants were pastors or teachers in theological training. Therefore, the presentation was developed as practical and hands-on, void of theory and not as a formal paper. This written version is in a format which may be developed into a participatory workshop for teaching methods. The objective of the presentation was to provide practical methods to teach others. The first three exercises focus on feelings that students and their clients may have concerning HIV/AIDS, loss and death. The fourth exercise provides the students with an opportunity both to share their feelings and being to develop listening skills. The final exercise is a role-play done in a fishbowl format. This is a teaching method combining elements of feeling, active listening and sharing.


This editorial reflects on the morality of condom use in relation to the global fight against HIV and AIDS. It applauds the response of the U.S. Catholic Church, and comments on the position of the Vatican on condoms arguing that the ban on condoms is rooted in sloppy moral theology.


This article reflects on the classic theodicy problem in relationship with HIV/AIDS. It first offers some general comments about the very need to address the theodicy problem. A next section offers an analysis of various sources of human suffering which is then related to an overview of some of the dominant theodicies in current theological discourse. These discussions are brought together in a final section which investigates various possible answers to the question: Where is God amidst the suffering associated with the HIV/AIDS pandemic? The article concludes that one of the many challenges that HIV/AIDS pose to Christian communities is to offer a plausible account of each aspect of the Christian faith.


The HIV/AIDS epidemic is a serious threat to the Latino community. The number of HIV infections continues to rise among young people, especially among Mexican American female adolescents. There are several factors that contribute to HIV-related high-risk sexual activity among Mexican American female adolescents. The AIDS Risk Reduction Model (ARRM) is one of two models that were specifically developed for HIV. The AaRM focuses on harm reduction that reflects a history of stages of behavior change models in health psychology. Although this model has been implemented with various populations, there is an uncertainty of how it impacts Mexican American female adolescents. The purpose of this study is to examine whether the components of the AaRM predict risk behavior among Mexican American female adolescents, and to also examine whether or not incorporating acculturation and religion in the AaRM may increase the predictive ability of the model.


This exploratory study investigated the relationship between specific dimensions of spirituality and various HIV-related risk factors. A convenience sample of 95 young Black college students participated in the study. Primary measures assessed
whether spirituality (i.e., prayer, a positive world view, and belief in the spirit world) was related to HIV self-efficacy and HIV-related risk factors (i.e., attitudes toward safer sex, peer norms endorsing safer sex, perceived susceptibility to HIV, substance use, intention to practice safer sex, and an expectation to practice safer sex). Regression findings indicated that higher levels of prayer were associated with greater HIV self-efficacy and a decreased perception of being at risk for contracting HIV. In addition, a positive world view was associated with greater peer norms endorsing safer sex. Findings indicated a direct relationship between specific components of spirituality and various HIV-related domains. Implications for social work research and practice are discussed in the context of these findings.


This exploratory study examined single mothers' ideas on the development of a faith-based sexuality program. Twenty African American single mothers with adolescent children (11 to 13 years of age) who were of the same faith and members of one church, participated in two focus groups about how a faith-based sexuality program could be designed and implemented. The findings call attention to the need for research on the design of faith-based sexuality education programs for ethnic minority families headed by single mothers.


Spirituality and religion are often central issues for patients dealing with chronic illness. The purpose of this study is to characterize spirituality/religion in a large and diverse sample of patients with HIV/AIDS by using several measures of spirituality/religion, to examine associations between spirituality/religion and a number of demographic, clinical, and psychosocial variables, and to assess changes in levels of spirituality over 12 to 18 months. Most patients with HIV/AIDS belonged to an organized religion and use their religion to cope with their illness. Patients with greater optimism, greater self-esteem, greater life satisfaction, minorities, and patients who drink less alcohol tend to be both more spiritual and religious. Spirituality levels remain stable over 12 to 18 months.


Having a serious illness such as HIV/AIDS raises existential issues, which are potentially manifested as changes in religiousness and spirituality. The objective of this study was (1) to describe changes in religiousness and spirituality of people with HIV/AIDS, and (2) to determine if these changes differed by sex and race. Many participants report having become more spiritual or religious since contracting HIV/AIDS, though many have felt alienated by a religious group-some to the point of changing their place of worship. Clinicians conducting spiritual assessments should be aware that changes in religious and spiritual experiences attributed to HIV/AIDS might differ between Caucasian and African Americans.


Countryman discusses purity codes and property rights in the bible and shows how biblical writers and others then related their ethics concerning sex, women, and children to these codes. He speaks of the AIDS crisis in his final chapter, "New Testament Sexual Ethics and Today's World."


This study seeks to answer the question how a life-threatening crisis, in this case the diagnosis of HIV sero-positivity, impacts on religious faith development through interviews with 18 HIV positive adults. The study found a shift from a religious to a spiritual orientation, a change in the perception of God who is regarded as empowering rather than authoritarian, and a less self-centred sense of personhood.

This volume of essays stems from the fifth biennial meeting of the International Academy of Practical Theology held in South Africa in 2001. Its chapters seek to relate the theological and the ethical to the social and the political context. As the conference was held in South Africa, its problems and opportunities provide the context to many contributions. Others reflect on the life and mission of the church in first world contexts. The twenty papers in this volume demonstrate a wide variety of methodological approaches to practical theology including empirical, hermeneutical, feminist Biblical and pastoral theological approaches. The collection of papers points to an emerging discipline marked both by intellectual rigour and contemporary relevance. [David Lyall review extract]


The AIDS National Interfaith Network has created The AIDS & Religion in America Convocation, which met at the Carter Presidential Center on 8-11 November 1998, to bring together, for the first time, representatives from the religious and secular media, national religious leaders, respected theologians and members of the AIDS ministry movement to discuss HIV/AIDS' impact on society, to examine the theological basis for action, and to consider how to better mobilize America's faith community in the battle against HIV/AIDS. This site hosts information from the convocation, including papers presented there.

Responds to the recent proposal of some moral theologians that married couples in which one of the spouses is HIV-positive could legitimately use condoms providing that they do not intend contraception. Such a use of condoms, even presuming no contraceptive intent, would still violate the structure of the conjugal act as a certain privileged type of physical union in whose very material structure is inscribed a dynamic of personal self-gift.


The universal sorrow of AIDS stands as a metaphor for other forms of suffering and raises distinctive theological questions on the meaning of hope, God's involvement in evil, and how God's empathy can be experienced in the mystery of disease. As an expression of radical realism and hope, Rahner's theology helps us find in the sorrow of AIDS an opening into the mystery of God.

In this practical book, Colin Crowther draws upon his experience of working alongside people affected by AIDS, to challenge Christians to see such work not as a duty but a privilege.

This is the story of how AIDSRelief in South Africa transferred responsibility for overall management of a large antiretroviral treatment program to local partners. The purpose of documenting this transition to local leadership is twofold: First to demonstrate how Catholic Relief Services (CRS) fosters long-term relationships with church partners and how this engagement with partners strengthens their capacity to provide sustainable services to those most in need; and second, to share the successes and the challenges AIDSRelief South Africa experienced in this process. It is hoped that the South Africa story will contribute to the learning of other countries, working in AIDSRelief or other programs, as they embark on the road to transition.


Cuffey, Joel, Anil Cherian, Saira Paulose, and Paul E. McNamara. 2008. "Research in partnership with faith-based NGOs: Research partnerships between faith-based NGOs and academic researchers: An example from food security and HIV and AIDS research in Delhi, India." Faith and Economics.
A divide commonly exists between Christian development practitioners and academic researchers, making it difficult to collaborate and engage in potentially illuminating research projects. While solid reasons exist to explain the difficulties in linking academics and NGOs, partnerships offer the potential benefit of the generation of knowledge that can both inform development practice as well as change modes of thinking in scholarly communities. Further, we argue that such partnerships offer the possibility of a way of doing research that is distinctly Christian and thus can be a witness to peers in the development community as well as in academia. This paper presents a theological basis for a research partnership, details some of the challenges faced in building such a partnership, and describes an example of one such partnership between staff of the Emmanuel Hospital Association in India and researchers from the University of Illinois at Urbana-Champaign.


This paper examines the potential stigmatization of those at risk for HIV in activities relating to sexuality offered by churches in Baltimore, Maryland, and also the extent to which individual agency influences churches in this regard. In-depth interviews were conducted with 20 leaders from 16 churches and analyzed using a grounded theory methodology. The study found that many churches were involved in HIV-related activities, but that such activities were at times constrained by official positions. Church leaders resisted these constraints in varying degrees.

Cunningham, William E, Pamela L Davidson, Terry T Nakazono, and Ronald M Andersen. 1999. "Do black and white adults use the same sources of information about AIDS prevention?" Health Education & Behaviour 26:703-713.

Although AIDS prevention campaigns need to target population segments that are at highest risk to be effective, little is known about how various sources of AIDS information vary by race, education, and age. To determine the most common communication channels for AIDS information reported by Blacks and Whites, the authors interviewed 1,769 adults in Baltimore, Maryland, to obtain data on nine common sources of information about AIDS and analysed their reports by race, age, and education. Television and newspapers were the most common sources but varied little across groups. National and local public health agencies, as well as medical doctors and dentists, were more commonly reported by Blacks than by Whites. Religious organizations were much more commonly reported by Blacks than by Whites. Public health organizations working collaboratively with religious organizations and health care providers might be more effective in developing AIDS prevention strategies than has been considered previously.


This book is a collection of papers presented at the Symposium of Episcopal Conferences of Africa and Madagascar (SECAM) workshop on HIV/AIDS in Dakar, Senegal in October 2003. The workshop took stock of the Catholic doctrinal and moral foundations relevant to a response to HIV and AIDS. From there it reflected on the problematic areas of cultural practices and stigma and discrimination as well as on 15 years of responding to the pandemic. Contributions are grouped into five themes, Facing AIDS together; Pastoral responses; Moral and theological questions; Taking stock of present actions; The SECAM Message and Plan of Action adopted during this meeting. There is a separate entry for the chapter by P Sarpong, “The cultural practices influencing the spread of HIV/AIDS.”


Behind the statistics on AIDS in Africa there are unspeakable sufferings. The HIV-virus takes on a particular power when it tends to spread the stain of shame and stigma, leading many to deny its impact on their lives. The result is a damaging segregation: the pure from the unclean. The Church does not face the AIDS pandemic simply as “a problem to solve,” but listens instead to the Lord who says: “I have come so that they may have life, and have it to the full.” This involves affirming people’s dignity and forming their morality, so as to have the courage to say “No” to oneself for the sake of “Yes” to life.


Pope Benedict’s words at the beginning of his trip to Africa, regarding the use of condoms in preventing the spread of AIDS, generated a media storm. But the Pope’s comments are not the cause for concern that they were reported to be, argues Michael Czerny SJ. Why is the Church’s teaching on this issue not ‘unrealistic and ineffective’, as alleged; but valuable, efficient, and grounded in reality?


If the response to AIDS in Africa, where two thirds of those affected by the virus worldwide live, is to be one of salvation and liberation it has to involve global cooperation. It was with this in mind that an international ecumenical conference was hosted at the Catholic Faculty of the University of Würzburg / Germany in 2006 to reflect on causes and consequences of the pandemic in Africa and their global implications. The aim was to present the pastoral and theological challenge of the AIDS pandemic to the mission of the churches. Representatives of NGOs and industry, politics and theology from Africa and from Europe participated. The following chapters are relevant to the theme of this bibliography: Baragán, J/ Salvation and liberation in Africa: The mission of the Churches challenged by HIV/AIDS, p 9-24; Njoroge, N. J/ Resisting gender inequality and injustice in the name of Jesus, p 54-73; Shivute, T/ Pastoral positions: A response of the Evangelical Lutheran Church in Namibia, p 109-114; Lindörfer, S/ Skizzen zur Prävention von HIV aus der Perspektive afrikanisch-feministischer Befreiungstheologie, p 115-122; Nubuasah, F/ Salvation and liberation in Africa: Pastoral reactions and challenges – Botswana, p 123-132; Pillay, M. N./ Re-reading New Testament texts: A resource for addressing gender inequality in the context of HIV and AIDS in South Africa, p 138-155; Katongole, E/ AIDS in Africa, the Church, and the politics of interruption, p 167-183; Lohmayer, J/ Missionarisch von AIDS sprechen: Die Befreiung der Theologie im Zeichen des Verschweigens von AIDS – eine fundamentaltheologische Option, p 203-208. [CHART]


The social, cultural, political, and economic influence of the HIV/AIDS epidemic is evident in the changes occurring in the lifestyle of Brazilian people. Aside from reviewing discussions related to old taboos about sexuality, the body, and pleasure, HIV/AIDS has also prompted some religious groups to reflect on the importance of spirituality and its role in disease prevention and the solidarity among HIV positive individuals. To this effect, diverse religious traditions joined together in an effort to educate and prevent HIV/AIDS, and to support HIV positive individuals. This paper examines the aspects of spirituality that were the basis of a communication strategy for education and prevention projects for HIV/AIDS. These aspects of spirituality include legends and traditions that form the doctrine of the religion, attitudes within the spiritual community, spiritual values of religious people, and community solidarity found in the religious group. Focusing on the lessons of the Odo-Ya Project, initiated by the Instituto de Estudos da Religiao, it is evident that spirituality is an element that unifies communities. Thus, it must become a major component of communication projects for HIV/AIDS prevention, care, and support.


The research aims at identifying strategies of coping with AIDS used by mothers of HIV positive children to live better with their children's disease. The method used was a descriptive qualitative study. Thirty three structured interviews were conducted with HIV positive women voluntarily and registered as users in the clinic of the public hospital of reference for the treatment of AIDS in Natal/RN. For data analysis, the method used was thematic content analysis. From the analysis, prevalent categories regarding forms of facing AIDS came up; they were: overprotection and fear; donation; hope; religious belief; underestimation of HIV; hiding the diagnosis; and resignation. This study shows that despite AIDS limitations and barriers, relatives develop strategies that make it possible to face every day problems and live better with it.


In recent times the Bible has continued to feature in the construction of wholeness and disease by some African Christians. For these Christians, the Bible remains a principal reference point in their perceptual field and character formation. In the light of this, the Bible must be properly interpreted so as to help the people to effectively internalise its message. It is as a result of this that current biblical hermeneutics in Africa is geared to explore the correspondence between the life-situation of the interpreter and the Bible. In view of the stigmatization of people living with HIV and AIDS in Africa, this paper explores how the Bible can be creatively read in order to promote healing, growth and change, resulting in increased coping skills and adaptive functions. The paper explores how liberating and transformative insights derived from the story of Naaman can be appropriated to free the people living with HIV and AIDS from stigmatization and discrimination, thereby promoting holistic empowerment.


In the midst of Botswana’s HIV epidemic, moral discourses about the provision of care for the nation’s 100,000-plus orphaned children encapsulate Tswana people’s most fundamental anxieties about the effects of AIDS. This article examines a shifting relationship between popular narratives about the supposed shortcomings of Tswana “culture” and widely proliferating assertions that Christian love can provide a more successful moral paradigm for the care of orphans. As Tswana people
increasingly draw on a Christian framework to imagine alternative approaches to caring for needy children, they are responding to profound dislocations in the material and demographic foundations of their society. By tracing these moral claims and their transformation over time, this paper illuminates the changing context of social reproduction during Botswana’s AIDS crisis.

Dalmida, Safiya George. 2006a. "Relationships among spirituality, depression, immune status, and health-related quality of life in women with HIV." Emory University, Atlanta.

Spirituality is a resource used by HIV-positive women to cope with HIV and maintain psychological well-being, and it also may have a positive impact on physical health and health-related quality of life. This study consisted of a quantitative and a qualitative component. A cross-sectional study was conducted in order to assess the interconnection between spiritual well-being, depression, CD4 count, and health-related quality of life among women living with HIV/AIDS. The purpose of the qualitative component of the study was to explore the meaning and use of spirituality among African-American (AA) Christian women living with HIV. The findings of this study showed significant inverse associations between spiritual well-being and its components, existential well-being and religious well-being, and depression. There were also significant, but weak positive associations between existential well-being and immune status. Existential well-being and depression were the only two significant predictors of health-related quality of life. The qualitative study findings revealed the spiritual views and practices of 20 African-American Christian women living with HIV. The following themes and sub-themes emerged: connection to God or Higher Power; spirituality is a process or journey and its sub-theme: HIV brought me closer to God; religion and its sub-theme: church attendance; prayer; helping others; having faith; health or healing; a second chance; spiritual, social, or mental health support; and here for a reason or purpose. Spirituality has been identified as an important factor in health and well-being among women with HIV/AIDS. The findings of this study partially supported the SPNI framework, therefore, the framework may need to be modified to reflect mediating relationships among the variables. Further research is needed to test the proposed relationships among the variables and to identify additional variables that should be included in the framework.


HIV-positive women have used spirituality as a resource to enhance their psychological well-being and health-related quality of life (HRQOL). The purpose of this article is to review the literature about depression among HIV-positive women and to describe the positive associations reported among spirituality, mental health, and HRQOL. This article also advocates the development and use of interventions integrated with spirituality. The incorporation of spirituality into traditional mental health practices can optimize healthcare for HIV-positive women who are diagnosed with depression. A case example is presented and spiritual implications are discussed.


Spirituality is a resource some HIV-positive women use to cope with HIV, and it also may have positive impact on physical health. This cross-sectional study examined associations of spiritual well-being, with depressive symptoms, and CD4 cell count and percentages among a non-random sample of 129 predominantly African-American HIV-positive women. Significant inverse associations were observed between depressive symptoms and spiritual well-being ($r = -.55, p = .0001$), and its components, existential well-being ($r = -.62, p = .0001$) and religious well-being ($r = -.36, p = .0001$). Significant positive associations were observed between existential well-being and CD4 cell count ($r = .19, p < .05$) and also between spiritual well-being ($r = .24, p < .05$), religious well-being ($r = .21, p < .05$), and existential well-being ($r = .22, p < .05$) and CD4 cell percentages. In this sample of HIV-positive women, spiritual well-being, existential well-being, and religious well-being accounted for a significant amount of variance in depressive symptoms and CD4 cell percentages, above and beyond that explained by demographic variables, HIV medication adherence, and HIV viral load (log). Depressive symptoms were not significantly associated with CD4 cell counts or percentages. A significant relationship was observed between spiritual/religious practices (prayer/meditation and reading spiritual/religious material) and depressive symptoms. Further research is needed to examine relationships between spirituality and mental and physical health among HIV-positive women.


Many HIV-positive women regard spirituality as an important part of their lives and spirituality may have positive impact on their health-related quality of life (HRQOL). Particularly among African American women with HIV, spirituality may serve as a cultural and psychological resource. This descriptive, cross-sectional study examined associations between spiritual well-being (SWB) and its components, existential well-being (EWB) and religious well-being (RWB), and dimensions of HRQOL among a non-random sample of 118 African American HIV-positive women. A secondary analysis of data from two similar, NIH-funded studies: The Get Busy Living (GBL) Project and the KHARMA Project, was conducted. Baseline data on women from both studies were combined into one database and statistical analyses, including descriptive, correlation and hierarchical regression analyses, were conducted. Existential well-being was significantly positively associated with the physical composite of HRQOL.
and accounted for a significant amount of unique variance (10.0%) beyond that explained by socio-demographic variables, religious well-being (RWB), HIV medication adherence, CD4 cell count and percentage, HIV viral load, and depressive symptoms. EWB was also significantly positively associated with the mental health composite of HRQOL. Depressive symptomatology was also significantly inversely associated with mental HRQOL. EWB accounted for a significant amount of additional variance (6.3%) beyond that explained by other variables. Spirituality is an important factor in the lives and quality of life of African American women and women living with HIV/AIDS. Further research is needed to examine relationships between spirituality and HRQOL among HIV-positive African American women.

Mental-health professionals often ignore the spirituality and religious beliefs that can aid a person’s ability to cope with a life-threatening illness such as HIV/AIDS. As the physical body succumbs to the disease, people with HIV/AIDS search for ways to lower their stress, regain control of their health, attain some peace of mind, and hope to prolong their survival. This sense of personal control is important when dealing with chronic or terminal illness. The purpose of this study was to explore the role of meditation in Thai Buddhist women who are infected with HIV/AIDS. Interviews were conducted with 26 Thai women living in the northern part of Thailand known as Chiang Mai, where the incidence of AIDS is the highest in Southeast Asia. Although the scope of this study is limited and not generalizable, it supports the idea that a spiritual approach to healing, in conjunction with conventional medical treatment, is a source of great comfort to persons living with HIV/AIDS and may influence immune functioning.

The second decade of AIDS will bring more deaths; therefore more individuals will need bereavement counselling because of their losses to AIDS. The book is written for anyone who counsels those who are bereaved. Guilt, cultural and religious values, and burnout are all topics that are covered in one or more of the chapters.


Media messages directed to African American women are more likely to have health content that emphasizes negative outcomes or sexual stereotypes. This paper critiques the use of health messages that focus on high mortality and morbidity rates, yet have not reduced health disparities, but have instead reduced Black women’s bodies to carriers of disease. I introduce an ethic of resistance that privileges the authority and wholeness of Black women rather than disease and fragmentation. An ethic of resistance helps Black women connect to their spiritual health, move from passive receiver to active resister of negative messages, and break the generational silence to demystify sexuality and integrate it into a lifestyle of wholeness. My hope is to improve the health outcomes of African American women by improving the message.


The paper discusses the contribution that the church can make to save us from AIDS, beyond what health professionals, educationalists and politicians have to offer. De Gruchy draws on the doctrine of the Trinity for his claim that the church’s unique contribution is that of community, a sense of ultimate belonging and nurture, even beyond death; and honest dealing with the issues of “money, sex and power” underlying the pandemic. [CHART]
In this editorial for a double issue of the Journal of Theology in Southern Africa dedicated to “Church and HIV/AIDS in Southern Africa”, De Gruchy identifies 5 areas of challenge for theology arising from the defining reality of the pandemic. These are pastoral care that addresses stigma; the need to break the silence around HIV; personal and social ethics; missiological and
theological issues. The paper suggests that Public health thinking may be helpful for taking the church into a more activist approach towards social justice for those affected by the pandemic. [CHART]

This editorial reflects on findings of the African Religious Health Assets Programme regarding the contribution of religion to health and wellbeing in an AIDS context.

This essay argues that theology in Africa can learn a great deal from public health about the social determinants of health and well-being, and therefore about the link between healing (which is of great importance to ordinary Christians in Africa) and social justice (which is not considered by ordinary Christians to be of much theological importance). The paper offers a possible theological route to help such Christians embrace what the public health community is saying, and thus take seriously the fundamental relationship between health and social justice, a relationship demanding attention in this time of AIDS.

Steve de Gruchy focuses on the interface between HIV and systematic theology, particularly from within the Christian tradition. In this essay, De Gruchy argues that the very nature of the epidemic demands theological reflection. He suggests that a variety of theological themes requiring clarity emerge out of the faith practices and responses to HIV by religious communities. These include stigma and discrimination, disease and healing, sexuality, gender issues, and questions of denial and responsibility. However, he notes that not only are theologians addressing these questions emerging out of the epidemic, but the epidemic is forcing a shift in theological loci. In effect, HIV and AIDS is contributing to a new way of doing theology, particularly in Africa. Questions of suffering, hope, life and death, justice, and the nature of the church have become central to this emerging theological reflection on HIV and AIDS. De Gruchy further argues that this in turn has required that new models of theological education are necessary to ensure the efficacy of this theological work. In concluding the essay, he notes a number of gaps in the theological work, a key issue being how to bridge the theological work undertaken by those living with HIV and work being undertaken by scholars in the academy. He also notes the need for greater inter-religious dialogue at a theological level, including the discipline of African Traditional Religions. The essay concludes by suggesting that there are a number of theological themes which have received scant theological attention, namely sin, salvation, redemption and liberation.

The study, "Appreciating Assets," documents the contribution made by religion and religious entities to the struggle for health and wellbeing in Zambia and Lesotho , in a context dominated by poverty, stressed public health systems and the HIV/AIDS pandemic. By mapping and understanding these Religious Health Assets (RHAs), the study calls for a greater appreciation of the potential they have for the struggle against HIV/AIDS and for universal access and offers recommendations for action by both public health and religious leaders at all levels. Through respectful engagement these assets have the potential to increase in strength and value and become more effective in the long-term sustainability, recovery and resilience of individuals, families and communities. [Aidsportal abstract]


It seems as if most churches are still - to a great extent - not seriously involved in the problems of the HIV/AIDS pandemic, and that prayers in the worship service for people suffering from HIV/AIDS are few or even totally absent. The extent of the pandemic is overwhelming, especially in Sub-Saharan Africa. The needs and the suffering of Aids patients in terms of the physical, psychological and social aspects of their lives are likewise radical. The stigmatisation of Aids is far-reaching among all the population groups and forms the source of degradation and loneliness experienced by HIV-positive people. Churches should thus bring this suffering before God in prayer. Prayer is a communicative action in the worship service, but it is much more than communication; it is communion with the almighty God. In his communion with people praying to Him, God gives them strength to bring about a change of heart and attitude towards those for whom they are praying. Guidelines are suggested for focusing on HIV/AIDS too in the elements of doxology, thanksgiving, humbling and prayers during the worship service. The conclusion arrived at implies that occasional worship-service prayers focusing on HIV/AIDS can have a definite influence on the congregation's attitude towards, their involvement with, and their active care for people suffering from HIV/AIDS.

Despite challenges facing HIV-positive women in the U.S., some maintain strong desires and intentions for motherhood. We explore correlates of desire for another child—particularly current parenting experiences (number of children, parenting efficacy, parenting satisfaction, parenting practices, parental distress, and child-related quality of life), age, spirituality/religiosity, stress, coping, hopelessness, partner’s desire for a child, social support, and stigma—among a sample of HIV-positive mothers (n = 96) in Alabama. Partner’s desire for a child, participation in private religious practices, avoidant coping, and parity were significantly associated with desire for a child in multivariate models. Such findings indicate a need for reproductive counseling and education that is sensitive to the role of religious norms and values in fertility decision-making and suggest opportunities for partnership with faith-based organizations. Further studies examining the impact of relationship dynamics on childbearing desires among U.S. women living with HIV/AIDS are also needed.


Home-based care workers are the unsung heroes of the struggle against HIV/AIDS. This article explores the personal effect of providing care for someone living with AIDS. The narrative approach is particularly relevant in this regard, as it empowers the caregiver to tell his/her story and explore the meaning of this story. By reflecting on the action of care giving the caregiver becomes conscious of the underlying discourses, which motivate him/her. In this regard it is shown that narrative research does not in the first instance focus on stories as "data" or information, but as lived experience. In fact, narrative research questioning generate and co-author experience. The stories of care-givers often point to caring as a unique outcome, which empower caregivers to find meaning in situations of intense suffering. The article concludes with suggestion to build on these outcomes and to thicken stories of hope. Throughout the article the author also explores the impact of these stories on his own story as a trainer and care-giver.


This article looks at the responsibilities of churches regarding the HIV/AIDS pandemic from the perspective of the principles contained in the Confession of Belhar. After an overview is given of the global impact of HIV/AIDS, it is suggested a new kairos, similar to the one under apartheid, which lead to the formulation and adoption of Belhar, has arrived for the church. This kairos necessitates a paradigm shift in the attitudes of churches towards sex. This would require: an act of repentance by churches on their silence, moral judgements and exclusion of sufferers; the acknowledgement that the disease affects the whole church as unified Body of Christ and not only churches in poor countries; a realistic and comprehensive approach by churches towards the pandemic. Finally an appeal is made on churches not only to accept their pastoral responsibilities vis-à-vis HIV/AIDS, but also their prophetic responsibilities in exposing factors that promotes the spread of or aggravates the suffering caused by the disease, especially economic globalisation and gender inequality.


Guided by the conceptual framework of the Health Belief Model, this study aimed to identify factors associated with pregnant women’s expressed willingness to accept voluntary counselling and HIV-testing (VCT). A cross-sectional interview survey of 500 pregnant women, complemented by focus group discussions, was conducted in the Kilimanjaro region of Tanzania. Constructs derived from the Health Belief Model explained 41.7% of women’s willingness to accept VCT. Perceived high personal susceptibility to HIV/AIDS, barriers related to confidentiality and partner involvement, self-efficacy regarding alternative feeding methods and religion were all shown to be associated with willingness to accept VCT. The women’s acceptance of VCT seems to depend upon their perceiving that VCT and alternative feeding strategies provide clear benefits, primarily for the child. Whether a positive attitude to VCT and alternative feeding strategies are transformed into actual behaviour depends on a set of complicated decisions in which several potential psychological consequences are assessed. Sharing the diagnosis with partners may not have the intended effect if there is a lack of sensitivity to the women’s fear of blame and rejection. If pregnant women are to fully participate in and benefit from mother-to-child-transmission prevention efforts, their partners must be committed and involved in the process.


This chapter is one of eleven contributions in a book that situates the HIV pandemic in its social and political context through scientists’ views. The authors show how the history of AIDS reflects the weaknesses of society in South Africa. De Wet’s chapter is one of the case studies which extend the overview of the pandemic presented in the first part of the book; in this case discussing a type of "social militiamism". [Jeanne-Marie Amat-Roze review extract]


This report forms part of a series that examines the work undertaken as part of the Kellogg OVC Intervention Project from 2002 to 2005.

Drawing on a cross-disciplinary, critical review of academic literature on this issue, the authors explore a range of theoretical approaches to conceptualizing stigma. In highlighting the theoretical and methodological approaches that are most relevant in southern Africa, this study has the potential to significantly strengthen the theoretical base for future research in this crucial new area. Chapters address the following themes: the landscape of prejudice, theory of disease stigma, responding to stigma, stigma and discrimination, instrumental and symbolic stigma, more effective interventions, as well as a research agenda and methodologies for further research.


In the absence of substantial differences in the growth rates of per capita GDP across countries, what are the factors that explain the rapid spread of the HIV infection within a nation? This is an empirical question that needs to be explained. In order to elucidate the correlation between HIV prevalence and economic growth in a sample of 74 low- and middle-income countries, being Muslim and ethnic diversity can be used as main instruments to produce estimates of the effect of HIV prevalence on the growth rate of real GDP per capita that are not affected by the presence of simultaneity.

This qualitative study explored how South Africans view and cope with AIDS-related loss. In-depth interviews were conducted with a purposive sample of 18 bereaved adults living in KwaZulu-Natal, a province that has been severely impacted by the HIV/AIDS epidemic. Data were analysed according to the conventions of qualitative research. Participants felt quite powerless and accepted AIDS-related deaths as a part of their life. They tried to reframe their loss as something positive; constructing meaning from their loss. Coping strategies included: suppressing emotions; seeking comfort and strength from one’s spiritual beliefs; and maintaining an optimistic attitude about the future. These themes are consistent with research on coping with AIDS-related bereavement in the West. Further research is needed to confirm these themes in the South African context using culturally appropriate measures. Future interventions must be tailored to the local context and must take into consideration the limited availability of funds for mental health services in South Africa.

HIV/AIDS infected and affected families are referred to their church leaders for relevant and effective family counselling. Many leaders lack these specialised skills. This chapter summarises the findings of the first phase of an on-going research project based on the Intervention Research Model as developed by Rothman and Thomas (De Vos 2001) to design a training programme for church leaders.

Minority nationalities represent a disproportionately high number of the reported HIV infections in China. This qualitative study within a Dai minority nationality community in Yunnan examined stigma and discrimination against drug abusers and people living with HIV/AIDS. The data showed that stigma was deeply entrenched and reflected cultural or religious judgment of behaviour that was considered deviant. Lack of sensitivity towards culture and religion in existing interventions may have contributed to the stigma. It was found that stigmatisation caused a vicious cycle of marginalisation, relapse of drug abuse and hence renewed stigma and discrimination.

Denis, Philippe. 2000. "Memory boxes: Helping AIDS orphans to remember." Bulletin for Contextual Theology in Africa 7:34-36. The concept of memory boxes was developed in Uganda in 1997. The authors are part of the Oral History Project of the School of Theology, and have tried to recover the memories of families affected by HIV and AIDS and for them to share their memories in order to development better copy mechanisms. This book looks at how children who remember their deceased parents and relatives in a positive way are able to develop resilience and cope better with adversity.

—. 2001. "Sharing family stories in times of AIDS." Missionalia 29:258-281. Children who remember their parents in a positive way when they become ill or when they die are in a better position to cope with the hardships of their condition. The concept of memory boxes are used with positive effect to help AIDS orphans cope with the loss of their parents or siblings. The article reports on a pilot study being conducted jointly by the Oral History Project of the School of Theology, University of Natal and Sinosizo Home Based Care. The article also sets out conditions for a successful intervention in a family and practical guidelines to ensure that the resilience of the children are actually strengthened.

—. 2003. "Sexuality and AIDS in South Africa." Journal of Theology for Southern Africa 115:63-77. The article considers factors that increase the risk of HIV transmission within the South African socio-political context and examines possible reasons for the devastating impact of the pandemic in Southern Africa. Interventions, which might curb the spread of the virus are discussed, with reference to the 'success story' of Uganda. Recognising the role that churches have in this process, the paper raises ethical questions around their proposed 'solutions' and points to the complex factors that have to be considered by all those challenged to respond to the pandemic.

—. 2005a. "Never too small to remember: Memory work and resilience in times of AIDS." Pietermaritzburg: Cluster Publications. This collection of essays is derived from the work of the Memory Box Project of the Simomlando Centre for Oral History and Memory Work in Africa, School of Religion and Theology, University of KwaZulu-Natal. While it offers both theoretical reflection and practical tools for doing memory work in the community it is primarily an advocacy tool to promote memory work within communities affected by HIV. Phillipe Denis and Nokhaya Makiwane's essay outlines in detail the methodology of creating memory boxes. Two chapters discuss the role of memory work for helping children to develop resilience and mechanisms to cope with the death of a parent. Phillipe Denis shows how creating memory boxes enables families affected by HIV to tell their life stories and develop a sense of historicity. Radikobo Ntsimane considers aspects of Zulu culture that impact on resilience in children and argues for the importance of memory work in a culture where children are excluded from grieving. Veronica Wilson's final essay evaluates the Memory Box programme, yet it offers no strong evaluative conclusion. [CHART]


—. 2006a. "The crisis of marriage in contemporary South Africa." Grace and Truth: A Journal of Catholic Reflection 23:3-8. This essay considers how the forms of marriage, both 'Western' and African, are in crisis as a result of changing social norms, but also as marriage becomes unaffordable for many. Single motherhood is becoming the norm, with many of the mothers having never being married. This constitutes a challenge to churches. [CHART]

—. 2006b. "The rise of traditional African religion in post-apartheid South Africa." Missionalia 34:310-323. The paper discusses the state of traditional African religion in post-apartheid South Africa. It argues that since the coming of democracy this form of religion has occupied a more important position in civil society than ever before. The new political situation has created a context that is eminently favourable to the expansion of traditional African religion. This happens in several ways. First, as an essential element of indigenous knowledge systems, it is recognised as a field of scientific research. Second, various steps are taken, among health practitioners and in Parliament, to give traditional healers formal recognition. Third, in the Christian churches more and more theologians openly advocate a dialogue with African traditional religion. Fourth, in various parts of the country, in KwaZulu-Natal and in the Eastern Cape in particular, groups of women vigorously promote the renewal of virginity testing, as a way of combating the spread of HIV/AIDS. In the new South Africa, African traditional religion has become more visible, but it is also changing. To gain recognition it has to fulfill a variety of new legal, social and cultural requirements.

The paper surveys the history of the church’s response to HIV/AIDS in South Africa with a view to assessing what the church has done and not done since the outset of the epidemic to reduce its progression and mitigate its effects. The first response to HIV/AIDS from a church organisation in South Africa dates from the mid 1980s. The paper examines separately how church leaders, local congregations and faith-based AIDS organisations have shaped the discourse on HIV/AIDS, contributed to prevention and taken initiatives in the field of care and treatment since the outset of the epidemic. In three areas the churches made a particularly significant contribution to the fight against HIV/AIDS, especially during the last decade: home-based care, orphan care and ARV treatment.


This essay focuses on the history of the religious response to the epidemic in sub-Saharan Africa. The author argues that religious discourses “add meaning to the epidemic and mediate the prevention messaging”. Importantly, Denis shows how this discourse is not homogenous and suggests that the history of how religious institutions have dealt with the issue of sexuality, a key aspect of “prevention messaging”, is yet to be written. Denis also identifies studies that deal with the question of religious affiliation and HIV transmission, and concludes that while religious affiliation might lead to behaviour change, much seems to depend on “socialisation, religious experience, indoctrination and exclusion”, all of which will vary over time within each religious grouping. The essay also addresses the dilemmas of prevention faced by religious institutions, including the debate on the use of condoms and their historical role in treatment and care.


An electronic version of a book jointly published by Academia-Bruylant (Louvain-la-Neuve) and Karthala (Paris) in September 2006. The online version is in English, while the printed one is in French. This volume stems from a conference organised by the Chaire d’études africaines of the University of Louvain at Louvain-la-Neuve, Belgium from 11 to 13 March, 2004. Eleven of the chapters consist of reworked papers presented at the conference. The other articles were requested from their authors during the following months. The contributors come from countries as divergent as South Africa, the Congo, Cameroon, Senegal, France, the United Kingdom and the United States. Whether they live there or have carried out their work there, all of the authors have an intimate knowledge of Africa combined with a personal interest in the AIDS issue. The fact that the studies included in this present volume equally concern English-speaking and French-speaking Africa is worthy of mention. Cultural and intellectual barriers continue to separate these two parts of the African continent. In order to facilitate a greater exchange of ideas, the decision was taken to publish the volume in both languages.


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This article describes the use and value of ‘memory boxes’ for South African children who had lost a parent to HIV/AIDS. The Memory Box Programme, has been responding since 2000 to the emotional needs of such children, with the purpose of promoting their resilience. Sharing of memories of the sick person or of the deceased, and recording those memories and storing them in a memory box, creates a space to talk about sickness and death and in this way help families to cope with the loss of the loved person. The article describes the process of creating memory boxes in partnership with family members in Durban, and discusses the value of this work. [JOHS review extract]

This chapter publishes the results of a research conducted by the Sinomlando Centre for Oral History, that is part of the University of KwaZulu-Natal. The chapter discusses the experience that a group of South African children have of their fathers in the context of the HIV/AIDS epidemic. From an analysis of interviews with 33 families affected by HIV/AIDS it becomes clear that only 27% of the fathers regularly reside with their children, and that only 34% gives some form of support (material or emotional) to their children. This means that in most of the families fathers are absent from the life of their household. Children are raised by single mothers and women have ceased to pursue the ideal of marriage. It is wondered how boys, who have been deprived from the presence of a father, will ever learn how to become fathers themselves. [CHART]


Housing has long been the single largest area of unmet need for people living with HIV/AIDS, and there are few published descriptions of programs that address this need. This paper describes Project New Hope in Los Angeles, California, a faith-based program that may be the nation’s first housing program exclusively designed for people with HIV/AIDS. We discuss why housing is important for HIV positive people; then we describe the project, including how it got started, how it operates, its linkage with the Episcopal Church, and its principal accomplishments and challenges; finally, we conclude with lessons learned that might be applied elsewhere.


Describes the involvement of churches and other faith-based organizations (FBOs) in addressing the HIV/AIDS epidemic in Belize, Guatemala, and Honduras. The authors describe the range of FBO activities and discuss the facilitators and barriers to such involvement and possible ways that FBOs can increase their efforts, both independently and in collaboration with other organizations, such as government ministries of health.


Comparative case studies were used to explore religious congregations’ HIV involvement, including types and extent of activities, interaction with external organizations or individuals, and how activities were initiated and have changed over time. The cases included 14 congregations in Los Angeles County representing diverse faith traditions and races-ethnicities. Activities fell into three broad categories: (1) prevention and education; (2) care and support; and (3) awareness and advocacy. Congregations that engaged early in the epidemic focused on care and support while those that became involved later focused on prevention and education. Most congregations interacted with external organizations or individuals to conduct their HIV activities, but promoting abstinence and teaching about condoms were conducted without external involvement. Opportunities exist for congregations to help address a variety of HIV-related needs. However, activities that are mission-congruent, such as providing pastoral care for people with HIV, raising HIV awareness, and promoting HIV testing, appear easier for congregations to undertake than activities aimed at harm reduction.


Arab scholarship of sexuality is currently emerging against many obstacles. This article provides a suggestive introduction to the current state of knowledge in the area. After briefly sketching an archetype of Arab sexuality, especially its peculiar form of phallocracy, new sexual trends are reviewed, some of which adapt current practices to Shari’a law (e.g., visitation marriages), while others break with it altogether (e.g., prostitution). The article then discusses three distinctive areas of public and policy concerns in the region, namely, honor killings, impotence and Viagra use, and sex-education programs that are precipitated by concerns over HIV/AIDS. The essay concludes with an assessment of some of the main challenges still facing research into the topic in the Arab Islamic world.

This section from “Africa praying” offers suggestions for structuring services on the theme of men and the use of power. Based on the passage Mark 9:33-36 it explores the text and applies it to the personal and societal context. [CHART]


This teaching module contributes towards building HIV and AIDS competent churches and theological institutions and is developed for distance learners. The module is aimed at breaking the silence and the stigma by stimulating HIV and AIDS theological reflections and discussions in various circumstances, such as in Sunday schools, women’s meetings, youth and men’s fellowships, workshops, conferences and among teachers and preachers of religious faith. The module also looks at the social aspects of the epidemic such as stigma, prevention, care giving, children and women in the context of HIV and AIDS.


This paper explores the organisational structures of traditional healers, outlines their explanations of HIV/AIDS, and discusses how they can be integrated with company programmes. The South African Traditional Health Practitioners Act seeks to register, regulate and promote traditional healers, but its ability to do this depends on strong, formalised associations of traditional healers. The different forms of traditional healer groupings in South Africa are described along with the implications that their organisational structure has for knowledge, competition and service standards. Traditional healers' diverse and fluid beliefs about HIV and AIDS are explained together with ways in which cooperation between companies, allopathic medicine and African traditional healing practices could be promoted in workplace responses to HIV/AIDS. It is suggested that such collaboration should focus on 'windows of compatibility' rather than on overall agreement. Moreover, it is argued that any response to HIV/AIDS must be embedded within a wider set of agreements, the most critical being a genuine process of referral between the traditional and allopathic healthcare systems. Companies are in a strong position to initiate such reforms, and this would support the professionalisation of traditional healers as well as help coordinate a wider and more effective response to the HIV epidemic in South Africa.

DIFAEM. 2005. "Global assessment of faith-based organizations’ access to resources for HIV and AIDS response." German Institute for Medical Mission (DIFAEM), Tubingen, Germany.

Although the contribution of faith-based organisations to HIV and AIDS services is substantial, and in spite of good will by all, FBOs often still struggle to access resources from international funding agencies for their HIV services. A combined and increased response from all sectors is urgently required. Recognising the potential impact of a strong FBO response, particularly in the poorest areas of the world, the World Council of Churches, Caritas Internationalis, Ecumenical Advocacy Alliance, German Institute for Medical Mission (Difaem) and Norwegian Church Aid have initiated remedial action. A survey was conducted, collecting a range of experiences from churches and FBOs, to help identify obstacles to better resourcing. Two semi-structured questionnaires were sent out to 500 Christian FBOs around the world through ecumenical networks; responses were received from 77 entities. The survey identified five main obstacles in FBOs accessing resources: internal policy within FBOs and their networks, capacity and networking issues, as well as external interactions, processes, technical expectations and information issues about donors/partners and funding opportunities.


The global dynamics of AIDS work are explored in the paper with regard to the care and support for people living with HIV/AIDS in sub-Saharan Africa, with attention to the concept of living positively. It is argued that, as religion plays an important role in shaping the conceptions of illness and healing in Tanzania, religious-spiritual elements have contributed strongly to the understanding of a 'positive' life with HIV. In conclusion the paper calls for an approach to AIDS work that integrates international and local insights and takes seriously the cultural conceptions and contexts in which people are living with and responding to HIV.


The responses of Christian religions to HIV/AIDS in Africa have been described either with regard to the stigmatising attitudes of churches, or with reference to the charitable acts of Christian organisations in the context of the epidemic. Drawing on fieldwork in a Neo-Pentecostal church in urban Tanzania, this article shows that the Full Gospel Bible Fellowship Church in Dar es Salaam is becoming highly attractive to its followers because of the social, spiritual and economic perspectives that it offers, and particularly because of the networks of healing and support that it has established under the circumstances of urbanisation, structural reform programmes and the AIDS epidemic. The author argues for a stronger focus on practices of healing and community building in studies on Pentecostalism, which may shed light on the continuities as well as the ruptures that are produced by the rise of Neo-Pentecostalism in the context of globalisation, modernity and HIV/AIDS.

—. 2008. "We are all going to die": Kinship, belonging and the morality of HIV/AIDS-related illnesses and deaths in rural Tanzania." *Anthropological Quarterly* 81:207-232.

This article explores how moral perceptions of HIV/AIDS-related illness and death in rural Tanzania are related to social and cultural practices of disease interpretation, patient caring and burial in the context of rural-urban migration and HIV/AIDS. Drawing on anthropological discussions of the relationship between death, social reproduction, and HIV/AIDS I argue that moral discourses and practices surrounding the epidemic in Northwest Tanzania are intimately intertwined with local notions of order and disorder. Furthermore, they are tied to individual and collective concerns about the implications that the high numbers of premature deaths among young men and women are perceived to have on the continuity of whole families and communities. Focusing on the case studies of several young HIV-infected women and men who finally died from the consequences of AIDS I show that the infected persons themselves, as well as their relatives, draw on a wide range of—sometimes mutually contradictory—strategies in dealing with the disease in cultural, religious, or moral terms (including the reference to witchcraft or the violation of ritual prescriptions). In conclusion, I argue that the various strategies and practices surrounding HIV/AIDS-related illnesses and deaths have become an integral part of the negotiation of kinship relations in rural Tanzania, as well as of the moral state of "modern" society in general.


In recent years, relationships among religion, development, and globalization have been discussed critically with regard to the potentially beneficial as well as detrimental opportunities that the work of faith-based organizations (FBOs) presents in relation to HIV/AIDS. Drawing on the case studies of two neo-Pentecostal congregations in Dar es Salaam, this article describes how religious actors in urban Tanzania—including those who have not benefited from international funding—have repositioned themselves in relation to the discourses, practices, and market opportunities triggered by globalization and transnational development. This article also discusses the fragmentation and transnationalization of the healthcare sector in Tanzania, where the focus on FBOs represents only a minor aspect, which may pave the ground for promoting individual congregations' strongly conservative and morally driven agendas.


During the last 10-15 years, the far-reaching and fundamental intertwinements between religion and HIV/AIDS in Sub-Saharan Africa have become increasingly visible and addressed in scholarly research. Religious traditions have developed their own, and in some ways unique (and also problematic) responses to the epidemic. At the same time, religions themselves have been transformed through the ways in which HIV/AIDS has affected social life and experiences in African societies. This special section of the African Journal of AIDS Research focuses on the terrain of biomedical treatment, especially antiretroviral therapy, as one of the largest interventions in the history of public health in Africa in order to analyse and understand these diverse entanglements in terms of the production of new religious spaces. The introduction of ART has been associated with a range of individual and collective hopes, expectations and experiences of healing that are linked to the prolonging of lives through biomedical treatment. At the same time, the promotion and implementation of ART has been intertwined with, and emblematic for, a globally evolving framework of health governance that has been linked to specific political and funding constellations, as well as the growing role of religion in international and national arenas. These developments are conceptualized in the special section as a "redemptive moment" in order to emphasize the (potentially) transitory nature of transnationalized political and funding configurations as well as the unique place of antiretroviral treatment in African history.


This review article explores the anthropological literature on gender and HIV/AIDS in sub-Saharan Africa which has in the past decade focused mainly on the political economies of sexuality and gender relations on local, national and global levels and their
influence on the vulnerability of women. The authors argue that, in order to grasp the complexity of gender-specific factors of the epidemic, this structural approach has to be broadened and supplemented by more recent approaches in the anthropology of gender. The latter focus increasingly on differences within gender groups, on the variability of gender concepts and on the agency of women and men – on aspects, that is, which have often been neglected in earlier, structural studies on gender and HIV/AIDS. The authors argue for a dialogue between these various approaches and a stronger consideration of cultural, religious and moral aspects in studies on gender and HIV/AIDS in Africa. [CHART]


What is the distinctive role of members of religious congregations in helping the Church to face the challenges of the epidemic? A Senegalese theologian reflects.


This book acknowledges that no guidelines about HIV prevention provide foolproof protection from HIV infection. It aims to provide enough information to re-assure people about the situations in which the risks of HIV infection are small, even though an element of risk of HIV infection remains. It is written to inform ‘a compassionate, practical, effective Christian response to HIV.’ This book draws on anecdotes and research. It traces the emergence of AIDS epidemics in the USA, then in Africa and other parts of the world. It considers HIV, the virus, and the medical responses to this virus, including anti-retroviral therapy, vaccinations and cure. It devotes a chapter to discussing the use of condoms, and outlining information which defines the limitations of their effectiveness and another chapter to the appropriate roles of needle exchange and condom distribution. The book argues strongly for the prioritization of effective prevention efforts, both as a logical humane response, and as an economically advantageous initiative. It argues for the education of young people about sex before they become sexually active and presents 20 lessons learned in the UK about sex education and ten associated objections to the type of sex education advocated. Unpersuasive information sharing, which does not result in the desired outcomes is considered useless. HIV prevention is perceived as a race against time. The book concludes with a basic outline of a ‘10 point plan’ for national government responses and a motivational overview of Christian identity and presence in the world at this time in history where the HIV is a prominent global tragedy.


Dlamini, Celiwe. 2006. "The needs of ELCSA ministers as they cope with burnout, in their ministry to people affected by and infected with HIV and AIDS." University of KwaZulu-Natal, Pietermaritzburg.


A phenomenological study was conducted to help understand the lived experience of women with HIV, specifically in regards to the role of meaning and spirituality. Eight HIV positive women participated in a phenomenological interview, and thematic analysis was used to extract relevant themes from their statements. The results showed that spirituality and meaning play an important role in coping with HIV. Many of the women demonstrated an acceptance of HIV and of suffering, and found that they were able to learn through their experiences. They also discussed beliefs that everything has meaning and having a sense of purpose in life. For many women, helping others and reaching out was an important aspect of their sense of meaning and purpose. Many women also talked about the positive effects of spirituality and prayer on emotions, behaviour and health. Some women also talked about negative experiences of spirituality and religion, often related to religious upbringing in childhood. Since seven out of eight women were of First Nations descent, many women discussed experiences of and the importance of First Nations culture and spirituality. Many women also had a personal approach to believing in a transcendental, spiritual reality, and integrated various spiritual and religious beliefs. The women also talked about the negative impact of HIV, health implications, and the role of social support. This study adds to the growing body of research on spirituality in coping with HIV, as well as the role of meaning and existential coping in HIV positive women.

Some of the objectives of the General Assembly of the Ecumenical Association of Third World Theologians (EATWOT) held in Ecuador between September 24 and October 01, 2001 were to review the work of the organisation for the past twenty-five years of its existence, and to recommit itself to doing relevant theologies that would be responsive to the needs, aspirations, fears, and hopes of its regions. National liberation, socio-economic liberation, women liberation, and ecological liberation were some of the issues that were looked at. Challenges posed by globalisation, deepening poverty, killer diseases such as HIV/AIDS, unabated brutalisation of women and children, escalating depletion of natural resources, degradation of creation, eruption of new conflicts and strife, and the general lack of democracy in some of EATWOT regions, were faced with courage as issues of divine imperative.


This article re-examines the case of Billy Goodson Chisupe of Malawi, who in 1995 claimed to have discovered a cure for AIDS, and distributed the cure, at no charge, to nearly a million people. Existing interpretations of these events fail to recognize their significance; the mass movement to Chisupe reflected neither the 'inevitable' expression of a cultural pattern nor a public demand for 'moral purity', as Schoffeleers and Probst have theorized. It is argued here that the Chisupe affair can be explained not as 'mass hysteria' but as the product of rational fears (of AIDS), calculations (of the probability that someone like Chisupe might be 'real') and desires (for a chance to speak openly about inequality, politics, and the threat posed by disease). Chisupe's message - about inequality, and respect for African 'tradition' and science - is the crucial missing link in the existing portraits of the Chisupe affair, and that there are potential political and public health implications to the failure to understand the appeal of that message.


This document is an outcome of "The all Africa church and AIDS consultation" held in Kampala, Uganda, Apr. 24-30,1994, sponsored by the Evangelical Fellowship of Uganda, Association of Evangelicals in Africa, and MAP International-Africa. It contains primary information on church responses to AIDS in 28 countries.


This book focuses on a two year project by Church leaders in Kenya to find ways means to prevent AIDS. It challenges the Church in Africa into youth work, care giving, counselling, commitment to change, collaborating and networking with each other and commitment to change. It as well outlines the lessons learned from experiences of the project.


Utilising their many years of international experience, the two authors offer personal stories and up-to-date statistics in order to present a global portrait of AIDS, showing ways in which the church can become involved to make a difference.


This pastoral counselling manual is a reference guide that describes the skills and the issues that are important for AIDS counselling. It presents case studies that will help the counsellor apply these issues to actual situations and help them sharpen their skills. The manual is composed of nine sections and aims to achieve the following goals: 1) help any willing person counsel those affected by HIV/AIDS; 2) help lay church counsellors understand and deal with problems in light of the Bible; and 3) sharpen the skills in helping the healing process in people’s lives. Lastly, this manual is designed to help one find answers to particular problems when confronted with difficulties during counselling.


Many organizations responding to HIV and AIDS are aware how HIV-related stigma limits the effectiveness of prevention, care, support and treatment interventions. Any effective intervention, therefore, requires mainstreaming stigma eradication strategies into all interventions – something that cannot be achieved without forming partnerships with PLWHA organizations.
These guidelines have been developed by the WCC in conjunction with the African Network of Religious Leaders living with or personally affected by HIV/AIDS (ANERELA+) and the Global Network of People living with HIV/AIDS (GNP+). While some of the information provided is general, there is an emphasis on forming, nurturing and sustaining partnerships with people living with HIV and AIDS (PLWHA) networks, organizations and self-help groups. These guidelines are to help churches to reach out to others skilfully and in a planned way, highlighting the reasons for forming partnerships, some of the challenges and suggest some ways forward, including by providing examples of existing partnerships and initiatives. Chapters deal with issues like ‘The response of churches to date’ and ‘Troubleshooting in partnerships’; and there are helpful appendices on declarations and policy statements by churches and on sensitive language use vis-à-vis HIV and AIDS.


This edition of Contact, which is entirely devoted to HIV prevention, affirms the 1996 claim by WCC that “Churches can do much to promote, both in their own lives and in the wider society, a climate of sensitive, factual and open exploration of the ethical issues posed by the pandemic…churches’ can promote conditions – personal, cultural, and socioeconomic – which support persons in making responsible choices." It provides a series of articles written for Christians about a cross section of technologies and issues which are directly related to preventing new HIV infections. The issue covers the following topics: A perspective from UNAIDS about appropriate roles for churches in HIV prevention; A review of the tendencies of the ABC to fuel to HIV-related stigma, and introduction of a model called SAVE (Safer practices, available medications, voluntary counseling and testing, empowerment); An introduction to ‘positive prevention’ in which people who are living with HIV protect their own sexual and general health as well as avoid transmitting HIV to others; A clarification of the distinction between risk and vulnerability, aimed at ensuring that the populations most affected by HIV are central to the design and implementation of effective and human rights based interventions; An introduction to post-exposure prophylaxis; A case study from Kenya, which illustrates an effective intervention for the prevention of mother-to-child HIV infection; A outline of how stigma creates a context in which the vulnerability to HIV infection is increased; The need for an HIV vaccine; Microbicides and their role in HIV prevention; Emerging evidence about the role of male circumcision in HIV prevention; Introduction to nano-technology in HIV prevention, and finally, a Biblical reflection on John 10:10, challenging Christians to take up HIV prevention in a holistic manner. [CHART]


“As They See It” looks at AIDS from multiple African perspectives, and offers an overview of the African experience; it draws on case studies, and refers to the situation in different countries and different cultures. The book shows how culture—such as a belief in witchcraft—is a vital component to consider when addressing HIV/AIDS. It deals with the debate over the origin of HIV, presenting the Western position that the virus originated from Africa, as well as African responses to this. Also raised is South African president Thabo Mbeki’s stand linking HIV with poverty, suggesting that ridiculing him may have lost the chance to find appropriate ways of fighting AIDS in Africa. Dowling states that HIV/AIDS statistics from Africa may be unreliable due to the cheaper testing methods employed there. [Dunstan R. Bishanga review extract]


This report for Tearfund, its partners and the communities they serve, maps the progress of partner PPTCT programmes in seven African nations between 2005 and 2007.


Young transgender women (YTW) face many challenges to their well-being, including homelessness, joblessness, victimization, and alarming rates of HIV infection. Little has been written about factors that might help in preventing HIV in this population. Our objective was to examine the role of religion in the lives of YTW and its relationship to HIV risk. This study is derived from baseline data collected for an HIV prevention intervention. A convenience sample of YTW aged 16-25 years from Chicago were recruited consecutively and completed an audio computer-assisted self-interview. Logistic regression models were used to evaluate the relationship between sexual risk taking (sex work, multiple anal sex partners, unprotected receptive anal sex), alcohol use, formal religious practices (service attendance, reading/studying scripture), and God consciousness (prayer, thoughts about God). A total of 92 YTW participated in the study, their mean age being 20.4 years; 58% were African American, 21% white, and 22% other. On multivariate logistic regression, alcohol use was significantly associated with sexual risk in both models, with adjusted odds ratio (OR) of 5.28 (95% confidence intervals [CI]: 1.96-14.26) in the Formal Practices model and 3.70
(95% CI: 1.53-8.95) in the God Consciousness model. Controlling for alcohol use, it was found that Formal Practices was significantly associated with sexual risk (OR = .29, 95% CI: .11-.77), but God Consciousness was not (OR = .60, 95% CI: .25-1.47). Among YTW, formal religious practices may attenuate sexual risk-taking behaviors and therefore HIV risk. Further research is needed to explore the role of the religion in the lives of YTW as a protective asset.


This conclusion reflects on the collection of symposium papers presented during “Social sciences and AIDS in Africa: review and prospects” in Senegal in 1996. Dozon contrasts the medical and cultural co-factors responsible for the spread of HIV in Africa, maintaining that cultural factors play a variable role: they may protect or put people at risk. He discusses the social sciences contribution to AIDS research, pointing out that it is possible more descriptive than explanatory. In regarding the perceptions of African populations of the pandemic three types of signifying processes emerge: there are local explanations; these draw on bio-medical insights; changes in African society are regarded as cause for this new disease. The social sciences are also concerned with action, e.g. developing social campaigns for HIV prevention. The conclusion makes a strong plea for the involvement of others outside the health sciences in AIDS research and also those beyond Africa – symbolizing the refusal to accept that African AIDS is somehow a different type from that elsewhere. [CHRT]


Dreyer argues that in the struggle for justice, HIV and AIDS present an important challenge for theology, practical theology in particular. In two theoretical sections he develops a liberation theological perspective on justice and interprets the notion of oppression by drawing on the work of Iris Young and her five faces of oppression. He shows that people with HIV or AIDS clearly fit into the category of oppressed groups as being stigmatised and marginalised in various ways. The chapter presents findings from a survey among young people in South Africa to assess their attitudes towards people with HIV and AIDS. The results show that a significant minority do hold that people with HIV should be isolated in some way; religious socialisation or participation does not impact on such attitudes. The paper ends by reiterating that the challenge to find justice for those with HIV and AIDS remains – it offers no pointers toward this goal. [CHRT]


The paper reports on a survey among South African grade 11 learners; it includes questions on attitudes toward people with HIV and AIDS.


Faith, as defined by Fowler, is the tripartite relationship among self, other, and their shared center of value. The Faith Development Interview (FDI), based on psychological theories of development, assesses a person’s stage of faith development by asking questions regarding life history, relationships, and existential values and beliefs. In this study, the FDI is assessed for structural wholeness and is compared with ego development and religious orientation to evaluate their role in the FDI's nomological network. As expected, the structural wholeness of the FDI was supported, giving evidence that the FDI measures a single underlying construct. The FDI was most closely related to education (r = .48, p < .05). Controlling for SES variables, faith development was significantly related to ego development (r = .31, p < .05) and intrinsic religious orientation (r = .38, p < .005). However, faith development was not significantly related to extrinsic religious orientation. Religious orientation was not significantly related to ego development. This pattern of relationships was further confirmed with a principal components factor analysis using varimax rotation. Qualitative differences were observed between respondents whose faith development and ego development scores differed by one or more stages. Those whose faith development score exceeded their ego development score tended to be emotionally stable and vitally engaged in living. Those respondents whose ego development score exceeded their faith development score tended to have unresolved emotional issues that had inhibited their ability to develop their faith, as expressed through satisfying relationships. These findings support faith development as a distinct theoretical construct that is related, but not equivalent, to both ego development and religious orientation. Faith, as measured
by the FDI, is a potentially powerful clinical tool that assesses cognitive and emotional processes using personal and existential content, regardless of religious orientation.


A contribution on his personal journey with HIV as motivation to congregations to get involved.

A contribution that addresses sensitivity to HIV in our use of language.

A contribution on the work of an AIDS action group in Wynberg, Cape Town, to make a difference to those in their area affected by HIV.

Since Botswana is famous for having the highest HIV infection rate in the world, this book describes how one congregation, the Open Baptist Church in Gaborone, reacted when it was confronted with HIV highest infection. It also reflects on how the Christian faith can deal with HIV/AIDS. The situation is desperate, but there is hope (Tlamelo), too.


The author uses African oral history, biblical narrative and the history of Africa over the last 50 years to draw the reader into a world of pain, but not one without hope, because the dubious interventions of quack self-seeking doctors , Colonial Master, Neo-Colonialism and Global Village, Mama Africa is coming up behind Jesus. [L. Isherwood review extract]

Botswanan theologian Musa Dube speaks on the difficulties of preaching on HIV and AIDS to religious people as she is addressing a meeting of such 'converted'. Dube encourages the listeners to repent even as Jesus did when approaching John to be baptised. What is required is a shift from the judgmental attitude and messages toward those infected by HIV found commonly in churches. Specific issues addressed through reference to biblical imagery and current events include the condom debate, the futility of insisting on abstinence and faithfulness, and 'patriarchal sins' that marginalise women. Dube's challenge is for the church to be prophetic and radical in its response to AIDS.

Also published as "Preaching to the converted: Unsettling the Christian church!"

HIV/AIDS statistics for both children and caregivers indicate that many children are and will be directly affected by this disease. Presents a biblical base for a children's rights-based theology, and describes the complex situation of children in Botswana, and notes their material and psychological needs. While a lot is being done, we need to work on our hospitality, for evidence indicates that the implementation of children's rights and seeing to their needs leaves much to be desired.

The synoptic gospels show Jesus healing all diseases, and doing so without requiring payment. This is not our experience, especially in contexts rife with AIDS. The chapter explores possible ways of reading – and teaching – these texts along with the actual lives/experiences in Botswana, where they awaken the desire for healing in a context where AIDS is causing suffering and death with no healing available. The author proposes going beyond academic style, “reading with” – taking the texts and the questions they raise into the community. The chapter offers a sample of interpretations of healing stories that emerged from interviews with church leaders, contrasting the views of men with those of women. She discerns a shift from condemnation
toward a caring response toward those affected by HIV, with most respondents emphasising the ongoing relevance of these texts as a source of hope. [CHART]


Globalization and HIV/AIDS – two anti-social and anti-life forces – pose a challenge to the understanding of the Christian mission. As model Dube highlights the people centered mission of Jesus and outlines its implications: “Our mission is the mission of Jesus”. She outlines some theological challenges following from this: incarnation implies emptying oneself from glory; it means preaching to those within and challenging stigmatizing views the hold and re-interpreting scriptures to affirm life and counter injustice; it implies preaching that proclaims life and healing; a commitment to ecumenism; and taking on advocacy as a prophetic task. She states these challenges with constant referral to the harsh reality of HIV and AIDS and what this means to those individuals and communities living under its dark shadow. [CHART]


The HIV and AIDS pandemic places great and unfamiliar demands on church workers in Africa, for which they are ill prepared, lacking the insight and language for an appropriate response at individual and social level. This book aims to equip them for the task with guidance on mainstreaming HIV into their activities, thus breaking the silence still surrounding it. The material for the book was written by a group of contributors in a collaborative process. It contains comprehensive sermon guidelines along with prayers, songs and symbols of worship which can be adapted to particular contexts and worship styles. The handbook is divided into five parts: sermon guidelines on life markers; services on the church calendar and events; HIV/AIDS sensitive sermons guidelines and liturgy on various themes for general church services, Sunday school classes or Bible study groups; mainstreaming HIV/AIDS in services that focus on particular groups; and the final part focuses on social factors contributing to HIV/AIDS. [CHART]


Gender has been shown to be a central factor in the spread of HIV. This chapter explores the complexity of gender, its construction and how this is problematic. It shows the many ways in which gender intersects with both culture and religion throughout the phases of life, e.g. birth, marriage, old age; and how language and other social institutions collaborate to maintain this construction. Yet transformation of culture and society is possible towards gender justice, and that is the challenge with which the paper ends. [CHART]


This is a revised version of the curriculum constructed by MAP International in 2001. In the Unit on "Biblical Studies and HIV/AIDS" Dube includes a section on "The Framework of disease as punishment", which focuses on the Pentateuch and 2 Sam. 24; a section on "Job challenges the framework of disease as punishment", a section on "Prophetic healing and HIV/AIDS", which covers Old and New Testament prophecy as well as contemporary prophecy; a section on "Jesus' healing ministry and HIV/AIDS"; and a section on "The healing ministry of the church and HIV/AIDS", which draws on Matt 10 and 20, Acts, the Pauline epistles, the Johannine literature, and the Pastoral epistles. [CHART]


This chapter addresses the need to teach biblical studies in a way that is relevant to the context of HIV and AIDS. It draws on the author’s practical experience of ‘inventing’ methods relevant to this new challenge. The rationale for such an approach is outlined by sketching the many ways in which the pandemic affects and threatens life, also of the students. This, together with the emphasis on healing in the gospels, necessitates mainstreaming HIV and AIDS into the teaching thereby helping to break the silence on the pandemic. People living with HIV as well as experts in other disciplines need to be drawn into the teaching. Methods for such teaching need to be contextual and can draw on many approaches; some of these are illustrated in the chapter, with special attention on African methods (inculturation and liberation hermeneutics) and literature which uses these. [CHART]

Dube challenges theologians and scholars of religion to recapture their role as prophets of life in a context of AIDS. She expounds what biblical prophecy was, what messages it brought and to whom before turning to HIV and AIDS as a crisis calling for prophecy. Referring to prophets in the New Testament she sketches the prophetic role of Jesus, his self-identification with this role, his siding with the marginalized while exposing the hypocrisy of the religious elite. After listing numerous ways in which Jesus’ actions were prophetic the author challenges the church to take up its prophetic role. [CHART]


This paper argues that it is essential to resist globalization, in spite of its apparent blessings, as much as HIV and AIDS, showing how both forces impact on women. It unfolds a biblical rationale - drawing on Mark 5:23-43 - for ‘empowering the girl-child and women against the forces of death’ and ends with a poignant question to the reader: ‘who are you in this story?’ [CHART]


This book is a collection of essays that represents our efforts in the continent of Africa to contribute towards the struggle against HIV/AIDS. As religious scholars we have worked with communities of faith and with people living with HIV/AIDS, and have tried to equip ourselves to be part of the solution. This book aimed at those who have begun grappling with the issue of integrating HIV/AIDS in their theological programmes. The papers in this book show how people have tried to address the major challenges confronting communities of faith and to give them tools to face the epidemic. In response to HIV/AIDS and its consequences, this collection of essays by young African scholars proposes a pattern of Christian education designed to equip Churches for ministry in a time of crisis. Theological institutions dedicated to the formation of pastors and other Church leaders are urged to implement ideas aimed at assisting faith communities as they provide care within the context of the HIV/AIDS pandemic in Africa. Experienced teachers and theologians describe ways to address HIV/AIDS through the academic disciplines of ministerial preparation as well as in continuing education opportunities, short courses for laity and training-of-trainers seminars for parish workers. Practical guides for classroom discussion of HIV/AIDS are provided in the areas of health and human sexuality, biblical interpretation, theology, counselling, gender perspectives, project design and management. This is a collection of essays that "represents our efforts in the continent of Africa to contribute towards the struggle against HIV/AIDS."

The collection came out of workshops to train theological educators on how to implement the HIV/AIDS curriculum in their educational institutions. It is also for those in the Church who need to deal with HIV/AIDS in their preaching, Sunday-school sessions and liturgy.


In this essay, the author offers a literary and sociological reading of the parable of the widow seeking justice in Luke 18:1-18, moving to-and-fro between the biblical text and women's contexts. In particular, Dube explores the vulnerability of widows to HIV infection, and argues that like this woman, we must refuse to be patient, waiting for the powerful to be ready to grant us justice. We must insist on justice now, affirming "a God who is unfaillingly in solidarity with the oppressed and exploited". [CHART]

The 'Global Bible commentary' offers a collection of short introductions to the biblical books from varied contexts aimed at undergraduate/seminary students and clergy. Dube’s section on Mark’s healing stories draws on the context in Botswana ‘where there is no healing’ – but huge stigma – for those infected with HIV. She reflects on the importance of the accounts of miracle healings for this context, and shows a range of possible readings of Mark 1, 40-44; from pessimistic to hopeful, from judgmental to caring. [CHART]


—. 2004f. "Talitha cum! A postcolonial feminist & HIV/AIDS reading of Mark 5:21-43 " Pp. 115-140 in Grant me justice! HIV/AIDS & gender readings of the bible, edited by M. W. Dube and M. R. A. Kanyoro. Pietermaritzburg/Maryknoll: Cluster Publications/Orbis Books. This chapter offers a re-reading of the Mark 5:21-43 (Jairus’s daughter & the hemorrhaging woman) from each of the paradigms of postcolonialism, feminism and HIV/AIDS through a narrative reading and analysis of the characters. It interrogates the issues of class, gender, race, ethnicity and international relations. The colonial situation in Mark’s era becomes a lens for the neo-colonial reality in Africa. The paper maintains a perspective of liberation and healing throughout, even rising from death to life. [CHART]


—. 2004i. "Twenty-two years of bleeding and still the princess sings!" Pp. 186-199 in Grant me justice! HIV/AIDS & gender readings of the bible edited by M. W. Dube and M. R. A. Kanyoro. Pietermaritzburg/Maryknoll: Cluster Publications/Orbis Books. Musa Dube narrates the story of post-colonial Africa, personified as Princess Africa izwelethu, since independence. She is shown as one hemorrhaging through various offers of political and economic development from abroad; through the arrival of AIDS and other diseases. The provocative narrative reflects on globalization and ARVs, structural adjustment and witchcraft, care giving and burials. And on the resilience of the African women who is still reaching out to Jesus for healing like the woman in the biblical narrative. [CHART]


The author challenges the Western individualistic perspective on HIV & AIDS which has not served Africa, but instead has helped to fuel the pandemic. She argues that a prevention strategy that is informed by the communal wisdom of “I am because we are and we are because I am”, would be a more effective approach to prevention and care and she gives practical suggestions for the use of public divination in the light of the pandemic.


—. 2006. "Adinkra! Four hearts joined together: On becoming healing-teachers of African Indigenous Religion/s in HIV & AIDS prevention." Pp. 131-156 in African women, religion, and health: Essays in honor of Mercy Amba Ewudziwa Oduoye, edited by I. A. Phiri and S. Nadar. Pietermaritzburg: Cluster Publications. The author challenges the Western individualistic perspective on HIV & AIDS which has not served Africa, but instead has helped to fuel the pandemic. She argues that a prevention strategy that is informed by the communal wisdom of “I am because we are and we are because I am”, would be a more effective approach to prevention and care and she gives practical suggestions for the use of public divination in the light of the pandemic.


The HIV and AIDS Bible opens a new chapter in African religious discourse by placing the pandemic at the forefront of theological discussions. In a series of incisive essays Musa W. Dube examines the HIV/AIDS crisis in light of biblical and ethical teachings and argues for a strong theological presence alongside current economic, social, and political efforts to quell this devastating disease. The HIV and AIDS Bible will be helpful for teachers, clergy, social workers, health care providers, and anyone else seeking creative ways to integrate their religious beliefs with their efforts to alleviate the suffering caused by the HIV/AIDS pandemic.


This article is an amalgam of four talks. The overall title 'Who do you say that I am?' is explored with reference to the following themes: Jesus as liberator from political and economic oppression as well as from oppressive religious institutions and forms of spirituality; issues of age and gender and the injustice flowing from this; the chains of motherhood; leadership in the church; Jesus' attitude to sex-workers and widows; Jesus as healer and what this implies for gender injustice; Jesus as the one who sends us to preach the liberating gospel. The author explores these issues in the context of HIV/AIDS in Africa and raises searching question around them. [CHART]

Musa Dube challenges us to hold the body, in its various meanings, central to our responses to HIV.


The article theorises about various responses to an HIV and AIDS outbreak by comparing it to a burning hut in the village. These responses range from indifference to action oriented engagement with HIV and AIDS. It is a framework that challenges scholars of religion and other disciplines to place themselves within the story of HIV and AIDS and to plot their own response. The approach is both autobiographical and institutional in its analysis. The article thus highlights insights on curriculum transformation gathered from individual experiences and intuitional engagement by highlighting the writer's response, organised efforts from the World Council of Churches, the Circle of Concerned African Women Theologians, the University of Botswana and other institutions. The conclusion emphasises that both research and teaching should be justice seeking.


Justice is the central theme of this book. The book is a resource specifically written by women of the Circle of Concerned African Women Theologians with the Bible as the base. In the history of HIV and AIDS, we know very well that poverty, ignorance and powerlessness compromise many women particularly in Africa and increase their risk and vulnerability. We know that those women who have no access to medication die faster; while those who access and use medication and have care and good nutrition live longer. These facts define both the advocacy work as well as the operational work that we need to be involved in. A woman bled for years and exhausted all her means, and only Jesus could heal her (Luke 8:43-56). Her story is in this volume. It is a story, which is woven together in a marvellous way to show healing of a woman juxtaposed with the rising from the dead of a twelve-year-old girl. The message here is clear, that nothing is impossible, not even death has a final say. Facing HIV and AIDS from a faith perspective means finding every possible thread of hope that will keep us from giving in and giving up on ourselves.


This special issue highlights the huge gap that needs to be filled by departments of theology and religion in the fight against HIV/AIDS. This special issue challenges African scholars to become socially engaged intellectuals, whose research and writing seek to contribute to the creation of a better and just society, whose intellectual activity contributes to the reduction of the spread of HIV/AIDS, to the delivery of quality care to the infected and affected, and to minimisation of the impact of HIV/AIDS in general.


Presents the history of Africa in the past fifty years in a feminist view and in the context of the bleeding woman in the Bible verses in Mark 5:35-43. Search for healing and survival; Oppression of African women and people; Colonial periods; Struggle for independence; Independence period; Neo-colonialism and globalization; AIDS period.

A nationwide bestseller since its release in 2000 by HarperCollins India, Sex, Lies and AIDS demolishes both the stock stereotype that Indians are asexual as well as government claims that the AIDS epidemic is being controlled. India — with South Africa — has the world’s largest number of people infected with HIV, with close to 6 million Indians currently infected. Several cities and provinces are in the thick of full-blown epidemics. An estimated 2 million Indians have died of AIDS since the epidemic began, twice the number of Indians killed in the bloodshed of Partition. Why is the Indian government failing to adequately address this mammoth tragedy? Why is the average Indian — whether poor or middle-class or rich — vulnerable to contracting HIV? Will AIDS devastate India as it has sub-Saharan Africa? These questions are the subject of this riveting mix of journalism and analysis.


Faced with the devastating impact of AIDS, families and communities seek ways and means of surviving and carrying on with life. Making use of the sustainable livelihoods approach, this study recognises this fact and investigates how people survive, what resources or assets they have, how they are utilised, and the constraints they face with both accessing and utilising such resources, and how the culmination of these efforts impacts them. Building on these insights, this study focuses on how the church in Ilinge Township outside of Queenstown, Eastern Cape, could enhance the agency of families affected by AIDS. The study argues that the church can contribute by (i) addressing the underlying factors that contribute to the context of vulnerability; (ii) builds upon the asset portfolios of households affected by AIDS; (iii) challenges the policies and structures that inhibit the livelihood of such households; and (iv) enhancing existing livelihood strategies. Finally, examples are given of each of these actions, drawn from the context of Ilinge Township.


This publication focusing on the key lessons from the Support to the International Partnership against AIDS in Africa (SIPAA) programme implemented between 2001 and 2005 in nine African countries, could not have come out at a better time. Though it is not an evaluation report, it tells the story of good practice from which readers will learn much about the programme. On the African continent there are numerous interventions and innovative methods being applied. The role of religious leaders in these interventions is highlighted. Unfortunately many of these activities are barely documented, giving the impression that nothing significant is taking place.


The condom has scientifically proven to be the only technological device that can prevent transmission of the HI virus during sexual intercourse. This technical approach to the HIV has strongly emphasized that prevention is only possible if the condom is properly used. However, as a technological artifact the condom has shown that its use is laden with values. In Malawi, just as in other African countries, the Faith Community has rejected the Government’s plea to promote condoms; it has emphasized on abstinence and mutual faithfulness as the only reliable means to prevent HIV. The main argument from the Faith Community is that condoms promote promiscuity. The main purpose of this study is to attempt an ethical analysis of the arguments for and against condom use as the preventive measure against HIV. In this case, the study tries to analyse the Government and Faith Community stands on condoms; it touches such areas as: the concept of rights and condom use, ethics of condom advertisement, African cultural values versus condom use and the implications of condom use on behaviour change. From the study, it has been argued that condoms should be promoted. The argument comes from that understanding that AIDS has plundered Africa more than any war or disease in human history, and therefore, it needs to be stopped. In this case, such theories as, Utility, Love, Autonomy, Rights and umunhu moral conscience have been used to support the argument.

Stigma and discrimination have proven to be terrible barriers to effective care, support and treatment for those living with HIV and AIDS. All the major faiths are rich with teachings that express the fundamental dignity of every human being, that call for compassion and healing for those who are sick, that oblige believers to care for the most vulnerable in the society, and that offer a vision of hope beyond current moments of suffering and despair. This CD-ROM contains tools and suggests approaches - both practical and theological - to assist religious leaders and communities in eliminating the stigma and discrimination often experienced by people and communities living with HIV and AIDS. It is an outcome of a satellite session held during the XV International AIDS Conference in Bangkok, Thailand.


Discussion of the morality of same-sex sexuality in Islam is beginning to come to the forefront. It is a controversial topic that evokes differing views in Islam and, as such, needs to be addressed and understood. This study narrows the scope of the investigation to the use of moral terminology in the Lot story and elsewhere in the Qur'an. The method of semantic analysis that shall be applied is similar to the one espoused by Toshihiko Izutsu. In order to acquire a better understanding of how same-sex practices are qualified morally in the Qur'an, same-sex activities shall also be looked at in comparison to other opposite-sex and non-sexual practices. It is my contention that, in the Qur'an, same-sex practices are viewed no different from certain opposite-sex and non-sexual activities.


The global pandemic of HIV/AIDS is the most significant challenge of our time. The ongoing conversation between religion and science comes to a critical juncture in this pandemic. The global community has not yet found a vaccine or cures for this virulent virus, will likely claim five million more lives in the coming year. The global statistics challenge even the most sophisticated imagination, with projections in the tens of millions of people dead, orphaned children, and many more living in various stages of incapacitation or diminished lives. There is a common prophetic religious imperative among Western faith communities that urgently requires both science and religion to respond. Both disciplines define their scope and purpose as universal and the global pandemic provides a significant challenge to that universal claim. Regardless of the many differences among the nations and peoples challenged by this pandemic, there is a common moral foundation to which the Western religious and scientific traditions must respond. Religion and science cannot deny their respective social responsibilities by claiming the role of neutral bystander. There are several critical ethical choices to be made in response to the pandemic, and the disciplines of religion and science are critical in formulating those choices. [CHART]


This is the recently published paper of the Advisory Commission on Sustainable Development of the Evangelical Church of German (the umbrella organisation of all protestant churches in Germany). The papers offers much material on the medical and social implications of HIV and AIDS and concentrates on the question of how the disease influences development and poverty eradication. Finally, it requests German churches to show their solidarity with churches in high prevalence countries.

Religious faith and practices have long been an important consideration in health and well-being. Historically, religious institutions including the Black Church (i.e., any predominately African American religious congregation) have had important influences on public health and the practice of medicine. Over the last two decades there has been a resurgence of interest in the relationship between religion and health, because research has documented a correlation between religion and morbidity and mortality. There are over 1,200 published empirical studies of which 90% shows a positive association between aspects of religious faith and indicators of health status and emotional well-being at the population level. Some of the most methodologically sophisticated, rigorously evaluated studies with the largest scope of health outcomes have been epidemiological studies of African Americans. Levin et al. note that this body of work termed the “epidemiology of religion” contains findings showing associations between expressions of religiousness and mental health, psychological well-being, healthy lifestyles, health care utilization and health related outcomes. This is critical literature, given the growing disparities in HIV/AIDS particularly among disadvantaged [economically deprived/medically underserved] African Americans and other racial/ethnic groups. Consequently, public health professionals are paying close attention to the unique and important role that religious and faith-based organizations such as the Black Church can play in addressing these disparities.


Although not explicitly stated, it does seem that, in the short term, the Islamist elites have chosen the policy option of playing off one threat against the other: AIDS against liberal-secular forces. This paper reflects on how in the context of the current situation in Sudan, the threat of AIDS feeds into that of politics and vice versa. In the first section, we draw on the work of Michel Foucault, among others, to outline a broad theoretical framework for dealing with the topic. Section two gives an account of the political conjuncture in which the Islamists assumed power, how the Islamists responded to the crises of the Sudanese society by proposing a panacea to cure its ills: economic, social and moral ills. Section three gives a brief account of the government policy and the possible outcome of its relevant policies and programmes, such as the Sudan National AIDS Committee, AIDS treatment, follow-up and public awareness activities, legal, moral codes, reproductive health and family planning policies; staff training and budget allocation. In section four we consider the interface between the threat of AIDS and the political threat and how they were played off against each other, paying particular attention to the intricate, reciprocal, and often invisible, process between the two.


After years of inattention sustained by comfortingly low infection rates, the Arab world is finally waking up to the risk of HIV/AIDS. But with escalating conflict now increasing the region’s vulnerability, the author says it will take much more effort today to avert a crisis tomorrow. The role of religious leaders in this process is highlighted.


During the past decade, research has found that religious and faith-based programs can have a positive impact on enhancing people’s health behaviors, helping them to reduce risky health practices. The limited research to date into the potential impact of these programs has been promising. This study examines the role of religiosity in women taking up HIV risk behaviors. Religiosity was found to be a strong predictor of women’s involvement in HIV-related risky behaviors, with the greatest risk reported by women who were the least religious.


Issues of sexuality and gender are hotly contested in both religious communities and national cultures around the world. In the social sciences, religious traditions are often depicted as inherently conservative or even reactionary in their commitments to powerful patriarchal and pronatalist sexual norms and gender categories. In illuminating the practices of religious traditions in various cultures, the essays collected here expose the diversity of religious rituals and mythologies pertaining to sexuality. In the process the contributors challenge conventional notions of what is normative in our sexual lives. The scope of the collection is global, with essays covering Nigeria, Japan, India, Mexico, Sudan, South Africa, and Newark, New Jersey. Contributors examine an array of sexual practices in a wide range of traditions, including Christianity, Islam, Buddhism, Hinduism, and indigenous religions in Mesoamerica and other locales. Taken together, these essays illuminate the function of religions as systems of meaning and ethics for individuals and communities struggling to make sense of human embodiment and sexual difference.

The article presents a feminist theology of music claiming that the theological significance of music is found in its discordancy, its ability to disrupt and destabilize identity. Thus it can become a powerful metaphor for sexual relationships. This is illustrated through the analysis of the work of Diamanda Galas’s theo-musical constructions of AIDS.


Epstein, a public health specialist and molecular biologist, discusses why AIDS is rampant in Africa and what to do about it. She charges that Western governments and philanthropists, though well-meaning, have been wholly misguided, and that Africans themselves, who understand their own cultures, often know best how to address HIV in their communities. Most significant is Epstein's discussion of concurrent sexual relations in Africa, and how social and economic upheaval, have also helped spread the disease. In the chapter, "God and the Fight Against AIDS," Dr. Epstein looks at the impact of faith-based programs. Some of these joined the grass-roots "Zero Grazing" programme initiated by the government to curb indiscriminate sexual relations; others were unwilling to make such concessions. [Cynthia D. Bertelsen review extract]


This article describes the researchers' efforts to apply the principles of Participatory Action Research (PAR), specifically participation, through the direct involvement of Church members in the research. It includes involving them in the design of questionnaires, training and utilizing them as fieldworkers, and finally disseminating the results of the research via workshops aimed at strategizing for change. The research is based on two hypotheses, the first being that, churches and their members are intensely involved in serving both the needs of their own members, as well as the needs of the larger community; and secondly, that churches do not work alone, but are part of networks with other agencies to accomplish their goals. At the outset, the article outlines the challenges and points of departure, followed by a chronological account of how this approach was applied in Paarl, a South African community. Finally, an overview of the results of the project is provided.


A series of semi-structured interviews on HIV prevention were conducted with South African clergy with pastoral and liturgical responsibilities; they represented the Roman Catholic Church, the Lutheran Church and the Assemblies of God. The interviews were tape-recorded, transcribed verbatim and analysed by interpretive descriptive analysis. Three themes indicative of church leaders' approach to HIV prevention among youth emerged: dilemmas in breaking the silence on HIV and AIDS; ambivalent HIV-prevention messages from church leaders to young people; and gender differences in HIV-prevention messages. While church leaders had taken steps to overcome the stigma, the dilemmas of balancing theological understanding with resistance from their congregations presented a complex scenario. Ambivalence to HIV prevention concerned whose responsibility it was to educate young people about HIV; talking about sexuality in public; pre-marital abstinence and condom use; and resistance from congregation members towards HIV prevention. Finally, findings indicated a discrepancy between church leaders' belief in gender equality and the HIV-prevention messages they verbalised, which appears to burden girls.

—. 2011. "Faith, premarital sex and relationships: are church messages in accordance with the perceived realities of the youth? A qualitative study in KwaZulu–Natal, South Africa." Journal of Religion & Health (Epub 13 April 2011)

Since religious messages on life style have a strong impact in South Africa, it is important to assess how they relate to the situation for young people at risk of HIV infection. Nine focus group discussions were conducted with youth (n = 62), aged 13–20 years, from the Roman Catholic Church, the Lutheran Church, and the Assemblies of God. Young people were ambivalent toward sexual contacts since these generally were expected to be part of a relationship even though the church condemns premarital sex. Girls perceived the moral norms to concern them more than the boys for whom sexual needs were more accepted. These moral barriers lead to lack of information about protection and may increase the risk of HIV. The realities young people facing should be a major concern for the faith communities.


The first few years of the 21st century have seen a significant increase in the willingness of Muslim organizations and religious leaderships to acknowledge the reality of HIV & AIDS in the Muslim world. This project seeks to deepen our understanding of how that religious leadership functions in relation to the AIDS pandemic; a task complicated by the fact that in the Muslim context there is no unchallenged seat of religious power. This Project sought to identify the responses of Muslim social, organizational and religious entities to the AIDS pandemic; the institutions in Muslim societies impacting on social relief, education, and women’s development; and the players in the Muslim world who are indispensable in the struggle against AIDS. This Report consists of two parts; the first part deals with the Muslim world in general, its leadership/authority structures and responses to AIDS, and the second part provides a country by country overview of the same issues and provides some contact details for the organizations and religious leaders in that specific country wherever we were able to locate these. Where possible country reports are prefaced by a summary of the UNAIDS country assessment to provide a snapshot of the pandemic in that country. Some country reports conclude with the voices of some local Muslims living with AIDS.


Practitioner response to the essay "Comparative ethics and HIV and AIDS" by Domoka Lucinda Manda. [CHART]


This seminal anthology of papers offers different — at times contrasting — voices, positions and attitudes regarding HIV and AIDS from a representative range of Muslim perspectives. It is the first book to comprehensively address the HIV/AIDS pandemic from an Islamic perspective. The underlying tenor of the collection is the commitment to compassion, responsibility and justice, where AIDS is understood not merely as an individual calamity but as one of the symptoms of a collapsing social network. The different contributions deal with a wide range of issues: Abdulaziz Sachedina "Afflicted by God? Muslim perspectives on health and suffering"; Malik Badri, "The AIDS crisis: An Islamic perspective" views the pandemic as divine retribution for the (homo)sexual revolution in the West; a position challenged by Sindre Bangstad (AIDS and the "wrath of God") and Nabilah Siddiquee, "When fahi.shah becomes widespread —AIDS and the Ibn Maja hadith"; Mohammad H Kamali, "A Shari’ah perspective on AIDS"; Clara Koh "Gender justice, Islam, and AIDS"; Marina Mahathir’s "Fatah confluence: Islam, gender, and AIDS in Malaysia"; Trad Godsey "The Muslim man and AIDS: Negotiating spaces for new conceptualizations of masculinity"; Scott S. Kugle and Sarah Chiddy "AIDS, Muslims, and homosexuality"; Kate H Long "On sex, sin and silence: An Islamic theology of storytelling for AIDS awareness"; Caitlin Y Buysse "The Qur’an, Poverty, and AIDS"; Kabir S Bavikatte, "Muslims, AIDS, and justice: Beyond personal indictment"; Chris Byrnes, "Injecting drug use, HIV, and AIDS in the Muslim world"; Laura McTighe, "HIV, addiction, and justice: Toward a Qur’anic theology of liberation" for the US context; Kecia Ali’s Afterword "Ideals, realities, and Islam: Thoughts on the AIDS pandemic". See the separate entries of individual chapters for annotations. [CHART]


This brief report describes faith-based projects responding to HIV in three countries of the Asia-Pacific region: the Wat Norea Peaceful Children’s Home, Cambodia; Yayasan Dana Islamic Centre, Indonesia Mosque Association Mushallah Mutthaidah, Indonesia; and Anglicare-StopAIDS PNG, Papua New Guinea. The country situations are briefly sketched as well as a future perspective. [CHART]


Different contributions of various mission organisations are collected in this booklet, which is a summary of a conference where the specific role of mission organisations in times of HIV and AIDS was discussed on a theological level as well the impacts on programmes, consultations, scholarship programmes and the formulation of a work place policy.


Evans points out that most countries have subscribed to the right of health as a basic right upheld by the international community although many states do not always give rights the same concern as liberal freedoms that are part of civil and political rights. Evans has examined the liberal perspective for neglecting socio-economic claims to rights as well as the rights claim against liberal perspectives. Evans concludes the essay by detailing ways of upholding the right to health in a global context.

The recognition that HIV prevention materials need to be adapted to local cultures is not often sufficiently understood and applied. Counter discourses and determined disputation about the best means of HIV prevention show that success is not simply a matter of mindfully translating globally sanctioned knowledge and presenting it to receptive audiences. Beliefs contrary to global AIDS knowledges will not be displaced inevitably by scientific facts. As this study of born-again Christians in Papua New Guinea shows, there is incommensurability between the globalized approach preferred by the government and the approach of these Christians. The answer may lie in two words: respect and dialogue.


Life threatening illness, such as HIV/AIDS, also threaten people's sense of identity and taken-for-granted assumptions about the temporal framing of their lives. In response, people often experience transformations in values, spirituality and life priorities. Drawing on a combined quantitative and qualitative study of people living with HIV/AIDS in Australia, three different narratives that people use to make sense of their illness experience are identified: linear restitution narratives, linear chaotic narratives and polyphonic narratives. Linear illness narratives colonise the future, assuming that the future can be controlled through human action. They emphasise a faith in medical science, tend to be secular and self-centred and assume the end of life to be in the distant future. Hope is focused on concrete outcomes such as improved health or material possessions. Linear narratives can be either restitutive or chaotic. Restitutive linear narratives anticipate a life that will mirror the narrative. Chaotic linear narratives anticipate a life that will fail to meet the linear ideal resulting in despair and depression. In contrast, polyphonic illness narratives are oriented toward the present, emphasising the unpredictability of the future. These narratives tend to include spiritual experiences, a communally oriented value system, and to recount increased self-understanding and the gaining of new insights as a consequence of their illness. Hope in polyphonic narratives is more abstract and focused on a celebration of mystery, surprise and creativity.


The article considers the debate about several delicate moral questions posed by AIDS in the marital sphere, with particular reference to the prevention of the illness, procreation by HIV positive women, and the admission of someone who is HIV positive to marriage. The article points out that while there are similar situations presented and dealt with in classical moral theology and canon law (e.g., marriage and procreation by a leper, protection of spouse from syphilis), some biological peculiarities of the virus and the changed emotional and cultural context, as well as the current profound renewal of the paradigms of Christian matrimonial ethics, coincide to bring the old questions into a new light and demand solutions that are perhaps more bold and more consistent with our new understanding of sexuality and marriage. [CHART]


HIV/AIDS, Illness and African Well-Being highlights the specific health problems facing Africa today, most particularly the HIV/AIDS pandemic. Taking a multi-disciplinary approach, the book presents not only various health crises, but also the larger historical and contemporary contexts within which they must be understood and managed. Chapters offering analysis of specific illness case studies, and the effects of globalization and underdevelopment on health, provide an overarching context in which HIV/AIDS and other health-related concerns can be understood. The contributions on the HIV/AIDS pandemic grapple with the complications of national and international policies, the sociological effects of the pandemic, and policy options for the future. HIV/AIDS, Illness and African Well-Being thus provides a comprehensive view of health issues currently plaguing the continent and the many different ways that scholars are interpreting the health outlook in Africa.


Focuses on the social and moral problems affecting Muslims suffering from AIDS. Muslims' assumption of the disease as a form of punishment for sins; Muslim patients' tendency to keep silent about their condition; Muslims' treatment of the disease as a plague.


Over the past three years I have experienced a new journey, one that is both marvellous and terrible. It is marvellous because of the companionship, the partnerships, along the way. It is terrible because it is a journey into the heart of the HIV/AIDS pandemic that for now is concentrated predominantly in the Southern Hemisphere of our world. I have been asked to share the experience of this journey, even though it is not finished - not for me, not for anyone along the way, not for our sisters and brothers who are sick and dying. The journey itself is worth reflecting on, though it makes little sense without projecting a destination, understanding the particular paths to be followed, and identifying the people who have become partners at different points along the way.


This book is the author’s ‘search for wisdom on all the troubling questions and confusions regarding human sexuality’. The well-being of women and children in Africa requires some modification of traditional marriage structures and in the possibilities accorded some women and girls. Without this modification, Africa will be devastated by the HIV and AIDS pandemic of the twentieth and twenty-first centuries. It moves beyond a taboo morality to a reflective framework within which to address the questions. In the process the author looks to the historical trajectories within Jewish and Christian ethics; then to some cross-cultural considerations; and then to what are called the 'large' questions of the meanings of embodiment, gender, and sexuality. Finally, probing the traditional sources for Christian ethics (scripture, tradition, secular disciplines, and contemporary experience), a framework of justice in love is proposed. The framework offers a way of considering when sexual expression is appropriate, morally good and just in a relationship of any kind. It includes the elements – do no unjust harm, free consent, mutuality, equality, commitment, fruitfulness and social justice. This framework is tested with three perduing issues: marriage and family; same-sex relationships; divorce and remarriage.


This extract from the author’s 2004 article “Partnership in hope” outlines the work of the Yale initiative to develop mutual self-empowerment of women in their faith responses to AIDS. See that entry for an annotation.


This essay offers three considerations regarding prophetic discourse relevant to HIV and AIDS prevention. In addressing firstly the context of such discourse, Farley points out that "the AIDS pandemic is the result of as well as the generator" of the typical contexts for prophetic calls, i.e. where both needs and injustice are great. Second, regarding the manner of prophecy, such messages are calls to repentance, yet they also energize and offer hope; they should be calls for dialogue rather than mere instructions; and ought to offer concrete and specific ways forward. She emphasises the importance that the voice of those most affected by the pandemic should be part of the prophetic discourse. Lastly, Farley offers suggestions for the content of prophetic discourse: voicing the people's stories and their grief, addressing the own community the message yet needs to be multi-cultural and interfaith; and it has to address their teachings on sexuality and the gender bias entrenched within their teachings and practices. She ends “The great human and religious goals of mutual respect, solidarity, fairness, compassion, come slowly. But in some contexts, where responses to human suffering become urgent, where abandonment and death make slow progress ‘too late’, the role of prophetic discourse expands.” [CHART]


Paul Farmer is physician-anthropologist with more than fifteen years in the field, Farmer writes from the front lines of the war against these modern plagues and shows why, even more than those of history, they target the poor. Challenging the accepted methodologies of epidemiology and international health, he points out that most current explanatory strategies, from “cost-effectiveness” to patient “noncompliance,” inevitably lead to blaming the victims. In reality, larger forces, global as well as local, determine why some people are sick and others are shielded from risk. Farmer writes of what can be done in the face of seemingly overwhelming odds, by physicians determined to treat those in need.


"Pathologies of Power" uses harrowing stories of life—and death—in extreme situations to interrogate our understanding of human rights. Paul Farmer, a physician and anthropologist with twenty years of experience working in Haiti, Peru, and Russia, argues that promoting the social and economic rights of the world’s poor is the most important human rights struggle of our times. With passionate eyewitness accounts from the prisons of Russia and the beleaguered villages of Haiti and Chiapas, this book links the lived experiences of individual victims to a broader analysis of structural violence. Farmer challenges conventional thinking within human rights circles and exposes the relationships between political and economic injustice, on one hand, and the suffering and illness of the powerless, on the other. Farmer shows that the same social forces that give rise
to epidemic diseases such as HIV and tuberculosis also sculpt risk for human rights violations. He illustrates the ways that racism and gender inequality in the United States are embodied as disease and death. Yet this book is far from a hopeless inventory of abuse. Farmer’s disturbing examples are linked to a guarded optimism that new medical and social technologies will develop in tandem with a more informed sense of social justice. Otherwise, he concludes, we will be guilty of managing social inequality rather than addressing structural violence. Farmer’s urgent plea to think about human rights in the context of global public health and to consider critical issues of quality and access for the world’s poor should be of fundamental concern to a world characterized by the bizarre proximity of surfeit and suffering.

Does the scientific “theory” that HIV came to North America from Haiti stem from underlying attitudes of racism and ethnocentrism in the United States rather than from hard evidence? Anthropologist-physician Paul Farmer answers in the affirmative with this, the full-length ethnographic study of AIDS in a poor society.


This article was based on a much larger paper in AIDS and Anthropology Bulletin (Vol. 15, Issue 3, 2003), Condoms and AIDS Prevention: A comparison of three faith-based organizations in Uganda. It compares the approach to condom use in Anglicanism, Islam and Catholicism in Uganda. The author states that understanding these approaches – and the differences between them – can be useful for those working in this context. [CHART]


This chapter examines the efforts of the Ethiopian Orthodox Church (EOC) under PEPFAR’s faith-based funding programme. The author argues that while religion is important in the response to AIDS, it is not the only contributor. She highlights problematic issues in the church’s response, i.e. gender inequality and doctrinally-motivated stigmatization of PLWHA; these are likely to limit the effectiveness of the EOC’s health-care programmes.

Ferrari, Fabrizio M. 2007. "'Love me two times.' From smallpox to AIDS: Contagion and possession in the cult of Sitala." Religions of South Asia 1:81-106.

The purpose of this bibliography is to describe and review resources that have proven useful to faith-based organizations addressing the HIV crisis in Africa. Most of the materials have been developed by people within faith-based organizations, specifically for their own communities. Many materials build on and adapt what has worked within secular organizations, both governmental and non-governmental, embedding the training or information in the teachings of a specific faith. There are two criteria for selection of materials reviewed here. The first is that they promote dignity and respect for people living with HIV. The second is that they provide correct HIV information. However, the materials have a wide range of perspectives about how to conduct HIV prevention and care, the spiritual basis for HIV activities, and the role of faith-based organizations in addressing HIV/AIDS.

Fiedrich, Marc. 2004. "'I told them not to love one another!' Gender, Christianity and the role of adult education in the Ugandan response to HIV/AIDS." Transformation: Critical Perspectives on Southern Africa 54:7-41.

The author comments on the motivation for and range of ecclesial response to the pandemic in the Catholic realm, drawing on the insights of Vatican II.

The role of patient autonomy and influence of religious/spiritual beliefs on antiretroviral therapy (ART) adherence is to date not fully understood. This study assessed baseline predictors of high ART adherence (≥90%) measured by electronic drug monitors (EDM) at 12 and 24 weeks after enrollment in a randomized controlled trial testing behavioral interventions to improve ART adherence. Baseline data were collected with audio computer-assisted self interviews (ACASI) surveys among a diverse urban sample of HIV-infected participants (n = 204) recruited from community clinics in a large midwestern city. Baseline variables included a range of established ART adherence predictors as well as several less frequently studied variables related to patient autonomy and religious/spiritual beliefs. Statistically significant (p < 0.05) variables identified in univariate analyses were included in subsequent multivariate analyses predicting higher than 90% adherence at 12 and 24 weeks. Several baseline predictors retained statistical significance in multivariate analysis at 24 weeks. Baseline levels of autonomous support from friends and family, motivation to adhere, and having an active coping style were all positively associated with adherence, while the belief that God is in control of one's health was negatively associated with adherence. Results indicate that effective interventions should include a focus on promoting patients' autonomous regulation and religious/spiritual beliefs regarding ART adherence.


We adapted a U.S. HIV prevention program to address knowledge gaps and cultural pressures that increase the risk of infection in adolescent Ghanaian girls. The theory-based nine-module HIV prevention program combines didactics and games, an interactive computer program about sugar daddies, and tie-and-dye training to demonstrate an economic alternative to transactional sex. The abstinence-based study was conducted in a church-affiliated junior secondary school in Nsawam, Ghana. Of 61 subjects aged 10-14 in the prevention program, over two thirds were very worried about becoming HIV infected. A pre-post evaluation of the intervention showed significant gains in three domains: HIV knowledge (p = .001) and self efficacy to discuss HIV and sex with men (p < .001) and with boys (p < .001). Responses to items about social norms of HIV risk behavior were also somewhat improved (p = .09). Subjects rated most program features highly. Although short-term knowledge and self-efficacy to address HIV improved significantly, longer term research is needed to address cultural and economic factors placing young women at risk of HIV infection.


The present study tested three hypotheses about the quality of life of individuals who are HIV positive. It was hypothesized that quality of life among HIV-positive individuals would be directly related to their (1) health status, (2) religious affiliation, and (3) religious faith. A correlational design was used with a nonrandom sample of 40 subjects (32 males and 8 females) who were HIV positive. Bivariate analyses were conducted to obtain intercorrelations among several independent variables, including two measures of religion (religious affiliation and a composite measure of religious faith), number of symptoms, level of physical functioning, and various demographic measures, including socioeconomic status. Stepwise regression confirmed all three hypothesis, revealing that four independent variables made significant, positive contributions to subjects' scores on the Quality of Life Index (QLI). These were socioeconomic status, religious affiliation (affiliation vs. no affiliation), religious faith, and a combined measure of health status based upon the participants' number of symptoms and Karnofsky Performance Status. The other independent variables (age, ethnicity, and gender) did not make significant contributions to the regression model, accounting for only 2.3% of the variance in the QLI.


Flood, Gregory. 1987. *I'm looking for Mr. Right but I'll settle for Mr. Right Away: AIDS, true love, the perils of safe sex and other spiritual concerns of the gay male*. Atlanta: Brob House.


While acknowledging the need for medical research and responses to the HIV pandemic, the author suggests that the social suffering – scorn, stigma, fear and hostility – resulting from the infection may be more serious that the medical condition. She concludes that placing blame on those infected ignores the rights they have. Drawing on Catholic moral teaching, e.g. on homosexuality and AIDS, the book sets forth a possible Christian ethical response to AIDS. It pleads for its readers to go beyond
the then-current mode of fear, defensiveness and ignorance, looking in stead for a hopeful, charitable and rational way of reaching out to those infected by HIV. [CHART]

The author introduces two important church documents on the theme of AIDS and describes how they were developed: The statement of the German Conference of Catholic Bishops in 1997, calling congregations and institutions for compassionate solidarity with those affected by HIV; and the study by the World Council of Churches on AIDS in the same year.

Footman, Glen H. n.d. "Development of a collection of artistic expressions from HIV/AIDS patients and affected others as a tool in facilitating a pastoral response from professional and non-professional care givers." Oblate School of Theology.

In “Faith-Based Initiatives and the Bush Administration” noted scholars Jo Renee Formicola and Mary C. Segers analyze the administration’s initiative from three distinct dimensions. They begin by reviewing the administration’s intent and the policy’s potential to create a viable, legal accommodation between church and state on matters of social justice. Next, the authors look at the constitutional hazards and havoc that such a program would likely create. Finally, they examine the politics of implementing these faith-based initiatives among those groups trying to enact and oppose such a strategic change in American public policy.


This article explores some of the implications of understanding sin as failure of perception. The theological underpinning of the argument is the choice made in the Garden of Eden to eat the fruit of the tree of knowledge rather than the fruit of the tree of life, or wisdom. This has led to distorted perception, in which all things are seen as having separate, independent existences rather than joined together by their common divine source and their deep interrelatedness in the covenant made with God. The article discusses the fascination with the principle of respect for autonomy in the light of this theology. It also looks at perceptions of the HIV/AIDS crisis in Africa. It finishes with a definition of repentance that makes right perception possible.


International agencies are increasingly recognising the role of religious organisations in establishing effective HIV/AIDS interventions. Despite some negative perceptions of their role and impact, faith-based organisations (FBOs) are among the most viable institutions at both local and national levels and have developed experience in addressing the multidimensional impact of AIDS and its particular impact on children. Religious organizations are prevalent throughout Africa. In the six countries chosen for this study, the number of local congregations is estimated to be in excess of 150,000. Yet most faith-based responses are small scale and remain undocumented. It is difficult to measure their cumulative impact compared to the more visible project responses of development agencies. Consequently, FBO HIV/AIDS activities remain undersupported. During 2002-2003, the World Conference of Religions for Peace (WCRP) in collaboration with UNICEF carried out a study to survey what religious groups are doing to meet the needs of orphans and vulnerable children (OVC) and to develop an improved and detailed understanding of the responses of religious organisations in east and southern Africa in caring for children affected by AIDS.


This chapter stresses the important role religion plays in individual and societal life in Africa, also in the provision of services to orphans and vulnerable children (OVC). It starts with a summary of the teachings of major religions (Judeo-Christian, Islam, Hindu, Bahai) that motivate believers to care for orphans; and the strong influence of traditional religion to OVC care through creating a sense of community. Foster gives examples of ways in which FBOs respond to OVC and discusses their motivation
for doing so. He then shows how certain beliefs can hinder and undermine an appropriate response to HIV, in particular the notion of guilt attached to those infected with HIV. This notion then leads to a lack of care for affected adults, while motivating a huge response to children, the “innocent victims”. Prevention messages are rarely included in that effort. A closing section of strategies to strengthen FBO responses to OVC suggests ensuring the endorsement of religious leaders for OVC projects; working through religious coordinating bodies; appreciation of local congregational efforts that are surprisingly resilient, yet in need of technical and financial support.


Young black men who have sex with men account for 48% of 13-29-year-old HIV-positive men who have sex with men in the USA. It is important to develop an effective HIV prevention approach that is grounded in the context of young men's lives. Towards this goal, we conducted 31 interviews with 18-30-year-old men who have sex with men in the San Francisco-Oakland Bay Area. This paper examines the roles of religion and spirituality in men who have sex with men’s lives, which is central in the lives of many African Americans. Six prominent themes emerged: (1) childhood participation in formal religious institutions, (2) the continued importance of spirituality among men who have sex with men, (3) homophobia and stigmatisation in traditional black churches, (4) tension between being a man who has sex with men and being a Christian, (5) religion and spirituality’s impact on men’s sense of personal empowerment and coping abilities and (6) treatment of others and building compassion. Findings suggest that integrating spiritual practice into HIV prevention may help programmes be more culturally grounded, thereby attracting more men and resonating with their experiences and values. In addition, faith-based HIV/AIDS ministries that support HIV-positive men who have sex with men may be particularly helpful. Finally, targeting pastors and other church leaders through anti-stigma curricula is crucial.


A contribution on mobilising congregations to become welcoming to people affected by HIV, and introduces the ‘Churches, channels of hope’ project run by Christian AIDS Bureau (CABSA).


A contribution telling the story of Cecelia Kruger, who remained courageous through difficult circumstances.


A contribution on the emotions involved in accompanying people with HIV, from the intense pain of losing two friends to AIDS to the unexpected inspiration coming from those who live fully in spite of their HIV status.


This special September 2008 issue of the publication Kruisgewys is dedicated to HIV and AIDS. The target audience of the journal is clergy of the Dutch Reformed Church. All relevant papers have been entered separately.


This study examined the association of spirituality and health-related quality of life among 226 HIV-positive men. Two measures of spirituality were used: the Spiritual Growth subscale from the Health-Promoting Lifestyle Profile II (S. N. Walker, K. R. Sechrist, & N. J. Pender, 1987) and the Spirituality subscale of the HIV Coping Instrument (L. Moneyham, A. Demi, Y. Mizuno, R. Sowell, & J. Guillory, 1998). Health-related quality of life was measured with the HIV Cost and Services Utilization Study (R. D. Hays et al., 1998). Spiritual coping (i.e., relying on religion-based coping techniques) was not associated with health-related quality of life at baseline or 12-month followup. Spiritual growth (i.e., existential feelings of connection with a force greater than oneself) improved some aspects of mental and emotional well-being but did not affect physical functioning or pain management.


AIDS has been mentioned in Islamic ethical literature since about 1985 as an illness pertaining to European and American homosexuals. Only since about 1990 has the presence of HIV/AIDS in Islamic countries cast light on the fact that the actual sexual behaviour of the population does not always conform to religious norms. The increase in the numbers of people with HIV has compelled religious leaders to take a stand on sexual practices they consider "deviant", from prostitution to homosexuality and extramarital sex. The aim of this paper is to analyse the attitude of Muslim religious authorities towards individual sexual behaviour and AIDS. It is based mainly on contemporary legal responses that largely provide the necessary information on most of Islamic medical ethics. According to Muslim scholars, AIDS is a warning from God not to indulge in illicit conduct. As a remedy against the spread of AIDS, they encourage compliance with traditional family values and the enhancement of faith and devotion and strongly oppose sex education. They oppose promotion of condoms or any form of safe sex outside of marriage, which they perceive as promoting promiscuity and defiance of divine law. All the above-mentioned arguments are not exhaustive of the Islamic attitude towards AIDS. Some religious groups disagree with such a conservative way of conceiving the fight against AIDS as being antithetical to both men's and women's well-being. They support an alternative view of reproductive health and human rights within the Islamic framework and stress the great tolerance of Islam and why it must include people with HIV and AIDS.


This study examines the attitudes and beliefs of African American faith based leaders regarding HIV prevention for adolescents. They identified drugs, gangs, alcohol, sex, and pregnancy as priority health issues affecting youth in their institutions. Leaders were willing to offer health education; their preferred intervention regarding HIV was to provide abstinence messages and they were not willing to discuss specific behaviors associated with HIV transmission. The study concludes that while these churches offer a venue to reach African American youth, their HIV prevention services are limited and should be supplemented via parents, schools, and public health agencies.


In the USA HIV disproportionately affects people of color, hence prevention programs need to be specific for this audience. Churches and faith-based organizations generally play an important role in the lives of African Americans and even though African American churches were initially slow to address HIV prevention, they have recently started addressing this issue. The current study offers a review of the empirical literature on faith-based HIV prevention programs for African Americans. It discusses the limitations and strengths of these programs, highlights effective public health collaborations with such programs and makes recommendations for developing such collaborative efforts.


Investigated relationship of religious variables to death anxiety in 51 homosexual men with Acquired Immune Deficiency Syndrome (AIDS) and 64 homosexual men without AIDS. Found higher death anxiety in men with AIDS associated with greater church attendance, belonging to religion of childhood, citing religion to have been harmful, and not adhering to spiritual belief system independent of formal religion.


This special issue of the journal Exchange focuses on "Church, theology and people living with HIV and AIDS in Africa". The articles deal with recent developments in Africa and the way these events have impacted the churches and their theology. All five of them have separate entries in this bibliography.


The HIV and AIDS epidemic has had enormous impact on the African continent: millions of people infected by HIV and ten thousands of people are dying of AIDS. The epidemic has challenged secular as well as religious leaders to speak in the context of HIV and AIDS. This article maps African Christian theological responses to HIV and AIDS. Its aim is to give an overview (however defunct) of the abundance of material that is being published on HIV and AIDS and theology and to highlight some of the trends within the African theological reflections on HIV and AIDS.


In this essay, Frederiks analyses written public statements made by religious leaders and organisations, particularly as they pertain to the African context. The essay begins by discussing statements made by international religious organisations that reside outside of the African context and attempts to document the regions from which these emanate. Through this analysis she shows that there are few statements emanating from the Middle East, Western and Central Europe, and North America. In discussing statements that emanate from Africa, she notes that the paucity of statements from within specific African contexts do not necessarily reflect the substantive activities that are taking place within religious institutions on the ground. Frederiks also tracks the shift in attitude from a focus on promiscuity with strong moral overtones in earlier statements, to a focus on the need for fidelity and abstinence. She also asserts that the prevailing discourses in these statements are those of morality, war, and hope. The essay concludes by noting that public religious responses were slow in forthcoming in the early stages of the epidemic and those that have since been made show little evidence of inter-faith collaboration. Therefore, there is a need for further research on the extent and nature of local inter-faith initiatives that address HIV and AIDS.


In Kenya, the church provides a 2-way channel of information on AIDS, which has the potential to contribute to the AIDS response. The views of people and their needs are accessed through the church’s web of schools, clinics, training facilities and through development projects and church groups – the very same points of contact where official moral doctrines and social views are communicated to them. While official doctrine as a rule judges sex outside marriage and use of condoms many church projects offer HIV prevention education and condom distribution programmes. Although not publicly approved, Catholic and Protestant churches in Kenya are permitting HIV prevention programmes to enter through their back doors.


Surveillance studies monitor the prevalence and incidence of HIV, and this information is used by policy makers to design prevention programs and facilitate care for people living with HIV (PLWNV). Although most of these studies monitor the presence of PLWHIV in the general population or specific communities, some assess the presence of PLWHIV in organizations. One type of organization that has not been examined, yet could potentially play a large role in caring for PLWHIV, is the religious congregation. In this study, we estimate the proportion of US religious congregations that have PLWHIV and examine whether congregations that are in contact with populations with high HIV prevalence and incidence rates are more likely to have PLWHIV using data from a nationally representative sample of congregations and the 2000 Census. Over 10,000 congregations have PLWHIV, and congregations containing, open to, or located in areas with populations with high HIV prevalence and incidence rates are more likely to have them. This study offers new insight into the presence of HIV in the United States and provides information about which congregations may be amenable to serving as sites of HIV programs


Using data from a nationally representative sample of U.S. congregations, this study estimates the proportion of congregations that provide programs or activities that serve people living with HIV/AIDS (PLWHA) and examines the effects of congregational characteristics on the likelihood of having them. The analysis finds that 5.6% (95% confidence interval [CI], 0.034–0.078) of U.S. congregations (roughly 18,500 (95% CI, 11,300–25,800) congregations) provide programs or activities to PLWHA. Numerous congregational characteristics increase the likelihood that congregations provide them: the presence of openly HIV positive
people in the congregation, having a group that assesses their community’s needs, religious tradition, and openness to gays and lesbians. By building on previous research, this study provides further information about the scope of religious congregations’ involvement with PLWHA and also insight into which congregations may be willing to collaborate with other organizations to provide care for PLWHA.


This disturbing essay draws on women’s experiences of violence, rape and abuse as narrated to the author. Much room is given to the voice of the three women – named and located – as they describe their painful experiences and their attempts to make sense of it in their theology. The author places the narrative in a framework of embodiment, and a theology of remembering the ‘texts of terror’, linking this to its liturgical equivalent of the eucharist. She calls for deconstruction and reconstruction of theology and ecclesial practice that seemingly sanctions such abuse of women. [CHART]


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When individuals must deal with potentially fatal diseases their lives change in many ways. This qualitative study was designed to investigate this critical life event. The authors interviewed a convenience sample (N = 15) of 10 women with cancer and 5 men with HIV/AIDS. Findings suggest that spirituality is an essential component to feelings of health and well-being. Many of the subjects viewed spirituality as a bridge between hopelessness and meaningfulness in life. Those who had found meaning in their disease thought they had a better quality of life now than they had before the diagnosis.


Fuller starts this Margaret E. Pyne Memorial lecture by stating the conviction that it is essential that we learn to speak theologically about the experience of AIDS, because God is in it, because aspects of our sexuality need to be re-assessed; because by distorting our expectations about life and forcing us to face our mortality AIDS forces us to ask new questions. After presenting the demographics of HIV the author turns to its implications for theology. He proposes a new relationship between moral and pastoral theology where pastoral encounters with HIV-affected persons inform moral theology; then uses this for an analysis of (Catholic) church proclamations on condom education, the church’s role in public policy about this issue and its attitude toward homosexuality. In his arguments the author draws on epidemiological data, new experiences that the HIV pandemic has brought about and the theological traditions. [CHART]


Discusses the nature of AIDS as a challenge to the moral and ethical tradition of the Catholic Church. Background on the disease; Number of deaths resulting from AIDS; AIDS as a global epidemic; Role of religious teachings in preventing the spread of the disease; Church’s response to the use of condoms.


This introductory chapter reflects on progress on two fronts regarding HIV prevention. In the first area, Catholic moral theology has recognized the many resources it has to offer for acting against HIV, not only in caring for those who are infected, but also in preventing infection. The authors sketch how various theological principles have been applied to the issues of condom usage and needle exchange in the US. The second front is Medicine. Here the chapter offers a brief discussion of the current knowledge of HIV: its origin, epidemiological trends, developmental issues and treatment options. [CHART]


The ambivalent response of many black churches to current social issues has caused some scholars to question the centrality of black churches within African-American communities. Using a nationally representative sample of black congregations, this study engages the debate about the institutional centrality of black churches by focusing on their response to HIV/AIDS. Although many congregational studies treat black churches as a monolithic whole, this analysis identifies heterogeneity among black churches that shapes their responsiveness to social issues. Contrary to prior claims, a congregation’s liberal-conservative ideological orientation does not significantly affect its likelihood of having an HIV/AIDS program. Beyond assessing churches’ internal characteristics, this study uses institutional theory to analyze churches as open systems that can be influenced by their surrounding environment. It demonstrates that externally engaged congregations are significantly more likely to have a program. These results indicate that black churches maintain institutional centrality by engaging their external environment.


In a critique of recent declarations of an AIDS epidemic, the author argues that AIDS is not a heterosexual disease and contends that homosexuals and IV drug users are still the highest risk groups.

—. 1993. The myth of heterosexual AIDS: How a tragedy has been distorted by the media and partisan politics. Washington DC.: Regency Gateway.


This manual has been written to assist the carers of people with HIV/AIDS or other illnesses. It can be used by volunteers to educate community members about HIV transmission, prevention and practical home care. It can also be used by people living with HIV/AIDS and their families. It includes the same information that is covered in the Catholic AIDS Action’s volunteer training manual. The manual is available in English; Afrikaans; Oshiwambo; Rukwangali; Silozi

This is one of the few articles that approaches the issue of HIV/AIDS in dialogue with deontological, utilitarian and African humanist perspectives. The author raises interesting issues regarding the moral duties that individuals, governments and pharmaceutical companies have towards each other concerning HIV/AIDS. He applies the above ethical perspectives in connection to the moral duties that individuals, governments and pharmaceutical companies have towards the pandemic. However, what would have been more helpful, in my view, would have an addition on either Christian, Buddhist, Islamic or Jewish ethical perspectives in order to complete the dialogue. The author merely adds a footnote, which states "In this essay I assume (without arguing the case) that the moral argument I am advancing is consistent with Christian ethics. I will therefore not develop a separate theological argument to justify my position on the moral issues raised by HIV/AIDS." Surely the Christian perspective has a lot to say regarding the individuals, government and pharmaceutical companies moral duties in dealing with the pandemic. [CHART].


This paper presents a perspective on the ethics of breaking the stigma about HIV/AIDS, on African, biblical and theological grounds. I have argued that stigmatization is morally wrong from the different perspectives and therefore it ought to be eliminated altogether. Stigmatization is part of the process of dehumanization that is evident especially among the poor. Destigmatization of HIV and AIDS is imperative as it is part of the rehumanization of the oppressed. I have further argued that from an African perspective it is morally wrong to stigmatize people on account of their illness. I have used the concept of botho in Setswana to buttress my argument. I have then argued that from biblical and theological perspectives there is need to do away with stigmatization, which can be seen as sin or failure to answer the call to love our neighbor.


This study sought to describe religiosity and denominational affiliation among the U.S. population living with HIV and to test whether either is associated with HIV-related sexual risk behaviours. A nationally representative sample of 1,421 people in care for HIV, 932 of whom reported recent sexual activity, was utilized. Religiosity was associated with fewer sexual partners and a lower likelihood of engaging in unprotected sex and in high-risk sex. Catholics were less likely to report unprotected sex than were other Christians, adherents of non-Christian religions, and those reporting no religious affiliation. Catholics were also less likely than other Christians to report high-risk sex and reported fewer sexual partners compared to those of non-Christian religions. We did not observe a difference between Catholics and Evangelicals in the three sexual behaviours investigated. Results suggest that religiosity and some religious teachings may promote safer sex among people with HIV.


In Brazil, alternative religious approaches are being used to spread the message of AIDS prevention. The concepts and practices of traditional Afro-Brazilian religion are being used in a booklet for religious leaders of Candomble, a traditional spirit cult that traces its origins to the Yoruba of western Africa.


In light of increasing spread of human immunodeficiency virus (HIV) in the Middle East, we assessed knowledge, attitudes, and educational needs of young people in United Arab Emirates (UAE), a modern and moderately conservative Islamic country. A cross-sectional survey among randomly selected first-year, gender-segregated Arab students at the national university in Al Ain in 2005 was conducted using an adaptation of an anonymous self-administered World Health Organisation questionnaire. Knowledge and attitudes were scored. Alarming gaps in knowledge about transmission and curability put young Arabs at risk of contracting HIV. Fear and intolerant attitudes toward PLH were prevalent. HIV/AIDS education designed to raise knowledge and change attitudes, and respectful of community values, is urgently needed from media, schools, and health professionals.


This article reports on a study that examined how religious discourses of inclusion and exclusion – in Roman Catholic, evangelical Protestant, and Afro-Brazilian religious traditions – affected people’s rights to express same-sex sexual desires, behaviors, and identities in the socio-economically marginalized urban periphery of Rio de Janeiro, Brazil. Using extended ethnographic observation of institutions and religious events over a period of 2 years, the authors identified how sexual rights were constructed within religious discourses and conducted ethnographic interviews with 45 religious leaders. In the low-income and violent urban periphery of Rio de Janeiro, religious leaders and institutions play key roles in molding community inclusion and exclusion. A comparison of the 3 major religious denominations shows a diversity of discourses about same-sex sexual desires and their impacts on community formation.

Brazil’s national response to AIDS has been tied to the ability to mobilize resources from the World Bank, the World Health Organization, and a variety of donor agencies. The combination of favorable political economic opportunities and the bottom-up demands from civil society make Brazil a particularly interesting case. Despite the stabilization of the AIDS epidemic within the general Brazilian population, it continues to grow in pockets of poverty, especially among women and blacks. We use resource mobilization theories to examine the role of Afro-Brazilian religious organizations in reaching these marginalized populations. From December 2006 through November 2008, we conducted ethnographic research, including participant observation and oral histories with religious leaders (N = 18), officials from the National AIDS Program (N = 12), public health workers from Rio de Janeiro (N = 5), and non-governmental organization (NGO) activists who have worked with Afro-Brazilian religions (N = 5). The mobilization of resources from international donors, political opportunities (i.e., decentralization of the National AIDS Program), and cultural framings enabled local Afro-Brazilian religious groups to forge a national network. On the micro-level, in Rio de Janeiro, we observed how macro-level structures led to the proliferation of capacity-building and peer educator projects among these religious groups. We found that beyond funding assistance, the interrelation of religious ideologies, leadership, and networks linked to HIV can affect mobilization.


This analysis focuses on the evangelical Protestant responses to drug use and HIV prevention, treatment and care in the urban periphery of Rio de Janeiro. We question how religious institutions, and the positions of pastors, create or reduce various elements of societal illness and vulnerability. We aim to show that the views of pastors may symbolise a form of social regulation that may have a meaningful social impact on drug use and HIV and AIDS. The interviews of 23 evangelical religious leaders were collected. Two case studies of evangelical drug rehabilitation centres (DRC) are derived from five qualitative interviews. Evangelical DRC generally reflects pastors’ discourses of reintegration into social networks including marriage, family and employment. We found important differences in the discourses and practices in private versus state-funded rehabilitation centres that may reveal ways social and programmatic vulnerabilities may affect the efficacy of public health interventions.

Garland, Jean and Mike Blyth. 2005. *AIDS is real and it's in our church: Africa Christian Textbooks*.

This book shares information about AIDS in Africa, how to prevent HIV infection, and encouragement towards a Christian response to the AIDS epidemic. Through telling of stories it shows the extent of suffering due to AIDS in Africa. In some churches the thinking persists that AIDS is only outside, that involvement with those living with AIDS would stain those within the church. Yet the AIDS pandemic is also a unique opportunity for ministry. This book wants to equip churches to face the reality of AIDS and respond to people affected by it. [Bookfinder Editorial Review extract]


This short paper summarises the findings of the study reported in more detail in "Safe sects? Dynamic religion and AIDS in South Africa" and draws conclusions for collaboration of secular HIV initiatives with Pentecostalism. [CHART]


This paper explores how to practise theologies of discipline, i.e. excluding those not living up to ‘the injunctions of Jesus’, appropriately in an HIV context. After considering exclusion in the New Testament and in the contemporary church, the author discusses a study into the effect of church discipline - through the four-fold strategy of indoctrination, socialisation, participation and exclusion - on sexual behaviour and shows parallels to a similar approach in social movements e.g. the struggle against apartheid. [CHART]


The HIV/AIDS epidemic in South Africa is rapidly escalating, and its demographic and social impact is beginning to be felt. Although the damage to the macro-economy is projected to be slight, the consequences for affected households will be dire, and social indicators such as life expectancy will deteriorate dramatically. A large majority of South Africans are affiliated to Christian Churches, but this has not prevented the types of sexual behaviour that promote the epidemic. Based on research in a KwaZulu township, this article presents evidence on the level of extra- and pre-marital sex (EPMS) among members of different church types. It is argued that only Pentecostal churches significantly reduce EPMS among members; and that they achieve this by maintaining high levels of four crucial variables: indoctrination, religious experience, exclusion and socialisation.

More than half of the people who were newly infected with HIV in 2002 were aged between 15 and 24. Churches are concerned that education about sexual health and HIV education may lead to promiscuity amongst young people. In this document, evidence of academic research is examined. Academic studies that examine the impact of sexual health and HIV programmes on the age of sexual debut of young people, and on levels of sexual activity are considered. Other important findings are also noted. Only academic studies that have used widely accepted research techniques have been included. The evidence from research is that sexual health and HIV education, including related life-skills education does not hasten sexual debut, and does not increase the number of sexual partners. Hence sex and HIV education does not promote promiscuity amongst young people. This evidence alone would be sufficient to promote sexual health and HIV education. However, there are other important findings, critical at a time when the HIV epidemic is affecting young people so severely. Good quality sexual health and HIV education reduces levels of pregnancy and STIs, including HIV, and reduces stigma and discrimination against people living with HIV and AIDS. In addition condoms, used correctly and consistently, are effective in preventing HIV infection among young people who are sexually active. There is, as yet, insufficient academic evidence to conclude that abstinence-only programmes are beneficial in delaying sexual debut. If sexual health programmes for children are to have maximum impact, they should begin before the sexual activity begins and sexual behaviour patterns start to form. It is critical that the churches, and others in contact with young people, engage with them on issues of sex and HIV, and that they support others in their efforts to do so.

Gathigia, Ann Mary. 2007. "The role of religious belief and faith-based organizations in coping with HIV/AIDS." University of KwaZulu-Natal


The theoretical framework for this paper is found in the theologies of reconstruction of Jesse Mugambi and Kä Mana. It claims that ancestral resources hold some potential for the reconstruction of Africa, in particular considering the role of the Kikuyu man (Mundurume) in responding to disasters, including that of HIV. Here the author suggest responses such as upholding sexual abstinence as the ideal way, accepting condoms as 'the lesser evil', by alerting society to approaching risks, and by storytelling to overcome stigma and the lies that give rise to it. [CHART]


Although the subject of ethnicity and HIV (human immunodeficiency virus) has received some research interest, the interface between religion and HIV/AIDS (acquired immunodeficiency syndrome) remains largely unexplored. Islam is the world's second largest religion, and Muslims form Britain's largest religious minority group with numbers estimated at over 1.6 million (UK Census, 2001). In this paper, we seek to describe Muslim customs and practices that may represent risk factors for developing HIV/AIDS. We use the term 'risk' in its epidemiological sense, indicating activities that may increase or decrease the chances of contracting HIV infection. We consider issues such as polygamy, attitudes towards extra-marital relationships, homosexuality and the custom of male circumcision, all of which may have a bearing on the risk of acquiring HIV/AIDS. An appreciation of such factors is, we argue, crucial in order to develop and implement culturally competent and sensitive population-based risk reduction strategies.

Gaudry, Therese B. 1990. "The relationship between awareness of HIV infection and perceived changes in spirituality." Graduate School of Counselling, Psychology and education, Santa Clara University


This article argues that the viewpoint often held that the fight against AIDS is a fight against "cultural barriers" that are believed to promote the spread of the HIV, is based on a long history of Western prejudices about sexuality in Africa. It focuses on its exotic facets only, such as polygamy, adultery, wife-exchange, circumcision, levirate, sexual pollution, cleansing and various others. It is argued that to target these practices through AIDS-prevention programmes is not the solution because the practices are not incompatible with safer behaviour and also because the eradication thereof will not necessarily result in the protection of people. To focus the fight on the practices might alienate the people whose support is vital in combating the spread of the disease. The author argues for an anti-AIDS drive that does not fight against a local African culture, but one that tries to make behaviour and practices safer in a way that is culturally acceptable to people.


Separate from scholarship in religion and medicine, a burgeoning field in religion and population health, includes religion and reproductive health. In a survey of existing literature, we analyzed data by religious affiliation, discipline, geography and date. We found 377 peer-reviewed articles; most were categorized as family planning (129), sexual behavior (81), domestic violence (39), pregnancy (46), HIV/AIDS (71), and STDs (61). Most research occurred in North America (188 articles), Africa (52), and
Europe (47). Article frequency increased over time, from 3 articles in 1980 to 38 articles in 2008. While field growth is evident, there is still no cohesive “scholarship” in religion and reproductive health.


Whether understood as sin, as embracing all manner of suffering and injustice, or as the inexplicable human choice of evil over good, evil has historically been described and pondered chiefly through male categories understood as a universal viewpoint. Likewise salvation. Gebara here presents an alternative, feminist approach to evil and salvation. She allows women to voice their personal suffering from their own contexts, thereby manifesting their many differences. She then introduces a perspective on evil and salvation based in gender analysis to address specifically “the evil women do,” the evil they suffer, and women’s redemptive experiences of God and salvation.


This investigation explores the spiritual experiences of gay males who have practiced a spiritual path prior to and post their diagnosis. This study utilized a phenomenological research approach to capture the essences of the lived experiences of spirituality, spiritual path and spiritual practice among six HIV positive gay males. The results of this study indicate that spiritual practice and spiritual experiences are subjective experiences. Each participant was able to define for himself and this study his own sense of spiritual path and practice that ranged from traditional Eastern transcendental meditation, creative visualization and prayer to the simple task of noticing one’s breathing or creatively expressing oneself through painting or dancing. Each participant reported that in their search for spiritual support, their spiritual practices helped them move beyond the oppressive and dogmatic agendas of historical religions that hold persecuting beliefs in regards to homosexuality. The participants reported that their spiritual practices impacted various dimensions of their lives such as interpersonal relationships and their sense of what health means from a spiritual perspective. Findings revealed that the participants valued the connections to others as valuable support systems that helped them cope. The findings in this study indicate that issues of self-worth, self-actualization and self-survival served as pivotal jumping off points into the search for spiritual realization. The participants’ disclosures revealed that their spiritual practices assisted them in dealing with their diagnosis in ways that facilitated desires to perceive their illness as a tool to self-discovery and spiritual exploration. Thus, spiritual practice and spiritual experiences helped the participants feel a sense of hope and that their lives had meaning and their illness was manageable.


This handbook gives helpful information about HIV and AIDS and its impact; but beyond that shows “what the church and individual Christians can do for/with/alongside the infected and affected”, restoring them to being places of hope. It is intended to help those wanting to become more involved in responding to the pandemic. For this it draws on the experience of a number of people in the Durban and Pietermaritzburg areas (SA). The book covers the extent of the pandemic and considers its social and economic context in South Africa. The Christian perspective is discussed as well as the establishment of a practical church-based HIV/AIDS programme. The practical suggestions include tips on working with volunteers, how to access social grants, help with drawing up a will and AIDS-related organisations and web sites. There are case studies in which individuals share their experiences. Extensive appendices offer advice on specific issues such as accessing social grants, men as partners, emotional and spiritual care. [CHART]


The article begins with a consideration of the relevance, scope and limitations of this study as well as the methodology. After offering a very brief literature review, a description and analysis of the most pertinent results are offered, and some emerging issues are discussed. The article concludes with a summary of the key themes as well as recommendations to churches, the Pietermaritzburg Agency for Christian Social Awareness and such organisations.


This publication is based on research conducted in three Southern African countries: Malawi, South Africa, and Zambia. The booklet includes a summary of the findings of the Gender Audits of these churches. It also includes additional material to deepen understanding of the research findings, and has ideas for gender transformation in the church. The aim of the study was to gain a better understanding of how far churches have progressed in achieving gender equality. It further proposed ways of supporting churches that are willing to engage in processes of self-appraisal of their theologies, governance structures, attitudes and practices with regard to achieving gender justice. The report includes a section on HIV and AIDS.


Many projects working with women, including PACSA’s, attest to the increased vulnerability of women in abusive relationships to HIV/AIDS during 2000-2002, there has been an increase in awareness of the powerful impact of factors such as poverty and gender on vulnerability to HIV. This was expressed at the highest level when, for instance, the KwaZulu-Natal Provincial AIDS Action Unit focused specifically on men as their theme for World AIDS Day in 2000-2001 ("Men: Caring Enough to Act").

PACSA’s Gender Desk and Poverty and Economic Justice Programme undertook a small qualitative research study. The results of this have been borne out by a recent research study in four Soweto antenatal clinics which revealed that women who were abused by their husbands or partners were 48% more likely to contract HIV than those women living in non-violent households.


While retaining the basic structure of the original book, this new edition has been thoroughly updated in light of some official Catholic documents and other theological writings dealing with sexual morality that have appeared since 1986. The Catechism of the Catholic Church, Pope John Paul II’s encyclicals Veritatis splendour and Evangelium vitae, and the 1986 and 1992 statements of the Congregation for the Doctrine of the Faith on pastoral care of homosexuals and the issue of discrimination against them are among the more recent magisterial publications considered in this text. This edition also contains several new sections: the misuses of sex (adultery, pornography, prostitution, sexual violence); four rationales for viewing a committed love relationship as the only appropriate context for sexual intercourse; marriage as a sacrament and marital sexuality and love as embodiments of commitment, intimacy, and passion; and public policy and the civil rights of homosexuals. This edition also includes an expanded discussion of topics such as sexism, sexually transmitted diseases especially HIV/AIDS and the moral questions raised by new family-planning methods (Norplant, Depo-Provera), RU-486, postcoital hormonal interventions against pregnancy, the start of human life, and abortion.


HIV/AIDS-related stigma and discrimination are significant determinants of HIV transmission in the Caribbean island nation of Trinidad and Tobago (T&T), where the adult HIV/AIDS prevalence is 2.5%. T&T is a spiritually-aware society and over 104 religious groups are represented. This religious diversity creates a complex social environment for the transmission of a sexually transmitted infection like HIV/AIDS. Religious leaders are esteemed in T&T’s society and may use their position and frequent interactions with the public to promote HIV/AIDS awareness, fight stigma and discrimination, and exercise compassion for people living with HIV/AIDS (PWHA). Some religious groups have initiated HIV/AIDS education programmes within their membership, but previous studies suggest that HIV/AIDS remains a stigmatised infection in many religious organisations. The present study investigates how the perception of HIV/AIDS as a sexually transmitted infection impacts religious representatives’ incentives to respond to HIV/AIDS in their congregations and communities. In correlation, the study explores how the experiences of PWHA in religious gatherings impact healing and coping with HIV/AIDS. Religious groups in Trinidad are being challenged to promote a clear and consistent response to the HIV/AIDS epidemic; a response that may reflect personal experiences and respect religious doctrine in the context of sex and sexuality. The study suggests that (1) religious leaders could improve their role in the fight against HIV/AIDS with education and sensitisation-specifically aimed at dismantling the myths about HIV transmission, and the stereotyping of susceptible sub-populations, and (2) a consultative dialogue between PWHA and religious leaders is pivotal to a successful faith-based HIV intervention in Trinidad.


This essay approaches the crisis of sexuality in South Africa, and its churches in particular, from the perspective of the impact that globalization has had in bringing about this crisis. The crisis is constituted by multiple forces, including the irrelevance of the churches’ abstinence message for young people in the context of the AIDS epidemic, the levels of sexual abuse within the church and of sexual violence in schools, and the international outcry over the appointment of a openly gay Anglican bishop. The article argues that these events must be understood within the context of the impact of a “globalizing” morality of sexuality that increasingly locates sex and sexuality in the privatized world of sexual consumerism. The essay then briefly suggests two ways forward for churches in their debate about sexuality that is healthy: the traditional way that sees marriage as the only context for sex; and the alternative that focuses on the quality of the relationship rather than its structure.


Any attempt to understand the complex relationships of religion to the HIV/AIDS crisis in Southern Africa must come to terms with the broad context in which these relationships are articulated, one element of which is the manner in which religion and health are conceived of and practiced in concrete situations. The dominant conceptual paradigms in the modern West have, by and large, sustained a clear separation between economies of health and economies of salvation. This dualism between religion and health was integral to the colonial and missionary impulses which have profoundly influenced the manner in which health and illness are conceived and practiced in much of Africa. This paper seeks both to deconstruct this dualistic paradigm as well as to propose resources for constructing an alternative from two vantage points. First, from the vantage point of the Sesotho conception of bophelo we will demonstrate that such Western dualisms are entirely inappropriate for an appreciation of the manner in which Basotho conceive of and seek health, and that an appreciation of the coherence of health and religion must inform healthcare provision and HIV/AIDS prevention, cure and care strategies if they are to be effective. Second, from a reading of Mark’s Gospel we subvert the dualism between health and religion from within the Christian tradition and propose an alternative economy of salvation. We conclude that any serious attempts to engage religion in the struggle against HIV/AIDS in Africa must take cognizance of the conceptual fallacies and dualisms embedded in much of HIV/AIDS prevention, treatment and care and must seek a cohering of the economies of health and salvation in both policy and practice.


A collection of spiritual and faith resources from Buddhist, Hindu, Islam, African traditional religion and Christian sources for the response to HIV and AIDS. HIV and AIDS are challenges for all religions. They are best addressed when religious communities seek and implement joint actions on the basis of their shared values. This collection of contributions by missio-partners illustrates the faith and spiritual resources from Buddhist, Hindu, Islamic, traditional African religion and Christian sources that motivate their followers to act against AIDS. HIV und AIDS sind eine Herausforderung für alle Religionen. Sie wird besser bewältigt, wenn Religionsgemeinschaften auf Basis gemeinsamer Werte auch gemeinsame Handlungsoptionen suchen und umsetzen. Die in diesem Band gesammelten Beiträge von Partnern des Internationalen Katholischen Missionswerks missio stellen Glaubensüberzeugungen und spirituelle Ressourcen aus Buddhismus, Hinduismus, Islam, traditionellen afrikanischen Religionen und Christentum heraus, die zur Bekämpfung von AIDS motivieren.


The book is the outcome of ongoing discussions between its contributors during the 1990s, reflecting on the opportunities and challenges in rebuilding Africa as it emerges from the oppression of racism, colonialism and cold-war tutelage. Among the numerous topics discussed there are two chapters dealing with theological and practical dimensions of AIDS, i.e. “Churches and AIDS in Kenya” and “The churches’ responses to AIDS in Africa”. [CHART]


"Women need to be empowered to make decisions that affect their lives. Their talents and perspectives should be considered in the development of a new just world order in both the Church and society. This book is a sequel to Theology of
Reconstruction: Explanatory Essays. It focuses on various factors that hinder African individuals and communities from enjoying life in abundance."

Ghalib, K. and L. Peralta. 2002. "AIDS and Islam in America." *Journal of the Association for Academic Minority Physicians* 13:48-52. Islam is the fastest growing religion in the United States. African Americans make up the largest part of the Muslim community in America, and they are also the individuals at greatest risk for contracting HIV. With the objective of understanding the impact of religious and cultural beliefs on HIV risk behaviours, this article reviews the literature on HIV and AIDS in Muslim communities in America. While no specific data exists regarding HIV seroprevalence or the risk factors for transmission of HIV in specifically American Muslim communities, the available information is presented describing American Muslims' attitudes and beliefs regarding HIV. Furthermore, in order to help clinicians improve the delivery of HIV preventive services to members of these communities, Islamic doctrine is described in relation to the three main risk factors for acquiring HIV: sexual activity, drug use and perinatal transmission. American Muslims make up a diverse population which have unique needs regarding prevention of HIV and AIDS. These needs must be more fully investigated and understood in order to minimize rates of HIV transmission in these rapidly growing communities.

Gibney, L., P. Choudhury, Z. Khawaja, M. Sarker, and S. H. Vermund. 1999. "Behavioural risk factors for HIV/AIDS in a low-HIV prevalence Muslim nation: Bangladesh." *International Journal of STD & AIDS* 10:186-194. A review of published and unpublished data indicates the prevalence of high-risk behaviours for HIV transmission in segments of the Bangladeshi population. These include casual unprotected sex, heterosexual as well as between males, prior to and after marriage. Intravenous drug use (IVDU) exists though illicit drugs are more commonly inhaled. There is a fear, however, that inhalers may turn to injecting drugs, as is common in neighbouring countries. The lack of public awareness of HIV/AIDS, and misconceptions about the disease, may contribute to continued high-risk behaviours by segments of the population and, thus, to the spread of HIV. Bangladesh's proximity to India and Myanmar (countries with high HIV endemicity and a rapidly growing number of cases) increases fears of an epidemic in Bangladesh. This proximity will only be a risk factor, however, if high-risk contacts occur between nationals of these countries.


Gilbert, Dorie J. and Ednita M. Wright. 2003. "African American women and HIV/AIDS: Critical responses." Pp. 269. Westport, CT: Praeger Publishers. This is the first book to focus strictly on African American women and AIDS. It highlights the life stories, relationship dynamics, challenges, and perseverance of African American women. The second part of the book is relevant to this bibliography, discussing individual and community concerns around the high incidence of HIV in the African American community. Here churches have traditionally been beacon's of hope; AIDS is challenging them to rethink moral codes, particularly regarding homosexuality, that prevent them from offering hope to those affected by HIV. [H. Robert Malinowsky review extract]

Gilbert, Sarah S. 2008. "The influence of Islam on AIDS prevention among Senegalese university students." *AIDS Education and Prevention* 20:399-407. Few studies have attempted to quantify Islam's contributions to HIV/AIDS prevention. Senegal has involved Muslim leaders in its prevention campaign for over a decade. Senegal also has the lowest HIV/AIDS prevalence rate in sub-Saharan Africa. This study examines how Islam influences AIDS prevention by testing whether Senegalese participants' religiosity scores explain their risky decisions associated with sex, condom use, and drug use. Participants with higher religiosity scores were more likely to abstain from sex. However, participants high in religiosity were not more likely to report that they did not use condoms when sexually active.


Gill, Peter. 2007a. *The politics of AIDS: How they turned a disease into a disaster*. New Delhi: Viva Books Private Limited. Gill is extremely critical of those who claim that promoting abstinence and fidelity are the only moral ways to combat the spread of HIV, and of many world leaders, particularly George Bush and Thabo Mbeki. He also directs his ire at several pharmaceutical companies that have fought hard to protect their patents and profits against generic producers in India.

How can Christian ethics make a significant contribution to health care ethics in today’s Western, pluralistic society? Robin Gill examines the ‘moral gaps’ in secular accounts of health care ethics and the tensions within specifically theological accounts. He explores the healing stories in the Synoptic Gospels, identifying four core virtues present within them – compassion, care, faith and humility – that might bring greater depth to a purely secular interpretation of health care ethics. Each of these virtues is examined in turn, using a range of topical issues including health care rationing, genetics, HIV/AIDS, withholding/withdrawing nutrition from PVS patients, and the empirical evidence which suggests a connection between religion and health. Gill also argues that these four virtues are shared by other major religious and humanistic traditions and that, together with secular principles, they can enrich health care ethics even in a pluralistic society.


The author systematically explores how Jesus’ response to leprosy challenges churches to respond to AIDS in a non-stigmatising compassionate way.


This book gathers together recent theological responses to the challenge of the current HIV/AIDS pandemic. It starts from the Theological Workshop organised by UNAIDS in Namibia in December 2003 and uses some of the key participants as primary contacts for locating these responses on an international and ecumenical basis. Each chapter addresses and seeks to take further the central themes identified in Namibia, namely: God and Creation, Interpreting the Bible, Sin, Suffering and Lamentation, Covenantal Justice, Truth and Truth-telling, The Church as a Healing, Inclusive and Accompanying Community. At present some of the most important theological responses to HIV/AIDS made recently in Southern Africa, South America and India are little known or appreciated in the West (where HIV/AIDS is often considered to be a virus/disease that is now in control). Statistical and epidemiological reports on the HIV/AIDS pandemic are now widely available in the West, but specifically theological responses are not. This book seeks to rectify this situation and to position this theological challenge more centrally in Western theological education. It will be of interest and concern to all those engaged in pastoral and contextual theology within theological colleges of different traditions as well as in university departments.


Acquired immunodeficiency syndrome (AIDS), caused by human immunodeficiency virus (HIV), is a leading cause of death. We tested the hypothesis that religious variables would be inversely associated with prevalence of HIV/AIDS risk factors. A 2002 national survey included 9,837 individuals aged 15-44 years with complete data on religious involvement, sexual, and drug use behaviors. Women who never attended services had over two times greater odds of reporting HIV risk factors than those attending weekly or more after adjusting for age and race/ethnicity and over 60% greater after adjusting for multiple confounders, but no significant association was seen in men. Mainline Protestants had lower odds of reporting risk factors than those with no affiliation. No significant independent associations were found with importance of religion. Women with public religious involvement had lower prevalence of any HIV risk factors while only affiliation was so associated in men.


Gitay offers a reading of Job within the South African context of HIV and AIDS which probes the question of who has the authority to determine morality and truth. He argues via Job that while humans lack knowledge and no one individual or group has a monopoly on it, we must all pursue knowledge in dialogue and debate, as Job did. [CHART]


Godsey shows up the elements of a male image comprising strength and power as hurtful to both genders, and uncovers elements of an alternative masculinity by drawing on the Prophet’s life.


This paper shares the findings of a study of herbal remedies used by Traditional Health Practitioners in Kwa-Zulu Natal to manage HIV-related symptoms. The majority of South Africans use the services of these practitioners, and increasingly their importance as a valuable health resource is recognised. This has led to government initiatives to include them in the mainstream public health care system. However, the long-standing distrust between the traditional and allopathic systems still needs to be overcome.


The author examines approaches to development of culturally appropriate and culturally sensitive health education and introduces some of the crucial differences between expert and vernacular constructions of risk. The example given is that the ‘one faithful partner’ recommendation in prevention campaign theme might not make sense where polygamy in practiced in certain parts of Africa. The lesson learnt here is that health educators agree today that the educational campaigns must include unambiguous information that addresses local issues and is presented in a culturally sensitive fashion. There is need to recognize cultural, political, geographic and economic barriers to behaviour change and be aware of norms and values that sanction high-risk activities and that present real risks and to individuals and to the community. They also agree that health educational campaigns must suggest real alternatives that make good cultural sense as well as good public health sense. Culturally sensitive health education must adopt itself to the existing beliefs, attitudes and practices within a community rather that expect that the community will change to fit the educational programme. The use of narrative can be used as a tool for uncovering vernacular health belief and explanatory models that have the potential implications for accessing risk perception.

[CHART]


The complexity of pluralism in this country makes it difficult for the educator to develop expectations of students based on their group memberships. This text examines these group memberships and ways educators can develop educational programs to meet the needs of those groups and the nation. The book provides an overview of the different microcultures to which students belong. The first chapter examines the pervasive influence of culture and the importance of understanding personal cultural backgrounds as well as those of students. The following seven chapters examine the microculture of class, ethnicity and race, gender, exceptionality, religion, language and age. Chapter 9, the final chapter, describes how the educator can portray and use pluralism in the implementation of multicultural education. Chapter 8 has been rewritten for this edition to address drug abuse, teen pregnancy, physical abuse, AIDS and sexuality. The most recent writing on critical pedagogy has been incorporated and brief case studies, “Critical Incidents” are presented at the end of the book.

The author in this article gives the historical background of HIV/AIDS in Turkana in the Kenyan desert and describes the difficulty in finding solutions to the problem. The situation is complex ranging from denial which makes people refer to HIV/AIDS as TB, shift in economic structures leading to sexual and marital practices, conflicts in the area, to the major difficulty of a division between the witch doctor and the physician. Though the church is doing its best, more effort and wisdom is needed.


This exploratory study conducted in 2008 aimed at gathering the views and opinions of leaders of the faith-based community (FBC) in Grenada about the increased incidence of HIV/AIDS in the Caribbean region including their beliefs and attitudes towards persons living with HIV/AIDS (PLHIV/AIDS). The study followed a cross-sectional design and used a qualitative approach. Telephone surveys were conducted with all faith-based organizations and semi-structured interviews done with key leaders representing the faith-based community in Grenada. Findings showed that perceptions of HIV/AIDS are embedded in a socio-political-cultural context where many risk behaviours and factors intertwine in complex ways. Religious beliefs are based on love, compassion and acceptance. The most prominent risk behaviours associated with the spread of HIV/AIDS identified by leaders are homosexuality, prostitution, promiscuity and substance abuse which are in direct contradiction to their beliefs and teachings. Leaders felt that these risk behaviours were exacerbated by changes in family structure and the absence of a common moral discourse shared by all sectors of society. The faith-based community has a significant presence across Grenada and it can be an effective partner in helping communities understand and prevent HIV/AIDS and overcome the stigma and discrimination associated with this disease. Training and effective strategies are needed to engage them in the national response to HIV/AIDS without threatening their ideologies and practices.


Considers the appropriateness or not of the use of condoms in intercourse, specifically to prevent the spread of HIV/AIDS, but hindering the possibility of procreation. (1) Offers one line of reasoning for the Church's teaching that sexual intercourse should be of the generative kind, seeking to bring out precisely what in the behavioural pattern of generative intercourse is the necessary condition of its being unitive, and thus marital. (2) Looks at the development of canonical jurisprudence concerning what kind of "potency" is required in a man for him to be capable of consummating a marriage, showing that canon law has specified that there must be a capacity for engaging in a particular kind of performance rather than a capacity for achieving the biological goal of that performance. (3) Provides some observations on why it is only if intercourse exhibits the specific behavioural pattern of that performance that it can be said to possess the symbolic, and therefore sacramental, significance that the Church attributes to the consummation of marriage.


The majority of AIDS patients in Africa rely on traditional healers to treat their disease rather than on Western medicine. Most western medical treatments currently available are beyond the financial resources of all but the wealthiest Africans, and most African countries lack the means to provide serious medical treatment for AIDS patients. In the absence of an effective treatment or vaccine, the only tools to fight AIDS will be raising the awareness of the population to the gravity of the threat, systematic screening of blood donors, sterilization of syringes, and distribution of condoms.


This research project begins by outlining the magnitude of the HIV and AIDS crisis in the Southern African region, together with challenges it poses to the church in Southern Africa. The research therefore reflects on a selected number of complex social issues related to the HIV-virus. These include poverty, gender, the breakdown of family systems, orphans, stigma and discrimination. Also included is a theological reflection to the HIV and AIDS pandemic together with the related social issues. The research develops a contextual approach to the HIV and AIDS crisis which it is hoped will challenge the Southern African Church to consider its strategies in the battle against the HIV-virus. In developing this contextual approach, indigenous resources and assets including talents, skills, gifts, and values, especially those embedded in the ubuntu-hunhu way of life are considered. Guiding this contextual theological reflection and exploration into the capacity of ubuntu-hunhu way of life is the Asset-Based Community Development (ABCD) model.


This paper presents a small sample of prayers and poems that have been composed in relation to HIV/AIDS. Prayers and poems, merely one aspect of creative work, could help explore the meaning of the pandemic in contemporary society and its many challenges to the Christian faith. The prayers and poems in this paper speak to the very existential issues that surround the disease in the socio-cultural context in which we live. These are drawn from the author's own experiences and reflections as an Anglican woman, of Indian origin, living in South Africa through the apartheid years and now into the developing democracy.


This article examines the likely effectiveness of public health interventions designed to change the risky sexual behaviour associated with Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) by Faith-Based Organizations (FBOs). We utilize data from the General Social Survey (GSS) to estimate an economic model of sexual behaviour. Our theoretical approach proceeds by rationalizing, on evolutionary grounds, the existence of sexual activity in individual preference functions, with unobservable costs imposed by religious beliefs and participation. Given the objective of utility maximization, we justify the existence of demand functions for sexual activity that generate empirically testable hypotheses about the effects of religion and religious participation on risky sexual activity. Our results suggest that, at least in the case of heterosexuals, FBOs can indeed influence the risky sexual behaviour that is associated with the transmission of HIV/AIDS.


This article examines the likely effectiveness of public health interventions designed to change the risky sexual behaviour associated with Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) by Faith-Based Organizations (FBOs). We utilize data from the General Social Survey (GSS) to estimate an economic model of sexual behaviour. Our theoretical approach proceeds by rationalizing, on evolutionary grounds, the existence of sexual activity in individual preference functions, with unobservable costs imposed by religious beliefs and participation. Given the objective of utility maximization, we justify the existence of demand functions for sexual activity that generate empirically testable hypotheses about the effects of religion and religious participation on risky sexual activity. Our results suggest that, at least in the case of heterosexuals, FBOs can indeed influence the risky sexual behaviour that is associated with the transmission of HIV/AIDS.


Religious constraints on sexuality may have consequences for the transmission of sexually transmitted diseases. Recognising that several Islamic tenets may have the effect, if followed, of reducing the sexual transmission of HIV, this paper tests the hypothesis that Muslims have lower HIV prevalence than non-Muslims. Among 38 sub-Saharan African countries, the percentage of Muslims within countries negatively predicted HIV prevalence. A survey of published journal articles containing data on HIV prevalence and religious affiliation showed that six of seven such studies indicated a negative relationship between HIV prevalence and being Muslim. Additional studies on the relationship of risk factors to HIV prevalence gave mixed evidence
with respect to following Islamic sexual codes (e.g., vs. extramarital affairs) and other factors, but that benefits arising from circumcision may help account for lower HIV prevalence among Muslims.


A national HIV/STD prevention program focused on traditional healers was started in South Africa in late 1992. An initial group of 28 healers (the 'first generation') was trained in HIV/AIDS and STD prevention. These 28 in turn trained a total of 630 additional healers (the 'second generation') in formal, week-long workshops within seven months of the first workshop (this figure grew to 1510 healers by the end of the tenth month). This paper reports results of an assessment of the impact of training during the first seven months of the program. The second generation appeared to be as well trained as the first, if we can rely on measures such as reporting correctly how HIV is transmitted and how HIV transmission can be prevented. Healers also reported advising their patients to use condoms, and demonstrating methods of correct condom use. Healers were initially recruited through national, formal associations of traditional healers, of which there are several in South Africa. Yet several months into the program, healers were critical of donor groups working with and through such associations. Most preferred that membership in such associations not be a prerequisite for participation in donor group-supported collaborative programs. The present program accordingly began to explore the possibility of recruiting healers through existing, indigenous associations of diviner-mediums known as imandges.

Green, E. and Allisson Herling. 2007. "The ABC approach to preventing the sexual transmission of HIV: Common questions and answers." Christian Connections for International Health (CCH), McLean, VA.

The ABC approach—Abstain, Be faithful, or use Condoms—has been the subject of much attention and controversy in recent years, as it has become the policy of the largest AIDS relief plan in the history of the pandemic. In January 2003, the United States pledged $15 billion to global AIDS under the President’s Emergency Plan for AIDS Relief (PEPFAR) and adopted the ABC approach. The evidence for and appropriate application of the ABC approach to HIV prevention remain widely misinterpreted and misunderstood. The HIV Prevention and Health Behavior Working Group of Christian Connections for International Health (CCH) has recognised a need for a document that explains the ABC approach to HIV prevention, clearly presents the evidence for such an approach, and responds to common critiques with empirical evidence. The position developed in this document reflects major elements of the policies of PEPFAR, USAID, and the “Consensus Statement” published in the medical journal The Lancet on December 1, 2004 and endorsed by over 150 public health experts worldwide and the president of Uganda. Stated simply, this position is that all three components of the ABC approach are necessary, and that the application of this approach will vary according to the target groups. This document addresses only the sexual transmission of HIV and will focus on transmission within generalised epidemics, predominantly those in sub-Saharan Africa.


—. 1999a. Indigenous theories of contagious disease. Walnut Creek: Altamira Press. Labeling this Indigenous Contagion Theory (ICT), the author synthesizes the voluminous ethnographic work of tropical diseases and remedies in the Third World - including his own studies and interventions with traditional healers in southern Africa - to present the case that Indigenous peoples generally believe contagious diseases to have naturalistic causes and cures.


Increasing recognition of the potential for traditional healers to prevent and control STIs and HIV/AIDS has led to a growth in STI/HIV/AIDS-prevention programmes in Africa. These programmes have enabled traditional healers to improve their capacity to diagnose, treat, and provide counselling. Policy and program recommendations for collaborating with traditional healers include: (1) select healers for training through a fair and democratic system, (2) work with healers who are respected in their communities, (3) do not require membership in an association, and (4) encourage healers to promote sexual abstinence for youth and fidelity for married couples.


This report provides examples of faith-based organizations that are making a difference in afflicted communities. Green argues that FBOs are uniquely positioned to educate communities about HIV/AIDS and to provide care and support to those affected by the epidemic. He found that a large proportion of the care and support provided to victims of HIV/AIDS is in fact provided by FBOs. However, he suggests that FBOs should be allowed to educate communities about HIV/AIDS and its spread in terms of their religious teachings. This, according to Green, is based on a study undertaken in Uganda which suggested that FBOs have played a major role in mitigating the effects of the epidemic in that country.


The author looks objectively at countries that have succeeded in reducing HIV infection rates along with a worrisome flipside to the progress. The largely medical solutions funded by major donors have had little impact in Africa, the continent hardest hit by AIDS. Instead, relatively simple, low-cost behavioural change programmes--stressing increased monogamy and delayed sexual activity for young people--have made the greatest headway in fighting or preventing the disease's spread. Ugandans pioneered these simple, sustainable interventions and achieved significant results. As National Review journalist Rod Dreher put it, "Rather than pay for clinics, gadgets and medical procedures--especially in the important earlier years of its response to the epidemic--Uganda mobilised human resources." In a New York Times interview, Green cited evidence that "partner reduction," promoted as mutual faithfulness, is the single most effective way of reducing the spread of AIDS. That deceptively simple solution is not merely about medical advances or condom use. It is about the ABC model: Abstain, Be faithful, and use Condoms if A and B are impossible. Yet deeply rooted Western biases have obstructed the effectiveness of AIDS prevention. Many Western scientists have attacked the ABC approach as impossible and moralistic. Some Western activists and HIV carriers have been outraged, thinking the approach passes moral judgment on their behaviours. But there is also a troubling suspicion among a growing number of scientists who support the ABC model that certain opponents may simply be AIDS profiteers, more interested in protecting their incomes than battling the disease.


There has been considerable interest in understanding what may have led to Uganda's dramatic decline in HIV prevalence, one of the world's earliest and most compelling AIDS prevention successes. Survey and other data suggest that a decline in multi-partner sexual behaviour is the behavioural change most likely associated with HIV decline. It appears that behaviour change programmes, particularly involving extensive promotion of "zero grazing" (faithfulness and partner reduction), largely developed by the Ugandan government and local NGOs including faith-based, women's, people-living-with-AIDS and other community-based groups, contributed to the early declines in casual/multiple sexual partnerships and HIV incidence and, along with other factors including condom use, to the subsequent sharp decline in HIV prevalence. Yet the debate over "what happened in Uganda" continues, often involving divisive abstinence-versus-condoms rhetoric, which appears more related to the culture wars in the USA than to African social reality.


This monograph provides compelling evidence for the value of HIV prevention strategies based primarily on risk avoidance and secondarily on risk reduction for the areas of the world most severely affected by the HIV pandemic. Sub-Saharan Africa, with only 10% of the world's population, accounts for more than 50% of the world's HIV-infected people..." "Risk avoidance interventions encourage youth and adults to refrain from non-marital sex. Information about HIV/AIDS prevention reaches individuals through community networks, and HIV/AIDS education begins early – starting in primary school. Faith-based organizations play an integral role in the national response by promoting abstinence and faithfulness." "Risk reduction strategies were originally developed in the United States for HIV epidemics concentrated in homosexual males and injecting drug users. They focus primarily on condom promotion and distribution and/or needle exchange... To date, there are no clear examples of a country that has turned back a generalized epidemic primarily through condom promotion. While condom use in focal groups at high risk for HIV infection appears to be moderately effective, it is important that condom messages targeting generalized at-risk populations support rather than undermine risk avoidance strategies. Partner reduction, rather than condom use, has had the most significant impact on reducing HIV prevalence in Africa. Research demonstrates that the Uganda ABC model, with more than 15 years of success, is the most effective, least expensive HIV/AIDS prevention strategy.

Most American health professionals who work in HIV/AIDS do not support the use of fear arousal in AIDS preventive education, believing it to be counterproductive. Meanwhile, many Africans, whether laypersons, health professionals, or politicians, seem to believe there is a legitimate role for fear arousal in changing sexual behaviour. This African view is the one more supported by the empirical evidence, which suggests that the use of fear arousal in public health campaigns often works in promoting behaviour change, when combined with self-efficacy. The authors provide overviews of the prevailing American expert view, African national views, and the most recent findings on the use of fear arousal in behaviour change campaigns. Their analysis suggests that American, post-sexual-revolution values and beliefs may underlie rejection of fear arousal strategies, whereas a pragmatic realism based on personal experience underlies Africans’ acceptance of and use of the same strategies in AIDS prevention campaigns. The authors wish to bring fear appeals back into the AIDS discussion, and into research agendas, from which this topic has been excluded by premature consensus.


Certain forms of religion have often impeded demographic transition. This study reports on differences found in demographic trends (i.e. birth rates, infant and general mortality) between Mission and 'Spirit-type' churches in two rural areas of Zimbabwe. Data show that differences in religious teaching regarding sexual behaviour and healthcare-seeking as well as differences in church regulation possibly explain these trends. Spirit-type churches’ prohibition of alcohol consumption and extra-marital relationships may limit the spread of HIV and hence reduce mortality.


Gender has long been recognized as being key to understanding and addressing HIV and AIDS. Gender roles and relations that structure and legitimate women’s subordination and simultaneously foster models of masculinity that justify and reproduce men’s dominance over women exacerbate the spread and impact of the epidemic. Notions of masculinity prevalent in many parts of the world that equate being a man with dominance over women, sexual conquest and risk-taking are associated with less condom use, more sexually transmitted infections, more partners, including more casual partners, more frequent sex, more abuse of alcohol and more transactional sex. They also contribute to men accessing treatment later than women and at greater cost to public health systems. The imperative of addressing the gender dimensions of AIDS has been clearly and repeatedly articulated. Many interventions have been shown to be effective in addressing gender-related risks and vulnerabilities including programmes designed to reach and engage men, improve women’s legal and economic position, integrate gender-based violence prevention into HIV services, and increase girls’ access to secondary and tertiary education. Despite this, the political will to act has been sorely lacking and not nearly enough has been done to hold governments and multilateral institutions to account. This paper argues that we can no longer simply pay lip service to the urgent need to act on what we know about gender and AIDS. Simply put, it is time to act.


African American faith-based institutions are not necessarily equipped to balance their moral and spiritual missions and interpretation of religious doctrine with complex health issues such as human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). YOUR Blessed Health (YBH) is a faith-based, six-month pilot project designed to increase the capacity of faith-based institutions and faith leaders to address HIV/AIDS and sexually transmitted infections (STIs) in 11- to 19-year-old African Americans. In addition to increasing the knowledge and skills of young people, the intervention seeks to change churches’ norms to provide more open settings where young people can talk with faith leaders about sex, relationships, STIs, and HIV/AIDS. YBH expands the roles of adult faith leaders, particularly pastors’ spouses, to include health education as they implement the intervention in their congregations and communities. The intervention includes a flexible menu of activities for faith leaders to select from according to their institutional beliefs, doctrines, and culture.


Despite substantial federal, state, and local efforts to reduce the transmission of HIV/AIDS, African Americans experience higher rates of infection than any other ethnic or racial group in the United States. It is imperative to develop culturally and ecologically sensitive interventions to meet the sexual health needs of this population. Capitalizing on the assets, resources, and
strengths of faith-based organizations, YOUR Blessed Health (YBH) is a community-based participatory research project developed to increase HIV/AIDS awareness and reduce HIV-related stigma among the African American faith community in Flint, Michigan. This article describes the historical context and development of YBH, discusses the results of the pilot study, and illustrates how YBH grew into a community mobilization effort led by faith leaders and their congregations to address HIV/AIDS. YBH highlights the importance of developing and testing intervention models that originate from community-based organizations to address complex and sensitive health issues among marginalized populations.


In September 2002, the Anglican Church of Southern Africa authorised a set of liturgical material for use in the church in an attempt to make congregations aware of the extent of the impact of HIV/AIDS on the church and the community in the nations in Southern Africa in which the CPSA is active. This research explores the relationship between Worship and Pastoral Care in the context of HIV/AIDS by examining the development of this liturgical material and offering a critique of it in the light of the impact it had on a number of parishes. The importance to Worship and Pastoral Care of compassion, personal contact with persons living with AIDS, grace and hospitality are some of the conclusions made. Suggestions were made for further research and development in terms of stigmatisation, language and appropriate liturgical formation and training.

The authors describe and decry the political context of denial and disastrous failure in the South African response to the AIDS pandemic. Their major criticism, though, is directed against Pope Benedict XVI and the structural sin of the Catholic Church, which in its prohibition of contraception is putting its followers at risk of HIV infection. The theological argument is thin, though, concentrating on a historical analysis of the origins of the theology of sex. Its purpose is to challenge the Catholic Church to realise the opportunity it has as biggest global institution to fight the pandemic. The style of the book is emotional and its emphasis diluted by an attempt to address too many issues, from a theology of AIDS to basic information about the disease, from cultural issues influencing the spread of HIV in Africa to the politics of pharmaceutical profits and torture in Abu Ghraib. What makes it worth reading is the insight it offers into the lives and struggles of those who are engaged in that fight in the “Hope Cape Town” project initiated by Stefan Hippler and his colleagues. [Oliver Jungen review extract]


The book dicusses religious aspects of medical ethics and bioethics, from a Christian perspective. It has a chapter dealing with "The global challenge of HIV/AIDS" among a host of other issues.


Among the actors in civil society involved in the fight against AIDS, representatives of religious congregations occupy a special place. For the medical community, they contribute to prevention by promoting abstinence and fidelity, some show great compassion, helping people living with and through prayer, can provide a moral comfort in situations of distress; also, despite the positions - not always followed locally - some Christian circles against the use of condoms, religious congregations seem to offer more advantages than disadvantages in the fight against the disease. However, speeches, both religious and health personnel, reveal ambiguities that opens great ways to the representations of the "good Christian" who, as appropriate, will be spared, saved, healed from the scourge through his/her faith, even in practices and discourses of exclusion against the "bad Christians". Thus, insidiously, the religious interpretations of AIDS, from parties whose thought-a-priori that they would be secure allies in the fight against AIDS, can lead to attitudes that go against the rhetoric of prevention and medical knowledge in general, who condemn and reject to preserve the community of "the pure".


Two Catholic professors discuss their positions regarding the use of condoms and the morality thereof. Is it equally morally wrong to use condoms for prevention of HIV/AIDS infection as it is as a means of contraception?


In Kampala, Pentecostal churches have been filling the public space since 1986. The paper focuses on the transformation that Pentecostal churches have been experiencing in Uganda, with an increasing involvement in society. I discuss interactions between this process and changes in national strategies regarding HIV and AIDS prevention, and show how the concept of "salvation" assumes renewed meanings in this context. I analyze young people's involvement in religious campaigns against AIDS, and the fact that this is linked to the Pentecostal discourse of the "break with the past," which in Uganda has found a new dimension in the rhetoric of a "Joseph Generation," charged with building a Christian country and opposed to the fathers' generation.


Guzana, Zukile Wesley. 2006. "How can the Young Men's Guild (YMG) respond to the needs for the prevention of HIV (MCSA): With special reference to King William's Town circuit ", School of Religion and Theology, University of KwaZulu-Natal, Pietermaritzburg.


Using pooled data from the 1998 and 2003 Demographic and Health Surveys, this paper investigates the association between religion and contraceptive behavior of married women in Ghana. Guided by the particularized theology and characteristics hypotheses, multinomial logit and complementary log–log models are used to explore denominational differences in contraceptive adoption among currently married women and assess whether the differences could be explained through other characteristics. We found that while there were no differences between women of different Christian faiths, non-Christian women (Muslim and Traditional) were significantly more likely to have never used contraception compared with Christian women. Similar observations were made on current use of contraception, although the differences were greatly reduced in the multivariate models.


Although a growing body of research has linked religious involvement with HIV/AIDS protective behaviour in Africa, the focus has mainly been on women. Given the patriarchal nature of African culture, this paper argues for the inclusion of men, a critical group whose sexual behaviours have increasingly been linked to the spread and sustenance of the virus in the region. Drawing on different theoretical discourses and using data from the 2003 Ghana Demographic and Health Survey, this paper examines how religious affiliation influences men's risky sexual behaviours. While the results from the bivariate analysis suggested that Muslims and Traditionalists were significantly less likely to engage in risky sexual behaviour compared with Christians, those differences disappeared once socioeconomic variables were controlled, rendering support for the selectivity thesis. This finding could benefit programmatic and policy formulation regarding AIDS prevention in Ghana.


In this paper Haddad outlines the crisis of gender violence, particularly of a sexual nature, in South Africa. Behind the expressions of violence Haddad points to unequal power relations between men and women. She connects this inequality with the vulnerability and death of women and children through the HIV/AIDS pandemic. Furthermore, Haddad accuses the Church
of being silent in the light of cases of gender violence and HIV/AIDS. This she blames on the patriarchal structure of the Church. Women are called up to take responsibility for breaking the silence of their oppression and abuse in the church and the society. Moreover, the church – as a major player in civil society – is called to accountability. A perspective is provided for a transformation of the theology of the church in order to become prophetic and engendered and to address issues of gender violence, HIV/AIDS, human sexuality and relationships of power. [CHART]


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The church in South Africa faces a new challenge -- the HIV/AIDS pandemic, which claims the lives of people in its communities and congregations every day. Until recently, the church remained silent or, worse still, adopted a theology that contributed to the stigma and discrimination faced by those who are HIV-positive. Increasingly, this theology is being questioned, as church leaders take a more positive public stance on education, prevention, care, support and lobbying for treatment. Yet a mainstream, contextual theology that acknowledges and supports people living with HIV/AIDS, offering them Christian hope and acceptance, still remains to be formulated for South Africa.


In rural communities in South Africa poverty and issues of culture, e.g. pervasive patriarchy, are exacerbating the HIV/AIDS crisis for women. This article discussed the role of faith resources for participatory learning about HIV. Bible reading in safe sites can be used to break the silence on matters such as sexuality, HIV/AIDS, and gender violence. Even then not all discourses will emerge from such safe sites into the public realm. The article draws on case studies from a contextual Bible study group of poor and marginalized Christian women in the rural community of Vulindlela, KwaZulu-Natal, South Africa. It offers an analytical comparison of the group's reading of the rape of Tamar (2 Sam. 13:1-22), and of the healing of the woman with the hemorrhage -- an ailment that can be compared to HIV/AIDS (Mark 5:21-43), seeking to determine under what conditions women's "hidden" discourse will move into the public realm. In conclusion the author argues for the role of the activist-intellectual in nurturing safe sites for women and in mediating these voices in the public realm so as to influence public policy.


A key debate raging within HIV/AIDS activist circles concerns the extent to which faith-based organisations are fuelling stigma and discrimination. In attempting to contribute to the debate, this paper draws largely from insights gained through research conducted with sixteen church leaders in Vulindlela, KwaZulu-Natal. Findings seem to suggest that church leaders are not that quick to condemn, but are slow to respond with effective strategies that will stem the tide of the epidemic. They are rendered silent by a complex mix of cultural censure and theological confusion. This silence leads to a complicity in HIV/AIDS stigma and discrimination. Unable to break taboo and speak openly about sex, they resort to what they know - moralistic teaching. The paper concludes by suggesting practice steps that need to be taken by the church and academy to ensure that the community of faith makes a meaningful contribution to the curbing of the epidemic. In this work, Haddad notes how the lack of theological training is hindering pastors in African Initiated Churches from responding in adequate ways to the epidemic, leading to theologies of moral condemnation which everyone seems to know not to work, but nevertheless continue to be adhered to.


The role of the Church is understood ambiguously in the context of HIV and AIDS. For many who are HIV positive, particularly women, the Church has become a place of alienation. This paper is part of a larger research project that seeks to understand how Church leaders, male and female, in a semi-rural community outside Pietermaritzburg, are responding to the epidemic. It
focuses on the second phase of a small ethnographic study in which women leaders of prayer unions (manyanos) are interviewed and engaged in discussions on their experiences of the epidemic. It argues that unlike their ordained male counterparts, they are less concerned about God’s seeming impotence to act, and more concerned about saving lives. These women reach out to young people who choose at times to confide in them. However, it is evident that they are not yet able to deal with the issue in the public realm of their meetings, but recognise the need to do so as older married women are testing HIV positive. Despite their fears surrounding the epidemic, the paper argues that it is their faith that enables them to seize life in the midst of death. In conclusion the role of the activist-intellectual is addressed and it is argued that any theologising by women in the academy should not be carried out on behalf of others. Rather it should draw the activist-intellectual out of the academy bearing her resources into transformative and collaborative work with many, mainly poor women attempting to live positively with HIV.

-. 2011 (ed). "Religion and HIV and AIDS: charting the terrain." Scottsville, South Africa: University of KwaZulu-Natal Press. This book explores the interface between HIV, AIDS and religion and makes a significant contribution to a growing body of scholarship that recognizes the importance of religious engagement with the reality of HIV and AIDS. In many communities, the spiritual narrative is far more compelling that its bio-medical equivalent, making interdisciplinary collaboration crucial. The project that gave birth to this book brought together scholars from the fields of religion and theology and activists from local communities. Its content captures the collaborative character of the book and each chapter is accompanied by a practitioner response. Existing scholarly literature was analysed and interrogated in the context of local community knowledge. The task was to understand what work has been done; and to discern what remains to be done. The book has a strong African focus with local forms of Christianity and Islam featuring prominently.

Haddad, Beverley, Jill Olivier, and Steven De Gruchy. 2008. "The potential and perils of partnership: Christian religious entities and collaborative stakeholders responding to HIV and AIDS in Kenya, Malawi and the DRC." African Religious Health Assets Programme (ARHAP), Cape Town. Tearfund and UNAIDS commissioned a three-country study, in Malawi, Kenya and the DRC, of collaboration between religious entities and their collaborative stakeholders (donors, governments and interfaith bodies). The primary goals of the research were to strengthen collaboration, increase mutual respect and understanding between religious entities, governments and donors in the three countries, and to ensure significant long-term contributions will be made to national AIDS plans through effective multi-sectoral collaboration.


HAI-UNIFEM. 2002. Community based responses to HIV/AIDS: Challenges facing older women and men in Kenya: Gender issues and cultural challenges. Nairobi: HelpAge International & UNIFEM-Regional Office for East and Horn of Africa. The article deals with how older women in this part of Kenya bear the burden in the care and support for people living with AIDS and the care of orphans. This is largely because the culture and traditions perpetuate the “superiority” of men who cannot do the ‘dirty’ job of caring for the sick. Older women are also accused of witchcraft especially because the HIV pandemic fuels conflicts and suspicion within families owing to cultural beliefs. The report further notes that older men on the other hand are faced with conflicting information based on their roles as custodians of culture and tradition and medical evidence of HIV and AIDS. Much as they know the risks inherent in some cultural practices, they feel obligated to fulfil them for the good of the community. The challenge facing intervening institutions is how to reconcile practices deemed ‘vital’ (e.g. wife inheritance) with the realities of HIV and AIDS. The wholesale condemnation of harmful cultural practices only encourages its covert practice. One old man commenting on the issue of wife inheritance said that sometimes he is forced to agree with the ‘learned’ but he goes back and does what he knows he has to do. Old men being the custodians of culture do not understand why it is only Africans dying of AIDS. They believe that AIDS comes from the medicinal bottles from the West. But one of the men insists that he supported his daughter-in-law when she refused to be inherited. In essence old people need training on HIV because they are respected in the community and their counsel is taken seriously.

Haile, Barbara J. and John W. Chambers. 2007. "Knowledge of HIV transmission and perception of the role of the African Methodist Episcopal (AME) church in the fight against HIV/AIDS in South Africa." Social Work & Christianity 34:167-186. The objectives of this research were to determine how much knowledge survey participants had about HIV/AIDS transmission and how knowledge was related to their perceptions of the responsibilities of the AME Church toward those infected with HIV/AIDS. The researchers also examined how HIV knowledge was related to the willingness of survey participants to volunteer in Church-sponsored HIV related programs. A convenience sample of 742 respondents residing in the 19th Episcopal District, Republic of South Africa, participated in the study. Volunteers completed the Carey and Schroder (2002) Brief HIV Knowledge Questionnaire and other items pertaining to the study variables. Results showed that while knowledge of HIV was generally good in a few areas, there were still deficits that need to be addressed. Participants with more knowledge of HIV transmission
thought that the Church should provide education, counseling, living facilities and nursing care services to victims, regardless of their religious affiliation. Those with more knowledge of HIV were also willing to volunteer to provide education and counseling services. Results are discussed in terms of the implications for the Church in lending its voice and resources to fight the spiraling epidemic, and addressing the social and economic challenges posed by HIV/AIDS.


This study was conducted to explicate the role of spirituality in dealing with the many struggles of advanced HIV disease. The research question that guided the study was: How is spiritual meaning structured in advanced stages of HIV disease? Published articles have lacked sound conceptions of spirituality that would allow it to be described apart from religion as a concept within humanistic science. Qualitative methodological assumptions were derived from interpretive interactionism. The spiritual experiences of 10 men and women in advanced-stage (symptomatic) HIV disease who self-identified that they had either spiritual or religious experiences that had helped them cope with HIV disease were interpreted. Data were collapsed, over three iterations, into three major themes to build the meaning of spirituality in HIV. Extracted themes were: purpose in life emerges from stigmatization; opportunities for meaning arise from a disease without a cure; and after suffering, spirituality frames the life.

The book draws on the proceedings of an international consultation of 150 theologians, social ethicists, people living with AIDS and healthcare professionals sponsored by the World Council of Churches, the National Council of Churches of Christ in the U.S.A. and the Canadian Council of Churches. It discusses the social consequences of AIDS, illness and health, and sexuality with the aim of achieving a caring theological response to the pandemic. [Homosexuality and Catholicism Bibliography extract]


This book offers a personal perspective on the HIV/AIDS crisis in Africa. It is a first person narrative of a European homosexual who tested positive in the early eighties. The author owes his survival to tell the tale not least to the drugs, which in his home country are accessible to any person who is HIV positive. Frank Ham visited Malawi in 1999 and repeatedly thereafter to try and understand precisely why AIDS has been so much more prevalent in Africa than in the West. He pins much of his analysis on the scarcity and affordability of the drugs, as well as environmental factors, the role of the Christian churches, and how AIDS is affecting the continent's youth.


In Ghana’s Manya-Krobo District, where female prostitutes comprise the major source of human immunodeficiency virus (HIV) infection, the St. Martin’s Clinic has developed a comprehensive acquired immunodeficiency syndrome (AIDS) prevention and control program with a minimum of fiscal resources. The clinic has enlisted the support of a broad range of institutions and organizations, including the Catholic Church, Ministry of health, political and women's groups, and traditional healers. Between April 1988 and December 1990, the clinic treated 409 HIV-infected persons and another 84 individuals who had developed AIDS. AIDS patients are visited in their homes twice weekly, and health education of the entire family is an important component of these visits. As a result of support from clinic staff, families in the district do not abandon their members who develop AIDS. Clinical activities include supervision of HIV-infected pregnant women, sterile circumcision, screening of donated blood for HIV, and free condom distribution. Other activities are focused on increasing female literacy and expanding female employment opportunities so that women do not have to become prostitutes to support their families. The Catholic Diocese offers training in home management and business to females ages 11-23, and the clinic has established several income-generating cooperatives. Health education has effectively combated the traditional assumption that AIDS is transmitted by evil spirits. Since most of the HIV-infected patients treated at St. Martin’s have been found to be uneducated women whose trial marriages broke up when the husband could not pay the customary bride price, forcing the wife to resort to prostitution to support her children, efforts are underway to eliminate the bride price tradition.

Cross-sectional data were collected on a sample of 259 gay and bisexual, male-identified individuals as part of a larger study of the psychosocial functioning of lesbian, gay, bisexual, and transgender persons. Analyses considered differences between HIV-positive and HIV-negative men in relation to active and religious coping strategies; avoidant coping strategies (specifically, illicit drug use); and the psychosocial states of anxiety, hostility, and depression in relation to self-reported HIV-status of the participants. As compared with HIV-negative men, the HIV positive participants indicated a greater likelihood of engaging in illicit substance use within the previous 3 months, as well as higher levels of both active and religious coping strategies. Illicit substance use also was found to be related to higher levels of depression, anxiety, and hostility. A multivariate model indicated a significant difference in substance-based and active coping strategies among the men surveyed, with persons with a self-reported HIV-positive serostatus endorsing higher levels of both strategies. These results and their implications for prevention and future research are discussed, rooted in the understanding that a complex reality for coping is often enacted by HIV-positive men.

Hancock, Eugenia Lee. 2002. "AIDS is just a four-letter word: An ethnographic study of theodicy and the social construction of HIV/AIDS in Newark, New Jersey." *Drew University*. This dissertation uses several theorists and their methodologies "to think with," as Gananath Obeyesekere puts it. His work in psychoanalytic anthropology enables me to explore theodicies and the construction of personal meaning in first person narratives from Newark Project research. Paul Farmer’s work undergirds the development of an anthropology of suffering that addresses the HIV/AIDS community in the socio-economic and historical context of Newark. My investigation of the social construction of HIV/AIDS in Newark is also aided by the theoretical work of discourse analysts Paula Treichler and Cindy Patton who provide yet another methodology for deconstructing the social construction of HIV/AIDS. This project moves in two directions as it examines how meaning is personally constructed from the inside out and how social forces shape and construct peoples’ lives from the outside in. On the one hand, spirituality, religious discourse and the language and practice of Twelve Step groups contour and communicate personal meaning, and on the other, social processes such as poverty, homophobia, racism and sexism construct both the virus and the world of those infected by it.


This book tells the stories of gay couples, touching on spirituality, dating, day to day difficulties, HIV/AIDS, preoccupations, experiences of crises, the values of caregivers, dealing with a partner’s HIV positive diagnosis, friends as supportive, sharing hope, and above all love. It hopes “to provide the opportunity for the enrichment of history and spirituality as it presents the stories of various gay men who lived in loving relationships and in so doing created a spirituality.” The ultimate hope in recording these stories is greater awareness of the ‘ordinariness’ of gay couples’ experiences. [H. Robert Malinowsky review extract]


This article examines the difficulties that a group of Black churches in New York City have had in addressing HIV/AIDS and how these challenges were overcome. This article argues that the way the Black Church responded to AIDS is a result of its unique social history and its inability to address sexuality. This study uses in-depth interviews with 28 New York City Black Church leaders, AIDS activists, and employees at an AIDS service non-profit that work exclusively with Black churches. The data show that this sample of Black churches initially had trouble confronting AIDS in Black communities because they were unable to confront homosexuality and sexuality. The data also reveal that when AIDS awareness organizations become aware of how Black churches perceive sexuality as it relates to AIDS, then they will be able to create effective AIDS awareness material for the Black Church.


The purpose of this article is to: (a) explore and describe experiences of hope in the context of high-risk behaviours; and (b) identify sources of hope for participants dealing with an HIV diagnosis. Following qualitative case study methodology along with philosophical hermeneutics, 12 people diagnosed with HIV or AIDS were interviewed to understand their experiences of hope. Participants were selected based on self-report for continuing or increasing high-risk behaviours following diagnosis. Results
include participant descriptions of hope as well as five higher order categories that highlight sources of hope following an HIV diagnosis. Implications for treatment of those newly diagnosed and engaged in high-risk behaviours are discussed.

Harrison, Gavin. 1994. In the lap of the Buddha. Boston, MA: Shambhala Publications. Harrison was diagnosed HIV positive in 1989; he then learned to meditate and practice Buddha's teachings as a way of coping with the resulting stresses. Being relaxed and at ease is helpful for the immune system to cope with the AIDS virus or any disease that one may have. This book helps one to find the "inner strength and courage we all have, although sometimes overlook." [H. Robert Malinowsky review extract]

Harisson, R. L. 1997. "Spirituality and hope: Nursing implications for people with HIV disease." Holistic Nursing Practice 12:9-16. The article describes the historical influence of holistic nursing theorists on the integration of spirituality into nursing care. Assessment and interventions for spiritual distress are suggested based on the conceptual model for holistic nursing practice of Dossey and colleagues. Research concerning the influence of hope, a dimension of spirituality, on men with human immunodeficiency virus disease is reported. Practice implications for increasing hope and facilitating spirituality are discussed.

Hartwig, Kari. 2006. "Confronting religion, AIDS and gender in Tanzania: Church leaders at the crossroads." Journal of Constructive Theology 12:25-43. This essay examines the impact of gender role expectations on women's vulnerability to HIV infection, and on church responses to the pandemic. It draws on data from a workshop with male and female church leaders acting as HIV educators in the Evangelical Lutheran Church in Tanzania. Results show that for this group AIDS training facilitated a shift in their theology, but hardly helped overcome the difficulty of discussing sexual matters openly, especially for women. [CHART]

Hartwig, Kari A., Seelah Kissioki, and Charlotte D. Hartwig. 2006. "Church leaders confront HIV/AIDS and stigma: A case study from Tanzania." Journal of Community and Applied Social Psychology 16:492-497. HIV/AIDS stigma continues to be a major obstacle to prevention and care interventions in Sub-Saharan Africa. Faith-based organisations (FBOs) have been shown to both foster HIV stigma as well as mitigate it. The present case study with 15 male and female Tanzanian church leaders emerged from a participatory evaluation workshop to assess their HIV health promoting activities following a series of HIV/AIDS and reproductive health training sessions. The workshop allowed participants to define root social causes of HIV underlying stigma and revealed the lack of a language to talk about stigma. Many participants in the discussions and focus groups had moved from positions of silence and condemnation to one of teaching about HIV/AIDS. Only 10 of the participants actively did some form of HIV education; they told how their own actions influenced their church membership's attitude towards HIV. However, others faced opposition from senior pastors. The case study suggests that narratives about HIV work within the church community create opportunities for reflection and compassion. We need further research on the role of different types of religious leaders in their institutions and the opportunities for diffusion and structural change.

Hasnain, M., J. M. Sinacore, E. K. Mensah, and J. A. Levy. 2005. "Influence of religiosity on HIV risk behaviours in active injection drug users." AIDS Care 17:892-901. Previous studies have shown a positive relationship between religiosity and the practice or adoption of protective health behaviours, including reduction of illicit drug use among hard-core injecting drug users (IDUs). The purpose of this study was to examine the role of religiosity in predicting HIV high risk drug and sexual practices among a sample of IDUs in Chicago, USA. We hypothesized that high religiosity would be associated with a lower likelihood of IDUs engaging in risky behaviours for HIV transmission. Snowball sampling techniques were used to recruit 1,095 active IDUs for HIV testing, counselling and partner notification. Data were analysed from 880 subjects who self-identified with one of three religions, Christianity, Islam or Judaism. Logistic regression was used to examine the relationship between religiosity (based on self-reports of personal strength of religious belief: very strong; somewhat strong; not at all), independent of specific religion, and HIV risk behaviours (defined as 12 unsafe sex- and drug-related practices) as well as HIV serostatus. Contrary to our hypothesis, subjects with stronger religiosity were more likely to engage in four risk behaviours related to sharing injection paraphernalia. Compared to those who self-reported having no religiosity, subjects who stated that their lives were strongly influenced by religious beliefs were significantly more likely to share injection outfits, cookers, cotton and water. The association of certain HIV risk behaviours with higher religiosity has implications for HIV prevention and warrants further research to explore IDUs' interpretation of religious teachings and the role of religious education in HIV prevention programmes.

Hasnain, Memoona. 2005. "Cultural approach to HIV/AIDS harm reduction in Muslim countries." Harm Reduction Journal 2. Muslim countries, previously considered protected from HIV/AIDS due to religious and cultural norms, are facing a rapidly rising threat. Despite the evidence of an advancing epidemic, the usual response from the policy makers in Muslim countries, for protection against HIV infection, is a major focus on propagating abstinence from illicit drug and sexual practices. Sexuality, considered a private matter, is a taboo topic for discussion. Harm reduction, a pragmatic approach for HIV prevention, is
underutilized. The social stigma attached to HIV/AIDS, that exists in all societies is much more pronounced in Muslim cultures. This stigma prevents those at risk from coming forward for appropriate counseling, testing, and treatment, as it involves disclosure of risky practices. The purpose of this paper is to define the extent of the HIV/AIDS problem in Muslim countries, outline the major challenges to HIV/AIDS prevention and treatment, and discuss the concept of harm reduction, with a cultural approach, as a strategy to prevent further spread of the disease. Recommendations include integrating HIV prevention and treatment strategies within existing social, cultural and religious frameworks, working with religious leaders as key collaborators, and provision of appropriate healthcare resources and infrastructure for successful HIV prevention and treatment programs in Muslim countries.


HIV/AIDS poses an enormous challenge for the Christian church in Africa. Though many congregations engage in practical social programmes addressing the medical and social problems related to HIV/AIDS often there is no adequate theological concept dealing with HIV/AIDS. This article argues that starting from biblical insights and Christian anthropology in the current situation a contextual theology addressing HIV/AIDS and a respective sexual ethics have to be developed which enables Christians to live responsibly in a time of HIV/AIDS without demonising sexuality. This, in turn, could contribute to the ethical discourse in civil society and thus foster the development of a public theology.


This essay addresses the reality of HIV prevention, rather than what one would like to believe is happening. As member of the African Network of Religious Leaders living with or personally affected by HIV and AIDS (ANERELA+) the author knows that reality experientially. He sketches the ‘complex and nuanced challenge’ of HIV prevention which cannot be achieved by stigmatising messages that focus on ‘sex, sex and sex again’. Touching on the contrast between risky behaviour and risky environment, Health shows the range of environmental factors making for vulnerability. The SAVE approach to prevention (S = Safer practice; A = Available medical interventions; V = Voluntary Counselling and Testing; E = Empowerment) advocated by ANERELA+ is offered as an alternative to the problematic ABC. This is a brief but comprehensive sketch of the complexity involved in HIV prevention. [CHART]


In this essay, Hedrich suggests that the HIV and AIDS epidemic has posed new challenges to the field of missiology which offers “a focal point for any new and further development of contextual understandings of missiology, including interfaith perspectives”. While not focusing specifically on these interfaith perspectives, she nonetheless shows that the Christian enterprise of ‘mission’ has embraced the challenges of HIV and AIDS. This has been accomplished, not so much through published literature, but through conferences and gatherings of missiologists and mission agencies. This has included a series of study processes related to the epidemic and to mission agency policy. Hedrich argues that one of the gaps in the published literature is a lack of analysis of “the different missiological traditions and influences that have led to the present understanding of sexuality and moral discourse as a response to the HIV epidemic”.


Sermons were written in multi-cultural groups where people from various African countries, from Indonesia and Europe met at a conference at Bukoba, Tanzania. Some contributions are dealing with hermeneutical issues and HIV, others with the relation of context and Bible or with gender. In a second part the work of the groups, the sermons, and often combined with liturgical material are recorded.

Our ideas of disease try to explain it, and they aim at facilitating cures. In the process, they become entwined in socio-cultural networks that have totalising effects. Disease, however, counters this totalising effect by revealing to us that our lives are fragments. Unless we engage this fragment character of disease and of our lives, we cannot properly understand disease or deal with it. HIV/AIDS clarifies these issues in an extraordinarily powerful fashion. Medical, legal, commercial, political, and institutional approaches to disease overlook the fragment character of disease in favour of totalising world-views. A theology of disease is necessary in order to maintain the focus on fragments. Unless we recognise this fragment character, we do not really understand our lives, and we do not really understand either disease or healing.


In this collection theologians, men and women from different denominations within the affected countries, face the questions posed by the HIV pandemic – and by the stigma following in its wake. They offer their attempts to understand the challenges of AIDS with the aim of offering life-giving perspectives to those in their communities who bear the brunt of the pandemic. Special attention is given to the reality of AIDS and sexual violence in the lives of women. [CHART translation]


The papers in this collection were delivered at an interdisciplinary conference of Catholic theologians with experts in medicine, psychology, socio-pedagogics and counselling from 27-29 November 1996 in Augsburg, Germany. Also present were people living with HIV as well as those involved in caring for such people. This reflects the commitment of the organisers to a discussion to go beyond easy answers, when searching to understand the meaning of the pandemic, for God acting in it, for personal responsibility and human solidarity in the face of death after untold suffering and in great loneliness. The book includes sections with contributions from the social sciences, from systematic theology as well as from a practical theology perspective. The contributions on the latter are four statements by practitioners: Claus Puff as AIDS counsellor, Erika Heusler as hospital chaplain, Hans Mendl from his perspective in pedagogy of religion, and Hanspeter Heinz as pastoral theologian. Some panel discussions are included in the collection. [CHART]


Treatments of spirituality among HIV-positive lesbians and gays overlook the people who do not believe in God. Conceptualizing the human core of spirituality, this paper discerns a spiritual potential within the homosexual experience and illustrates the matter in the case of non-religious gay and lesbian persons with AIDS (PWAs). Under this analysis, many commonplace facets of individual and social life reveal important spiritual implications. These considerations are relevant to both religious and non-religious professionals attempting to address spiritual needs among all populations in a pluralistic society.


A demographic analysis of Haiti indicates how superstition, fatalism, paternalism, population explosion, illiteracy, malnutrition, and AIDS affect Haitians. In this context the Haitian faces either the promises of the Haitian Communists for a new social order or the traditional saving message of the church. The Roman Catholic Church, recently influenced by liberation theology, conflicts with traditional authority, and Protestant churches are divided, socially neglectful, and imperialistic. To reach Haitians the church must work for a more just economic system, more holistic evangelism, and a contextualized theology.


The paper will examine the idea of citizenship from the point of view of two healers, an inyang and isangoma, one of whom is HIV positive, who live in the remote Okhahlamba region of South Africa. It will therefore provide a view of citizenship from below. The ways in which both healers explore their relationship with the world beyond Okhahlamba illustrates their personal wanderings beyond local environments and the ambivalence with which the wider world is viewed – a common perception of many rural dwellers whose lives, nevertheless, intersect with wider worlds due to migrancy: the experience of the inadequacies of local government, formal health and social welfare provision, and the arrival of international ARV programmes. Healer narratives suggest ways in which rural communities in South Africa claim an otherness in relation to wider worlds, an otherness that reiterates identities of difference in relation to wider structures of governance. Local explanations for the HIV/AIDS
pandemic are outlined and are given meaning through being placed within the experience of how the divided and divisive history of South Africa continues to haunt present constructions of worlds and notions of identity in response to widespread death and the politicisation of dis-ease.


Young Moroccan Islamic immigrants are balancing the challenges of modern society and the influences of their cultural and social backgrounds. Prevention and information programmes need insights into their knowledge, attitudes and behaviour concerning choice of partner, sexuality, contraception, STD and AIDS prevention. In a qualitative research project, Moroccan adolescents were invited to focus groups. The results show the specific influence of family, religion and tradition, the importance of virginity at marriage for girls, and the "almost evidence" of premarital coitus for boys. These adolescents have limited knowledge of contraceptives, STD and AIDS. Some boys pretend to perform safe sex in certain "unfixed" circumstances but show no concern about the possible risks for future virgin spouses. Most of the girls do not consider safe sex before or after marriage. There is a taboo on homosexuality.


The article tells the story of how inter-organisational relations in Sub-Saharan Africa started to develop and how it came to focus on the HIV/AIDS scourge. The Network for African Congregational Theology's mission is quoted verbatim. A discussion of the principles for inter-organisational relations in a Third-World context follows. A priority for the Network seems to be the facing of the HIV/AIDS denial problem, which can be successfully dealt with only if a hermeneutically sensitive multidisciplinary inter-organisational approach is followed. Reasons why people on the ground deny and seemingly ignore the awful reality of HIV/AIDS are given and the cultivation of a new culture of truth telling to face the scourge is argued.


The article argues that the missional identity of the church compels it in a context of poverty and HIV/AIDS to partake in social service ministries. It describes and illustrates the methodology of a multi-disciplinary, participatory action, praxis-oriented research project. The church (and other NGOs) took the lead and addressed poverty related issues in collaboration with the government and business sectors. The different faces of poverty were mapped in the Paarl community highlighting the HIV/AIDS situation and describing the preliminary results of the project

Henke, Roger, Sou Ketya, Lath Poch, Lim Sidedine, and Hean Sokhom. n/d. "The scope for a UNV project to support and facilitate ongoing processes of greater involvement and effectiveness of Buddhist institutions in the response towards HIV/AIDS in Cambodia, A pre-feasibility study." Center for Advanced Study, Phnom Penh.


The aim of this research is to discover a model for adult education based on voluntary groups engaging with AIDS and HIV; and to understand the ethical and theological implications of this model. The research includes interviews with selected voluntary groups and a comparative study of educational philosophies.


As the body of Christ the church as a whole is affected by HIV and challenged by it – making those who are marginalised and weak the centre of the response. The response can not be confined to the fringe, or to dedicated HIV projects, essential as these must be, but HIV has to be mainstreamed into regular church activities and programmes. That is the underlying conviction of the contributions to this book in which twelve authors, some from South Africa where HIV is particularly severe, discuss political, social and ethical dimensions of the pandemic. They address issues of stigma and challenge churches and their leaders who contribute to it through their moralising discourse. The primary response, claims Charles Ryan in his contribution,
is to offer comfort and love to all those affected by HIV, without judgments however hidden they may be. [Missio-aachen review extract]


Purpose: To examine beliefs about HIV/AIDS of rural Malians and to measure their level of fatalism in context of HIV/AIDS and prevention behaviours. Design: Descriptive, correlational. Methods: An AIDS Knowledge and Beliefs survey and the Powe Fatalism Inventory (PFI)—HIV/AIDS version were administered to a convenience sample of 84 people at three health centre maternity clinics in southeastern Mali, West Africa. Findings: The sample's HIV/AIDS fatalism mean was 9.2 on a 15-point scale, with an internal consistency of .89. Health workers and more educated participants had significantly lower fatalism scores. Fatalism also varied by the combination of gender and ethnicity. People who believed that AIDS was not real, was a punishment from God, was fabricated by the West, was a curse, and that it was taboo to talk about AIDS had higher fatalism means. None of the prevention indicators were significantly related to fatalism scores. Conclusions: These rural Malians had a high overall fatalism mean and their beliefs about AIDS based on traditional culture may affect prevention behaviours. More research is needed to understand the influence of fatalism on prevention behaviours.


The church’s response to AIDS continues to be steeped in homophobia and is based on a theology that envisions God as a moral scorekeeper. The God we want and need is the God we actually have: One who is with us, not over us; One encouraging us to live together in mutually empowering ways.


The "ABC" approach – abstinence, being faithful, and condoms – to the HIV/AIDS crisis has contributed to the dramatically decreasing infection rates in Uganda. However, debate over condom distribution continues. At the Bangkok summit, the USA, under the leadership of AIDS Coordinator Randall Tobias, opposed universal distribution of condoms. This approach is wrong-headed as it transforms a complex public health issue into an overly simple morality lesson. The emphasis on abstinence may have worked in religiously devout Uganda, but it is unlikely to work in countries such as Thailand. Those Christians who see HIV/AIDS up close are quietly rethinking faith-based strategies against the disease.


Holistic prevention strategies are increasingly more effective in eradicating the national human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) health crisis, which disproportionately affects African Americans. Faith communities have been integral in advancing African American community welfare; however, little is understood about their evolving role in HIV prevention. This article reports the findings from a study conducted in Washington, DC, that identifies the factors that shape the holistic development of HIV/AIDS-prevention programs within African American faith communities. By providing policy recommendations, the research illuminated a useful theoretic framework and opportunities to more holistically address current social and structural challenges in prevention efforts among faith-health leaders in similar environments.


This manuscript examines the HIV/AIDS health disparity among African-American (AA) men who have sex with men (MSM) as compared to non-Hispanic White (NHW) MSM, and proposes faith-based intervention strategies as a means of reducing the disparity. Effective faith-based HIV/AIDS intervention programs to encompass AA MSM must include community-based participatory research; engage the faith community through data sharing; specifically target and equip church leaders in addition to laity; involve effective collaboration and compromise between public health practitioners and faith leaders; emphasize spirituality and compassion; utilize popular opinion leaders; and be intergenerational.


In this essay Hinga expounds a range of theological and ethical challenges HIV/AIDS poses in Africa and discusses helpful frameworks for finding a way out of the crisis – merely touching on some, while discussing others in greater depth. She shows how stereotypical discourse on Africa entrenches stigma. In the debate between safe sex and abstinence as means of prevention, she advocates an authentic sexual ethic focussed on chastity. Regarding the gender problematic she raises ecclesiological issues, challenges theologies of marriage and reflects on different theodicies women employ to make sense of suffering brought about by HIV. [CHART]


Each contribution to this volume has added a valued and unique perspective of analysis to the AIDS crisis and its implications for the women of Africa. All the authors agree that the HIV/AIDS crisis is urgent, complex and life threatening to women. Each goes beyond the biological and epidemiological dimensions of the disease to name the scandal of stigma as a major factor in the ethical challenge posed by HIV/AIDS. They dig deep into the religio-cultural worldviews that shape our understandings of the world in which we live, thus exposing some of the deadly cultural, theological and scriptural roots of attitudes and practices that have compounded the crisis of HIV/AIDS in Africa, ultimately robbing millions of women of their dignity and lives.


HIV is one of the most obscure viruses that humankind has had to face in recent times. Compounding this obscurity are often contesting perspectives on what it means to be HIV infected, and these perspectives are largely constituted by people's rationalisation of complex situations or experiences. Using qualitative research methods and ethnography in particular, this paper reflects on a broad understanding of what it means to live with HIV in the context of Christianity, using research participants' perspectives in an urban support group setting. Two fundamental patterns are evident in this paper: (1) as support group members rationalise their HIV infection, they continuously construct and reconstruct their identities; and (2) support group members rationalise their HIV infection to enhance their coping abilities, using Christianity and the Bible in particular, as a reference. Whilst rationalising HIV infection, three viewpoints emerge. The first viewpoint perceives HIV infection as an affliction by Satan; the second viewpoint sees it as originating from God; while the last viewpoint interprets HIV infection as a negotiated settlement between God and Satan. The paper is intended to trigger debate, and hopefully also to seek and provide answers from various sectors of society, and religious communities in particular, in order to help other HIV positive people in similar situations better manage their HIV condition.


The essays and personal stories in this book reaffirm the centrality of love, dignity of the human person and, above all, the need to think compassionately and theologically about the profound impact of HIV/AIDS on faith and society. Each of the contributors has opened themselves to exploring the personal, social, professional and spiritual meanings of the AIDS crisis, sometimes with moving or surprising results.


A grand narrative in society is that older persons are perceived to be sexually inactive. The subsequent result of this grand narrative is that they are generally treated as sexually non-existent and not at risk of HIV infection. The research presented here, aimed to listen to and interpret the marginalised voices and untold stories of HIV/AIDS infected older persons - their understanding and experience of the disease, particularly pertaining to care and / or lack of care. The approach used is one of social construction that aims to understand subjective experience in a microcultural context through the use of language, narrative and dialogue. This approach recognises the narrator as a co-researcher with a unique domain of skills and techniques. The life stories of two older persons infected with HIV/AIDS as well as the translation of these first order narratives into second order narratives are shared through the basic structure of story-telling in the Shangaan tradition.


An introduction to pastoral counselling/visitation with persons with HIV. Includes a chapter, "Stories from the Epidemic," in which persons tell their own stories of how HIV has affected their lives, as persons who are HIV positive and as loved ones of those who are HIV positive. Another chapter explores "Ideas for Ministry." Also includes worship resources and an annotated bibliography.
—. 1995. *AIDS and the sleeping Church.* Grand Rapids, MI: Eerdmans

Confronted by her own feelings of helplessness in the face of aging and ill health, Patricia Hoffman, a longtime activist and writer on justice issues, felt drawn to spend time with AIDS patients. AIDS and the Sleeping Church is her personal journal, kept when she visited Daniel Freeman Marina Hospital in Los Angeles. These journal entries take us beyond the continuing stigma attached to AIDS patients, helping us to hear their words, to learn how some of them lived well in the face of death, and, most important, to experience the sacred value of who they were as individuals. In the process, Hoffman not only reveals profound spiritual insights for our own lives but also sensitively bridges the gap between the institutional church's rejection of those infected with AIDS and the need for simple, unassuming acts of love and compassion for those whom God has created.


These essays by moral theologians were presented at the gathering in Padua, Italy of 420 moral theologians from 63 countries. They demonstrate the creativity, dynamism, and diversity of the Catholic moral tradition as it proceeds from local cultures, opens itself to cross-cultural conversations, and progresses in a spirit of mercy and care. They address the following issues: Globalization, Justice and the Environment; Gender; War and Peace; HIV/AIDS; Bioethics and Social Justice; Sexuality and Marriage; Challenges to Method in Moral Theology.


Making universal access to antiretroviral therapy real in sub-Saharan Africa implies offering patients, even those in slums and remote rural areas a sustained drug supply, the adoption of practical treatment regimens, and sustained follow-up and support. Yet often few formal health services exist in these contexts. The authors show that traditional health practitioners who are trained and connected to referral facilities could provide this service. The paper discusses the strengths they bring to this task and what is needed to leverage their potential to scale up ART and other HIV-related services. [CHART]


In many resource-poor settings of Africa, a majority of people living with HIV/AIDS depend on and choose traditional healers for psychosocial counselling and health care. If the current pan-African prevention and care efforts spurred by the HIV pandemic do not actively engage African Traditional Medicine, they will effectively miss 80%, the vast majority of the African people who, according to the World Health Organisation, rely on traditional medicine for their primary health care needs. In 2001, the Ugandan non-governmental organisation, Traditional and Modern Health Practitioners Together Against AIDS and Other Diseases, in Kampala, identified the need for a concerted, systematic, and sustained effort at both local and regional levels to support and validate African Traditional Medicine on several fronts. The Eastern and Southern Africa Regional Initiative on Traditional Medicine and AIDS was borne out of this assessment. It convened a regional consultation in May 2003, which produced a series of proposed standards around six main themes related to traditional medicine and HIV/AIDS: the systematic evaluation of traditional remedies; spiritual aspects of healing; HIV prevention and care; processing and packaging of traditional remedies; protection of indigenous knowledge; and intellectual property rights related to traditional health systems. These standards, summarised in this paper, will be incorporated into programs on traditional medicine and HIV/AIDS by various implementers in the region. A number of strategies to test and implement these recommendations are also defined.


26 contributions by colleagues and friends of Kevin Kelly make up this festschrift. A few of the essays in the final section, an appraisal of Kelly’s pastoral methodology mention AIDS: Gerard Mannon: Compass as the fundamental basis of morality, pp 237-251; R. John Elford: Kevin Kelly: Priest and moral theologian, 252-262; and Kevin T. Kelly: The role of personal story in teaching moral theology, 278-292. See also the separate entry for Suzanne Mulligan, ‘A strange sort of freedom’.


This study was conducted among 526 health care workers (HCWs) in Bangladesh to identify the levels and correlates of stigmatized attitudes toward people living with HIV (PLHIV). HIV-related stigmatized attitudes were measured by a set of items that reflected avoidance attitude of HCWs in hypothetical situations. A multiple linear regression model identified the following
correlates of stigma: higher age, high level of irrational fear about HIV and AIDS, being HCW other than a doctor, working in teaching hospital, and rating religion as very important in their life (R(2) = .502). The findings are important for both public health policy planners and human rights activists as high prevalence of stigmatized attitudes among HCWs influence the decision-making process of PLHIV and stop them from accessing voluntary counseling and testing, care, support, and treatment services.


This is the foreword to the study conducted on behalf of the Evangelical Church in Germany by its Advisory Commission on Sustainable Development. Bishop Huber calls for a renewed awareness of the reality and risks of HIV in Germany and a greater solidarity with those affected by it, both within Germany and in areas with higher infection rates. He draws on the image of the one body of Christ and the dignity of each of its members to make his point. [CHART]


HIV programmes carried out by faith-based partners should include poverty-, gender- and rights-based perspectives and should include people living with HIV/AIDS in their development, implementation and evaluation. This paper, based on interviews and Christian Aid’s work with local partners in more than 50 countries, as well as on research, documents some of the achievements of different faiths in working on HIV. It looks, too, at meeting the needs of PLHA, and the challenges of religious faiths in addressing issues such as condoms, sexuality and theological differences. It also examines the differing impact of religion on men, women, boys and girls, the varying levels of influence and autonomy each group holds within religious institutions, and the implications of this for sexual decision-making and protection from HIV. Christian Aid welcomes this opportunity to broaden the discussion of how religions can work together to face the tragedy of HIV.


Teafund’s theological adviser published an affirmation of harm reduction directed at Christian medical practitioners in the United Kingdom. He perceives that Christians prefer to approach HIV prevention by trying to restore a moral context. Based on his study of ‘Old Testament Law’, Jesus and biblical ethics, he argues that doctors, including Christian doctors, are responsible for the protection of people who are vulnerable to infection even in an ‘anarchic moral context’. [CHART]


HIV/AIDS has changed from a disease of white gay men in the United States to a pandemic that largely involves women and dependent children in developing countries. Many theologies of disease are necessary to cope with the variety of expressions of this pandemic. Christian theoretical reflection on HIV/AIDS has been largely focused on sexual ethics, with uneven and mainly unhelpful results. Among the ethical issues that shape future useful conversations are globalized economics and resource sharing, the morality and economics of the pharmaceutical industry, and the need for sex education and access to reproductive choice. Considering such issues in international, interreligious, multiscientific contexts is a concrete next step for the religion-and-science dialogue. It will put the powerful tools of both fields to the service of the common good.


This short article tells how the church-based Siyaya AIDS programme uses - and creates - hip-hop music for AIDS education. Young people from disadvantaged communities reach out to their peers in rural communities through this contemporary style of music. Siyaya is one of a number of programmes run out of the JL Zwane centre in Guguleto, South Africa, in a comprehensive response to HIV in their midst. [CHART]

An easy-to-use, easy-to-reproduce resource for people of faith who want to be effectively engaged in HIV/AIDS ministry. The file folder format contains an annotated bibliography, teaching materials, chapter outlines, teaching plans, background material for each chapter, and overhead and handout materials ready for copying.


This book offers a starting point for the study of the AIDS epidemic, assuming no prior knowledge while drawing on medical, anthropological, and eye-witness sources. It covers the origins of the epidemic; its rise in Africa and its spread through various of its regions. Iliffe discusses positions on the causation of the epidemic; and the various responses to it and its maturation. A special chapter is dedicated to the role of NGOs in the care for those affected. The advent of ARVs is seen as the element that offered the hope necessary for a new energy in addressing the pandemic. A crucial claim is that the development of AIDS in equatorial Africa, its development there for 10 years before it was discovered in the US is the main reason why AIDS has such a strong presence in Africa. [CHART]


This is a manual for a biblical-based sexuality teaching, including lesson plans, different methodologies, assignments as well as summaries of relevant content.


This report discusses the community-based health efforts of the Islamic Medical Association of Uganda (IMAU), an association of medical practitioners who believe that if HIV/AIDS education efforts are to reach Muslim communities, they must involve religious leaders (i.e., Imams). The report examines the epidemiology of HIV/AIDS in Uganda and around the world and provides statistics on the practice of Islam in Uganda. It reviews the history and objectives of the IMAU and its efforts regarding HIV/AIDS education. The report discusses three community-based HIV/AIDS prevention education programmes: (1) the Family AIDS Education and Prevention Through Imams Project (FAEPTI), IMAU's initial effort to mobilise Muslim communities in the fight against AIDS; (2) the Community Action for AIDS Prevention project (CAAP), which takes advantage of its urban setting to jointly train religious and community leaders of many faiths; and (3) the Madarasa AIDS Education and Prevention Project, which focuses on HIV/AIDS education in schools. The report discusses ways to mobilize volunteers in the Muslim setting, to empower women so that they may take a more active role in HIV/AIDS prevention, and to make condom use more socially acceptable among more orthodox groups. Throughout the report are personal anecdotes concerning HIV/AIDS education within an Islamic framework in Uganda.


Little is known about the ways in which religious beliefs of HIV-positive Latinas of child-bearing age on the US-Mexico border impact on their decisions regarding reproductive health. Both the demands of their HIV status and the cultural and religious norms that favour high fertility rates are relevant to this, as is their immigration status or trans-border way of life. This paper analyzes relevant literature and highlights further research needs in order to better inform policy makers and providers of health and social services targeting this group.

International, MAP. The AIDS challenge is the church’s challenge: A small group Bible study series to help you face the challenge of AIDS. Nairobi: MAP International.

This booklet is a Bible Study Series for small groups to help them face the AIDS challenge. It aims at helping readers understand what the Bible says about issues relating to HIV/AIDS.


It’s common knowledge that in developing countries - Africa, India, Southeast Asia, Africa, Latin America - the burden of HIV/AIDS falls disproportionately on women, who are generally the victims of male carriers of the disease. In this book, Roman
Catholic women theologians from all over the world will discuss the pandemic in terms of their particular geographical and social location. The model for the volume is Continuum’s "Catholic Ethicists on HIV/AIDS Prevention" (2000), edited by James Keenan, S.J. The occasion or impetus for the volume was the First International Crosscultural Conference for Catholic Theological Ethicists. The book addresses social justice issues of the prevention of and care for those affected by HIV, especially the poor and women. Authors draw from their own experience in working with and reflecting on the experience of those who are infected with and affected by the pandemic. They hope that this contribution to raising awareness of the ongoing crisis that surrounds the HIV/AIDS pandemic will motivate churches, and national and international efforts to relieve the human toll that comes with complacency and a failure to attend to the concrete needs of our sisters and brothers.

Although Spiritual Transformation (ST) occurs in a sizable proportion of people with HIV (about 39%), there is little research on the potential benefits of ST with respect to psychological well-being, health, and survival in this population. Our study attempts to fill this gap. Using a mixed method approach, we related interviews of 147 people with HIV (identifying the presence/absence of ST) to questionnaires measuring demographics, medical history, treatment adherence, physical symptoms, and psychological well-being (i.e., stress, coping, life attitude, and spirituality), and assessments of CD4-counts and viral load and survival 3 to 5 years later. At comparable times since HIV-diagnosis and antiretroviral medications prescribed, the presence of ST was significantly associated with better treatment success (undetectable viral loads, higher CD4 counts), better medication adherence, fewer symptoms, less distress, more positive coping, different life attitudes (i.e., existential transcendence, meaning/purpose in life, optimism, death acceptance), more spiritual practices, and increased spirituality. ST was also associated with substance-use recovery and with being African American. Survival up to 5 years was 5.35 times more likely among participants with ST (p(f) = .044). According to a Cox-regression adjusted for baseline CD4-counts, age, race-ethnicity, gender, education, years since HIV-diagnosis, and a history of substance-use problems, ST still reduced the risk of death. ST has associated benefits for psychological well-being, health, and survival.

The purpose of this study was to determine the reliability and validity of an instrument that measures both spirituality and religiousness, to examine the relation between spirituality and religiousness and important health outcomes for people living with HIV and to examine the potential mediators of these relations. One aim was to determine whether subscales of spirituality, religiousness, or both would be independently related to long survival in people living with AIDS. The Ironson-Woods Spirituality/Religiousness (SR) Index is presented with evidence for its reliability and validity. Four factors were identified on the Ironson-Woods SR Index (Sense of Peace, Faith in God, Religious Behavior, and Compassionate View of Others). Each subscale was significantly related to long survival with AIDS. That is, the long-term survivor (LTS) group (n = 79) scored significantly higher on these factors than did the HIV-positive comparison (COMP) group (n = 200). Long survival was also significantly related to both frequency of prayer (positively) and judgmental attitude (negatively). In addition, the Ironson-Woods SR Index yielded strong and significant correlations with less distress, more hope, social support, health behaviors, helping others, and lower cortisol levels. The relation between religious behavior and health outcomes was not due to social support. Further analyses were conducted, which identified urinary cortisol concentrations and altruistic behavior as mediators of the relation between SR and long survival.


This research brought to light the fact that the AFM (Apostolic Faith Mission), with its foundations in the ministry of Jesus and the concept of priesthood of all believers, is ideally suited to offer a quality response to this AIDS crisis. It was also established that the contemporary notion of “the poor”, as referring to economically disadvantaged people, should be expanded to include all those that suffer, including people with HIV/AIDS, and that we should minister to them with love and compassion. As a healing community, the Church should not focus only on physical healing, but also on the inner healing of the person and mediate reconciliation where relationships have been severed. The proposed model suggests that a qualitative response should have a two-pronged approach, namely prevention and care. In terms of prevention, the Church should join in existing prevention campaigns. However, the Church also has the responsibility to remain critical of strategies so readily proclaimed to be effective, like the use of condoms, and make people aware of any shortcomings. The Church should also help to alleviate the conditions that allow for the spread of HIV/AIDS. Care for the person with HIV/AIDS is very complex. It is important that information be made available to Church members in general, and that quality training on the various issues involved in
ministry to people with HIV/AIDS be offered to potential caregivers. Non-judgemental compassion, a fear-overcoming love, and a shepherd’s heart are what would be required of caregivers.


This article notes how HIV/AIDS continues to pose a serious challenge for the Christian church in Africa. The article argues that starting from biblical insights and Christian anthropology in the current situation a contextual theology addressing HIV/AIDS and a respective sexual ethics have to be developed which enables Christians to live responsibly in a time of HIV/AIDS without demonizing sexuality. The author argues that this approach could contribute to the development of ethical discourse in civil society and thus foster the development of a public theology. [CHART]


This paper argues that men remain vital to any effort to curb the HIV and AIDS epidemic in sub-Saharan Africa given the often critical roles they play in spreading the HIV virus. Accordingly, it explores the plausibility of reconstructing and modernizing contemporary African masculinities within an African cultural prism to progressively engage men in combating HIV and AIDS in the continent. This modernization would require a cultural paradigm shift from the present worldview of masculinities that view women as sub-humans to one that acknowledges them as part of a whole web of interdependent relationships without which their own (men’s) existence is empty (ubuntu). Therefore, the paper proposes three broad strategies for reinventing African patriarchies to progressively engage men in efforts to curb the HIV and AIDS epidemic: one, a cultural re-entitlement and re-socialization of men to abhor the socio-cultural worldviews and images that undergird their dangerous behaviors and actions; two, using gender-friendly men to encourage other men on behavioral change aimed at fostering preventive behaviour like faithfulness as well as caring for the infected; and three, co-parenting, (the rearing of children on an equal basis with women) in order to dismantle the basis of patriarchy in society and in the process enthrone a new kind of African civilization. These have the utility not only of meeting African men at their own cultural levels, but also enabling them to rightly perceive and accept gender equality actions in post-colonial Africa as innately African rather than as a Western imposition.


Recently, quality of life studies among patients with HIV/AIDS have shown high levels of life satisfaction. Spiritual and religious factors may contribute to these positive outcomes. We interviewed 19 patients with HIV/AIDS in order to understand better the role of religious/spiritual biographies and orientations in quality of life, and found four patterns to describe the ways in which past experiences with religion/spirituality and religious/spiritual meaning-making help to explain how patients are currently coping with HIV/AIDS. We illustrate each of these patterns with a prototypic patient: (1) the Deferring Believer ("God allows things to happen for a reason."); (2) the Collaborating Believer ("This is where I’m supposed to be."); (3) the Religious/Spiritual Seeker ("I’m trying to get my life together."); and (4) the Self-Directing Believer ("What else is new?"). The findings support a previously described theoretical model of meaning-making in response to adversity, and they suggest the value of life course and narrative approaches to understanding religious coping.


This paper examines the link between heterosexual marriage and women's vulnerability to HIV in Indonesia. In this country, gender relations are currently dominated by traditional beliefs and practices and by religious morality. Data for the current study were collected by means of documentary analysis and archival research as well as by means of expert informant interviews. Findings suggest that traditional practices such as polygamy, early marriage and contract marriage (mut'a) play an important role in enhancing women's likelihood of acquiring HIV within the Indonesian context.


As the number affected by the epidemic grows, policy makers will be confronted increasingly by a conflict common to epidemics throughout history: To what extent can (or should) the rights of the individual be subsumed by the rights (or desires) of the public at large? The resolution of this conflict depends in part upon whether the etiology of AIDS is perceived primarily in medical terms or in moral terms, that is, whether the spread of infection is associated with certain sexual and drug-related behaviors or whether those behaviors cause the disease.


Young adults in North America are at increasing risk for contracting HIV and sexually transmissible infections (STI). Racial differences in HIV or STI risk are well documented, but other cultural and demographic factors contributing to HIV or STI risk are poorly understood. Although religion may play an important role in sexual behaviour, little research has explored its association
with sexual attitudes, beliefs and practices. The present study examined how ethnicity, religion, HIV knowledge and attitudes, and other demographic factors are associated with engaging in unprotected vaginal intercourse (UVI) in a diverse sample of unmarried young adults. A cross-sectional study of 666 unmarried university students was conducted from 2005 to 2007, with participants completing an anonymous questionnaire on sexual attitudes and health for course credit. Approximately 50% of the respondents had engaged in any vaginal intercourse and 32.2% had engaged in UVI in the past 6 months. Multivariable analyses showed that increasing age, being in a relationship for more than 6 months, greater HIV knowledge, stronger attitudes supporting the use of condoms, and religion (but not ethnicity) were associated with engaging in UVI. Among the sexually active subset of the sample (n=332), religion was the only predictor of engaging in UVI. Ethnicity, which is often considered an important variable in sexual health research, does not appear to be associated with UVI when taking into account other demographic variables, particularly religion. Consideration of religion may be important in devising HIV prevention interventions, in order to implement them in accordance with particular religious beliefs.

James, Genevieve. 2007. "Tell it like it is! The case to include the story of the rape of Tamar in children’s bibles as an awareness tool." Journal for Semitics 16:312-332.

This article contains the story of a story. This is the story of the ancient narrative of the rape of Tamar, set in the ancient Near East, found in the Old Testament book of 2 Samuel, Chapter 13, and how it became a contemporary instrument as an awareness tool about sexual violence. The “too hot to handle” story of the rape of Tamar is absent in children’s Bibles. This narrative has the potential to engage children on the issues of rape, gender-violence, love and lust. I will strongly advocate for this text to be included in children’s Bibles.


In this essay, Genevieve James argues for the importance of children as a sub-category in the discourse because of their marginalised status in the literature. She identifies a number of studies that focus on children and shows the varieties of methodologies employed to address the challenges confronting children in the HIV and AIDS context. A key sub-theme in the literature is a focus on factors that render children vulnerable to HIV infection. These include violence and abuse, poverty, and ways in which religious practice involving children is abusive and renders them vulnerable. James also shows the substantive body of literature that identifies the way in which children affected by the HIV and AIDS epidemic are being cared for through the services of religious organisations, and the positive theological reflection on children that motivate this work. In concluding the essay, James argues that in any further research, “children should not be considered as a monolithic entity since they live within various cultural, religious, ethnic, geographical, political and socio-economic contexts”. Studies need to focus on particularities and also assess how HIV educational campaigns deal with the increasing rise of consumerism and its impact on children in various communities.


The Antioch Baptist Church in Cleveland, OH, opened an HIV testing, prevention, and referral center in April. Its founders hope that this program will become a national model for addressing the serious problem of HIV in the African American community, which has been hard hit by the epidemic. The project, called AGAPE Program, is a collaboration between the church, the Cleveland Clinic Foundation, the AIDS Task Force of Greater Cleveland, the local chapter of the American Red Cross, Bristol-Myers Squibb, and Agouron Pharmaceuticals. Though the program does not supply medical care, it does refer clients to several facilities in the area. Telephone numbers and internet addresses for this program and other programs serving African Americans with AIDS/HIV are provided.


If abstinence is 100% effective in preventing sexual transmission, why does abstinence-only not work well? And what is the personal psychology of the stigma that prevents individuals, communities, and nations from protecting themselves against the epidemic? This studies offers some analysis that has been largely overlooked in the public discussion.


This paper addresses several factors that render girl-children vulnerable to HIV/AIDS. Attention is paid, respectively, to poverty, child labour, rape and sexual violence. It is argued that the Christian church has a particular responsibility to address these issues and to discuss HIV/AIDS. [CHART]

A project was undertaken in Grahamstown to assess the level of AIDS awareness, attitudes towards AIDS and opinions as to how and whether education programmes for schoolchildren should be planned. Opinions were canvassed initially by means of a questionnaire to three groups of professionals who could become involved in AIDS education programmes: student teachers and lecturers in the Department of Education at Rhodes University, theology students at the local Theological College and health care professionals at Settlers' Hospital. Each group was then asked to attend a lecture about AIDS at which slides were shown of actual cases of the disease and its complications. A slightly modified version of the original questionnaire was then administered after 6 weeks to assess any changes in awareness, attitudes and opinions. The study did not attempt to establish the permanence of any such changes.


This chapter uses leprosy - and St Francis' embrace of the leper - as analogy for AIDS and how the church could respond to it. Jantzen encourages the readers to acknowledge the natural shame and repulsion that facing someone with AIDS may cause as it brings them face to face with their fears of sickness, death and of their own sexuality. Reflecting on the US context it is not surprising that only issues around homosexuality are discussed when dealing with sexuality. Jantzen claims that ignoring one’s fear and shame or theologizing it does not really address these realities; it hinders a genuinely Christian response of coming alongside those affected by AIDS, and with it the opportunity to ‘rediscover Christ’. [CHART]


The HIV/AIDS epidemic has created an inexplicable burden for so many individuals, families and communities. A relief from this condition requires improved health care, better access to anti-retroviral treatment, and other essential medications, greater value-based prevention efforts, more effective social outreach, and support for those most vulnerable, particularly orphans.


Jeffrey discusses the increased participation of faithbased groups in the 2004 Bangkok AIDS conference; and the disconnect between religious hierarchies and those working on the ground.


Brief epidemiological sketch and reflection on AIDS and the church in Latin America with some examples of involvement and solidarity.


The Robert Wood Johnson Foundation (RWJF) supports a programme, entitled Faith in Action, that helps communities to offer informal home-based care to persons who are homebound due to a chronic illness or disability. The programme supports the establishment of local interfaith coalitions of volunteer caregivers from religious congregations and other civic organisations. Beneficiaries are the elderly and people with chronic illnesses, including AIDS. “This essay briefly describes the program model, its history to date, and the reasons behind the foundation’s unprecedented commitment to the Faith in Action program.” In conclusion if discusses possible models for rolling out a programme like this nationally, spelling out implications for public policy. [CHART]


The role of religion in the lives of people with HIV has received relatively little systematic research attention. Even so, extant literature suggests that religion may play complex and varied roles in coping with this disease. Such patterns were evident in data from a sample of HIV-seropositive military personnel. Findings highlight the ambivalent ties to organized religion noted elsewhere, as well as ethnic, gender, disease stage, and stressor differences in religious coping.

Over the last decade, Botswana has been identified as a model for countries fighting against annihilation from HIV/AIDS. The country had the highest rate of HIV infections in the world in 2000, but by the end of Festus G. Mogae's presidential term in 2008 Botswana's situation had improved significantly, as residents were increasingly likely to get tested, obtain treatment, and discontinue practices of discrimination against the infected. This study seeks to contribute to a growing body of literature focusing on the communicative elements that played a role in Botswana's successes. More specifically, the purpose of this study is to explore Mogae's national speeches about HIV/AIDS to consider how his rhetoric may have encouraged Botswana's residents to alter their health-related beliefs and behaviors. We find that Mogae used a narrative of secular conversion (i.e., discourse with a pseudoreligious structure that positions problems as rooted in existing realities and offers a new guiding principle as an antidote), and we identify such narratives as persuasive health communication tools. The analysis offers public health advocates, scholars, and opinion leaders a framework for persuasively communicating about diseases such as HIV/AIDS without drawing exclusively from a biomedical framework.


The author, an immunologist, reflects on the way medical and psychological aspects of the AIDS pandemic influenced how it was perceived and the reactions it triggered. He sketches how the fascination with AIDS was determined by its discovery in contexts of sexual promiscuity; by its newness and the 'clover' way the virus acts in humans. He addresses the question of God as creator of the virus, and challenges the perception that He uses disease as punishment. Showing how sexuality and spirituality are compatible John points to elements of a positive theology of sexuality. The paper ends with a consideration of the sexual revolution as opening up a way for churches to re-examine and adjust their way of talking about sexuality. [CHART]


This paper does not address AIDS per se, but does review research probing the relationship between religion and health outcomes relative to promiscuous sexual behaviours. It reviews the literature on the effectiveness of the considerable interventions of FBOs in health in the US, differentiating between organic religion, i.e. religious practices or involvement (669 studies) and intentional religion, as found in faith-based organizations (97 studies). The authors conclude that higher levels of religious involvement are associated with better health outcomes such as lower levels of drug and alcohol use and abuse and less promiscuous sexual behaviours, hence may be regarded as an important protective factor; and that higher levels of religious involvement are associated with increased levels of well-being, hope, and meaning in life, hence act as important factor promoting pro-social behaviours. [CHART]


The article focuses on the factors causing apprehensions to AIDS victims in the U.S. A study was conducted in this concern. The results of the study indicated that the most important factor leading to intolerance for those who suffer from AIDS is a political/religious variable, i.e., a perception that the U.S. has not appreciated the role of Christian fundamentalists in American life. A related explanation for the results of this study comes from a functionalist theory of deviance. A basic idea of this theory is that deviant behavior exists because it serves various societal functions. The possibility here is that AIDS victims could serve as a scapegoat for conservative fundamentalists. The Christian Right sees such people as secular humanists, abortionists, and homosexuals as not only deviants, but also their activities as being major causes of the breakdown in America's moral standards. Thus, homosexuals, and by association AIDS victims, may serve as scapegoats for conservative fundamentalists, so that they might blame someone for the moral decay they see all around them.


This study represents the first step in a WCC evaluation of the response of churches to HIV and AIDS. Its main task was "to identify in the countries identified the activities undertaken individually or collectively by the Churches, ecumenical institutions and the other religious communities as well as their experiences, difficulties and future projects" against the background of the different national epidemiological situations and within the context of the their AIDS policies. The countries included in the study were Benin, Burkina-Faso, the Ivory Coast, Ghana, Guinea, Liberia, Mali, Nigeria, Senegal and Togo. Desk review and interviews were used to collect the data. Findings showed that in all countries religious communities were acting against HIV with differing emphases in their prevention efforts and mostly not well-defined programmes. Generally leaders showed awareness of the social factors contributing to the spread of the virus and shaped responses accordingly; but expertise and competency in most areas of response was insufficient. Opposing stigma was seen as a priority, yet more needed to be done to care for the affected. In its recommendations the report stresses the need for more comprehensive networking and suggests a framework for this. [CHART]


The South African HIV and AIDS experience is unique in many ways considering the country's delayed and robust epidemic, the apartheid context, and successive HIV-denialist government regimes. While the struggle for democracy may have overshadowed the enormity of the unfolding HIV epidemic, there was also a delay in constructive religious responses to it early on. In 1990, HIV/AIDS was declared a Catholic institutional focus, and by 2000 the Church had established the largest system of care and treatment in the country besides that of the government. However, the Catholic Church suffered severe criticism on account of its anti-condom policy to HIV prevention. As a result, the institutional Church underwent both organisational and ideological changes in an attempt to adapt to the contextual challenges brought about by HIV and AIDS. Informed by archival collections and oral sources, this article endeavours to critically analyse the HIV/AIDS-related care and treatment activities of the Catholic Church in South Africa between 2000 and 2005. It argues that the complex interplay between HIV and AIDS, the controversy about condom use, and the availability of antiretroviral therapy, accompanied by church activists’ multiple engagements with these issues, changed the Church's institutional HIV/AIDS response at that time, in effect transforming the Catholic Church in South Africa into a substantial health asset and agent. However, its stance against the use of condoms for HIV prevention, informed by a larger religious tradition on sexuality, proved to be a health liability.


Luke 14:1-24 is analysed within the framework of Jesus’ rejection of the social hierarchy of his day by eating with “unwelcome” table guests, such as sinners, the sick and the outcasts. Firstly, a brief description is offered of the nature of the Graeco-Roman symposium and Jewish public meals, as the possible conceptual backgrounds for the understanding of Luke 14. This is followed by a discussion of Jesus’ radical rejection of the principle of balanced reciprocity in Luke 14. Within the parameters of his new perspective on reality, where socio-religious outcasts take predominance, some guidelines are finally put on the table to serve as aids for sermons on this explosive text.

"This paper examines the impact of globalisation in a Dalit context which is in dire need of healing, being restored to life, and experiencing liberation (fullness of life). The healing of the woman with hemorrhage and the raising of the girl-child (Talitha Cumi) are seen as models of liberation in this context (Mark 5: 21-43)." The paper outlines the reality of life for the Dalit women and girl-children under the impact of globalisation, and suggests some implications of the two miracles of Jesus for transformation and liberation in this context. The section relevant to HIV details how young Dalit girl-children are forced into religiously sanctioned prostitution; later these girls become commercial sex-workers in urban areas – both of these situations that make them vulnerable to HIV. [CHART]


Spirituality and religion are often central issues for patients dealing with chronic illness. The purpose of this study is to characterize spirituality/religion in a large and diverse sample of patients with HIV/AIDS by using several measures of spirituality/religion, to examine associations between spirituality/religion and a number of demographic, clinical, and psychosocial variables, and to assess changes in levels of spirituality over 12 to 18 months. We interviewed 450 patients from 4 clinical sites. Spirituality/religion was assessed by using 8 measures: the Functional Assessment of Chronic Illness Therapy—Spirituality-Expanded scale (meaning/peace, faith, and overall spirituality); the Duke Religion Index (organized and nonorganized religious activities, and intrinsic religiosity); and the Brief RCOPE scale (positive and negative religious coping). Covariates included demographics and clinical characteristics, HIV symptoms, health status, social support, self-esteem, optimism, and depressive symptoms. Most patients with HIV/AIDS belonged to an organized religion and use their religion to cope with their illness. Patients with greater optimism, greater self-esteem, greater life satisfaction, minorities, and patients who drink less alcohol tend to be both more spiritual and religious. Spirituality levels remain stable over 12 to 18 months.


This article discusses the micropolitics behind the murder of an ANC councillor in a KwaZulu-Natal slum area in 1999, and the forms of violence which have continued in the aftermath of apartheid. The history of violence is traced back to struggles between the IFP and the ANC in the 1980s which interacted with differences in generational, moral and cultural outlook, as well as with conflicts between Zulu-speaking residents and immigrants from the Transkei. Since apartheid was dismantled, similar patterns of conflict have persisted, but now within a local context in which one political party holds almost total sway. Post-apartheid violence is related to rivalries around local state resources in a situation of continued poverty, and to moral and ideological disagreements which, since 1994, have been intensified by the HIV/AIDS epidemic as well as by an escalation of local crime. Strategies for the moral rehabilitation of local society, such as virginity testing, are discussed, as is the controversy around them, rooted in oppositions between youth and elders, and between different cultural styles. Finally, the mismatch between the concentration of political power at municipal ward level and the diversity of positions expressed in local civil society is raised as a reason why disagreements have continued to involve violent conflict.


The article states that the unequal power relationships on gender and age encourage sexual abuse which is usually exacerbated by the marginalization of women, which increases their vulnerability to sexual victimization and HIV infection. Further, the prevailing norms of masculinity encourage men to be sexually adventurous or even predatory, exposing them to their partners to the risk of HIV infection and women to become compliant and submissive with regard to sex. The result being that this hinders young women from acquiring the necessary knowledge and assertiveness to protect themselves from sexual abuse and HIV and AIDS infection. Traditional gender roles are still widely supported and are a major barrier to women's advancement in society. The result is that such situations increase the risk of further spread of HIV & AIDS. Cultural, social, economic and political factors and the role they play in HIV and AIDS epidemic need to be openly and seriously addressed by both the Church and the government. The Church should not forget its prophetic role in the society where moral decay is prevalent.


Inter-religious cooperation has been recommended to address various issues for the common good. Muslims and Christians in Uganda are working together on HIV prevention in this spirit. A study was done to compare HIV prevalence and HIV-risk behaviors between Muslims and Christians. A total of 2,933 Christian and 1,224 Muslim youth between 15–24 years were interviewed and tested for HIV. The HIV prevalence was significantly lower among Muslims (2%) compared to Christians (4%). Muslims were more likely to be circumcised, avoid drinking alcohol and avoid having first sex before 18 years. These behaviors which may have led to lower HIV infections among Muslims are derived from Islamic teachings. Muslim religious leaders need to continue to emphasize these teachings. Christian religious leaders may need to consider strengthening similar teachings from their faith tradition to reduce new HIV infections among their communities. Muslims and Christians working together as good neighbors, in the spirit of inter-religious cooperation, can generate evidence-based data that may assist them to improve their HIV prevention interventions. By sharing these data each community is likely to benefit from their cooperation by strengthening within each religious tradition those behaviors and practices that appear helpful in reducing new HIV infections.

—. 2011. "Religiourity for promotion of behaviors likely to reduce new HIV infections in Uganda: a study among Muslim youth in Wakiso District." Religion and Health 48(1, epub 28 December 2011)

The study was done to determine the association between religiosity and behaviors likely to reduce new HIV infections among 1,224 Muslim youth. Respondents with Sujda, the hyperpigmented spot on the forehead due to prostration during prayers, were more likely to abstain from sex, be faithful in marriage, and avoid alcohol and narcotics. Males wearing a Muslim cap were more likely to abstain from sex and avoid alcohol and narcotics. Females wearing the long dress (Hijab) were also more likely to avoid alcohol. This data should be used by stakeholders in promoting behaviors likely to reduce new HIV infections among Muslims.


In 1992 the Islamic Medical Association of Uganda designed an AIDS prevention project. A baseline survey was conducted to assess prevailing knowledge, attitudes, and practices among the Muslim communities in two districts. A low rate of incorrect beliefs about HIV transmission was found, although gaps in knowledge remain, particularly regarding vertical transmission and asymptomatic HIV infection. Less than 10% knew that condoms can protect against HIV transmission. Lack of knowledge was documented regarding the risk of HIV transmission associated with practices common in the Islamic community, such as polygamous marriages, circumcision, and ablation of the dead. The AIDS prevention project has incorporated specific messages and interventions as a result of these findings. PIP: The Islamic Medical Association of Uganda has designed a project known as Family Acquired Immunodeficiency Syndrome (AIDS) Education and Prevention Through Imams. In a 1992 baseline survey, 1096 persons from the pilot project's two target districts--Mpiigi and Iganga--were interviewed. Respondents were recruited from mosques in both rural and trade center areas of the districts. The mass media was identified as the main source of information about AIDS by 49.6% of respondents in Iganga and 80% of those in the more urban Mpiigi district. Only 3% of respondents in both communities viewed the imam (mosque leader) as someone with whom they could discuss concerns about AIDS. Although 80% of respondents were aware that the main route of transmission of the AIDS virus is sexual, only 1.2% knew about the possibility of maternal-fetal transmission. 55.4% recognized a condom, but just 9.9% had ever used one. In this culture, condom use is associated with sexual promiscuity and is not used within marriage. The survey identified three risk factors prevalent among Uganda's Muslim minority: polygamous marriage, practiced by about a third of respondents; use of the same cutting instrument for multiple male circumcision procedures without sterilization in between; and ablation of the dead, without the use of protective gloves. These cultural practices will be targeted in the AIDS prevention campaign. In each district, 10 imams will receive intensive training in AIDS and community education skills. Each imam will be provided with a male and female assistant who, in turn, will train indigenous family workers selected by the mosque. These community workers will make monthly home visits to about 15 families in the mosque area.


In 1992, the Islamic Medical Association of Uganda designed an AIDS prevention project based on recognition of the role of the imam (mosque leader) as the teacher of family behaviour and sexual values. Over a 2-year period, 23 trainers educated more than 3000 religious leaders and their assistants, who in turn educated their communities on AIDS during home visits and at religious gatherings. Almost 600,000 family contacts occurred. Comparison of findings of a baseline survey (n = 1907) with interviews conducted after two years of programme implementation with both exposed (n = 1260) and non-exposed (n = 566) community members revealed significant increases in correct knowledge of transmission of HIV, vertical transmission, and the
With the adoption of risk reduction behaviours was most marked among respondents under 45 years of age. The success of this intervention is attributed to its use of the Islamic religious organizational structure as a vehicle for HIV/AIDS education. This project demonstrates that positive collaboration between health professionals and religious leaders can be achieved and will enhance the success of community AIDS prevention efforts.


In Tanzania, about 7% of the adult population is HIV-infected. Given limited pharmaceutical options, adherence to strategies that foster health and well-being is vital to reducing both new and repeated HIV exposure. We investigated the influences of HIV/AIDS-related stress and social support on adherence to health promotion strategies by people living with HIV/AIDS in Dar es Salaam, Tanzania. In-person interviews were conducted with 212 individuals who were clients of local AIDS service organizations. Regression analyses indicated that HIV-associated stress had a direct, negative effect on adherence, decreasing the practice of health-maintaining behaviors and increasing engagement in sexual risk behaviors. Informal social support moderated the relationship between stress and sexual risk but did not buffer the impact of stress on health-enhancing behaviors. No moderation effect was found for formal social support. The implications of our findings for social work and public health practice are discussed.


To describe the role of spiritual beliefs in HIV-positive patients' end-of-life decisions. Design: Inperson, cross-sectional survey. Setting: An HIV/AIDS floor of an urban, university teaching hospital. Patients: Ninety hospitalized HIV-positive patients. Main Outcomes Measures: Prior discussions about advance directives, possession of a living will (written advance directive), fear of death, professions of hope and purpose in life, religious beliefs and practices, guilt about HIV infection, and perception of HIV as punishment. Results: Of 104 eligible patients, 90 agreed to be interviewed. Twenty-four per cent of patients had discussed their resuscitation status with a physician and 17% possessed a living will; 44% of patients felt guilty about their HIV infection, 32% expressed fear of death, and 26% felt their disease was some form of punishment. Prior discussions about resuscitation status were less likely in those who perceived HIV as punishment (P=0.009) and more likely in those who believed in God's forgiveness (P=0.043). A living will was more common in those who prayed daily (P=0.025) and in those whose belief in God helped them when thinking about death (P=0.065). Fear of death was more likely in those who perceived HIV as punishment (P=0.01) or felt guilty about having HIV (P=0.039), and less likely in those who read the Bible frequently (P=0.01) or attended church regularly (P=0.015). Outcome measures did not vary significantly according sex, race, HIV risk factors, or education level. Conclusions: In this HIV-positive population, spiritual beliefs and religious practices appeared to play a role in end-of-life decisions. Discussions about end-of-life decisions may be facilitated by a patient's belief in a forgiving God and impeded by a patient's interpretation of HIV infection as punishment. Health-care providers need to recognize patients' spiritual beliefs and incorporate them into discussions about terminal care.


This book documents how openness about HIV in Uganda has been translated into action at the level of the individual, the family, the community, and the nation. Discussions are divided into 13 chapters, with the first chapter presenting an introduction to the African and Ugandan experience of the HIV/AIDS epidemic. The chapters following this describe how dedicated individuals, political leaders, civil society organizations, and government agencies have breached the wall of silence surrounding the HIV epidemic and reduced stigma against HIV-infected people. Despite success in initiating a growing degree of openness about the reality of HIV and increased acceptance of people living with HIV/AIDS, much still remains to be done in the country to cope with the impact of the disease and to curb its further spread.

The authors of this article report on the results of a study conducted among 487 men and women living in a black township of Cape Town, South Africa. The study examined the relationships between the belief that spirits and supernatural forces cause HIV/AIDS, HIV/AIDS-related knowledge, and AIDS stigma. Results showed that people who embraced the conviction that spirits and the supernatural are responsible for AIDS were more likely to be misinformed about the virus and were more likely to condone isolation and social sanction of people living with HIV/AIDS. The authors recommend enlisting the support of traditional healers in HIV-prevention efforts and condom distribution.

This collection seeks to further our understanding of AIDS by shifting the predominant understandings generated by biomedical and epidemiological research.

An interview with Hermen van Dorp, spiritual counsellor to people living with HIV and AIDS, turns the focus to the AIDS reality in the Netherlands.

In Iran, an Islamic context with many taboos about sex, homosexuality, and drug use, there is a need for proper understanding and knowledge of HIV transmission and prevention. This study analyzed HIV/AIDS-related material in Farsi-language educational and informational documents. It found that all material mentioned sexual transmission of HIV, 90% addressed intravenous drug use and 87% mentioned condom use as a preventive means; yet homosexuality and prostitution was mostly omitted. Unlike in other Islamic contexts "safe sex" messages were not avoided for fear of promoting sex outside of marriage. Also the drug problem in Iran was addressed and solutions sought. However more open discussion of the relevant, but hidden, issues of homosexuality and prostitution, is crucial in attempts to curb the spread of HIV.

This study addresses sexuality and gender relations among youth in the context of HIV/AIDS in Kenya. It is observed by the author that the current HIV prevalence among youth is closely related to gender inequalities with men being in power and women being subordinated. The book concludes with an argument for youth ministry in Christian churches, in which the rampant sexual irresponsibility among the youth will be addressed, and where the youth is educated in gender justice. [CHART]

Kamali writes on the pronouncements of Shari’ah law that are relevant to AIDS. This legal framework is still regarded as authoritative by the majority of Muslims.


Although drugs are haram and therefore prohibited in Islam, illicit drug use is widespread in many Islamic countries throughout the world. In the last several years increased prevalence of this problem has been observed in many of these countries which has in turn led to increasing injecting drug use driven HIV/AIDS epidemic across the Islamic world. Whilst some countries have recently responded to the threat through the implementation of harm reduction programmes, many others have been slow to respond. In Islam, The Quran and the Prophetic traditions or the Sunnah are the central sources of references for the laws and principles that guide the Muslims' way of life and by which policies and guidelines for responses including that of contemporary social and health problems can be derived. The preservation and protection of the dignity of man, and steering mankind away from harm and destruction is central to the teachings of Islam. When viewed through the Islamic principles of the
preservation and protection of the faith, life, intellect, progeny and wealth, harm reduction programmes are permissible and in fact provide a practical solution to a problem that could result in far greater damage to the society at large if left unaddressed.

Kamau, Nyokabi. 2009. AIDS sexuality and gender: Experiences of women in Kenyan universities. Eldoret: Zapf Chancery. The current HIV & AIDS regime has opened up hitherto unknown vistas in intellectual pursuits and knowledge-creation. One such newly opened area of research is studying HIV & AIDS in relation to gender issues. However, owing to the devastating nature of the pandemic, most studies tend to focus on women merely as an “at risk” population leaving aside the wider sociological dimensions that pertain to women’s sexuality in general, issues of AIDS related stigma and discrimination, and how all this can impact on women’s careers as economic contributors in the society. The uniqueness of the present study lies in the fact that it embodies the author’s passionate triangulated research into the tripartite dimensions of HIV & AIDS, women’s sexuality, and gender-sociology, all against the backdrop of analyzing actual experiences of career women in Kenyan universities. The methodology of the book is purely qualitative, in-depth, and reflective, and a welcome relief from soulless statistical stereotypes that mark so many studies in our times.

—. 2011. "African cultures and gender in the context of HIV and AIDS: probing these practices." Pp. 257-272 in Religion and HIV and AIDS: charting the terrain, edited by B. Haddad. Scottsville, South Africa: University of KwaZulu-Natal Press. In this essay Nyokabi Kamau discusses gendered cultural practices in the context of poverty. Kamau shows the strong emphasis in the literature on issues of sexuality and how they pervade the HIV and AIDS discourse in the African context. Cultural practices which have close associations with sexuality, such as puberty rites, are contested and need further discussion. In addition, suggests Kamau, “the discourse of shame and blame as it pertains to religion and culture requires continued work. While there is a growing body of literature, it remains an area of greatest challenge in the African continent, and needs ongoing and sustained inquiry”.


Kanda, Koji, Yoshi Obayashi, Rossana A. Ditangco, Gino C. Matibag, Hiroko Yamashina, Shoko Okumura, K. Tudor Silva, and Hiko Yamashiro. 2009. "Knowledge, attitude and practice assessment of construction workers for HIV/AIDS in Sri Lanka." Journal of Infection in Developing Countries 3:611-19. Human immunodeficiency virus (HIV) prevalence is relatively lower in Sri Lanka than in other Asian countries; however, the number of HIV-infected persons has rapidly increased in recent years. A baseline study on HIV, acquired immunodeficiency virus (AIDS), and sexually transmitted infections (STI) knowledge, attitude, and practice was conducted at two construction sites in Sri Lanka from January to February 2007 to design an effective intervention strategy for the construction workers. Among 611 respondents (mostly males, mean age 32.8 years), nearly two-thirds lived away from home. Knowledge was fairly good on AIDS prevention but poorer on STI than on HIV. Some misconceptions were also observed. A high percentage did not consider HIV/AIDS as their own personal issue, and over 50% respondents expressed discriminatory attitudes towards HIV positives. Condom access was limited due to social and cultural norms. Mobility was not significantly associated with practice of prevention of HIV and STI. This study showed that the construction workers were not specially at higher risk of HIV at that time. In order to minimize the potential risk of infection, however, it would be effective to reduce stigma and discrimination among them through the prevention program, working together with community or religious leaders in the areas. More comprehensive assessment among other population groups would also be beneficial to identify their risk of infection.

Kang’ethe, Simon Murote. 2009. "Traditional healers as caregivers to HIV/AIDS clients and other terminally challenged persons in Kanye community home-based care programme (CHBC), Botswana." Journal of Social Aspects of HIV/AIDS 6:82-91. The research study done at the Kanye village of Botswana was qualitative in design and exploratory in nature. While the broad goal aimed at assessing the contributions of caregivers in the Kanye CHBC programme, this article aims at evaluating the traditional healers’ contribution as providers of care to HIV/AIDS patients and other chronically ill persons. The study conveniently involved all the 140 registered caregivers in the Kanye programme, but with only 82 caregivers turning up for focus group discussions. The caregivers were grouped in 10 focus group discussions, and all of the 5 CHBC nurses were subjected to one-on-one interviews. Both the focus group discussions and one-on-one interviews with the nurses used two slightly different interview schedules as data collection instruments. The study findings revealed that traditional healers are important players in caregiving of persons with various ailments but their role, position and contribution in the battle against HIV/AIDS is fast waning with time. The government has been challenged to map out strategies of collaboration between the two systems as traditional healers can complement the services of biomedical practitioners in this era of HIV/AIDS.

The article maps out the diverse ways in which one of the worst assaults, the HIV & AIDS crisis is impacting on the lives of children. She gives an example of what she terms as ‘curative sex’ which is a practice that involves having sex with a virgin or child to seek a cure of HIV and other venereal illnesses. It went further to specify a female of another ethnic group other than the one the perpetrators belonged to. This practice is increasingly becoming widespread in different parts of Africa though she states that it is a commonly held belief in South Africa. Further she states that this rumour about the curative effects of rape can be attributed to the disparate dynamics of urban areas which is a source of vice and virtue, fortune and misfortune. As HIV has cast suspicion on every adult, this has made children more desirable and very vulnerable victims of those pursuing curative rape. At other levels, children are raped by adults who seek to satisfy their sexual urges but are afraid to have sex with adults for fear of infection. HIV & AIDS has necessitated the rethinking of very basic forms of social organization where the young were taught on issues of sexuality among others and raised within the community. Modernization and HIV & AIDS has eroded much of these systems and many children have slipped through the traditional safety net. HIV has ravaged children and robbed them of the innocence of childhood. She states that it is a moral, social, political and economic enigma that calls for urgent attention. She calls for advocacy of children’s issues through institutions like religious organizations, NGOs, communities, the children themselves among others to advocate for children’s rights. [CHART]


This paper highlights the many risks children and young people face in a world where neither the family nor the school offers a safe space and where HIV infects millions of them, especially girls, each year. Kanyoro understands this risk as a challenge to churches to ‘liberate children from oppression, violence, poverty and disease’ – a rather ambitious aim. She sketches possible interventions, e.g. HIV education in schools and peer education programmes, but stresses the need to also consider those who are not in the target groups, like out-of-school youth. Sex education needs to start early enough and be embedded in life skills programmes; it also needs the support of the community leaders to address stigma. The constraints to such interventions are also shown. [CHART]


—. 2004. ""Reading the Bible" in the face of HIV and AIDS." Pp. viii-xiv in Grant me justice! HIV/AIDS & gender readings of the Bible, edited by M. W. Dube and M. R. A. Kanyoro. Pietermaritzburg/Maryknoll: Cluster Publications/Orbis Books. Grant Me Justice! wants to assist African women as they organize and mobilize against issues that make them vulnerable to HIV. This preface highlights that the contributions are written by women – members of the Circle of Concerned African Women Theologians – drawing on theology, on biblical texts and on women’s experience; they are written for women, to educate and empower them to confront the pandemic. [CHART]


This article presents a value-critical analysis of AIDS policy in the U.S. as of January 1990. This analysis parallels criticism by Irving Louis Horowitz, who feels that the human confrontation with the AIDS epidemic is a matter of values more so than of policies. Values are central to the AIDS policy domain. Values influence the selection and definition of a specific policy issue, goals and objectives, as well as evaluation criteria. The article aims to make use of a mode of inquiry known as value-critical policy analysis. This mode of analysis seeks to unravel the underlying value systems of established policies, and the content nourishing these tacit assumptions. This mode of inquiry provides a framework for considering the social problems arising from the underlying and ubiquitous assumptions governing HIV/AIDS policy formulations.


HIV/AIDS has affected women from sub-Saharan Africa in disproportionate numbers more than anywhere else in the world. Women are vulnerable to HIV/AIDS infection in Kenya as a result of powerful patriarchal influences that permeate women’s lives leading to marginalization and disempowerment in social, cultural, and economic avenues. To address the research questions, secondary analysis of data from the 2003 Kenya Demographic and Health Survey was utilized. In this study, it was expected that the demographic variables of age, education, religion, ethnicity, region of residence, marital status, and employment were the independent variables that would influence HIV vulnerability among women. A dependent variable, HIV
vulnerability was conceived of a larger concept comprised of powerlessness, AIDS-related knowledge, cultural practices, sexual behavior, and perception of HIV risk. A one-way analysis of variance, ANOVA was performed to test if significant relations existed between the independent variables and dependent variable. Between-subject effects were identified and multiple comparison tests (Bonferroni) were conducted for these variables; plots were also used to visually present the mean scores. The tests of between-subject effects showed that age (F = 78.848, p = .000), region of residence (F = 21.452, p = .000), education (F = 130.088, p = .000), ethnicity (F = 13.276, p = .000), marital status (F = 39.002, p = .000), and employment (F = 216.592, p = .000) were all statistically significant. However, religion (F = .730, p = .572) was not statistically significant. It had been hypothesized that religion would play a significant role in HIV vulnerability. However this was not the case, and was in contrast with the hypothesis. In this study, the data strongly suggest that women in Kenya are more vulnerable to HIV/AIDS when they are younger, have low levels of education, are from different ethnicities and from certain regions, are unmarried, and not employed. The findings supported the literature that women’s vulnerability is strongly influenced and tied by broader forces present in the society. The results of this study provide a framework for further vulnerability studies based on a socio-cultural framework. Future studies should consider incorporating qualitative research methods in order to get a holistic picture of the concept of vulnerability.


"Restoring Hope" is a grounding of decent care in a humanethical tradition, providing a unique interfaith convergence of ideas at a time when religion is said to be at the source of so much conflict. This book provides a unique approach to the HIV/AIDS epidemic, linking health and religion. This book is the result of a global consultation and has international appeal. It identifies the ethical foundations of the 'right to health' and the Alma Ata Principles. It is useful to both theoreticians and practical implementers. This volume is a call to re-examine assumptions about what care is and how it be practised. Rather than another demand for radical reform, it makes the case for thinking clearly and critically. It urges people living with HIV to become full partners in designing and implementing their own care and for caregivers to accept them in this role.


Religion plays a significant role in the structuring of people's identities and perceptions and also has the potential to play a fundamental role to determine how communities respond to HIV/AIDS. Faith-based organisations are respected in their communities and have existing resources, structures and systems in place. People who are diagnosed with HIV often turn to the church where they receive emotional and spiritual support. The primary objective of this study was to determine the knowledge of religious leaders about HIV/AIDS and their attitudes towards people living with it. A non-experimental quantitative research design was used in this study and the data was gathered through a structured questionnaire. The respondents were not exceptionally informed about the transmission of the HIV-virus, but their knowledge around the risk of specific sexual behaviour was high and their attitudes towards PLHA generally positive.


The main claim of the essay is, that postmodernism, despite its optimism and its apparent appreciation of difference does not tolerate “ways of life or rationalities which are different from her own”. By paying attention to three aspects, i.e postmodern celebration of difference, the global economy and condomization, the author illustrates a postmodern ‘re-invention’ of Africa which is however neither new nor liberating. Its cultural expressions, even more than its intellectual roots, produce people and societies without hope and without the power to locate themselves in a ‘historically meaningful narrative’. In this context the author sees the task for churches in Africa as generating the skills and resources that allow them to find again a sense of hope and dignity, thereby enabling them to resist and thus survive postmodernism. The Biblical narrative is seen as a powerful weapon in this struggle. [CHART]


Discussion of the AIDS epidemic in the light of Christian ethics seems to have got bogged down in narrow moralistic prescriptions, for example over whether or not it is right to use condoms to prevent AIDS. What is often ignored is that the AIDS epidemic is changing the kind of people we are. It has reinforced both Western stereotypes of Africa, and African suspicion of the West, and of the West’s intentions in Africa. AIDS has also caused suspicion in the most intimate relations - the one you love can kill you. In a continent where many struggle for bare survival, this has led to hopelessness and despair that manifests itself in a nihilistic playfulness. Christian ethics has not even begun to deal with this.

Civil war, famine, genocide, AIDS—Africa has endured some of the most horrific human tragedies of recent times. The rapid rise of a Christian social ethics movement, however, suggests a powerful coping mechanism for African peoples. One of the leaders of this movement is Emmanuel Katongole, a Catholic priest in Uganda. In “A Future for Africa”, Katongole wrestles with Africa’s concrete and debilitating problems, including poverty, corruption, and tribalism, and then offers humanitarian and faith-filled solutions. The work fills a vacancy in the current debate about lasting solutions to Africa’s problems and should be meaningful reading for scholars of ethics and religion alike.


Even as its physical, social, psychological, and economic impact on Africa continues to unfold, the AIDS pandemic is raising deep ethical, moral and spiritual questions, questions about the nature and meaning of human sexuality, human life, meaning of death, the church, and the very existence of God. Yet even in communities deeply affected by HIV/AIDS, there is a disturbing silence and absence of a deep theological and ethical engagement of the reality of AIDS. In this paper, I would like to explore this theological silence and locate it alongside other ‘silences’ that characterize the discourse and response to AIDS. The assumption that AIDS is a disease seems to imply that it is medical science that has the power to define both the disease and the appropriate response to it, leaving us with a very narrow discourse around AIDS. This fails to address the social, historical, ideological and economic factors that makes AIDS a predominantly African catastrophe; much less does it provide for any substantive account of wellbeing and human flourishing. The goal of the paper will be to suggest that that Gospel is about wellbeing and human flourishing, and that it is by recovering this substantive notion of wellbeing that a theological conversation and practice around AIDS might begin to take shape.

Kayal, Philip M. 1985. "Morals," medicine, and the AIDS epidemic." Journal of Religion and Health 24:218-238. It is the assumption of this article that when the etiology of an illness is framed in a “moral” language and the illness in question affects religiously stigmatized and legally proscribed minorities, the victims of the illness will be blamed for their ill health. Evidence is given of the connection between moralizing about a medical issue and the response of the medical establishment. The role of religion in the definition and interpretation of AIDS is emphasized as well as its effects on gay people and gay life. A political analysis of AIDS and its assumed causes is also given. These homophobic explanations are viewed as attempts to disenfranchise and discredit gay life further. Responsibility for containing AIDS is discussed in the context of "brokenness" between and among gay people. "Healing" is given as a necessary solution.

Kaye, Judy and Senthil Kumar Raghavan. 2002. "Spirituality in disability and illness." Journal of Religion and Health 41(3):231-242. Spirituality appears with increasing frequency in the research literature, and a paradigm involving mind-body-spirit interaction is emerging. The relationship of spirituality to disability and illness is at the center of a growing body of knowledge. A comprehensive literature review supported spirituality as coping method among individuals experiencing a variety of illnesses including hypertension, pulmonary disease, diabetes, chronic renal failure, surgery, rheumatoid arthritis, multiple sclerosis, HIV/AIDS, polio and addictive illnesses. Additionally, spirituality is a resource when dealing with critical illness as well as terminal illness and end of life issues, and it is utilized by both patients, and family members. Discussion of research findings, implications for health care practice and future research is also presented.


Kealotswe, Obed. N. 2001. "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." Missionalia 29:220-231. The paper examines the role of the diagelo – clinics or hospitals of the African Independent Churches (AICs) – in the care of terminally ill patients in Botswana, particularly patients with AIDS-related illnesses. It compares the care such patients receive to that they are given at home and in hospitals. The AICs are regarded as healing churches, with healing rituals drawn from African traditional ways. Some AIC prophets claim to be able to heal AIDS. Many patients finding no help in hospitals turn to such prophets, and as a result are found in the diagelo where they experience fellowship, receive good care and relief from some illnesses. The findings of this paper are based on consultation with several churches in an ongoing research project in Botswana. [CHART]


Keenan here demonstrates the sophistication and compassion inherent in some Catholic theological responses to AIDS such as ‘lesser evil’ or ‘double effect’- and their predecessors in earlier controversial issues.


Against a background of 25 years of HIV challenging people to a response this paper examines initiatives taken by theological ethicists, why they were taken and what possible way forward. Access to health care is a primary ethical concern, but as ethicists turn their social justice lens on the responses offered by Western-directed medical technology, they find it lacking in humaneness, often overlooking local concerns and efforts. [CHART]


What does it mean to be a Catholic? Besides having faith in Jesus Christ and his church, being a Catholic means being inclined to mercy, which is "the willingness to enter into the chaos of another." Over the centuries Catholics have defined themselves by feeding the hungry, clothing the naked, caring for the sick. This book explores not only the seven corporal works of mercy, but also the seven spiritual works as well. It considers how we invoke mercy throughout the Eucharistic liturgy and how frequently mercy enters into ordinary life, in the way we care for our families, and the way we care for ourselves. Interspersed are three meditations on mercy: on September 11, on being a priest in light of the scandal in Boston, and a new meditation on the world of HIV/AIDS.


The book provides a good overview of the current ethical debate relative to HIV within the Roman Catholic Church, complementing theoretical chapters by those drawing on practical experience. It also shows possible ways forward for the collaboration of moral theologians and public health officials in the response to the pandemic. One of the central issues of contention between them, condom use for HIV prevention, is discussed from various angles. The book concludes in a position that is remarkably similar to that of ecumenical bodies like the WCC, i.e. that correct and consistent condom use can be described as life-preserving. The ethical issues raised are wider than this, though, and considerable attention is paid to social justice issues, for instance women's rights. The importance of cultural and traditional explanations of and responses to HIV is highlighted by L. Magesa [Christoph Benn review extract]


This comment suggests that three interlocking concepts are key for understanding HIV and AIDS: instability, structural violence, and vulnerability. Exploring these concepts from a theological perspective, the authors argue that only openness to the vulnerability of others, and acknowledgement of our own, "will offer serious hope of devising strategies and activities that will give us the partial but still substantial security worthy of our humanity".


The extent of the HIV pandemic particularly in the hardest-hit countries, including South Africa has prompted a call for greater engagement of all groups, including faith-based organisations (FBOs). Although FBOs are known to play a substantial role in providing care and support to those affected by HIV and AIDS, empirical evidence in regard to their actions in the broader context of stigma is limited. A qualitative, key-informant survey was conducted in South Africa as part of a six-country international study to examine perceptions of how FBOs have contributed to reduction in HIV risk, vulnerability and related impacts. The special emphasis of this paper is the influence of FBOs on stigma and discrimination. In-depth interviews were held with 34 senior-level key informants who act as key decision-makers in the response to HIV and AIDS in South Africa. Secular and faith-based respondents shared their perceptions of the faith-based response, including FBOs actions in relation to HIV/AIDS stigma and discrimination. Our study revealed that while FBOs were perceived as taking some action to address stigma in South Africa, FBOs were also thought to contribute to HIV/AIDS- discrimination through conflating issues of sexuality and morality, and through associating HIV and AIDS with sin. The interviewees indicated a number of internal and external challenges faced by FBOs to deal effectively with stigma, including lack of information and skills, the difficulty of maintaining confidentiality in health services, and self-stigmatisation which prevents HIV-infected persons from revealing their status. Findings from this study may help both faith-based and secular groups capitalise on the perceived strengths of FBOs as well as to elucidate their perceived weaknesses so that these areas of concern can be further explored and addressed.

In Papua New Guinea (PNG) the response of churches to HIV has been ambiguous: while some proclaim care and compassion, others blame AIDS on moral corruption. The author examines how the Catholic Church in PNG has developed a living theology of HIV and AIDS as well as comprehensive HIV care and support in a faithful response to the epidemic. It is a response that takes seriously the embodiment of faith as it is shown in the liturgical practices of baptism and Eucharist. This response is examined in relation to the three theological virtues of faith, hope and love. The challenge is to shape a response that can "empower, to break the silence of injustices, to speak truths to power, to bring hope and love while simultaneously respecting the sanctity of life of all (and not just some)." [CHART]


As a Roman Catholic moral theologian, Kelly is among those who have observed that the AIDS epidemic is challenging the world community "to change our ways" by...formulating a satisfactory person-respecting sexual ethic. For him, the experience of AIDS has acted as a lens through which justice issues and development issues have suddenly become issues of survival. In this brave and readable work, Kelly draws attention to the ethical implications of this perception. [CHART]


This report examines the ever-growing HIV/AIDS crisis in the Muslim world, where HIV has been spread by the same mechanisms as elsewhere even though many of the Muslim governments have been slow to respond. Iran and Bangladesh are noteworthy exceptions and their (limited) success is sketched. Two factors permit the denial of the reality of HIV, the fusion of religion and politics in many Islamic countries and undeveloped democratic practices. The report offers policy implications ranging from the importance of political commitment and international support, to the need to initiate testing programmes for those groups most at risk, i.e. sex workers, drug abusers, and those with alternative sexual lifestyles. It pleads for sweeping legislative and social changes including tapping into religious structures with appropriate messages. [CHART]


AIDS does not discriminate by religion or citizenship. yet, for years, leaders of Muslim countries have denied the pandemic's threat to their societies. While they looked the other way, HIV quietly crept into the most vulnerable populations in the most volatile parts of the world. Muslim leaders must now address the threat-or risk losing their community of believers to a global plague.


There is a strong synergy between the AIDS epidemic and four basic root causes: poverty; gender disparities and power structures; stigma and discrimination; and exploitative global economic structures and practices. Responding to HIV and AIDS is intimately connected with the practice of justice. AIDS and justice issues are so intimately linked that action on behalf of justice will almost automatically be action against the epidemic. Dismantling the unjust structures in which poverty, the low status of women, stigma and discrimination, and exploitative global economic practices, are embedded, and establishing just structures and practices in their place, will create a terrain in which HIV can no longer flourish. Equally, action against the epidemic will be action on behalf of justice. The shape and extent of the AIDS epidemic is determined by various unjust forces, many of them outside the areas normally addressed by HIV and AIDS programmes. Addressing HIV and AIDS serves as an entry point and catalyst for addressing these broader injustices. The report concludes with the equation more HIV and AIDS, the less justice – but the more justice, the less HIV and AIDS.


The purpose of this study was to assess personal beliefs about the causes and meaning of having HIV disease and personal beliefs about medication adherence in persons living in rural southeastern North Carolina. Of the total sample of 34 participants, 29 (85%) were African American. The sample included 21 men (62%) and 13 women (38%), with a self-reported
mean CD4 count of 499.38 (SD = 377.69) and a mean duration of HIV of 8.0 years. The majority of participants held beliefs that HIV was a serious and chronic condition and that the disease could be controlled by HIV therapies. Participants offered disparate views about whether or not the course of HIV disease was amenable to personal control. The persons who held the belief that the cause of HIV/AIDS was because of chance/bad luck (p = .03) or God’s will (p < .001) were also most likely to believe that the progression of their HIV disease depended on chance or fate. The respondents currently taking HIV medication were also more likely to believe that HIV was caused by chance or bad luck (p = .038) or God’s will (p = .016). The results reflect the important role of spirituality on self-regulation of illness and treatment in the rural southern culture.


Kenge, Esther Lubunga. 2007. "The doctrine of Social Holiness in the Free Methodist Church, DRC: Implications for the HIV and AIDS epidemic ", School of Religion and Theology, University of KwaZulu-Natal, Pietermaritzburg. The church has an important role of providing theological understanding upon which responses to the HIV pandemic could be grounded. This study explores how the Free Methodist Church in the Democratic Republic of Congo could participate in the alleviation of HIV related suffering in the Kivu region, where war related rape contributes to the spread of HIV. This study suggests that the doctrine of social holiness that has been the driving force behind the involvement of the Free Methodist Church in providing social services to the community of the poor could be used as a theological framework for its HIV response and as means of mobilising the community to become part of such a response. Theological themes regarding human sexuality, God’s love, stewardship, and the dignity of all people who are created in God’s image could be integrated into formulating a theology of HIV. The study shows that there are potentialities in the doctrine of social holiness that could be re-examined and restated in order to meet the needs of those marginalised by HIV. The severity of the epidemic requires that the Free Methodist Church uses its theological foundation as basis for networking with and lobbying of other stakeholders for a joint response.


—. 2006b. This we teach and do: Catholic Church and AIDS in Kenya. Volume 1: Policy. Nairobi: Paulines Publications Africa. This volume presents the Catholic faith in the face of HIV and AIDS, spells out the spiritual principles and moral guidelines, and invites everyone to faithful adherence. With a holistic understanding of Christian life, it affirms both compassion and responsibility.


Keough, Lucy and Katherine Marshall. 2007. Faith communities engage the HIV/AIDS crisis: Lessons learned and paths forward, Edited by M. Kessler. Washington DC: Georgetown University, Berkley Centre for Religion, Peace and World Affairs. This report reviews the work of faith-inspired leaders and communities, in both global- and country-specific efforts to combat HIV/AIDS. It is directed both to practitioners and to academics, to those from faith-inspired communities interested in deepening their engagement with HIV/AIDS and to secular development workers interested in exploring further contacts with faith communities in their work on HIV/AIDS. Part I presents a brief portrait of the global HIV/AIDS pandemic, introducing statistical issues, trends, sources of information, and dynamics. It focuses on significant issues which have changed the face of the pandemic, including its impact on development and welfare in the most affected countries, the feminisation of HIV/AIDS, its devastating effect on children, and its special challenge in conflict situations. Part II summarizes what is known about the very disparate roles of different faith institutions and traditions. The diversity of responses reflects both the extraordinary global diversity of religions and the complexity of their roles in their work on HIV/AIDS. This report gives an idea of the range of work and its significance. There is no global mapping of faith-based organizations work on HIV/AIDS and little reliable and comprehensive national data. UNAIDS estimates that one of every five organizations engaged in HIV/AIDS programming are faith-based groups. HIV/AIDS interventions by faith-based organisations cover the full gamut from prevention, to counselling and support, to palliative and home based care, to moral and political advocacy. The paths that have led faith institutions towards their present engagement on HIV/AIDS are varied, and this explains in part the fissures and differing approaches towards HIV/AIDS among faith communities. Faith-inspired institutions with long experience in health care have been drawn into work on HIV/AIDS initially through their medical missions. Other faith communities have come more indirectly to work with HIV/AIDS, such as through work with children or with women affected by violence. Part III explores in more detail the faith aspects of responses to HIV/AIDS, including how different religious traditions have approached the issue. While there are strong common threads among religions, notably the call to care and compassion, there are also wide differences. Part IV explores seven issues (among a much larger number of topics on which active international reflection is taking place) with particular relevance for faith-inspired HIV/AIDS work: (a) abstinence and the condom issue; (b) prevention versus treatment debates; (c) approaches to male circumcision; (d) social justice and gender issues; (e) addressing issues for marginalised groups; (f) alternative approaches to support for the care of AIDS orphans and vulnerable children; and (g) combating stigma and
discrimination. Part V introduces global HIV/AIDS programming and financing institutions and discusses the roles of faith institutions in this context. Part VI highlights major issues in the journey ahead, with a focus on areas where research and information sharing and dialogue on live issues have particular importance.


The emotional turmoil experienced by people living with AIDS is a challenge to pastoral care in Botswana. People diagnosed as HIV positive find that their lives are completely redefined, and often face ostracism because of the social stigma attached to HIV/AIDS. The works of Elizabeth Kubler-Ross, which deal with the process of dying, can be helpful here. Dying people go through stages of denial, anger, isolation, bargaining, depression and acceptance. Their families, and even the whole society, also pass through these stages. Before physical death there is a social death. In the pastoral care of people living with AIDS (both those infected and their families) the church needs to show the compassion of Christ. The church needs not only to encourage and support the victims, but also to change the uncaring attitudes and structures of cultures of culture and society.

Qualitative, ethno-nursing research was conducted to investigate the health-seeking behaviours of the members of the Africa Gospel Church in Francistown, Botswana. Semi-structured interviews involving church leaders and congregants were conducted. The purpose was to obtain data on the informants' health-seeking behaviours and the underlying religious beliefs, prescriptions and practices. The research findings revealed denominational authority over the lifestyle, health-seeking behaviours and the health care practices of the church members. The congregants seek health care from the priests and prophets. The western scientific health care services are utilised selectively provided that permission is obtained from a priest and cleansing rituals are performed. There is a potential for collaborating with the church to enhance the congregants' access to primary health care. This can be achieved by utilising the existing church structures and home-based care practices, and by providing training especially to the priests and lay care givers. The social control exercised by the church supports a healthy lifestyle and various health care practices can be incorporated into a culturally congruent nursing care plan. It would be necessary to negotiate changes to potentially harmful health care prescriptions and practices.

The chapter by Khamalwa explores how the mutual suspicion and competition between traditional healers (TH) and modern medical personnel in Uganda was overcome resulting in collaboration between the two groups. This was partially due to the pressure resulting from the AIDS pandemic and the long-term civil war which had waves of patients seeking help from. This is also a result of witchcraft beliefs about AIDS. THETA, the organisation representing THs, has made a contribution through training for their members, hence making it possible for them to complement the formal health sector in the multi-sectoral approach to containing the effect of HIV and AIDS. [CHART]

In Pakistan, seven times more men are reported to be infected with HIV than women. According to unpublished reports, the prevalence of HIV among homosexual and bisexual Pakistani men is reaching alarming proportions. This article describes the Pakistani homosexual and bisexual culture, review statistics regarding HIV prevalence and risk behaviour, and identify areas of improvement in the HIV policy with specific focus on men who have sex with men.


Kharises, Julieth. 2001. "The concerns of rural and urban women with HIV/AIDS in Walvis Bay area: An effective models [sic] of pastoral care and counselling with particular focus on the theory of Howard Clinebell, as developed by David Switzer." School of Theology, University of Natal, Pietermaritzburg.

This thesis focuses on the concerns of rural and urban women living with HIV/AIDS in the Walvis Bay area. The development of effective pastoral care and counselling models in the study of Walvis Bay women is the approach of this thesis. It is an interpretation, from a women’s perspective within the Walvis Bay tradition of their status, role, culture and experiences. The purpose of this research is to try to address women’s crisis of HIV/AIDS through pastoral care and counselling. It is the hope of the author that the women of Walvis Bay area will regain their dignity that they will be empowered and the interaction between healing, sustaining, guiding and reconciling models will be implemented as a tool to deal with their crisis. Although this study focuses on the women in the Walvis Bay area, the questions and sufferings concerning the issue of HIV/AIDS is similar in the rest of Namibia. The main emphasis of this study is in chapter five and six. Chapter five discuss reconciliation and the dynamics of the process of social reconciliation with the women in Walvis Bay contracted with HIV/AIDS. This includes the uncovering of the truth of HIV/AIDS, the destroying of the narratives of lies and the establishment of the reality of the spread of the epidemic of HIV/AIDS. Chapter six discusses the need for effective models of pastoral care and counselling for urban and rural women in Walvis Bay. By doing so, it will transform relationships in trust, harmony and peace.


Teaching and talking about our sexuality is an explicit acknowledgement that, as much as we are spiritual people, we are equally sexual. This paper discussed the conspiracy of silence that our African culture has fostered.


The purpose of this study has been to carry out an exploratory survey study of how religion can be instrumentalized in the fight against HIV/AIDS in sub-Saharan Africa. After years of research, different drugs have been produced; and different methods of combating HIV/AIDS have been used. The pandemic, however, is still on the rise in most of the world. By 2010 for instance, South Africa will have more than two million orphans (of 57 million projected population), and Uganda today has more than 2.5 million orphans (13% of the population). Significant behavior changes across the population can, however, stop and even reverse this trend. It is clear that lifestyle plays a dominant role in individuals' chance of infection, and it seems probable that the level of the disease over the coming decades is more likely to be decided by changing lifestyles. My study focused on the relation between religiosity and attitudes towards premarital sexual intimacy. With a sample of 52, I found a negative relationship between the two variables. Other important variables included age, and type of religion.


English title: "AIDS - AD ACTA? - A critical analysis from a social-ethical and social-psychological perspective." This study is a critical analysis of the preceding AIDS-discussion and is to make an essential contribution to the ethics of prevention, from a social-ethical and social-psychological perspective. The study intends to be an addition to the former AIDS-education campaigns, it deals with a policy to make those affected accepted, equal and legal. This analysis is about the attitude of the public towards AIDS, i.e. about the influence of various institutions on the ideas, attitudes (values an interpretations), which influence and guide the perceptions and opinions. This influence on those affected is the focus of this analysis. This perspective includes a critical self-reflection of religious motives to make AIDS a topic. In the first part (chapter 2) the empirical basis is established, according to be a survey of the BZgA (Bundeszentrale für gesundheitliche Aufklärung) in 2000. The second part (chapter 3) of the study contains the ethical reflection of the problem HIV/AIDS. The last part (chapter 4) is about the essential results and conclusions of the study.


Against the background on increasing HIV/AIDS rates in Africa, this manual, the first of three parts, gives basic background information on HIV/AIDS. It is designed to help Christian health trainers and pastors in Africa think about and discuss their thoughts and worries about AIDS, add new insights to their knowledge of the disease and to apply in practical terms what they have learnt about the epidemic.


This manual seeks to help users answer such questions as: Why is it important to look at AIDS as a local health issue? How prevalent are sexually transmitted infections, including HIV infection and AIDS, in your community? How can you find out what your clients and different groups in the community want and need to know about AIDS? Who can help you with AIDS education efforts? How do you go about gathering information about AIDS in your community? With this, one is helped to plan an effective AIDS education programme for one’s clinic and community.


In Kenyan communities, the understanding of sex varies according to age, gender and social status. Among the Luo, polygamy is practiced. Marriage is a social necessity for women and widows usually enter the household of a brother-in-law or close male kin. The use of condoms conflicts with the ideal of procreation although HIV/AIDS is spreading. This is likely to continue as long as cultural expectations remain unchanged.


This report gives an update on AIDS and traditional medicine in Africa, in particular on efforts at collaboration between traditional and bio-medical practitioners and on the impact of traditional healers in HIV prevention. It starts with a section giving background on AIDS and on traditional medicine in Africa, paying attention to the diversity of approaches in traditional medicine and to the policy debate on collaboration with traditional practitioners (from Health Ministry point of view). Existing collaboration initiatives are reviewed and eight projects that meet the UNAIDS Best Practice criteria have been selected and analysed. The authors conclude that there is room for collaboration, and it yields valuable outcomes. It requires that a common language be established, and that traditional beliefs are respected. A concluding section identifies areas for further research. Throughout the report collaboration implies that traditional practitioners are trained in the bio-medical understanding of HIV.


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This study aimed to ascertain the degree of risk of HIV infection spreading through the common communion cup. It was shown that the level of contamination with mouth organisms on the rim of the cup is low; the wine itself had a bactericidal effect on most of these organisms. Although droplets of saliva did not easily mix with the wine this too presents no risk as transmission via saliva or in the mouth is highly unlikely. Hence the study concluded that the risk of transmission of HIV by the common communion cup is negligible; the established routes of spread are the injection of blood or blood products, sexual intercourse or at birth. Nevertheless suggestions are made for improving the hygiene of the communion service.


In Uganda, the prevalence of non-adherence to antiretroviral therapy (ART) by HIV/AIDS patients remains high and sometimes this is blamed on patients’ religious behavior. A descriptive design was used to examine the relationship between religiosity and ART adherence in a sample of 220 patients attending a HIV/AIDS clinic in a Ugandan public hospital. Participants who self-identified as Pentecostal and Muslim had the highest percentage of members with high religiosity scores and ART adherence. Among Muslim participants (34), 82% reported high religiosity scores and high levels of ART adherence. Of the fifty Pentecostals participants, 96% reported high religiosity scores and 80% reported high levels of ART adherence. Correlation analysis showed a significant relationship between ART adherence and religiosity (r = 0.618, P B 0.01). Therefore, collaboration between religious leaders and HIV/AIDS healthcare providers should be encouraged as one of the strategies for enhancing ART adherence.


To determine the association between religion and HIV infection, and to assess the behaviours and characteristics that might explain differentials in HIV between religious denominations in rural Uganda. Lower rates of HIV infection among Pentecostals appear to be associated with less alcohol consumption, sexual abstinence and fewer sexual partners, whereas the low HIV prevalence in Muslims appears to be associated with low reported alcohol consumption and male circumcision.


The article discusses the material and moral dimensions of the current AIDS crisis as experienced by the members of a small independent church in Gaborone, Botswana – the Baitshepi Apostolic Church in Old Naledi. Based on participant observation the author presents the case study of a young woman, a member of this church, who was ill and died of AIDS. Those caring for her reflect on the nature of their social loyalties. The article explores the social and emotional significance of caring, of death, and of the religious and medical discourses of suffering. It suggests that AIDS prevention programmes in Botswana need to find a means to draw on popular ways of affirming social belonging in the context of suffering.

—. 2001. "Housing the spirit, hearing the voice: Care and kinship in an Apostolic Church during Botswana's time of AIDS." Johns Hopkins University.

Among the Batswana “sharing blood” is a way of interpreting what happens during sexual intercourse; the death of a spouse renders the blood ‘hot’ or dirty. In the case of death as a result of AIDS, understood as a ‘disease of the blood’ spread by ‘promiscuous women’ the cause of death is often only mentioned in whispers. It is this common occurrence, evidenced by the large number of widows in mourning, which this paper explores; in particular the ways of remembering relationships arising from procreation after the death, and the repercussions of this for existing relations of kinship and support. What and how to remember impacts on how these relations continue beyond the death of the spouse. This is explored in the context of an Apostolic church in Gaborone, its rituals around death, and its liturgical means to support those grieving in their remembering.

—. 2009. “Faith and the intersubjectivity of care in Botswana.” Africa Today 56:13-21. In encouraging men and women to rethink the moral bases of sexual relations, HIV/AIDS-prevention campaigns commonly entail efforts to reshape their subjectivities. This article relates conceptions of morally correct forms of subjectivity to religious understandings of proper speech to and about God. Historically, experiences with sexually transmitted diseases in Botswana have compelled family members to imagine and reshape the nature of their caregiving sentiments toward one another. Thus, for members of a church of the spirit in Gaborone, expressing faith in God so as to heal the sick and console the bereaved is a means of authorizing certain forms of intersubjectivity, rather than of asserting self-determining agency. AIDS-control policies ought to be designed to enhance people’s capacities to care for one another properly, and to avoid reinforcing distinctions between healthy and sickly lives.


This research reports on narratives of people whose lives had been infected and affected by the devastating disease - HIV/AIDS. The core information, on which this study is based, comes from experiences of those infected and/or affected by HIV/AIDS as well as from caregivers. It sweeps away statistics and places those seeking to offer help in the midst of those seeking to be helped. This mutual subject-to-subject relationship becomes the stage on which research/therapy, interviews and conversations are conducted. This study therefore opts for an approach that is informed by the experiences of those infected and/or affected and that addresses the realities of their lives. Care and/or lack of care is identified as a phenomenon, which is a direct reflection on how therapy (research) is done by those providing the care and perceived by those receiving the care. In the light of the experiences (stories) shared by the companions, it became evident that there is an existing need for alternative therapeutic ways, which seeks to embrace a therapeutic approach, which will minimize the external authority, or power of the therapist and at the same time maximizes the authority of those seeking therapy.


The common-sense construction of Buddhism is that of a general power for good; the less positive aspects of Buddhism’s power, especially when reinforced by folklore and ancient superstition, is infrequently recognised. In this article we make explicit Buddhism’s less positive power, particularly as it relates to the status of women and, by implication, its role in the human immunodeficiency (HIV)/acquired immune deficiency syndrome (AIDS) epidemic in Thailand. The Buddhist, folklore, and superstitious bases of Thai misogyny are explored, together with its expression in the differential gender roles of women and men. In addition, the attitudes of both women and men to commercial sex workers (CSWs) and condom use is discussed. The implications of these attitudinal analyses to the epidemiology of HIV/AIDS in Thailand is outlined. We argue that the current spread of HIV/AIDS in Thailand is primarily a function of the inferior status of women, which, in turn, is a function of Buddhism and Thai cultural beliefs. In light of this, some realistic strategies to address the problem also are discussed.


The Nordic-FOCCISA dialogues on stigma were a two year process that took place between the councils of churches in the five Nordic countries and the eleven councils of churches in Southern Africa. All participants, in their very different contexts, were struggling with issues of sex and sin, and in the course of this process, many differences of viewpoint emerged between North and South. One thing the different camps did agree about, however, was the incompatibility of God and sex. [CHART]

According to the authors, this volume contains "resources for use, in a time of AIDS, in liturgy, Bible study, worship or other group situations. The material includes personal testimonies, Bible studies, liturgies, poems and reflections. These have been written or prepared by people who are living with HIV or AIDS or are closely associated with them, and who have found that existing resources do not always meet the needs of their groups or churches.


The book, a popularisation of the South African Jesuit priest Peter Knox’s PhD thesis, will be very relevant to people living with and caring for those with HIV/AIDS. It describes the damage that AIDS has done to the fabric of African relationships, and hence to the essence of being a person, which in Africa is defined in terms of belonging. Knox focuses on the veneration of ancestors, an important element in African cultures, and challenges the misconceptions about it through his analysis of the culture, but also through a soteriological articulation of the place of ancestors in the AIDS context. Since HIV is mainly transmitted sexually it is a sensitive issue; the transmission of the virus between two spouses in the act of love-making or from parent to child in the act of procreation makes it clear that HIV is not simply a medical matter but touches on our deepest humanity and our belonging. In response to the infection people need to be allowed to draw on their deepest religious and spiritual resources for support and consolation. Mediating God’s grace to those affected by HIV the church has to deal with the reality of the ancestor veneration as a time-tested resource rather than stigmatising the practice and alienating those who find comfort in it. [Matsepane Morare review extract.]


A case study involving a congregation of the Churches of Christ (Campbellite). A key component of their ministry is a programme entitled Outreach. In addition to providing food, clothing, shelter, substance abuse education, and counselling, Outreach includes intervention for those with HIV/AIDS. This facet of the programme includes kits for disinfecting needles as well as condom distribution. Provides a qualitative report of this work. Despite ties to a fundamentalist denomination and strong adherence to a morally conservative ideology, the components of Outreach are consistent with the congregation’s central values, and, paradoxically, work to enhance their material and social interests in the community.


This chapter is not a product of research. It is rather a testimony based on memories stretching over the years. It calls to mind how clinicians, foreign and national, in daily contact with patients affected with AIDS, lived through the different phases of this unparalleled medical disaster, first in Burundi (1984-1994), then in the South African province of KwaZulu-Natal (1996-2004). The chapter contains a section on "The Catholic church’s erroneous message" regarding AIDS. The author calls for strong support from political, moral and religious leaders for all forms of countering the epidemic, whether they be clinical or preventative.


This volume brings together original essays by figures in the field of biomedical ethics - focusing on the moral dilemmas of recent medical advances.


The chapter introduces aspects of women’s rights and Islamic feminism relevant to AIDS, and the ‘feminization of the pandemic’. It discusses attempts to deny the impact of AIDS in Muslim society, women’s rights and Islamic feminism.


HIV/AIDS strikes with the greatest frequency in sub-Saharan Africa, a region lacking resources to deal with this epidemic. To keep millions more people from dying, wealthy countries must provide more help. Yet deeply ingrained biases may distance the sick from those who could provide far more aid. One such prejudice is viewing disease as punishment for sin. This "punishment theory of disease" ascribes moral blame to those who get sick or those with special relations to them. Religious versions hold that God punishes them in order to castigate, encourage virtue, warn, rehabilitate, or maintain some cosmic order. Its various religious and secular forms are untenable; they lack cogency, risk blaming people unjustly, and jeopardize compassionate care for the people. These views are not only irrational but also dangerous because they influence policies and cost lives. We need to cooperate and respond as befits this global public-health disaster and not engage in the misguided and bad faith activity of dividing the world into the blameworthy and blameless.


For centuries a theory that Loretta M Kopelman calls "the punishment theory of disease" has been used to explain epidemics and other catastrophes. In this chapter she identifies and analyses various forms of this ubiquitous theory, both secular and religious, arguing that all versions are irrational and thwart attempts to fight this pandemic and help those with HIV/AIDS.


A letter to the editor is presented in response to the article "Faith-based services are not appropriate in health care" in the December 5, 2007 issue.


This paper reports on a meeting of General Secretaries of eight Catholic Bishops' Conferences in East Africa in May 2006 in Nairobi. This meeting considered progress made with HIV responses in teh church and plotted next steps.


Based on the need for a complementary integration as defined by G. Devereux the article discusses indigenous concepts in the HIV/AIDS prevention. Stressing the different aims of indigenous healing in comparison to biomedicine the author shows how both concepts could complement themselves if they would respect each other -all questions or practices that are not yet applied systematically in the HIV/AIDS prevention. The relevance of the indigenous concepts of diseases and contamination is analysed in the perspective of HIV/AIDS prevention in Mozambique. Starting with the basic principles of ingenious traditional healing in Sub-Sahara Africa, the most used aetologies are reviewed: ancestors (family spirits), foreign spirits, witchcraft, diseases "that comes from God". The question remains if parts of these indigenous concepts could be used in preventive work to make the HIV/AIDS prevention more effective. In order to do so the author looks at Mary Douglas' model of pollution which summarizes concepts about social contamination and puts them often in relation to HIV/AIDS contamination perceptions in Mozambique. Indigenous concepts such as taboo break, pollution are considered as a punishment from the ancestors and are regarded as indigenous by their identification of the "real", hence the social/ spiritual causes and identified with HIV/AIDS. Because the ancestor aetiology, as well as the witchcraft aetiology, provide a social function of behaviour regulation, one should analyse and understand the function of these aetiologies for an effective HIV/AIDS prevention in Mozambique in order to verify, which indigenous values are still effective and capable to mobilise a behaviour of social responsibility which makes the HIV/AIDS prevention more effective.


This dissertation presents the findings of a qualitative case study conducted in one rural area and one urban area outside of Durban, South Africa, a region with high HIV prevalence rates. It examined two indigenous churches (Shembe and Zionist) and one international church (Roman Catholic) in each community. The study found a widespread awareness of AIDS among church leaders and community members, and that churches were used as health resources by their members, yet no AIDS programs were run by any of the churches in the study locations. It argues that 4 key characteristics dictated the churches’ responses to AIDS: resources, organizational structure, cultural appeal, and discipline. The dissertation places these findings in the context of broader themes impacting on communities affected by HIV: poverty, the moral sensibilities of clergy and communities, stigma, the role of civil society vs that of the state, the stance the churches took in the struggle against apartheid.


Churches have attracted controversy for how they have dealt with AIDS: they have been criticised for moral stigmatisation, yet lauded for their charitable works. Our purpose was to examine what churches were doing at the grassroots level to deal with the impact of AIDS on their communities. This study was conducted in a rural area and an urban area outside of Durban, South Africa, a region with high HIV prevalence rates. We examined 2 indigenous churches (Shembe and Zionist) and one international church (Roman Catholic) in each community. We found that there was a widespread awareness of AIDS among church leaders and community members, and that churches were used as health resources by their members, yet no AIDS programs were run by any of the churches in the study locations. We argue that 4 key characteristics dictated the churches’ responses to AIDS: resources, organisational structure, cultural appeal, and discipline. There are distinct advantages to partnering with churches for AIDS programming, yet significant complexities to navigating a meaningful dialogue with them also exist.


Spiritual Transformation (ST) is accompanied by dramatic changes in spiritual beliefs along with major changes in behaviors, self-view, and attitudes. This study examined types of ST, as well as its antecedents and consequences in people with HIV. Qualitative content analysis was used to analyze interviews about ST in people's lives in two samples: people with chronic HIV-disease (chronic disease sample, n = 74) and people with HIV who identified themselves as spiritual (spiritual sample, n = 73). ST occurred in 39% of the chronic disease and 75% of the spiritual sample. These STs were generally positive (95%) and enduring (M = 8.71 +/- 7.43 years). ST was most frequently associated with spiritual experience (in particular near-death experience), substance-use recovery, and HIV/AIDS-diagnosis. Main antecedents were substance-use disorder, education/upbringing, and desire to change. Further themes were depression/helplessness, confrontation with illness/death, social support, and lifestyle. The top six consequences include spiritual intensification, more spiritual practices, positive feelings toward self, recovery from substance-use, finding new meaning and purpose in life, and increased self-knowledge. In the spiritual sample, there was a common pattern of hitting rock bottom with drugs, having a spiritual experience (in particular a near-death experience), and
joining a drug program. Positive ST occurs in a sizable proportion of people with HIV. Importantly, ST often results in an enduring substance-use recovery, and an improved quality of life as indicated by enhanced gratitude, appreciation, joy, sense of peace, and reduced fear of death.


We examined spiritual/mind-body beliefs related to treatment decision-making and adherence in 79 HIV-positive people (35% female, 41% African American, 22% Latino, 24% White) who had been offered antiretroviral treatment by their physicians. Interviews (performed in 2003) identified spiritual/mind-body beliefs; the Adult AIDS Clinical Trials Group (ACTG) questionnaire assessed adherence and symptoms/side effects. Decision-making was influenced by health-related spiritual beliefs (e.g., calling on God/Higher Power for help/protection, God/Higher Power controls health) and mind-body beliefs (e.g., mind controls body, body tells when medication is needed). Participants believing God/Higher Power controls health were 4.75 times more likely to refuse, and participants with mind-body beliefs related to decision-making were 5.31 times more likely to defer antiretrovirals than those without those beliefs. Participants believing spirituality helps coping with side effects reported significantly better adherence and fewer symptoms/side effects. Fewer symptoms/side effects were significantly associated with the beliefs mind controls body, calling on God/Higher Power for help/protection, and spirituality helps adherence. Spiritual/mind-body beliefs as barriers or motivators to taking or adhering to treatment are important, since they may affect survival and quality of life of HIV-positive people.


This study reports the use of a community-based health survey to share local health information with faith leaders. Geographical information systems software identified survey respondents within 2 km (1.25 miles) of places of worship. Results were tabulated for the community surrounding each place of worship and were compared with city- and county-level data. Faith leaders were presented with community-specific reports describing the health attributes of residents who lived in the surrounding area, in order to assist with the identification issues of concern and opportunities to develop health ministries to address these issues. Faith leaders were encouraged to share this information with members of their faith community and develop means of obtaining additional information on the people of interest. We believe that engaging faith leaders with neighborhood-specific health information will be critical in providing an understanding of the importance of their voice in improving health outcomes of their faith community, the surrounding neighborhood, and the community at large. Our goal is to empower faith leaders to understand personal and community health issues and to act as a conduit for health-related information and health promotion at a local level. Church health teams developed an HIV and sexually transmitted infection prevention program for African American adolescents and young adults.


This paper investigates the vulnerability of women to HIV in the context of Rwanda. During the war and genocide, rape was an instrument of humiliation. Women and children were even raped in the refugee camps. In the post-war era, issues such as poverty, housing-problems, and economic decline increase women’s vulnerability to HIV/AIDS. It is argued that Christian churches have a history of “bloodied hands” and nowadays scarcely offer any healing to those faced with HIV/AIDS. [CHART]


Although efforts are being made to decrease the number of new HIV infections in Thailand, less support is given to the growing population that is already affected by the disease. This qualitative study explores the roles of Buddhist temples in the treatment of AIDS in Thailand, specifically the perspectives of both Buddhist monks and persons who are living with AIDS on HIV/AIDS and the care provided at the temples. Three major themes were derived from the interviews: temple as last choice; temple as a support group; and the role of Buddhism and monks at the temple.


A causal model developed by Koenig suggests that higher levels of spirituality and religiosity effect intermediary variables and eventually result in better mental health, which then positively affects physical function. Using structural equation modeling, we tested the model and expanded versions that use self-report data of patients with HIV. All models demonstrated good
overall fit with significant parameters. The final model found that increased spirituality/religiosity predicted increased religious coping, which influenced social support. Social support, in turn, positively influenced depressed mood (as a measure of mental health); depressed mood affected fatigue; and both variables predicted self-reported physical function. These three variables predicted health rating/utility for one's health state. Additional analyses found that two covariates, religiosity and race, differentially predicted spirituality/religiosity and religious coping. In patients with HIV, an expanded version of Koenig’s model found that increased spirituality/religiosity is positively associated with self-reported outcomes.


"Scott Siraj al-Haqq Kugle superbly analyzes Islam's categorization of homosexuality as a sin in an essay that is long overdue and probably the only scholarly work of its kind." [Publishers Weekly review extract]


The dominant Islamic position on male homosexuality is challenged in a justice-based reading, drawing on the Qur’an, Sunnah and Islamic ethics. The authors suggest that the voices and experiences of gay Muslims need to be heard and stigma around them needs to be addressed.


This article traces the historical evolution of conditions that favoured the spread of HIV in Rakai district, Uganda, and the process of evolution of the local, popular epidemiology of HIV and AIDS. It argues that the HIV epidemic was made possible by economic and social disparities, which grew more pronounced since the mid-1970s as a result of economic decline, physical insecurity, and the disbanding of public services. The local constructions of AIDS in Rakai have changed and shifted according to the progress of the epidemic, eventually challenging the initial cultural construction of the disease, based on local notions about causality between disease and morality. The progress of the epidemic undermined the local intellectual authority (e.g. traditional healers, health workers, and religious leaders), creating a need to produce additional explanations of the disease. The concept of 'Slim' in Rakai emerged as a popular construct to denote the physical, psychological and social consequences of HIV disease. The concept reflects popular concerns over the outcomes of the epidemic rather than its cause, being more concerned about the fate of individuals and communities than about issues of morality. Later, the moral construction of 'Slim' that accompanied the biomedical categorisation of AIDS as a sexually transmitted disease made it appear as a disease of sexual indulgence and promiscuity. The bio-moral construction of 'Slim' was also challenged by local evangelical claims about the power of faith and morality to regenerate its 'victims,' something that biomedicine had not been able to provide. As the disease has become part of the social ecology of Rakai and the rest of Uganda, interpretations of it will continue to be challenged and reconstructed.


The current study investigates the relationship between fear of AIDS and homophobia. The role of gender, marital status, religion, and church attendance as possible mediating variables in the hypothesized relationship was also investigated. Responses of 507 subjects to questionnaires indicated that men and women reported the same level of fear of AIDS; however, men were more homophobic than women. There was no difference between single and married individuals in the level of fear of AIDS; but people who had never been married were more homophobic than married individuals. There was also no relationship between religiosity and fear of AIDS. There were, however, differences in levels of homophobia across denominations. Finally, there was a relationship between Church attendance and both fear of AIDS and homophobia. The results are compared to those obtained by Bouton and his colleagues five years earlier and implications for educational programmes designed to change attitudes toward AIDS and homosexuality are discussed.


In many cultures, people refuse to discuss sexuality and HIV openly, fearing that such discussion will encourage promiscuity. Faith communities tend to distance themselves from honest discussion, believing that these issues exemplify a lack of morals.
In a patriarchal society, the gift of sexuality can be perverted to oppress and humiliate, and is expressed this way in homes, societies and places of worship. As long as communities view themselves as perfect, there will never be improvement.


Many people living with HIV in Ghana make use of spiritual therapy, however complex. This paper describes the complexities of these therapies in the context of increasing access to antiretroviral (ARV) drugs and high levels of HIV stigma. The study took place in Kumasi and Offinso, both in the Ashanti Region of Ghana (the most populated region, with around 4.5 million people), and is the result of 15 months of anthropological and ethno-graphic research utilising observations and in-depth interviews with 48 HIV-positive persons, their families, and other significant people in the lives. The article describes the participants’ experience of their HIV infection as a ‘spiritual challenge,’ which thereby formulated a personal need to ‘heal body and soul.’ The findings illustrate how crossing religious and denominational boundaries is an important element in people’s search for healing and wellbeing. The article argues that, especially in the context of high levels of HIV stigma in Ghana, spiritual therapy is one pragmatic option available to people living with HIV as it helps them to find meaning to their predicament or extends their coping mechanisms.


This article argues that, despite the widely held view to the contrary, the traditional religions of Africa do have an elaborate system of salvation which, unfortunately, is often lost sight of by scholars owing to its difference from the Christian theological norm. The locus of salvation in ATR, it will be maintained, is in the cults of affliction and healing, about which much has been written, but much continues to puzzle scholars. I shall attempt an interpretation of some rituals of affliction and healing that is based on a general model of African theodicy1 according to which the goal of life is to become an ancestor. This spells out what it means to be human, namely, to travel the road of the life cycle, reach the portals of ancestorhood, enter the latter’s courts, and exercise its privileges and responsibilities. So important is this that both the living and the living-dead will do everything in their power to ensure its achievement. The phenomenon of affliction and the response of healing it elicits represent a corrective element of this do-or-die battle for ancestorhood. In other words, they are signals that something has gone terribly wrong, seriously enough to debar someone from entering ancestral bliss, from attaining salvation. But they are also heralds of hope, declaring that all is not lost; that those excluded from the pale of ancestral fullness may still be included, by all means necessary. This paper seeks to serve as an introduction to indigenous African theodicy.


The article examines particular sexual cultural practice through which HIV & AIDS can be transmitted and what can be done to eradicate it. She identifies polygamy as such one cultural practice operational in most African society where there are widespread beliefs that males are biologically programmed to need sexual relations regularly with more than one woman and often concurrently is how communities which practice polygamy justify the practice. Further she states that the philosophical attitude towards polygamy is that it is the partial recapture or attainment of the lost immortality, the more wives a man has the more children he is likely to have, and the more children the stronger the power of immortality in that family. She states further that some theologians are of the opinion that polygamy confers on men more than women, social, political, economic and even sexual gains. She feels that most of the reasons advanced for the support of polygamy are no longer tenable as modern technology has improved farming methods in Nigeria and one does not need the labour of many wives and children. Since AIDS has no cure yet, it should act as a force of change from the tradition because no culture should hurt its practitioner and no tradition should lead its people to the grave. As men are the initiators of marriage and are involved in almost every case of sexual transmission of infections. They must be encouraged to protect themselves and by so doing they will be protecting not only themselves but their partners as well. [CHART]


On Moral Medicine remains the most comprehensive anthology on medical ethics written from a theological point of view. Collecting a wide range of contemporary and classical theological essays dealing with medical ethics, this volume is the finest resource available for engaging the pressing problems posed by medical advances. Written by leaders in the fields of theology, ethics, and medicine, these readings move from general issues (such as the relation of religion and medicine) through analysis of concepts important to both religion and medicine (such as life and its sanctity, nature and its mastery, and respect for persons and their agency) to concrete moral issues in medical care (such as abortion, genetic control, euthanasia, and the allocation of resources). This second edition updates and expands the original volume to reflect today’s new frontiers in medicine and their corresponding ethical debates. Among the 67 new selections are discussions of new developments in health care, the importance of nurses to health care, and the care of patients with AIDS.


A reflection on what makles people sick, what makes them well - and where God and faith fits into this. HIV is mentioned as an examplre.


On the one hand, South Africa is the most religious country in the world. On the other, it is also the country where HIV/AIDS is spreading the fastest, and which has the highest rape rate, and the highest occurrence of domestic violence. This article explores the faces of harmful religious discourses that render believers vulnerable to abuse. It furthermore describes how these discourses can be deconstructed to healthy religious discourses that empower believers against abuse and enhance their physical and emotional safety. The insights of Body Theology play an important role in describing this shift in religious discoursing. The research population was 270 patients who had been subjected to abuse and were referred for counselling to Kalafong Hospital in Atteridgeville, Tshwane, where the author works as a part-time counsellor. The population testifies to the possibility of exploring the dialogical spaces between harmful religious discourses that lead to injury on the one hand, and religious discourses that offer safety only in self-sacrifice and in the life hereafter on the other hand. Because of a specific demography, the research population was almost exclusively Christian, and therefore the religious discourses described in this article draw, from necessity, on Christian resources only. In its final analysis, the article focuses on reconstructed religious discourses of safety which were constructed through the insights of Body Theology in dialogue with the experiences of the research population. Body Theology acknowledges that a person has at least four bodies, thus religious discourses of safety explore the physical body as a site of resistance; the symbolic body as a site of relationship; the political body as a site for sharing energy and not for exercising power; and the spiritual body as a site of recreation.
AIDS management programmes in South Africa focus primarily on people under the age of 48. Local theologies, too, address mainly the needs of HIV-infected people between the ages of 15 and 50. This article, then, argues for theological attention to women over the age of 50 who remain voiceless and isolated in their bodies. Although Body Theology as developed by Lisa Isherwood does not deal with the HIV-infected body as such, the insights of this theology, in dialogue with the experiences of HIV-infected women over 50, are used here to construct a basic theology for empowering the four ‘bodies’ of the older women living with HIV: the physical body is to be embodied as a site of resistance and enjoyment, the symbolic body as a site of relationship and beauty; the political body as a site of energy, and the spiritual body as the site of recreation and resurrection. Women over 50 are in special need of theological care because of the loneliness ensuing from the fact that, in this age group, the women-men ratio in South Africa is 100 to 70. This renders older women vulnerable to illicit sexual encounters.


Latkin, Carl A., Karin E. Tobin, and Stephanie H. Gilbert. 2002. "Shun or support: The role of religious behaviors and HIV-related health care among drug users in Baltimore, Maryland." AIDS and Behavior 6:321-329. We examined the relationship between religious behavior and HIV antibody testing, serostatus, and receiving medical care among a sample of inner-city former and current injection-drug users. Recency of church attendance, guidance from religion, and religious denomination were used as indicators for religious behavior. More recent church attendance was significantly associated with HIV testing, HIV-positive serostatus, and receiving medical care for HIV in multivariate regression models, even after adjusting for possible confounders. The findings suggest that the church may be an important source of support and social regulation among HIV-infected inner-city African-American drug users. Further studies examining how the church serves as a mechanism for HIV testing and medical care are warranted.


Le Roux, A. 2003. "Kruiskulturele ondersoek na Christelike moraliteit onder universiteitsstudente." Acta Theologica 23:146-166. The world is currently experiencing a serious moral crisis. On the one hand, South Africa is considered one of the world’s most Christian societies, but on the other hand, it also has exceptionally high crime rates, in particular murder and rape, with HIV/AIDS growing at an alarming rate. As these factors are closely related to human morality, the researcher was interested in investigating the state of Christian morality on a South African campus. The moral values of students of two different culture groups at the University of the Free State were measured and compared. The results showed no significant difference between the moral values of black and white students. However, there was a very significant difference between male and female
morality. The scores of the female students were significantly higher than those of the male students, implying that their Christian moral values are considerably stronger than those of their male counterparts.

In South Africa HIV/AIDS is no longer being described as an epidemic, but rather as a pandemic due to the devastating impact that it is having on all spheres of societal life. HIV/AIDS is not exclusively a health issue - it has also become a matter of political, economic, moral and legal concern and debate. One of the issues that consequently needs to be addressed is the establishment of an effective and equitable approach to dealing with HIV/AIDS issues - based on principles of justice and equity - that acknowledges the legal and moral rights and duties of both HIV positive and HIV negative persons. Legislation is a useful instrument in protecting and upholding the rights of citizens irrespective of their HIV status. However, because HIV/AIDS has an underlying socio-moral dimension it follows that important processes in understanding the epidemic and in establishing perspectives on confronting the issue include the identification of and enquiry into the perceived moral rights and obligations of those affected by the disease. Furthermore, in a country where Christianity is one of the predominant religions with distinctive moral tenets, a Christian community stance on HIV/AIDS issues should be probed.

This chapter pleads for an approach to HIV in the church that goes beyond the exclusively bio-medical and the ‘excessively rigorist moral’; it constructs an anthropology that is at once welcoming and critical, giving rise to a church that stands in solidarity with the fragility of those who suffer. [CHART]

This essay outlines the context of HIV and AIDS in Botswana, and then goes on to the healing of Naaman (2 Kings 5) and King Hezekiah (2 Kings 20) from within this context. She then follows this exegetical approach with another approach, this time reading the healing miracles of Jesus (Luke 8:43-48) with people who are living with HIV and AIDS in Botswana. [CHART]

The current study examined associations between religiosity and sexual behaviours and attitudes during emerging adulthood. Two hundred and five emerging adults completed surveys about five aspects of their religiosity (group affiliation, attendance at religious services, attitudes, perceptions of negative sanctions, and adherence to sanctions) and their sexual behaviours (abstinence, age of onset, lifetime partners, condom use) and attitudes (conservative attitudes, perceived vulnerability to HIV, and condom-related beliefs). Associations were found between the measures of religiosity and sexuality, although the patterns differed by measures used. Religious behaviour was the strongest predictor of sexual behaviour. Many aspects of religiosity were associated with general sexual attitudes, which was not the case for perceived vulnerability to HIV and condom-related beliefs. The findings support reference group theory and highlight the importance of considering the specific constructs of religiosity and sexuality assessed in studies of these topics.

Persons with AIDS (PWAs) are faced with the social isolation and discrimination that accompanies a deviant and stigmatised status. In this research, we used the labeling or societal reaction theory in the sociology of deviance to investigate factors related to the stigmatisation of a PWA who developed AIDS as the result of one of four behaviours: homosexual sex, IV drug use, heterosexual sex, or a blood transfusion. A questionnaire was used to gather data from a sample of college students. Results from a one-way analysis of variance indicated that of the four PWA conditions respondents attached the least stigma to the PWA in the blood transfusion condition and the greater stigma to the PWA in the heterosexual condition. The greatest, but similar, amount of stigma was attached to both the homosexual and the IV drug use conditions. Multiple regression analysis also revealed several significant findings. First, we found that stigma increased as homophobia increased in all four PWA conditions. Second, stigma increased as AIDS knowledge decreased in the IV drug use and blood transfusion conditions. Third, women attached less stigma than men in all but the heterosexual condition. Fourth, in the blood transfusion condition, stigma decreased as religiosity increased.

In African American communities attitudes toward gay males deserve specific concern. ANOVA analysis and t tests indicate that African American females and males have significantly different attitudes toward gay males across different religious preferences. Males have significantly more negative attitudes.


This article examines the role of faith-based organizations (FBOs) in delivering HIV/AIDS services to the population of Zambia. It outlines the causes of HIV transmission, the development of community initiatives to provide services and education programs to underserved families and orphans affected by the disease, and activities of multinational organizations as they partner with FBOs to strengthen education programs, provide for orphans, deliver services, and develop community relationships. The paper suggests strategies for strengthening partnerships, identifies problems that affect the implementation of strategies, and makes recommendations for developing sustainable community relationships.


The ethnography of an African-American AIDS ministry in Los Angeles aims to provide insight as to why this congregation is able to: transcend constraints imposed by traditional religious institutions; address the health, spiritual and social needs of its parishioners without losing sight of its religious traditions; and, at all times, maintain an AIDS-activist orientation. Focuses on the congregation's distinct religious-therapeutic culture. Through processes of ideological reconstruction, the congregation enables a consonance between religious traditions and its members' unique identities. The reworking of dominant Christian ideology is exemplified in how the pastor has reframed the divine, in how he has incorporated psycho-therapeutic elements into religious rituals, in his method of exegesis, and in how he has reworked the sacred-profane divide. But as a separatist religious organization, this congregation also offers alternative and oppositional religious and social cultures, providing a familiar and empowering site for its members.


The article explores how religious actors have increasingly shaped the nature of antiretroviral treatment (ART) services in Kabarole district, western Uganda. As have the regular health services, Christian donors, non-governmental organisations (NGOs), and churches in the district have also stepped up to provide money for antiretroviral drugs and care for people living with HIV. The article explains how, at the ground level, formal public structures in the district are sometimes superseded — both literally and figuratively — by religious actors: such as when health services are attuned not only to the intentions of the Ministry of Health but also to those of the Catholic bishop, when ART service provision is restricted to the diocese's boundaries rather than those of the district, and when the coverage and nature of ART is discussed with NGOs and donors, both within and above the district-level, instead of with local government. Although Kabarole district’s health department is formally involved as project owner, its position has been increasingly marginalised due to the power and wealth of religious actors. [author]


This collection reflects on the complex interface between cultural, social, economic, and political behaviors with sexually transmitted diseases in Asia and the Pacific. Religion is one of many socio-economic and political factors explored. The book provides a fascinating look into the historical taboos of sexually transmitted diseases in this region. It contains well researched and documented contributions by Milton Lewis, Scott Bamber, David Arnold, Kevin Hewison, Peter Underwood, Frank Dikotter, Kerrie L. Macpherson, Ken DeBevoie, Annick Guenel, Brendan O'Keefe, Brenda S. A. Yeoh, Anke Van Der Sterren, Alison Murray, Terry Hull, Jenny Hughes — each chapter focuses on one country. [H. Robert Malinowsky review extract]


The author claims that “Faith-based organizations (FBOs) have generated increasing interest as agents for preventing and mitigating the HIV epidemic”, and “makes the case that FBOs possess significant advantages in delivering certain kinds of interventions.” Firstly, it considers some of the theories about the impact of religious institutions on the spread of HIV. Then, for evidence of impact, it draws most heavily on the experiences of Uganda, where FBOs have played a major part in delivering
information, encouraging open discussion, providing services, and changing behaviour, but also considers case studies from other African countries. The paper considers both the strengths and weaknesses of FBOs in HIV prevention efforts. Evidence on this topic remains anecdotal and case specific, so the paper is written as a starting point for a more wide-ranging investigation on these issues. The paper concludes with a series of recommendations for action and further research.


This research points to a correlation between involvement of FBOs and success in HIV/AIDS prevention and mitigation, but it does not get into greater depth on how FBOs promote behaviour change for prevention or carry out care and support in a way that mitigates the epidemic’s worst impact. Through community level studies the author begins to disaggregate further exactly how FBOs work in the complex area of HIV/AIDS prevention and mitigation. This community perspective can help answer a number of largely unanswered questions that are essential for designing effective strategies. To answer these questions, the research is focussed on two areas with significantly different experiences in HIV/AIDS prevention and mitigation: Uganda and KwaZulu-Natal.


The importance of addressing HIV/AIDS as a multifaceted developmental issue has been increasingly recognized across the globe over the past two decades. In South and Southeast Asia, Christian and Buddhist religious leaders and organizations have become progressively proactive in mobilizing a faith-based response to HIV/AIDS. However, to date the response of the Muslim community in Asia has been comparatively hesitant and uncoordinated. Despite the large Muslim population in Asia, relatively few organizations and initiatives have been addressing the problem of HIV/AIDS. In recognition of this, in July 2004 AMAN organized a four day Muslim Pre-Conference workshop on HIV/AIDS in Bangkok, Thailand. Over 100 participants from countries as diverse as Laos, South Africa, Afghanistan, the Philippines, Egypt, Nepal, Malaysia and Sudan joined together to exchange ideas and views on the common challenge of HIV/AIDS. This book presents a small selection of papers presented at this workshop. It is hoped that this publication will illuminate the nature of the epidemic in Asia, and that it reflects the complex and multifaceted challenges presented by HIV/AIDS. It is also hoped that this publication can provide a valuable insight into formulating an effective response from an Islamic perspective and can, in some small way, inspire mobilization of such a response.


Project F.A.I.T.H. (Fostering AIDS Initiatives that Heal) was established in January 2006 to reduce the stigma of human immunodeficiency virus (HIV) among African American faith-based organizations in South Carolina. During its first year, Project F.A.I.T.H. funded 22 churches to provide HIV-related programs and services to their congregations and surrounding communities. To determine the baseline level of HIV-related knowledge and stigmatizing attitudes, we conducted a survey with parishioners, pastors, and care team members at Project F.A.I.T.H. churches. During 2007, 20 Project F.A.I.T.H. churches conducted cross-sectional surveys with 1,445 parishioners, 61 pastors, and 109 care team members measuring their HIV-related knowledge and stigmatizing attitudes. While most parishioners were very knowledgeable about HIV transmission via unprotected sex and needle sharing during injection drug use, they were less knowledgeable about transmission via casual contact, mosquitoes, donating blood, and an HIV test. Overall, HIV-related stigma was low at Project F.A.I.T.H. churches. However, males and older parishioners (aged > or = 65 years) were significantly less knowledgeable and had greater HIV-related stigma than females and younger parishioners. Pastors and care team members at Project F.A.I.T.H. churches were significantly more knowledgeable and harbored significantly less stigma than their parishioners. To effectively address HIV-related stigma at African American churches, educational programs must reinforce the ways in which HIV can and cannot be transmitted, and pay particular attention to educating males and older populations. These findings may be helpful to HIV-prevention efforts targeting African American faith-based organizations in South Carolina and elsewhere.


Analyses the Roman Catholic Church’s approach to people living with HIV and AIDS through the process of unmasking the Vatican discourse on homosexuality. The distinction between sexual orientation and practice (not confined to the Catholic
tradition) prevents the Church from embracing the full personhood of a gay man living with HIV and prevents the church from offering healing to him. Notes the way Church teaching gives license to homophobic violence while at the same time explicitly condemning it. Catholic theology needs to turn to the subject in dealing with homosexuality; placing nature from the centre of the discourse with social construction. This will enable theologians to recognise the social dimension of discourses about homosexuality together with the connections between homophobia and misogyny.


Research has shown that spirituality has a positive effect on mental and physical health; however, few studies have explored the influence of spirituality on purpose in life and well-being in persons living with HIV. This descriptive cross-sectional study was designed to examine the relationship between spirituality, purpose in life, and well-being in a sample of 46 HIV-positive men and women. Spirituality was measured using the Spiritual Involvement and Beliefs Scale- Revised (SIBS-R), purpose in life was measured using the Purpose in Life (PIL) test, and well-being was measured using the General Well-Being (GWB) Schedule. Demographic data on gender, age, length of time living with diagnosis of HIV/AIDS, employment status, and religious affiliation were also collected. Spirituality was reported to be significantly correlated with purpose in life ($r = .295$, $p = .049$) but not with well-being ($r = .261$, $p = .084$). Additionally, the SIBS-R, PIL, and GWB had alpha coefficients greater than .83, suggesting they are reliable and valid measures for this population of HIV-positive persons. The result that spirituality and purpose in life were significantly correlated offers the potential for designing nursing interventions and care delivery approaches that support psychological adaptation to HIV. Further studies with larger and more diverse samples are needed to better understand the role of well-being in healing.


This descriptive cross sectional study documents experiences and practices of 16 faith-based (FB) drug supply organizations (DSOs) in 11 African countries. Data was collected through 4 structured questionnaires, targeting Government, funding bodies, DSOs and their clients respectively. Preliminary findings showed that FB DSOs fill supply gaps left by the Government, supplying up to 40% of the overall public health sector drug needs and as much as 80 - 90% in rural areas. Regarding the sustainability of FB DSOs the revolving drug fund mechanism was shown to be affected by drug donations which depressed DSO sales, caused stock wastage and loss. The DSO’s clients saw a need for technical assistance, regular supervision and training support of the DSOs. In the Governments’ view there was a lack of formal reporting and formal collaboration; they also questioned the quality of medicines supplied by FB DSO. At the time of this report the final report and recommendations were still due pending a follow-up meeting with all study participants. [CHART]


"On sex, sin and silence“ reflects theologically on sin and silence (informed by the author’s Catholic experience). She offers the experience of a Muslim group using the technique in Pakistan to comment on the political tensions, suggesting that locally rooted story-telling can be used to de-mystify HIV in Muslim contexts.


An exploration of the new spiritual movements that have made an indelible mark on the 20th century.


Long here explores different ways in which apocalypticism has been used by gay artists to understand the AIDS crisis and to transform its meaning. The argument is positioned between the discourse of God’s punishment for wicked behaviour in the early days of the AIDS epidemic and the questions among the majority of gay men, such as the author, why they were spared. He starts with the Christian fundamentalist jeremiads of the 1970s who “found their object” when AIDS emerged among the
gay community in the early 1980s and proclaimed the epidemic as a sign of God’s wrath. But even AIDS activists, attempting to work out what punishment and what redemption there was for the gay community in a time of AIDS, engaged this apocalyptic discourse which became part of America’s general cultural idiom. Exploring queer theater and “the quintessential jeremiad sermon in the writings of Larry Kramer” as well as ‘Armageddon’ with its military metaphors the author traces negotiations over the cultural semiotics of AIDS and its political implications. Of special interest for this bibliography is the chapter (5) "Mal’kim in America," which explores spirituality within the gay community and its “queer Utopian tradition” which places blame on the side of the conservative politicians of the 1980s. [Carolyn Rouse review extract]


To describe the demographic and clinical factors associated with the importance of religiousness and spirituality among patients with human immunodeficiency virus (HIV) infection in the United States. Longitudinal study of a nationally representative cohort of 2266 patients receiving care for HIV infection surveyed in 1996 and again in 1998. Measures included 12 items assessing religious affiliation and attendance, the importance of religion and spirituality in life, and religious and spiritual practices. Multi-item religiousness and spirituality scales were constructed. Eighty percent of respondents reported a religious affiliation. Sixty-five percent affirmed that religion and 85% that spirituality was "somewhat" or "very" important in their lives. A majority indicated that they "sometimes" or "often" rely on religious or spiritual means when making decisions (72%) or confronting problems (65%). Women, nonwhites, and older patients were more religious and spiritual. Residents of regions other than the western United States reported higher religiousness. High school graduates were more religious and spiritual than those with less education. Patients who did not report one of the risk factors assessed for HIV infection had higher religiousness scores than injection drug users (IDUs). Women, nonwhites other than Hispanics, patients older than 45 years of age compared to those between 18 and 34 years of age, and more educated patients reported higher spirituality. Clinical stage was not associated with religiousness or spirituality. A large majority of HIV-infected patients in the United States affirm the importance of religiousness and spirituality. These findings support a comprehensive, humanistic approach to the care of HIV-infected patients.


HIV and AIDS have been described as the worst epidemic the world has ever seen. It does not only take thousands of lives but it also deprives people of having a respectable life. This research is interested in what AIDS is doing to the innocent children of South Africa. Children are losing not one, but sometimes both parents due to this epidemic and are left alone to fend for themselves. Young girls and boys are losing their most important role models, their mothers and fathers, during their adolescent years. Because of the dire poverty especially girls are at times sexually exploited by malevolent men. This research explores those factors which contribute to their survival despite horrifying conditions. By using the narrative approach it reveals the truly amazing stories of “the soul survivors”.


Religion and spirituality are important dimensions of human existence. It has been asserted that it is spirituality that makes us human. Both religious practice and spirituality have been found to be associated with psychological well-being. Although the concepts of religiosity and spirituality have often been used interchangeably in the context of research, it is important to distinguish between the two. When distinctions have been made, there has been tremendous variability across studies with respect to the definitions that have been used. Studies have conceived of spirituality as a focus on God or other power that
guides the universe, faith in mystical or transcendental experiences, and/or adherence to certain moral values and belief about relationships with people and a higher power.


Hispanics have been disproportionately impacted by HIV/AIDS. Although HIV risk is significantly elevated among severely mentally ill persons (SMI), the risk of infection appears to be even greater among those SMI who are Hispanic, reflecting the increased risk of HIV among Hispanics. We report on findings from the first 41 participants in a qualitative study examining the context of HIV risk and risk reduction strategies among severely mentally ill Puerto Rican women residents in northeastern Ohio. Individuals participated in a baseline interview, two follow-up interviews, and up to 100 hours of shadowing. Interviews and shadowing activities were recorded and analyzed using a grounded theory. The majority of individuals reported using identification with a religious faith. A large proportion of the participants reported that their religious or spiritual beliefs were critical to their coping, had influenced them to reduce risk, and/or provided them with needed social support. Several participants also reported having experienced rejection from their faith communities. The emphasis on spirituality among Puerto Rican SMI is consistent with previous research demonstrating the importance of spirituality in the Hispanic culture and reliance on spiritual beliefs as a mean of coping among SMI. Our results support the incorporation of spiritual beliefs into secular HIV prevention efforts.


In this paper Louw discusses the special concerns for those counselling AIDS patients, a ministry which requires awareness of the stigma attached to the disease, linked to the "fear of mortality, contagion, helplessness and isolation." He offers practical advice for the pastoral response to those facing such a stigmatised death. Where he deals with the need to address sexuality the focus is on homosexuality, on compassion not judgment, yet the language is not without judgment (e.g placing "gay" in inverted commas; heading the section 'Promiscuity'). In helping the counsellor understand the person with AIDS Louw adapts Kübler-Ross' model of stages of coming to terms with a terminal disease and highlights pertinent ethical issues. His final word calls the church to 'minister God's unconditional love to those suffering'. [CHART]


—. 2004. "Church within the city or city within the church? City as metaphor within a practical, theological hermeneutics." *Scriptura* 85:24-34.

It is argued that "city" is a qualitative term that should be dealt with hermeneutically. It refers to a new state of mind and being within the processes of globalisation and glocalisation. City is a structure of common life and creates a corporate identity. Its impact on urbanisation in South Africa is that due to the period of apartheid, its impacts on township life was that people were sandwiched in between the urban setting of the city and the rural setting of the village. It gave rise to a mentality of temporary, conditional commitment, a life style of commuting and an attitude of indifference. An ecclesiology for urban and township ministry is proposed. The latter implies an ecclesial movement from formal institution to a more informal space of grace: Small groups as a place of healing and a space of spiritual retreat in order to be engaged in issues such as violence, poverty and AIDS.


Cura Vitae is a theology of life and of healing from the perspective of Christian spirituality. It seeks to encourage a paradigm shift in pastoral care by enabling caregivers to understand and deal with the existential issues raised by the crisis of illness. The author argues that without the necessary equipment and preparation, illness is easily experienced as an unbearable burden. This in turn deeply affects the patient’s coping ability and potential for healing. However, where there is adequate existential understanding and the appropriate development of skills to deal with illness, it may be an opportunity for growth in life and faith. Central to these skills is the patient’s framework of meaning, perception of life and understanding of God.

Most of the theological responses to the HIV pandemic take the notions of creation and incarnation as the starting point for a reflection on the pandemic. The theological intention is to address the problem of punishment and stigmatisation. Often the incarnation is used to emphasize the virtue of understanding, acceptance or the feeling of empathy. It is however argued that the compassionate theology of a theopaschitic approach does not suffice. It should be supplemented by a theologia resurrectionis which can act as a theological critique on all forms of human suffering, including the spiritual suffering of punishment, guilt, rejection and stigmatisation. Due to the resurrection as a divine act, death is dead. Stigmatisation as a form of “death” (rejection) is deleted so that theology in itself, and therefore the pastoral ministry of the church, become a direct protest against all forms of human discrimination. Resurrection hope empowers people living with HIV (PLWH) to resist all forms of labelling and prejudice. It equips them with the courage to be, and to live a positive life.


This study explores reasons for drop-out from pre-ARV care in a resource-poor setting where premature death is a common consequence of delayed ARV initiation. METHODS: In Iganga, Uganda, we conducted key informant interviews with staff at the pre-ARV clinic, focus group discussions with persons who looked after people living with HIV (PLWH) and in-depth interviews with PLWH half of whom had dropped out of pre-ARV care. Content data analysis was done to identify recurrent themes. RESULTS: Reasons cited for dropping out of pre-ARV care include: inadequate post-test counseling due to staff work overload, competition from the holistic and less stigmatizing traditional/spiritual healers. Others were transportation costs, long waiting time lack of incentives to seek pre-ARV care by healthy looking PLWH and gender inequalities. CONCLUSIONS: Pre-ARV adherence counseling should be improved through recruitment of counselors or multi-skilling in counseling skills for the available staff to reduce on the work load. Traditional/ spiritual healers should be integrated and supervised to offer pre-ARV care. Door step supply of cotrimoxazol using agents could reduce transport costs, waiting time and increase access to pre-ARV. Women should be sensitized on comprehensive HIV care through the local media and local leaders to address gender inequalities.


This paper examines efforts by some churches in Ghana to reduce the spread of HIV/AIDS. The analysis is based on focus group discussions with two groups of men and two groups of women, along with in-depth interviews with 13 pastors and marriage counsellors in the churches studied. In response to government and public criticisms about human rights violations, churches that previously imposed mandatory HIV testing on members planning to marry now have voluntary testing programmes. However, the results suggest that what the churches refer to as voluntary testing may not be truly voluntary. Cultural values and traditional practices, including traditional courtship and marriage rites (which are performed before church weddings), not only clash with considerations about pre-marital HIV testing but also complicate the contentious issue of confidentiality of information on HIV testing. Associated with these complexities and issues of confidentiality is a reluctance among participants, particularly those from northern Ghana, to test for HIV. The results reveal how broader social impacts of HIV testing for those planning to marry may extend beyond individuals or couples in different cultural contexts. The findings also support the general view that there are no perfect or easy solutions to combating the HIV/AIDS pandemic. Practical solutions and programs for Ghana cannot be neutral to cultural values and need to be tailored for particular (ethnic) populations.


The churches are crucial actors in the response to Papua New Guineas growing problem with HIV/AIDS, but often they excite ambivalence. While several have led the way in supporting people affected by HIV, Christianity tends to be identified with teachings about sexuality and an opposition to condoms that many people involved with prevention deplore. In this paper I try to move beyond the glib assessment that the churches are bad at prevention, good at care. I frame HIV/AIDS in terms of development, and broadly conceptualise the activities that can affect the course and impacts of the epidemic. Without venturing far into theoretical debates surrounding civil society and social capital, I use these concepts or ideas associated with them - to think about the churches. Although they are major institutions in PNG and other Pacific Island countries, very little secular analysis of their contemporary social capacities and roles is available. Finally, I reflect upon the future roles of the churches in response to HIV/AIDS. These parting thoughts have some bearing on general issues concerning the role of churches in development.


Until recently, availability of anti-retroviral therapy (ART) in Nigeria has been limited to government and university based programs. Through the United States’ President’s Emergency Plan For AIDS Relief (PEPFAR), additional funding has become available for the treatment of HIV-positive patients. Objective: to report the expansion of HIV-1 screening, enrollment in an ART program, and treatment outcomes over twelve months among HIV-positive patients at a nonprofit, non-governmental faith-based clinic providing free and holistic care in Jos City, Plateau State, Nigeria. DESIGN: This was a retrospective analysis of HIV-1 screening and ART received by patients at Faith Alive Foundation Hospital (FAFH). CONCLUSIONS: Comprehensive HIV/AIDS care has been significantly expanded at FAFH, a free and holistic medical center in Jos, Nigeria. Cumulative data from the first year of this PEPFAR-funded ART program indicated that promising outcomes are achievable through delivery of care at this faith-based medical center.


The popular press is an important forum for communicating messages and meanings about health risks. This paper examines new reports of AIDS published in the Australian metropolitan press in late 1986 and early 1987. This period was chosen because it marked a change in news representations of AIDS from a disease of the deviant and (primarily) homosexual Other to a disease of the heterosexual Self. The discussion examines some of the discursive devices used in headlines, editorials and the main body of news texts to represent AIDS as a threat to heterosexuals. The dominant ideologies, narratives and discourses contributing to press accounts of AIDS risk and heterosexuality are identified, including victim blaming, public health paternalism, risk discourse, Judeo-Christian religion and sexuality, the moral meanings of disease and fin de milléniun discourse.


Lux, Steven and Kristine Greenaway. 2006. "Scaling up effective partnerships: A guide to working with faith-based organisations in the response to HIV and AIDS." *Ecumenical Advocacy Alliance (EAA)/Church World Service/Norwegian Church Aid (NCA)/UNAIDS/World Conference of Religions for Peace (WCRP),* Geneva.

This unique guide on the religious response to HIV and AIDS provides background information, dispels myths, and gives practical guidance for United Nations staff, government officials, positive people’s networks, non-governmental organisations, foundations, and the private sector who want to collaborate with faith-based organisations on joint projects related to HIV and AIDS. The guide reviews the relevant teachings and structures of five of the major world religions: Buddhism, Hinduism; Christianity, Judaism, and Islam. Examples of current responses, potential obstacles, terminology and case studies are intended to give practical advice for initiating or expanding collaboration at local and national levels. Scaling up effective partnerships has been produced with the belief that, through better understanding, we can build on strengths and overcome obstacles for a collaborative and more effective response to the pandemic.


**Purpose:** To explore the impact of spirituality and religious beliefs on Family CEntered (FACE) Advance Care Planning and medication adherence in HIV+ adolescents and their surrogate decision-makers. **Methods:** A sample of HIV+ adolescents (n=40) and their surrogates, age 21 or older, (n=40) was randomized to an active Healthy Living Control group or the FACE Advance Care Planning intervention, guided by transactional stress and coping theory. Adolescents’ spirituality was assessed at baseline and 3 months post-intervention, using the FACIT-Sp-4-EX, as was the belief that HIV is a punishment from God. Results: Control adolescents increased faith and meaning/purpose more so than FACE adolescents (p=0.02). At baseline more behaviorally (16%) vs. perinatally (8%) infected adolescents believed HIV was a punishment from God, but not at 3-months post-intervention. Adolescents endorsing HIV was a punishment scored lower on spirituality (p=.05) and adherence to HAART (p=...
Surrogates were more spiritual than adolescents (p<=.0001). Conclusion: Providing family support in a friendly, facilitated, environment enhanced adolescents' spirituality. Facilitated family conversations had an especially positive effect on behaviorally infected adolescents' medication adherence and spiritual beliefs.


AIDS is a life-threatening illness and, as is the case with all life-threatening illnesses, the spiritual beliefs of patients may influence their well being at the end of life. Patients' spiritual beliefs can offer comfort or be a source of distress. Health care professionals face ethical dilemmas, as they work with patients whose religious or spiritual idioms are incongruent with their own beliefs and traditions. The discussion in this case focuses on increasing health care professionals' sensitivity to the diverse spiritual needs of their patients. Guidelines are provided for assessment and interventions, as appropriate. [CHART]


Mabey, Susan L. 1999. "When the valley of the shadow is littered with bones: Ministry in the midst of multiple bereavements." Emmanuel College, Toronto School of Theology.


HIV/AIDS has been declared a national disaster by the Kenya Government. Available data from the National AIDS Control Council (NACC) indicates that more than two million people in the country are living with AIDS, and close to 200,000 new infections occur every year. It is obvious that HIV/AIDS presents a major challenge to society as a whole. This article explores the Catholic Church’s response to the pandemic. It briefly describes its role in HIV/AIDS prevention, including training, awareness programmes, production and distribution of educational materials. It then examines critical issues in the church’s response. Finally, it discusses the challenges ahead.


This article discusses African Americans, their being representative of one-third of all cumulative AIDS cases in the U. S., and how prevention and treatment have continued to be problematic because of a general distrust of mainstream social services. Traditional middle class European American intervention treatment models do not consider the barriers to prevention and intervention facing African Americans. Research has emphasized the need for promoting prosocial motives, including re-entry into a moral community, renewed spirituality, self-esteem, and establishment of one's role in the family.


This article provides an evaluation of a federally funded faith-based program that serves African Americans who use heroin and cocaine and are at risk for HIV/AIDS in Nashville, Tennessee. Data were collected from 163 individuals at baseline and 6- and 12-month follow-up interviews. A subset of participants (n = 51) completed all three interviews. Results: Results suggested that this culturally relevant set of interventions was successful in reducing substance use and HIV/AIDS risk behaviors. The program was able to show data that supported the efficacy of a faith-based approach emphasizing spirituality rather than directive, aggressive, authoritarian, or coercive counseling techniques. The model is important to the continued development of culturally relevant interventions that are vital to decreasing the disproportionate rates of HIV/AIDS within the African American community.


Data on HIV epidemiology and preventive measures in Islamic countries is limited. This study describes the results of 18-year of HIV surveillance in Saudi Arabia (SA) and the preventive measures implemented from an Islamic perspective. Surveillance for HIV has been underway in SA since 1984. Indications for HIV testing include clinical suspicion, screening of contacts of HIV-
infected patients, and routine screening of blood and organ donors, prisoners, intravenous drug users, patients with other sexually transmitted infections, and expatriates pre-employment. This is a case series descriptive study of all confirmed HIV infections diagnosed in SA from 1984 through 2001. Conclusions: The number of HIV cases in SA is limited with heterosexual contact being the main mode of transmission. From an Islamic perspective, preventive strategies include prevention of non-marital sex and intravenous drug use with encouragement of "safe sex" through legal marriage.


This chapter details a quest in learning for the spirit of the Islamic community in social work training and practice in working with persons infected and affected by HIV/AIDS. Spiritual competency appears to be a topic that is shunned for not belonging to a pure science as it depends on the personal and the esoteric. But in this age of extreme and acute problems that gnaw at life and living as in the case of HIV/AIDS, spiritual connections are sought by educators and practitioners need to heed this call.

Madima, Thilivhali Nathaniel. 2003. "The role of Isaiah Shembe's Nazarite church focusing on the healing and caring ministry to people living with HIV/AIDS and their families in the greater Pietermaritzburg area in KwaZulu-Natal ", School of Theology, University of Natal, Pietermaritzburg.

The special focus of the thesis is the ministry of healing and caring during the present HIV/AIDS pandemic in Kwazulu-Natal. Hence the purpose of this thesis is to investigate Isaiah Shembe's Nazareth Church's healing and caring ministry to people living with HIV/AIDS and the affected members of their families in greater Pietermaritzburg area in Kwazulu-Natal. Healing and caring for the sick is the primary mission of this church. It is therefore important to investigate this church's healing and caring ministry to HIV/AIDS patients. This is important especially because it is generally believed that this disease is incurable. Does this church really heal or just care for these patients? In general this Church utilizes the healing and caring methods of both Jesus and African healing systems. Hence this study is a theological reflection on the effectiveness of the healing method that combines Jesus and African healing systems with special reference to HIV/AIDS. The study is therefore inspired by the assumption that the congregants of Shembe's Nazareth Church play an important role in fighting this killer disease in greater Pietermaritzburg area. Further the study reflected on both the successes and failures of this Church's ministry. The healing and caring ministry of iBandla lamaNazaretha makes a substantial contribution to the war against HIV/AIDS by the church and society. This exercise will hopefully help us to learn more as we strive to be relevant and true to the gospel even now in the time of HIV/AIDS.


This thesis will look at different Islamic responses to the issue of HIV-AIDS and PLWHA (People living with HIV-AIDS). Through this study, these different Islamic responses will be shown as a contestation of Muslims understanding about HIV-AIDS based on different theological basis and episteme. To look at this contestation, this thesis will firstly compare the response of Dr. Malik Badri, a Sudanese Muslim scholar who is expert on Islamic psychology, and Dr. Farid Esack, a South-African Muslim thinker who comes from Islamic liberation theology. This thesis tries to understand the contestation between the two responses through certain typologies which are commonly used to understand the contestation of discourses in the Muslim world. By the comparison, this thesis finds that Malik Badri's view on HIV-AIDS and Islam is focused only on behavioural problems and morality. HIV-AIDS according to him is simply understood as the impact of western sexual revolution which must be countered with Islamically based prevention and Islamic faith. On the other hand, the counter discourse is coming from Farid Esack who initiates the term "theology of compassion" in looking at problems of HIV-AIDS. Esack views HIV-AIDS as complex problems relating to poverty, global injustice, and not to merely morality or human behaviours. Secondly, this thesis will observe the actual responses of Indonesian Muslims regarding the issue of HIV-AIDS. In this particular concern, this thesis will investigate responses of three biggest Islamic institutions in Indonesia which are NU (Nahdatul Ulama), Muhammadiyah, and MUI (The council of Indonesian Ulama) through their fatwas, publications and their decrees regarding Islamic response to HIV-AIDS and PLWHA. These fatwas and publications will be analysed based on the frame of contestation between Malik Badri and Farid Esack. Finally, this thesis will come up with certain conclusion and recommendation stating that those Indonesian Muslim responses to HIV-AIDS and PLWHA need to be further reviewed and revised.


In his recently completed thesis on Islamic theological responses to HIV and AIDS, Ahmed Shams Madyan carried out a comparative study of the responses of Indonesian Islamic institutions and the works of the Malik Badri and Farid Esak. He writes here about the responses of Indonesian Islamic institutions and their failure to respond adequately to the HIV and AIDS epidemic. It is an irony to look at the roles and potential of Islam in Indonesia and to see that there is scant interest by Indonesian Muslim scholars to deal with the significant social issue of HIV and AIDS. The publications of three largest and most influential Islamic institutions in Indonesia illustrate how HIV and AIDS is largely treated as a problem of morality, with no further development in discourse on the issue. The "Big Three" are Nahdlatul Ulama (NU), a traditionalist Muslim organisation, the modernist organisation Muhammadiyah and the Council of Indonesia Ulama responsible for responding to the state's problems from a religious (Islamic) point of view.


Magesa proposes that three "cosmologies" shape the African response to AIDS: the traditional one, where AIDS is seen as a matter of magic and taboo, to which one responds through ritual; the modern view, recognising that AIDS is linked to sexual activity, requiring sexual continence as response; and between these "the confused view," which he regards as predominant in Africa today. Considering the map of highest HIV prevalence he claims that this coincides with "a predominantly Western Christian influence", while low prevalence is found in areas with "predominantly Muslim or a non-Western (deeply indigenous) Christian influence". The main effort to contain the pandemic should be behaviour change, drawing on the traditional cosmology with a strong emphasis on God and the hereafter; on "life as the ultimate good and ... community as the context of the possibility of human existence." [Raymond Downing review extract]


Magesa takes his point of departure for this book in ethics, more specifically the duty of promoting human life which is central to African ethics and religion. The measure of any action is whether it enhances or threatens life — that of the individual but more so the life of the community — and to respect and maintain the order of the universe. This ethical demand is a challenge to what has happened and is happening in Africa, where greed and abuse of power in the personal and international domain have lead to plunder of resources, resulting in desperate need for many in Africa. Many African leaders, too, disregard the ethic of supporting human life. Magesa points to the anti-oppressive potential of African religion in this context, and suggests reasons why it should be regarded as a world-religion. The book is persuasive and timely; it does however not spell out implications for Africans having to live in contexts defined by western modernity. Nor does it take a critical stance towards elements of African religion that are no longer relevant or even oppressive. [A. M. Ng'weshemi review extract]


The article points out that the solution to the HIV/AIDS epidemic in Africa should not be sought only through scientific means, but consideration must also be given to the cultural context and understanding of the people. The author points out that despite the education that most Africans have received, the disease is seen as a curse, mainly through witchcraft. Sex with multiple partners, which is seen as a major contributor to the spread of the disease, on the other hand has its legitimate place in procreation for the formation of kinship and kinship solidarity.


In this paper Mageto addresses various myths within churches of Kenya (and elsewhere) behind which they shield their silence in the face of the HIV and AIDS pandemic. These myths include the view that HIV only infected members of certain risk-groups; or that being part of given congregations or of a monogamous marriage exempted one from risk; that responding to the pandemic would constitute “affirmation that a Western lifestyle is being practiced among the African peoples”. The early church response was concerned about contagion, hence ostracised those infected and affected, and even at the time of writing (2005) characterised as ‘judgmental and exclusivist’. Mageto exposes the programmes offered to women and children as a refusal to see HIV/AIDS as an issue among men. The silence to the real issues raises concerns about the church's theological and ethical beliefs. Among the suggestions for the church to respond effectively to the crisis is the call to face the reality of stigma and discrimination within the churches and to create opportunities for the voices of those affected with HIV to be heard.

[CHART]

The basic premise of this study is that the congregation is the key to providing homebased pastoral care support to HIV-positive people in poor contexts. In so doing, the church does not only perform a social function to poor HIV/AIDS-affected families, but it also acts in accordance with the calling of mediating God's Kingdom (diakonia), thus spreading the gospel, and showing unconditional sacrificial love and compassion. The Church embodies the gospel, which is the instrument of hope and salvation to despairing HIV/AIDS-people in the community.


The extended family (community) in Africa plays a crucial role in the process of healing. However, while the role of the community is invaluable, many scholars overlook its other side. This article argues for a critical consideration of the healing role of the community in Africa and offers a critique of African community healing in the light of pastoral healing. Pastoral healing as a spiritual and faith perspective is juxtaposed with the healing process within African traditional communities. Since these two communities operate from different perspectives, in many cases they are competing forces in the process of healing – a difference that aggravates pain. This article thus carefully describes the process of healing both within a faith community (with its acts of “koinonia”) and the African traditional community, and concludes by proposing a healthy integration of these systems.


This book deals with the question of how congregational home-based pastoral care and counselling can support poor people affected by HIV. It attempts to root the cultural reality of Africans back to the Bible in order to find ways to impact on HIV and AIDS and poverty. The author, assuming that pastoral therapy operates from an eschatological perspective, stresses the need for the church to be in solidarity with those who are impoverished and offer them hope in a reality overshadowed by AIDS. In an African context this often includes addressing supernatural issues such as evil spirits or ancestors, thought to cause HIV infection. The book will be valuable for AIDS caregivers, faith-based NGO programme planners, church leaders responsible for AIDS services and all Christians interested in a practical approach towards those suffering from poverty, HIV and AIDS. [J. Steyn review extract]


The interplay between poverty and HIV causes intense pain and suffering to families especially within the Sub-Saharan context. Limited medical resources are contributing to the pandemic. Hence, to respond meaningfully to the situation, pastoral ministry should be holistic (i.e. focus on both poverty and HIV). This article argues that congregational home-based pastoral care is the model that holistically addresses the interconnectedness between HIV and poverty in Africa. It juxtaposes biblical and African extended family systems and draw implications for congregational home-based care by suggesting a healthy integration of African family practices with the understanding of the church as a family. In so doing, the ubuntu and koinonia principles emerge as crucial for a practical, theological ecclesiology.


This study evaluates the effectiveness of a holistic model for treating people living with AIDS in Africa; the model aims to improve knowledge about AIDS prevention and care, increase trust in the health centre, impact behaviour, and promote a high level of adherence to HAART. The study took place in the context of the DREAM (Drug Resource Enhancement against AIDS and Malnutrition) programme in Mozambique, designed by the Community of Sant'Egidio to treat HIV patients in Africa. It provides patients with free anti-retroviral drugs, laboratory tests (including viral load), home care and nutritional support. This is a prospective study involving 531 patients over a 12-month period. The patients, predominantly poor and with a low level of education, demonstrated a good level of knowledge about AIDS (more than 90% know how it is transmitted) and trust in the treatment, with a relatively small percentage turning to traditional healers. Overall the patients had a low level of engaging in risky sexual behaviour and a very good level of adherence to HAART (69.5% of the 531 subjects had a pill count higher than 95%). The positive results of the programme's educational initiatives were confirmed with the patients' good clinical results.

“Fatal confluences?” is critical of the interest in AIDS in Muslim countries. She argues that poverty, denial and social inequality—rather than religion per se—drive the pandemic. In Malaysia patriarchal interpretation of the law makes for greater vulnerability of women.


Endeavours to open a debate and raise awareness of the plight of orphaned children in Southern Africa where HIV/AIDS sufferers have the belief that raping a girl-child will bring about a cure from their disease. Children are victims of HIV/AIDS in even more traumatic ways than adults. They suffer immensely when their parents die of this disease, and again when they are used as tools by being raped. Their misery is not caused by war, their death is not caused by sickness, and their underdevelopment is not caused by conflicts. Their misery is caused by the status of being orphans. Their death is brought forth by hopelessiness and absence of caring hands, while the underdevelopment they experience cannot be explained apart from the fact that their bodies are not able to carry them to the next day, unless someone provides for their needs. Using two case studies highlights the conditions prevalent in Sub-Saharan Africa, where about 35% of children live in misery and death. Discusses what the church needs to be doing to help reverse this trend.

Makurutsa, Masego M. 2005. "'And she held him to her bosom': An African feminist reading of 1 Kings 17 in the context of HIV/AIDS.” Old Testament Studies, Kampen Theological University.

This thesis documents the context of HIV and AIDS in Sub-Saharan Africa, emphasizing the gendered dimensions, before engaging in a literary analysis of 1 Kings 17. From an exegesis of this text, the author then moves into an appropriation of this text to her social context via a form of reader response criticism. Among the contextual features that she engages with is HIV and AIDS in Botswana. The thesis concludes with what it means to be healing communities in the fight against HIV and AIDS.


The guide covers the various aspects of pastoral counselling and factual information on HIV/AIDS. Case studies with questions for thought and discussion are included to help the counsellor determine when he or she is ready to begin counselling. The guide is available in English, French, Spanish and Portuguese.


The HIV/AIDS pandemic constitutes a new ‘kairos’ for the church in (Southern) Africa. The church should overcome its theological impotence in the face of AIDS and learn from African Theology how to develop a contextually relevant theology to meet this new kairos. Theology should reflect on its silence about HIV/AIDS and develop an advocacy theology in continuity with earlier ‘third world’ theologies that takes women’s concerns seriously and highlights personal ethics. Out of this, theological educators should develop a curriculum that addresses all three its ‘publics’ and enables people to integrate what they say with what they do.
—. 2003. "Towards an HIV/AIDS-sensitive curriculum." in HIV/AIDS and the curriculum: Methods of integrating HIV/AIDS in theological programmes, edited by M. W. Dube. Geneva: WCC Publications. This essay explores the theological and methodological challenges for developing a curriculum relevant to an Africa bearing the heavy burden of HIV infection. Maluleke exposes the theological impotence to address the HIV pandemic, the theological silence on this 20 year old crisis, which he claims is a new kairos for the church. In outlining a possible theology of AIDS he lists 7 issues that need to be considered: AIDS is a deeply theological issue; it requires an activist/ advocacy approach; culture needs to be addressed critically; the interface of the pandemic with gender, with poverty, and with stigma; the personal as political. Further objectives and agenda items for such a theology are discussed to make possible the appropriate curriculum changes. [CHART]

Maluleke, Tinyiko Sam and Sarojini Nadar. 2002. "Breaking the covenant of violence against women." Journal of Theology for Southern Africa 114:5-17. Maluleke and Nadar investigate cases of violence against women in South African Indian and Black communities. They highlight the differences between females and males, in which males occupy a place of power in relation to women. This power relation is critical in discussing violence against women. Men are portrayed as silent beneficiaries or perpetrators of horrendous violence against women. In the covenant of silence, Maluleke and Nadar identify many participants including pastors, church elders and parents. There is an acceptance of the system that makes women vulnerable even though they may criticize excessive application. The most outstanding finding is the existence of the unholy trinity of religion, culture and gender socialization-masculinity, which encourage gender violence. [CHART]

Malungo, J. R. S. 2001. "Sexual cleansing (kusalazya) and levirate marriage (kunjilila mung’anda) in the era of AIDS: Changes in perceptions and practices in Zambia." Social Science & Medicine 53:371-382. Since sexual cleansing (kusalazya) and the intertwined ritual of levirate marriage or widow and widower inheritance (kunjilila mung’anda) have come to be implicated in the transmission of HIV/AIDS, alternative rituals to sexual cleansing have emerged. Using both quantitative and qualitative data obtained from Zambia in the second half of 1998, this study reveals that the alternative rituals to sexual cleansing include sliding over a half-naked person (kucuta) or over an animal (kucuta ng’ombe or cow-jumping); use of herbs and roots (misamu); cleansing by a married couple. Concoctions or other rituals that were otherwise considered ‘alien’ in Southern Province, such as cutting of hair (kugela masusu) and application of some powder (kunanika busi), have also been adopted. The study, therefore, discusses various aspects of these alternative practices: who performs them and how; whether the processes are connected to polygyny (mali), levirate marriage (kunjilila mung’anda), and grabbing or inheriting property (kukona); and whether these practices are also risk factors in the spread of HIV/AIDS.

Maman, Suzanne, Rebecca Cathcart, Gillian Burkhart, Serge Omba, and Frieda Behets. 2009. "The role of religion in HIV-positive women’s disclosure experiences and coping strategies in Kinshasa, Democratic Republic of Congo." Social Science & Medicine 68:965–970. Through 40 in-depth interviews with HIV positive women in Kinshasa this study investigated ways in which people living with HIV/AIDS in Africa turn to religion for support. The women shared how they used prayer to come to terms with their HIV diagnosis; and how their church leaders helped them with disclosing their status to others. Their faith was important in making sense of their serostatus; it helped them come to understand their infection as God’s path for them, or to find comfort and hope in trusting that God had the power to cure their infection. In the Democratic Republic of the Congo, with its strong foundation of faith, individuals draw on their health beliefs to develop coherent and effective responses to the pandemic.


Mana, Kà. 2004. "Culture, societe et sciences humaines dans la lutte contre le VIH-SIDA en Afrique." Pp. 66-83 in Religion, culture et VIH-SIDA en Afrique. Un hommage au Docteur Jaap Breetvelt, edited by K. Mana, J.-B. Kenmogne, and H. Yinda. Yaoundé: Editions SHERPA. This chapter points out the social dynamics by which HIV thrives. Attention is paid to economic, political and cultural factors. Especially The patriarchal gender relations in African cultures are addressed as being critical in the context of HIV/AIDS. It is argued that patriarchal constructions of masculinity have placed sexuality and virility in the centre of men’s universe. This keeps men from engaging in HIV prevention, as abstaining, fidelity and condoms are experienced as a threat to real manhood. [CHART]


The HIV/AIDS pandemic is cause for great frustration to the developing countries in their attempts to improve the quality of life of their citizens. HIV/AIDS in South Africa demands a specific approach to the Christian ministry in which the African world-view is acknowledged. In order for the church to play a relevant and meaningful role in combating the HIV/Aids pandemic, it is necessary that the church should be informed of the existential situation of persons living with HIV/Aids. This information is vital for raising awareness and engendering sensitivity among Christians. In the context of such awareness of and sensitivity to human pain and suffering, the community of the faithful should be moved to heed Christ’s call to show neighbourly love. The possible role of the church in caring for those who are already infected with HIV is defined.


In this essay, Manda discusses the early religious ethical discourse on HIV and AIDS which focused almost solely on sexual morality and sexual ethics. This discourse identified HIV infection as a result of sexual promiscuity and as a punishment from God. However, increasingly, she argues, there is a shift from this moralising discourse to a discourse which embraces an “ethic of life”. This shift embraces a sexual ethic which focuses on the goodness of sex and an emphasis on life in its fullness. Feminist ethics is shown to be an important aspect of this discussion as well as an increasing focus in the literature on an ethic of community, care, and compassion. However, Manda also demonstrates how the literature is beginning to move beyond this emphasis on care and compassion to questions of justice, although most of this ethical debate is taking place within Christianity and Islam, with little real engagement from other religions. In conclusion, she argues that “there has been almost no reflection on our moral obligations to those who are HIV positive, nor how those living with HIV are ethically engaging the epidemic”.


Public discussions among Christians about HIV lack clear affirmations regarding preventing the extensive spread of HIV. Instead, most public comments by Christians on HIV involve ambiguous qualifications, and lack a decisive commitment to preventing infection. These qualifications mostly arise because early in HIV epidemics, most HIV infection occurs during activities such as multi-partner sexual activity and injecting drug use, each of which is inconsistent with Christian aspirations. Popular approaches to preventing HIV infection in such situations appear to conflict with prevailing Christian attempts to encourage faithful monogamy, celibacy, and abstinence. The Biblical foundation put forward does not address HIV itself. Instead, it involves understanding the Bible’s relevance to a context in which HIV spreads. Developing a Biblical foundation for preventing the spread of HIV demands much more than simply identifying risk behaviours and demanding that people at risk of infection abstain from ‘immoral’ behaviour. The author makes 3 Biblical affirmations around which HIV prevention initiatives for drug users can be built. Firstly, Christians must affirm a commitment to life above a commitment to law. Secondly, Christians must increase the opportunity for people to change and affirm small signs of change. Thirdly, Christians must continue the process of giving law detail in the tradition of Jesus in changing historical contexts.


Practitioner response to the essay "religion and medicine in the context of HIV and AIDS" by Jill Olivier and Gillian Paterson. [CHART]

In this essay, Greg Manning frames the analysis of literature on this interface, using seven principles of HIV prevention identified by the Joint United Nations Program on HIV and AIDS (UNAIDS). In doing so, he shows the complexity of the response of the religious sector to prevention efforts. Manning argues that religious and theological interaction with the framework suggests that “theological input into the maturing of HIV prevention efforts needs to be well established in relationship with people who are demanding better approaches than what is already available to them”. Furthermore, religious and theological efforts “also need to be committed to supporting claims about HIV prevention with regular evaluation of the effectiveness of these claims”.


South Africa today is facing many social and welfare problems. Three of which are very prominent: named HIV/Aids; unemployment; and sexual and/or violent crimes against woman and children. With churches being some of the biggest and most influential nongovernmental organizations in the country, government is increasingly acknowledging that churches have a very important role to play in order to help curb social and welfare problems in the community. One inhibiting factor keeps churches from playing the role that government is expecting of them: the roles and expected roles of churches have not been quantified sufficiently. A geographical information system was chosen to help in this process of quantification. Previous studies related to GIS being used by social and welfare services showed that this software give these service agencies a powerful new way to analyse services in relation to clients and the communities in which they operate. The crux throughout the study is the process by which it is shown how a GIS can be used and is central from the process of data gathering, storing and manipulation of the gathered data, deriving information from it, through to communicating and visualising the obtained results.


HTV/AIDS has a great impact on lives of all South Africans - but especially on women. HIV/AIDS also presents the greatest threat and danger to the ones living in poverty and without sufficient education and independence in relationships - that mostly includes South African women. In a first chapter the author will discuss the connection between poverty and HIV/AIDS as well as between HIV/AIDS and the status of women in South Africa. In a second chapter the author wants to discuss a feminist ecclesiology of memory and hope and how it is presented by the catholic feminist theologian Elizabeth A. Johnson. In a third chapter the author wants to use the feminist ecclesiology of memory and hope to link it with the context of South Africa. In that last part the author wants to give a framework of the effect that a feminist ecclesiology of memory and hope could have on the South African society.


Religious and secular institutions advocate strategies that represent all points on the continuum to reduce the spread of HIV/AIDS. Drawing on an extensive literature review of studies conducted in sub-Saharan Africa, we focus on those secular institutions that support all effective methods of reducing HIV/AIDS transmission and those conservative religious institutions that support a limited set of prevention methods. We conclude by identifying topics for dialogue between these viewpoints that should facilitate cooperation by expanding the generally acceptable HIV/AIDS prevention methods, especially the use of condoms.


Beginning with an argument for Q as a wisdom gospel for the members of the earliest church, the essay goes on to locate his analysis within an African context substantially shaped by HIV and AIDS. The author finds resources in Q with which African congregations might be admonished to imitate Jesus by leading more prudent lives. He concludes that Q "draws attention to the relevance of being wiser in the choices we make in the use of human sexuality in the era of the HIV and AIDS epidemic".


Presents an article which attempts to re-affirm the gospel values of compassion and to re-enact its meaning in the context of the West African peoples' experience of the HIV and AIDS phenomenon. Practices that promote the spread of HIV and AIDS; Level of HIV and AIDS pandemic in West Africa; Overview of a bible story about Jesus' healing of the leper.


Maqoko, Zamani and Yolanda Dreyer. 2007. "Child-headed households because of the trauma surrounding HIV/AIDS." Hervormde Teologiese Studies 63:717-731. By the year 2002, 14 million children had been orphaned globally because of the HIV/AIDS pandemic. A great number of these have become the heads of households, are forced to look after themselves and siblings, drop out of school, are vulnerable to many forms of abuse and have found work to take care of themselves and their siblings. Misinformation, ignorance and prejudice concerning HIV/AIDS limit the willingness of a community to provide for the orphans who have been affected by the disease. This article aims to address the question why this is also the case in South Africa and why the African philosophy of “ubuntu” (humaneness), does not seem to make a difference. This study build upon fieldwork undertaken in the Bophelong area among HIV/AIDS orphans who function as heads of households and children who have been orphaned due to circumstances other than HIV/AIDS. The article concludes that religious communities can fill the gap left by the lack of “ubuntu” and can play a major role in nurturing HIV/AIDS orphans who function as heads of households. Churches can build a supportive environment where HIV/AIDS orphans and other vulnerable children can feel accepted.

Marazzi, M. C., G. Guidotti, G. Liotta, and L. Palombi. 2005. "Dream, an integrated faith-based initiative to treat HIV/AIDS in Mozambique: Case study." World Health Organization (WHO), Geneva, Switzerland. With 42 million people now living with HIV/AIDS, expanding access to antiretroviral treatment for those who urgently need it is one of the most pressing challenges in international health. Providing treatment is essential to alleviate suffering and to mitigate the devastating impact of the epidemic. It also presents unprecedented opportunities for a more effective response by involving people living with HIV/AIDS, their families and communities in care and will strengthen HIV prevention by increasing awareness, creating a demand for testing and counselling and reducing stigma and discrimination. The challenges are great. Sustainable financing is essential. Drug procurement and regulatory mechanisms must be established. Health care workers must be trained, infrastructure improved, communities educated and diverse stakeholders mobilized to play their part.

Marcotte, D., S. K. Avants, and A. Margolin. 2003. "Spiritual self-schema therapy, drug abuse, and HIV." Journal of Psychoactive Drugs 35:389-391. This case report describes the use of Spiritual Self-Schema (3-S) therapy in the treatment of an HIV-positive inner-city drug user maintained on methadone and referred for additional treatment due to unremitting cocaine use. 3-S therapy is a manual-guided intervention based on cognitive self-schema theory. Its goal is to help the patient create, elaborate, and make accessible a cognitive schema - the “spiritual” self-schema that is incompatible with drug use and other HIV risk behaviours. 3-S therapy facilitates a cognitive shift from the habitual activation of the “addict” self-schema, with its drug-related cognitions, scripts and action plans, to the “spiritual” self-schema, with its associated repertoire of harm reduction beliefs and behaviours.

Marcus, M.T., T. Walker, J.M. Swint, B.P. Smith, C. Brown, N. Busen, T. Edwards, P. Liehr, W.C. Taylor, D. Williams, and K. Von Sternberg. 2004. "Community-based participatory research to prevent substance abuse and HIV/AIDS in African-American adolescents." Journal of Interprofessional Care 18:347-359. Adolescence is a time for exploration and risk-taking; in today's urban environment, with the twin threats of substance abuse and HIV/AIDS, the stakes are particularly high. This paper describes a community-based participatory research project to design, implement, and evaluate a faith-based substance abuse and HIV/AIDS prevention program for African-American adolescents. A coalition of university-based investigators and African-American church member stakeholders collaborated on all aspects of Project BRIDGE, the 3-year intervention to reduce substance abuse and HIV/AIDS in African-American adolescents. Our results support the use of community-based participatory research to create desirable change in this setting. Adolescents who participated in Project BRIDGE reported significantly less marijuana and other drug use and more fear of AIDS than a comparison group. Project BRIDGE has been designated an official ministry of the church and the program has been extended to others in the larger metropolitan community. The church now has a well-trained volunteer staff University faculty developed skills in negotiating with community-based settings. The coalition remains strong with plans for continued collaborative activities.


Spiritual Self-Schema (3-S) therapy is a manual-guided intervention for increasing motivation for HIV prevention that integrates a cognitive model of self within a Buddhist framework suitable for people of all faiths. In this controlled study, 72 methadone-maintained clients received either standard care and 8 weeks of 3-S therapy, or standard care alone. At treatment completion, 3-S clients reported significantly greater increases in spiritual practices, expression of spiritual qualities, and motivation for HIV prevention. They were also less likely to have engaged in HIV risk behaviour. Correlational analyses showed that attendance at 3-S therapy sessions was significantly positively related to spiritual practice at treatment completion and to motivation for HIV prevention, and that both attendance at 3-S sessions and motivation for HIV preventive behaviour were significantly negatively related to HIV risk behaviour. Completion of 3-S therapy predicted posttreatment HIV preventive behaviour, controlling for pretreatment behaviour, demographics, and addiction severity measures.


This book brings together case studies of common engagement between faith and development institutions. It is in many respects a sequel to the World Bank 2004 publication "Mind, Heart, and Soul in the Fight against Poverty", which also focused on faith-development partnerships. While several other books underscore the breadth and dynamism of faith-inspired movements and community work, this volume focuses on bridges between faith and development organizations. This book is above all practical and experience driven. Partly because of the scarcity of research on such efforts, the material is generally drawn from lived experience. Using the lessons of practical experience, this book aims to help translate into action the ideals and principles that so strongly motivate both development and faith leaders and institutions. It takes inspiration from the prophetic commitment of world leaders expressed in the MDGs. Part I addresses the framework of the MDGs and broad faith-based efforts to mobilize to achieve them. Part II focuses on case studies of faith-development engagement in communities, villages, and cities. Part III looks to global and local efforts to build alliances and partnerships. Part IV focuses on societies in conflict, where faith communities play major roles in forging peace, preventing further conflict, encouraging reconciliation, and rebuilding torn societies. It includes chapters on Partnerships in Battling AIDS (chap 4), Integrating HIV/AIDS Care, Treatment, and Support: The Coptic Orthodox Church in Africa (chap 12), and Responding to the Orphan Crisis in Africa (chap 15).


This article looks at the findings of research undertaken by the NGO Tearfund in a previous article "Tackling HIV and AIDS with faith-based communities". It looks at the assement of the results of this project to tackle HIV and AIDS in three African countries – Burkina Faso, Zimbabwe and South Africa. [Dev-Zone Library review]


This case study describes a two-year pilot project to engage local churches in reflecting on gender issues. Tearfund worked with two local faith-based partner organisations – Christian AIDS Taskforce (CAT) in Zimbabwe and Vigilance in Burkina Faso. The programme took a ‘whole-life’ approach, discussing gender inequality and HIV within the wider context of relationships, life skills and Christian life. Providing a biblical understanding of these issues was vital to engage churches and address the common preconception that ‘gender’ was a Western feminist concept. By looking afresh at what the Bible says about men and women and by focusing on developing good relationships, people had a positive motivation to question and change aspects of their own culture and attitudes.


This article explores the position of local evangelical churches in Africa with respect to gender relations and sexuality, and the implications for HIV and AIDS. Based on desk and field research carried out by the UK-based NGO Tearfund, the findings indicate that these churches were largely silent on the issue of gender and sexuality, or were reinforcing traditional values that contribute to HIV infection. In a number of countries, the churches seems to fail to provide leadership to young people, especially young women, facing huge pressure to be sexually active. [CHART]


This article presents a critique of HIV prevention research and practice with gay men in light of reports that HIV seroprevalence appears to be increasing in this population. Central to this critique is the possibility that people may have a need for transcendence, which some gay men might seek to satisfy through sexual experience. Theories underpinning HIV prevention generally do not account for such nonrational aspects of sexuality, and they fail to acknowledge the impact of differential values on people’s health behaviours.


A Catholic theologian from Brazil reflects on his long experience of HIV in his own country. Available in English and Spanish.


The chapter shows the potentially counter-productive outcome of adhering to rigorist Catholic teaching regarding HIV prevention, and how admitting condoms as ‘a lesser evil’ comes across as patronising.


The HIV/AIDS Prevention and Control Series, SYNOPSIS, is a summary of the lessons learned by the Latin America and Caribbean Regional Office (LACRO) of the AIDS Control and Prevention (AIDSCAP) Project. Since current prevention programming is not achieving the required results, the report stresses the need for a multi-sectoral approach that recognises that HIV/AIDS is not only a medical or even a public health problem, but has a socioeconomic dimension requiring efforts to redress wealth distribution, inequalities in gender and power, “resulting in more sustainable, equitable, effective and compassionate efforts.” The booklet discusses the importance of religious-based initiatives (RBIs) in the response to HIV; deals with the social (gender, policy, political and economic) and religious context of HIV/AIDS in Latin America; mainstreaming of RBIs; HIV/AIDS challenges to the church; models of RBIs in Latin America; and their achievements. It ends with a list of recommendations for collaboration across sectors and denominations. [CHART]


This chapter explores how prophecy as we know it from the Hebrew Bible can help in the search for ways of speaking to issues such as poverty, gender or age relative to the HIV pandemic. It describes the person and role of some prophets, and how their messages were contextually rooted, concerned with the marginalized. The author describes the methods they used and gives examples of applying them to AIDS before pointing in closing to the limitation of using this approach, e.g. its patriarchal framing. [CHART]


In this paper, it has been argued that the HIV/AIDS pandemic has added an additional burden to the lives of African women. This is particularly true for those who, in their search for identity, want to remain faithful to both the authority of African culture and to the Christian bible. The paper indicates that such women find themselves trapped between these two forms of authority, which render them even more vulnerable to HIV/AIDS. The paper has further indicated the way in which the received understandings of the relationship between women and men, both from African culture and the bible, impact negatively on the identity of married women and on men’s control of their sexuality. The paper has focused on texts from both canons as it shows that in the Pentecostal Northern Sotho Church setting women are kept in the subjugated position where men (an not necessarily God has they are usually made to understand!) want them to be.

The Christian Bible has historically played an important role, for good or evil, in differing African contexts, and continues to play a crucial role in the lives of many African Christian believers. In many church contexts, the women who come to church, overwhelmed by the pressures of everyday life, find some biblical interpretations more "wounding" than healing. Yet women mostly populate many of our churches. Women, particularly of African descent, are hardest hit by the HIV/AIDS pandemic. Considers the question: How should the plight of our day, one which hits women the most, impact on our biblical hermeneutics as scholars, theologians, pastors and laity alike, in a way that will benefit all persons, but particularly those on the margins of our societies?


The face of Aids is conspicuous in poverty-ridden continents such as Africa. Patriarchally-oriented contexts only perpetuate the spread of HIV with dire consequences for African female bodies. The sacred texts of various religious traditions and their interpretations, have not provided a solution to the problem either. In fact, they have become part of the problem. It is argued that while Aids is mostly killing African female bodies, religion is burying them! This article seeks to show the crisis of African female bodies trapped between HIV/Aids and religious texts.


The article highlights some issues that have made the institution of marriage a place of risk for contracting HIV/AIDS. Among the pertinent issues are the patriarchal forms of making marriage as a yardstick of human dignity thereby controlling the female body; and women’s socio-economic struggle to survive which places them at risk of HIV infection. These are discussed in the light of the biblical text from the Book of Ruth.


South African church leaders, theologians and biblical scholars who take comfort in succumbing to the status quo should be compelled by the high incidences of AIDS-related deaths on the African continent, to rethink their stance. In the light of how the Christian Bible has been used and continues to be used to support patriarchy in all its manifestations among Black women, and given the harsh reality that patriarchy, particularly in Sub-Saharan Africa, breeds fertile soil for the HIV Virus, there is a need to make a shift from traditional and insufficient biblical interpretations, particularly if the latter fail to provide solutions to the complex nature of the HIV/AIDS pandemic in our midst. The optimistic wisdom philosophy of the wise in Israel, a philosophy rooted in the status quo of the time, sets great store by the notion of rewards and punishments. It was believed that through experiential wisdom, life could be mastered to the extent that easy solutions could be provided, as in the following belief: Live righteously and be blessed and lead an unrighteous life and bear its negative consequences. Such a simplistic wisdom philosophy, as will be revealed from an analysis of a few African-South African proverbs in the present text, also underlies the African worldviews. The main question addressed in this paper is: Given the complex nature of factors that contribute to the fast spread of the HIV virus in poverty-stricken contexts as well as the stigma that continues to accompany AIDS sufferers in our midst, how helpful is such a philosophy in our fight against HIV/AIDS?


The South African context has historically, at least since the missionary era, been conspicuously shaped by the Christian faith, and more importantly for the present article also by the Christian Bible. When confronted by the HIV/AIDS pandemic, a devout reader of the Book of Job in the Hebrew Bible cannot remain unchanged. Informed by this (South) African context, how does one make sense of the 'unjust' suffering of the devout biblical character, Job? The article uses functional female characters, one of whom is an HIV/AIDS victim, to relive Job's experiences to see how these can affect the many people living with HIV/AIDS in South Africa, particularly those who can be regarded as unjust victims of the pandemic.


This research is unique in that it aimed at establishing if church-going young people adhere to the principle of 'no sex before marriage'. We conducted a survey in order to understand the gravity of the challenge, and to identify ways in which the
Anglican Church might become more effective in dealing with issues of the sexuality of young people. The field research was undertaken between October 2004 and January 2005 and involved a detailed Questionnaire Survey (with 1,306 responses analysed), and three different Focus Group Discussions. Respondents were between 12 and 19 years of age, both male and female, and represented all the race groups in South Africa. Our research reveals that church-going young people are not excluded from the risks faced by others in society. Of the respondents 30.5% have had sex (40% Male and 21% Female; Black 44%, White 26% and Coloured 30%). This is irrespective of geographical location (32% Rural and 30% Urban). Young people are practising vaginal, oral and anal sex or any combination; casual sex was common and sexual violence was experienced by 6% of the respondents (Black 7.1%, White 6.5% and Coloured 5.4%). Clearly there is a gap between the Church’s traditional teaching of ‘no sex before marriage’ and the realities of the way in which our young people live.

The reality and effects of HIV and AIDS are enormous and devastating, i.e. marriages are broken, the married are widowed and children become orphans. This has direct impact in the church’s life in that some of the people infected and affected by the spread of HIV and AIDS are members of the global church. In most cases these people are rejected and judged by the church without realising that the church is rejecting its own. Metaphorically speaking the church of God is HIV positive whenever one of its own is positive. The main question that this paper addresses is: what is it to become a church when and where the effects of HIV and AIDS shake marriages and families? What should be the response of the church in the light of the scourge that she faces? This paper proposes a theology of hope and accompaniment that seeks to stand in solidarity with those infected and affected by HIV and AIDS thereby providing them with hope that enables them deal with the present as they wait eagerly for the future.

The focus of this dissertation is based on the New Testament concept of life, within the framework of the reign of God. The message of the reality and concrescence of the reign of God in human history was articulated by Jesus Christ, both in his ministry and his consciousness as the Son of God. It was Jesus of Nazareth who declared that he was sent from above to bring about reconciliation between God and mankind. Jesus Christ in his prophetic role taught and challenged his audience to make radical decisions for God, by appropriating and aligning their everyday lives with the claims and the demands of the Kingdom of God, through repentance and by seeking God’s will. Therefore, the death and the resurrection of Jesus Christ signify a purposive, deliberate and redemptive intervention of God in human history. The christological event of God’s intervention in human history inaugurates a new age accompanied by a newness of life. The message of the reign of God places serious ethical and moral demands upon all humanity. It affirms the fact that in Jesus Christ God has a Sovereign claim upon life itself, and that there is no area in human life which cannot be radically transformed by the salvific acts of God in the person and the work of Jesus Christ. The objective of this dissertation therefore, is to show how human life, particularly when affected by sickness and disease can be re-oriented by the transformative purpose of God in Jesus Christ. The study concludes by giving recommendations on how the Church can witness to the people suffering with the HIV-AIDS disease and how the kingdom ethics re-directs the lives of the sufferers themselves.

The article investigates the names that the Shona-speaking people in contemporary Zimbabwe create and use causal communication on the Acquired Immunity Deficiency Syndrome (HIV/AIDS), the messages transmitted through these names and the ethical motivation for preferring these names to the English term, HIV/AIDS. We refer to the Shona names as indirection verbal strategies that take the form of euphemisms, metaphors, colloquial expressions and slang. However, the motivation for preferring an indirect communication mode is best understood in the context of the notion of politeness that govern human interaction and speech on issues pertaining to sex, illness and death in Shona society. [CHART]

Religious leaders play a key role in shaping the health-seeking behavior of their communities—particularly with respect to family planning and reproductive health, topics where science, religion, culture and morality profoundly intersect. The Extending Service Delivery (ESD) Project developed this 5-day training curriculum is designed to equip male and female Muslim Religious Leaders with the necessary information and skills to better understand, accept, and support the provision of maternal and child health, reproductive health and family planning (MCH/RH/FP) information and services at the community. The areas covered in the manual are Safe motherhood and child survival; Family planning; Prevention and treatment of STIs including HIV; Prevention of gender-base violence. The manual presents concepts of MCH/RH/FP from a perspective that is consistent with
and supported by the teachings of Islam. In addition, there are sections devoted to the needs of youth and building the leadership capacity of religious leaders.


The author describes the vulnerable position of women in the DR Congo with regard to HIV/Aids, due to traditional cultural practices, a theology of sin, and not in the least by the Legal Code that discriminates women. [CHART]


This book does not deal strictly with AIDS. Rather it is a reflection (theological, spiritual and sociological) on suffering, taking as paradigms the Book of Job and the drama of AIDS as it is lived out in Africa. Job becomes a model.


This study, which lies within the ARHAP ongoing research on the interface between religion and public health, examined the impact of faith-healing Pentecostal churches on health and well-being among health-seekers in Ndola, Zambia. The study involved a self administered questionnaire answered by 100 faith-healing Pentecostal worshippers in Ndola over a period of four weeks. Based on the data analysis and interpretation it was found that these churches have grown rapidly in Zambia and that many people are turning to them for their healing and well-being. There are several factors that are contributing to the rapid growth of faith-healing Pentecostal churches and these range from socio-economic problems to the impact of diseases like HIV and AIDS, malaria and tuberculosis on households, due to the poor health provision in most government health centres in Ndola. The study notes that people attend faith-healing Pentecostal churches because they provide a home for people in need of social networks which enable them to have a sense of identity, belonging and purpose amidst their day to day socio-economic challenges. It was therefore evident from the research that faith-healing Pentecostal churches are addressing huge socio-economic needs in people's lives within a context of poverty, unemployment and the burden of sicknesses and diseases, and can rightly be understood as a religious health asset. These findings also provide the context for four important insights into a contemporary and contextual theology of health and healing. Based on the findings of this study, this dissertation offers a number of challenges to public health policy makers and church leaders to take serious the interface between religion and public health, and to also take seriously the contribution that faith-healing Pentecostal churches are making to health and well-being in Ndola, Zambia. When these two issues are taken seriously, it would help to address issues of health and well-being in communities, based on people's religious convictions and understanding of health, healing and well-being.


This special double issue of the International Review of Mission deals with issues of public health and how these challenge the church. A number of articles relevant to the theme of this bibliography have been entered separately.


Islamic values portraying sex outside of marriage as sinful are often believed to contribute to HIV transmission as they reject safe-sex practices. Moreover, stigma associated with sinful behaviour is frequently assumed to interfere with access to care for those infected. In contrast, adherence to religious values such as abstinence is viewed as an explanation for the relatively low incidence of HIV infection in Islamic populations. Inspired by this debate, a study was conducted into the possibilities of using Islamic texts as a starting point for health promotion addressing HIV infection and HIV/AIDS-related stigma in Lamu, a Muslim community in Kenya. The study also explored the potential role of Lamu's Islamic leaders in the delivery of that health promotion. In collaboration with Islamic leaders, texts were identified that applied to sexual conduct, health, stigma and the responsibilities of Islamic leaders towards their congregations. In spite of the association of HIV with improper sexual
behaviour, Islamic texts offer a starting point for tackling HIV transmission and HIV/AIDS-related stigma. Under particular conditions, the identified Islamic texts may even justify the promotion of safer-sex methods, including condom use.


Reviews the literature on African Christian Studies from the 1990s onwards and suggests new directions for research. The field has drawn impetus from a series of historical / anthropological debates over conversion and the relative significance of missionary imperial hegemony and African agency. But there is a need for work on 20th century missionaries and their contribution to colonial science. And there are too few studies of African leaders within mission churches, particularly in the era of decolonization. Research on Pentecostalism has flourished but needs to be historicized. New areas for research are: African Christian diaspora and its impact on host communities; the impact of development and human rights agendas on the church; the effects of the HIV/AIDS pandemic. As the African church becomes a more prominent part of World Christianity, scholars need to assess how African moral sensibilities are recasting the theology and politics of the historic mission churches.


The present study focuses on Christian Ethics and HIV/AIDS prevention among the youth of Gauteng. Fifty young men and women participated in the study. Their response to the main research question “who is to blame for the HIV/AIDS in the community” showed that many young people do not want to accept responsibility for their sexual behaviour. This being the case, the thesis seeks to provide a particular Christian ethical principle pertaining to the Bible and moral issues. The recommendation is that Christian churches should emphasise Bible teaching for transformation and renewal of the mind. Music and arts must be used to communicate abstinence from sex. All stakeholders must use the persuasive approach to educate the youth to keep away from sexual immorality. Whatever people do to prevent the spread of HIV/AIDS, it is the youth who have the power of the ‘I’ to accept or reject any Biblical teaching for the transformation of their lives and prevention of HIV.


This chapter adopts a historical approach to analyse changes in Rungwe, a rural Tanzanian region, and how these changes interface with the reality of high sero-prevalence there. It claims that socio-economic factors have resulted in women becoming more economically autonomous, and youth less willing to comply with behavioural standards – both factors impacting on the spread of HIV. It further claims that Christianity shapes the discourse around HIV, with overt moral and social guidelines shaping patterns of abjection in society. This ‘AIDS as sin’ discourse does however conflict with that of compassion and confounds attempts to map out pathways of HIV prevention for the Rungwe community. [CHART]


This research project seeks to investigate, examine, and critically analyse the reasons why Pietermaritzburg churches lack gender sensitivity in combating HIV and AIDS. The research project’s focus is on ‘Springs of Hope Support Group Project’ (SOH), a support group that seeks to meet the felt needs amongst the HIV+ people living around Pietermaritzburg. Amongst other motivations, the study was undertaken as a contribution to the church in its fight against the spread of HIV and AIDS in South Africa. The methodology used involved field and library research as well as observations of other HIV and AIDS support groups.
The primary source of the study consists of interviews that were conducted among SOH members, NGOs workers, and church ministers.


Purpose: To assess acceptability of parents/guardians of adolescents towards the introduction of sex and reproductive health education in the community and schools. A multi-stage random sampling technique was used to get 150 participants for this study. A structured questionnaire was used to interview the sampled participants and was supplemented with guided focus group discussion in Kinondoni Municipality of Dar es Salaam, Tanzania. The analysis of the findings shows that there is a mixed feeling on the introduction of sex and reproductive health education in schools. Participants strongly supported that they should talk with their adolescents about sexuality and reproductive health (88.6%) but their culture prohibits them from doing so (76.7%). Also supported that condoms could protect against HIV/AIDS and sexually transmitted infections (82%), but strongly opposed the use of condoms to their adolescents because it would encourage promiscuity (78%). When the data were analysed by faith of the religions of the participants, 64% were in favour of introducing sex education and reproductive health, but were opposed to the use of condoms to their adolescents. All participants were against vijwieni, which were recreation centres for the youths because they taught bad manners to their adolescents. The preferred source of information about sex education and reproductive health should be from the parents/guardians (86%), religious leaders (70%), media (62%), health workers (61%) and school teachers (59%). All in all the will of introduction of sex education and reproductive health in the community is there but the approach need to be worked out carefully by taking into account of the cultural and religious factors. Parents/guardians, religious leaders and traditional charismatic leaders should take part in designing the programme and even being involved in teaching it. The other option is to lump together sex education and reproductive health education in science especially in biology which is already in place in Tanzania education programmes.


This study is an attempt to investigate the extent to which the response of Holy Trinity Church, Sweetwaters (HTCS) to HIV/AIDS is holistic. It argues that a holistic ministry for people living with HIV/AIDS needs to go beyond relief work to include engaging in theological reflection with regard to the pandemic by addressing socio-economic factors that fuel the spread of the scourge. These obstacles include religious practices, theological, and cultural factors that lead to stigma, discrimination, and judgmental attitudes towards people living with HIV and their families. In general, this study has indicated that local Churches have an important role to play in the struggle against HIV/AIDS. The reasons behind this argument are that local Churches belong to the same cultural and social background as the rest of the communities concerned. This makes the local Church approachable and in a better position to understand the struggles that communities face. This study points out that the involvement of HTCS in the struggle against HIV/AIDS is limited to relief work. The only structured programme that this particular local Church has implemented is to care for orphans, which has also been found wanting. This has led to the conclusion that the engagement of HTCS in the struggle against the pandemic in Sweetwaters is to a large extent not holistic. However, this study also recognises that there is significant personal involvement of individual HTCS members in the struggle against HIV/AIDS. There is a need for HTCS to develop this human capacity and to train other HTCS members so as to mobilise the whole HTCS for involvement in this struggle. The fact that HTCS is in possession of Church buildings and land, the belief in a loving God, its emphasis on morality, and its access to the poor in the community concerned, are all factors that place HTCS in a strategic position to intervene meaningfully in the HIV/AIDS crisis.


This paper is an attempt to contribute to demonstrating ways in which a local church can respond to HIV/AIDS in a holistic way. The main argument in this paper is that in order for churches to respond holistically, engaging in re-structuring society's viewpoint so that men and women can relate in a healthy manner, as opposed to the manner in which they relate today, is a necessity. Also, that it is crucially important for churches to address all aspects that affect life and to reconsider the meaning of terms such as marriage and love in the context of HIV/AIDS.


The author describes the role of the Circle of Concerned African Women Theologians in the debate about all forms of violence against women. She explicitly describes the sexual violence within church communities perpetrated by priests and pastors, apparently with impunity. [CHART]


God's word can be seen and understood in new ways through the hope found in the poetry of Maura Elaripe Mea, a woman living with HIV in Port Moresby, Papua New Guinea. Each of the themes of her poetry tells us something that is a key to understanding the Christian mystery of dying and rising. Her poetry finds echoes in the suffering of the Servant Songs of Deutero-Isaiah and in the account of David's loss of his infant son. Specifically, it reminds us that HIV/AIDS thrives and spreads rapidly in an atmosphere of ignorance, silence and denial, and calls us to rise above our fear to speak the truth.


Spirituality is an important resource that individuals use to cope with a chronic illness such as HIV disease. Spirituality has both a religious and an existential component that share the concepts of meaning in life, hope, self-transcendence, and rituals. An integrated perspective utilizing these shared concepts is proposed to assist HIV-positive individuals in coping with the challenges of their disease. Nursing interventions include promoting hope, teaching, sharing information, and creating a sense of empowerment in people with HIV to address spiritual issues. The article concludes with a case study that emphasizes application of the integrated perspective of spirituality with an HIV-positive person.


The HIV/AIDS prevailing is burgeoning among African American men and women. Despite comprising solely 13% of the population, 50% of new HIV diagnoses in 2004 were among African Americans. Among women and men who have sex with men (MSM), African Americans are grossly disproportionately affected by this epidemic, and this trend shows no sign of abating. This book seeks to explore some of the contextual factors that contribute to this disparity as well as ways to intervene to slow the growth of the epidemic in the U.S. This volume will focus on the narration and context of HIV/AIDS in African Americans and interventions targeting definite subpopulations including adolescents, heterosexual men and women, men who have sex through men, incarcerated populations, and injection drug users. Context chapters will point of concentration on specific contextual and structural issues related to HIV/AIDS transmittal and prevention in African Americans including disparities in incarceration, racism, housekeeping issues and substance abuse. Intervention chapters will focus on best-manifest and promising-evidence based interventions targeting HIV prevention in African Americans. These chapters elect address the latest in intervention strategies, program evaluation, cost effectiveness and qualitative research methods and will include risk reduction, risk assessment, and testing and counseling.


Israel's prophets, Jesus, and Great religious thinkers from Augustine to Barth have tried to respond to the crises of their times. Christians today must imitate this spirit by leading the response to the major world crisis of AIDS. Love like that of Jesus, unconditional acceptance and care of the needy, must be expressed in the most effective way medically, socially, and personally. The kingdom values which address this crisis are truth, freedom, justice, and peace. These give rise to four aspects of ministry to those infected with AIDS: companionship, care, casuistry, and education.


This chapter makes the claim that the Kingdom of God and its values – love that reaches out to those in need, truthfulness, shalom, fellowship and justice – are central to the theological response to AIDS.


Discrimination against groups at high risk of contracting HIV and those already infected is hampering prevention and treatment in the Middle East and North Africa. Enlisting the help of influential religious leaders will be key in addressing the problem, say experts.


In early modern Venice, establishing the cause of a disease was critical to determining the appropriate cure: natural remedies for natural illnesses, spiritual solutions for supernatural or demonic ones. One common ailment was the French disease (syphilis), widely distributed throughout Venice's neighbourhoods and social hierarchy, and evenly distributed between men and women. The disease was widely regarded as curable by the mid-sixteenth century, and cases that did not respond to natural remedies presented problems of interpretation to physicians and lay-people. Witchcraft was one possible explanation; using expert testimony from physicians, however, the Holy Office ruled out witchcraft as a cause of incurable cases and reinforced perceptions that the disease was of natural origin. Incurable cases were explained as the result of immoral behaviour, thereby reinforcing the associated stigma. This article uses archival material from Venice's Inquisition records from 1580 to 1650, as well as mortality data.


This study examined the relationship of religiousness and immune status and putative mediators of that relationship (i.e. benefit finding, medication adherence, and cortisol) in a sample of 55 HIV seropositive gay and bisexual men. No significant relationship was found between religiousness and various measures of immune status, i.e. CD3+CD4+ cell count, CD3+CD8+ cell count, IgG antibody titers to HSV-2, viral load. Potential mediators could not be tested due to the non-significant immune Status-religiousness relationship. This research project also concluded that religion did not act as a moderator of spirituality and measures of immune status. Another focus of this study was to explore the relationship between benefit finding and religiousness. This relationship was found to be significant such that participants with greater religiousness found more benefits from being HIV positive. Psychosocial factors (i.e., social support, cognitive coping self-efficacy, openness to psychotherapy, acceptance coping, positive reinterpretation and growth coping) were tested as possible mediators of religiousness and benefit finding. Using multiple regression analyses, none of these variables mediated the religiousness-benefit finding association. Although cortisol could not be tested as a mediator of religiousness and immune status due to the non-significance of that relationship, analyses revealed associations between cortisol and two primary psychosocial variables. Religiousness and cortisol were found to be significantly negatively associated, as were cortisol and benefit finding. Greater religiousness and benefit finding were both independently related to lower production of cortisol. Exploratory analyses were undertaken to discern the relationship between religiousness, benefit finding, and cortisol. These analyses revealed that benefit finding mediated the relationship between religiousness and cortisol. Additionally, positive reinterpretation and growth coping mediated the benefit finding-cortisol relationship. Taken together, it is plausible that participants with greater religiosity experienced less cortisol output due in part to finding benefits in being HIV seropositive through the use of positive reinterpretation and growth coping.


Although some conservative religious groups continue to oppose AIDS funding and programs on moral grounds, most religious groups today provide support and educational programmes for people with HIV and AIDS. In rural communities, the church is frequently the major source of social services to the community, and many offer practical and spiritual support for HIV-positive people in their communities. A resource list of nationally-based faith organisations for referrals and support is included.


In this paper, the researcher presents descriptive information on HIV/AIDS related services (financial and staffing/volunteer related data) by eight AIDS ministries located in Colorado. Data was obtained by interviewing AIDS ministry employees, questionnaires completed by volunteers at three AIDS ministries, and by participant-observation. Findings relate to relationships between AIDS ministries, and with government agencies and secular nonprofit organizations; government funding of AIDS ministries; and what type of organisation should take the lead in HIV prevention and responses. Thus, the paper provides an empirical basis for assessing the potential of AIDS ministries to be formal partners in public service with government agencies and nonprofit organizations.

McNamara, Paul E., Joel Cuffey, Anil Cherian, and Saira Paulose. 2008. "Research partnerships between faith-based NGOs and academic researchers: an example from food security and HIV and AIDS research in Delhi, India." *Faith & Economics* 52:50-65.


This study examines the role of Black churches in AIDS/HIV prevention. This is a pilot survey study design administered to 11 churches represented by 11 ministers and one church member. The analysis is both qualitative and quantitative. The results showed that most of the ministers had spoken with their congregation on HIV/AIDS. A few ministers had previously sponsored or taken part in HIV/AIDS workshops and disseminated HIV/AIDS educational material in the African American community. None of the churches had an established HIV/AIDS prevention program. Most of the ministers were receptive to implementing an HIV/AIDS prevention program, provided that it did not violate the church doctrines. The findings in this study suggest that Black churches represent an important potential resource for HIV/AIDS prevention. For success, the initial strategy should involve the minister in the early planning stage. Future research should focus on expanding the scope of this study and improving communication between the church, community-based organizations, and health professionals.


A final chapter by Laura McTighe draws on Islamic liberation theology - the first to do so seriously for the US context. She works with the stories of women living with HIV in her discussion of power and liberation.


The book is the true story of a medical doctor who learned to understand and apply Native American healing techniques, including the close relationship they see between spiritual and physical health. Mehl-Madrona examines the role of spirituality in health. With the high cost of medical treatments, he advocates considering Coyote Medicine as additional way of treating ailments. One chapter covers AIDS: "AIDS and the Spirit of an Illness." [H. Robert Malinowsky review extract]


The response to HIV is more dependent on the support of social leaders than most other diseases. Over the past decade, involving faith-based leaders in prevention programmes has become a cornerstone of the response in many regions, particularly in Africa. Until now, this has largely involved the mobilization of Christian faith-based leaders or the Muslim ulama in the case of Uganda. Hindu-faith-based leaders have never been mobilized in any organized form until recently. This is partly due to the immense plurality of Hindu sects which mitigates against any kind of unilinear organization and partly due to denial by leading Hindu figures. The recent formation of the Hindu Leaders’ Caucus on HIV and AIDS is a novel development and more so is the commitment by more than 50 prominent Hindu religious leaders to incorporate HIV messages into their religious discourses. This article examines the complexity of putting together such a coalition, the challenges in sustaining it and the issues raised by many Hindu-faith-based leaders with respect to HIV which shed light on deeper narratives of health, society and well-being within Hinduism.


Messages conveyed both explicitly and implicitly in the media play an important role in shaping the public's understanding of issues, as well as in shaping associated policy, programmes and popular responses to these issues. This paper applies discourse analysis to a series of articles about children affected by HIV/AIDS published in 2002/2003 in the English-language South African press. The analysis reveals layers of moral messaging present in the reporting, the cumulative effect of which is the communication of a series of moral judgements about who is and who is not performing appropriate roles in relation to children. Discourses of moral transgression, specifically on the part of African parents and ‘families’ for failing in their moral responsibilities towards their children, coalesce with discourses on anticipated moral decay among (previously innocent) children who lack their due care. A need for moral regeneration among South Africans (but implicitly black South Africans) contrasts with accolades for (usually white), middle-class individuals, who, it is implied, have gone beyond their moral duty to respond. The article argues that in each instance the particular moralism is questionable in light of both empirical evidence and
the principles of human dignity that underlie the South African constitution. Children — and particularly 'AIDS orphans' — are often presented in the press as either quintessential, innocent victims of the epidemic or as potential delinquents. While journalists' intentions are likely to be positive when representing children in these ways, the paper argues that this approach is employed at a cost, both to the public's knowledge and attitudes around the impact of HIV/AIDS, and, more importantly, to the lives of children affected by the epidemic.


Practitioner response to the essay 'sacred texts - particularly the Bible and Qur’an, and HIV and AIDS' by Gerald West. [CHART]


The purpose of this thesis is to present the results of research on HIV/AIDS in Cambodia. Intensive library studies were the initial incentive to continue the work by conducting field investigations in Cambodia. These investigations incorporated five weeks of field based interviews of twenty people living with HIV/AIDS, eight government officials, four Buddhist monks from four different temples and six staff from two non-governmental organizations in Cambodia. The next part of the thesis describes findings as they related to a) obstacles of people living with HIV/AIDS, b) health care costs and their development impact, c) services received by people living with HIV/AIDS and the providers; namely Buddhist monks and NGOs, and finally, stigmatization and discrimination people living with HIV/AIDS faced. The final part of the thesis is on the review of literature relating to services received by people living with HIV/AIDS. The present and future needs for people living with HIV/AIDS in Cambodia are underscored.


Discusses the history and development of AIDS and considers the impact of society and the church both historically and in the present. Suggests that this influence contributes to a faulty theology and understanding of AIDS, thus hindering helpful intervention. Develops a more feasible theological response to the AIDS disease. Outlines how the church can be a focus of caring for the patients, family, and friends of people with AIDS.


This chapter documents the evolutionary role that Faith Based Organisations (FBOs) played from the early 1980's to 2005 with direct quotes from the many conferences I attended in this time period. A number of the examples are taken from the work of my own organisation, World Conference on Religions for Peace South Africa (WCRP). When the first cases of HIV/AIDS were diagnosed in the late 1970s, the attitude of most faith based communities, indeed of most people, was that those being infected had no one to blame but themselves, their lifestyle and their own choices. Out of this was developed the "Theology of Sin and Punishment", sometimes called "Victim Theology". Most religious subscribe to the concept that if one sins one deserves to be punished.


Messer examines the contrasting approaches of Protestant scholars advocating for and against the inclusion of homosexuals in the life of the Church.

More than twenty years into the global AIDS pandemic, the efforts of Christian congregations and denominations have been less than minimal. This book is aimed to awaken Christian compassion in the coming years to this fathomless tragedy. "At this unprecedented kairos moment in human history," says Messer, "God is calling the church to a new mission and ministry." Drawing on his own involvement in global AIDS education in Asia, Latin America, and Africa, Messer uses stories, basic factual information, and theological insights to motivate lay and clerical Christians to assume leadership and form partnerships with Christians around the world in this struggle. Just as individuals must change their behaviour to prevent and eliminate AIDS, so must congregations and church leaders. Compassion, not condemnation, is desperately needed, says Messer. But financial resources for education and prevention programs are also urgently required from churches. Messer shows how churches can partner with ecumenical organisations, relief agencies, volunteer mission programs, healthcare programmes, and other agencies to engage global AIDS directly and effectively.

—. 2007. "Creating an AIDS-free world." Circuit Rider:6-9. Messer’s article outlines the state of the AIDS pandemic, and then outlines concrete ways in which people can help fight it: By reducing stigmatization, talking about the disease, accepting that HIV is not a punishment from God, educating ourselves and others on ways to prevent its spread, and finally by getting active either by volunteering or fundraising.

—. 2009. 52 ways to create an AIDS-free world Nashville: Upper Room Ministries. Accompanied by photos and graphics, this short volume envisions a world without AIDS by advocating practical suggestions for education, prevention, care, and treatment. Simple short ways are suggested such as: “Speak out against stigma,” “Thank God for Condoms,” and “Be on the cutting edge—promote circumcision.”


Mfutso-Bengo, Joseph-Matthew, Eva-Maria Mfutso-Bengo, and Francis Masiye. 2008. "Ethical aspects of HIV/AIDS prevention strategies and control in Malawi." Theoretical Medicine and Bioethics 29:349-356. HIV/AIDS prevention campaigns have been overshadowed by conflicting, competing, and contradictory views between those who support condom use as a last resort and those who are against it for fear of promoting sexual immorality. We argue that abstinence and faithfulness to one partner are the best available moral solutions to the HIV/AIDS pandemic. Of course, deontologists may argue that condom use might appear useful and effective in controlling HIV/AIDS; however, not everything that is useful is always good. In principle, all schools of thought and faith seem to agree on the question of faithfulness for married couples and abstinence for those who are not married. But they differ on condom use. On the ground, the situation is far more complex. We simply lack a single, entirely reliable way to resolve all disagreements regarding HIV/AIDS prevention strategies.


Michel, Nader. 2000. "Fighting AIDS in a society where we Egyptians don’t talk about It." Pp. 155-161 in Catholic ethicists on HIV/AIDS prevention, edited by J. F. Keenan, J. Fuller, L. S. Cahill, and K. Kelly. New York: Continuum. The author, through a case study of making an HIV/AIDS film, addresses the issues of condom usage in the context of the Catholic mission in Egypt. AIDS is seen as a foreign disease in Egypt and as such there are no departments in public or private hospitals to treat people with the disease. In a country such as Egypt, with its Islamo-Orthodox context, prohibition of the use of condoms or insistence of abstinence as the only means of prevention of AIDS is only a partial presentation of Catholic moral teaching. In the AIDS situation, issues of injustices, respect for human dignity, and commitment to the course of the poor and oppressed are to be considered.


Mielitz, Inga. 2004. "Ik leef positivh: Spiritualiteit en zingeving in de omgang met HIV & AIDS." Pp. 144. Utrecht, Netherlands: Uitgeverij de Graaff. This is the first book in Dutch to address the themes of spirituality, meaning and HIV. The 24 interviews in this publication together with some 50 photos, explore different ways in which spiritual forms and rituals give meaning to those living with HIV. They show a huge variety of answers people from a variety of backgrounds and orientations in the Netherlands have created.
for themselves drawing on Christian, Bhuddist, atheist, Islamic and New Age traditions. To readers living with HIV or other sickness it offers help in finding answers for their own journey; to those accompanying them it offers valuable insights into this quest. [HIVNET review extract]


Specific cultural practices of Hispanics were assessed with regard to condom use as an AIDS prevention measure. The sample of 190 Hispanics, including 117 males and 73 females, were mostly young adults who had recently immigrated to the western part of the United States. Condom use was associated with the "one who buys the condoms", who were mostly men, and machismo practices, such as protecting the woman by using condoms. Suggestions include directing prevention of AIDS messages to males, emphasising the protection of women through the use of condoms. Religion was noted as a significant factor with regard to the use of condoms even though over 85% of the subjects identified themselves as Catholic. Fate orientation with respect to AIDS also was not a significant factor. The extent of adherence to traditional Hispanic cultural values was influenced by the degree of education and acculturation. It is suggested that both education and acculturation levels be assessed prior to the implementation of prevention programmes.


Millard, M. Kent. 2007. "How would Jesus respond to people living with HIV and AIDS?" *Circuit Rider* 4:5.

Millard’s article compares the treatment of persons suffering from HIV to that of lepers in the Bible, and finds guidance in the actions of Jesus when confronted by a leper. He contends that rather than stigmatizing and ostracizing, people should reach out to those afflicted with this disease and do everything in their power to help them. [CHART]


Background: Attention to psycho-socio-spiritual needs is considered critical by patients with life-threatening illnesses and their caregivers. Palliative care interventions that address these needs—particularly spirituality—are lacking. Objective: To evaluate the effects of an innovative program to address psycho-socio-spiritual needs in patients with life-threatening illnesses. Design: A group intervention entitled Life-Threatening Illness Supportive-Affective Group Experience (LTI-SAGE) was developed for reducing patient spiritual, emotional, and death related distress. Setting/subjects: African American and Caucasian patients (n = 69) from two hospitals in St. Louis, Missouri, with life-threatening medical conditions (cancer; human immunodeficiency virus/acquired immune deficiency syndrome [HIV/AIDS]; geriatric frailty; liver, kidney, pulmonary, or cardiovascular disease) were randomly assigned to intervention or control groups. Intervention patients participated in a maximum of 12 LTI-SAGE groups over a 12-month period. Control patients received standard care. Measurements: Outcome measures were depression symptoms, anxiety, spiritual well-being, and death-related emotional distress. Results: After attrition, 51 (73.9%) patients completed the trial. At the end of the trial, after factoring in compliance, intervention patients had significantly fewer depression symptoms and death-related feelings of meaninglessness and significantly better spiritual well-being than did control patients. Conclusions: The use of the LTI-SAGE model for enhancing the end-of-life illness experience is promising.


It is critical for HIV prevention and care to understand why, how, and to whom people living with HIV/AIDS disclose their diagnosis to others. Yet in studies in sub-Saharan Africa this issue has been poorly addressed and US based studies are unlikely to be relevant here due to the differing transmission vectors and social structures. This paper reports on the qualitative analysis of two male and two female focus groups of persons living with HIV/AIDS (PLWHAs) in Nairobi, Kenya. It confirmed HIV status disclosure patterns that seem particular to Africa, such as (a) using an intermediary to disclose HIV status to one’s family, (b) indirect communication about HIV, and (c) commonly choosing to disclose to church leaders.


This article describes how an African American gay man living with AIDS used his spiritual, religious, and cultural strengths to resist internalized dislocation because of heterosexism and homophobia. He was able to experience a relocation of God from places that rejected him to places that were conducive to his healing. By using these strengths, he was able to reject his physician’s prediction of death and to call on God in response to an end-stage AIDS crisis. The development of spiritual agency is addressed.

— 2007. “Legacy denied: African American gay men, AIDS, and the Black Church.” Social Work 52:51-61. This qualitative study used in-depth interviews with 10 African American gay men living with AIDS to explore their religious development and spiritual formation. The data illustrate the religious practices of the subjects and their withdrawal from the black church, which they experienced as characterised by homophobia, heterosexism, and AIDS phobia. The article sheds light on the conflict for African American churches between their legacy of support for liberation and their current discriminatory stand against homosexuality.

— 2009. "A rock in a weary land: AIDS, South Africa, and the church." Social Work in Public Health 24:22-38. This article explores the legacy of Apartheid, i.e. poverty, illiteracy, and disparate health status, as contributing factors aggravating the AIDS pandemic, particularly for women. A brief case study shows how an AIDS-sensitive church offers a support network to a resource-poor community affected by HIV. The authors suggest that communal religious participation may be a valuable coping mechanism for poor communities and should be further explored in the light of this finding.

Mills, Elizabeth. 2005. "HIV illness meanings and collaborative healing strategies in South Africa." Social Dynamics 31:126-160. Traditional health care practices were formally recognised and advocated by the World Health Organisation (WHO) in 1978. The implications of the WHO’s directive have been diverse, and have shifted over the subsequent three decades of international health care. Similarly, the landscape of disease and illness, within and beyond South Africa, has been significantly influenced by the burgeoning international and regional HIV-epidemic. In South Africa the move to democracy was coupled with a decentralisation of the National Health System (NHS), increasing rates of HIV-infection, and a political desire to recast traditional healing as an African cultural practice deserving of state endorsement. This paper considers the multiple illness meanings and treatment strategies employed by HIV-positive people and traditional healers living in Cape Town, South Africa. In order to offer an understanding of treatment strategies that move between the biomedical and traditional healing, this paper draws on the distinction between the psychosocial aspects of illness and the biological disorder of disease. The first section of the paper presents a case study of an HIV-positive woman’s experiences of the illness and the disease of HIV, and explores her concomitant health care strategies based on her shifting conceptions and experiences of HIV. The subsequent section moves into a detailed analysis of interviews conducted with a sample of traditional healers. This section highlights the traditional healers’ overlapping and also divergent views on the causation and treatment of HIV and AIDS-related illnesses amongst their HIV-positive clientele. Finally, this paper places traditional healing practices and practitioners within the context of South Africa’s NHS in order to suggest some of the potential benefits and limitations around collaboration between biomedical and traditional health care paradigms.

Minnie, F. G. 2003. ”Bybelse berading aan persone geaffekteer deur MIV/VIGS." North-West University (Potchefstroom Campus) Translated topic: “Biblical counselling to people affected by HIV/AIDS” HIV/AIDS is a pandemic which influences each and everyone worldwide as well as in South Africa, the country with the largest number of people living with HIV/AIDS. The impact of HIV/AIDS on the social, economical and micro level is tremendous. The effect of HIV/AIDS on individual households is immediate, and poverty, sickness, stress, death and loneliness contribute to the devastation of this phenomenon. The Biblical counsellor must be equipped with the necessary knowledge to guide and support the person affected by HIV/AIDS. The counselee must be empowered to handle his specific crisis significantly. Perspectives bases on the Scripture suggest how the Christian believer must manage sickness, suffering and death. The Scripture guide the Christian in times of suffering and conflict to persevere in the hope that God will give deliverance. According to the Scripture the Biblical counsellor, as a called shepherd, must admonish, educate, support and guide the counselee to accept the ministry of reconciliation, given to him by God through Christ his Son. The counselee affected by HIV/AIDS must be empowered by the necessary knowledge in order to care and support the HIV/AIDS patient and be able to digest and cope with his own pain and stress. The rapid spread of the HI virus can be attributed to migration and urbanization, poverty, conflict, infrastructure, patrimonium, matrimonial rights, sexual illiteracy, drug abuse and a certain youth culture. Prevention of HIV/AIDS can only be successful if the people are empowered with knowledge concerning HIV, change their promiscuous behaviour and practice safer sex. Biblical counselling of the person affected by HIV/AIDS is carried out by a trained counsellor, a called servant of God, using Scripturally founded pastoral skills in counselling. During the counselling process the Biblical counsellor creates a pastoral relationship, he is ready to listen, uses the Word of God as the source of knowledge in the counselling process and striving to bring change by means of prayer. The aim is to lead the counselee towards growth in belief in God in order to solve his problems through faith. A counselling model, namely the Theos-guided model, can be used by Biblical counsellors in order to counsel persons affected by HIV/AIDS. The phases in this model, namely the building of a relationship, interpreting data, conference, Godward focus, providing instructions and
support. Five central pastoral themes were used as foundation for practical theoretical guidelines in this model, namely pastoral principle, the pastor as counsellor, spirituality, a coulselling model for pastoral practice, the use of the Scripture and prayer.


This book is an outcome of a call from the 2005 Plenary Assembly of the (Catholic) Bishops of the Association of Member Episcopal Conferences in Eastern Africa (AMECEA) for an increased effort to respond to HIV. An interdisciplinary group of researchers was established to reflect on the concerns of church members and compile their findings. The result of this process is this publication, a tool that might help the church discern how to respond to HIV using the values found in the Gospel and in the Church’s Social Teachings. [Archbishop H.G. Paul Bakyenga review]


There are very few studies that have examined sexual intentions and behaviors of adolescents in Islamic countries. This study employs the Health Belief Model to assess the correlates of the intention to remain sexually inactive among male adolescents in the Republic of Iran. This cross-sectional study was performed with a sample of 314 adolescents recruited from 3 high schools from Tehran, Iran. Fifty-seven percent of this sample planned to remain abstinent until marriage. Another 23% rejected the notion of remaining abstinent and 20% were uncertain. Multinomial logistic regression revealed that students whose mothers were employed and who received a higher daily allowance were more likely to report that they would not remain abstinent. No significant independent relationship between human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome-related knowledge and an intention to remain abstinent was detected. However, consistent with previous studies conducted in Asia, Africa, and in Western countries, we documented that (1) perceived subjective norms, (2) self-efficacy, (3) and perceived susceptibility to contracting the HIV virus all are associated with the intention to remain sexually inactive among adolescents. It seems abstinence until marriage is more likely to be practiced in traditional families. However, Iranian society is changing rapidly and traditional family structures, values, and norms may not sufficiently protect adolescents from HIV infection. The data from this study support previous studies conducted in Western countries, which found that intervention programs that focus on knowledge alone are ineffective in their ability to alter adolescents’ intentions to postpone sexual activity.


Practitioner response to the essay "Religion and HIV prevention" by Greg Manning. [CHART]

Mokgotho, N. J. 2004. "Pastoral care to women and children who have been raped and abused by men infected with HIV/AIDS." University of Pretoria.


In the context of HIV/AIDS and traditional rites of widow-inheritance, the church in Kenya is challenged to offer more than just funeral services for the dead. The missiological challenges and opportunities today include: rethinking the relationship between gospel and culture in the era of HIV/AIDS; developing a theology and spirituality to cope with the growth of a countervailing “prosperity gospel”; ameliorating the root causes of poverty that lie at the heart of the HIV/AIDS pandemic; and engaging in vigorous public moral advocacy on behalf of those most vulnerable in society.

The article reviews academic literature in the social sciences and health on the problems and challenges of STD/AIDS prevention in Portuguese-speaking African countries. Based on a bibliographic survey of the SciELO, PubMed, and Sociological Abstracts databases between 1997 and 2007, the research under review was organized into two groups, according to content. The first group of studies sought to understand STD/AIDS vulnerability among social groups by examining local cultural and socioeconomic factors as related to gender dynamics, sexuality, color/race, religion and health care. The second group encompassed critical assessments of shortcomings in the STD/AIDS educational messages delivered by governments and international agencies. Attention is called to the way in which the presence of traditional medicine systems and the occurrence of civil wars in the post-colonial period impact the STD/AIDS epidemic in the African countries under study.

Moodley, J., G. Urbani, A. Van der Merwe, and J. L. Van der Walt. 2004. "Die uitdaging van MIV/VIGS-opvoeding vir die "gewone" klas-
HIV/AIDS has become a wide-spread epidemic. It has already claimed thousands of lives and many others are infected daily. HIV/AIDS education forms an important facet in the struggle against the disease, also in schools where 'ordinary' teachers (i.e., not professional AIDS practitioners) find themselves having to deal with classes of students in which learners infected by HIV or suffering from full-blown AIDS might be present. HIV/AIDS education confronts these teachers with several challenges. Feedback from an empirical survey in a province of South Africa where HIV/AIDS has assumed rampant proportions revealed that, while these ‘ordinary’ teachers were quite prepared to become involved in the struggle against HIV/AIDS, they did not see themselves as adequately equipped and prepared for the task. A number of recommendations are made to deal with this shortcoming in their training.


The disproportionate impact of HIV/AIDS on African Americans is a significant public health challenge. The complex constellation of individual, social, and environmental factors influencing transmission, require ecological solutions that recognize these multiple levels of influence and actively involve communities. This article describes the formation of a community-based coalition and highlights three initiatives it has undertaken in the areas of mobile HIV testing, HIV education, and faith-based work to improve HIV services for African Americans.

This study explores HIV/AIDS communication strategies among church leaders at predominately African American churches in a metropolitan city and surrounding areas in North Carolina. The church leaders contacted for the study are members of an interfaith-based HIV/AIDS program. The researchers used semi-standardized interviews to explore how church leaders address HIV/AIDS in the church. The findings indicate that the seven church leaders who participated in the study use a variety of communication channels to disseminate HIV/AIDS information for congregants and their surrounding communities, which include both interpersonal and mass media.

Originally written in 1990 the chapter raises theological considerations regarding homosexuality and AIDS, based in a deep commitment to the unity of word and action and to the care for those infected with HIV.

This article introduces essays from a 2001 symposium on a global ethic and the issue of the spread of HIV/AIDS. The symposium began with the assumption that we can determine the possibility for such a global ethic if we both explore the potential of an interreligious dialogue and do so in the context of a science-and-religion dialogue. I argue that while the possibilities for a global
ethic, in particular addressing the issue of HIV/AIDS, may be debated, the results of this symposium suggest that the dialogue ought to be continued and that there is significant potential in the interfaith dialogue for creating models for both an ethic and specific strategies for action.

This essay aims to address the insufficient response of (Lutheran) churches in Africa to the crisis resulting from HIV, by considering how churches do act in this context and how they would be better prepared to act. Social science can help understand the reasons preventing groups or individuals from responding appropriately, particularly by analysing how theology is expressed in the worship of churches. The author has applied this method to Lutheran liturgical texts and suggests how the views of reality may be challenged through worship.

There has been very little (if any) attention given to the training needs of lay leaders to develop and facilitate AIDS bereavement support groups in an African American church. This article describes a model of facilitator training based on the principles of adult education and emphasizes experiential and didactic components of a six-session training program. Six participants (lay leaders) were designated for training by the senior pastor of the congregation. Feedback from participants suggests that this model of facilitator training is culturally sensitive and relevant to meeting the needs of AIDS griever.

Describes research results regarding the role of religion / spirituality among the chronically ill that highlights the benefits of religious beliefs and practices on patient health and wellbeing. Reports results from a questionnaire administered to people of color living with HIV/AIDS who reside in a nursing home. Results suggest a strong spirituality as evidenced in a desire to communicate with God through frequent prayer and the reading of the patient’s Holy Book. It includes high levels of hope, feelings of being loved, and attendance at religious services and classes held in the nursing home.


Explains Pastor Rick Warren's (Saddleback Church) PEACE plan and efforts to implement it, with special reference to Rwanda. The plan was formulated to deal with the problems of HIV/AIDS around the world and the church's response to it. PEACE strives to contend with five problems which beset our world: spiritual emptiness, egocentric leadership, poverty, disease and illiteracy. The acronym, PEACE, is to match up against each of these five global giants: Plant new churches; Equip leaders; Assist the poor; Care for the sick; Educate the next generation. The program calls for local church participation in which each individual Christian is to have experience in four ministry venues: ministry in your town or neighbourhood; ministry in your county; cross-cultural ministry in your area; international ministry. While these have all been emphasized before, Peace is unique because it aims to do them together through the local church.


The role of faith-based organisations (FBOs) in the response to HIV/AIDS was emphasised as participants at the first global High Level Summit of Religious Leaders on HIV committed to collaborative action (Den Dolder, Netherlands, March 22—23). Some 40 participants from many world faiths also pledged personal action to tackle the pandemic, particularly to address stigma and discrimination.


A study of the associations among physical and mental health and differential patterns of religiosity among African American women was conducted with a sample of 253 participants: 104 HIV-infected, 46 chronically ill (not HIV-infected), and 103 healthy subjects. Participants' uses of private (i.e., prayer) and public (i.e., church attendance) forms of religiosity were assessed using data from semi-structured interviews. The relationship between religiosity and mental health exhibited an incongruous pattern, differing across health condition and forms of religious behaviour. The practice of public religiosity was found to be inversely associated with engagement in high-risk health behaviours among HIV-infected and healthy women but
not among the chronically ill. Although private religiosity was unrelated to participants’ perceptions of physical health, public religiosity was positively associated with physical health among HIV-infected women and inversely associated with their CD4 count. Finally, having a sense of control over one’s health was positively related to religiosity. Results from this study support the important role religion plays for persons faced with chronic terminal diseases, as in the case of HIV/AIDS. [CHART]


The antipathy that exists between public health professionals and faith-based organisations on the subject of HIV prevention has often discouraged political leaders from making decisive commitments to addressing the HIV epidemics in their countries. Decisive political commitment in Uganda in the early 1990s dramatically slowed down its HIV epidemic and led to the articulation of a prevention model known as ‘ABC’. This paper appeals for greater partnership between the public health sector and faith-based organisations by affirming a principal shared by both, which is to see reality objectively and act accordingly. It draws on the growing amount of information about various attempts to implement prevention programmes, based on the ABC model, as well as information about the elements of the model. Three key issues are identified. Firstly, there continues to be a wide range of viewpoints about the effectiveness and appropriateness of various combinations of A, B and C. Secondly, decisions need to be made about the proportional allocation of funding to A, B and C. Thirdly, population-based indicators relevant to all of the elements of the model need to be identified in order to measure the progress of national HIV prevention programmes.


A founder of one of Zambia’s leading non-governmental organisations, the Copperbelt Health Education Project (CHEP), a multi-pronged approach to AIDS prevention, gives his personal account of the organisation’s first 4 years of work against AIDS. He describes achievements, failures, frustrations, and hopes for the future, as well as lessons learned about how to rally communities against AIDS, how to empower people to protect themselves against AIDS, and how to provide care and support to people with HIV or AIDS. Sections discuss the case of Zambia; the local setting; project origins and development; the need for support; knowing one’s audience; the general public; security forces, bar workers and customers, STD clinic attenders, and out-of-school youths as vulnerable groups; people with HIV/AIDS; health workers, traditional healers, religious leaders, teachers and educators, journalists, formal sector workers, and political leaders as gatekeepers, allies and partners; personnel; funding; whether CHEP is having an impact on knowledge, attitudes, behaviour, condom use, and sexually transmitted diseases; and future directions.


See the 2005 book chapter with the same title for an annotation.


See the journal article of same title and year for an annotation.


This article claims that empowering women, which results in their control of their sexuality, is the way to prevent the spread of HIV. The tradition of red and white beads – signalling the phase of the wife’s menstrual cycle to the husband – and the tension between traditional and Christian ‘bedroom instructions’ is expounded in the story of a fictional character. The paper concludes that the taboo on sex during menstruation gives women some sexual freedom; and pleads for greater mutuality in sexual roles for men and women. [CHART]

Drawing from her own experiences as woman in the Presbyterian Church of Malawi, Fulata Moyo in this article discusses the vulnerability of women in the AIDS-infected Church in Africa. She makes clear that sexuality is not only a taboo issue, but also a power issue at the mercy of men. Several churches in Malawi have transformed the traditional initiation rite (chinamwali) into a Christian rite (chilangizo). Both rites, however, subordinate women's sexual life to that of men. Furthermore during these rites women are taught to respect their husband as headship of the family, to safeguard their husbands dignity, and to keep silence about failures, abuse or adultery. These teachings are critical in the context of HIV and AIDS. Moyo points out a direction for a theology of sexuality and marriage, centred around the concepts of agape (or ubuntu), mutuality and companionship. [CHART]

This paper addresses the so-called Phoebe-practice in the Central Africa Presbyterian Church, Blantyre Synod. Here women are expected to offer costly hospitality, including sexual services, to ministers of the Church. The story of queen Vashti is used to call for transformation. [CHART]

Fulata Moyo discusses the vulnerability of women to HIV, but she also shows how women can regain their power.


Moyo, Herbert. 2007. "Jesus is HIV positive: Listening with compassion to the HIV positive people through clinical pastoral counselling." School of Religion and Theology, University of KwaZulu-Natal Pietermaritzburg.

The problem of relating African Christian culture to the message of the Bible has troubled theologians who reflect on African Christianity for a long time. Today, Africa is at a crossroad. It is torn between following what African culture says, on the one hand, and what the Bible says, on the other hand. The strong influence of Western culture (the channel through which Africa received the gospel) adds to this crisis. A solution to the crisis, which African Christians are facing when making moral decisions, can only be found in taking both the Bible as the Supreme Court of appeal and the African cultural values seriously. Forcing African Christians to choose between the Bible and African culture will just lead to more crises. The study finds that the African theologians reacted against the exclusivist tendencies of the missionaries in a number of ways. Some, who were on the radical side, put African culture above Scripture. The majority of the African theologians, on the other hand, while accepting the primacy of Scriptures as an important source, stressed the fact that African culture should be taken as important source material for moral decision making in Africa. The problems of polygamy and AIDS are discussed to show the crises that arise when African culture is not taken seriously.

This research project discusses the spread of HIV and AIDS in South Africa and the many responses it has evoked from the national government, Non-Governmental Organisations and the church. There are many reasons why the church should respond to this challenge of HIV and AIDS and join hands with the worldwide effort to provide care and support for people living with HIV and AIDS in our society. As the epidemic increases, many people in South Africa are falling sick, suffering physically, emotionally and spiritually and many are abandoned and desolate. Men, women, youth and young children are dying; families and communities are severely affected socially and economically. This study examines the response of the Evangelical Lutheran Church in Southern Africa (ELCSA) to AIDS and suggests a more adequate strategy to deal with HIV and AIDS. First, it examines the incidence and impact of HIV and AIDS, noting the emotional, physical and socio-economic impact of HIV and AIDS. Secondly, it develops a theological response to AIDS. The involvement of ELCSA is examined via research into six parishes in the Umgeni circuit of the South Eastern Diocese (KwaZulu-Natal). It argues that a seven-fold framework best describes the sort of strategy needed to fight against the spread of HIV and AIDS. This seven-fold framework includes the following: AIDS education, AIDS counselling; livelihood support for people living with HIV and AIDS; advocacy for the people living with HIV and AIDS; pastoral and practical care for people living with HIV and AIDS; helping the bereaved families during funeral arrangements and providing grief counselling, and finally, support systems for AIDS orphans.


The statistical reports as shown by the Joint United Nations programme on HIV/AIDS (UNAIDS) indicate that despite efforts to combat the epidemic, the number of new infections continues to rise daily. This paper reflects on resolutions taken during the XIV International HIV/AIDS Conference in an attempt to link them with the role that the African continent may play in the fight against HIV/AIDS. The principles of 'ubuntu', such as sharing of opportunities, responsibilities and challenges, participatory decision making and leadership, and reconciliation as a goal of conflict management, are used as the point of departure in assessing a range of key issues debated in the Conference.


The practical theology that emerges from this article is one that develops out of a very specific context - in this case, HIV/AIDS. The philosophical framework is found in an integration of two paradigms, namely social-constructionism and postfoundationalism. The article concludes with a research case study from the HIV/AIDS context. Practical theological research is not only about description and interpretation of experiences, but it is also about deconstruction and emancipation. The bold move should be made to allow all the different stories of the research to develop into a new story of understanding that transcends the local community. According to the narrative approach, this will not happen on the basis of structured and rigid methods, through which stories are analysed and interpreted. It rather happens on the basis of a holistic understanding and as a social-constructionist process to which all the co-researchers are invited and in which they are engaged in the creation of new meaning.


The concept of postfoundationalist practical theology is in itself a re-discovery of the basic forms of practical theology. It is an effort to move beyond the modernistic boundaries of practical theology as a very formal, rationalistic venture. On the other hand it is also an effort to avoid the relativism of anti-foundationalist theories. It is hopefully a terra incognita, very necessary for practical theology to explore. It will be argued that practical theology, as enlightened by the postfoundationalist ideas of Calvin Schrag and Wentzel van Huyssteen, should be developed out of a very specific and concrete moment of praxis, in this case the practice of concern and care for children living with HIV and AIDS. A research project on children living with HIV and AIDS in South Africa will be the moment of praxis out of which practical theology will be developed in this workshop. I specifically do not use the concept of a case study, because that concept carries with it the idea of practical theology that lives somewhere in theories in literature, while the case study is only used as the empirical confirmation and verification of these theories. In this research, HIV and AIDS and children, is not a case study. It is much, much more. It is the moment of praxis which I will try to explore and cultivate in such a manner that a uniquely postfoundationalist practical theology develops out of it. The research structure, which developed out of the concepts of postfoundationalism, will be used as a guideline for the development of the research project and at the same time for the exploration of the concept of a postfoundationalist practical theology.

Despite popular opinion, current theology is still in the midst of winter. In this article the nature of spring – of it as the in-between season – is taken as a metaphor for theology: between the lines and prior to the middle. It is a theology beyond fundamentalism whilst preceding relativism. It is a theology in-between the equilibrium of orthodoxy and orthodox practices; in-between confidence and anxiety; prior to right and wrong. It is highly contextual and with people! A spring theology reminds of so many imperative aspects of Practical Theology: people, uncertainty, deconstruction and imagination. This understanding of theology is explained by reference to three relevant issues: (a) gay persons, who have no place in modernistic theology, (b) people with HIV/AIDS who have left the church perplexed, ignorant and without large and successful intervention practices and (c) understanding about the creation of the cosmos to those who still accept, adamantly, the Biblical version of creation (of even theorise about it).


Black women in previously disadvantaged communities in South Africa carry the burden of triple oppression: (a) the social engineering policies synonymous with apartheid have marginalised women economically and socially; (b) patriarchy, embedded in cultural and religious discourses, has rendered women voiceless and powerless and (c) HIV/AIDS targets the most vulnerable: women and children. The authors describe a research experience in Atteridgeville, a historically disadvantaged community in South Africa, with a family of women infected and/or affected by HIV/AIDS, about their experiences of care and or the lack thereof. A narrative approach offers useful ideas to facilitate a process in which African women in historically challenged communities can speak out about their experiences of care and or the lack of care.


In Eastern Europe, where HIV is spreading faster than anywhere else, the epidemic has moved beyond the margins of ‘risk groups’ into the general population. The author shows how the Catholic Church is well positioned to use its organisations and its moral authority to intervene.


Religious institutions, which contribute to understanding of and mobilization in response to illness, play a major role in structuring social, political, and cultural responses to HIV and AIDS. We used institutional ethnography to explore how religious traditions—Catholic, Evangelical, and Afro-Brazilian—in Brazil have influenced HIV prevention, treatment, and care at the local and national levels over time. We present a typology of Brazil’s division of labor and uncover overlapping foci grounded in religious ideology and tradition: care of people living with HIV among Catholics and Afro-Brazilians, abstinence education among Catholics and Evangelicals, prevention within marginalized communities among Evangelicals and Afro-Brazilians, and access to treatment among all traditions. We conclude that institutional ethnography, which allows for multilevel and interlevel analysis, is a useful methodology.


This study explored the focus on youth in Catholic and Evangelical Pentecostal discussions about and responses to HIV and AIDS in Brazil. Key informant, oral history and in-depth interviews revealed a disconnect between young people’s views of themselves as leaders in their religious institutions’ responses to HIV and other social problems, and adult religious leaders’ views of young people as vulnerable and in need of being ‘saved’. Religious leaders presented young people as institutional commodities, emphasizing their symbolic value as signs of the health and future of their churches. We explore the unofficial
exchange between religious institutions and young people, who benefited from the leadership opportunities and communities provided by their churches and youth groups. We discuss the political economy of youth in religious institutions' responses to HIV and AIDS within the context of Brazil’s high levels of religious mobility as well as the broader, global commodification of spirituality and religion.


Claiming that HIV prevention is ‘one of the biggest challenges society and the Church face’ Munro discusses the issues at stake in this regard. She draws attention to political realities in South Africa as well as moral stances taken, the modes of intervention and social ills interfering with them. The condom debate within the Catholic Church is sketched, as are the socio-economic factors fuelling the pandemic. The paper explores options for prevention through education at different stages of life. Throughout the theme of responsibility is highlighted, aptly captured in the phrase ‘not to compromise our values but to proclaim them in a real world threatened by evil, confronting prejudice’. [CHART]


The Southern African Catholic Bishops’ Conference (SACBC) embarked over the past eighteen months on an antiretroviral programme in twenty two sites, in South Africa, Botswana and Swaziland, three of the most seriously AIDS-affected countries in subSaharan Africa. The odds were against the Church’s involvement in such a programme because of the high costs involved, the poor infrastructure, the lack of trained medical personnel, the inadequate medical expertise available within the Church, and the lack of pharmacies and laboratory services at local sites. Commitment to the value and sanctity of each human life, and to giving people hope in desperate circumstances when medical science has some partial solutions to offer, and an underlying faith commitment to the call of the gospel to continue the mission of Jesus underpin the gigantic task of attempting to bring treatment to some people.


Practitioner response to the essay "HIV, AIDS and religion in sub-Saharan Africa" by Philippe Denis. [CHART]


Murray, L.R., J. Garcia, M. Muñoz-Laboy, and R.G. Parker. 2011. "Strange bedfellows: the Catholic Church and Brazilian National AIDS Program in the response to HIV/AIDS in Brazil." Social Science & Medicine 72(6):945-952. The HIV epidemic has raised important tensions in the relationship between Church and State in many parts of Latin America where government policies frequently negotiate secularity with religious belief and doctrine. Brazil represents a unique country in the region due to the presence of a national religious response to HIV/AIDS articulated through the formal structures of the Catholic Church. As part of an institutional ethnography on religion and HIV/AIDS in Brazil, we conducted an extended, multi-site ethnography from October 2005 through March of 2009 to explore the relationship between the Catholic Church and the Brazilian National AIDS Program. This case study links a national, macro-level response of governmental and religious institutions with the enactment of these politics and dogmas on a local level. Shared values in solidarity and citizenship, similar organizational structures, and complex interests in forming mutually beneficial alliances were the factors that emerged as the bases for the strong partnership between the two institutions. Dichotomies of Church and State and micro and macro forces were often blurred as social actors responded to the epidemic while also upholding the ideologies of the institutions they represented. We argue that the relationship between the Catholic Church and the National AIDS Program was formalized in networks mediated through personal relationships and political opportunity structures that provided incentives for both institutions to collaborate.


Sub-Saharan Africa contains over 60% of the world’s HIV infections and Zambia is among the most severely affected countries in the region. As antiretroviral programs have been rapidly expanding, the long-term success of these programs depends on a good understanding of the behavioral determinants of acceptance and adherence to antiretroviral therapy (ART). The study used qualitative methods to gain local insight into potentially important factors affecting HIV-infected women’s decision to accept or continue with ART. Some of the barriers identified by this study are consistent with factors cited in the existing adherence literature from both developed and developing nations such as side effects, hunger and stigma; other factors have not been previously reported. One major theme was unfamiliarity with the implications of having a chronic, potentially deadly disease. Other emerging themes from this study include the complicated effect of ART on interpersonal relationship, particularly between husbands and wives, the presence of depression and hopelessness, and lack of accurate information. The results suggest that the reasons for non-uptake of treatment include issues related to local cultural frameworks (e.g., illness ideology), mental and behavioral health (e.g., depression and/or interpersonal challenges), stigma, and motivating factors (e.g., values of church or marriage) of different cultures that affect the ability and willingness to take life-saving medicine for a long period of time. Qualitative studies are critical to better understand why ART eligible individuals are choosing not to initiate or continue treatment to achieved needed adherence levels.

Murray, Montague. 2005. "Lewensplei, verlossing van sonde en MIV en VIGS in Suider-Afrika: Gedagtes uit die Gereformeerde tradisie." Hervormde Teologiese Studies 61:1299-1320. The article focuses on the relationship between standard of living and forgiveness of sins by examining a few significant perspectives from the Reformed tradition. The contemplation results in the invention of a B&S-SCHHEME (beggar-and-sinner scheme) recommended by the author as an aid to a more nuanced reflection on theological propositions concerning the relationship between standard of living and the forgiveness of sins. In conclusion, theological propositions on the relationship between a person or group’s HIV-status and guilt and/or innocence before God are examined as an illustration of the application possibility of the B&S-SCHHEME.

Murray, Montague. 2007. "David Bosch en die identiteit-betrokkenheid-dilemma." Nederduits Gereformeerde Teologiese Tydskrif 48:545-558. This article reflects on the manner in which the well-known South African missiologist David Bosch handles the identity-involvement-dilemma. Bosch maintains that the church is always in a state of crisis. It is argued that, although Bosch is correct in his notion that the church can only be relevant in the world and maintain her identity in Christ by being attentively aware of her status as "alternative community", he does not articulate well enough what the possible risks for congregations engaging in partnerships with secular institutions are. A few of these risks are considered. It is concluded that a relevant missionary model for the Family of Dutch Reformed Churches will have to include partnerships with secular bodies and attend to the development of institutional resources in order to effectively address larger scale challenges such as violence, HIV/AIDS and poverty.

This book aims to provide culturally relevant theological reflection on HIV/AIDS and especially is aimed as a resource to combat the epidemic through its argument for meaningful behaviour change. It addresses critically the views on sexuality and the related constructions of man- and womanhood that prevail in both African cultures and in Christian churches. The book keeps far from a narrow moral discourse on sexuality. Rather, an understanding of sexuality is provided that is based on a theology of umunthu, emphasising love, responsibility and compassion in sexual relations. [CHART]


Through "Dancing in a Wheelchair" United Methodist Bishop Fritz Mutti and wife Etta Mae Mutti pour out their own hearts as parents who lived the experience of HIV/AIDS with two of their three sons and saw them die. This family's story cannot deal with AIDS without homosexuality. Every emotion impacts their pensive dialogue: When the two sons individually come out, the father and mother go behind their own doors to express shock and anger, and to weep; yet, affirm love for their sons. Etta Mae Mutti storms with disbelief, and finally a commitment to action, because her church does not treat gays with equality. Where will a Bishop turn for support in his personal pain that's a controversial issue in the church? In dialogue format these parents reveal many experiences and truths any family might encounter when HIV/AIDS invades, but with profound impact coming from a Bishop and Bishop's wife. The book is powerfully enlightening regarding the physical and mental health and the stresses of the disease, AIDS. Despair rips parents' hearts when this illness worsens. The dialogue graphically paints the ugly portrait of AIDS. Questions loom: How to let adult children make their own decisions when they're dying? Should we make him come home? Families who have persons who are gay or those who suffer from AIDS will find Fritz and Etta Mae are companions. Religious folks will be changed if this story is read with open minds and eyes. The result could be effective risks, love expressed to all, and lives lived in equality. [CHART]


African American women are disproportionately affected by HIV/AIDS compared with other ethnicities, accounting for two-thirds (67%) of all women diagnosed with HIV. Despite their increased risk of HIV infection, few studies have been conducted to understand culture-specific factors leading to their vulnerability. Given the central role of religious organizations in African American communities, this study explored whether and to what extent religiosity plays a role in stigma toward HIV/AIDS. Results of hierarchical regression showed that after controlling for key factors, religiosity was a significant factor predicting the level of religious stigma. Those with high religiosity displayed significantly higher stigma, associating HIV/AIDS with a curse or punishment from God. Verbatim responses to an open-ended question also revealed seemingly ingrained prejudice against HIV/AIDS from a religious perspective. The findings point to the important role of faith-based organizations (FBOs) in addressing HIV/AIDS issues within African American communities.


Human immune-deficiency virus (HIV) infection is a major public health problem, with sub-Saharan African being the hardest of the regions of the world. Malawi’s adult HIV prevalence is estimated at about 12%. Despite the fact that religion is central in the social life of Malawians and the potential it holds to explain the HIV epidemic in the country, there are limited published reports on the subject. Using two data sources, we assessed the role of religion among women on HIV infection and sexual behaviors. In Aim 1, we assessed if self-reported religious denominational affiliation was associated with HIV infection among Malawian women. In Aim 2 we assessed if religion was associated with acceptability of condom use within marriage. We used logistic regression analysis to assess the role of religion in the HIV epidemic in Malawi. A total of 415 women (15.9%; 95% confidence interval [CI]) were HIV infected. Overall, with Catholics as the referent, religion was not associated with any differences in HIV infections among survey participants among different religious denominations: adjusted odds ratio (AOR) and 95% confidence interval (CI): Muslims, 0.93 (95%, 0.66-1.31); Presbyterians, 0.79 (95% CI, 0.55-1.14; Seventh-Day Adventist and Seventh-Day Baptists, 0.64 (95%, 0.39-1.05); Anglicans, 1.22 (95% CI, 0.58-2.57) and Other Christians, 0.97 (95% CI, 0.73-1.29). With regard to condom acceptability in marriage, Muslims as the referent, we found that Christians were 1.71 (95% CI, 0.89-3.27) times to accept condom use within marriage. However, compared to Catholics, Presbyterians were less likely to accept condom use, AOR=0.53 (95% CI, 0.32-0.88). Overall, these results suggest that religion in Malawi is not able to distinguish HIV prevalence and sexual behaviors.

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—. 2010. "Marriage, not religion, is associated with HIV infection among women in rural Malawi." _AIDS and Behavior_ 14:125-131. Despite the fact that religious affiliation is almost universal in Malawi, and religious denomination could potentially influence HIV-risk behaviors, limited data exist on its role of in HIV infection in this setting. This study was conducted to assess whether religious denominational affiliation, religiosity or place of residence were associated with sexual behaviors and HIV infection among Christian women. A total of 63 of 939 women with HIV test results (6.7%) were HIV infected. There was no association between religion or frequency of church attendance and HIV infection or condom use within the current or most recent marriage. Compared to women who lived in a village which was neither the husband’s village nor her own village, women living with spouse in her own village or living in a husband’s village were less likely to be HIV infected.

Muula, Adamson S. and Joseph M. Mfutso-Bengo. 2004. "Important but neglected ethical and cultural considerations in the fight against HIV/AIDS in Malawi." _Nursing Ethics_ 11:479-488. Southern African countries have the highest HIV infection rates in the world with many of them measuring adult infection rates above 10%; and an inadequate response that fails to consider ethical and cultural issues. The article reflects on the ethical and cultural dilemmas raised by HIV in Malawi, arguing that if they are not considered increased financial resources from external funders are unlikely to achieve a reduction in HIV rates in southern Africa.

Muula, A.S., J.C. Thomas, A.E. Pettifor, R.P. Strauss, C.M. Suchindran, and S.R. Meshnick. 2011. "Religion, condom use acceptability and use within marriage among rural women in Malawi." _World Health Popul._ 12(4):35-47. Correct and consistent condom use within an HIV-discordant partnership could prevent sexual transmission of human immunodeficiency virus (HIV). Data on ever-married women from rural Malawi were obtained from the Malawi Diffusion and Ideational Change Project (MDICP) of 2006. We assessed the strength of association between religion and acceptability of condom use within marriage in general and also when one of the partners is suspected or known to be HIV infected. A total of 1,664 ever-married women participated in the MDICP 2006. Of these, 66.7% believed condom use was acceptable within marriage when one partner suspects or knows that the other was HIV infected; 38.2% believed condoms were acceptable within marriage generally. Only 13.8% reported ever having used condoms within the current or most recent marriage. Multivariate analysis found no difference in acceptability of condoms within marriage between Christians and Muslims, or between Catholics and all but one of the individual denominations assessed. Christian women in rural Malawi were no more or no less likely to accept condom use than Muslim women; there was also no difference in attitude toward condom use within marriage among Malawian women.


—. 2008a. "Stigmatization and discrimination of HIV/AIDS women in Kenya: A violation of human rights and its theological implications." _Exchange: Journal of Missiological and Ecumenical Research_ 37:35-51. Despite spirited efforts by the African governments, the church, faith based organisations, non-governmental organisations, individuals and communities, available statistics confirm that the AIDS epidemic continues to advance. This has been exacerbated by grinding poverty, patriarchal gender power relations that render women powerless, damaging practices supported by both traditional and modern cultures, ineffective health care systems, stigma and discrimination. Women and girl children suffer in greater proportions relative to men. Their human rights have been violated inside and outside the church. There is therefore a need to prioritise women’s human rights in order for nation states and individuals to implement successful public health strategies, behaviour change and the restoration and maintenance of human dignity. The church should consistently condemn the sin of stigmatisation and discrimination. It should revise its education in this area and develop an ecclesiology that would effectively respond to the HIV/AIDS epidemic in a just, loving, and gender inclusive manner.

—. 2008b. "Violation of human rights of Kenyan women with HIV/AIDS through stigma and discrimination." Pp. 126-143 in _Women, religion and HIV/AIDS in Africa: Responding to ethical and theological challenges_, edited by T. M. Hinga, A. N. Kubai, P. Mwaura, and H. Ayanga. Pietermaritzburg: Cluster Publications. This article intersects HIV/Aids, gender and religion in the context of Kenya, from a human rights perspective. The focus is on the stigmatization and discrimination of HIV infected women in the society and the church. It outlines briefly the way how women are vulnerable to HIV because of gender constructions. Hence attention is paid to women’s human rights and how these are violated by stigma. These stigma are said to be inspired by the church and religious beliefs, by what Mwaura phrases as ‘the feminisation of sin’. According to Mwaura, the church has to condemn consistently the sin of stigmatisation and discrimination, and should revise its education in this area. She calls for an ecclesiology that responds to the HIV/Aids epidemic in a just, loving and gender inclusive way. [CHART]

The main aim of this study was to explore the extent of freedom or lack thereof in the relationships of HIV+ pregnant women and their partners. These women were attending antenatal care in two Soweto clinics, run by the Perinatal HIV Research Unit. A semi-structured interview schedule was developed and used as the data collection tool. A theoretical framework based on Amartya Sen’s theory of development as freedom and Isabel Apawo Phiri’s theological reflections on women’s freedom, was used to analyse data collected from the participants of the study. The ideas of the two theorists complemented each other with regard to the sources of ‘unfreedom’ for women from an economic point of view and from the cultural and religious points of view. Sen highlighted lack of basic freedoms and human rights as the core causes of lack of freedom, which is both a primary means and principal end of development. Phiri advocated for the liberation of women from the oppressive cultural and religious practices brought about by patriarchy. Removal of all those key sources of unfreedom would provide an ideal situation in which women would be less vulnerable to HIV infection. The analysis of the participants’ responses in this study suggested a lack of freedom in their relationships with the fathers of their unborn babies. This had an adverse effect in their ability to disclose their HIV+ status, negotiate safer sex and contraception. Economic dependency on the partners was found to be the major cornerstone that kept women in bondage in their relationships. The churches in Soweto did not seem to have any plausible impact in the lives of the participants and as a result all of them had very loose links with the church. This was another major gap in the initiatives to reduce HIV infection which challenges the churches in Soweto to strengthen their prophetic ministry in terms of women’s freedom and their dignity both in the church and in society.


The author engages with Job from an African woman’s perspective, comparing the theology of Job’s friends with the theology of God, and thereby demonstrating that “the issues surrounding suffering are much more complex than just those related to reward and retribution”, and that Job “can lead us to a new theological interpretation concerning the issue of suffering and HIV/AIDS in our communities”. [CHART]


In this essay, the author returns to Job, arguing that "The book of Job does not offer us a solution to the problem of suffering. Neither Job, nor his friends, nor even God give us the answer to the question of suffering. What the book does is to tell us how not to talk about God in times of suffering. This in itself provides a way in which to counter inadequate pastoral care, corrupt theological interpretations and unjustified fear with regard to HIV/AIDS". [CHART]


The Christian community and local government in Pietermaritzburg is confronted with a crisis of orphan and vulnerable children (OVC). Orphan numbers are expected to peak between 2006 and 2010. No amount of external policies and legislations can adequately deal with both the outward needs and the internal trauma that orphan and vulnerable children experience.
However, this study argues that the Christian community is well placed to meet the holistic needs of OVC. By engaging David Korten’s Four Generational Framework, the Christian community is challenged to move beyond meeting the visible short term needs of OVC and to become more involved in policy and decision making bodies. Further, through the endeavours of voluntary organisations represented by Fourth Generation development strategies, People’s Movements could be mobilised to enhance the strategies of government and other organisations involved in the OVC crisis. Human nature includes issues of human dignity, existential worth, civil responsibility, social equity, political liberty and individual destiny. Understanding one’s origin, as expressed in the bible in terms of humans being created in the image of God (imago Dei), guides the Christian community first in developing an understanding of themselves and second, on how to function in practical ways toward those that are hurting and are in sorrow. In this study, reference is made to OVC who find themselves in this situation because of circumstances that are beyond their control. The crisis of parentlessness leaves children unprotected and vulnerable and thereby sets the stage for hopelessness and despair. God’s imago Dei is the genetical establishment of the individual’s person and anthropological construction. The nature and mission of the Christian community is central to its understanding of and response to human need. The Christian community, as custodian of the revelations of God reflects the image of Christ as the image of God. This places complicity demands on the Christian community to represent God’s image and transact God’s affairs upon the earth. Theological reflections on God’s mission to the Christian community are explored with the aim of inspiring the Christian community and local government to work together in combating the OVC crisis. Studies seem to indicate that local government is prepared to partner with the Christian community in its attempts to deal with the crisis of OVC in an effective and sustainable manner.


Traditional African Religions (TARs) played a big role in the well-being of the people especially in the field of health in the context of the World Health Organization definition. Unfortunately, they do not seem to have been given consideration in the fight against the current AIDS epidemic and its consequences. TARs being the custody of the survival strategies of living healthily on the African continent, disregarding them, means that the African system of self-governance is destroyed. As a result, people do not seem to know how to handle their lives and are vulnerable to a lot of social evils, HIV/AIDS inclusive. This is because the moral guidance put forward by African religions is underestimated; hence making HIV/AIDS more of a moral problem. Rethinking the dialogue with TARs, will help in setting appropriate means of enhancing health in a broad sense and living in human dignity in Africa.


The research study examines the ministry of the Anglican Church to those living with HIV/AIDS in Zomba district. Local people in Zomba have recognised the work the Anglican Church is doing in mobilising them in an effort to face the challenges of the HIV and AIDS pandemic. This has encouraged people to engage in discussions and allowed them to run small-scale businesses for economic empowerment. The study argues that the church can play a vital role in alleviating the suffering of people with HIV and AIDS and caregivers by mounting effective programmes that are intended to stop the spread of the pandemic. In addition, the church can act as mobiliser of community residents around interventions like home based care and income generating activities for health promotion and HIV/AIDS prevention. The research findings show that local people of Zomba district seem to have an adequate understanding of the impact of HIV/AIDS on their lives and that they are as a result responding meaningfully to God’s call to get involved in HIV/AIDS work. [Author’s abstract]


Highly Active Antiretroviral Therapy (HAART) is the most effective means of extending the lives of people living with AIDS — yet only 25% of those in South Africa estimated to need it are receiving HAART. Those who cannot access HAART (or choose not to take it) may opt to use 'traditional' healing instead. Some people will do both. This article reviews the emerging South African literature exploring the interface between biomedical and traditional healing in this age of AIDS. It includes a discussion of

This paper first explains why the HIV/Aids pandemic requires a fundamental reorientation of our theological reflection, followed by three reasons why such reflection is inhibited in the present churches’ context. It then attempts to set out how God the creator; Jesus, the self-donating priest; and the Holy Spirit create the basis for the church as healing and embracing community.


A crisis such as AIDS calls on the church to act in a responsible and compassionate manner.


The article informs us that traditional African communities dealt with matters of sex and family life during puberty rites. The youth were taught about sexuality and prepared on how to handle themselves as young adults. Today, puberty rites have become a private affair for most communities. This lack of proper guidance on sex we are told leads the youth to search for information from other sources such as pornographic literature, electronic media and from their peers. The youth are especially vulnerable to HIV infection and ignorance, curiosity and peer pressure has resulted in pre-marital sex, unwanted pregnancy, rape, homosexuality and abortions which sometimes lead to death. Despite the campaign by various bodies, AIDS continues to be a major threat to Kenyans. In traditional African communities, the upbringing of the youth as morally upright and responsible persons was a collective responsibility. They were well designed social structures which ensured the attainment of this goal. The concept of family is narrowing down to single parenthood family units. Family dialogue is diminishing and emphasis is being put on the nuclear family and individualism. Our education system is exams oriented and the future of an individual lies in passing exams and attaining good grades. The practice of double standards and hypocrisy by those expected to
guide the youth undermines proper moral development. The Church is also caught in this moral paradox as some leaders have been caught in immoral acts with the youth. There is need to teach family life and sex education in the Schools to adequately prepare youth for adult life. The youth in Africa should aspire to uphold their African identity in the face of a globalized World community. [CHART]

In this article Archbishop Ndungane reflects on various aspects related to the challenge that HIV/AIDS poses to the church in South Africa and to Christian theology. He draws on biblical motifs to address a wide range of issues such as stigma, gender, youth, children, suffering, healing death, funerals and the availability of resources to address the pandemic.


This special edition of the journal Practical Theology in South Africa / Praktiese Teologie in Suid-Afrika deals with the topic of HIV/AIDS. The collection of articles hopes to contribute to a better understanding of the complex reality of HIV and a more purposeful involvement with people in pain, especially the pain of rejection.

This study examined the impact of spirituality and religiosity on depressive symptom severity in a sample of terminally ill patients with cancer and AIDS. One hundred sixty-two patients were recruited from palliative-care facilities (hospitals and specialized nursing facilities), all of whom had a life expectancy <6 months. The primary variables used in this study were the FACIT Spiritual Well-Being Scale, a religiosity index similar to those used in previous research, the Hamilton Depression Rating Scale (HDRS), the Karnofsky Performance Rating Scale, the Memorial Symptom Assessment Scale, and the Duke-UNC Functional Social Support Questionnaire. A strong negative association was observed between the FACIT Spiritual Well-Being scale and the HDRS, but no such relationship was found for religiosity, because more religious individuals had somewhat higher scores on the HDRS. Similar patterns were observed for the FACIT subscales, finding a strong negative association between the meaning and peace subscale (which corresponds to the more existential aspects of spirituality) and HDRS scores, whereas a positive, albeit nonsignificant, association was observed for the faith subscale (which corresponds more closely to religiosity). These results suggest that the beneficial aspects of religion may be primarily those that relate to spiritual well-being rather than to religious practices per se. Implications for clinical interventions and palliative-care practice are discussed.

Nelson offers an incarnational way of doing theology in this unique book. He takes body experiences seriously as occasions for revelation and views sexuality as central to the mystery of human experience, to the human relationship with God, and as a starting point for a spirituality of justice and celebration. HIV and AIDS is discussed as an issue that has combined the fear of death with that of sexuality – a paralysing combination for churches/organised religion resulting in a wall of silence around AIDS, as well as sexual violence and abuse; see the chapter "Illness as body interpretation: HIV and AIDS", pp 165-179. [CHART]


Biological and social categories are currently being identified with each other in disturbing ways. The AIDS myth develops the character of a prejudice with religious dimensions.

The five major challenges are urbanization, world unemployment, hunger, HIV/AIDS, and the relevance of the Christian faith. These must be understood in the context of globalization.

Thailand is known world-wide for its problem with HIV/AIDS. Although researchers in Thailand and abroad have researched various issues related to HIV/AIDS, many have overlooked the realm of Buddhism as a component of AIDS care in Thailand. This
discrepancy is particularly striking because of one temple’s (Wat Phra Baat Nam Pu) rapid growth and long waiting list of clients. This lack of research also draws concern as the religion of Buddhism is also a major component of Thai culture and society. Many have also failed to relate studies of AIDS in Thailand to the function of Buddhism in Thai society both socially as an institution and culturally as a system of meaning. Therefore, this research examines the social and cultural elements that shape the growth and structure of one particular Buddhist hospice for Thais with HIV/AIDS, the Thammarakniwet Project. Specifically, this research examines: (1) the structure of Thailand’s medical care system, (2) the social dynamics of caregiving, and (3) the popular cultural representations of HIV/AIDS and Buddhism.


Spirituality is an important though often neglected aspect of pain in patients with human immunodeficiency virus (HIV) and/or cancer, for both patients and nurses. The spiritual domain involves: (1) meaning, (2) hope and (3) love and relatedness. The author examines spiritual aspects of pain in persons with HIV and/or cancer, as supported by the literature. Understanding spiritual aspects of pain carries implications for nursing. One of these implications is that it is important for the nurse to be closer to his/her own spirit in order to be there for the patient in pain. Other nursing implications include spiritual assessment and interventions, such as presence, attentive listening, acceptance and judicious self-disclosure, for promoting comfort and diminishing pain.


Ngidi, T. S. 1999. "An investigation into the perceptions of traditional healers with regard to AIDS, particularly, its care." University of Zululand.

This study analyses the perceptions of traditional healers with regards to the cause, signs and symptoms, traditional treatment and prevention of AIDS. It was carried out in health regions of KwaZulu-Natal. A non experimental qualitative research approach was used. Data was collected in two phases. The first phase during the seminar using a questionnaire and the second phase through interviews using an interview schedule. The tape recorder was used. Data was analysed both qualitatively and quantitatively, findings were presented in the tables and diagrams. Findings indicated that there were more males than females engaged in traditional healing. Respondents were either registered or not and specializing in more than one field e.g. diviner being an herbalist too. Herbs were used as a basic form of treatment. In addition to herbs animal products and water with ash and salt ("isiwasha") were used. Respondents perceived AIDS as caused by virus, witchcraft or association with promiscuity. All respondents had an acceptable knowledge of signs and symptoms though a few added symptoms which are not necessarily related to AIDS e.g. hypertension. Some respondents indicated that sometimes patients show neither signs nor symptoms while in a HIV positive status. Respondents agreed that the use of condoms could reduce the spread of AIDS and the majority was encouraging clients to use condoms. Ten percent (1) mentioned the traditional prevention of AIDS by avoiding sexual intercourse before marriage. One razor blade per patient was used during scarification to prevent the transmission of the virus. There was a strong belief from respondents that AIDS can be cured if special herbs are given. Twenty percent (2) even showed the researcher laboratory results showing that the patients had been HIV positive prior to commencing herbal treatment and then tested negative on completion of treatment. Case studies were carried out which indicated that the patients remained HIV positive. Based on the conclusions from the study AIDS partnership prevention (AIPAP) model is proposed by the researcher. The essence of the model is that all sections must join hands to fight HIV/AIDS.


The overall goal of this module is to contribute towards building an HIV and AIDS competent church and theological institutions. The primary target audience is the distance learning community, but it can certainly be used in other settings such as residential theological institutions. The 10 units of the curriculum cover: Introduction to Human Sexuality; Human Sexuality and HIV and AIDS - Celebrating Human Sexuality, The Samaritan Woman – John 4:1-42; Some Biblical Views on Human Sexuality. HIV and AIDS Transmission and Prevention - HIV Stigma and Sex; Sexually Transmitted Infections and the Bible; Social and Cultural Issues Affecting Human Sexuality and HIV - Gender Issues, Wife Inheritance, Circumcision, Early Marriages, Migrant Workers; Human Sexuality, The Youth and HIV - Early Sexual Activity and The Youth, Strategies for HIV Prevention among the Youth; Human Sexuality, Women, Children and HIV; Sexual Orientation and HIV; Gender-Based Sexual Violence, Child Abuse, Masturbation, Poverty. Each unit includes learning activities, self-assessment activities, suggestions for further reading; there are tests and a take-home examination. Apart from sections dealing with the Bible, issues in each unit are connected to biblical texts. There is not much help for applying the principles in practice although many references to the “Africa praying” collection of preaching and liturgical material may fulfil that purpose to some extent. [CHART]


This study investigated the association of religiosity with sexuality and AIDS knowledge, attitudes, beliefs, and practices of 1,817 black first-year students in South Africa. On a structured questionnaire, consenting students rated themselves on scales of religiosity, attitudes toward homosexuality, intrafamilial communication about contraception, AIDS attitudes, and AIDS knowledge. Negative attitudes toward homosexuality were significantly associated with negative attitudes towards AIDS, high knowledge of AIDS, and high religiosity. Religious commitment diminished propensity to engage in sexual intercourse and delayed age for onset of sexual intercourse. PIP: Religiosity has been conceptualized as a personal control against deviance and may therefore be positively associated with conventionality and conformity. The authors investigated the association of religiosity with sexuality and AIDS knowledge, attitudes, beliefs, and practices of 1817 Black first-year university students in South Africa. The participants were of mean age 20.4 years and 44% were male. Consenting students rated themselves on a structured questionnaire on scales of religiosity, attitudes toward homosexuality, intrafamilial communication about contraception, AIDS attitudes, and AIDS knowledge. Negative attitudes toward homosexuality were significantly associated with negative attitudes toward AIDS, high knowledge of AIDS, and high religiosity. Religious commitment diminished the propensity to engage in sexual intercourse and delayed the age for onset of sexual intercourse.


This research considers whether the stance of the Catholic Church on condoms can be considered ethical. The position of the Catholic Church is considered critically from a variety of philosophical, empirical and ethical viewpoints. In so doing, it highlights the principled and practical problems of resolving differing moral positions that cross the religious and secular divide. The approach adopted is one of an applied ethical nature, given the probable effects of participating in unprotected sex. Pregnancy and contracting HIV/AIDS are the likely outcomes of not using condoms, and these conditions will create enormous problems for the individual concerned, her, or his, family, as well as for the greater society. The position taken in this research is that the Catholic Church's stand on abstinence before marriage and faithfulness in marriage, as the answer to the HIV/AIDS crisis, would be a realistic ethical position, if, and only if, it was at all feasible and realisable in practice. However, it is the contention of the author, based on empirical considerations that the idealistic stance taken by the Catholic Church is out of touch with the realities in our contemporary South African society and is doomed to failure. Given this perspective, the Catholic stance is morally questionable, as, if sexual relationships continue to occur outside of marriage, and if condoms are not used, the result will be unwanted pregnancies, HIV infections of both mothers and their babies, crises for families and society at large, and ultimately widespread death from AIDS. Given the pandemic facing South Africa, the Catholic position in banning the use of condoms, is ethically questionable and morally suspect. The Church needs to be called to account for the implications of its dogmatic stance. The HIV/AIDS pandemic is simply too serious for a public institution, such as the Catholic Church, to be involved in perpetuating theological niceties and holding idealised positions. The Church is not divorced from the society it exists in and a realistic, responsible and accountable response is needed in the current context of hundreds of thousands of persons facing death from AIDS and its related diseases.


The writer sees the Church as being in a unique position to do something about AIDS. As such the author makes an attempt to provide a theological and ethical framework for the Churches’ response that emerges. Ministry of the Church in the HIV/AIDS situation must centre on education for prevention and care for those already infected.


The churches in South Africa are a major resource for AIDS education and care which are being ignored by secular and government AIDS agencies. Partly this is the churches’ own fault in that they have been slow to respond to the challenge, and that their sometimes rigid sexual moralism makes secular agencies sometimes unwilling to work with them. This study attempts to encourage ways of thinking about God, about the church and its mission, which might enable local churches to see that AIDS is an important issue for them to respond to. This study wants to raise the awareness of the complexity of sexual ethics, and to encourage the churches to use their considerable resources of personpower and presence in a much more vigorous AIDS programme. There is surprisingly little literature on the theological implications of AIDS, and such literature as there is does not generally consider the questions raised by AIDS which greatly concern churches, such as sexual abstinence, condom use and homosexuality. There are very few church groups working openly with adults with AIDS. Although there are some active church

The HIV/AIDS pandemic in Africa and other major socioeconomic problems call for a critical reflection on how communities can be equipped and encouraged to confront these life and community destroying calamities. This article examines how a rural community in Kenya used a holistic community-based model for interpreting biblical stories of women to confront HIV/AIDS and other problems. The task demands responsible creativity that involves attentive listening to the fears and hopes of the people as well as speaking the truth with power and courage.


The World Council of Churches has been involved in promoting and encouraging the transformation of theological education since Tambaram in 1938. Transformation is a painstaking process needing committed individuals using new wineskins. Examples are of the challenge of the global HIV/AIDS pandemic, continuing violence, and listening to the voices of women and people with disabilities and other marginalized groups.


Considers the historical events and strong and collaborative leadership of Mercy Amba Oduoye of Ghana that led to the launching and creation of the Circle of Concerned African Women Theologians in 1989. The Circle, as it is commonly referred to in Africa, is an interfaith association that aims at producing theological literature by encouraging and mentoring women to research, write, and publish in the wide scope of religion and culture. Highlights key areas of concern: theological education for women, gender and theology, biblical and cultural hermeneutics, imperialism and globalization, gender-based violence, theology of lamentation, and theology on the HIV/AIDS pandemic.


In this book chapter Nyambura Njoroge points to structures of gender inequality and injustice in Africa, and calls for transformation of the church and theology. Doing this she also introduces the work of African women theologians who address issues of gender inequality and HIV/AIDS critically and who engage in a rereading and reinterpreting of the scriptures, cultures, cosmology and daily lives. Njoroge critiques both the church and theological institutions for maintaining patriarchal gender relations and a colonial patriarchal theology. She points out a direction to holistic interdisciplinary theological curricula for theological education and ministerial formation. [CHART]


This paper argues for urgent speaking of truth about destructive leadership and social practices in African churches, about sexuality, and what happens in families. It offers new models of leadership drawing on scriptural examples, e.g Jesus, and encourages the nurturing of committed Christian leaders to confront the HIV pandemic. [CHART]


In this Comment, theologian and ecumenist Nyambura Njoroge describes the experience of African Christian women in promoting gender justice, in the context of HIV, through a ‘ministry of Bible reading’. It highlights the potential of Christian communities to tackle the gender discrimination and disempowerment of women that has been a key driver of the HIV pandemic.


The interactions between religious affiliation, education, HIV knowledge, and HIV-related sexual behaviors among African church youth are poorly understood. In this socio-demographic study, 522 unmarried youth 12-28 years old in rural central Mozambique were surveyed with a structured questionnaire. These results suggest that religious affiliation, possibly as the result of educational opportunities afforded by religious-affiliated schools, is contributing to increased HIV transmission and prevention knowledge among youth in rural Central Mozambique but not influencing HIV-related sexual behavior. The need exists to strengthen the capacity of religious congregations to teach about HIV/AIDS and target non-religious youth with HIV transmission and prevention information. [publisher]


HIV spread rapidly in Namibia in the 1990s. As in most of Africa, however, few data exist to document the impact on mortality of AIDS. Such data can contribute to knowledge of the epidemiology of HIV infection and inform the development of programmes to mitigate the impact of the AIDS epidemic. This study analyses death records from the registers of eight Evangelical Lutheran parishes in northern Namibia. The dataset covers the experience between 1980 and January 2001 of 4680 couples who married between 1956 and 2000 and their children. We examine trends in post-neonatal and 1-4-years mortality, and the age-standardised death rates at age 20-64 years of both men and women. Poisson regression for rates is used to smooth the data and test for statistically significant discontinuities in the trend. Results: Post-neonatal mortality increased more than sixfold and 1-4-years mortality more than threefold between 1991 and 2000. By 2000 adult mortality for women was 3.5 times, and for men 2.5 times its 1993 level. The increase in adult mortality was concentrated at ages 30-54 years for men and 25-49 years for women. The pattern of mortality increase by age is consistent with the hypothesis that it is entirely due to AIDS. While not widely available, parish registers exist elsewhere in Africa and are potentially a low-cost source of data for study of the impact of AIDS on mortality and demographic trends more generally.


This spiritual classic began as a simple request from one friend to another. Fred Bratman, a secular journalist and writer, asked friend and renowned author Henri Nouwen to write a book explaining the spiritual life in terms that he and his friends could understand, avoiding theology and technical language. "Speak to us about a vision larger than our changing perspectives and about a voice deeper than the clamorings of our mass media. Speak to us about something or someone greater than ourselves. Speak to us ...about God." Nouwen discusses AIDS among other issues of the time.


Ntombi, Ngwenya B. 2001. ""We are all believers": Crisis in living conditions and the intervention of burial societies in Botswana." *Missionalia* 29:282-303.

Burial societies in Botswana provide financial relief to bereaved households. Over the last three decades of economic development in Botswana people have been exposed to new sources of vulnerability, including the HIV/AIDS pandemic. A burial society is a relatively autonomous, historically distinct local mutual aid institution which may be occupational or gender based, whose goal is to provide social relief and support to a member or members' family/kin experiencing distress due to death. Burial societies' practices are built around some basic shared framework of meanings, norms, values or symbols. About 90% of members are women and the members have various religious beliefs. In the burial societies these are amalgamated in to a form of 'civil eckumenism,' born out of a particular experience of living with the dead and dying.


One often hears, via mass media, encouragement of people to test for HIV and to disclose their status. The assumption by those who eagerly encourage HIV testing and disclosure is that one whose test comes out positive will be educated on how not to spread the virus. It is further assumed that one who tests positive will be educated on how to live positively and where to find help. I am going to argue in this paper that while the intentions for such testing and disclosure are undoubtedly noble, there are many risks involved. For an HIV+ person who did not calculate the risk carefully, she/he may find herself/himself faced with stigma, alienation and, in extreme cases, even death after disclosure.


This essay offers a critical introduction to the Lutheran/Moravian programme to combat the HIV/AIDS pandemic, drafted in March 2000, which has not been exposed to public debate as yet. It includes deep going theological reflection as well as a concrete plan of action: The law of God formulates the preconditions for a healthy human existence as revealed by observation and reason, rather than an authoritarian code of conduct. The gospel of Christ, understood as God's suffering, transforming
acceptance of the unacceptable makes us ready to bear the cross with those who are infected and affected. The prophetic ministry has to focus on exposing and overcoming the hedonistic assumption of the modern commercial culture. The plan of action focuses on the establishment of AIDS Committees in each parish, which spread information, identify cases, and establish a local AIDS Support Group for each patient, based on the extended family and a caring community. Unwieldy and expensive bureaucracies are discouraged.


The chapter expounds that responding to AIDS is part of the essential core of Christian life and that local congregations make a significant contribution to this response. It shows where these efforts are similar and where they are distinct from those of secular agencies.


This paper offers a reading of Mike Nichols' television adaptation of Tony Kushner's Angels in America with reference to biblical encounters with angels, whether direct, like those of Jacob and Elijah, or indirect, like that of the sick man by the Bethesda pool (John 5). Kushner's work is complex, and it addresses issues like the human condition, homosexuality, AIDS, race, religion and politics, while emphasising elements of choice and identity. For Kushner, it seems, 'angels' signify an absence rather than a presence of the divine, puzzles rather than answers (many of which refer to sex and gender identities), and turn-of-the-millennium angst. Kushner's 'Prior' character is declared a prophet by the messenger angel while dying of AIDS. Prior's encounter harbours echoes of Elijah's own encounter with an angel of the Lord while struggling with exhaustion and an apparent desire for death (1 Kings 19:1-9). Furthermore, unwilling to accept the role of prophet, Prior wrestles with the angel, and, in a similar vein to Jacob's experience (Gen. 32:22-32), this results in a ladder leading to heaven and a blessing. This paper explores the complex world of signifiers in Angels in America, while paying particular attention to the biblical elements present in the text.


The church could be a powerful force for social and behavioural change, particularly in the current efforts to combat the HIV/AIDS pandemic. Anecdotal evidence suggests that church youths are sexually active but few studies have documented the sexual practices of these youths. We looked at the sexual practices of 341 youths in two churches in southern Nigeria. Sixty-five percent were sexually experienced; age at first sexual intercourse for males was seven years and eight years for females. By 19 years of age, 42% of the females and 44% of the males had become sexually active. In the 12 months preceding the study, 19% of the sexually experienced youths abstained from sex, 30% had one sexual partner and 28% had more than one sexual partner; 60% had used condoms 24% of whom used them always. These results suggest that sexual practices of committed church youths might be similar to those of youths in the wider society. More might be achieved by a more pro-active engagement of the church in young people's sexual and reproductive health matters.


Thailand was the first Asian country hit by the AIDS epidemic, and in the 1990s reported the fastest spread of HIV/AIDS in the world. According to Thailand's Ministry of Public Health, women, primarily between the child-bearing ages of 15 and 49, are increasingly becoming infected with HIV. A number of factors contribute to the increasing AIDS epidemic, including the rise of the commercial sex industry in Thailand; social disparities that have existed between men and women throughout Thailand's history; and the gender-expectations faced by Thai women toward family and society. Thailand enjoys one of the oldest, reputedly successful primary health care delivery systems in the world; one that relies on community health workers to reach the most rural populations. In the mid-1990s, day care centers were established at district hospitals by the Thai government to provide medical, psychological, and social care to people living with HIV/AIDS (PWA). Buddhist temples also provide a source of alternative care for PWAs. However, the AIDS policy of the Thai government relies on families to care for the country's sick. Although poor women are a vulnerable population in Thailand, they are changing the paradigm of AIDS stigma while providing a significant cost-savings to the Thai government in their caregiving activities. Based on existing nursing studies on Thailand, this chapter gives voice to poor Thai women living with HIV/AIDS, and examines how they make sense of their gendered contract with society and religion while being HIV/AIDS caregivers, patients, or both.

This paper is an attempt to re-examine a culturally located social schema of ubuntuism. Ubuntuism is a moral philosophy of traditional African societies. To put the paper into perspective, first, a conceptual analysis of ubuntu is presented. This analysis provides understanding of the concept in ways that facilitate readers to develop an appreciation of the moral philosophy that bound together traditional African communities. The purpose for re-examining the concept of ubuntuism is presented so as to stimulate awareness of how and why traditional African communities maintained high moral standards rather than advocating a return to the past African living style. Romanticism of ubuntuism in the general practice of cultural values is presented next, drawing examples from successful areas where cooperative activities were conducted. Later, the bad effects of the influence of westernization are presented showing that the values initially perceived as modernization later turned to be a weapon that promoted the perpetuation of individualism, greedy, and erosion of some traditional African cultural values leading to moral decadence in some citizens. Blending of modernization and ubuntuism is later presented with the hope that the blending may reduce the social evils such as crime, corruption, and treatment of the HIV/AIDS scourge that are prevalent in some African countries with a united front. Resuscitating ubuntuism in the young generation is presented towards the end of the paper through promotion of cooperation among students learning subjects using local contexts. The conclusion of the paper focuses on some challenges that future discourse on ubuntuism could focus on and the implications of the paper to African educators on the continent.

The author explores the ways in which people in Kenya affected with HIV/AIDS make sense of death from HIV/AIDS. He argues that to be infected by HIV equates to death and, AIDS acts as a metaphor for moral and spiritual contamination. This, he states, is reinforced, popularized and legitimized by Christian and African religious schema in such a way that death from HIV/AIDS is now constructed and experienced as permanent, meaning that there is no life after death. For example, in the Christian faith, life after death implies being sent to heaven. In the traditional African religious perspective, life after death implies the safe passage to ancestorhood. Thus, these kinds of interpretation have implications for the way in which people living with HIV/AIDS seek treatment and manage an HIV seropositive status. It is also relevant to an understanding of the ways in which funerals and burials of people dying of HIV/AIDS are now being organized in Kenya. [CHART]


Measures of quality of life have not conventionally or routinely included concepts of spirituality, religion, or existential wellbeing. Although spirituality has been seen as irrelevant, or difficult to measure, a growing body of peer-reviewed articles point to a positive and important relationship between spiritual beliefs and other domains of quality of life in health. Following a discussion of current theoretical issues surrounding the inclusion of these generic concepts, we select and review seven quality-of-life assessments in health that provide a spiritual and/or religious dimension, and evaluate each in psychometric terms. Such information could be useful to clinicians working in chronic illness, surgery and terminal care, who seek concept clarification before using an assessment that includes a spiritual domain.


This paper discusses the results of two ethnographic studies with female sex workers in rural areas of Karnataka and Rajasthan, India. In particular, we focus on women whose socio-economic status, and religious and occupational practices, are part of sex work systems that have historical precedents such that they can be termed “traditional” sex workers. The approach taken in the ethnographic work was informed by current critical approaches in medical anthropology and public health. The paper argues that in the context of an expanding HIV/AIDS epidemic in rural areas of India, understanding the historical and structural factors that operate to perpetuate female sex work as a culturally “sanctioned” occupation is critical if interventions intended to reduce the risk of HIV transmission are to succeed. We conclude that interventions designed to empower women collectively in these communities that are consistent with cultural traditions are needed to lead to healthier sexual behaviours and reduced risk of HIV/AIDS infection.

Purpose: To present a comprehensive overview of spirituality and identify strategies to support the spiritual dimensions of nursing care for people with chronic illness, focusing specifically on HIV-related illness and AIDS. Significance and Scope: The AIDS crisis has brought new emphasis to the need to develop therapeutic interventions to support the coping resources of
people living and dying with chronic illness. Conceptual, theoretical, and empirical knowledge related to spirituality was reviewed, integrated, and interpreted within the context of nursing care for this population, emphasizing the spiritual needs of people with HIV-related illness and AIDS. Conclusions and Implications: Spirituality has evolved beyond religious considerations to encompass multidimensional and existential perspectives that are integral to maintaining well-being for the chronically ill. A deeper understanding of spirituality enhances the potential for nurses to identify spiritual needs and incorporate spiritual caring into practice.

O’Neil, Edward. 2006. *Awakening Hippocrates: A primer on health, poverty, and global service*. Chicago IL: American Medical Association. “Awakening Hippocrates” takes aim on helping health professionals better understand the reasons for global health disparities. The primer outlines the reasons why health professionals are essential to affecting change in current global affairs and how they can participate in serving those who are in need. Beginning with an in-depth examination of the state of global health, the author draws on his personal experience to illustrate the enormous impact that health professionals can have in changing the future of health care. Awakening Hippocrates also profiles seven exemplary health professionals who have dedicated their lives to service and are a source of inspiration to those interested in medical volunteering.

Obaid, Thoraya Ahmed. 2005. “Religion and reproductive health and rights.” *Journal of the American Academy of Religion* 73:1155-1173. This essay examines the relationship between religion and public policy issues concerning reproductive health and rights. It particularly focuses on how such issues affect women. Although not ignoring the sometimes oppositional stance of some religious spokespersons to birth control and attempts to mitigate the suffering caused by HIV/AIDS, early or frequent pregnancy, discrimination against female fetuses and babies, and so on, the essay seeks to identify positive responses by religiously committed people, particularly women, that parallel or reinforce UNFPA initiatives to address such problems. The essay also attempts to articulate ways in which religion should come to grips with issues of reproductive health and rights.


We assessed how self-assessed spirituality and frequency of worship influenced HIV-preventive behaviors among single minority 18- to 39-year-olds living in high AIDS prevalence areas of Broward County, Florida. Eligible residents participated in telephone surveys conducted in 2001 and 2002. Most (83.8%) said they considered themselves spiritual persons. Many (45.2%) worshipped every week. Most weekly worshippers (66.1%) were sexually active but were less likely to have used a condom in the past year or to have ever been tested for HIV. To improve HIV-preventive behaviors, we collaborate with places of worship and faith-based organizations to provide culturally congruent HIV/AIDS services.

Odendaal, Guillaume H. 2006. “The perception of stakeholders in one church in South Africa of the church’s educational efforts to address the HIV/AIDS pandemic: Their basic knowledge and theological perspectives related to the disease with attention to cultural assumptions.” Trinity Evangelical Divinity School.


This study examines the role of religion in adolescent sexual attitudes and behaviour in Nigeria. The study was conducted in two national universities in Nigeria; information from 1,153 campus-based adolescents aged 10-24 years was analysed. Logistic regression model was used to do the analysis both at the adjusted and unadjusted levels. Findings are consistent with existing literature. There is a strong relationship between religiosity and adolescent sexual attitudes and behaviour, although religious commitment is more important than religious affiliation in affecting adolescent sexual attitudes and behaviours. This paper calls for further investigation to be able to disentangle the relationship between religiosity and adolescent sexuality, especially with the use of longitudinal data. Since religion affects the sexual lifestyles of adolescents, religious leaders can do a lot by mobilising their members towards supporting HIV/AIDS prevention initiatives in the country.


In every community - from the smallest, most remote villages, to the largest urban centres, there is an institution that is always present. It can muster tremendous human resources: It has an infrastructure in place: it is truly 'grass-roots': and it can influence behaviour, politics, and social justice. In fact, in many instances it has changed the course of human events. I am referring to faith based institutions in general and the church in particular.


The essay gives statistical and other detail on the plight of children across Africa in the face of HIV and AIDS, before describing two exemplary programmes responding to this need, i.e. the UNICEF Global Campaign for Orphans and Vulnerable Children, and the Giving Hope programme in East Africa. The final sections list the challenges for OVC responses and sketch MAP International’s experience in this field.


While a wide range of interventions are available to support HIV prevention, the prevalence figures keep increasing. In explaining this, Okalet points to the various drivers of the pandemic, i.e. biological, behavioral and cultural drivers; some of which are particularly making women vulnerable to infection. Against this background the essay sketches the position of the church, its role in reducing risk without losing sight of its values, and what an AIDS competent church might look like and how it could be achieved. It is a wide-ranging essay touching on many issues in a cursory manner. [CHART]


Knowledge about sexual practices and life experiences of men having sex with men in Kenya, and indeed in East Africa, is limited. Although the impact of male same-sex HIV transmission in Africa is increasingly acknowledged, HIV prevention initiatives remain focused largely on heterosexual and mother-to-child transmission. Using data from ten in-depth interviews and three focus group discussions (36 men), this analysis explores social and behavioural determinants of sexual risks among men who sell sex to men in Mombasa, Kenya. Analysis showed a range and variation of men by age and social class. First male same-sex experiences occurred for diverse reasons, including love and pleasure, as part of sexual exploration, economic exchange and coercion. Condom use is erratic and subject to common constraints, including notions of sexual interference and motivations of clients. Low knowledge compounds sexual risk taking, with a widespread belief that the risk of HIV transmission through anal sex is lower than vaginal sex. Traditional family values, stereotypes of abnormality, gender norms and cultural and religious influences underlie intense stigma and discrimination. This information is guiding development of peer education programmes and sensitisation of health providers, addressing unmet HIV prevention needs. Such changes are required throughout Eastern Africa.


The essay draws on case studies from Kenya to sketch the sexual exploitation of domestic servants. It discusses the impact this has for the women concerned in the current AIDS era and shows alternative ways forward. [CHART]


The HIV/AIDS pandemic has afflicted Africa more than any other region of the world. In the United States, the AIDS scourge has disproportionately affected African American communities. In their tragic experiences with HIV/AIDS, both African states and African American communities can benefit from the new communication framework that the United Nations Global AIDS
Programme and the Pennsylvania State University have developed to combat the HIV/AIDS pandemic. The framework contains five universal values that are recommended for AIDS intervention programmes across the world. The five values are incorporation of government policies, socioeconomic status, culture, gender issues, and spirituality. There are six additional values, two of which apply uniquely to each of the three world regions of Africa, Asia, and Latin America. For Africa, the two unique values are community-based approaches and regional cooperation. The situation in Africa presents valuable lessons for African Americans in the United States.


Practitioner response to the essay "Missiology and HIV and AIDS" by Ute Hedrich. [CHART]


Since the miracle of peaceful democracy in South Africa, “hope” has been a strong theme in the public media. The following exploratory and transdisciplinary study seeks to pull together a wide variety of theoretical and analytical stances in order to examine the social construction of hope in the context of HIV/AIDS in South Africa. The theoretical framework is built from a base of cultural theory, discourse analysis and theology, and binds these together into a transdisciplinary argument. This study seeks to problematise any naturalized use of the concept of “hope” in HIV/AIDS, to reinvigorate further research into different cultures and philosophies of “hope” so as to be able to trace a more careful route towards a determinedly hopeful discourse of HIV/AIDS in South Africa. In this way, we seek to carefully shift discourses of HIV/AIDS from a calamity and national threat to a public challenge and opportunity.


This essay emerges from a larger interdisciplinary study which sought to deconstruct “hope” at the level of public discourse in the context of HIV/AIDS in South Africa. Building from this we seek to further explore the relevance of examining hope at a public level by addressing Christian discourse, seeking to pull together a variety of considerations and argue that it is only through complex and interdisciplinary analysis, which blends cultural and theological studies, that we can begin to understand some of the issues that influence behaviour in the context of the HIV/AIDS epidemic. In conclusion we argue that there is great potential to utilize a Christian discourse of hope, based on a theology of hope, in the context of HIV/AIDS in South Africa - so long as it is done with care.


There have been considerable difficulties in finding appropriate nomenclature to properly depict the huge variety of health-engaged entities that have a religious aspect to their work or character, commonly identified as ‘the religious sector’ or the ‘faith community’. This paper explores conflicts around language and power in the naming and definition battles that occur within the community inquiry at the intersection of religion and public health, and it considers what this might mean for collaborative communication.


Are faith-based organizations (FBOs) really different to secular organizations that are tasked with the same development work? Do they really have ‘comparable advantage’ based on their faith character? Despite almost a decade of renewed interest in religion and its institutions from the international development and health sectors, much of the information about the activities of FBOs and their suggested comparative advantage remains anecdotal. We are still sorely lacking the nuanced research and comparative case studies that could answer such questions in the detail or scale needed for policy work. However, in analyzing the emerging literature on the involvement of the faith community in the HIV/AIDS pandemic, it is clear that most FBOs believe that they are doing something different – such as a preferential treatment of the poor or offering a unique kind of care. This paper engages with this broad literature and balances it against research conducted by the African Religious Health Assets Programme in Zambia and Lesotho (for the World Health Organization), and in Kenya, Malawi and the Democratic Republic of the Congo (for UNAIDS and Tearfund). Utilizing these resources, we seek to examine the discourses surrounding FBOs’ understanding that they are doing ‘something different’ in their development activities – and balance this against the opinions of secular partners, state representatives and community members, as well as against broader international development and global health perspectives.

—. 2010b. "In search of common ground for interdisciplinary collaboration and communication: mapping the cultural politics of religion and HIV/AIDS in sub-Saharan Africa." PhD Thesis. Faculty of Humanities, University of Cape Town, Cape Town.
The term interdisciplinary has come into its own in the HIV/AIDS arena. The recognition of HIV/AIDS as a multiplex disease, complexly embedded in the social paradigm has resulted in many calls for interdisciplinary research, and the professionals directly involved in the HIV/AIDS epidemic are also increasingly being pushed into an encounter with each other. There has also been a substantial increase of attention on religion and religious organisations and their potential for increased intervention in HIV/AIDS. Yet despite more frequent meetings of religious and health professionals, scholars and practitioners, and a stated common purpose, these meetings are more frequently the scene of tension, irritation, miscommunication and resulting breakdown in cooperation and collaboration. Despite more frequent cases of interdisciplinary research and interdisciplinary research collaboration – there is still surprisingly little analysis of interdisciplinarity in this context, as a methodology or practice. Scholars and practitioners have difficulty in communicating across the disciplinary boundaries that shape religion or public health, themselves shaped by different embodiments of practice, where conflict and contestation, misalignment and contrary ways of working hinder the cooperation and communication necessary to strengthen health systems that are often in crisis or collapsing. This exploratory study applies a cultural studies and interdisciplinary approach to the discourses that emerge in the discursive gap at the interface of religion and public health, a gap most readily seen in the context of HIV/AIDS and in literature addressing sub-Saharan Africa. This communication gap between religion and public health has significant implications for the intended recipients of health interventions, and this study provides both reflection and recommendation to improve interdisciplinary communication and practice in this context.


This essay discusses how religious institutions are engaged in international policy on HIV and AIDS. By means of a brief history of the international policy context, she shows how, initially, international health organisations were blind to religious institutions and how this attitude changed. In this critical discussion, Olivier helpfully addresses the ambiguous and shifting nature of the relationship between policy makers and religious institutions. She concludes the essay by pointing to the way forward for future research. The potential assets of religion and religious institutions is an under-researched area, suggests Olivier, and there is a need for a far more nuanced and complex understanding of the "religious sector".


In this essay, Jill Olivier and Paula Clifford analyse the body of literature that focuses on care and support of those who are HIV positive by the religious community. They argue that much of this work takes place spontaneously at a community level and, it is often argued, is where religious organisations are most effective. But paradoxically, argue Olivier and Clifford, it is the area "of which we know the least about". Having said this, the essay then discusses the "the ethos of care" that drives religious organisations, issues facing care-givers at a community level, and finally the "scope, scale, and focus" of care. The essay concludes with a section on the "special care" offered by the religious response to HIV and AIDS which tends to be holistic as it includes "tangible assets" such as material support as well as "intangible assets" which include faith, prayer, and hope.


This ARHAP bibliography is a companion document to the literature review of the same title. Both focus on the under-studied intersection between religion and public health, with a particular emphasis on literature addressing sub-Saharan Africa in the last ten years, and a further focus on literature addressing HIV/AIDS. By assessing a wideranging array of literature, the review seeks to establish a literary foundation for the theoretical work and conceptual concerns that motivate the interdisciplinary ARHAP group, which promises a better understanding of the way in which religion interacts with public health concerns and systems.


This essay focuses on the intersection of the medical narrative with that of religion. It offers a brief overview of the history of religion-inspired medical responses to the epidemic before suggesting a theological and ethical rationale that religions claim for their medical work. The essay continues by analysing the strengths and weaknesses of the religious sectors’ involvement in prevention, care and support, and treatment, briefly explores the narratives on “miraculous cures”, and concludes by identifying the gaps in the literature survey and possible future work. It argues that there is insufficient “nuanced work that

Olson, Kerry, Zanele Sibanda Knight, and Geoff Forster. 2006. From faith to action: Strengthening family and community care for orphans and vulnerable children in Sub-Saharan Africa. Santa Cruz, CA: Firelight Foundation. This publication highlighted the programmes and strategies that helped ensure that children remain in family care. It described organizations that are doing this kind of work, especially those that have been established by people of faith in the areas of Sub-Saharan Africa that are hardest hit by HIV/AIDS.


The authors offer an oral history of HIV and AIDS in South Africa from its beginning in the gay community to the ARV roll-out. They give voice to the experience of doctors and nurses confronted with the need to care for the PLWHA, the “courage and simple human decency of those who stood their ground and stroved their fullest to be healers.” Careful indexing makes it possible to trace the role of religion, Churches, and even a specific church hospital in this story, with reference to themes ranging across stigma and fears, commitment to care and traditional healers. [CHART]


Uganda Government plans to scale up access to antiretroviral therapy (ART) through the involvement of all stakeholders including public, private, Non-governmental organizations, Private-not-for-profit providers etc. based on the use of the existing institutional framework. Like other stakeholders, health facilities of the Catholic Church stand some opportunities to participate in this process. However, it is already clear that the rollout process is overstretching both the implementing health facilities and the Ministry of Health. The human and infrastructure resource demand is fast proving overwhelming. This is worse for the private-not-for-profit facilities. Salary enhancement for government staff alone will further weaken the PNFP partners from contributing effectively in the rollout. Integration of the ART programme into the comprehensive function of the hospitals faces difficulty from its "project" or vertical nature. There is concern over the visible drain of resources from other activities of health facilities providing ART and possible weakening of these facilities. The future sustainability is progressively being questioned. It is proposed that government assists the Church and other implementing partners in strengthening the existing framework as a composite part of the rollout package. It is also suggested that strengthening of the Public Health approach that Uganda is already partially practicing could offer some relief. Strengthening of the community-based approach is particularly advocated for.


Religious taboos on sexual education have been hampering AIDS prevention throughout Latin America. The confrontation between the condom and abstinence or fidelity has closed any possibility for negotiating joint strategies. It has polarized political stances that clash public opinion and counterattack official efforts for AIDS prevention. In Mexico a legal suit was drawn against top health officials for promoting "promiscuous behavior" and some advertisements were banned by conservative groups. We have developed an educational package specifically designed for priests as our target population, knowing of their impact on public opinion. We were surprised to find that there are no more than 150 ordained priests in the
country, who already have a continuous educational program. We are tapping into this network with a Program on Sexuality among lay people.


Orobator here offers a theologically mature, meticulously researched study of the ecclesial images emerging from the Catholic Church’s encounter with three major social challenges in East Africa: AIDS, refugees and poverty. Orobator’s empirical engagement is located within post-conciliar Catholic ecclesiology and the early chapters situate it within the broader ecclesiological conversation in Africa, Latin America, and the North Atlantic. The middle chapters highlight the scale of the three challenges and describe Catholic responses to them including lay initiatives and community-based movements as well as hierarchical programmes. While it offers sociological analysis, From Crisis to Kairos remains primarily a theological work. The conclusion weaves together the separate metaphors into a more complete picture, using vivid imagery, e.g. that of “a Holy Mother Church which recognizes the prominent place of women in the church’s responses to AIDS, poverty, and refugees’. [J. J. Carney review extract]

—. 2006. Le SIDA interpelle le monde chrétien: Nouvelle manière d’être l’église en temps de VIH. Abidjan: Les Éditions du CERAP.


The chapter argues that there is no single Catholic approach to HIV prevention. It offers an eloquent plea for prevention that is engaged and moral, that draws on traditional African wisdom, takes seriously women’s vulnerability and their solidarity with those affected. Finding fresh ways to speak on this issue the author indeed achieves what he pleads for: a discussion of HIV prevention that is about people, not merely ‘a polemic about prophylactic devices’. [CHART]


Very limited knowledge is available about African women’s control over their sexual relations with husbands or other stable partners in situations where there is a high risk of STDs and HIV/AIDS. Such control must be seen as encompassing women’s control over their sexuality and reproduction as well as the broader areas over which they can make decisions. The paper examines other research findings in sub-Saharan Africa, and then reports a study carried out by survey and anthropological methodologies among the Yoruba people in Ado-Ekiti, a town in southwestern Nigeria. Because the AIDS epidemic is still at an early stage in Nigeria and because of the relation of STD infection to HIV-transmission, as well as the probability that the behaviour developed for limiting STD transmission will subsequently be employed to limit HIV transmission, the study focused on STDs. Yoruba women have a considerable ability to refuse sexual relations for a limited time, and they are placed at greater risk of STD infection by their ignorance of whether their partner is infected than by a lack of ability to control the situation when STDs have been identified. This ability may be more limited in the case of AIDS because of its longer duration.


Part of a research programme studying methods of combating the AIDS epidemic was a survey and accompanying qualitative research focused on attitudes toward male sexuality and male sexual behaviour outside marriage and the extent and success of female attempts to control it. A survey of 1 749 males and 1 976 females was conducted in urban and rural populations in three states of southwest Nigeria. The majority of the community believes that males are by nature sexually polygynous, although about half the community believes that male sexuality can and should be confined to marriage. These beliefs arise out of the nature of the traditional society and are being changed by new ways of life, education and imported religions. Nevertheless, sufficiently rapid change is unlikely, even if promoted by government, to successfully combat a major AIDS epidemic, and the major strategy should attempt to reduce the rate of transmission, especially in high-risk relationships.

This paper examines the impact of cultural values and government policies on the content of AIDS educational literature prepared by public health agencies in Malaysia and the Philippines. AIDS awareness literature from these countries, was analyzed and evaluated both for its effectiveness and for its sensitivity to local culture and religion, and to attitudes to sexual behavior. Malaysia is predominantly Muslim and its legal system – in line with conservative Islamic customs – supports traditional family values while homosexuality, drug use, prostitution, and extramarital sex are illegal. The Malaysian government’s AIDS education campaign is naive in its presentation and attempts to prevent HIV through fear; the authors state that it is bound to fail and that information about risk factors is a more effective means of prevention. In the Philippines, 90% of the population is Roman Catholic. Here the AIDS response focuses on public awareness campaigns at educational institutions, giving information on HIV infection and transmission, and prevention through condom promotion for risk groups.


The Rapid Assessment, Response, and Evaluation (RARE) portion of the CSAD Project in the Twin Cities (Minneapolis-St. Paul, Minnesota) was designed to identify barriers to care faced by African refugees and immigrants. Data were collected from cultural experts and African people living with HIV (PLWH) who were out of care, who had newly entered care, or who were in and out of care. Findings from RARE can be categorized into five main themes: HIV/AIDS within the African context, experiences of African PLWH, unfamiliarity with HIV and support services that facilitate access to care, cultural and religious dilemmas in seeking or remaining in care, and accessing African PLWH and getting them into care. Most of the issues identified were manifestations of stigma, gender, religion and/or faith, as well as the two main underlying cross-cutting themes of knowledge and fear. The top barriers to care included fatalistic views about HIV, fear of isolation, fear of deportation, lack of knowledge of the care system and HIV-related services, and employment issues.


This general review of the prevalence of disability among women and its interface with HIV includes a brief section on the rationale for the involvement of churches in responding to HIV.


Background: Stigma and discrimination are widely recognized as factors that fuel the HIV/AIDS epidemic. Uganda’s success in combating HIV/AIDS has been attributed to a number of factors, including political, religious and societal engagement and openness — actors that combat stigma and assist prevention efforts. Objectives: Our study aimed to explore perceptions of Uganda-based key decision-makers about the past, present and optimal future roles of FBOs in HIV/AIDS work, including actions to promote or dissuade stigma and discrimination. Methods: We analyzed FBO contributions in relation to priorities established in the Global Strategy Framework on HIV/AIDS, a consensus-based strategy developed by United Nations Member States. Thirty expert key informants from 11 different sectors including faith-based organisations participated in a structured interview on their perceptions of the role that FBOs have played and could most usefully play in HIV/AIDS prevention, care and support. Results: Early on, FBOs were perceived by key informants to foster HIV/AIDS-related stigma and discrimination. Respondents attributed this to inadequate knowledge, moralistic perspectives, and fear relating to the sensitive issues surrounding sexuality and death. More recent FBO efforts are perceived to dissuade HIV/AIDS-related stigma and discrimination through increased openness about HIV status among both clergy and congregation members, and the leadership of persons living with HIV/AIDS. Conclusions: Uganda’s program continues to face challenges, including perceptions among the general population that HIV/AIDS is a cause for secrecy. By virtue of their networks and influence, respondents believe that FBOs are well-positioned to contribute to breaking the silence about HIV/AIDS which undermines prevention, care and treatment efforts.


This contribution of teh special issue portrays the life of the Gideon Byamusigisha, the Ugandan priest living openly with HIV.


Overberg has selected articles and essays from doctors and pastors, scientists and specialists, that explore the following areas: ‘Geography and AIDS: Suffering’s Spread’ – here the spread of the virus in different regions and its implications are explored; Ethics and AIDS: Moral Issues; Society and AIDS: Responses and Strategies. The final section on ‘Religion and AIDS: Compassion and Care’ deals with the ways in which churches are responding to the pandemic. It is a book that addresses a wide audience, making an important contribution to educate those who might want to hide from the challenge behind ethics or religion. [H. Robert Malinowsky review extract]


Offers an overview of the AIDS pandemic and sketches the Catholic document “The many faces of AIDS”.


HIV and AIDS raise ethical questions that extend throughout the life cycle. Ethics and AIDS: Compassion and Justice in Global Crisis pulls together many of the these life issues in one book and carefully considers them in the context of the realities of the daily existence of people across the globe suffering from this terrible disease. In thoughtful analysis, Overberg suggests appropriate responses in light of a Christian ethic that challenges individuals, governments, parishes, and individuals across the political spectrum to address this worldwide crisis.


Religious communities have been a challenge to HIV prevention globally. Focusing on the acceptability component of the right to health, this intervention study examined how local Catholic, Evangelical and Afro-Brazilian religious communities can collaborate to foster young people’s sexual health and ensure their access to comprehensive HIV prevention in their communities in Brazil. This article describes the process of a three-stage sexual health promotion and HIV prevention initiative that used a multicultural human rights approach to intervention. Methods included 27 in-depth interviews with religious authorities on sexuality, AIDS prevention and human rights training of 18 young people as research-agents, who surveyed 177 youth on the same issues using self-administered questionnaires. The results, analysed using a rights-based perspective on health and the vulnerability framework, were discussed in daylong interfaith workshops. Emblematic of the collaborative process, workshops are the focus of the analysis. Our findings suggest that this human rights framework is effective in increasing inter-religious tolerance and in providing a collective understanding of the sexuality and prevention needs of youth from different religious communities, and also serves as a platform for the expansion of state AIDS programmes based on laical principles.


This book presents attitudes toward AIDS within a broad, but apparently accidental selection of religious groups: Christian fundamentalists, Eastern spiritual communes and guru movements, black- and white-supremacists, and gay religions. The material is interesting, and covers a range of groups and attitudes, but some of it is rather dated. Palmer’s attempts to offer a theoretical perspective – drawing on Susan Sontag and Mary Douglas – are not convincing, and her material is too shallow to offer much in that regard. [Extract from James V. Spickard. 1998. "AIDS as Apocalyptic Metaphor - book reviews". Sociology of Religion, Spring 1998.]


This article presents information on human immunodeficiency virus (HIV). Despite substantive research documenting the connection between various religious dimensions and physical and mental health, surprisingly little attention has been given to the study of religion among individuals with the human immunodeficiency virus (HIV). A small but growing number of studies conducted mostly within the past few years have recognized the importance of religion in the lives of individuals with HIV. In particular, research has noted the frequent use of religious coping by men and women with HIV to deal with the loss of their loved ones to AIDS.


HIV is a chronic illness that requires strict adherence to medication regimens. This study attempts to examine the patterns of highly active antiretroviral therapy adherence relative to religious beliefs in a population of perinatally HIV-infected adolescents. Eligible subjects included perinatally HIV-infected youth aged 14-22 years who knew their HIV status. Assessment tools included an antiretroviral adherence form, a standardized depression questionnaire, and a religious observance questionnaire. All of these forms were completed at the time of study enrollment. Twenty subjects met entry criteria and were enrolled. Subjects who had excellent adherence had significantly higher religious belief scores than those who had poor adherence (3.46+-0.46 vs. 2.34+-0.69, p<0.05). Those with excellent adherence also had higher religious practice scores than those with poor adherence (2.66+-1.02 vs. 2.23+-1.45, p=0.46). Beck Depression Inventory (BDI)-II depression score was also lower in those with excellent adherence versus those with poor adherence (4.64+-3.41 vs. 8.86+-9.77, p=0.39). Physicians may be able to consider spirituality as a factor that may influence medication adherence in pediatric HIV patients. As perinatally HIV-infected youth age into adulthood, future studies will be needed to explore the ongoing intimate relationship between a patient's religious views and their compliance to medical regimens.


Internationally, there has been a recent resurgence of interest in HIV and AIDS-related stigma and discrimination, triggered at least in part by growing recognition that negative social responses to the epidemic remain pervasive even in seriously affected communities. Yet, rarely are existing notions of stigma and discrimination interrogated for their conceptual adequacy and their usefulness in leading to the design of effective programmes and interventions. Taking as its starting point, the classic formulation of stigma as a ‘significantly discrediting’ attribute, but moving beyond this to conceptualize stigma and stigmatization as intimately linked to the reproduction of social difference, this paper offers a new framework by which to understand HIV and AIDS-related stigma and its effects. It so doing, it highlights the manner in which stigma feeds upon, strengthens and reproduces existing inequalities of class, race, gender and sexuality. It highlights the limitations of individualistic modes of stigma alleviation and calls instead for new programmatic approaches in which the resistance of stigmatized individuals and communities is utilized as a resource for social change.


This article examines the role of civil society in shaping HIV and AIDS policies and programs in Brazil. It focuses on the historical context of the re-democratization of Brazilian society during the 1980s, when the initial response to the epidemic took shape, and emphasizes the role of social movements linked to the progressive Catholic Church, the sanitary reform movement in public health, and the emerging gay rights movement in the early response to the epidemic in Brazil. It highlights the broad-based civil society coalition that took shape over the course of the 1990s and the political alliances that were built up shortly after the 1996 International AIDS Conference in Vancouver, Canada, to pass legislation guaranteeing the right to access to antiretroviral treatment. It emphasizes the continued importance of civil society organizations—particularly, AIDS-related nongovernmental organizations—leading AIDS activists in exerting continued pressure to guarantee the sustainability of treatment access and the impact that action focused on HIV and AIDS has had on the Brazilian public health system more broadly, particularly through strengthening health infrastructures and providing a model for health-related social mobilization.


Stigma and discrimination have often been identified as primary barriers to effective HIV prevention, as well as the provision of treatment, care and support. Such viewpoints tend to employ stigma and discrimination as a catch-all for the multiplicity of negative beliefs, attitudes and actions related to the disease. There is, however, a need to be cautious. The weighting given to stigma and discrimination as primary and ultimate barriers impeding HIV/AIDS response is problematic as such weighting often implies that stigma and discrimination are pervasive throughout society. This has the effect of stigmatising many communities as being uncaring and inhumane – a process that can perpetuate existing marginalisation. Stigma and discrimination therefore need to be carefully defined, cautiously analysed and critically reviewed if we are to understand impacts and develop appropriate responses. This review explores theoretical and definitional aspects of stigma and discrimination in relation to HIV/AIDS. It then reviews faith-based organization (FBO) responses to HIV/AIDS, considering factors that contribute to stigma
and discrimination, as well as those which mitigate against them. This is followed by reflections on research processes for exploring stigma and discrimination.


A cross-cultural study that explores how people of various backgrounds - religious, ethnic, gender, and/or sexual orientation - cope with death, dying, and grieving. It is a guide for psychiatrists, psychologists, social workers, physicians, nurses, other practitioners, educators, and students who are concerned with helping persons who are dying and families who are grieving, and who must understand why certain groups react as they do to such events.


A booklet that reviews the contribution of FBOs to those infected or affected by HIV and AIDS in 53 countries in Africa, drawing on recent WCC mapping studies and other reports. The report sketches the stark reality of Africa: conflict, poverty and illiteracy, over-stretched health systems, growing orphan numbers, stigma. It is against this background that FBOs developed their substantial response to HIV, often in collaboration with each other and civil society actors; often in parallel to government services or as back up for them. Parry also points out weaknesses in the response e.g. regarding development of HIV policy, advocacy, and documentation of their work.


Churches and faith-based organizations are keen to address the needs of people and communities dealing with HIV and AIDS. Yet responses are often unbalanced and tainted with an 'us' and 'them' mentality. In an attempt to guide these efforts towards a more holistic understanding of what is needed in this context, Dr Parry presents a framework for action. She asks churches and faith-based organizations to challenge themselves: to understand that HIV is within their ranks and to respond appropriately by reconsidering their core value system and faith mandate. The challenge is to become an HIV competent church. Intended for church leaders and those working within the field, this handbook also includes resources and a self-assessment tool.


The Deliverance Church in Kenya has attempted to provide moral solutions to the HIV/AIDS pandemic by promoting behavioral change among the youth: it teaches abstinence before marriage and fidelity within marriage and requires mandatory HIV testing for those intending to get married. Such teachings confine HIV/AIDS to issues of sex, obscure the complexity of sexuality, and ignore social, economic, and political situations that fuel the spread of the virus. In this response, the church has entered into a contested moral minefield, in which it is attempting socially and sexually to discipline its members, particularly its youthful constituency. These messages reach many young people, who form the bulk of the membership of this church. Many strive to follow the church’s teachings, but do not accept them uncritically, and some refuse to be morally disciplined by them.


Nonadherence with medical treatment is a critical threat to the health of those living with HIV disease. Unfortunately the search for explanatory factors for nonadherence is still not fully developed, particularly in the area of religion and spirituality. Extant literature suggests that church attendance, religious practices and spiritual beliefs may improve health and generally benefit patients. However, religious beliefs may also play a negative role in treatment adherence due to the stigma attached to HIV disease, particularly in geographical areas and in population subgroups where religious practices are strong. In this exploratory study, HIV-positive individuals (n=306) in a southern state were surveyed as to their attitudes and beliefs surrounding HIV disease and adherence with medical treatment for the disease. The results indicate that multiple factors influence adherence with treatment and that certain religious practices are positively associated with adherence, but certain religious beliefs are negatively related to adherence. The findings of this study reinforce the importance of remembering and addressing a patient's religious beliefs as a part of medical care.

Given the dearth of literature on the influence of religiosity on attitudes toward people with HIV/AIDS, the present study surveyed these variables in a sample of South African Muslim university students using the Religious Orientation Scale (ROS) and an attitude to people with HIV scale. Gender differences in attitudes towards people with HIV were also examined. The sample comprised 90 male and female undergraduate and postgraduate Muslim students. While both males and females displayed high religiosity scores, male students were found to be significantly more religious than female students. No gender differences were found on the attitude to people with HIV scale, with students indicating positive attitudes to people with HIV. Higher religiosity was significantly correlated with a more positive attitude to people with HIV. The implications of the findings are discussed.


In southern Mozambique, the "traditional" notion of personhood is constructed through a process, as an outcome of diachronic and synchronic social relations that encompass kin and other peers, including spirits. Both person and body are thought of as elements traversed and determined by these relations, which include the gender relations whose complementarity finds expression in alliances and the production of descendants. In this system of agnatic kinship, descent is possible through women, who produce the male and female persons. Because of women's structural position, they may be suspected of fostering deconstruction of the person as well, with diseases providing the objective data that ground such a charge. To a certain degree, HIV/AIDS has been experienced in terms of this sociocultural arrangement, which defines disease as the result of action by social subjects that jeopardizes the person, placing women in the vulnerable position of being seen as the producers of disease. This has defined the ways in which people experience both the epidemic as well as STD/HIV/AIDS prevention and treatment messages and public policies.


The crisis created by HIV and AIDS in health services, medical science and the everyday lives of families and communities is well known. Yet despite growing awareness, the pandemic continues; and research shows that the proportion of women among those newly infected is growing everywhere in the world. Young women account for approximately two-thirds of new infections among people between 15 and 24. What is becoming ever clearer is that where women's social, economic and cultural status is low, they are more likely to become infected with HIV and pass the virus on to others. This book vividly recounts the stories of women in many countries. It challenges churches, which often justify and even collude with forces that subordinate women, to change attitudes and visions and to undertake creative new initiatives in their ministries of healing and hope.


Originally published as Love in a Time of AIDS (1996), by the World Council of Churches. See the annotation of that entry.


This report was commissioned by Christian Aid. The author, Gillian Paterson, is a consultant with wide experience of health care in Africa, and has undertaken this review in nine African countries. Her report speaks of the strength of churches pulling together devastated communities, but also highlights the reluctance of many - both in the clergy and in congregations - to speak freely about AIDS because of the social stigma surrounding the condition. It also outlines some of the challenges this presents for churches in the UK and Ireland.


In this brief document the author contrasts the practical care church institutions offer those infected by HIV with the silence and stigmatising discourse within church communities that drives the pandemic. She explains what stigma is and how it operates, 'infests' and excludes. Acknowledging the proud history of the church in caring for those most vulnerable, she insists that since HIV is not primarily a medical issue, it requires churches to address the real issues of sex, addiction and relationships and offers seven suggestions for combating stigma. This document lays its finger on a sore point, but does it in a helpful and understanding way. [CHART]

The purpose of this article is to suggest some possible approaches for Christian institutions charged with developing theologically-based approaches to the stigmatization and discrimination experienced by people living with or affected by HIV or AIDS. It does not seek to deny the subjective nature of the experience of stigmatization, nor the fact that there are other possible entry points to this particular task. But by placing theory at the service of praxis, worship and theological reflection, it aims to contribute to a deeper understanding of the phenomenon of stigma and its challenges, and to suggest a basis and a possible framework for further theological, ethical and ecclesiological reflection. In order to do this, the article suggests ten possible lenses for looking at stigma and its effects, each suggesting a theological, philosophical, moral or ecclesiological way of thinking about AIDS-related stigma.


—. 2007b. "Escaping the gender trap: Unravelling patriarchy in a time of AIDS " Concilium: International Journal for Theology:102-111. Paterson discusses the ways in which AIDS is a gendered pandemic – in terms of higher infection rates and greater social and biological vulnerability of women linked to low self-esteem of men. She points to the complicity of churches whose patriarchal structures maintain this trap and of Christians who refuse to acknowledge the gender trap. [CHART]


Paterson asks whether stigma eradication, even though desirable, is possible in a church where talking about sexuality is so difficult, and where the ‘real code’ for sexual behaviour differs widely from the official version. She challenges the understanding of sin in this context, whether individual or societal: is it found in risky behaviour or in attitudes towards people behaving thus? The task is to create spaces where the genuine discourses around AIDS can happen, thereby overcoming the silence brought about by stigma. [CHART]


This groundbreaking book wrestles with the complex and sometimes controversial intersection of belief and HIV prevention. The book is the outcome of a remarkable consultation of 35 leading Christian theologians and practitioners, including people living with HIV, from five continents and many church traditions. It is an essential resource for church leaders, theologians, teachers and strategists who are committed to a positive, informed and compassionate engagement with HIV prevention. Prevention messages coming from organized religion have often been ambivalent, moralistic, stigmatizing, or divorced from the realities of people’s lives. By contrast, participants in the consultation and resulting publication sought to identify areas of common understanding by sharing, from diverse traditions, the moral, theological and ecclesiological challenges raised by HIV prevention. This ‘common ground’ forms the basis of Part One in the book. Part Two recognizes the need to maintain deeply held convictions and consists of essays by distinguished individuals from the consultation, among them Margaret A Farley, Yale University Divinity School and Rev. Canon Gideon Byamugisha, co-founder of ANERELA+, who set out their own distinctive and challenging positions. Part Three proposes a range of practical measures available to churches, their leaders and their members. The book is available in English, French and Spanish. Each chapter has a separate entry in this bibliography.


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Stigma is a major barrier to the churches’ efforts to respond to the HIV pandemic. This Comment outlines the impact of stigma on HIV care, treatment, education and prevention, explores the complex interweaving of stigma and belief, and suggests a way
forward for the churches and Christians to tackle the stigma that exists "in our cultures, our churches, our institutions and communities, and - let’s face it - in all our hearts". [http://zunia.org/post/stigma-in-the-context-of-development-a-christian-response-to-the-hiv-pandemic/]


Gillian Paterson begins this essay by mapping the history of the stigmatising discourse associated with the HIV and AIDS epidemic. She argues that a vast body of work has emerged within the social sciences that conceptualises stigma, and there is still a need for religious scholarship to engage with this work more comprehensively. Paterson identifies a number of recurring themes within the literature on HIV stigma from a religious and theological perspective. These themes include questions of truth and "othering" discourse, sex and sexuality, the human body, and economic and social marginalisation. She concludes the essay by suggesting a number of areas that require further research. These, amongst others, include the "need for an educated, interdisciplinary conceptualisation of stigma"; multifaceted research on personal experiences of stigma "that offer a denser and more nuanced" understanding of situations of stigmatisation; a focus on the "divisions that exist between specifically theological discourses"; what it means to be a compassionate community; and most importantly, to actually engage with those living with HIV about the stigma they experience.


UNAIDS supported the writing of this article, as part of efforts to stimulate debate on the roles of specific communities in fighting HIV/AIDS and stigma and discrimination within the context of the World AIDS Campaign. It is a discussion paper on the dilemmas facing church leaders confronting the challenge of AIDS. The paper is available in English, Spanish, French, Portuguese, Russian, Kiswahili, Thai, Chinese, Hindi.


This article proposes a novel approach to HIV prevention by teaching committed couples how to have better sex, thus eliminating the motivation for infidelity. The authors see a role in this for priests and clergy; as it is largely religious institutions who have made sex the problem, they ought to be involved in teaching sex as a possible solution. Simply telling people “where (married, not married) they can have sex, without any instruction on how sex can be experienced as sacred” is not enough. Hence couples should be taught communication and relationship as well as sexual skills prior to marriage and during its early stage. The article does not deal with how this is to be ac hieved, nor even the difficulties that make it highly unlikely that such an approach would be adopted. [CHART]


In this article, Amy S. Patterson investigates how political power shapes the AIDS pandemic in Africa. Because Christians in the West often lack knowledge about how political power increases vulnerability to HIV infection and affects policy responses to the disease, the work analyzes the uneven impact of HIV/AIDS on countries, communities, and population groups. It investigates how political inequalities make some individuals more vulnerable to HIV infection and enable policy makers to reframe or ignore aspects of the pandemic. Further, power imbalances allow the powerful to exclude people affected by HIV/AIDS, at the expense of Christian community, human dignity, and effective responses to the disease. The work incorporates four Christian principles—humans as created in God’s image, Christian community, humility, and a comparison of justice and charity—into its analysis. Ms. Patterson is Associate Professor of Political Science at Calvin College.


This article compares Ghanaian and Zambian church mobilisation on HIV and AIDS. It analyses why long-term interest in HIV and AIDS has declined in Ghana but increased in Zambia, and why church involvement in promoting access to HIV/AIDS treatment has been less apparent in Ghana than in Zambia. The article uses three levels of analysis — society, state, and international — to explicate these different patterns. The analysis finds that continued HIV/AIDS stigma hampered Ghanaian church activities, while a decline in stigma opened up space for church-related HIV/AIDS responses in Zambia. The elite and professional nature of Ghana’s churches promoted early HIV/AIDS activities, but may have prevented these activities from responding to the needs of people with HIV or AIDS. Overlapping personal networks between civil society and state elites in
Ghana urged early HIV/AIDS church-related actions, while state co-optation and civil-society divisions in Zambia limited early HIV/AIDS activities. As Zambian churches built ties to external actors, however, they gained autonomy in their HIV/AIDS responses. In contrast, the fact that Ghana was less incorporated into global HIV/AIDS responses (particularly, the global treatment movement) weakened the long-term interest in HIV and AIDS among the country's churches. The article is based on more than 50 semi-structured interviews with a range of participants affiliated with HIV/AIDS organisations (e.g. church, secular, government, donor) in Zambia and Ghana.


In HIV and AIDS and life skills education in southern Africa peer education has been advocated as a way of democratising relations between educators and students and encouraging participatory pedagogies. But what makes a peer educator, or rather how do people make themselves peer educators? Similarities in terms of age, social status and background do not automatically result in teachers and students identifying as peers and engaging in participatory teaching and learning. This paper focuses on an interview with male and women in their 20s who were identified as peer educators and taught life skills education to children in a 'black' high school. How did they, as full-time paid employees several years older than their students working for a Christian organisation, construct themselves as peers in relation to the male and female students they taught? It is argued that this involved contradictory ways of relating to students, moralistic and student-centred, and that they subverted and reproduced conventional gendered identities.


Most research on adolescent sexual behaviour has focused on early initiation and consequent risks. We have instead examined the circumstances of young people who have not had sexual intercourse before age 21, in order to throw light on the ways in which young people might resist societal pressures for early sexual intercourse. The sample was a cohort born in Dunedin, New Zealand in 1972/73, formed at age 3, and followed with regular assessments of personal, family and educational functioning to age 21. At age 18 and 21 information on sexual behaviour was collected, using a computer presented questionnaire. The response rate at age 21 was 935/1020 (91.7%) of the survivors of the original cohort. Overall 11.3% of the men and 8.1% of the women reported never having sexual intercourse. Sex with a man was reported by 20 men (4.5%), of whom only two reported having sex only with men. Being first born and being persistently involved in religious activities, measured at both 11 years and 21 years, were significant predictors of abstinence for both sexes. Examination of perceptions of an ideal lifestyle, sexual behaviour and religious involvement showed that religion was an important factor in decisions to delay sexual intercourse past age 20, especially for men. It would be helpful to examine further the features of moral decision making which are characteristic of religious experiences.


Using data collected through semi-structured interviews and focus group discussions with adult men in Zimbabwe, this paper explores the decision-making process associated with help-seeking for sexual-health concerns. Help-seeking is located in the complex and dynamic socio-cultural contexts around men's sexualities, masculinities and reproductive health. Pathways to help-seeking include identifying symptoms and the condition, seeking information and advice, and seeking and accessing treatment. Health is grounded in the cultural, spiritual and religious context of Zimbabwean men's lives. Men interpreted sexual-health concerns as due to either natural (disease, psychological stress) or supernatural (displeased ancestral and religious spirits, witchcraft) causes. These interpretations influence their choice of treatment and health service provider. Dominant gender norms of resilience and self-reliance, together with shyness and embarrassment, can delay men's treatment-seeking. The HIV epidemic has made sexual health a more prominent issue in society. However, HIV-related stigma can hinder men's help-seeking for sexual-health concerns (particularly for sexually transmitted infections). Understanding and taking account of these issues in research, health promotion and healthcare services should benefit the sexual health of both men and women.

This is an exploratory study examining the spiritual experiences of HIV positive gay males. A generic qualitative methodology was used in the interviews with seven men who were living with HIV or AIDS. Through semi-structured individual interviews, the researcher explored the spiritual experiences of the participants. Eight major themes were identified in the analysis of the interviews. The themes are: Church, Religion, Society, HIV Experiences, Spirituality, Relationships, Personal Philosophy, and Death. Each of these themes are interdependent and intertwined. Results are discussed, strengths and limitations of the study presented. Implications for social work practice are reviewed and future directions for research suggested.


The aim of this study was to conduct a systematic review of published and unpublished research investigating the prevalence of traditional, complementary and alternative medicine (TM/CAM) use in the general population. Results found that use of a traditional and/or faith healer seemed to have decreased over the past 13 years (from a range of 3.6-12.7% to 0.1%). The prevalence of traditional male circumcision was found to be 24.8% generally and 31.9% among the African Black racial group. The range of use of alternative and complementary medicine was from 0% to 2.2%. Local utilization surveys of TM/CAM for the last illness episode or in the past year showed a variation in use of 6.1% to 38.5%. The prevalence of conditions treated at different TM/CAM out-patients settings ranged from chronic conditions, complex of supernatural or psychosocial problems, mental illness, chronic conditions, acute conditions, generalized pain, HIV and other sexually transmitted infections. TM and probably CAM is used by substantial proportions of the general population, but differences in study design and methodological limitations make it difficult to compare prevalence estimates.


The aim of this study was to investigate the HIV/AIDS/STI and TB knowledge, beliefs and practices of traditional healers in South Africa. In a cross-sectional study 233 traditional healers were interviewed in three selected communities in KwaZulu-Natal. Results indicate that the most common conditions seen were STIs, a variety of chronic conditions, HIV/AIDS (20%) and tuberculosis (29%). Although most healers had a correct knowledge of the major HIV transmission routes, prevention methods and ARV treatment, their knowledge was poorer on other HIV transmission routes, and 21% believed that there is a cure for AIDS. A minority reported unsafe practices in terms of reuse of razor blades on more than one patients and the reuse of enema equipment without sterilization, and two-thirds used gloves when carrying out scarifications. Randomised control trials are called for to test the effectiveness of traditional healing for HIV/AIDS, STI and TB prevention and care.


The aim of this study was as part of a baseline assessment in PMTCT in the traditional health sector: a) to determine the views of women who have used the services of traditional practitioners before, during and/or after pregnancy, and b) to conduct formative research with traditional health practitioners (THPs), i.e. herbalists, diviners and traditional birth attendants (TBAs) on HIV, pregnancy care, delivery and infant care. The sample included a 181 postnatal care clients with a child less than 12 months interviewed at postnatal clinic visits from 20 primary care clinics in the Kouga Local Service Area (LSA), Cacadu district, Eastern Cape, and b) 54 traditional birth attendants (TBAs) and 47 herbalists and/or diviners were interviewed from Kouga LSA. Results showed that THP (in particular TBAs and to a certain extend herbalists/diviners) play a significant role in pregnancy and postnatal care, and also with the assistance of delivery. Certain HIV risk practices were reported on the practice of TBAs. THPs also seem to have some role in infant feeding and family planning. THPs should be trained in optimising their services in pregnancy and postnatal care, and preparation for health facility delivery. In addition, they should be trained on HIV risk practices, HIV/AIDS, HIV prevention including PMTCT, infant feeding and family planning.


Perelli focuses on the AIDS crisis in the gay male community. He says that the church has to have compassion for the gays even though the bible and Christian doctrine teach that being gay is immoral. The book discusses such topics as the emotional
stresses of AIDS, system of psychosocial stressors, family systems theory, and the applications of this theory in pastoral care of people with AIDS.


Male circumcision is the most commonly performed surgical procedure in the world. Circumcision may be performed to treat an underlying pathological process ("therapeutic circumcision"). However there may be religious, cultural, and social indications. This article addresses the religious, cultural, social, and ethical issues surrounding nontherapeutic male circumcision (NTMC). Any religious, social, cultural, or ethical issues relating to NTMC. METHODS: Because of the absence of high level evidence, a concise literature review was undertaken to identify articles published between January 1990 and February 2009 summarizing current knowledge on NTMC. There are complex religious, cultural, social, and prophylactic incentives for NTMC. The procedure may have associated clinical and psychosocial adverse events and raises such ethical issues as bodily integrity and consent. Because of the strength of the incentives for NTMC, there may be important implications in denying patients the procedure. Several important issues must be considered when introducing mass circumcision as a preventative strategy for HIV/AIDS. When assessing whether NTMC will benefit or harm a patient, clinicians must take his religious, cultural, and social circumstances into account. Males requiring mandatory religious or cultural NTMC are likely to suffer significant harm if they do not receive circumcision and should be considered separately to males in general.


Perry, Shireen. 1989. In sickness and in health. His name was Mark: A story of love in the shadow of AIDS. Downers Grove: Intervarsity Press.


This study represents an illumination of the voices of Ghanaian women affected by HIV/AIDS. This phenomenological study provides meaningful insight into Ghanaian women's perspectives on living with HIV/AIDS. Emerging from the experiences of the 20 co-researchers is a construction of the phenomenon of living with HIV/AIDS. Core dimensions of this phenomenon include The Pre-Illness Experience, The Core Experience of Living with HIV/AIDS and The Transformation of Self. This article will focus on one of the prominent themes of the co-researchers' Core Experience of Living with HIV/AIDS, namely coping through faith, spirituality, fatalism and hope.


Letter to the editor.


Condom social marketing (CSM) has become the dominant approach to AIDS education in many sub-Saharan African countries is quite of questions about its efficacy and ethics and claims that this approach excludes genuine community participation. This article argues that the growth of social marketing techniques in Africa is linked to the promotion of privatization and free markets in the structural adjustment paradigm. The CSM experience in a central Mozambican community reveals the dangers of using the method. Lack of community dialogue and participation has resulted in contrasting messages about sexuality and risk behaviour being spread by Pentecostal and Independent Churches, whose members make up a majority of the population.


Pentecostal fervor has rapidly spread throughout central and southern Mozambique since the end of its protracted civil war in the early 1990s. In the peri-urban bairros and septic fringes of Mozambican cities African Independent Churches (AICs) with Pentecostal roots and mainstream Pentecostals can now claim over half the population as adherents. Over this same period another important phenomenon has coincided with this church expansion: the AIDS epidemic. Pentecostalism and HIV have
travelled along similar vectors and been propelled by deepening inequality. Recognising this relationship has important implications for HIV/AIDS prevention and treatment strategies. The striking overlap between high HIV prevalence in peri-urban populations and high Pentecostal participation suggests that creative strategies, to include these movements in HIV/AIDS programming, may influence the long-term success of HIV care and the scale-up of anti-retroviral treatment (ART) across the region. The provision of ART has opened up new possibilities for engaging with local communities, especially Pentecostals and AICS, who are witnessing the immediate benefits of ARV therapy. Expanded treatment may be the key to successful prevention as advocates of a comprehensive approach to the epidemic have long argued. [author]


A growing body of evidence demonstrates a significant relationship between spirituality and health. HIV-infected individuals often find new meaning and purpose for their lives while establishing new connections and strengthening old ones. This descriptive, correlational study examined the relationships among spiritual well-being, sleep quality, and health status in 107 HIV-infected men and women. Spiritual well-being was found to be a significant factor related to both sleep quality and mental and physical health status. Every study participant reported sleep disturbance. The findings suggest that spiritual well-being and sleep quality need to be assessed so appropriate interventions can be implemented to improve health outcomes in this population.


Phiri begins by highlighting that violence is a power game instituted by patriarchal institutions. She uses interviews to gather the views of Christian women regarding the subject of violence against women. She identifies four Christian beliefs that sustain abusive relationships, that God intends men to dominate women, that women must submit to men, that suffering is desirable and that women are morally inferior to men. These are patriarchal ideological tools towards the domination of women and women when wronged are taught to forgive hurriedly. She identifies beliefs that entrench gender based violence such as that women are owned by men in marriage, that sex is a tool for domination and lately that virginity cures HIV/AIDS. Gender violence is not only in the societies but within the Church itself. [CHART]


This chapter is the introduction to the first book on HIV/AIDS and gender written by members of the Circle of Concerned African Women Theologians. It is explained why and how the Circle responds to the HIV epidemic. Phiri makes clear that the Circle aims to make a gender based response, addressing critically the social, cultural, economic, and religious factors that make women vulnerable to sexual violence and HIV infection. The Circle, therefore, calls for action and transformation in both society, the church and theological institutions. [CHART]


From the 4th to the 9th of August, 2002, 140 African Women Theologians met in Addis Ababa, Ethiopia under the theme of 'Sex, Stigma and HIV/AIDS: African Women Challenging Religion, Culture and Social Practices'. The aim of the conference was to highlight the centrality of gender and HIV/AIDS because we came to the realization that ultimately HIV/AIDS is a gender issue. The purpose of this paper is to examine from the perspective of African women theologians the controversial issue of virginity testing as a resource for combating HIV/AIDS.


African women's theologies are plural to reflect the diversity within Africa among women. At the onset of HIV/AIDS in Africa, the initial church response was to call the illness a punishment for promiscuity. For this reason, some Christian health workers would not treat AIDS patients. Recently, married women are most likely to contract HIV. The challenge for theology in Africa is to confront the patriarchal culture that places women at risk.

The aim of this paper is to analyse theologically the responses of teenage girls to an essay writing competition that was sponsored by the KwaZulu-Natal Regional Christian Council in August 2003. Of special interest to this paper is the fact that although the competition was deliberately targeted at men as agents of moral transformation in the reduction of the spread of HIV/AIDS, 35 girls nevertheless decided to participate and make their views known. It is the argument of this article that the responses of these girls should be viewed not as a misunderstanding of the instructions but as one example of women, who were thought to be non-agents, choosing to be agents of change by participating in the competition. Furthermore, the girls became agents of change through what they said in the definition of masculinity and what men's roles should be in the prevention of gender-based violence and HIV/AIDS. The girls are hoping for a definition of male leadership that protects women and children from contracting HIV through abstinence, faithfulness and condomising; that prevents gender-based violence. The girls also view virginity testing as a positive contribution by women to prevent the spread of HIV/AIDS, an issue that is based on cultural teaching, whose practise is very controversial from a gender perspective. In this paper, the response of the girls is connected to the African women theologians' understanding of eschatology, which says the expected new life of wholeness should be experienced here on earth just as it is yet to come. Thus both the practice of manhood and womanhood must promote life in all its fullness as demonstrated by Jesus Christ.

The overall goal of this module is to contribute towards building an HIV and AIDS competent church and theological institutions. The primary target audience is the distance learning community, but it can certainly be used in other settings such as residential theological institutions. The module deals comprehensively with the interface of gender and HIV prevention in Christian and African indigenous religion contexts while also touching on some secular responses to teh gender problematic. The issues raised include construction of gender and gender-justice; prevention and issues preventing safe behaviour; stigma and means of de-stigmatisation; care giving and affected groups. The module provides many learning activities and some readily available material for further reading. [CHART]

In the African churches judgmental attitudes regarding HIV are still common and appropriate theologies of sexuality and of HIV and AIDS remain rare in a context where the major mode of transmission of the virus is through unprotected hetero-sexual intercourse. This brief paper attempts a life affirming theological reflection on HIV and AIDS drawing on the work of the Circle of Concerned African Women Theologians. It calls on churches to re-examine their theology using a gender perspective, to be guided by the Bible but from a liberative hermeneutic, and to find ways to honour the sacredness of life and to celebrate sexuality. [CHART]

The content of this book by the Circle of Concerned African Women Theologians originates in the 2002 International Circle Conference in Addis Ababa on Sex, Stigma, Women and HIV/AIDS. It is divided into three parts. Part I deals with 'Re-reading the Bible' and offers contributions on passages from the Bible re-read in the perspective of HIV/AIDS, pleading for a more accepting behaviours towards and for improved understanding of those affected by HIV. Part II is called ‘Challenging Faith Communities’ and discusses the attitudes of faith communities towards people affected or infected by HIV. It shows how positions taken in faith groups towards sexuality and contraceptives undermine the fight against HIV. Part III, ‘Practical Resources for Faith Communities’, offers suggestions on pastoral care to PLWHA, on including HIV/AIDS in theological training curricula and on developing liturgies to celebrate life and lament the suffering the pandemic brings.

This collection of essays examines and elucidates the work of Mercy Oduoye, founder of the Circle of Concerned African Women Theologians. “Keenly aware of the many issues and challenges that confront the African continent in this new century, the present work seeks to address those concerns that impact women’s health within the broader paradigms of African religion and culture.” The three aims of the work are to highlight the work of the members of the Circle and their hermeneutic of liberation; to show how this work relates to African and womanist theology; and to place the Circle theology in relationship to the forms of theology common in the West. Its first section celebrates Prof Oduoye; a second considers texts and specific contexts relevant to African women and health; while the two final sections are dedicated to ‘Women as traditional healers’ and ‘African women’s experiences of health and healing, endurance and peacemaking’, which address HIV, stigma and non-violence. [CHART]

This book is translated from the Afrikaans “MIV/VIGS: ons grootste uitdaging nog! Die pad voerentoe vir die kerk in Suid-Afrika in die lig van die VIGS-pandemie.” Pick attempts to show how the church can help and what it can do in the face of HIV. In order to motivate his call for a more strategic effort he presents the extent of the pandemic and its implications for the pastoral and diaconal ministry (addressing issues like poverty, orphans and prevention). In his theological reflection Pick deals with ethical questions – e.g. different sides to the condom debate, sin and punishment, human sexuality, suffering and death. The section on the pastoral challenge sketches the church as healing community, with practical steps of realising this ideal. Due to its brevity and wide scope its content is not covered in depth; especially on the important issue of stigma or on involving the whole membership in the response to HIV. It is however a helpful guide for developing a truly Christian response. [B.J. de Klerk review extract]


In addition to six chapters covering critical aspects of building and sustaining successful church/agency partnerships, this 150-page guide provides 10 original lesson plans examining ethical, moral, and theological issues around the AIDS epidemic and outlining practical steps toward action, all within an ecumenical context.


This article works with the assumption that Practical Theology requires involvement at grassroots level. The narrative approach to pastoral care offers certain possibilities, by means of Participatory Action Research, for setting foot on grassroots level together with research participants. In this case, the research participants are children infected or affected by HIV/AIDS. Initial expectations were that children infected or affected by HIV/AIDS would be particularly defenceless against violence. The research in two comparative, traditional black suburbs confirms that it is not HIV/AIDS, in the first place, but poverty, which leaves children defenceless against various forms of violence. Proposals are made about taking a stance and about the role of the church as an alternative community.


Focuses on the important issue of young adult female sexuality in an age of HIV/AIDS and looks at the influence of the parental home, the church and young black women’s own belief about their sexual behaviour. Sexuality is influenced by societal voices (shaped by history) that override religious and parental voices. Parents are hesitant to speak out, the Church is burdened with an antiquated and unworkable sexual ethics and the young women’s belief is overpowered by social discourses. Male domination and infidelity exacerbate female vulnerability and contribute to the powerlessness of young women in sexual relationships. Feminist theology puts forward a comprehensive theology that demands integrated embodiment and full humanity for women, serving as a corrective for historical and societal voices. This can be achieved when relationships are mutual, reciprocal and empowering. Proposes an accountable, sexual ethics that will renew and recreate the lives and relationships of young people in a confusing and perilous environment.


The HIV/AIDS epidemic continues to evolve and has now reached pandemic proportions in South Africa and other developing countries throughout the world. HIV/AIDS presents a challenge to the well-being of individuals and to the public health of proportions unprecedented in modern history. While the challenge is scientific and medical, it is also psychological, legal, economic, social, ethical and theological. It is no longer a question of “why” the church should respond but rather “how” the church ought to respond. When the churches’ response to the HIV/AIDS pandemic is analysed within the framework of the
disaster management continuum, one gains a schematic perspective of the current responses as well the gaps in such responses.


The AIDS pandemic presents challenges that are varied and complex, and thus it requires exploring unique and creative responses by all sectors of society, including the church. Skewed gender power-relations, and particularly the marginalization of women are understood (among the many exacerbating factors) to be contributing to the spread of the HI-virus. The perceived inferior nature of women has made them socially, economically and sexually more vulnerable to contracting the HI-virus. Women unfriendly readings of the Bible have contributed to attitudes and practices in church and society which affirmed patriarchy and the subjugation of women as “the natural order of things”. This article explores how a woman deemed “invisible” by the natural order of things, transcends oppressive attitudes and practices by claiming freedom and equality in public assembly. This re-reading of Luke 7:36-50 is an invitation to re-discover the transformative potential of a New Testament text in the light of past (and present) discrimination and the androcentric reading of Biblical texts that contribute to, and sustain the marginalization of women in the church and society.


If theology is to connect with the reality of life, then theology has to be perceived as the discovery of God, not just in God’s person or being, but also in God’s relationship with the world. AIDS is about relationships. It is about intimacy, sexuality, vulnerability, pain, suffering, death, prejudice and bigotry. The first three sections of this paper, 1) Sexism in the church: A brief overview, 2) A gendered God? and 3) Women, church, poverty and AIDS, serve the purpose of contextualising the need for re-reading biblical texts. This is followed by exploring the usefulness of the bible in arguing for gender equality and problematising the scramble for methodology in biblical interpretation. A final section, Socio-rhetorical interpretation: an integrated approach?, suggests that, using the insights gained from the various methodological paradigms in an integrated way may be a possible response to what is considered to be a methodological malaise. Generally, this exploration seeks to illuminate how the social, cultural and individual locations and the perspectives of readers influence their understanding of a text, which is then also reflected in how – and what – people speak about, reason about, and write about.


HIV and AIDS present challenges to the well-being of individuals and to public health of proportions unprecedented in modern history, and stigma has been identified as the single most contributor to the spread of the HI-virus. While the challenges presented by the AIDS pandemic are scientific and medical, it also has a psychological, legal, economic, social, ethical and religious impact on those infected and affected. This calls for a multi-disciplinary approach involving all spheres of society, including the Christian church. The underlying question in this dissertation is not whether the church should respond to this urgent societal challenge, but how it ought to respond. To explore this question, the dissertation investigates how a New Testament text (as primary resource), particularly Luke’s Gospel could be a resource for shaping/sharpening the church’s response to the pandemic. However, reading a first century document in the context of a twenty-first century societal challenge, poses serious hermeneutical questions. Besides the historical gap (with all its social and cultural ramifications), New Testament texts lend itself to diverse, contradictory and ambiguous interpretations. Therefore, an argument is made for a multi-dimensional interpretive framework, namely socio-rhetorical interpretation (SRI). Chapter one of the dissertation offers a description of SRI as an interpretive ‘analytics’ and it maps the development of SRI. Chapter two presents an excursion of the relevance of Luke’s Gospel over the centuries and a narrative reading of Luke 1-9 is set in the context of worship and healing, respectively. It also sets the scene for chapter three, which offers a socio-rhetorical analysis of Luke 10:25-37. Ultimately, chapter four determines (through the SRI strategy of blending) how Luke (10:25-37) interwove various (mainly pictorial) discourses from which new (Christian) ways of ‘seeing’, thinking, speaking, choosing and acting emerged within the broader Mediterranean context. A final chapter sketches the real life experiences of two Christian believers who are HIV positive, and the choices they are faced with. Being mindful of making ‘unaccounted-for’ links between the life-experiences of first century and twenty-first century Christians, the dissertation argues that the present day church, as worshipping community, could influence its members to make choices that are congruent with their Christian identity.

Pisani, Elisabeth. 1999. "Acting early to prevent AIDS: The case of Senegal." Joint United Nations Programme for HIV/AIDS, Geneva. This paper describes the experience of Senegal, a West African country that has worked hard to prevent HIV spreading, and that has maintained one of the lowest rates of infection in sub-Saharan Africa. It discusses the situation in Senegal before AIDS began its rapid spread across much of Africa. It looks at how the country reacted to the threat of the disease, and examines whether that reaction had any effect on people's behaviour and, ultimately, on rates of HIV infection in the country. It highlights the active engagement of religious, community and political leaders in the AIDS prevention programme. [From the Introduction]


A qualitative study was carried out in Namibia to explore how people infected with HIV cope psychologically with this life-threatening virus. The study was based on the theoretical concept of meaning making as developed by Park and Folkman (1997; Review of General Psychology, 1, 115–44) within the framework of Lazarus' stress and coping theory (e.g., Lazarus, 1993, Psychosomatic Medicine, 55, 245–54). Ten semi-structured in-depth interviews were conducted with people who were diagnosed as HIV-positive but had not yet developed AIDS. The participants had known about their status for 6 months to 8 years. None of them received antiretroviral therapy. The interviews were analysed by means of the circular deconstruction method (Jaeggi & Faas, 1991, Arbeitsmaterialien aus dem Institut für Psychologie der Technischen Universität Berlin). The findings revealed that all participants had accepted their HIV-infection and that this acceptance enabled them to reconcile with having the virus. All participants felt largely responsible for their HIV-infection and they also felt that they had deserved the contraction of the virus. Self-blame and the experience of ‘personal deservedness’ (Park & Folkman, 1997) turned out to provide individuals with a sense of control over the causes of their current situation. Almost all participants reported that since being diagnosed with HIV, religion became very important to them. Religious beliefs made their HIV-status more meaningful to the participants and brought a purpose to their HIV-infection as well as hope for a good outcome of this event.

Poblete, Sung A. 2000. "Relationship of spirituality, social support, reciprocity and conflict to resilience in individuals diagnosed with HIV." Rutgers University.


The writing of this thesis is to investigate the role that the church can have with people living with HIV/AIDS. This investigation takes us both into the role of the Evangelical Christian Church as a healing community, and becoming a haven for those who walk alone and suffer quietly because no one cares.

Never before in the history of the world have we faced such a pandemic. It knows no boundaries, leaving a path of death and destruction to all who treat it lightly. HIV/AIDS has touched every community within the global village. There is not a parliament or doctor that has not pondered this terrible illness. My question through this thesis is the role of the church. Can the church rise to embrace the enormous social need that HIV/AIDS presents. South Africa is a vast land with many race and cultural groupings. Effective therapy and pastoral care I believe transcends all race and cultural barriers. All human beings respond to love and shelter, the very basic of our human needs. South Africa has the highest rate of infection in the world. It is estimated that we will have over a million orphans to care for soon. Let the church not lag behind, let us set the pace of showing the love and care for all people with HIV/AIDS.


Older persons are frequently called upon to provide care to their younger relatives with advanced HIV Disease. This qualitative study of a convenience sample of 20 older minority informal care givers of HIV-infected adults and children, all but two of whom were African American, was designed to explore their experiences with HIV-related social support and HIV-related stigma. However, a serendipitous finding was that their major source of support and strength was not “social”; the respondents were sustained not by relationships with humans but through their personal relationships with “Jesus”, “God”, or “the Lord.” Although the Protestant Christian faith was their primary coping mechanism, they did not tend to disclose the presence of HIV in the family to their churches or pastors, usually due to fear of the repercussions of HIV-related stigma. Thus religion was a positive coping mechanism for their HIV care giving but the church itself was not. Researchers and practitioners need to
understand this irony, and clergy and lay persons in religious institutions should work to remove the fear of HIV-related stigma which precludes church members from asking their congregations for help and social support that is related to HIV caregiving.


The purpose of this study was to describe how spirituality affected the lives of African American mothers with Human Immunodeficiency Virus (HIV) in the context of coping. This qualitative descriptive study used secondary data of interviews from a larger longitudinal study of parental caregiving of infants seropositive for HIV. Participants were 38 African American mothers with HIV. Data from longitudinal semi-structured interviews were analyzed using content analysis. The women dealt with the stresses of HIV through a relationship with God. Two domains explain this relationship: God in control and God requires participation. The benefits of their relationship with God were a decrease in stress and worry about their own health and that of their infants. It is important for nurses working with mothers with HIV to acknowledge their spirituality and assess how spirituality helps them cope with and manage their illness.


Brief letter detailing the reasons for the why the Vatican’s opposition to condoms is unjustifiable. [CHART]

Porter, David. 1989. "AIDS epidemic grows, but is the church ready?" Christianity Today 33:42


Positive Muslims is a South African organization working to support Muslims living with HIV&AIDS and spreading awareness about the disease. This publication is the product of both the work of Positive Muslims and the ideas that led to its formation. It is intended for everyone who is interested in the issue of HIV, AIDS and Islam, especially those who want to understand how Muslims should comprehend this disease and how best to respond to those who live with it. It discusses dominant Muslim responses to HIV&AIDS and against those seeks to raise awareness of the reality of the disease, it tries to cultivate a compassionate attitude to those who are living with it, and encourages its readers to lead responsible lives and to work towards a world where each person can actually be responsible for his or her life and all of us for each other.


Contributed articles presented at a consultation organized by BTESSC, SATHRI and the World Council of Churches held at the Ecumenical Resource Centre, Bangalore from 10-12, Sept., 2003. It includes contributions from Samson Prabhakar, Mor Koorilos Geevarghese, World Council of Churches, and South Asia Theological Research Institute.


This study used a cross-sectional design to examine the role of religious involvement within a stress-process framework. Participants were 252 urban, low-income HIV-seropositive African American mothers. The relationships among religious involvement, stress, coping responses, social support, and psychological distress were examined using structural equation modeling. The number of stressors reported by the mother was related to greater religious involvement, which in turn was negatively related to psychological distress. Furthermore, the results suggest that social support, active coping, and avoidant coping responses mediated the relationship between religious involvement and psychological distress. According to the present results, interventions to attenuate psychological distress in HIV-seropositive African American mothers might focus on increasing social support, promoting active coping, and decreasing avoidant coping. The present findings suggest that this may be accomplished, in part, by promoting involvement in religious institutions and practices. However, in light of the cross-sectional design used in the present study, and given that religion may have both positive and negative consequences, further research is needed to determine the extent to which promoting religiosity may increase or alleviate distress.


The aim of this study was to examine associations between the importance of religion and disclosure of HIV seropositivity within sero-nonconcordant couples. In 2003, a face-to-face survey was conducted among patients selected in a random stratified sample of 102 French hospital departments delivering HIV care. Respondents who reported being in a couple with a non-HIV-positive partner were asked whether they had disclosed their HIV positive status to their partner and if religion
represented an important aspect of their life. Among the 2932 respondents, 1285 were in a sero-non-concordant regular partnership. Among these, 37.5% reported that religion played an important role in their life; 7.2% had not disclosed their HIV-positive status to their partner, and 11.6% were unaware of their partner’s HIV status. Lack of HIV disclosure to the partner was encountered more often among those who considered religion as an important aspect of their life. After multiple adjustment for socio-demographic factors, and for partnership characteristics, the importance of religion in the respondent’s life remained independently associated with a lack of HIV disclosure to the regular partner. In conclusion, individuals who place importance on religion appear to have difficulties in disclosing their HIV-positive status due to the associated stigma and fear of discrimination.


Ronnie’s Bible is a selection of sacred scripture from Genesis to Revelation with a prayer and response addressed to People Living with HIV/AIDS


Chiefly on Church work with HIV/AIDS patients and other faith-based human services; with reference to India.


With the primary focus of disease specific studies on the medical and biological transmission and progression of HIV/AIDS, the lived experience and meaning-making of individuals who live with this disease, is a literary scarcity. Similarly, the idiosyncratic meaning-making of middle class citizens diagnosed with HIV/AIDS appears largely unexplored. Addressing these concerns, the aim of this article is to explore the lived experience and meaningmaking of four middle-class South Africans diagnosed with HIV. Open-ended questions were formulated and used to elicit the rich idiosyncratic meaning of the complex experiences of the participants. The research indicates that HIV/AIDS is experienced as an intrusive violation of one’s way of being-in-the-world in relation to one’s self and others and involves a complex process consisting of overwhelming and intense feelings. The research also indicates that, in the experience of living with HIV/AIDS, a space is created for the rediscovery of spirituality, religion and compassion. Consequently, an appreciation for life, a need for belongingness, community, and also a transcendence of the mundane by positive embrace of one’s time on earth is facilitated in the experience of living with this disease. This positive shift in what it means to live with HIV/AIDS in South Africa might have important implications for the helping professions and from which many therapeutic benefits might derive.


This paper explores the relationship between faith and AIDS in western Kenya by looking at two sets of beliefs and practices: Christian salvation and Luo traditionalism. Many of the debates and conflicts about AIDS and its meanings among Luo people are shaped by people’s commitment to these very different faiths. While AIDS is exacerbating tensions between these ways of being and doing, the need to regenerate life and growth after death is also leading to negotiations between saved and traditional pathways. I approach these issues through the controversial subject of widow guardianship or ‘inheritance’.


Introduction to special issue: Christianity and HIV/AIDS in East and Southern Africa


In this study, we explored how adolescents in rural Kenya apply religious coping in sexual decision-making in the context of high rates of poverty and human immunodeficiency virus (HIV). Semi-structured interviews were conducted with 34 adolescents. One-third (13) reported religious coping related to economic stress, HIV, or sexual decision-making; the majority (29) reported religious coping with these or other stressors. Adolescents reported praying to God to partner with them to engage in positive behaviors, praying for strength to resist unwanted behaviors, and passive strategies characterized by waiting for God to provide resources or protection from HIV. Adolescents in sub-Saharan Africa may benefit from HIV prevention interventions that integrate and build upon their use of religious coping.


The media's message about AIDS is skewed. AIDS is portrayed as a disease of 'sinners' such as prostitutes, homosexuals and people with multiple partners. Popular media continue to carry reports of people who are deliberately infected by sufferers who are seeking revenge. Researchers have also found that the power of any media report is not embedded solely in the individual message but enters a polluted world. People analyse media messages and choose to listen (or not to listen) to messages based on who is the communicator of the message. Conflicting media messages about AIDS and its origins have been one of the barriers to campaigns aimed at behavioural change. Most media messages are not culture sensitive and further alienate the people they try to reach.


Although many young people know something about HIV/AIDS, they have limited knowledge about the epidemic - partly because society makes it difficult for them to obtain information. In the absence of information from credible sources, young people tend to turn to their peers. Media messages, however, if designed properly, can have a major impact on behavioural change in young people. Studies in other African countries have shown that mass media campaigns have lead to positive healthy behaviours. Messages that are received from newspapers, television, radio and all other forms of mass communications can inform and educate people about important health issues such as AIDS. In this paper, I shall look at media messages and how the media can be used to educate the youth. Secondly, I shall look at innovative ways to develop effective health campaigns targeted at young people between the ages of 10 and 18 years.


Assesses the health belief model and its application to the perception of HIV/AIDS prevention through public health education. Investigates the concepts of stigma and blame among the Chinese, Malay and Indian Singaporeans. Describes the methodology and data analysis used. Analyses the findings – that the significant majority believe HIV/AIDS sufferers to be risk-takers (rather than deviants) and that the most effective preventive measure against AIDS is to change sexual behaviour. Compares findings across the three ethnic groups – Malays believe that the individual is personally responsible for contracting HIV/AIDS, they also recognize the seriousness of the disease; the Indians had a sense of concerned responsibility, partially as a result of public health campaigns; the Chinese also had a sense of concerned responsibility, but not gleaned so much from health campaigns. Reports that, across the communities, younger people attribute HIV/AIDS to deviant sexual behaviour, while older people think of HIV/AIDS sufferers as victims of accidental infection and are therefore more sympathetic. Attributes ethnic differences to two facts: the first is that, in Singapore, people regard dual identify as important – on the one hand helping to shape Singapore's national identity and, on the other hand, retaining strong values of ethnicity; the second fact is religion, particularly the way Malay Muslims attribute HIV/AIDS to personal responsibility.


Many people feel some uneasiness over how to handle the issue of AIDS while being faithful to the moral teaching of the church about homosexuals. Because human's have frailties, they should be treated as our brothers and sisters. Competent social and pastoral care should be provided to AIDS and ARC victims, to their families, and their loved ones.


AIMS: This article describes young people's interpretation of HIV, AIDS and sexually transmitted illness in a rural South African community in Mankweng, Limpopo Province. METHOD: The study was based on 19 focus group discussions with adolescents aged 12-14 years. RESULTS: Our participants had limited knowledge about HIV from a biomedical perspective. Their understanding and interpretations of HIV and other sexually transmitted diseases were largely informed by traditional and religious belief systems that explain how and why people contract an illness via sexual intercourse. Based on these interpretations, they also expressed distrust towards the medical health system, and where to go for care, support and treatment. Local traditional healers were often mentioned as the only people who could cure several of the sexually transmitted diseases described by our informants. CONCLUSIONS: The ways of understanding HIV, AIDS and other sexually transmitted illnesses may weaken efforts of health education interventions based solely on a medical and modern notion of disease. The authors emphasise the importance of exploring traditional and religious belief systems and taking these into account when planning and designing behaviour change interventions.
Rahmati-Najerkolaei, F., M. Bazargan, S. Niknami, F. Aminshokravi, F. Ahmadi, E. Hadjizadeh, and S.S. Tavafian. 2010. "Experiences of stigma in healthcare settings among adults living with HIV in the Islamic Republic of Iran." Journal of the International AIDS Society 13:27. People living with HIV (PLHIV) sometimes experience discrimination. There is little understanding of the causes, forms and consequences of this stigma in Islamic countries. This qualitative study explored perceptions and experiences of PLHIV regarding both the quality of healthcare and the attitudes and behaviours of their healthcare providers in the Islamic Republic of Iran. In-depth, semi-structured interviews were held with a purposively selected group of 69 PLHIV recruited from two HIV care clinics in Tehran. Data were analyzed using the content analysis approach. Nearly all participants reported experiencing stigma and discrimination by their healthcare providers in a variety of contexts. Participants perceived that their healthcare providers’ fear of being infected with HIV, coupled with religious and negative value-based assumptions about PLHIV, led to high levels of stigma. While previous studies demonstrate that most Iranian healthcare providers report fairly positive attitudes towards PLHIV, our participants’ experiences tell a different story. Therefore, it is imperative to engage both healthcare providers and PLHIV in designing interventions targeting stigma in healthcare settings. Additionally, specialized training programmes in universal precautions for health providers will lead to stigma reduction. National policies to strengthen medical training and to provide funding for stigma-reduction programming are strongly recommended. Investigating Islamic literature and instruction, as well as requesting official public statements from religious leaders regarding stigma and discrimination in healthcare settings, should be used in educational intervention programmes targeting healthcare providers. Finally, further studies are needed to investigate the role of the physician and religion in the local context.

Rajuvarghese, Issac. 2002 "Current prevailing attitude of adults and teenagers of the Indian Orthodox Church towards people with HIV/AIDS." St. Vladimir’s Orthodox Theological Seminary.


Rakwena, Boitumelo. 2006. "Religious coping among people of individuals with HIV/AIDS." Faculty of Graduate Studies, Loma Linda University.


Raman, Varadaraja V. 2003. "Some Hindu insights on a global ethic in the context of diseases and epidemics." Zygon: Journal of Religion & Science 38:141-45. The article calls for inclusion of the wisdom of the religious traditions that look beyond material causes of illness for developing a global ethic for our context threatened by pandemic disease. It shows how the Hindu tradition draws on both the Ayurvedic approach, based on herbal medicines, and the insight that our karma (consequential actions) determines what we experience. As a result yama (self-restraint) and niyama (self-discipline) are advocated to prevent behavior that threatens well-being.

Ramer, Lois, Debra Johnson, Linda Chan, and Mary T. Barrett. 2006. "The effect of HIV/AIDS disease progression on spirituality and self-transcendence in a multicultural population." Journal of Transcultural Nursing 17:280-289. This study examined the relationship of sociodemographic and clinical factors with spirituality and self-transcendence in people with HIV/AIDS. It involved 420 HIV/AIDS patients from an HIV clinic who were predominantly Hispanic (79%) and male (82%), with a mean age of 39 years. Subjects completed spirituality, self-transcendence, health status, and depression scales. Medical charts were reviewed to obtain demographics, current therapies, depression diagnosis, CD4 cells (sometimes called T-cells), and viral load levels. Self-transcendence was related to levels of energy (p < .05) and acculturation (p < .05). Spirituality was related to levels of energy (p < .001) and pain (p < .02). Neither disease progression nor severity was related to self-transcendence or spirituality. The findings suggest the concept of self-transcendence may not be culturally meaningful to Hispanic patients. The development of valid and reliable tools specific for this population is important for future research.


Ideology and attitudes of Latino church leaders in the United States toward HIV/AIDS are explored. A qualitative approach utilized with emergent categories including: a desire within the Latino church for greater acceptance of HIV/AIDS sufferers, the supposed contaminating influence of HIV/AIDS individuals over other church members, and the feelings of helplessness many church members experience in relation to the HIV/AIDS crisis. Understanding ideological resistance that prevents engagement is here identified and a strategy of empowerment of church leaders is recommended to overcome it including: adopting a strengths-oriented service model that focuses on resources religious denominations already have, as opposed to a financially driven, medically oriented service model that highlights what churches often do not have; church leaders educating health care agencies on how to use religious beliefs to motivate church members to work on behalf of HIV/AIDS patients; the power of doctrinal ideology in affecting church and civil society’s response to HIV/AIDS.


This study examines the impact of religious organizations and the state on Malawian women's vulnerability to HIV. It draws on in-depth interviews with a purposive sample of 40 leaders from five faith-based organizations from urban and peri-urban areas of south-central Malawi. Analysis of the data produced an overarching theme, the condom divide, which conceptualized the divergence between HIV prevention messages of faith-based organizations and the state. The authors conclude that FBOs have "demonized" state messages about condoms, while their insistence on abstinence and faithfulness leaves women with few options to protect themselves. They suggest that nurses have a role in addressing this issue.


Addressed in this article are the familial, cultural and religious influences on Malawian women that contribute to HIV/AIDS. Thirty-nine adult Malawian women representing voluntary assistance groups, religious groups, and university women participated in 3 focus groups in Malawi. Interview data were taped, transcribed, and analysed using qualitative descriptive analysis. Findings revealed that multiple burdens in the lives of Malawian women resulting from poverty and responsibility for family members are made more onerous by religious institutions, sexual practices, and cultural beliefs. In conclusion, women's "donkey work" may result in at-risk sexual behaviour as a means of survival, thus increasing the incidence of HIV/AIDS. Alleviating the burdens involves efforts from religious groups and restructuring of belief systems.


A conference in Tanzania on AIDS in Africa shows how religious institutions can provide services to HIV-infected women an Africa. African women with HIV infection are under a tremendous burden because they are uneducated and dependent on their husbands.


This essay considers the social mores and theological frameworks shaping the reactions to increasing HIV infections in Britain’s Caribbean communities, their difficulty in confronting the pandemic and offering support to those affected and infected. The approach is based in Practical Black Liberation theology and draws on fieldwork conducted with a group in Birmingham. The author refers to Luke 8:40-48 with critical comments on the group’s reflection on this text as well as his own insights in recovering the church as safe space. [CHART]


This paper exploits a unique micro-level data set on primary healthcare facilities in Uganda to address the question: What motivates religious not-for-profit (RNP) health-care providers? We use two approaches to identify whether an altruistic (religious) effect exists in the data. First, exploiting cross-section variation, we show that RNP facilities hire qualified medical staff below the market wage; are more likely to provide pro-poor services and services with a public good element; and charge lower prices for services than for-profit facilities, although they provide a similar (observable) quality of care. RNP and for-profit facilities both provide better quality care than their government counterparts, although government facilities have better equipment. These findings are consistent with the view that RNP are driven (partly) by altruistic concerns and that these preferences matter quantitatively. Second, we exploit a near natural experiment in which the government initiated a program of financial aid for the RNP sector, and show that financial aid leads to more laboratory testing of suspected malaria and intestinal worm cases, and hence higher quality of service, and to lower prices, but only in RNP facilities. These findings suggest that working for God matters.


This paper has introduced some principles of Jewish tradition and Jewish laws regarding sexual relationships as they pertain to women’s issues in order to understand the impact of HIV/AIDS on the Jewish community in general and Jewish women in particular. A description of specific characteristics of the Jewish community in South Africa and the life experiences of the women in this community; their need for affiliation and their fulfilment through their membership in Jewish women's organisations is given.


Although numerous supportive therapies are available to challenge human immunodeficiency virus (HIV) disease and acquired immunodeficiency syndrome (AIDS), no cure exists. Those with HIV disease and its sequelae must confront the reality of living with a complex, chronic illness. When addressing the many challenges associated with HIV disease and AIDS, individuals may experience issues associated with spirituality. The article synthesizes the concept of spirituality and identifies the possible issues associated with spirituality for individuals living with HIV disease and AIDS. Additionally, nursing strategies based on Parse's theory of human becoming are proposed.


HIV transmission and occurrence of AIDS in the Middle East and North Africa region (MENA) is increasing, while access to ART in the region lags behind most low to middle-income countries. Like in other parts of the world, there is a growing feminization of the epidemic, and men and women each confront unique barriers to adequate HIV prevention and treatment services, while sharing some common obstacles as well. This paper focuses on important gender dimensions of access to HIV testing, care and treatment in the MENA region, including issues related to stigma, religion and morality, gender power imbalances, work status, and migration. Culturally specific policy and programmatic recommendations for improving HIV prevention and treatment in the MENA region are offered.


We describe modern and alternative health services use in terminal illness of adults, and assess whether utilization patterns of TB/AIDS patients are distinct from those of patients suffering from other illnesses. METHODS Data are from post-mortem interviews with close relatives or caretakers of the deceased. We provide descriptive statistics of health care utilization in adults and discuss their covariates in multivariate analyses. Over 85% of terminally sick patients visited a modern medical facility, but less than 40% spent more than 24 hours in a medical facility and only 25% died in one. Traditional healer (11%) and holy water (46%) visits offer a common treatment and healing alternative, but these visits do not co-vary in any consistent manner with the utilization of modern medical services. In terms of the cause of death, we find a higher contact rate with both modern and alternative medical service providers among TB/AIDS patients compared with those suffering from other medical conditions.
The duration of illness seems to account for a good share of that variability. Other covariates of health services utilization are socio-economic status, education and age. The contact rate of adults with modern medical facilities in terminal illness is almost universal, but their usage intensity is rather low. Alternative curative options are less commonly used, and do not exclude modern health services use. This suggests that both types of services are considered complements rather than alternatives for each other. Because the contact rate with health service providers is greatest for TB/AIDS patients, it is unlikely that HIV/AIDS-related stigma is an impediment to seeking care. We cannot exclude, however, that it delays health-seeking behaviour.


This paper presents the results of a study into the use of prayer among maternal caregivers of children with HIV. Colloquial and meditative prayer were used frequently and resulted in development of positive attitudes and emotions. Prayers of gratitude, trust and wonder helped to gain focus and calm, companionship, collaboration, guidance and moral direction. Results of the study emphasise the contribution of private prayer to caregivers and plead for greater sensitivity toward this among health care providers. [author - edited]


Prior research indicates that religion positively affects health, but this research consistently treats spirituality and religion as if they are one concept. The goal of this study is to separate the two and look at the effects of each on health. Using structural equation modeling, this study examines 837 respondents from the 1998 General Social Survey. The effects of strength of religiosity, religious beliefs, religious practices, and spirituality on health are compared. Findings reveal that spirituality positively affects health, while the effect of religious beliefs is negative. Race and age have positive effects; all other relationships are not significant. Findings from this study suggest that spirituality and religion are different concepts with different effects on health. While this study has its limitations, it fills a gap in prior research by disentangling spirituality from religion and comparing the effects of each on health.


This short paper describes the consultation for theological institutions in response to the urgency of the HIV pandemic in order to review a draft curriculum for theological training that was appropriate to this reality. It presents major issues in the debate, e.g. balancing what is desirable in light of AIDS with what was possible, and practical suggestions for the way forward. [CHART]


The motivating question may seem simple: why should Christian churches be involved in caring for those infected and affected by HIV/AIDS? The answer, however, turns out to be a complex one, requiring a carefully nuanced ecclesiological perspective. The very nature and function of the church - what the church is and what it does, oblige the church to be active in responding to HIV/AIDS. The diaconal ministry of the church can be revived in the simple everyday care that ordinary Christians give to their neighbours in need. Contrary to some widely-held assumptions, the central and distinctive actions of the church - its worship and Eucharist - properly understood, highlight its duty to care.


This article looks at the bereavement of children left orphaned by the HIV and Aids pandemic that is crippling the continent of Africa. Their bereavement is examined by means of the narrative approach and by integrating this approach with the traditional African art of storytelling. By listening to the stories of three Zulu children, the article gives them the opportunity to express their own unique stories of bereavement: stories that would otherwise have been silenced by the wave of bereavement in the wake of countless deaths worldwide as a result of HIV and Aids infection. It looks at the losses these children have suffered, their greatest fears and how their Zulu culture and customs influence their emotional experience of losing their parents. The
article shows how they can - by means of storytelling - reformulate the story of their lives and find the proverbial pot of gold at the end of the rainbow.


Traditional healers have a crucial role to play in building the health system in South Africa and strengthening and supporting the national response to HIV/AIDS. This paper sketches a background to traditional healing in South Africa and discusses international policies, guidelines and the South African legal framework on traditional health practitioners. It argues for the regulation of traditional healers and traditional medicine, as well as for the application of human rights principles within the traditional healing profession. The paper concludes with advocacy strategies and ways of aligning traditional healing with a human rights framework.


Over 40,000 people are now living with diagnosed HIV in the UK. There is, however, uncertainty about how people with HIV use religion or spirituality to cope with their infection. Adopting a modified grounded theory approach, we analysed individual and group interviews with the people most affected by HIV in the UK: black African heterosexual men and women and gay men (mostly white). For the majority of black African heterosexual men and women in our study, religion was extremely important. We found that gay men in the study were less religious than black Africans, although many were spiritual in some way. Black African individuals constructed their spiritual narratives as largely Christian or collective, while gay men described more individualistic or 'New Age' approaches. We developed a six-level heuristic device to examine the ways in which prayer and meditation were deployed in narratives to modulate subjective wellbeing. These were: (i) creating a dialogue with an absent counselor; (ii) constructing a compassionate 'life scheme'; (iii) interrupting rumination; (iv) establishing mindfulness; (v) promoting positive thinking, and (vi) getting results. That people with HIV report specific subjective benefits from prayer or meditation presents a challenge to secular healthcare professionals and sociologists.


Discusses the effects of contraception, which have borne out the predictions of Paul VI's encyclical Humanae Vitae: the explosion of out-of-wedlock births, lack of respect for women, STDs, HIV/AIDS, etc. The overpopulation claims that fed the acceptance and promotion of contraception have now been discredited by demographers; now the social costs of under population are increasingly apparent. Acceptance of contraception has now also led to an embracing of morally objectionable technologies like cloning. This is the latest consequence of the separation of sex and reproduction signaled by the acceptance of contraception.


This article provides an ethnographic analysis of Afro-Brazilian religious responses to the HIV epidemic in Recife. Drawing on participant observation and in-depth interviews conducted with Afro-Brazilian religious leaders and public health officials, it highlights the importance of the axé - a mystical energy manipulated in religious rituals that is symbolically associated with blood, sweat and semen. In an analysis of the relationship formed between the state AIDS programme and Afro-Brazilian religious centres, we conclude that the recognition of native categories and their meanings is one of the key elements to a fruitful dialogue between public health programmes and religious leaders that in the case studied, resulted in the re-signification of cultural practices to prevent HIV. Although the Afro-Brazilian religious leaders interviewed tended to be more open about sexuality and condom promotion, stigma towards people living with HIV (PLHIV) was still present within the religious temples, yet appeared to be more centred upon the perception of HIV as negatively affecting followers' axé than judgement related to how one may have contracted the virus. We discuss the tensions between taking a more liberal and open stance on prevention, while also fostering attitudes that may stigmatise PLHIV, and make suggestions for improving the current Afro-Brazilian response to the epidemic.


This publication consists of 8 lesson modules, presented in a loose-leaf binder, which in combination offer a complete course of pastoral preparation for responding to the AIDS epidemic. The design also permits theological colleges to incorporate individual modules selectively into pastoral courses already in the curriculum.


Despite the cultural salience of Christianity in many parts of Africa and the expansion of antiretroviral treatment, few studies have examined experiences of religious participation among HIV-positive individuals. Correspondingly, most studies of HIV self-disclosure in sub-Saharan Africa focus primarily on disclosure to sexual partners. Addressing both concerns, the central concern of this article is HIV self-disclosure in church settings, where disclosure rationales functioned as a key heuristic to explore experience of HIV-positivity, religiosity, and church participation. Given 39.2% antenatal HIV prevalence in Swaziland — the highest in the world — and an estimated 6 500 local congregations, this article draws on a medical anthropological project in Swaziland to investigate experiences of church participation among HIV-positive individuals. The data were derived from semi-structured interviews with 28 HIV-positive individuals across three domains: 1) pre- and post-diagnosis religiosity; 2) HIV stigma and support in church settings; and 3) decisions around HIV disclosure. Field research and open-ended interviews with individuals close to people living with HIV, health personnel, and pastors provided important contextual data. A grounded theory analysis showed that HIV disclosure in church settings is a highly reflexive process, mediated by subjective religiosity, the social dynamics of church networks, and broader structural vulnerabilities. Church participation often entailed significant stigma, which negatively affected self-disclosure and help-seeking practices; however, a rhetoric of 'courage' emerged to describe individuals who voluntarily disclosed their HIV-positive status. Pastors and pastors' wives were key protagonists in disclosure strategies. A church-based defense of the meaning of personhood for people living with HIV was among the most important findings. Given that congregations in much of Africa are predominantly female, and because women comprised the majority of the sample, the study productively problematised church settings as sites of analysis where gender, poverty, and religion intersect disease epidemiology in ways that may have untapped programmatic implications.


Investigation into the impact of a church run home-based care organisation on the perceived wellbeing of its HIV positive clients in Swaziland. The study also examined why people living with HIV and AIDS (PLWHA) felt Christian caregivers to be especially effective. Facing HIV stigma and myriad obstacles to ARV adherence, many participants felt they would have died without the caregivers’ interventions. In a radical departure from assumptions of Christianity’s obstructive conservatism, in this setting, religion served to advance many PLWHA material, educational and psychosocial needs.


The purpose of this study is to explore the concept of religious health assets (RHA) and its relevance to HIV/AIDS. This manuscript describes the experiences of caregivers with a church-run home-based care organisation in Swaziland, site of the world’s highest HIV prevalence (42%). In light of reduced antiretroviral treatment rollout in some areas of Africa, strengthening mechanisms of treatment support with HIV prevention has never been more critical. One modality may be community home-based care (CHBC), a core feature of the World Bank’s Multi-Country HIV/AIDS Program for Africa. Yet, these entities, and the frontline activities of local congregations, remain underexplored. Part of a larger anthropological study of religion and HIV/AIDS in Swaziland, this manuscript draws on 20 semi-structured caregiver interviews to discern patterns in motivations; perceived
client needs; care practices; and meanings of religiosity. Thirteen participants were care coordinators who oversaw approximately 455 caregivers across nearly half of the 22 communities served. Grounded theory analysis suggested that caregivers facilitated vital decisions around HIV testing, HIV disclosure, treatment uptake/adherence, as well as reduced HIV stigma. Also salient was the importance of a Christian ethos, in the form of 'talk' and 'love', as critically culturally situated care practices. Having expanded to an estimated 600 caregivers and 2500 home-based clients between 2006 and 2009, participants' reports intimated their roles as agents of broader social transformation. This article contributes to the expanding study of RHA and challenges authoritative global public health strategies that have largely marginalised local religious aspects of HIV/AIDS. Future applied research examining how 'home' and 'church' may be vital public health settings outside of, but integral to, formal health services and HIV programming is warranted.


This essay has attempted to describe the forest that is the moral process. It is from this juncture that the moral response to the AIDS crisis will come. Two fundamental themes have informed this survey and they are central to the moral process as expressed in the metaphor of the forest: one is the conviction that the moral process necessarily and inevitably includes and involves a number of role-players. The task is too vast to be covered by one or other party alone. The essay also amounts to a call for greater mutual recognition and respect on the part of all the players. The second theme is the vitality of the moral task: it is alive, it is rooted and it grows. Again the essay amounts to a call for greater humility and a deeper involvement beyond the impasse between the subject and the object.


The article tells the story of the author who contracted AIDS. She writes frankly about her life and the pain she caused her Christian family, her suffering and her search for God in this experience, and how she found her calling in her HIV positive status. [CHART]


The scale and severity of the HIV/AIDS epidemic raises the question of whether our understanding of Christian mission requires to be reshaped. The imperative to respond with justice and compassion leads to a forging of alliances with a surprising variety of social actors. The attention required by the sexual dimension of life calls for new concepts, new vocabulary and new emphases in Christian worship, teaching, and outreach. Gender-based power and sexual violence invite prophetic critique as never before. In a context in which many feel abandoned, the significance of a Christian ministry of presence is thrown into sharp relief. Through responding to the epidemic, Christian mission discovers a formative moment at which it is significantly reshaped.


PURPOSE: This study examines the Buddhist beliefs and practices of Thai HIV-positive postpartum women as ways to live with their infection. METHOD: Seven HIV-positive postpartum, Buddhist, Thai women were interviewed. Principles of hermeneutic phenomenology guided the study. FINDINGS: All women in the study practiced spiritual activities based on their understanding of three central Buddhist beliefs: karma, the Five Precepts, and the Four Noble Truths. These beliefs played a major role in helping them to deal with their infection. Meditating, praying, and doing good deeds are examples of spiritual activities they practiced. All participants maintained that their beliefs and practices allowed them to feel peaceful and that their ultimate goal in life is to find peace (Kwam Sa-ngob Jai). IMPLICATIONS: Understanding patients' spiritual beliefs and practices can help nurses to positively promote better nurse-patient relationships. Nurses should encourage patients' spiritual practices as being grounded in their belief system.


This paper argues that the fact that the church appears in the Creed as part of the third article (to do with the Holy Spirit) is crucial in understanding the role of the church in the face of “development” concerns such as poverty, environmental degradation, and HIV/AIDS – which Amartya Sen characterises as “unfreedom”. To argue that the church is the place where the Spirit is at work implies two important points: 1) The true church is characterised by the work of the Spirit; and that, 2) the work of the Spirit properly understood will draw the church into the concerns of “development”. If this is correct, then wherever people confront “unfreedom”, there the church of the Spirit is to be found.


Yet explains why the churches in South Africa need to be involved in the fight against AIDS in the country. Impact of AIDS on the economic development of South Africa; Difference between the AIDS epidemic in South Africa and other African countries; Efforts of the South African government in dealing with the disease.


Describes and evaluates the role of the Department of Theology and Religious Studies at the University of Botswana in the fight against HIV/AIDS. Several members of the staff and students have undertaken research projects and papers have been read at departmental seminars on HIV/AIDS. Members of the department have been involved in community service to victims of AIDS, including counselling and burying the victims. In spite of this, not enough has been done, and the department could improve by including HIV/AIDS in its core courses and intensifying the fight against HIV/AIDS.


This article gives an account of the AIDS in Context conference held at the University of the Witwatersrand in April 2001. It adopts a postmodern approach that concentrates on fragmented narratives and the construction of knowledge through competing discourses. It gives a critical "who's who" of the conference, which shows that a diverse spectrum of qualified people (mainly activists) participated, who took their motivation from very different backgrounds. In a survey of the conference presentations, the article highlights the dimensions of stigmatisation, the role and position of women, and the periodisation of the AIDS epidemic. The conference was characterised by the will to exchange ideas and should give impetus to further social history research in the field of religion and healing.


This paper first introduces the key issues regarding orphaned and vulnerable adolescents in the time of HIV/AIDS, including the developmental needs specific to adolescents. The second chapter summarizes the limited studies and programs working primarily with adolescents orphaned due to AIDS. Following are four case studies that demonstrate different strategies for working with adolescent orphans and other youth vulnerable to HIV/AIDS, reflecting different cultural and programmatic approaches relevant to Africa, Asia, and Eastern Europe. The last chapter presents conclusions and recommendations based on key themes that emerged in this analysis and identifies priority areas for further research. This is not a study on FBOs as such, but some of the case studies, e.g the one from Zimbabwe, are on a faith-based projects.


This book offers a collection of stories from Christian communities, as reported to consultations on healing ministries held in Africa, Asia and Latin America. Faith healing and spiritual cures have served as a part of Christian ministry from the time of Jesus. Yet many, these practices smack of magic, mysticism and irrational beliefs that seem deeply alien to Western patterns of religion. Conversely, Western patterns strike some Christians in other parts of the world as the dry fruits of aging, shrinking churches that are losing contact with the living source of healing power. It is in the midst of this tension that the world's greatest contemporary pandemic, HIV/AIDS, is challenging all the churches and changing concepts of what healing ministry means. The call to healing is also a call for change in the relationship of Christians and their churches to others around them, and to the world itself. Positive responses to this calling offer potential for life-transforming empowerment.


This collection of essays by members of the Commission on Faith and Order of the National Council of Churches(USA) looks at the experiences of persons with AIDS as a means to examine the way Christianity views the issue and deals with it on both personal and community levels. The study theme — one of a number working on areas where “a theology of life is emerging from situations of struggle and where ecclesiology … is changing in response to situations of struggle and death” — draws on the experience of members of the Commission who represent the Metropolitan Community Churches; hence its focus on the experience of gay, white men living with AIDS. The book includes chapters written by Letty M. Russell, Beryl Ingram-Ward, Marjorie Suchochi, Robert J. Schreiter, Kittredge Cherry, and Katharine Dobb Sakenfeld. These individual contributions - biblical studies, case studies of persons with AIDS, reflections — offer views that emerge from a common search and shared debate. Their shared commitment is to a church that is less dualistic and judgmental in its view of the disease, to justice in the matters of “sexuality, death and otherness” that AIDS raises. It ends with sections on resources for study and action and a select bibliography. [CHART]


This article is part of an interdisciplinary collection in support of the commitment of the Bishops of the Association of Member Episcopal Conferences in Eastern Africa (AMECEA) to respond to HIV. The 15th Plenary Assembly of AMECEA that took place in Uganda in June 2005, came out with a common framework of responding the challenges of HIV/AIDS in the region. The series of articles will help the churches in making an examination of conscience on what more can be done in fighting HIV/AIDS.

Ryan, Charles. 2003a. "AIDS and responsibility: The Catholic tradition." Pp. 2-18 in Responsibility in a time of AIDS: A pastoral response by Catholic theologians and AIDS activists in Southern Africa, edited by S. C. Bate. Pietermaritzburg: Cluster Publications. Ryan addresses the theme of responsibility at three levels. In the first, dealing with the question of who is responsible for AIDS, he mentions various options for the origin of the virus and demonstrates that any perception linking HIV to the wrath of God is not tenable. At a second level the responsibility of individuals living with HIV is addressed, discussing the question of guilt in a context of diverse moralities and concluding ‘that no one deserves to have AIDS’. At a third level, that of the responsibility of the (Catholic) Church, Ryan links the big but insufficient response to the pandemic to the persistence of a sense that individuals with AIDS are somehow guilty. He challenges the church to move beyond that, to an unprecedented practical effort in support and prevention undergirded by relevant and non-judgmental teaching on sexual morality. [CHART]


The article discusses three dimensions or levels of meaning of responsibility in the context of the response of churches to the AIDS pandemic in Southern Africa: First, who or what is responsible for the pandemic, i.e. is it an act of God? And if so what would that imply? The second level, that of the responsibility of individuals living with HIV, raises the question of sin, sexual transgression of church norms and whether anyone deserves to have AIDS. A third level is that of the responsibility of the church in preventing the spread of HIV and caring for those affected by the virus. The author raises some critical questions around this for churches, challenging them to make visible the ‘compassionate, healing and forgiving face of Christ’ in the AIDS context. [CHART]


Like theology and ethics generally, bioethics has increasingly developed a global consciousness. Controversies over HIV/AIDS research and access to affordable AIDS treatment have generated new awareness about the importance of international collaboration as well as the difficulty of achieving moral consensus across economic, political, and cultural divides. Advances in scientific and medical knowledge through initiatives such as the Human Genome Project invite new questions about the nature of health care as a common good. This budding global consciousness serves as a starting point for examining contemporary
challenges to the secular, principle-based, Western bioethics that has dominated national and international debate for three decades.


This article offers an introductory overview of intercultural communication in the ministry of healing in Africa, with special reference to the AIDS pandemic. It starts by contrasting the (generalised) African and Western views of healing and health, and the encounter between the two during the mission era. Saayman highlights challenges for the Western paradigm in this context, and contradictions within it. Poverty and AIDS are shown – the latter sketched in quite some detail – as specific areas where the healing ministry needs to find new ways forward. The author stresses the opportunities for the two approaches to mutually enrich each other, particularly the Western Christian vision of healing which in his view has remained virtually unchanged by the encounter with Africa and its understanding of healing. [CHART]


The article surveys the progress made in an attempt to answer the many questions posed by AIDS, which the writer sees as the leprosy of our time. The use of Western biomedical and its ‘safe sex’ preventive approach in Southern Africa is critiqued as not containing the situation. Rather introducing a more contextual approach that takes into consideration the socio-cultural domain, with its moral and ethical presuppositions would help bring down the epidemic. Christians, in this situation, are to emphasise the relational, communal and humanising dimension of shalom as they minister to people with AIDS.


Reflects on four issues and challenges which arise from Africa and define missiological thinking today. The first three are "problems": (1) the HIV/AIDS crisis and its implications for an African sexual morality; (2) the question of authentic contextualization or inculturation; (3) the scandal of African poverty and the call for justice in an age of globalization. The fourth issue and challenge reflects on the reasons for the growth of the church in sub-Saharan Africa. Cites six reasons for such growth: (1) a holistic understanding of the gospel; (2) joy in evangelizing; (3) a non-apologetic approach to evangelism; (4) the presentation of the gospel as truly good news; (5) the worshiping of a person, not a book; and (6) mission carried out as an action in hope-against-hope. Offers a caution about the quality of such rapid church growth. The church needs to grow as well in theological depth and the capacity for self-critique.


A survey of four prophetic figures in the history of South Africa (Ntsikana, Nongqawuse, Siener van Rensburg and Beyers Naude) shows that a prophet is a visionary intermediary, mediating a message between an authority (God) and an audience. Operating in stressful situations, prophets speak and act with the authority conferred on them by appreciative audiences, often in alliance with (or in opposition to) political powers. The HIV/AIDS pandemic and poverty are stressful situations calling for prophetic voices in contemporary South Africa.


This research project explores the relevance of Asset Based Community Development (ABCD) as a development strategy with People Living with HIV and AIDS (PLWHA). Contemporary development theory suggests that the assets and agency of the poor are crucial in any development process, and these ideas are important in ABCD. Many commentators have noted the relationship between HIV and AIDS and poverty, and that community development is a key response to this. The question therefore is whether ABCD is still appropriate and relevant in a situation in which HIV and AIDS undermines the assets and agency of the poor. The research takes the form of an in-depth case study in Marapyane village in Mpumalanga Province, South Africa. The findings of interviews with a series of key informants helps to gain an overview of the impact of the pandemic in the community, and the study then draws on interviews with nineteen people living with HIV and AIDS. The study notes the range of assets that they have access to, and argues that the ABCD approach to community development is still relevant and appropriate. At the same time, however, the study notes a range of important factors that need to be established for the ABCD approach to succeed. The research encouraged PLWHA to work towards one goal, the community has to stop discrimination against PLWHA, and PLWHA have to be included in all processes of community development. The use of skills that are among PLWHA need to be encouraged and supported by the community, PLWHA are called to connect with other local institutions in...
order to work together for the benefit of all members of the community. Local institutions are encouraged to contribute resources that will work to empower the capacity of PLWHA so that they will be able to fulfill their development dreams. PLWHA are to have a clear agenda and well-organised strategy that can eradicate poverty effectively. PLWHA are also encouraged to consider the land as their main resource and basic asset that can be utilised in poverty alleviation and thereby avoid unnecessary urban migration. Finally, the study looked at the agency of PLWHA as another way of contributing to the effectiveness of Asset Based Community Development.


The chapters deals with the purpose of suffering in Islam; the two explanations for suffering as either a test to make one stronger or as punishment for wrongdoing result in different approaches to suffering as in AIDS. This again has implications for biomedical ethics; in the view of Sachedina a mandate to cure disease and to care for the sick. This is discussed with reference to the AIDS pandemic.


This publication presents some of FHI’s positive experiences working with faith-based organizations, offering a snapshot of some of our best projects. It also shares some of the reasons we feel FBOs have been strong partners, and provides insights on what collaborative approaches have worked. Understanding what FBOs do uniquely well is essential for any nongovernmental organization seeking to collaborate with such groups. Information was gathered through interviews conducted in seven countries where staff reported strong links to religious groups and favourable impressions of the role of faith communities in FHI’s work. Taken as an aggregate, these countries—Guyana, Bangladesh, Thailand, Cambodia, Kenya, Rwanda, and Namibia—represent a varied set of social, cultural, and religious circumstances.


This paper is set against the background of an outcry for reintroduction of traditional puberty rites in Ghana to help bring restore the morality of the youth. The author proposes that positive cultural elements of these rites be restored as an important tool against HIV. Using a cultural approach she studies views on puberty rites among 3000 school children between 12 and 16 years of age, both male and female, by means of structured questionnaires and focus group discussions. It emerged that introducing puberty rites in a modern form was acceptable to the study group. Some concrete suggestions are then made about how to reintroduce the rites and which aspects should be avoided as they were potentially harmful. [CHART]


Students of Uganda’s Makerere University currently find themselves in the middle of an emerging clash of sexual ideologies, perpetuated by different peer groups. Transactional sex is one of the most evident social dynamics around the campus. For most women, particularly those from poorer backgrounds, having sex with often older, wealthier men is the quickest and easiest way to secure the material goods and lifestyles exemplified by their wealthier peers. This dynamic, known as ‘detooning’, whereby a woman will analogously extract a man’s teeth one by one until he is left with nothing, appears the most salient determinant of sexual behaviour amongst university students. This paper aims to examine how the increasingly popular theologies and social structures of Pentecostalism are creating new ‘born-again’ peer groups with their own standards for social and sexual behaviour. The promotion of sexual abstinence and an anti-materialist rhetoric challenge the central tenets of the prevailing sexual patterns amongst students. However the impact of the born-again discourse on actual sexual behaviour is complicated by broader socio-economic dynamics that influence the ways in which theologies are received and acted upon by Church members.


A case study based on two narratives obtained from the main caregivers of two persons with HIV-AIDS, the first one in Quebec and the other in Brazil. The two narratives are illustrations of the situation of social and moral exclusion of the sick persons, and of the possibilities and limits of rituality as part of the caregiving process, within two highly contrasted societies, one modern and the other traditional.


These guidelines have been developed by a working group of practitioners drawn from clinics, hospitals, congregations and communities. They are intended for use by practitioners from the congregation, community, clinic, and other partners in local responses which are incorporating ART. The content is organized according to what people need to know and do. Issues like prevention, youth vulnerability, stigma and the context of response are included, within the knowledge and behaviour framework, as part of integrated response. The expectation is that people in ordinary life can be treatment supporters and monitors, within the context of their ongoing concerns about prevention and quality of life. Many more people can be reached with treatment as the local community and congregation become directly involved.


In this study we address the crisis of AIDS as it continues to be a great challenge to Christians everywhere. How should we think, speak, and act as Christian, after discovering that our spouse, or family member is infected with HIV? What goal should the Church have in times of HIV/AIDS and what will be its specific contributions? Many churches and people of other faiths have responded constructively and with profound compassion to the HIV/AIDS crisis. Studies have been undertaken, religious leaders have issued pastoral letters, diaconal programs have been organised, and hospital chaplaincies have been expanded. However, traditionally, talking about sexuality has to a large extent been taboo and statements issued by African Churches are carefully formulated to avoid meaningful discussion on human sexuality. From such a background, we shall maintain that the Church need to consider a range of approaches appropriate to the situations of different individuals, a changing morality, rapid urbanisation, industrialisation, the influence of African or Western culture, the liberal or traditional attitudes towards sex in villages, towns and cities, the influence of alcohol and drugs as contributing factors for daily HIV infections, as well as the use of soldiers and mercenaries, who raped many women and girls in many countries that are experiencing civil wars. The study will conclude by maintaining that Christian faith is a faith in a God who loves life. There is little doubt that in the AIDS situation today, God would be on the side of life. God would not necessarily demand immediate moral perfection from people, who, for various reasons, cannot yet measure to that ideal. Therefore, let us light our lamps and take our brooms (Luke 15: 8-10) and go into the world in the search to find answers to the question, which of the possible courses of action best expresses the best way of being ‘a Christ’ in times of AIDS? The answer to this question in the words of Bonhoeffer is that the Church “is only the Church when it exists for others.”


The Christian response to suffering in the developing world is comparatively strong. Christians disproportionately work as service providers and advocates for the suffering and the poor. Christians show a consistent commitment to the most vulnerable and ignored – children, HIV/AIDS victims, and women. The Christian response shows perseverance, dignity, spirituality, and community involvement. Yet there are failures, and there is room for improvement. Notes ways the Western Church can respond to suffering in other parts of the world. These include: creating partnerships between Western churches and churches in the developing world, giving priority to the needs of women and children, developing economic strategies for alleviating poverty, and inter-faith partnerships.

This essay explores what Jewish ethics has to say about globalization in relation to the AIDS crisis. Special attention is paid to the consequences in affirming current intellectual trends to transcend traditional limits in both society and thought for rethinking traditional Jewish values. The discussion proceeds from two presuppositions. The first is that there is an intimate connection between ethics, science, and politics. The second is that the history of Jewish ethics involves three distinct forms that are generally correlated but rarely identical in content and moral judgment. These three forms are law, wisdom or virtue, and covenant. The discussion considers related issues of accidental connections in time between the bubonic plague and Zionism and between AIDS and homosexuality in relation to moral-theological issues related to divine providence and distributive justice.


In spite of impressive and speedy developments in medicine to address the AIDS pandemic in the 20 years since it became known, the epidemiological data remains frightening. This is a challenge also for theology. This book addresses the theological-ethical and canonical issues emerging from the AIDS pandemic against the background of the relevant medical insight and societal discourse. Central to the discussion is the statement that AIDS is God’s punishment, and the demand for a prohibition of marriage for those infected with HIV. Issues of morality and law are explored as AIDS remains a challenge into a third decade. [CHART translation]

Some proponents of Canon law, in early response to the presence of HIV among the faithful, proclaimed the HIV positive status of one spouse sufficient ground to nullify a marriage. Sanders uses this debate as starting point for his exploration of initial theological responses to HIV framed as a moral issue, and an opportunity to assert traditional sexual mores. He challenges the notion that sexual ethics can be conducted in an HIV context as it was prior to the pandemic; and pleads for considering HIV and AIDS as simply a life-threatening disease, for humility in judgments and solidarity with those affected. [CHART]


Purpose: To educate pastors of the Assemblies of God in Burkina Faso concerning HIV/AIDS and mother-to-child transmission (MTCT). Design: A pretest-posttest design was used with a convenience sample of 102 pastors attending the educational program on HIV/AIDS and MTCT in January, February, and March of 2005. The educational program was implemented in local Bible colleges in Ouagadougou, Burkina Faso. Methods: Participants attended an 18-hour programme on HIV/AIDS and MTCT. A picture booklet was designed and used to help explain the prevention of MTCT of HIV The pretest-posttest examination and follow-up evaluation were designed for this project. Findings: Results of the pretest showed minimal knowledge of pastors regarding HIV/AIDS. The median composite scores on the knowledge questions increased from 16% on the pretest to 92% on the posttest. Within the three month follow-up period, 34 follow-up evaluations were received. Although all the responding pastors had recommended testing for expectant mothers, only 13 had discussed MTCT in their churches or communities. Conclusions: The educational programme was effective in increasing the pastors’ knowledge of HIV/AIDS and MTCT. Further research is needed to identify barriers to full utilisation of that knowledge.

The paper reviews data from MEDLINE papers (surveys, reviews, clinical studies and comments) published between 1993 and 2007 on identifying barriers to condom use. Among a host of factors - cost of condoms, personal factors including alcohol use and depression, social factors like gender inequality, lack of a dialogue among partners and stigma – it found that in many communities, moral values, ethnic and religious factors also played a role in preventing couples from using condoms. The study concludes that in order to address the negative outcomes of these barriers for public health each of them must be effectively addressed.

After stressing the seriousness of the HIV pandemic in Africa, the author considers it from a traditional cultural African perspective. In this paradigm there are only eight potential causes for being unwell; the major ones are linked to having caused offence to a supernatural being. AIDS then becomes easily attributed to witchcraft. This in combination with ignorance and the absence of the idea of contagion results in behaviour that puts people at risk. While warning that the strong prohibition in traditional societies on sex outside marriage may exile women from their own communities and thereby put them at risk, the author holds judgmental attitudes himself. In his view condoms are regarded as 'a licence to sin' – and not needed by those who are 'decent'. He stresses the importance of inculturation, a process which requires inside objective knowledge of the traditions of a particular society and its potential contradictions; from there he believes it is possible to find a way forward.


The purpose of the research was to study factors related to African-American women's willingness to be caregivers of a loved one with HIV/AIDS. This convenience sample consisted of African-American women (N=102) between the ages of 21-66 residing in and around the Big Bend area of North Florida. Willingness to care was defined by the Willingness to Care Scale (WTC; Abell, 2001). Knowledge, beliefs, and risk behaviors were measured by the AIDS Knowledge, Feelings, and Behavior Questionnaire (AKFBQ; Dancy, 1991). One of the research questions considered the extent to which selected demographic variables (age; geographic location; religiosity; knowing someone with HIV/AIDS; knowing someone with a chronic illness; and caregiving history) are associated with African-American women's willingness to care for a family member with HIV/AIDS? The Pearson correlation technique was utilized to assess the relationship between age, religiosity (i.e., church role significance and frequency of church attendance) and willingness to care. A significant relationship was found between willingness to care and the caregivers' age. No significant relationship was found between willingness to care and religiosity. Overall, African-American women were found to be very willing to care for a loved one with AIDS. Their desire to care was unconditional, regardless of their lack of knowledge about the disease, their beliefs about AIDS and people living with AIDS, or their own engagement in risky behavior. One finding from this study is that African-American churches should be used as primary resources for promoting AIDS education and awareness.


Today in the United States, women account for more than one quarter of all HIV diagnoses; globally, HIV is the leading cause of death among women ages 35 to 44 years. There is a growing body of research regarding spirituality among those who are infected with HIV. The purposes of this quantitative descriptive study were to (a) describe two dimensions of spirituality (spiritual well-being and spiritual practices), and (b) determine relationships between these dimensions of spirituality in HIV-infected women. Participants were 83 HIV-infected women. The average age of the women was 43 years, and the majority of the participants were African American (62%). The three most frequently used spiritual practices were praying alone, helping others, and listening to music. A high level of spiritual well-being was evident among the participants, and a positive relationship was shown between spiritual well-being and number of spiritual practices used. Recommendations for future research are included.


The author motivates the fight against AIDS from the churches' call to mission.


This study examines the content and the implementation of church programmes on HIV/AIDS prevention, care and support, focusing on Ethiopia and Southern India. It is guided by the assumption that the approach to HIV/AIDS of parishes and church-related organizations might differ from the approach recommended by umbrella church organizations such as the World Council of Churches (hereafter, WCC). It is also assumed that church-related HIV/AIDS programmes differ somewhat from those of secular organizations, although this is not a comparative study. Additionally, this study attempts to answer the question of whether the church-based approaches are more or less helpful to the beneficiaries than other approaches. Finally, the study's investigation focuses on the question: Do the HIV/AIDS programmes of churches and church-related organizations contribute to an effective reduction of the pandemic, or, if not, what changes could be suggested?


The last few years have seen a flurry of activity from churches and Christian agencies in response to the HIV/AIDS pandemic. This study aims to establish what the response of churches and Christian groups in the Cape Town area is. The starting point for the response lies in the perceptions shaping the churches’ AIDS discourse, since church activities are to a large degree discourse based. Hence the study starts with an investigation of the relationship between discourse and practice, paying special attention to the common metaphors and discourses used when referring to HIV/AIDS. Since the African context is crucial to the way HIV/AIDS is developing here, questions are posed to these discourses from an African point of view. The study further considers the type of programmes emerging from this discourse. A survey was conducted by questionnaire in the Cape Town area to collect information from 30 Christian service providers and denominations. The aim is to evaluate whether the response is appropriate to the needs, to our African context and to the churches’ mission. It is my hypothesis that while the Christian contribution to AIDS services is valuable, it is in many respects not appropriate. To support this hypothesis the study develops criteria for an appropriate AIDS discourse, and based on that for an appropriate practical response to the HIV/AIDS pandemic. These were derived from relevant literature as well as a series of informal interviews with local AIDS activists. Finally some pointers are given as to how the Christian response to HIV/AIDS could be developed on a solid theological foundation in order to offer a service that is more appropriate to the needs, to our African context and to the churches’ mission.


This paper considers Church discourses on HIV and AIDS, and the context in which they occur. It points to some discourse theory, illustrating the importance of discourse for church activities generally, and the way discourse operates as a function of power. The main section of the paper discusses a number of common AIDS discourses which determine the discourse in Churches. It pays special attention to Africa, where differing worldviews and philosophies result in discourses that offer divergent explanations for AIDS and conflicting responses to it. A final section suggests some theological resources that might shape an appropriate Christian response to HIV and AIDS.


The first part of this chapter traces the development of norms for sexual behaviour within the Christian tradition and the early societal and historic factors that shaped them. It then shows how the reality of AIDS within churches challenges these norms and how churches are responding to the challenges. A final part suggests elements of a relevant theology of sexuality that might emerge from this process, a theology that problematises the ABC of prevention and seeks ways to celebrate sexuality as a gift. [CHART]


This study reports on the contribution of religious entities to various aspects of health in Africa, with the focus on health services. Three in-depth case studies were conducted in Uganda, Zambia and Mali as well as an overview of the relevant literature. The report sketches conditions of religious health service providers, distinguishing between facility-based and non-facility-based services. The latter includes the bulk of HIV-related services offered by religious groups, often as grass-roots responses to the needs, with poor infrastructure, heavy reliance on volunteers; most of these are not sustainable. The role of religious leaders in advocacy and health promotion, and the importance of traditional healers in providing access to health services to rural populations is highlighted. [CHART]
Schmidt, Kirsten M. 1997. "The spirit of women’s health spirituality and spiritual support as experienced by women living with HIV/AIDS." Dalhousie University.


God wants to recreate, and heal broken people and societies through His Church. When God gets involved in people and societies, through His Church it is a real praxis orientated happening which alleviates human suffering. Compassion relates to the whole human existence, and cannot be limited to the spiritual level of existence only. Compassion is a deliberate choice to stand on the side of justice, and to protect those who have fallen through the security nets of society. Thirdly, the Church needs to listen to the poor black community. Their stories, their suffering, their experience need to be listened to. The Church needs to take enough time to listen to and to observe these communities, before embarking on a programme of action. This three-fold listening process will then, like three colour disks moving over each other, produce a new colour. This colour is called compassion. It is a life-changing paradigm and not a superficial tinkering with the dials it changes and transforms the church’s outlook on life, its mission, and its vision. It transforms the church into a servant, following in the footsteps of the Suffering Servant Compassion as a missionary paradigm is becoming grass-root related, being made alive in the local congregation’s existence in the poor community. The Church must become visible as a caring, healing community amongst and composed of the poor themselves. What is the role of the local poor church in showing compassion to the needs of the community? The Church has a clear cut responsibility to reconstruct the moral fibre of the community. Compassion should become visible through empowerment signs of hope, a living liturgy, and preventative, educative and caring actions related to victims of AIDS, violence and unemployment. The local church needs lay counselling training. They need to be empowered by advocacy and lobbying skills, in order to be prophetically relevant. Above all, existing evangelism tools need to be used to empower the local church at the grass root level, to minister to a wounded world with the Gospel of new life in Christ.


There are reasons why the churches in the white community of South Africa are not really concerned or involved in the HIV/AIDS pandemic, which is primarily ravaging the black community. This may, however, be regarded as the "shibolet" for the credibility of the Church. The article emphasises the need for the (White) Church to listen in three directions: to understand its own identity, to listen (again) to the will of the Lord, and to listen to the needs of the Black community (especially in terms of HIV/AIDS). Then the church should become involved. This involvement must be above else in the local communities, in the practical ways, which are indicated, in the area of short-term help, but also empowerment and liberation.


Presents the case of Billy Chisupe, a subsistence farmer in Machinga, Malawi, who claims a definitive AIDS cure. Actions taken by the Ministry of Health on the claims of the healer; Background of Chisupe; Information on the Mchape cure.


Using data from a sample of college students from several campuses throughout the United States, this research examines whether ethnic differences (African Americans versus European Americans) in attitudes toward gays and lesbians are a function of religious attendance. Multiple regressions were run separately for attitudes towards lesbians and attitudes toward gay men. When predicting attitudes toward lesbians, ethnic differences were present in the absence of religious attitudes; however, when religious attitudes were entered into the model, ethnic differences disappeared. In predicting attitudes toward gay men, ethnic differences were never present, while religious attitudes were always statistically significant. We conclude that differences in attitudes toward homosexuals in general, and gay men specifically, are not necessarily a function of ethnicity but possibly of religious attendance and the effect of the Black Church. We end with a discussion of the link between ethnicity, religion, HIV/AIDS, and heterosexism in the African American community.

Recent statistics show the prevalence of HIV/AIDS in South Africa is still not decreasing, despite numerous intervention programmes and the formation of AIDS councils. In the medium to long term HIV/AIDS prevention could be more successful if there were to be a stronger paradigm shift towards more horizontal communication at the community level as opposed to the current mainly government-driven top-down approach which communicates solutions primarily through the national media. An interpersonal and interactive community approach, based on dialogue, is therefore urgently needed. Above all, this community focus should be based on clear values to ensure sustainability. Faith-based organisations should play a far greater role in AIDS campaigns in which the normative dimension is spelled out explicitly.


The article offers reflections on the virginity testing "movement" in KwaZulu-Natal, seeking to understand how those participating in it frame this activity as an AIDS intervention. It draws on fieldwork tracing the activities of the women performing the tests as well as the girls who come to be tested in townships in the Pietermaritzburg and Durban areas as well as in a village in the Hlanganani region. After sketching the historical context of virginity testing as well as the recent revival of the practice, it discusses meanings attached to the practice, and to the notions of virginity. Specific attention is paid to the importance of virginity for the construction of sexuality; and that of virginity testing as linked to sexual responsibility. It is here that the potential benefit for the practice as an AIDS intervention lies; the author pleads that this be considered in spite of the complexity of the issue and the many problems it raises. [CHART]


This chapter draws on an ethnographic study in the area of Centocow in rural southern KwaZulu-Natal, in particular the Zionist Pentecostal Church and its healing practices. It considers the discourse within the church on the causation of HIV/AIDS, its efforts to offer spiritual healing to AIDS patients, and how the religious practice sustains the discourse. The author aims to throw light on both the "clinical significance" of the treatment as well as its "anthropological significance"; considering the interaction of clinical and religious meanings for those undergoing the treatment. The church under investigation here views transgressions against traditional normative practices as the cause for AIDS. Those who seek treatment from the church do so because this explanation fits their frame of reference, but also because the treatment is offered in a secluded setting, safe from the curiosity of the family and community. The chapter argues that health-seeking behaviour of patients, especially those with HIV, is influenced by social stigma. [CHART]


This paper is a comparison of Martin Luther’s reaction to the plague which brought devastation to Wittenberg and parts of Northern Germany in 1527 with our present situation concerning the HIV/AIDS pandemic in Southern Africa. An attempt is made to describe how theology students try to relate the response and advice given some 500 years ago to present-day challenges to the church concerning the HIV/AIDS pandemic. This includes a response from the basis of Christian faith.


The purpose of this study was to identify and describe spiritual and religious experiences throughout life in gay men with symptomatic HIV illness. People with HIV illness identify spiritual and religious supports as important in maintaining their physical and mental health. Gay men with HIV illness may experience spiritual distress as their illness progresses. Spiritual supports from the religious communities and traditions of their youth may not be wanted, or may be unavailable to these men. Ten gay men with symptomatic HIV illness described their religious and spiritual lives. All were members of social minorities living in central Virginia. Transcendental phenomenological methods were used to guide the study, in which the following major themes were identified as essential to their experiences: (a) spirituality was experienced as a dynamic, evolving, reciprocal relationship with oneself, God, or a universal spirit; (b) co-researchers developed an identity of self-in-relation-to-church through the creative resolution of dissonance between institutionalized prejudice in the church and the lived gay Christian experience; (c) spirituality is expressed through religious practices; (d) experiences of religion and spirituality were intertwined with family relationships; (e) religious experiences were perceived as more important to spiritual satisfaction than experiences defined as spiritual but not religious; and (f) for African American co-researchers, the traditions and practices of the Black
Church were the foundation of spiritual and religious experiences. Eight co-researchers identified others' negative responses to their homosexuality as social problems that affected their behavior in formal religious settings, but not their self-acceptance.


A total of ten gay men with symptomatic HIV illness defined "religion" and "spirituality" and explored their experiences in a transcendental phenomenological study. Themes essential to participants' experiences were (a) spirituality was experienced as a dynamic, evolving, reciprocal relationship with oneness, God, or a universal spirit; (b) participants developed an identity of self in relation to Church through the creative resolution of dissonance between institutionalised prejudice in the Church and lived gay Christian experience; (c) spirituality was expressed through religious practices; (d) experiences of religion and spirituality were intertwined with family relationships; (e) religious experiences were perceived as more important to spiritual satisfaction than experiences defined as spiritual but not religious; and (f) for African American participants, the traditions and practices of the Black Church were the foundation of spiritual and religious experiences. A total of eight participants identified others' negative responses to their homosexuality as social problems that affected their behaviour in formal religious settings but not self-acceptance.


This article presents an interview with Pernessa Seele, founder and CEO of the organization Balm Gilead. Before there was The Balm In Gilead, she was one of the first AIDS educators in New York City. The AIDS epidemic was young it was new. She says that she found herself at Harlem Hospital. And it was during the first three days of work at Harlem Hospital that there were all these people living with HIV and dying all around her. There was nobody from the church. And that was not her experience of the Black church.


The Casa Fonte Colombo (CFC) is a religious organisation that assists people living with HIV/AIDS (PLWHA). The funding for its activities comes from public sources such as the Brazilian National STD/AIDS Program as well as the Catholic Church. Capuchin (Franciscan) priests run the CFC and it has an extensive group of volunteers made up mostly of women. Between 2006 and 2009, we observed daily life at the CFC and interviewed priests, volunteers, employees, service providers, and clients. We also attended meetings, group sessions, and celebrations. Everyday actions carried out by the CFC reveal the efforts to resolve the tension between the position of the Catholic Church and the Brazilian state in the politics of AIDS. These efforts affirm that the CFC presents itself as a space where the position of the Catholic Church, as much as the politics of public health, are re-worked, giving way to a progressive act of Catholic prevention and assistance for AIDS that we call 'theology of prevention'.


In this presentation, which reports on work in progress, I discuss the different discourses and changing representations of the Ugandan official AIDS Control Programme (ACP) and those of the churches. There would appear to be two phases. In the first phase, the differing verbal strategies used by the ACP and the churches and the tensions between them are encapsulated in their respective slogans: Love Carefully of the ACP and Love Faithfully of the churches. Arguably these rehearse different political agendas and contend for hegemony. In the second phase, illustrated principally from posters designed for World AIDS Day organised on 1 December 1988 in Kampala, I show how the ACP would appear to have adapted its verbal strategies in order to reach some accommodation with the medicomoral discourse of the Churches, supported by the President. I argue that AIDS discourse needs to be seen as part of a complex development and political issue, with a clear gender dimension necessitating close, qualitative ethnographic studies; that a study of AIDS discourse is not purely an abstract concern with the symbolic and a 'first-world' luxury—but that it has clear implications for social policy, social action and the quality of life for those with AIDS and their carers.


The competing discourses of HIV/AIDS circulating in sub-Saharan Africa are identified. These are medical, medico-moral (where dominant religious discourses are located), developmental (distinguishing between 'women in development' and gender and development perspectives), legal, ethical, and the rights discourse of groups living with HIV/AIDS and of African pressure groups. The analytical framework is that of discourse analysis as exemplified by Michel Foucault. The medical and medico-moral are identified as dominant. They shape the perceptions of the pandemic, our responses to it, and to those living with HIV/AIDS.
However, dissident activist voices are fracturing the dominant frameworks, and are mobilising a struggle for meaning around definitions of gender, rights, and development.


Evangelisation means going into the streets as witness, not as giving witness. Without proselytising, it is a life of prayer, charisms, bible reading with an ear to the Spirit, shared fellowship and concern for unity and reconciliation among and beyond churches. Jesus’ little ones are its care: addicts, homeless, marginalised, AIDS victims. Liturgy is its life. Witness in service and theology are the poles of its vocation: prayer, the heart, service, the arms and hands, theology, the backbone. Neither Roman, Protestant or anything else but evangelical, catholicity needs metanoia: reconciliation. Axes of Church responsibility: inter-religious colloquy; dialogue with the scientific and technological culture; concerned involvement in work for justice, peace, the safeguarding and respecting of creation and - for French and German border peoples - knowledge of one another’s languages.

Background: There is growing recognition that attention to social and behavioural factors in tuberculosis (TB) control needs to complement biomedical emphasis on better drugs, vaccines and new diagnostic tools. Methods: Using qualitative methods, we conducted 10 focus groups and seven individual interviews to explore how TB is perceived or experienced in southern Thailand. Participants included male and female patients with TB, patients with AIDS, TB care providers, family members of patients with TB, religious leaders (Buddhist and Muslim), and unaffected community members. Results: Responses informed two conceptual frameworks on stigma and social support. The first model dichotomised the meaning of TB into ‘good’ and ‘bad’ factors related to social support and stigma, respectively. The second model identified three themes—disease severity, religion, and knowledge of TB—linked to either stigma, social support, or both. Conclusion: Social support as a facilitator and stigma as a barrier are diametrically opposed concepts that need to inform TB care and treatment. Interventions to reduce stigma and promote social support at the patient, household, community, and health care system levels should be part of future efforts in the control of TB in Thailand.

The challenge of the AIDS pandemic to the healing ministry of the Church is examined. Several stories of AIDS victims highlight the sociological and psychological crises that the disease has brought about in their lives.


A decade ago, an expert panel developed a framework for measuring spirituality/religion in health research (Brief Multidimensional Measure of Religiousness/Spirituality), but empirical testing of this framework has been limited. The purpose of this study was to determine whether responses to items across multiple measures assessing spirituality/religion by 450 patients with HIV replicate this model. We hypothesized a six-factor model underlying a collective of 56 items, but results of confirmatory factor analyses suggested eight dimensions: Meaning/Peace, Tangible Connection to the Divine, Positive Religious Coping, Love/Appreciation, Negative Religious Coping, Positive Congregational Support, Negative Congregational Support, and Cultural Practices. This study corroborates parts of the factor structure underlying the Brief Multidimensional Measure of Religiousness/Spirituality and some recent refinements of the original framework.

This booklet acknowledges that it is a ‘first step’ in exploring the response of the Hindu religion to HIV. It is an innovative attempt to bring together important voices from ancient Hindu texts and from contemporary religious leaders, with basic facts about HIV.


Use Rogers’ (1992) framework of the science of unitary human beings to examine relationships among spirituality, perceived social support, death anxiety, and nurses’ willingness to care for AIDS patients. Findings: Willingness to care for AIDS patients was positively correlated with spirituality and perceived social support, and negatively correlated with death anxiety. Death anxiety moderated the relationship between spirituality and willingness to care. In total, 17% of the variance in nurses’ willingness to care for AIDS patients was explained. Additional regression analyses indicated that group membership as either an AIDS-dedicated nurse or medical-surgical nurse did not moderate or change hypothesized relationships. Conclusion: Because group membership explained 22% of the variance in willingness to care, the data indicate that group culture or professional identity should be further examined as predictors of nurses’ willingness to care for AIDS patients. Clinical Implications: Social support at work from administrators and colleagues, as well as the support from patients themselves is important to nurses and should be fostered.


This chapter discusses women’s vulnerability to HIV — outlining social, economic, biological, cultural factors and how to overcome them. Some stories illustrate the impact of HIV on women’s lives. The conclusion offers a theological reflection on the matter, highlighting that women turn to the church for help. The author stresses biblical resources for promoting gender parity; and for guiding the understanding of sexuality—exclusively within marriage. Some helpful practical suggestions are made (offering income generation as alternative to prostitution, or promoting dialogue between spouses); the tone remains judgmental. [CHART]


This study set out to examine the extent to which Quakers in Nairobi take care of widows among them, in particular how their sexual needs are addressed. Methods employed in the study included, in depth interviews, focus groups, case studies and participant observation. The paper discusses the emergence of the Quaker movement in Kenya and its influence on local Abalogoli traditions. Changes in the practice of widow cleansing and the expectation that widows remain single may result in behaviour putting widows at risk of HIV infection. Some practical suggestions for the church in an HIV context conclude the paper. [CHART]
Leprosy has often been used as biblical parallel to HIV. Here Shisanya shows how in Kenya it is particularly women with AIDS who are thus stigmatised. The essay offers an introduction to leprosy in the Bible, and to AIDS in Kenya before illustrating the claim by recounting stories of women with HIV. The final part offers models of church and NGO responses that reach women beyond the stigma and offer them hope. [CHART]


Tabona Shoko contends that religion and healing are intricately intertwined in African religions. This book on the religion of the Karanga people of Zimbabwe sheds light on important methodological issues relevant to research in the study of African religions. Analysing the traditional Karanga views of the causes of illness and disease, mechanisms of diagnosis at their disposal and the methods they use to restore health, Shoko discusses the views of a specific African Independent Church of the Apostolic tradition. The conclusion Shoko reaches about the central religious concerns of the Karanga people is derived from detailed field research consisting of interviews and participant observation. This book testifies that the centrality of health and well-being is not only confined to traditional religion but reflects its adaptive potential in new religious systems manifest in the phenomenon of Independent Churches. Rather than succumbing to the folly of static generalizations, Tabona Shoko offers important insights into a particular society upon which theories can be reassessed, adding new dimensions to modern features of the religious scene in Africa.


Focuses on a Jewish approach to understanding the ethical dilemmas posed by the spread of AIDS. Alternative paradigm for medical ethics; Two general approaches to resolving the confusion surrounding a duty to treat HIV-infected individuals.


This book is the result of research carried out by the authors to examine the response of the churches in Nairobi to the AIDS epidemic. The research sees poverty and AIDS to be inextricably related. The alleviation of poverty must be the prime concern of the Church. The authors observe that 60% of world’s current HIV infections are in Sub-Saharan Africa. It links socioeconomic and political factors to HIV infections. One of the key findings in this book is that most women are infected due to sociocultural conditions which treat them as dependent beings even when husbands are wayward. Rape is identified as one predominant form of violence directed at women. The identification of successive polygamy or serial monogamy by men is to be understood in the context of traditional concepts of masculinities. These gender inequalities have meant women are exposed to HIV by conditions beyond their control hence the need for empowering them by challenging cultural practices that make them vulnerable. [CHART]


The HIV/AIDS epidemic has stretched South Africa’s healthcare system, limiting its capacity to provide ART to all who need it. Collaboration with traditional healers has developed around some aspects of responding to HIV, but little has been achieved regarding ART. 25 self-identified traditional healers interested in biomedical approaches to HIV were the focus of this exploratory, qualitative research project in the Lukhanji District. The study identified factors that may promote a deeper acceptance of and support for ART, including cultural consistencies between traditional and biomedical medicine, education, as well as legal and financial incentives to collaborate. Considering these could enhance the ability to provide ART in resource-poor settings in Africa.


This is another contribution in the collection that challenges Malik Badri’s position (see the referenced entry) by offering a re-interpretation of a hadith (prophetic tradition) often quoted in support of the judgmental stance. The author challenges the implications of collective punishment implied by this stance, using a social justice perspective.


Despite the risks associated with pregnancy, available data suggest that HIV-infected women are no less likely to become pregnant than uninfected women. To understand HIV-infected women’s reasons for wanting to have a child, focused interviews were conducted with a predominantly minority sample of 51 HIV-infected women in New York City. They were noted to actively weigh both the potential risks and benefits of their pregnancy decisions. Women reported three major reasons for wanting a child: (1) her husband/boyfriend really wants children, (2) having missed out on raising her other children, and (3) believing that a child would make her feel complete, fulfilled, and happy. Women also reported several justifications that they believed offset the risks of pregnancy, including: (1) other HIV-infected women were having healthy babies, (2) feeling optimistic about having a healthy baby due to the prophylactic effects of AZT (zidovudine), (3) having faith that God will protect the child, (4) being young and “health” will prevent transmission, and (5) feeling that she is better able to raise a child now. These findings suggest that to make fully informed pregnancy decisions, women should be encouraged to explore their reasons for wanting pregnancy, as well as discuss the potential risks.


Although religious and spiritual beliefs and practices have been frequently associated with greater psychological well-being among illness populations, little is known about the specific benefits individuals perceive they receive from these beliefs and practices. This issue was examined in interviews with 63 older HIV-infected adults. Participants reported a variety of benefits from the religious and spiritual beliefs and practices, including: (1) evokes comforting emotions and feelings; (2) offers strength, empowerment, and control; (3) eases the emotional burden of the illness; (4) offers social support and a sense of belonging; (5) offers spiritual support through a personal relationship with God; (6) facilitates meaning and acceptance of the illness; (7) helps preserve health; (8) relieves the fear and uncertainty of death; (9) facilitates self-acceptance and reduces self-blame. These perceived benefits suggest potential mechanisms by which religion/spirituality may affect psychological adjustment.


Despite many years of HIV/AIDS education programming in Zimbabwe, there are still conflicting understandings of the disease, its genesis and its effects on the body. This is particularly true of traditional healers who, for better or worse, play a significant role in the education, care and treatment of people affected with the disease in Zimbabwe. Evidence from a sample of 50 urban-based healers illustrates the need for more thorough understandings of healers’ explanatory frameworks as well as more integrative approaches to developing health promotion and education interventions targeting healers. Based on qualitative data, this article explores local understandings of HIV/AIDS, particularly as embodied in indigenous names for the disease.


Survey interviews with 230 predominantly African American and Puerto Rican low-income women who were living with HIV/AIDS in New York City revealed high levels of spirituality and spiritually based coping with HIV. Both spirituality indicators positively correlated with the frequency of receipt of HIV-related social support; they were negatively related to recent drug use. Two hierarchical regression analyses that controlled relevant covariates indicated positive correlations between the spirituality indicators and psychological adaptation (i.e., a composite measure of depressive symptomatology, mood states, mastery, and self-esteem). The beneficial effect of spiritually based coping persisted even when other types of coping were controlled. The discussion considers implications for counselling women living with HIV as well as for research and theory in the area of spiritually based coping.


A survey of 142 Puerto Rican women living with HIV/AIDS in New York City revealed high Centers for Epidemiological Studies Depression (CES–D) scores, with 66% of the sample scoring above the conventional threshold of possible clinical depression. Most respondents (71%) were Catholic, 29% considered themselves members of a church or other place of worship, and 30%
reported attending religious services 1–3 times a month. As predicted, spirituality was high and negatively associated with CES-D scores. A series of simultaneous multiple regression analyses controlling for all potentially confounding medical and sociodemographic variables demonstrated that both mastery and self-esteem scores mediated this relationship. Implications for future research and the provision of services to HIV-positive Puerto Rican women are discussed.


This study focuses on the mechanisms whereby religiosity influences adolescent involvement in risky sexual behavior. The study hypotheses were tested using structural equation modeling with a sample of approximately 2,100 undergraduates enrolled at two large state universities. Religious respondents reported a more conservative view of the circumstances under which sexual behavior is acceptable. This conservative perspective on sex was associated with older age at first intercourse and an increased likelihood that first intercourse was with a fiancé or spouse. Both of these outcomes, in turn, reduced the probability of having had a large number of subsequent sexual partners. In addition, there was a strong direct association between sexually permissive attitudes and a greater number of sexual partners. While these findings held for both males and females, we also found several sex differences. For example, negative feelings about first intercourse predicted an increased number of sexual partners for females, but was unrelated to number of partners for males.


The spread of the HIV/AIDS pandemic in Africa is driven, at least in part, by particular expressions of heterosexual masculinities, especially those that entail aggressive sexuality. More needs to be known about how boys come to construct, experience and define themselves as men and about how hegemonic constructions are, and might be, contested. The recognition that masculinities are historically, socially and economically constructed, and that gender is a process, offers the potential for change. Many studies have described women’s vulnerability to HIV along a number of dimensions, among them biological, economic, social and cultural. What is perhaps less self-evident in view of the real power exercised by many men in everyday life in Zambia and elsewhere is the vulnerability of men because of the demands made upon them by particular constructions of masculinity. This article draws upon life-histories collected from a cohort of men educated at a Zambian Catholic mission to explore their recollections of how they learnt to be men and their discovery of themselves as engendered sexual beings. The roots of many understandings of masculinity are to be found in domestic and extra-domestic worlds where boys observed the ways in which men took precedence and exercised power over women and children. The particular contributions of the father and the male peer group to the development of masculine identities are the focus of this discussion. [CHART]


For men in Southern Africa to play an effective role in efforts to combat HIV/AIDS, more needs to be learnt about their perceptions of themselves as engendered sexual beings. The author describes how a group of Zambian men learnt sex and gender and highlights the importance of the peer group in constructions of masculinity. He reveals the anxieties these men experienced in their early sexual experience and the significance of this experience in adult life. He argues that many expressions of masculinity are best understood as fragile entities and that this fragility, inculcated in childhood and adolescence, explains, in part, the risks men may take in their sexual conduct in spite of the threat of HIV/AIDS. The study was conducted at a Catholic mission boys boarding school in rural Zambia. [CHART]


Increasing access to antiretroviral therapy (ART), especially in urban areas in Zambia, has transformed the landscape of the HIV epidemic to include hope. Drawing upon long-term ethnographic research, this article briefly describes the religious ideas of a cohort of former students of a Catholic mission boarding school for boys. The discussion outlines their understanding of masculinity and charts their responses, first to voluntary counselling and testing for HIV, and, more recently, to the ‘miraculous’ returns to health they have experienced or witnessed as a result of ART. The article examines the problems of self-disclosure among self-identified Catholics who are aware of their HIV-positive status and their reluctance to publically acknowledge that they are receiving ART. The research locates the source of this reluctance within existing associations of Christianity with ‘civilisation’ and ‘respectability.’ The article concludes that the Catholic Church in Zambia needs to do more to combat negative responses to people living with HIV, which cause both shame and loss of respect and militate against Zambians coming forward to access ART as well as against good antiretroviral adherence. One way in which this might be achieved is for the Catholic Church to be more open about priests and other members of the religious community who are receiving ART.


The aim of this thesis is to discuss African women's hospitality from an African woman theologian's perspective. Writing as an African woman theologian, the researcher was able to bring out some of the effects of African hospitality to African women. Apart from hospitality being an African way of life and a virtue that needs to be embraced by both African culture and Christianity, hospitality is also viewed as a command from God to all the Jews and Christians. On the other hand it is also important to mention that hospitality is a gift from God in that there are people who are gifted in extending their acts of hospitality to others. Hospitality as a concept, which has been practiced mainly by women in most African societies has impacted many dimensions of life especially in the Christian faith where African women's hospitality has been viewed as God's command to God's people. Although there is some literature produced on hospitality, the researcher noted with special interest that not much literature has been covered from the theological side on the issue of African women's hospitality and HIV/AIDS. The study was undertaken in the United Church of Zambia with the Mothers' Union group of St. Margaret Church of Kitwe. Among many others, the study reviewed the need for enculturation and contextualization of the African culture and the gospel.


Siwila argues that care-giving, regarded as a virtue in both Christian and African ethic, may pose a risk to the well-being of women. Offering hospitality falls mainly to women and girl-children, and in a time of HIV may carry the risk of infection with the virus, of stigmatisation, or of taking on a too heavy burden of care. The author employs a narrative method for her gendered theological examination of hospitality and offers some suggestions to support women in this role. [CHART]


Practitioner response to the essay "Transforming masculinities towards gender justice in an era of HIV and AIDS" by Adriaan van Klinken. [CHART]


This dissertation is a challenge to the Pentecostal churches, particularly, the Apostolic Faith Mission Church in Tumahole, to take an action in meeting the challenges posed by HIV/AIDS. This disease, HIV/AIDS, is the latest enemy to human life that the nations are faced with. In this dissertation, the researcher has tried to show shocking figures of how this disease is spreading in Africa. The seriousness of the disease, unlike other diseases, is its incurability. The secular organisations are far ahead of the churches in as far as the relevant programmes on combating HIV/AIDS are concerned. Despite these massive programmes, the disease is spreading. Deducing from this background, it is no longer the question of whether the Pentecostal churches have any role to play, but what specific role should the church play in this challenge. In this challenging times, many people look at the church as one of the most important institute that would play a positive role in bringing hope to the hopeless.


The Christian Medical Commission initiated and supported a participatory Action Research project in some countries of East Africa since 1991. A rapid appraisal of the HIV context, the need for prevention and further response, lead to formal reports presented in 1993 at a dissemination conference in Kampala. But some participating country-teams wanted to continue with the programme, hence methodologies were further developed. And many others requested detailed information on the process – hence this book which makes available some of the learnings from the process. It hopes to inspire churches and other groups to be creative in their efforts to address AIDS in a participatory way. In addition to explaining the methodology followed, the book warms of dangers and offers further resources.


It is common for HIV prevention strategies to reduce understandings of prevention to being wholly concerned with sexual transmission of the virus and with promoting free choices by autonomous, empowered individuals. This paper proposes a more comprehensive understanding of HIV prevention, and a framework with 3 layers, within which the complexity of issues is recognised and addressed: Mitigate the impact, Reduce the risks and Decrease the vulnerability factors that place people at risk. Questions about behaviour change, education and the ‘ABC’ model are addressed within this framework. According to this analysis, programmes addressing behaviour change need to enable and support individual risk reduction strategies while working for the necessary contextual changes, while individualist and judgmental interpretations of behaviour change are incompatible with the HIV prevention framework proposed here. Education is a valuable component of HIV prevention, but in itself is not regarded as an HIV prevention programme. There is place for a ‘nuanced’ ABC approach, provided that none of the elements is presented as the only option, nor promoted to the detriment of the other, and such campaigns are rooted in good epidemiology and not driven by dogmatic political or religious agendas. The paper concludes that: HIV prevention cannot be reduced to “quick fix” solutions. HIV prevention initiatives belong together as part of a single, concerted prevention strategy, involving diverse actors from every level of society, who work with complementarity, mutual acceptance and collaboration HIV prevention strategies must be developed within the geographic context for which they are designed. Good scientific and development practice must be reconciled with established and evolving theological thinking within the Catholic Church.

Smith, Benjamin Vincent. 2006a. "The development and implementation of a Biblical model or strategy to deal with the problem of HIV/AIDS for and by the local church regardless of their size, resources, location and level of academic education ", University of Pretoria, Pretoria.


Smith, Daniel Jordan. 2003. "Imagining HIV/AIDS: Morality and perceptions of personal risk in Nigeria." Medical Anthropology 22:343-372. The disparity between people's knowledge about HIV/AIDS and the extent to which they take measures to protect themselves is one of the most vexing issues for public health workers and social science analysts. This paper aims to explain some of this discrepancy, using survey and ethnographic data collected among young rural-urban migrants in Aba and Kano, two cities in Nigeria. The paper argues that many young Nigerian migrants do not perceive significant personal risk because they construct the risk of AIDS in ethical and moral terms, projecting immorality and danger onto imaginary others. To understand the way young Nigerians interpret risk, the paper focuses on four related issues: (1) the organization and meaning of sexual relationships; (2) the intersection of gender and ideas about reproduction; (3) the perception of AIDS as a disease without hope; and (4) the importance of religion in young people's framing of moralities and ethical choices about sexuality and HIV/AIDS.

—. 2004. "Youth, sin and sex in Nigeria: Christianity and HIV/AIDS-related beliefs and behaviour among rural-urban migrants." Culture, Health & Sexuality 6:425-437. In Nigeria, popular understandings of HIV/AIDS and individual risk assessment and behaviour unfold within an interpretative grid that draws on a religious moral framework. This paper reports results from a two-year study of HIV/AIDS-related beliefs and behaviour among adolescent and young adult rural-urban migrants in two Nigerian cities. The young people in the study originate from south-eastern Nigeria, they almost uniformly identify themselves as Christian and they commonly situate their understandings and explain their behaviours in response to the HIV/AIDS epidemic in terms of religion, especially in relation to the increasingly popular and dominant religious discourses of evangelical and Pentecostal Christianity. Findings suggest that popular religious interpretations of HIV risk pose real dangers, leading many young migrants to imagine themselves as at little or no risk, and contributing to inconsistent protective practices. The study highlights the limitations of intervention strategies that ignoring the extent to which religion, health, sexuality and morality intersect in people's everyday lives.

Smith, H. A. 2009. "Die pastorale bediening van die plaaslike kerk aan substituut versorgers van HIV/VIGS geaffekteerdes." Practical theology North-West University, Potchefstroom


—. 2006b. "The morality of condom use by HIV-infected spouses." Thomist 70:27-69. Considers the morality of condom use as a means to reduce the transmission of HIV to one's spouse. Addresses those who accept the Catholic understanding of marriage and sexuality and explains the key elements of the Catholic understanding of marriage, what is meant by the unitive meaning of the conjugal act and the procreative act, for these points are of immediate importance for the argument made.

The HIV/AIDS epidemic continues to have a devastating impact on the black community in the United States. Trusted community institutions within the black community—the Black Church among them—have often been reluctant to respond to the epidemic in a manner commensurate with the scope of the problem. The aim of the current study was to understand the barriers to HIV/AIDS prevention services offered by black churches in a northeastern metropolitan area by surveying the ministers who lead the churches. METHODS: The study team constructed a 25-item questionnaire that asked questions about the ministers' and congregational demographics as well as general health and/or HIV/AIDS prevention services offered by the churches. The overall response rate was 82% (N=18). RESULTS: 83.3% (N=15) of the ministers surveyed reported financial barriers as reason for not providing HIV/AIDS prevention services. A majority of the ministers also perceived HIV/AIDS to be a problem in their communities. DISCUSSION: The resource-related nature of the barriers and the eagerness of the ministers to get more involved suggest that fostering creative partnerships between AIDS service organizations and churches may encourage more churches to offer HIV/AIDS prevention programming in a culturally acceptable manner.


While the title of this Encyclopedia does not include ‘religion’ in its sub-title, and in its index there is only one reference to ‘the Bible’, referring to an entry on "Judaism" (by Sara Paasche-Orlow and David Rosenn), its treatments of the religions themselves is rather cursory, with hardly one-and-a-half pages on "Islam" and less than a page on "Buddhism" (by Roger Corless), for example. There is also a brief chapter on "Hinduism" by Acharya Palaniswami. As one might expect, Christianity gets more space, but not under its own heading; the discussion of Christianity is done under church-related headings, following a broadly Catholic/Protestant categorisation. None of the Christian-church related entries deal at all with the Bible (though the entry on "Islam" does cite the Qur’an). There is also a general entry on "Religious Faith and Spirituality", but this too is rather brief, with less than a full page of text, and no reference at all to sacred texts. [CHART]


This book offers a critique of the 1987 and 1989 statements of American Catholic bishops on homosexual behaviour as one aspect defining the church’s position on AIDS and on those infected by HIV. While he finds reason to praise the bishops, Smith is critical of their "oppressive rigidity and homophobia" (70) which condemns casual sex and any use of condoms. He claims that this stance has put many people at risk; in stead he pleads for promotion of "safe sex", without however spelling out the criteria for this. Both his pronouncement that the church’s position places many at grave risk, and his claim that self-gratification is no longer what defines gay behaviour may be overstated; he thereby misses an opportunity for genuine dialogue. [Vincent J. Genovesi review extract]


Of the approximately 30 million people living with HIV/AIDS in Africa, 58 per cent are women between the ages of 15-49. If we were to narrow the age bracket to 15-24,75 per cent of those infected with the virus are young women and girls. It is the argument of this paper that the African Traditional Communitarian Ethics, which still informs most of Black Africa, has joined forces with the predatory male behaviour to leave most African women in a vulnerable position in the negotiation for safe sex. In this traditional ethic, based on the hierarchically ordered concept of vital force, women have almost no power to say "No" to male overtures. In conclusion, I argue that the cultural beliefs and practices that socially marginalize and disempower women, especially in sexual matters, which lead to the escalation of HIV/AIDS among contemporary African women, should be reconfigured.


HIV appeared in Ireland following an opiate epidemic in the early 1980s. Initially, however, the gay community mounted the only response to the spread of the virus while the implementation of early actions by the government was hampered by the constructions of the disease within Irish society. This paper considers the influence of the religious hierarchy in both the development of AIDS policy and in the shaping of public perceptions of the disease and those affected. A qualitative methodology is used to examine the role of such cultural constraints in an evaluation of the social context within which the prevention of HIV infection occurs. Three key issues pertinent to the policy context in Ireland are explored in depth. These are the role of the Catholic Church, the influences on health education programmes, particularly information giving, and the development of services and other interventions. These findings are discussed within the social and political contexts in which health policy is formulated.

The HIV/AIDS pandemic is steadily growing throughout the world. The aim of this study was to develop a deeper understanding of the lived experience of social support for a sample of nine Black South African women living with HIV. The study was conducted qualitatively within a phenomenological paradigm. Fourteen themes emerged as comprising constituent aspects of social support. Descriptions of the fourteen themes, including health care professionals, partners, family/children, support groups, meeting others needs, story telling, Memory Box Project, media and books, organisations within the community, activities, the community, being involved in research and spirituality, provide rich understandings of the interpersonal relationships constituting the lived experience of social support for the sample.


The authors with their exposure to HIV/AIDS situation, especially in Africa, recognises the need for a theology that responses to the AIDS crises. But this theology has to be nurtured by a theology of pastoral care. The book is rich in practical experiences covering education, pastoral and spiritual care.


Practitioner response to the essay "Systematic theological reflection on HIV and AIDS" by Steve de Gruchy. [CHART]


In the context of Benin, Togo and the Ivory Coast, considers AIDS seriously in the midst of a tragic economic and social situation, the cosmo-anthropological and theological bases for an analysis of the situation, and the ethical responsibility of the African church and the churches in other countries.


The first AIDS case in Egypt was reported almost 10 years ago, yet Egypt still does not have reliable statistics on the HIV/AIDS epidemic while people with HIV and AIDS are stigmatised. The paper discusses cultural, social, and religious norms impacting the perceptions of the pandemic. It details some relevant aspects of Islamic fundamentalism that may increase women's vulnerability to HIV and reports on the slow implementation of the Egyptian AIDS program. The authors suggest that Egyptians need to tackle their cultural taboos about sex to curb the HIV/AIDS epidemic.


The present study was conducted to address the scarcity of literature informing spiritually based interventions to improve the life quality of people living with HIV. It investigated 275 persons living with HIV disease to examine relationships among their spirituality, quality of life, perceptions of social support, and coping and adjustment efforts. This study found that higher levels of spirituality correlated with social support, active problem solving, life satisfaction. The authors suggest that mental health providers include assessments of spirituality and religious practices for people with HIV; and that caregivers, faith communities, and mental health providers can enhance the spiritual life and social well-being of those target group. This should be considered in training programs for caregivers.


Investigates the perceptions and responses of the spiritual needs of people living with AIDS, the impact of AIDS on membership participation, and the beliefs held by different congregations regarding AIDS. Evaluates and compares the AIDS-related perceptions of 204 participants in five congregations (Buddhists, Catholic, Fundamental Christians, Protestants, and Unitarians). Results indicated that congregations differed in how their members...
responded to the spiritual needs of people living with HIV/AIDS, the level of influence AIDS had on membership participation in formal religions, and whether AIDS was seen as the result of sinful behaviour or divine retribution. Concludes that the congregational differences appeared consistent with the core beliefs of the faith communities. Suggests that clergy and congregations need to take specific steps to provide spiritual support to people living with HIV/AIDS consistent with their history of caregiving to all people regardless of the crisis situation.


Evaluates levels of psychological distress, coping mechanisms, and their relationship with the religious beliefs and spiritual practices of people (N=65) living with HIV and AIDS. Results of the research indicate a strong relationship for spiritual dimensions with mental health, psychological adjustment, and coping. Concludes that a blending of spiritual traditions and mental health approaches are needed to facilitate the coping of people living with HIV and AIDS.


The suffering of innocent HIV/AIDS victims includes the pain of betrayal, depression from rejection, and the deprivation of life. The fundamentalist response blames the victim or insistently expects a miracle. The humanitarian response gives sympathy, but does not address root issues or provide a better coping strategy. However, the innocent suffering of Jesus illustrates the potential for the innocent suffering of the AIDS victim to have a salvific dimension.


This qualitative study is based on interviews with 10 Thai women living with HIV/AIDS in northern Thailand. It is an attempt to learn how individuals who have no access to mental health facilities cope with distress in life. The analysis shows three important factors that enhance coping ability: support and acceptance from families and friends, life purpose, and religious beliefs (Buddhism) pertaining to the acceptance of mortality. It concludes by suggesting the need to recognize other ways of coping beyond the scope of traditional Western psychotherapeutic approaches.


HIV continues to spread, even though people know how to prevent its transmission. Part of the problem is that people in churches do not talk about HIV. Subjects such as sex and injecting drug use are uncomfortable to discuss openly and realistically in the church. The EAA has produced a guide which can help people in churches to engage in dialogue about prevention, saying, "This guide aims to help people in churches to talk openly, accurately and compassionately about why HIV spreads and what individuals and communities can do to help stop it from spreading." Six themes for dialogue on HIV are suggested. They are: 1. Dialogue, Stigma and HIV Prevention; 2. HIV Transmission and Prevention; 3. Vulnerability and HIV Prevention; 4. Sex, Sexuality and HIV Prevention; 5. Testing, Counselling and HIV Prevention; 6. Promoting Life; These themes are further resourced by information about how HIV is transmitted and evidence-based methods to prevent the transmission of HIV, some additional reflection questions about sex, religion and HIV prevention, as well as references relevant to both the process and the themes for dialogue. The authors see the process of dialogue to be the essential foundation of effective HIV prevention, and as such, the outcome of dialogue is not pre-determined. The guide encourages the analysis of the conversations to lead to a plan of action.


A study examined the determinants of preventive attitudes toward the threat of AIDS in rural Senegal. Participants were 866 adults from Niakhar, a rural community in central Senegal. Results indicated differences in men's and women's attitudes toward psychosocial factors associated with preventive attitudes. AIDS-related knowledge, history of communication about AIDS with neighbors, and optimism about future financial conditions were associated with the adoption of preventive attitudes by
women. Risk perception was positively associated with preventive attitudes among men. Sociodemographic factors and sources of AIDS information related to the adoption of preventive attitudes by men and women included youth, education, exposure to urban settings, and access to prevention messages on radio and television. Among men, being Muslim was negatively associated with preventive attitudes, and women who considered religion to be very important were less likely to report preventive attitudes.

Spira, Shalom C. and Mark A. Wainberg. 2004. "Jewish religious ethics mandate access to antiretroviral drugs in developing countries."  

Discusses the moral dimensions of AIDS in the United States. Protection of patients' privacy while safeguarding the rest of the population; Assessment of individual accountability; Facts on AIDS; Obligations of physicians and health services in the treatment of AIDS; Political response to the AIDS problem; Position and actions of the church concerning AIDS.


Resource-limited countries with high rates of infection face the biggest challenges in addressing the HIV/AIDS pandemic, as government and non-governmental infrastructures are often undeveloped and slow to shift their focus away from nation-building and other perceived priorities in order to scale up their response to HIV/AIDS. This article examines the role of trained volunteers who provide Home-Based Family Care in the high HIV-prevalence, resource-limited country of Namibia in Southern Africa. While each volunteer alone can make only a small difference, an organization that effectively uses many volunteers can make a large impact. Special focus is given to the experiences-and potential-of churches to recruit, train, and help sustain volunteers to provide AIDS care and support. The case example of Catholic AIDS Action in Namibia—that country’s largest non-governmental organization dedicated to HIV-related prevention and care-is used to illustrate key points. The article concludes with â€œlessons learnedâ€ that can be applied to other non-governmental and faith-based providers who seek to recruit and involve volunteers in the provision of direct-care services.

A description of the Namibian experience in the development of church-based services related to HIV and AIDS shows the extensive involvement of churches. This support needs to realize long term demands and prevention strategies as well as the best use of volunteers.

This study examines how religious activity is associated with risk behaviors, concurrently and developmentally among urban African American adolescents. Seven hundred and five African American youths were interviewed annually during high school. Retention rates for the study exceeded 90%. Frequency of religious activity, sexual intercourse, and alcohol, cigarette, and marijuana use were assessed at each wave. Growth curve analyses found negative concurrent associations between religious activity and each of the four risk behaviors. The developmental effects of religious activity varied by gender. Higher levels of religious activity in 9th grade predicted smaller increases in marijuana use among males and cigarette use among females. In addition, larger decreases in religious activity during high school were associated with greater increases in alcohol use among
males and sexual intercourse among females. During high school, religious activity limits the development of certain types of risk behavior among African American youth, even after controlling for reciprocal effects.

Steren, Carmit. 2001. "Religion and spirituality in the care of patients with HIV: Beliefs and practices of providers." Yale University, New Haven, Conn.


Having an HIV ministry within a church depends on the religious culture of that church. However, little is known about how a church’s religious culture influences an HIV ministry. This study’s purpose was to examine how an African American church’s religious culture supported the development, implementation, and maintenance of an HIV ministry within the church. An ethnographic case study research design was used. Data were collected through interviews, nonparticipant and participant observations, review of pertinent documents, and survey of congregants. Results revealed the following as important for an HIV ministry: (a) a belief in helping others and treating everyone with respect and dignity, (b) feelings of compassion toward individuals infected with HIV, and (c) HIV education. This information can assist in developing interventions to enhance the African American church movement toward HIV ministries.


Even though the Hebrew Bible tells us nothing directly about HIV/AIDS, it is used by many people as a source of authority on contemporary ethical issues and therefore it is important to see what it does say about illness, health and healing. The article surveys the words used for illness and healing and the various approaches to the causality of illness in the Hebrew Bible. God is undeniably in control and therefore the source of both illness and healing. This often leaves believers (as in the case of HIV/AIDS) baffled and perplexed, because it is a situation beyond justice and comprehension.


Focussing specifically on Genesis and the Prophets, this essay examines how the Bible depicts women’s sexuality. Although women’s sexuality is somewhat ambiguous in Genesis, Stiebert notes, it does not "have the edge of disapproval and perversity" that it has in the Prophets. After a careful analysis of how various Old Testament prophets construct women’s sexuality, the author concludes that as active readers "We do not have to submit to the damaging possibilities of the woman metaphors of some prophetic books - instead, we can highlight and resist them and promote, instead, biblical texts which do not vilify women’s sexuality". [CHART]


Western preconceptions regarding African sexuality distorted early research on the social context of AIDS in Africa and limited the scope of preventive policies. Key works cited repeatedly in the social science and policy literature constructed a hypersexualized pan–African culture as the main reason for the high prevalence of HIV in sub-Saharan Africa. Africans were portrayed as the social ‘Other’ in works marked by sweeping generalizations and innuendo, rather than useful comparative data on sexual behaviour. Although biomedical studies demonstrate the role of numerous factors that influence HIV transmission among poor people, a narrowly behavioural explanation dominated the AIDS-in-Africa discourse for over a decade and still circumscribes preventive strategies in Africa and elsewhere.


The bible can serve as a powerful rhetorical weapon for those who interpret the HIV virus as a sign of perversity. One way of dealing with this problem, suggested by J. Michael Clark, is to refuse to read the Bible. Considers the possibility that certain lament psalms can be read in a manner that will encourage resistance to the attitudes toward AIDS that rightly trouble Clark. It would be unwise to make hasty assumptions about the incompatibility of biblical laments and queer activism in the age of AIDS. While early Christian texts respond to suffering by giving it a positive justification, many of the laments respond to suffering
with resistance. They complain about it; and this complaint offers a subject-position from which an end to suffering and distress can be actively pursued. Like much contemporary AIDS activism, these laments re-contextualise individual physical distress in relation to social and interpersonal practices.


In the wake of important scholarship on Jesus’ humanity, feminist Christology suffers from a struggle to articulate the divinity of Jesus Christ because of its criticism of sacrificial atonement theory, which has led to didactic or exemplary models of redemption. Feminist theology stands in need of further discussion in an effort to articulate feminist incarnational atonement theory more thoroughly. Frederick Schleiermacher’s theology, especially as it is articulated in his theory of preaching, aids feminist theology in claiming Jesus’ divinity while simultaneously maintaining criticism of a violent atonement and relocating the power of the incarnation away from Jesus’ maleness to the preached Word in the community. The basis of feminist incarnational atonement theory is initially found within four areas of dialogue: in a central focus on Jesus’ life, in definitions of redemption, in the centrality of community, and in criticism of the violence of the atonement.


A substantial increase in religious identification has been observed in most European post-communist countries. As religiosity has been associated with sexually transmitted infection (STI) and HIV vulnerability among young people, this article examined the impact of religious upbringing and personal religiosity (religiosity) on sexual risks among University of Zagreb first-year undergraduate students, using data collected in 1998, 2003, and 2008. Female participants who reported strict religious upbringing were less knowledgeable about human sexuality than other women. Religiosity was negatively correlated with basic knowledge of human sexuality, but again only among women. Contrary to expectations, no significant associations were found between religious upbringing or religiosity and condom use. Both measures of religiosity, however, were related to decreased odds of sexual debut among young women. In the case of male participants, the impact of religiosity was marginal. Religious upbringing was associated (negatively) with sexual literacy and sexual debut—but only at the beginning of the observed period. Overall, religiosity does not seem to substantially reduce STI- and HIV-related risk-taking, particularly among men. Since the observed increase in the proportion of sexually active students during the 1998 through 2008 period was not matched by an increase in condom use, reducing STI and HIV vulnerability among Croatian youth remains an essential task.


According to a literature study and a research survey conducted in 2004, caregivers are increasingly forced to deal with people living with AIDS as health services are unable to cope with the fast-growing HIV/AIDS epidemic. Caring for an individual with AIDS-related disease is usually time-consuming, burdensome and stressful. There is also evidence of increased susceptibility to physical health problems, emotional distress and psychiatric disturbances amongst caregivers. There are a number of strategies that should be employed to ensure that caregivers are encouraged to do their work to the best of their ability, without them having to sacrifice their health, family life and own needs. One of the strategies that could help in this regard is the presentation of a group work programme. A programme was presented to 14 female caregivers from a church in a disadvantaged community. The group met for eight consecutive weeks. During the two-hour sessions various topics, including self-knowledge, self-esteem, communication, conflict handling, roles of caregivers, and relationships with the person living with AIDS, were discussed. The group members were subjected to measurement by means of the single system. According to this measurement and an evaluation questionnaire, the programme did succeed in supporting and empowering them as caregivers.


In this thesis I have studied to what degree primary- and moral duty bearers in Norway maintain accountability and fulfill their obligations towards migrants and the right to health, as stated in the International Convention on Economic, Social and Cultural Rights (ICESCR) of 1966. Theoretical perspectives on global mobility and Rights-based approaches, an outline of the HIV/AIDS epidemic, as well as empirical data provides a basis for the discussion addressing how the Norwegian Government maintain accountability with regards to health care of migrants, and seeking to identify the role of other duty bearers in offering health care services to migrants. The research methods applied in order to generate data are analysis of text and interviews. I have studied legislation, treaties and official publications. In addition, I have performed two key informant interviews; one with the project manager of the Church City Mission in Trondheim's project "Living with HIV" ("Leve med hiv"), and another with a nurse in Trondheim Municipality's refuge health team. The thesis concludes that there appears to be an embedded contradiction between legislation, policy and practice. Norway has stated a clear goal to protect, respect and fulfill human rights, both internationally and through the ratification and implementation of human rights treaties into Norwegian legislation. Based on this, they should to a larger extent fulfill their obligations and not restrict the access to medical attention on the part of asylum seekers and irregular migrants. On the part of the other duty bearers interviewed for this thesis, I find that they play a vital role in guiding and informing, as well as in administering health care services to migrants in Trondheim.


The entry on 'Buddhism' is rather brief. It begins by stating that Buddhism "teaches that life is pervaded by suffering". It continues, "The origin of suffering is not ascribed by deity but to the working of karma, which causes people to act unskilfully, especially by clinging to what is by nature impermanent. Thus, if unskillful action causes suffering, then skillful action leads to liberation from suffering". While the article does not cite any sacred text, it does indicate in contexts like Thailand, "where HIV is reaching alarming proportions, especially owing to the large population of female sex workers, Buddhism is often regarded as an institution that explains HIV/AIDS as the karmic result of immoral actions". However, some Buddhists emphasise instead "Buddhism as a religion of compassion with a responsibility to help". Some Buddhists have even gone as far to suggest that HIV and AIDS might contribute to "reframing Buddhism as open to the future, based on the notion of mangala (good omen) rather than the backward-looking notion of karma". [CHART]


A pilot project was launched in 2000 in Jimma Zone of the Oromiya Regional State to determine the effectiveness of religious leaders in promoting HIV/AIDS awareness and prevention. Methods: In this ethnographic study, 180 religious leaders (100 Moslems and 80 Orthodox Christians) were selected from the 13 woredas of Jimma Zone to enrol in a three-day training course of five workshops held in March 2000. During the workshops participants were given posters and booklets concerning HIV/AIDS awareness and prevention developed for them to use during their community teaching activities. Eight months after the training, in November 2000, the activities of the leaders were evaluated to determine their effectiveness and to rectify any impediments to the leaders' continuing anti-AIDS efforts. According to the communities, investigators' observations, and the religious leaders themselves, leaders were very effective in breaking the silence, overcoming various misconceptions about HIV/AIDS, and addressing the stigmatisation problem. Nevertheless, sensitive subjects such as sexual transmission of HIV and use of condoms proved difficult to discuss. Conclusion: Given proper training, religious leaders can become strong allies in HIV/AIDS prevention and control programmes focused on awareness creation, behavioural change, and the elimination of stigma and discrimination against people living with the virus. Recommendations: It has been shown that religious leaders can play an important role in HIV/AIDS prevention in view of their influence and acceptance among their respective congregations; it is thus critical to meaningfully involve them in prevention and care and support endeavours. Development of culture and religion-specific training materials to empower them and provision of technical support are crucial strategies.


Black/African American and Latino communities are disproportionately affected by the domestic HIV/AIDS epidemic. Blacks/African Americans and Latinos are also more likely to report a formal, religious, or faith affiliation when compared with non-Hispanic whites. As such, faith leaders and their institutions have been identified in the National HIV/AIDS Strategy as having a vital role to serve in reducing: (1) HIV-related health disparities and (2) the number of new HIV infections by promoting non-judgmental support for persons living with and at risk for HIV/AIDS and by serving as trusted information resources for their congregants and communities. We describe faith doctrines and faith–science partnerships that are increasing in support
of faith-based HIV prevention and service delivery activities and discuss the vital role of these faith-based efforts in highly affected black/African American and Latino communities.


The aim of this article is to give prominence to the rights of children as a new agenda for Practical Theology in South Africa. Adopting a distinctly contextual approach, the article takes a critical look at the problematic situation of children in present-day South Africa and then focuses attention on the emergence of a children's rights agenda, both internationally and in South African society. A discussion of these aspects leads the authors to address pertinently the issue of Christian theology's complementary role in the children's rights agenda, which, however, is problematised in the light of theology's one-sided and limited involvement thus far in the issue of children. It is argued that a practical theological paradigm - in which a praxis of liberation, change and transformation is of prime importance - should reflect an active involvement in the children's rights agenda. In the light of the special realities of South African society, the importance of meeting distinct contextual and hermeneutical challenges is stated as condition for an effective practical theological involvement in the problematic of the rights of children.


Spirituality/religion is an important factor in health and illness, but more work is needed to determine its link to quality of life in patients with HIV/AIDS. Objective: To estimate the direct and indirect effects of spirituality/religion on patients' perceptions of living with HIV/AIDS. Design: In 2002 and 2003, as part of a multi-centre longitudinal study of patients with HIV/AIDS, we collected extensive demographic, clinical, and behavioural data from chart review and patient interviews. We used logistic regression and path analysis combining logistic and ordinary least squares regression. Subjects: Four hundred and fifty outpatients with HIV/AIDS from 4 sites in 3 cities. Measures: The dependent variable was whether patients felt that life had improved since being diagnosed with HIV/AIDS. Spirituality/religion was assessed by using the Duke Religion Index, Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being-Expanded, and Brief RCOPE measures. Mediating factors included social support, self-esteem, healthy beliefs, and health status/health concerns. Results: Approximately one-third of the patients felt that their life was better now than it was before being diagnosed with HIV/AIDS. A 1-SD increase in spirituality/religion was associated with a 68.50% increase in odds of feeling that life has improved--29.97% due to a direct effect, and 38.54% due to indirect effects through healthy beliefs (29.15%) and health status/health concerns (9.39%). Healthy beliefs had the largest effect on feeling that life had improved; a 1-SD increase in healthy beliefs resulted in a 109.75% improvement in feeling that life changed. Conclusions: In patients with HIV/AIDS, the level of spirituality/religion is associated, both directly and indirectly, with feeling that life is better now than previously. Future research should validate our new conceptual model using other samples and longitudinal studies. Clinical education interventions should focus on raising awareness among clinicians about the importance of spirituality/religion in HIV/AIDS.


Since the late 1970s when the first cases of HIV/AIDS were identified in Africa, there has been an upsurge of research on the epidemic. Although religious involvement may be germane to AIDS protective and risk behaviour, few of these studies deal with religion and AIDS. This article contributes to the discourse on religion and health in Africa by analysing the interrelationship between religion and AIDS behaviour in Ghana, a West African country at the early stages of the AIDS epidemic, and one where religious activities are more pronounced. We explore whether a woman's knowledge of HIV/AIDS is associated with her religious affiliation, and whether religious affiliation influences AIDS preventive (protective) attitudes. Findings from our analysis of Ghanaian data indicate that religious affiliation has a significant effect on knowledge of AIDS. However, we did not find religious affiliation to be associated with changes in specific protective behaviour, particularly the use of condoms. The limitations and implications of the study are discussed, promising directions for further research on religion and AIDS protective and risk behaviours are also discussed, and the design and development of culturally sensitive programmes to help in the ongoing AIDS prevention efforts in the region are proposed.

Objective: To compare the risk of HIV and sexually transmitted diseases (STD) among homeless Muslim (circumcised) and Hindu (uncircumcised) men in Kolkata, India. Background: Many observational studies and clinical trials in Africa have demonstrated that male circumcision provides protection against HIV acquisition, but there are sparse data on circumcision and HIV in India, which has the largest number of HIV cases in the world. Methods: Using a two-stage probability proportionate to size cluster design among homeless men aged 18-49 years in Kolkata, India, data were obtained on religion, behavioural risk factors, and HIV/STD prevalence, by administering an anonymous questionnaire. Rapid HIV tests and testing for syphilis were performed on blood, and urine samples were obtained to test for gonorrhoea. Results: The odds ratio for HIV among Muslims (circumcised) compared to Hindus (uncircumcised) was 0.43 (95% confidence interval 0.29-0.67). Despite Muslims having more partners and visits to commercial sex workers, the rates of syphilis and gonorrhoea were similar. The results suggest that a biological effect of circumcision protects against HIV infection. Conclusion: The beneficial effect of circumcision should be communicated to high-risk groups, as well as to the general population.


Drawing upon narratives spoken by mothers living with HIV/AIDS, this article describes the role of recovery in helping many women survive the two "diseases" of HIV infection and addiction. The theme of surviving two diseases emerged from secondary qualitative analysis of narratives contained in focus group transcripts. Originally convened to address questions involving life experience and support services, the focus group discussions revealed the importance of recovery, spirituality, positive thinking, inner strength, and social support in helping many women cope with the complexity of living with two highly stigmatized conditions. Secondary analysis provided the opportunity to more closely examine the relevance of recovery principles to ending addiction and strengthening women's feelings of self-efficacy and support.


We examined the influence of gender and ethnicity on coping strategies of 252 bereaved, HIV-positive individuals (65.1% male; 71% ethnic minorities [African-American and Hispanic]). Factor analyses of the Ways of Coping Questionnaire and Coping with Illness Scale yielded five coping subscales: Active, Avoidant, Social Support, Self-destructive, and Spiritual. Multivariate analyses of covariance revealed significant gender and ethnic group effects on spiritual coping, after controlling for social support, education, and sexual orientation. Of all subscales, only spiritual coping was not influenced by perceived social support. Women and ethnic minorities reported greater use of spiritual coping while White men reported the least use of spiritual coping. White women reported significantly greater use of avoidant coping than White men. Further, the relationship between spiritual coping and grief varied across gender and ethnicity. These results highlight the influence of gender and ethnicity in the use of spiritual coping and the importance of integrating spirituality in psychosocial interventions.


Twenty HIV-positive individuals (10 male, 10 female) participated in interviews on their spiritual life. Interview themes suggest that the HIV diagnosis facilitated a relationship-based framework of spirituality. Relationships that formed this framework were: relationship with God/Higher Power, renewed engagement with life, and relationship with family. Within "relationship with God/Higher Power", subthemes included gratitude for God's benevolent influence, spiritual struggles, and building connections with their Higher Power. Self care, transformation of life goals, and accepting mortality were subthemes for "renewed engagement with life." Subthemes within "relationship with family" included finding a sense of purpose, finding support through families, and families as a source of strain. Overall, results suggest that interventions that integrate spirituality need to consider a notion of spirituality that goes beyond Church attendance, prayer, and Bible reading. These interventions must include the positive aspects of spirituality and spiritual struggles that individuals with HIV may experience.


The aims of the current study were to (1) describe a spirituality-oriented, group pilot intervention for HIV-positive adults, and (2) examine the preliminary impact of the intervention among a sample (N?=713) of adults living with HIV in an urban city in
northeast United States. The 8-session intervention, based on the cognitive theory of stress and coping and the framework of spiritual coping, addressed stressors unique to HIV disease. Changes in spiritual coping and mental health were evaluated using a within group pretest-posttest design. Results revealed that, at post-intervention, participants reported higher self-rated religiosity, more use of positive spiritual coping, lower use of negative spiritual coping, and lower depression. Studies using a randomized, controlled design with larger samples of individuals with HIV are needed to determine the efficacy of a spiritual intervention when compared to a secular one.

Traditional Christian concepts of sin inhibit the potential of religious congregations to respond to the needs of families affected by HIV disease. Typically, rural congregations experience fear, prejudice, and apathy, and often impose a moral response to HIV/AIDS. Clergy and health care professionals must work toward offering one another insight into the communities they serve. Clergy and congregations can demonstrate through their actions that HIV is an opportunity for people to carry out a mission of human service.

The current study focuses on factors associated with sexual initiation and condom use among teenagers on Santiago Island, Cape Verde, according to gender. This was a representative, probabilistic sample of 13- to 17-year-olds (n = 768) attending public secondary schools on Santiago Island in 2007. Associations were tested by test of proportion, Pearson’s chi-square, or Fisher’s exact test and logistic regression. Factors related to sexual initiation among boys were: age over 14 years, Catholic religion, and alcohol consumption. For girls, the factors included: > 9 years of schooling and involvement in an affective-sexual relationship. Unlike other Sub-Saharan countries, this study showed a high prevalence of condom use during initial sexual activity. Adolescents are able to safely begin sexually active life if they have access to information, sex education, and other STD prevention and contraceptive methods. This study provides insights on the development of policies to reduce the vulnerability of the young population to STD/AIDS and the limits and challenges related to the promotion of condom use and sex education, focusing on unequal gender relations.

This paper reviews the procedures and processes of the Global Fund with regard to funding local faith-based initiatives, particularly through the experience of Tearfund partner organisations in six African countries (Burkina Faso, Kenya, Malawi, Rwanda, Tanzania and Zambia). The paper identifies concerns and suggests approaches that could help improve access to resources and provide critical information on the experience of these initiatives. This ongoing research seeks to contribute to the debate on the need for more and better aid, the implementation of the “Three Ones Principles”, and the role of civil society organisations in national responses to HIV and AIDS. Description taken from document

This briefing paper reviews the procedures and processes of the World Bank’s Multi-Country AIDS Program (MAP) with regard to funding local faith-based initiatives, particularly through the experience of Tearfund partner organisations. The paper seeks to contribute to the debate on the need for more and better aid, the implementation of the ‘Three Ones Principles’, and the role of civil society organisations in national responses to HIV and AIDS. It identifies concerns and suggests approaches that could help improve access to resources and provide critical information on the experience of these initiatives.

In a context where churches in Africa have been slow to take up their role in a response to the AIDS pandemic, judgmental attitudes persist in many of them, and services are offered in isolation, the report acknowledges that nevertheless churches are well placed to make a unique contribution. International development agencies are increasingly recognising this role, yet they lack a clear strategy to systematically engage with faith groups in support of this. The relationship between development agencies and faith groups is troubled by mutual suspicion and lack of understanding. This report sketches the situation and aims to address this dilemma. It offers concrete recommendations to both sides for strengthening their relationship through dialogue and openness to learn about and from each other; and for each area of the response (Care and support, prevention, advocacy and treatment). [CHART]

FBOs make a distinctive contribution to HIV responses through direct services, advocacy for those affected by HIV, and promotion of values that influence risk behaviour and appropriate attitudes to PLWA. This report offers a qualitative review of DFID’s support to FBOs – against its commitments as reflected in Taking Action – drawing on reports from and interviews with DFID staff in India, Nigeria, Zambia. DFID staff expressed the view that FBOs should be included in national responses for pragmatic reasons; even while some were frustrated with some of their actions and attitudes. DFID has supported FBOs directly and indirectly through support for national efforts, but not systematically enough. The support is not proportionate to the actual and potential contribution of FBOs and the scope for this involvement with civil society seems to be decreasing with pressure to lower transaction costs. Key recommendations include developing means of identifying DFID support to civil society and FBOs to make monitoring possible; acknowledging both the contributions of FBOs and frustrations around them; ensuring DFID staff are equipped with literacy about faith in the contexts in which they work and skills for promoting the role of FBOs there. [CHART]


Tearfund. 2006. "Faith untapped: Why churches can play a crucial role in tackling HIV and AIDS in Africa." Tearfund, Teddington, UK. This report argues that “It is now time for recognition and investment to help churches become one of the world’s most effective responses to the global AIDS crisis.” It shows how, largely unrecognised, the network of Africa’s churches is toiling on the front line of the response, reaching those not reached by governments and NGOs. Yet funding agencies do not understand the nature of faith in local communities, nor do they appreciate how churches are working at village level. While there is mounting evidence that churches of all denominations are having a real impact, their potential remains untapped. With proper resourcing the potential of churches to act in prevention, care and treatment is huge; they could act to dispel the prejudice and gender inequality – provided they recognise the part they often play in reinforcing stigma and discrimination.

—. 2009. "Voices from the margins: The church, drug abuse and HIV in Russia." Tearfund, Teddington. This report focuses on the work of two of Tearfund’s church-based partners in Russia: the Inheritance Foundation in Kaliningrad and the Salvation Centre in Asbest. Their stories are extraordinary, not just for their radical approach to rehab, which aims to transform completely every aspect of drug users’ lives, but also for the kind of people involved in this ministry. Their workers and volunteers are not just reaching out to marginalised people: they are themselves marginalised people, be they recovering drug users in the congregation or people in the pupil living with HIV. Together, they have launched a unique, catalytic response to HIV which, with proper support, has the potential to be even more effective and sustainable.


Tesoriero, J. M., D. M. Parisi, S. Sampson, J. I. Foster, S. J. Klein, and C. Ellemberg. 2000. "Faith communities and HIV/AIDS prevention in New York State: Results of a statewide survey." Public Health Reports 115:544-556. Objectives: The authors surveyed religious congregations in New York State to document the extent to which HIV/AIDS-related education and prevention services were being offered; to identify barriers to offering services; and to assess respondents’ willingness to meet with HIV/AIDS service providers in their communities. Methods: In October 1997, a questionnaire was mailed to all congregations in New York State. Due to an initially poor response rate, follow-up telephone interviews were made to a random sample of non-respondents. Survey responses were weighted to represent all congregations across New York State. Results: Just 16.7% of congregations provided or facilitated HIV/AIDS-related prevention services. Respondents cited both attitudinal and resource-related reasons for not offering services. There was a striking discordance between respondents’ perceptions of the need for HIV/AIDS prevention services in their communities and an objective measure of need created by the Health Department. Approximately half of survey respondents expressed willingness to meet with HIV/AIDS service providers. Conclusion: Follow-up efforts to increase the number of religious congregations providing, facilitating, or offering referrals to HIV/AIDS-related education and prevention services are warranted.

Teuton, Joanna, Christopher Dowrick, and Richard P. Bentall. 2007. "How healers manage the pluralistic healing context: The perspective of indigenous, religious and allopathic healers in relation to psychosis in Uganda." Social Science & Medicine 65:1260-1273. This paper examines the relationships between service providers involved in caring for people with ‘psychosis’ in Uganda. Data from qualitative research investigating conceptualisations of ‘madness’ held by indigenous, religious and allopathic healers in urban Uganda are used to explore the attitudes of these different service providers towards each other. Case-vignettes of individuals with a diagnosis of a psychotic disorder were discussed by the healers and real cases were discussed by allopathic doctors, and their discourse was analysed. The healers varied in their attitudes towards other parts of the healing context. The indigenous and religious healers were tolerant of allopathic medicine, although the religious healers were inclined to explain its success in terms of a Christian or Islamic framework. In contrast, the allopathic healers made little reference to religious healers.
and were ambivalent towards indigenous healers. Finally, the relationship between the religious and indigenous healers emerged as one of conflict. The religious healers negated the beliefs and methods of the indigenous healers, whilst the indigenous healers regarded indigenous spirituality and evangelical Christianity as incompatible. Historical and social psychological perspectives are used to understand these differences. There appear to be opportunities for greater dialogue between indigenous and religious healers and allopathic doctors and this could contribute to a more integrative model of care for individuals with psychotic experiences in Uganda.


Mental and behavioural disorders are common, and affect more than 25% of all people at some time during their lives. Mental disorders are also universal, and affect people of all countries and societies, individuals at all ages, women and men, and the rich and the poor from urban and rural environments. One in four families is likely to have at least one member with a behavioural or mental disorder. Suicide is a leading cause of death in many regions of the world and there is also a rising trend for suicides in these regions. It is estimated that mental disorders contribute a large share to the Global Disease Burden, and account for 33% of the years lived with disability worldwide. This burden caused by neuro-psychiatric disorders is expected to increase over the years and will soon surpass the burden posed by HIV/AIDS. The resources available in the form of trained mental health professionals and psychiatry services are, and will continue to be, woefully inadequate to meet the needs posed by the increasing burden. The World Health Organization in its Mental Health Global Action Programme (WHO mhGAP) has outlined the needs of those with mental health problems and the actions that are required to meet these needs. (This) paper provide an elaboration of a presented at an international consultation, and the ensuing recommendations of ways in which churches could play a significant role in partnering the WHO mhGAP in bridging the ever-widening gap between resources and needs in mental health. Could mental health be the new frontier that revitalizes the commitment of the church and its congregations to the healing ministry?


The African American Denominational Leadership Health Initiative. 2008. "Church needs assessment report (United States only)." The Balm in Gilead, Richmond, VA.

Section V.1. of the reports deals with HIV/AIDS activities, addressing the topics of Awareness of HIV in churches, HIV/AIDS programs/ministries, Participation in Balm In Gilead’s HIV/AIDS related programs and Collaborative relationships with other organizations.


This study reports on the evaluation of an integrated faith-based HIV response – offering a continuum of care ranging from orphan care to ART provision – in the Eastern Cape, SA. It describes the work of the programme drawing on interviews with key stakeholders and clients, and on questionnaires, in the attempt to understand the potential role of faith based organisations in the response to HIV; and the way in which clients mix their use of different health systems – traditional, Western and faith healing. The study finds that religious entities offering health services have a range of assets they can leverage to enrich the service they offer, from easier access to communities to norms and liturgies. In the case of Masangane these factors leave the clients convinced that what they received here, whether tangible or intangible, is more than what is on offer at public ART sites.

The present issue of the National Council of Professional Social Work in India (NAPSWI) e-journal is an attempt to understand the role of FBOs in HIV/AIDS care and the emerging paradigms under which FBOs address this problem. The 5th Annual National Seminar on Social Work and HIV/AIDS held at Bangalore on August 28-31, 2008 focused on the aspect of the involvement of FBOs in HIV/AIDS. The journal issue contains a report on the meeting and the following papers from it: FBOs in combating HIV/AIDS related stigma: Towards an integrated paradigm - Dr Sonny Jose; ‘ABC’ approach to HIV/AIDS prevention: Emerging paradigm among FBOs – Dr. Mathew Coutinho; Christian faith and social responsibility - Dr. M.D. Thomas.


Thomas, John Christopher. 1998. The devil, disease and deliverance: Origins of illness in New Testament thought. Sheffield: Sheffield Academic Press. The relationships between the Devil and disease, sickness and sin, healing and forgiveness, and exorcism and deliverance form an intriguing and controversial set of issues. This monograph brings some clarity to the topic by offering the first full-length examination of the origins of illness in New Testament thought. In an attempt to respect the diversity of thought within the New Testament, the author employs a method that allows the distinctive contributions of each New Testament writer to be appreciated on their own terms. These readings are followed by an attempt at the construction of a New Testament theology of the Devil, disease and deliverance where the distinctive New Testament voices on this topic are heard in relation to one another. The monograph concludes with a chapter devoted to the implications of this study for Pentecostal theology and ministry.


Thomas, Linda E. 2008b. "What the mind forgets the body remembers: HIV/AIDS in South Africa - a theological and anthropological issue." Currents in Theology and Mission 35:276-286. The article by a US feminist scholar considers the HIV pandemic in SA, especially what it looks like for women. It's central question is, “Can the Christian Bible be seen as the authoritative and most life-giving text for women living with HIV?” The answer is sought by examining the community of St John and their response to HIV. Here poverty and its impact on women – and on HIV – is evident. In response the community actively seeks out those infected by HIV, and offers a fourfold ritual to all who are sick, whether with HIV or other ailments, thereby normalizing HIV. [CHART]


Tiendrebeogo, Georges and Michael Buykx. 2004. "Faith-based organizations and HIV/AIDS prevention and impact mitigation in Africa." Royal Tropical Institute Bulletin 361. The paper reviews the actual and potential role of FBOs in Sub-Saharan Africa in encouraging culturally appropriate HIV prevention education, in promoting quality pastoral care, and in fostering compassionate non-judgmental service provision to PLWHA. Although the documented evidence base for the effectiveness of FBO interventions is still small, the review of selected articles and documentation by experts in the field provides sufficient ground to make recommendations. However, the paper should be seen merely as a starting point for further discussion and elaboration. The recommendations take into account the areas in which FBOs have the potential to help and areas where they may hinder effective activities. This desk review aims to support policy and decision makers, religious and opinion leaders, and researchers.

Tiendrebeogo, Georges, Michael Buykx, and N. Beelen. 2004. "Faith-based responses and opportunities for a multisectoral approach." Sexual Health Exchange 2004:1-3. This short article gives a brief overview of the contribution by faith-based HIV responses, highlights their strengths and points out the difficulties. The prevention controversy is discussed, showing both the valuable role FBOs play and the difficulties that arise around dealing with condoms. It summarises recommendations for enhancing this work through collaborative efforts from a more detailed paper [CHART]

Tobias, Barbara Q. 2001. "A descriptive study of the cultural mores and beliefs towards HIV/AIDS in Swaziland, Southern Africa." International Journal for the Advancement of Counselling 23:99-113. Swaziland, located in the southern cone of Africa, has the second highest prevalence rate for HIV in the world of males and females between the ages of 15 to 49, with 25% of the population infected. The purpose of this study was to adapt an HIV peer
education curriculum to the culture and language of Swaziland. A descriptive pilot study using individual and group interviews was conducted with the participation of key informants, government and non-government officials, traditional healers, and nursing students. The data revealed the following culture-specific themes: cultural mores influence sexual behaviour; culturally sanctioned gender-based power differential sexist; religious and cultural taboos influence HIV/AIDS beliefs and behaviours; myths exist concerning condoms; intra-personal/religious conflicts influence condom use; conflict exists between traditional and government health leaders, limited resources are available for condom purchase; and limited support systems are available for women. The research results have bio-psychological as well as cultural implications for providing HIV/AIDS peer prevention education and counselling for this population. [CHART]


Northern Nigeria has one of the highest levels of HIV prevalence among societies that are predominantly Muslim. In the last decade the region has experienced marked expansion of religiously-oriented healing practices following the formal adoption of Islamic sharia law. Since 2005, international funding has also made antiretroviral therapy (ART) more widely available throughout Nigeria. This study uses ethnographic data collected in Kano, northern Nigeria's largest city, to examine Muslims' perspectives on HIV treatment in the context of popular health beliefs and expanding therapeutic options. The research found that passages from classical Islamic texts are regularly cited by both HIV/AIDS practitioners and patients, especially when talking about the proposition that Allah sends a cure to humankind for every disease. Some religious scholar-practitioners (malamai) working in the Islamic traditions of prophetic medicine insist that HIV can be completely cured given sufficient faith in the supernatural power of the Quran; others claim that the natural ingredients prescribed in Islamic texts can cure HIV. Such assertions contradict the mainstream biomedical position that, with the proper therapeutic regimen, infection with HIV can be managed as a chronic illness, although not cured. Thus, these assertions constitute a challenge to the increasing therapeutic hegemony of antiretroviral-based care in Nigeria. Without falsifying the proposition that a divine cure for HIV exists, many Muslim patients on ART, and the predominantly Muslim biomedical staff who treat them, express scepticism about whether the cure has yet to be revealed to humans. These findings suggest that despite recent efforts in Nigeria to assert a unified Islamic perspective on HIV and AIDS, substantive disagreements persist over the causes, treatments and curability of the disease. The healing systems in which practitioners and patients operate influence how they interpret Islamic texts concerning the divinely ordained relationships between Allah, humans, diseases and cures


Harm reduction, including needle exchange and opioid substitution therapy, has been demonstrated to reduce high-risk behaviour and HIV infection among injection drug users. An increasing number of countries in the Middle East, North Africa, and Asia, including those with Muslim majorities, have experienced or are at risk for HIV epidemics initiated by burgeoning injection drug use. Although use of intoxicants is expressly forbidden within Islam, the local culture impacts the interpretation of Islamic law and influences the response to drug misuse, whether punitive or therapeutic. Harm reduction programming has received varying acceptance within this global region, which may be reflected by national trends in HIV prevalence. The purpose of this paper is to examine cultural and religious response to injecting drug use and associated HIV prevalence trends in Malaysia and Iran, with possible application of lessons learned to an emerging situation in Afghanistan.


Indicates how the outbreak of HIV/AIDS has affected the activities of the church as an institution and how the churches in Zimbabwe have reacted to this pandemic. Considers how the church bases its teaching and practice on the Bible and how the advent of this pandemic has affected biblical interpretation. Suggests ways by which the church can meaningfully contribute to combating the effects of HIV/AIDS.


The modern church faces insurmountable challenges. Globalization, terrorism, famine and disease, particularly with the HIV and AIDS pandemic, are some of the challenges the modern church has to face. To fight these challenges, the church needs unity of purpose. This unity is particularly called for in a world divided on ethnic, political, economic, linguistic and other social grounds. In South Africa, in particular, and Africa in general, where the church sometimes became divided during colonialism, the call for church unity in the post-conflict period is even more urgent. This paper argues for the need for church unity through a reflection on the Pauline message in 1 Corinthians 1-4. It draws parallels between the challenges that the Corinthian church
was facing and the disunity that the modern church also faces. It then concludes that just as Paul called for the unity of the church in Corinth, the contemporary church is also called to unite if it is to be a uniting force in the world today.


With the growth of Christianity in Africa it is necessary for African scholars to come up with methods which are context–tually relevant to African needs. Thus informed by the way other methods of biblical criticism have developed, this chapter has argued for an “HIV and AIDS method of biblical interpretation”. The chapter is divided into three sections. First, I discuss the place of the Bible in African Christianity and the initial reaction of the church to the outbreak of HIV and AIDS. In the second section I discuss the reactions of biblical scholars to the churches’ interpretation of the Bible to fight HIV and AIDS. Here I look at works of selected African biblical scholars, analyzing the way and methods they have used to interpret biblical texts in contexts of HIV and AIDS. In the last section I then suggest the possibility of talking of an HIV and AIDS method of biblical interpretation giving reasons why it is possible to talk of such a method.


This contribution reflects on anti-retroviral treatment, asking whether these drugs bring healing to the body of Christ.


This article discusses Christian understandings of life, death and healing in the context of antiretroviral (ARV) therapy. The discussion is a response to the reactions of some Botswana Pentecostal and African Independent Churches to the availability of ARV therapy, as reflected in several media reports of churches discouraging church members’ use of ARV drugs. The article argues that this negative attitude to ARVs is a result of the Christian churches’ understandings of life, death and healing through traditional Bible-based interpretations. Based on this, some churches view the ability of ARVs to prolong life as challenging God who is the source of life and healing. The article argues that this attitude grows from an initial Christian understanding of HIV and AIDS as a form of God’s punishment on humanity for its sins. The article thus argues for the development of ‘a Christian theology of ARVs’ that sees ARVs as a manifestation and not a contradiction of God’s healing powers.


Is it not true that there is a direct link between the amount of written knowledge in the hands of non-medical specialists and the probability that such people submit themselves to the truth about AIDS related scientific knowledge and also whether or not they contribute to the derived social solutions to prevent the illness? A study carried out in Congo shows that there is great diversity in the level of appropriation of the illness by the different types of non-medical specialists in the illness. This variation depends on their age, but above all on the extent to which their practices are the product of Christian religious figures or of traditional healers/soothsayers, as well as on the type of legitimacy – more / less traditional – to which they lay claim.


The present study investigated the relationships between positive religious coping (e.g., seeking spiritual support) and spiritual struggle (e.g., anger at God) versus viral load, CD4 count, quality of life, HIV symptoms, depression, self-esteem, social support, and spiritual well-being in 429 patients with HIV/AIDS. Data were collected through patient interview and chart review at baseline and 12-18 months later from four clinical sites. At baseline, positive religious coping was associated with positive outcomes while spiritual struggle was associated with negative outcomes. In addition, high levels of positive religious coping and low levels of spiritual struggle were associated with small but significant improvements over time. These results have implications for assessing religious coping and designing interventions targeting spiritual struggle in patients with HIV/AIDS.


Explores the role of religion in HIV transmission by focusing on the place of religious organization in shaping the HIV risk behaviour of congregants and asks: How are religious congregations responding to the HIV/AIDS crisis in sub-Saharan Africa? Addresses three aspects of the link between religious organizations and the AIDS epidemic: (1) how much leaders discuss HIV
and related issues in churches and mosques; (2) church / mosque-based organizational structures of accountability that may emphasise social control and help curb risky behaviour; and (3) activities of religious congregations in response to the AIDS crisis. Analysis of qualitative data (2004) reveals that religious leaders discuss HIV and related issues frequently and provides evidence that congregations in rural Malawi are responding to AIDS-related issues by participating in activities like caring for the sick, sponsoring AIDS education programmes for youth, and emphasising the care of orphans as a religious responsibility.

There are important disparities between how HIV transmission, prevention, and mitigation are addressed within sub-Saharan Africa (SSA) and how they are understood by the international aid agencies that design and implement interventions to combat AIDS in this region. Contending that local responses to the AIDS epidemic hinge on a religious framework, this dissertation examines the relationship between religion and HIV risk at both the individual and collective levels in the setting of rural Malawi—a religiously diverse country with high levels of both religious participation and HIV prevalence. This dissertation advances the Durkheimian idea that participation in harmful behaviors is reduced in places where particular religions or religious rituals are widely practiced. Specifically, it addresses the associations between religion and 1) HIV prevention, 2) actual HIV status, and 3) perceived obligations to support families affected by AIDS. The relationships are assessed by employing multiple methodologies and data sources including participant observation data from religious services, in-depth interviews with religious leaders and lay people, and large-scale survey data. This dissertation provides the first empirical assessment of what religious leaders in SSA say and do about HIV in their communities and shows that many have assumed an activist role in combating the epidemic. The relevant practices religious leaders engage in include: preaching explicitly about AIDS on a regular basis, privately advising members to use condoms, actively policing the sexual behavior of their members—visiting those suspected to be at risk of contracting the disease and to confront them about their sexual behavior, and advising divorce as a strategy for HIV prevention in cases where a member is likely to be infected by an unfaithful spouse. By synthesizing insights from demographic studies of contextual effects on sexual behavior with the notion of "moral communities" from the sociology of religion, this dissertation emphasizes the importance of conceptualizing religion as a supra-individual phenomenon with important implications for the health of populations.

This study examines the relationship between religion and HIV risk behaviors in rural Malawi, giving special attention to the role of religious congregations, the organizations with which rural Africans have most immediate contact. It draws on 2004 data from a household survey in 3 districts (N=3386), and quantitative and qualitative data collected in 2005 from 187 leaders of religious congregations previously identified in the survey. The first aim is descriptive - to identify overall patterns and variations in what religious leaders in rural Malawi teach about HIV and about sexual behavior in light of the epidemic. The second aim is to assess how religious organizations impact the behavior of individual members. I examine three outcomes that correspond with the ABCs of HIV prevention: abstinence (for never married persons), fidelity (for married persons), and condom use (among sexually active persons). Multi-level models reveal that religious affiliation and involvement are not correlated with the sexual behavior of congregation members, but that beliefs about appropriate sexual behavior and particular congregational characteristics are associated with adherence to A, B, and C. Individuals belonging to congregations led by clergy who 1) frequently deliver formal messages about HIV, 2) monitor the sexual behavior of members, and 3) privately encourage condom use report greater adherence to the ABCs of HIV prevention, suggesting that religious congregations are relevant for the sexual behavior of members and for better understanding the forces shaping individual behavior in the context of the African AIDS epidemic.


Although some scholars have identified religion as a possible protective factor in the AIDS pandemic in sub-Saharan Africa, evidence concerning the relationship between religion and AIDS behaviour there remains sparse. Using a sample of married men from rural Malawi, we examine whether AIDS risk behaviour and perceived risk are associated with religious affiliation or with religious involvement. Our analyses of data from the Malawi Diffusion and Ideational Change Project (2001) reveal substantial variation according to religious affiliation and religious involvement. Men belonging to Pentecostal churches consistently report lower levels of both HIV risk behaviour and perceived risk. Regular attendance at religious services is associated both with reduced odds of reporting extramarital partners and with lower levels of perceived risk of infection. From the results of the study it is concluded that religious involvement may reduce the risk of new HIV infections among men in rural Malawi and may subsequently also have protective effects for women as well, through similar, individual-level mechanism and by reducing the risk of contracting HIV from their husbands.


The eight papers in this supplement of the Journal of General Internal Medicine address present a state-of-the-art look at both quality of life and spirituality/religion from 2 longitudinal studies involving a total of 550 US patients with HIV. Collectively they give a better awareness of the multifaceted picture of quality of life in patients with HIV and of the central role that religion - both in its organized forms and on the personal level of spirituality - plays for such patients.


Editorial to the Supplementary issue.


Aims of the Study: This pilot study was designed to examine the relationships among spirituality and psychosocial factors in a sample of 52 adult males living with human immunodeficiency virus (HIV) disease and to determine the most reliable spirituality measure for a proposed longitudinal study. Background: HIV disease is among the most devastating of illnesses, having multiple and profound effects upon all aspects of the biopsychosocial and spiritual being. Although research has suggested relationships among various psychosocial and spiritual factors, symptomatology and physical health, much more research is needed to document their potential influences on immune function, as well as health status, disease progression, and quality of life among persons with HIV disease. Methods: This descriptive correlational study explored the relationships of spirituality and psychosocial measures. Spirituality was measured in terms of spiritual perspective, well-being and health using three tools: the Spiritual Perspective Scale, the Spiritual Well-Being Scale, and the Spiritual Health Inventory. Five psychosocial instruments were used to measure aspects of stress and coping: the Mishel Uncertainty in Illness Scale, Dealing with Illness Scale, Social Provisions Scale, Impact of Events Scale, and Functional Assessment of HIV Infection Scale. The sample was recruited as part of an ongoing funded study. The procedures from the larger study were well-defined and followed in this pilot study. Correlational analyses were done to determine the relationship between spirituality and the psychosocial measures.

Findings: The findings indicate that spirituality as measured by the existential well-being (EWB) subscale of the Spiritual Well-Being Scale was positively related to quality of life, social support, effective coping strategies and negatively related to perceived stress, uncertainty, psychosocial distress and emotional-focused coping. The other spirituality measures had less significant or non significant relationships with the psychological measures. Conclusions: The study findings support the inclusion of spirituality as a variable for consideration when examining the psychosocial factors and the quality of life of persons living with HIV disease. The spiritual measure that best captures these relationships is the EWB subscale of the Spiritual Well-Being Scale.


Spirituality has been documented in several studies as having a positive effect on chronic disease progression and as being efficacious in improving quality of life and well being. In many studies, researchers have used predetermined definitions of spirituality and have proscribed the variable by the selection of measures. This study examines the meaning of spirituality as voiced by participants in two ongoing intervention studies, a sample of healthy adults and a sample of persons living with HIV disease. The findings resulted in six themes for each sample. Exhaustive statements were written depicting the summary relationships of themes. The findings support spirituality as an essential human dimension.


This book describes four different models of congregational HIV/AIDS ministries, dealing with conditions ranging from asymptomatic to debilitation. The manual addresses stress, burnout, and caring for caregivers.


Significant numbers of African American (AA) women have been diagnosed with HIV over the past decade. HIV may be viewed as a chronic condition that can be actively managed through the use of self-care behaviors, yet little is known about how these women define self-care (SC) for themselves, and still less is known about what facilitates and hinders SC behaviors among these women. This article highlights the results of a qualitative research study undertaken with AA women living with HIV in a metropolitan city in the southeastern United States. The objective of this study was to systematically collect data about the SC experiences of these women. Focus group methodology was used. Content analysis of the data was conducted. Two primary domains emerged: do what the doctor says and living healthy. SC activities included seeking social support, managing disclosure, engaging in pampering, taking part in religious customs, and maintaining recovery.
This article creates a general framework for spirituality and HIV/AIDS as a chronic illness using a health care perspective. Spirituality provides an important function of helping people to find meaning and purpose in their lives. Various research findings that support the use of spirituality for coping with HIV/AIDS will be provided. Having been defined as one of the coping means with HIV/AIDS, spirituality is argued in this paper as an empowering resource in both well-being of the individuals with such a life threatening illness and their adaptation to the illness process. It has been observed in many researches held in varying research designs with various patient groups that as the functioning of spirituality in the patients with HIV/AIDS increases, depression, hopelessness and level of anxiety decrease; and adaptation, life satisfaction and quality of life proliferate. This paper argues it is extremely important that the professionals in the field of health support the patients who try to cope with especially the psychological and emotional effects of the illness process not only psycho-socially but also in forming meaning and goals about life as well as empower them spiritually.


This article offers an assessment of the significance of The Movement for the Restoration of the Ten Commandments of God (MRTCG) in Uganda. It describes how the MRTCG leaders proposed celibacy and physical withdrawal from the supposed "corrupt, evil and damned world," and urged their followers to wait for God to destroy the world and to save them through the Blessed Virgin Mary. Tragically, when their apocalyptic prophecies failed to materialize, the MRTCG leaders ritually killed hundreds of their followers in 2000 hoping to save them and through martyrdom, to deliver them directly to God in heaven. It suggests that this movement has to be understood within the context of the rise of HIV/AIDS pandemic in Uganda. It describes the socio-economic, cultural, medical and political factors prevailing in Uganda (1981-2000) and shows how the MRTCG responded to such circumstances. The final section sketches some of the subsequent developments concerning the fight against HIV/AIDS in Uganda.

In the United States African Americans are disproportionally affected by HIV and AIDS. The AIDS Institute of the New York State Department of Health recognized early on the importance of involving faith communities in HIV prevention. This paper reports on a survey of the faith community’s involvement in HIV services and resulting developments. The survey showed that less than 25 percent of respondents were offering HIV prevention services, but 50 percent were willing to meet with service providers. Three quarters of the latter represented African American congregants. As an outcome of the survey a state-wide initiative was started which has been shown to successfully engage faith communities, in particular African American groups, regarding HIV prevention. [author-edited]


Increasingly, faith-based organisations are being asked to participate in HIV prevention and care activities. This paper presents formative research on HIV/AIDS prevention messages, activities and policies within six religious institutions in Cross River State, Nigeria, at urban and rural sites. Data collection methods included a review of written HIV policies gathered from national church and mosque offices and 48 key informant interviews. The study highlights differences in messages between mainstream and Pentecostal Christians and Muslims. Although all groups stated a core message of abstinence outside marriage and faithfulness within marriage, Pentecostal churches tended to have more messages of punishment and condemnation for people infected with HIV. Urban churches/mosques tended to have more HIV resources and programmes. Attitudes towards condom use varied by denomination and individual; although few saw a role for religious institutions to promote condoms there were exceptions voiced. These findings indicate that religious organisations are already playing a role in HIV prevention but their responses are not uniform. Public health organisations and policy-makers should be aware of these denominational differences as they engage with religious institutions and leaders in HIV prevention and care.


The report is the outcome of the first-ever UN-sponsored meeting of Christian theologians, "HIV and AIDS related stigma: A Framework for Theological Reflection" 8th-11th December 2003 in Windhoek, Namibia. 36 Christian theologians from most historic churches were present, with the African contingent the most numerous. The workshop had two primary objectives: to sharpen the response to HIV and AIDS-related stigma among theological educators and church leaders; and to develop a framework that might provide a useful basis for theological reflection in the contexts of theological education, church councils and synods, and pastoral formation. The document represents the efforts to grapple with the serious and complex issues related to stigmatising and discriminatory reactions to HIV and AIDS, and to discern the values and beliefs that underlie a justice-based response to such negative phenomena. The consultation identified a number of theological themes relevant to this task: God and Creation; Interpreting the Bible; Sin; Suffering and Lamentation; Covenantal Justice; Truth and Truth-telling; and The Church as a Healing, Inclusive and Accompanying Community.


We investigated the relationship between religiosity, mental health problems, and two sexual risk behaviors-condom use and number of partners. Participants were 80 sexually active African American girls in psychiatric care and their caregivers. Results indicated differential relationships, depending on parent versus youth report. Mother’s religiosity was positively related to girls’ condom use and not to girls’ number of partners. Controlling for other predictors in the models, mother’s religiosity explained as much as 15% of the variance in girls’ condom use. Whereas parent and adolescent reports of girls’ depression/anxiety and rule-breaking were positively associated with number of partners, reports of aggression were associated with having fewer partners. Neither parent nor youth reports of girls’ mental health problems were associated with condom use. Controlling for other predictors in the models, girls’ mental health problems accounted for as much as 31% of the variance in number of partners. Findings underscore the importance of adopting an ecological framework to understand both the risk and promotive factors for sexual risk taking among troubled girls. The roles of specific aspects of psychopathology and religiosity in relation to sexual risk behavior among African American girls in psychiatric care are discussed.


The UNICEF/UNAIDS High-Level Conference on HIV/AIDS in South Asia, in February 2003 acknowledged the likelihood of a huge and explosive HIV and AIDS scenario in the region of South Asia. Its Declaration, the “Kathmandu Call for Actions Against HIV/AIDS in South Asia,” was adopted by all eight South Asian countries. The first “Interfaith Consultation on Children, Young People, and HIV/AIDS in South Asia” is a follow up to this commitment. To facilitate the Consultation, UNICEF commissioned a series of assessments in eight countries of South Asia to look at current activities of FBOs and perception of religious leaders, along with views of communities, towards HIV/AIDS and possible actions. The assessments are largely an outcome of desk
review and interviews, and the sample represents major faiths in the region—Hinduism, Buddhism, Islam as well as Christianity and Baha’i. The countries studied are: Afghanistan, Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan and Sri Lanka. This overview aims to understand the opportunities and constraints in expanding the role of religious leaders and faith-based organizations in HIV/AIDS prevention and care, targeting children and young people in South Asia. A majority of respondents across all religions were willing to raise awareness and spread knowledge of HIV/AIDS among followers and local communities. Many, including Buddhist monks and Imams are already engaged in some form of information sharing with believers. Volunteers of the Christian-faith are supporting not only reproductive health education but also hospices for people with HIV/AIDS. A number of Imams have expressed their wish to do more as long as government departments approach them and recognize their potential contributions. Religious leaders residing in rural and remote areas tend to regard AIDS as a divine punishment for sin or consequence of immoral behaviour. Those in urban areas tend to accept the scientific explanation of AIDS. There is also a difference between religious leaders who have been given orientation on HIV/AIDS and those not. The former carry a more positive view about AIDS as a disease associated with ignorance and poverty, and display a supportive attitude toward those affected. The untrained shows inconsistent understanding of the causes and symptoms of HIV/AIDS, including blames on women for spreading the virus. Some also express reluctance to network with non-faith-based organisations.

—. 2003b. "The role of faith-based organisations in providing support to orphans and vulnerable children in Africa." United Nations Children’s Fund (UNICEF)/World Conference of Religions for Peace (WCRP), New York. This study, published by UNICEF and the World Conference of Religions for Peace, draws attention to the roles of faith-based responses to HIV/AIDS in the six African countries it surveyed (Kenya, Malawi, Mozambique, Namibia, Swaziland and Uganda). The study argues that, despite some negative perceptions of their role and impact, FBOs are among the most viable institutions at both local and national levels and have developed experience in addressing the multidimensional impact of AIDS and its particular impact on children. The study concludes with recommendations on how donors can support FBOs. It notes that congregations have the capacity to implement OVC support activities and receive funds but must receive no external support. External support needs to be guided by experience of local religious partners rather than programmes being designed by external partners with little local involvement. Funding should therefore be provided through small grants funds to support activities initiated by congregations. Finally, donor project proposal and reporting requirements should be made more flexible and accessible to FBOs.

—. 2003c. "Strategy for the monitoring and evaluation for the Buddhist leadership initiative." United Nations Children’s Fund (UNICEF), New York. The strategy presented in this document is a broad, Regional strategy for Buddhist involvement in the response to HIV. UNICEF developed the strategy following a review of the Buddhist Leadership Initiative activities undertaken in Laos, Cambodia, Yunnan Prefecture in China and Thailand.

—. 2003d. "What religious leaders can do about HIV/AIDS: Actions for children and young people." United Nations Children’s Fund (UNICEF)/World Conference of Religious for Peace (WCRP), New York. This book is a resource that religious leaders can use to explore ways of responding to HIV/AIDS. It explains what HIV/AIDS is, how it can be prevented and how it affects particular groups, especially children and young people. It also explains how parents who are infected with HIV (the virus that causes AIDS) can avoid passing it on to their infants. In addition to these basic facts, each chapter includes suggestions on what religious leaders can do to stop the spread of this deadly epidemic and the human suffering that goes along with it. This information can serve as a starting point for meditation, dialogue and action. It can be adapted as necessary to specific spiritual teachings or religious texts, to the cultural practices and beliefs of particular communities, to local issues that contribute to the spread of HIV, and to ongoing programmes. The last section of the workbook is devoted to ways in which religious leaders can generate action against AIDS within their community. This is followed by a list of faith-based organizations and other institutions to contact for ideas and inspiration or for more technical information about HIV/AIDS.

—. 2004a, "Sharing common goals: UNICEF, faith-based organizations and children", Retrieved 23 January 2009, (http://www.unicef.org/media/media_4537.html (accessed 23 Jan 2009)). Faith-based organizations and religious groups have become important partners in UNICEF’s work with children across the globe. In developing countries, UNICEF works very closely with religious communities - ranging from those of the Buddhist and Islamic faith to several denominations within the Christian faith - whose tenets of religion include an interest in the health and wellbeing of people, and particularly of children. This online report documents a range of these projects from across the globe that address children’s rights, including those relevant to children affected by HIV.

UNICEF consultation with faith-based groups and young people to explore ways of fighting HIV/AIDS in the region. The consultation included presentations on scientific advances, the impact of HIV on children and young people, opportunities for and the value of multi-faith cooperation, and the critical need to combat stigma and discrimination.


The UNICEF Regional Buddhist Leadership Initiative (BLI) grows from the heart of Buddhist tradition and belief. Buddhist ideals like moderation, self-discipline and compassion are valuable assets in HIV prevention and creating enabling environments for people with HIV and AIDS. The BLI was designed to mobilize and enable Buddhist monks, nuns and lay teachers in collaboration with key Buddhist institutions and government agencies to lead community-level HIV and AIDS care and prevention, with a view to: increasing access to care and support for PLWHA; increasing community acceptance of PLWHA; and building HIV resilience in communities, especially among youth. A multi-country review (2006–2007) based on the Regional Monitoring and Evaluation Framework was conducted by Country Offices under UNICEF EAPRO’s supervision to obtain quantitative and qualitative data in the five BLI implementing countries. The review targeted five population groups, i.e. senior monks, junior monks and nuns, PLWHA, members of communities served by the temple, and in some cases the BLI programme coordinators. The report details the achievements of the programme as well remaining challenges and concludes with recommendations; these focus on building on the strengths especially in teaching of meditation and spiritual support to PLWHA; developing other support to PLWHA and building compassionate attitudes toward them; and outreach education including for youth.


This report documents 5 stories as a sample of the work carried out jointly by UNICEF and the Catholic Church in Latin America. Pastoral ministry to persons living with HIV or AIDS is one of the five key areas of this collaboration. The story from Honduras focusses on prevention of HIV infection, including mother to child transmission of the virus making use of the church’s communication network. [CHART]


The article discusses challenges of leadership as reflected in the Old Testament and in African contexts. Strengths and weaknesses with regard to approaches to leadership are noted. A transcendental perspective on leadership in response to the African situation is proposed as an alternative.


This study examines the changing social and political context of adolescent sexual and reproductive health policy in Indonesia. We describe how, in 2001, Indonesia was on the brink of implementing an adolescent reproductive health policy that was consistent with international agreements to which the Indonesian government was a party. Although the health of young Indonesians was known to be at risk, the opportunity for reform passed quickly with the emergence of a new competing force, Middle Eastern fundamentalist Islam. Faced with the risk of regional separatism and competing politico-religious influences, the Indonesian government retreated to the safety of inaction in this area of policy. In the absence of a supportive and committed political environment that reinforces policy specifically targeted to young people’s reproductive health, extremist approaches that involve considerable health risk prevailed. The sexual and reproductive values and behaviors that are emerging among single young people in contemporary Indonesia are conditioned by a political context that allows the conflicting forces of traditional Indonesian values, Westernization, and the strong emerging force of fundamentalist Islam to compete for the allegiance of young people.


The author states that the socio-cultural factors that contribute to the high risk of HIV infection in Africa are culturally determined attitudes which increases one’s exposure to sexual activity. In the past, religion and traditional societal structures served to limit the incidences of venereal disease in Africa. He laments that the modern and more permissive sexual attitudes being adapted not only by the young but also by the older generation. There is increased tolerance for heterosexual and
homosexual activity, more frequent pre-marital and extra marital intercourse and multiple sexual contacts. He further states that certain cultural belief systems in Africa are perhaps potent forces for the promotion of the risk of HIV infection. For example, in Mozambique, it is believed that a sick person can be cured by passing the disease to another. This can encourage the raping of young women by men with STD’s. Other studies have collaborated these findings that like among the Yoruba’s and Hausa’s of Nigeria, there is a belief that having sexual intercourse with a virgin will cure a man of any form of STDs. He conducted a study to investigate the socio-cultural factors that predispose and possibly expose women in the middle belt of Nigeria to HIV/AIDS. He studied 164 people, 87 males and 77 females drawn from the general population. His study found out that there is no significant difference between male and female subjects in terms of their knowledge of AID/STDs. He also found that there are certain socio-cultural factors which include prostitution, multiple sexual partners and the subservient status of most women among others that predispose women to AIDS/STDs. The study confirmed that there is a wide spectrum of social, economic and cultural factors which women have very little control over that contribute to their vulnerability to AIDS/STDs in the middle belt of Nigeria. He recommends that such practices should either be out rightly abrogated, discouraged or modified to reduce the risk factors associated with them. Further a systematic community-based sensitization drive should be intensified to increase awareness about the inherent risks associated with such behaviours and practices. [CHART]


Analyze experience of stigma among a small sample of HIV positive individuals in Arusha (Tanzania, Africa). Data were collected during meetings of an Alpha HIV+ support group. Considers the practical impacts of stigma; openness to reduce stigma; the church as a healing community; more action, fewer words.


By 2015, approximately half of adults with HIV in the United States will be 50 and older. The demographic changes in this population due to successful treatment represent a unique challenge, not only in assisting these individuals to cope with their illness, but also in helping them to age successfully with this disease. Religious involvement and spirituality have been observed to promote successful aging in the general population and help those with HIV cope with their disease, yet little is known about how these resources may affect aging with HIV. Also, inherent barriers such as HIV stigma and ageism may prevent people from benefitting from religious and spiritual sources of solace as they age with HIV. In this paper, we present a model of barriers to successful aging with HIV, along with a discussion of how spirituality and religiousness may help people overcome these barriers. From this synthesis, implications for practice and research to improve the quality of life of this aging population are provided.


South Africa is the country with the highest incidence of HIV/AIDS in the world. In order to understand the complex phenomenon experienced by people infected and affected by HIV/AIDS in South Africa, the diverse cultural landscape, amongst other factors, needs to be explored. In a qualitative study, the authors explore the impact of this phenomenon on marriage. Using psychiatric texts and by employing the method of Discourse Analysis on two case studies, different ways of dealing with HIV/AIDS in marriage and the way it dramatically influences marriage are analysed. The impact of these previously untold stories of HIV/AIDS in marriage is seen especially in the lives of spouses who respond differently when managing this problem. In coping with the trauma of HIV/AIDS, spirituality plays a role. Using the biopsychosocial/spiritual-model within a post-modern view of therapy, the role of spirituality is described. The research, viewed through a culture-sensitive lens, acknowledges the different ethical dilemmas involved. Certain limitations in the research methodology are discussed and the need for further research is highlighted.


A contribution on the way in which the Dutch Reformed Church reaches out to people with HIV

Van der Sterren, Anke. 1998. "'Kondom oke, kondomasi no': HIV/AIDS prevention policy and constructions of sexual morality in Indonesia, with specific reference to the construction of Islamic attitudes." Australian National University.


Van der Walt, B. J. 2004. "Is VIGS die oordeel van God oor ons ongehoorsaamheid?" Woord en Daad 44:6-8. Plead for a more realistic vision of the HIV/AIDS pandemic which is based on the truth.


The current debate in South Africa and elsewhere in the world points to the fact that schools and educators are having to contend with a pervasive discipline problem. This observation is supported by the fact that the South African Minister of Education announced in 2006 that she was contemplating the introduction of special legislation for combating the problem, inter alia by removing delinquent learners from schools. This problem is not unique to South Africa; according to the literature, educators in the United Kingdom, the United States of America, Australia, Germany, the Netherlands and elsewhere also have to cope with the problem of deviant learner conduct. In South Africa, the emergence of disciplinary problems can be blamed on the rapid transformation of society since 1994, the ravages of HIV and AIDS and the resultant absent parent syndrome, and rapid urbanisation, to mention only a few of the most important causes. In more developed countries, the problem can be blamed on the anomic caused by the "cultural winter" that has replaced the progress belief. Anomie is a loosening of moral and social norms when the loss of authority tends to release moral bonds. The "cultural winter" is characterised by a post-modern approach to rules (seen as socially constructed), by anxiety and feelings of hopelessness. Another cause of the problem in the more developed parts of the world is secularism, which manifests itself in two forms: the withdrawal of church influence from general life, and the withdrawal of religious norms from public life. Neither churches nor religion can exert influence on the public conduct of people. In this article, the central theoretical thesis is defended that in order to eradicate the so-called discipline problem in schools, educators have to resort to a stewardship approach to education and schooling rather than adopt a reactive, retributive and punitive approach to delinquency. The problem should rather be pre-empted than redressed. In the Norms and Standards for Educators (Department of Education, 2000) for teacher education in South Africa, only one of the prescribed roles of educators approximates a stewardship approach. The discussion in this article shows that a stewardship approach entails more than has been suggested in this policy document.


Many Western-based AIDS education and prevention programmes have failed dismally in Africa and they may only succeed if traditional African beliefs and customs are taken into account. This article discusses relevant aspects of the traditional African worldview by explaining what health, sickness and sexuality mean in traditional Africa. Traditional African perceptions of causes of illness (including AIDS), perceptions of sexuality, and cultural beliefs inhibiting the usage of condoms are described in terms of the influence of the macro-cosmos (the ancestors), the meso-cosmos (witches and sorcerers) and the micro-cosmos (everyday life). The implications for AIDS education and prevention in Africa are discussed and suggestions are offered for the development of such programmes.


HIV/AIDS in Africa places a tremendous burden on the nursing profession. Hospitals are inundated with very sick and dying AIDS patients and nurses often find that their role as healers has shifted to a great extent to that of caregivers, counsellors and educators. AIDS also calls for nurses to go beyond the strict Western-based bio-medical model to be able to help and understand patients who come from a traditional African background. This article discusses relevant aspects of the traditional African worldview by explaining what health, sickness and sexuality mean in traditional Africa. Traditional African perceptions of the causes of illness (God, ancestors, witches, pollution and germs), perceptions of sexuality, the importance of having children, cultural beliefs inhibiting the usage of condoms, the importance of community life, as well as the controversial issue of confidentiality in Africa are discussed. The implications for AIDS care and counselling in Africa are explored and suggestions on how to use traditional beliefs and customs to the advantage of AIDS education, are offered.

An extensive update and revision of the third edition, this book provides knowledge, skills and support for every aspect of living with HIV and AIDS. It is an invaluable resource to counsellors, nurses, home-based caregivers, social workers, teachers, doctors, therapists, spiritual workers, volunteers, as well as people living with HIV and AIDS, and their loved ones. Special attention is also paid to resource-poor and rural environments. In this updated, fourth edition, a new chapter on managing HIV and AIDS in the workplace is added, as well as a new section introducing a counselling model for lay counsellors.


The story of HIV/AIDS in Africa and the Ruth narrative both describe the extraordinary suffering of women in the face of calamity. The plight of women in Africa has never been easy and the advent of HIV/AIDS did nothing to ease the suffering. The risk of becoming infected with HIV is two to four times higher for women than it is for men. Apart from their physical and biological vulnerability, women in Africa are particularly susceptible to HIV infection due to their lower social status, lack of control over their sexual lives, disempowerment and poverty. Exposure to diseases such as Tuberculosis and Malaria further exacerbates the problem. In the Book of Ruth we are also presented with two women who are also experiencing a major crisis. The legal status and social constraints of women such as Naomi and Ruth are analysed against four possible readings of the book. These four perspectives emphasise the responsibility for self-empowerment, the need to work positively towards solutions, the fact that it is sometimes necessary to change the structures of society, and the importance of sometimes cooperating with people in power.


The central question pursued in this paper is why a tragedy – whether that of the biblical Job or the current AIDS tragedy in Africa – is allowed to happen, and who if anyone is to blame for it. The author shows how the biblical text leaves the questions unresolved – Job receives no answer. After a brief discussion of the AIDS tragedy, its social and biological/epidemiological drivers, he asserts that here too there are no simple answers, no direct links between cause and effect. Ultimately God’s working remains a mystery. [CHART]


The aim of this study was to investigate the perceptions of South Africans regarding the church and their attitudes towards HIV-positive people and condom usage. A semi-structured questionnaire was used to investigate participants’ perceptions and attitudes towards the church, HIV-positive people and condom usage. The questionnaire was completed by 1352 participants from diverse religious and other backgrounds. Results showed that 67.2% of participants (mostly active church goers) were prepared to go to their minister for support (if they were HIV-positive). Views that HIV/AIDS is God’s punishment, that HIV-infection is the result of a ‘sinful lifestyle’ and the condemnation of condom usage were more prevalent among certain categories of people (eg. those who had not been tested for HIV before, men, persons from rural areas, people of lower education level, the unemployed and in some cases the more active members of the church). A third (33.5%) of the participants believed that religious people would be less prone to HIV-infection than non-religious people. 59.1% participants (mostly women and active church goers) believed that the church is doing its best to support HIV-positive people.


In the response of African theologians to the challenges raised by HIV and AIDS, they often refer to the metaphor of the body of Christ. This article investigates how this metaphor is used and understood by African theologians, and why it has become so prominent in their reflections on the reality of HIV and AIDS. Two dimensions of the metaphor are highlighted: an ecclesiastical one, concerning the church and its mission in the context of HIV and AIDS, and a sacramental one, concerning the significance of the Eucharist/Holy Communion in the HIV and AIDS context. It is argued that the particular attraction of the metaphor is in its notion of solidarity. For this reason, "the body of Christ" has become a central biblical metaphor in what can be called an HIV and AIDS liberation theology. Furthermore, it is argued that the use of the metaphor of the body of Christ in African theologies responding to HIV and AIDS has a theological impact that transcends the African context. This raises critical questions for Christian churches and for theology worldwide.

This special issue of the intercultural theological journal *TussenRuimte* is dedicated to the metaphor "The church, the body of Christ, has AIDS", taken up by African theologians and applied to their contexts. In this editorial of the same title as that for the issue Adriaan van Klinken - the guest editor - reflects on the meaning of this metaphor for Africa and the West. Other articles have separate entries.


In the context of the HIV pandemic in sub-Saharan Africa masculinities, the role of religion in their construction, and theological perspectives on their transformation are in the spotlight. This chapter surveys this emerging field of study and discusses its early results. The intersection of masculinities with HIV and AIDS is first considered from a perspective of gender and HIV; then with regard to African religions and thirdly in the light of Christianity. A final perspective investigates transformation of masculinities from a religious perspective. These findings are then evaluated. [Extract from chapter introduction]


This article explores the global implications of the statement from African theologians that the body of Christ has AIDS. It will outline how these theologians employ the metaphor of the body of Christ to challenge the western world to enter into solidarity with Africa struck by HIV and AIDS. From the realization that the HIV epidemic is embedded in globalization processes, and from the understanding of contextual theologies as significant to western theology, it is argued that western theologians have to take seriously the critical African questions. Hence the article investigates what it means for the western world to say that the body of Christ has AIDS, and how this metaphor helps to envision global solidarity in light of the HIV epidemic.


This essay engages this with the debate on gendered cultural practices. The author does so, however, from the particular perspective of masculinity studies and discusses how men and masculinities in the context of HIV and AIDS are analysed and reflected upon from the religious perspective. In this discussion van Klinken identifies three areas of focus, namely sexual decision making, sexual violence, and male sexuality, fertility and power. In addition, he addresses the literature that discusses the interface of religion and patriarchal masculinities. Arguing that hegemonic masculinities are increasingly being contested in the HIV and AIDS context, he shows how there is a growing body of work that suggests religious resources for their transformation. But, as van Klinken shows, there is little emphasis in the literature on how this transformation can occur practically. He concludes his analysis by suggesting that all too often men are presented in the literature as “one monolithic bloc dominating women and spreading HIV”, and that this essentialising discourse does not take into account the plurality of masculinities. Furthermore, the emphasis on gender equality in the literature means “that not much attention is paid to gender difference in the proposals to redefine masculinity”. In some contexts, van Klinken argues, this may be a problem, “because in many cultural-religious constructions of masculinity and femininity the biological differences between the sexes are marked by symbolic meanings that have social implications” and therefore cannot be ignored. There is, thus, a need for further reflection on “how gender difference can be marked symbolically and socially in a way that promotes the values of solidarity, mutuality, companionship that lead to gender justice”.


The paper begins by acknowledging several ways in which religious beliefs and behaviour have had a negative impact on people's physical and mental health; fanatical violence, mortifying asceticism, and oppressive traditionalism (e.g., sexism) are mentioned. Three areas of positive influence are explored: 1) the role of religious practices in personal health; 2) the impact of social ministries on community health, and 3) the complementarity of religious ideas of salvation with medical conceptions of health in contemporary conceptions of human well-being. That religion mediates between the social and individual dimensions of well-being is a unifying theme of the paper.

Many churches in South Africa are considering ways to respond to major national problems such as poverty, HIV/AIDS and violence or crime. Surveys show that most Dutch Reformed congregations are not very skilled in this area, and that the theological education does not have the capability to guide congregations to become involved in a well-researched and well-tested manner. Practice research and practice training are procedures that can be followed to meet this challenge. Where academic work primarily produces publications, practice research leads to actions, products or processes first, with publications as an off-spin. Certain adjustments would be required to make the integration of practice learning and practice research into the theological course possible. An adjustment to our view of theology would be that academic work must be seen as a second order activity, namely reflection on the faith and life of the church, and not as the primary source of knowledge and understanding – as tends to happen if the theological debate is confined to theologians. It would also be necessary to adjust the structure of the academic program to make it possible for academics to do these procedures, and to motivate them to do so.


This anthology, while drawing on the work of African bioethics scholars like Godfrey Tangwa, Keymanthri Moodley and Solomon Benatar, also considers ideas from other perspectives such as philosophy, economics and public health; thus providing a valuable starting point for further robust scholarship on the ethical dimensions of AIDS in Africa. About half of the contributions come from a special edition of the Journal of Medicine and Philosophy guest edited by van Niekerk and Kopelman in 2002. The chapters deal with issues from research ethics to public health ethics to metaethics. Cross-cutting themes include the contrast of 'Western liberalisms' with 'African communitarianism', and the difficulties in balancing risks to individuals with benefits to society as a whole. What is insufficiently addressed is gender as a cross-cutting theme and the contribution of human rights to the theme of ethics of AIDS in Africa; in addition Africa beyond South Africa is not represented sufficiently either by authors or as a context for issues raised. [Stephanie Nixon and Nkosinathi Ngcobo review extract]


This chapter in an anthology dealing with ethical concerns regarding AIDS in Africa describes some of the social complexities that frustrate the response to HIV/AIDS in Africa. Of special interest is the reflection on how HIV/AIDS can reinforce and exacerbate existing prejudices and fears about Africa giving rise to discourse on 'African AIDS' and 'African sexuality'. The author regards the emphasis on blame and culpability for HIV as counterproductive and suggests, rather, a focus on practical and compassionate responses to the disease. He also raises the issue of the huge imbalance between poverty in Africa and wealth in the West. [Extract from a review of the book by Stephanie A. Nixon and Nkosinathi Ngcobo in Philos Ethics Humanit Med. 2007; 2 (1)]


In dealing with the human capability to improve reality, there are both pessimistic and optimistic views. Pessimistic views include the ancient Greek tragedies and the second law of thermodynamics according to which the level of chaos, or entropy, increases in any closed system. Optimistic views include the modern Western belief in progress through human control over nature, through technology. Optimistic views are found in some postmodern chaos theories. The Nedcor- Old Mutual Scenarios of 1992 presented an optimistic view. The scenarios advocated massive investment in socio-economic programmes in South Africa dealing with housing, electrification, education, job creation and containing HIV/AIDS. The actual results however are disappointing. A more realistic view is found in the Bible: The power of chaos, sin and death is never underestimated and thus one cannot be optimistic. But the Kingdom of God, which began with Jesus Christ, prevents us from becoming pessimistic, and gives us hope. Such an approach would lead to more meaningful results than either an optimistic or a pessimistic approach would achieve.


In my experience of working with teenagers living in the inner city of Pretoria, I became acutely beware of the vulnerability of teenagers, especially because of HIV/AIDS. They are a high-risk group and the fact that they are living in the inner city, limits the availability of resources to them even more. This caught my attention and I wanted to listen to their stories about these experiences in depth. This research is done from a narrative perspective and falls in the qualitative research paradigm. The research project focuses on the unheard stories of adolescents infected and affected by HIV/AIDS and their experiences of care and / or the lack of care. The research was done according to the fiction writing metaphor. In this article, the methodology and positioning of the planned research project is explained.


Rape is a terrible thing, and the extreme denial of the integrity of a person. However, Genesis 34 does not deal with rape, as is demonstrated by the semantic study in this article. The question in the title of this paper : 'Rape or worse?', is in the end
answered. The prohibition of free movement, of having one's own perspective and the denial of speech, is as bad as rape, because it makes people, women, invisible, and they do not remain in our memories. Worse than rape is, however, murder: the genocide on a people, the Hivites. The slaughter of all men and the capturing of all women and children of Shechem. And Dinah is made responsible for it, as the semantic study shows.

This research was encouraged by the need for Christian religious-ethical principles for counselling of HIV/AIDS patients and their families within a multi-religious environment. The aim of the study is to highlight the sexual ethos of people from a Christian ethical perspective by means of the example of the character Samson in the book of Judges (Jd 13-16), in order to derive sexual-ethical principles for counselling. The hypothesis is that an ethical relationship exists between the rebelliousness in Samson’s life, and his sexual conduct. A similar relationship can be identified in our current society as a result of the negligence of healthy religious-ethical norms. A socio-rhetorical approach has been applied to explore various textures found in the Samson saga. After a discussion of Old Testament ethics as a subject, emphasis was laid on analysing the intra-textual, ideological, social and cultural, and holiness structures of the Samson saga. HIV/AIDS as a social problem is discussed, primarily by means of relevant statistics. Professional Family Care implements an eco-systemic model, viz. an integrated approach involving medical professions, social workers, and religious leaders from all the religions involved. The ethical conduct of individuals normally mirrors the dominant ideological framework of the society in which they live. The sexual-ethical conduct of Samson, within its context, and the ethical principles, which can be deduced from that for the current context of Middelburg, Mpumalanga, clearly indicate that a relationship exists between the violation of sexual-ethical norms of the society as well as the consequences thereof for individuals and the broader community. In the light thereof both the positive and negative conduct of Samson have been implemented to formulate basic principles for counselling.

A contribution is the story of Arnau van Wyngaard and the Shiselweni congregation in Swaziland, recent runners-up in the Courageous Leadership Awards of Willow Creek Community Church in Chicago for their Home Based Caregivers project.


This paper tells the tragic story of Wiseman, the labourer, who died of AIDS.

In terms of the social involvement of the Christian church within the community, it would not be an overstatement to say that never before in history has there been a greater challenge facing the church than the present, finding a way to bring hope to those suffering due to the HIV/AIDS pandemic. Yet, in spite of the enormity of this pandemic, it is possible to make a huge difference in people’s lives, making use of a few willing people and a fairly conservative budget. In this article the author attempts to describe the way in which a very small congregation, where the average weekly attendance at church services is seldom more than fifty people and where nearly all members live close to or under the breadline, started making a noticeable difference in their community. Motivated by God’s love for them, they decided to share this love in a practical way with all those in the community suffering due to HIV/AIDS and other serious illnesses. This is a story of hope, not only for those who receive help, but even more so, for those who want to give help.

In a world which is slowly but surely being devastated by the HIV/AIDS pandemic, the church needs to get involved in the fight against this disease. In many places the church has conveniently denied that HIV/AIDS has anything to do with them. In this paper the author argues for the necessity of thinking theologically about the reality of HIV/AIDS, indicating that HIV/AIDS is not merely a matter of “sinners” becoming infected with a virus, but that certain circumstances are conducive to the spreading of HIV/AIDS which need to be addressed if an impact is to be made on the spreading of the virus. Although many non-religious organisations are fighting this disease, the church is in an ideal situation to assist these bodies as it is already grounded within communities and already have integrity amongst a large part of the population. However, to achieve this goal the churches must be transformed in the face of the HIV/AIDS crisis, in order that they themselves may become a force for transformation – bringing healing, hope, and accompaniment to all infected with and affected by HIV/AIDS.

The author describes how his church in Swaziland attempts to be the hands and feet of Christ in the HIV and AIDS context.

Notions on sickness and healing in the Old Testament are explored with reference to the HIV/AIDS pandemic. Over and above simply collecting insights from the Old Testament, a more 'involved reading' of texts, particularly of Psalms, as suggested by Brueggemann, is argued and illustrated from Psalm 38. Perspectives from the Umwelt and the socio-religious reality in Ancient Israel are presented in order to create a framework for understanding Old Testament perspectives on sickness and healing. Furthermore, perspectives on sickness and healing from African world views and the practices in African faith healing churches are overviewed as a challenge to the African church to use the Old Testament in its dealings with people living with HIV and AIDS.


Notions on life and death in the Old Testament are explored with reference to the HIV-AIDS pandemic. These perspectives are firstly dealt with within the context of other Ancient Near Eastern notions and the social reality of Ancient Israel and are illustrated from a close and involved reading of Psalm 39. These are then discussed with reference to African views on life and death, suggesting ways in which the African church can contribute from the Old Testament in dealing with people living with HIV and AIDS.


Aging with HIV is now possible due to pharmacological advances that are greatly extending life. However, information on aging with HIV is only recently emerging, with little information available about the spiritual lives of those aging with this disease. This pilot study assessed spiritual, psychosocial, and health-related factors in 50 HIV-positive and 50 HIV-negative adults between 30 and 65 years old. The convention of 50 years and over is used in HIV research to indicate older adults and was used in this study as well. Between-group analyses did not reveal differences on attendance of religious events or importance of spirituality. Within-group analyses of the HIV-positive group did show several positive relationships between health-related factors and spirituality; however, age and years diagnosed with HIV were not related to the spirituality items. Interestingly, 72% of the HIV-positive participants indicated that their spirituality changed after receiving their diagnosis and 44% considered HIV to be a blessing. As people age with this disease or contract it in later life, it will be important to understand how spirituality will help people to cope with such a stigmatizing disease.


More than 100,000 adults above the age of 50 have been diagnosed with HIV in the United States. It is important to understand how to promote successful aging in this growing population. With the positive effects of spirituality on biopsychosocial functioning in aging, HIV, and chronic diseases, accessing the strengths associated with spirituality may facilitate successful aging in adults surviving to older ages. The inherent nature of the nurse-patient relationship means nurses are in a key position to actively listen, assess spiritual needs, and make clinical referrals. In providing holistic care to patients, nurse scientists are encouraged to study and address the spiritual needs in this growing population.


HIV/AIDS stigma continues to be a barrier for prevention efforts. Its detrimental effects have been documented among people living with HIV/AIDS and encompass loss of social support and depression. When it is manifested by health professionals, it can lead to sub-optimal services. Although strides have been made to document the effects of HIV/AIDS stigma, much needs to be done in order to understand the structural factors that can foster it. Such is the case of religion's role on HIV/AIDS stigma in Puerto Rico. The Caribbean Island has a Judeo-Christian-based culture due to years of Spanish colonization. This religious influence continued under Protestantism as part of the Island's integration as a non-incorporated territory of the USA. The main objective of this study was to explore the role of religion in HIV/AIDS stigma manifested by Puerto Rican health professionals in practice and in training. Through a mixed-method approach, 501 health professionals completed qualitative interviews (n=80) and self-administered questionnaires (n=421). Results show that religion plays some role in conceptualisations of health and illness among participants in the study. Furthermore, the importance placed on religion and participation in such activities was related to higher levels of HIV/AIDS stigma.


This qualitative study was an exploration of the experiences of five persons living with HIV/AIDS who practice Santería. Santería is an Afro-Cuban religion derived from the Yoruba tradition in which African orishas (deities) are syncretized with Catholic saints
for worship. Spirituality and religion have been described as essential to the well being and healing processes of people living with HIV/AIDS. Historically, persons with HIV/AIDS and practitioners of Santería, have experienced stigmatizing public reactions. Three areas explored were: how do persons with HIV/AIDS manage living with their disease, what role does the religion of Santería play in their experiences, and what has been the experience of these persons with traditional health care providers. Findings included that self awareness, a purpose in life, interrelatedness with others, relationships with a higher power, and access to negotiable health care were integral to the life processes of the participants. Energetic phenomena such as clairaudience, clairvoyance, intuiting, channeling, and healing techniques were also associated with how the participants related to themselves and others. According to the participants, fear-based reactions to HIV/AIDS and to the practice of Santería continue to exist and were experienced in their interactions with families, friends, and health care workers, as well as the public. Inconsistent with previous literature on practitioners of Santería, the participants did not believe their illnesses were the result of sorcery, revenge, or punishment from God. These participants were knowledgeable about transmission of the virus and did not blame others for their health-illness process. They did not indicate that communication among medical practitioners and their guides in the religion determined their medical treatment adherence.


Vasques, Edwin. 2006. "AIDS treatment in Brazil: Applying a Catholic understanding of human rights and the common good to pharmaceutical patents regarding the urgent need of access to antiretroviral drugs." Weston Jesuit School of Theology.


The pandemic of HIV/AIDS in sub-Saharan Africa and the rise of epidemics in Asia to the previously unforeseen level are likely to have global social, economic, and political impacts. In this emergency, it is vital to reappraise the weight of powerful religious and cultural factors in spreading the disease. The role of Islam in shaping values, norms, and public policies in North African states is to be appreciated for the lowest HIV prevalence in their populations. Yet, the place of religion in prevention of the disease diffusion is not fully understood nor worldwide acknowledged by the primary decision makers. Another topic, which has received little attention to date, despite the abundance of literature concerning the unfortunate Africa’s anti-AIDS campaign, is an issue of colonial past. Methods: To better comprehend the share of both traits in diverse spread of HIV in sub-Saharan Africa, we studied the correlation between Muslim and Christian proportions in the state’s population and HIV rate. By this method, Muslim percentage came out as a potential predictor of HIV prevalence in a given state. In another approach, most subcontinental countries were clustered by colocalization and similarity in their leading religion, colonial past, and HIV seroprevalence starting from barely noticeable (0.6 - 1.2%, for Mauritania, Senegal, Somalia, and Niger) and low levels (1.9 - 4.8%, for Mali, Eritrea, Djibouti, Guinea, Guinea-Bissau, Burkina-Faso, and Chad) for Muslim populated past possessions of France and Italy, in the northern part of the subcontinent. Former territories of France, Belgium, Portugal, and the UK formed two other groups of the countries nearing the equator with Catholic prevailing (Democratic Republic of Congo, Republic of Congo, Rwanda, Gabon, and Burundi) or mixed populations comprising Christian, Muslim, and indigenous believers (Benin, Ghana, Uganda, Togo, Angola, Nigeria, Liberia, Kenya, Cameroon, Côte d’Ivoire, and Sierra-Leone), which covered the HIV prevalence range from 1.9% to 7%. Albeit being traced by origin to the central part of the continent, HIV has reached the highest rates in the South, particularly Malawi (14.2%), Zambia (16.5%), South Africa (21.5%), Zimbabwe (24.6%), Lesotho (28.9%), Botswana (37.3%), and Swaziland (38.8%)-all former British colonies with dominating Christian population. In the group ranking list, a distinct North to South oriented incline in HIV rates related to prevailing religion and previous colonial history of the country was found, endorsing the preventive role of the Islam against rising HIV and the increased vulnerability to menace in states with particular colonial record.


Individual members and the organisational structures of the Catholic Church have done much to respond to the HIV/AIDS pandemic over the course of the last decade. Most notably, Conferences of Catholic Bishops have seized the opportunity to reinforce conservative moral teachings and values, especially with regard to sexual behaviour and marital relationships. Church leaders have expanded the vision of church-related HIV/AIDS services far beyond that of providing health care to a whole range of social and pastoral activities. Caritas Internationalis has sponsored educational and awareness-raising seminars for church leaders and other professionals at the regional, national, and local levels while also supporting service programmes around the world expanding medical and social service facilities; supplies of food, medicines, and HIV-antibody testing equipment; staffing and transportation for mobile home care programmes; and support for residences for homeless persons with AIDS, for development-oriented orphan care programmes, and for alternative income-generating projects for commercial sex workers. Caritas has been particularly successful in promoting North-South and South-South experience coordination and cooperation among AIDS service providers. Finally, the church is uniquely able to help dying people confront the final realities of HIV/AIDS.


Fr Vitillo details here various ways in which Pope John Paul II has shown support to people with AIDS and their cause from early on; and how he has encouraged a value-based approach to HIV prevention. [CHART]

This study describes the work of the Choose to Care initiative of the Catholic Church in Southern Africa which began in 2000. It shows that effective scaling-up of programmes in the response to HIV does not necessarily have to be the expansion of a single central service. Working through the diocesan and parish system, coordinated by the AIDS Office Southern African Catholic Bishops’ Conference, and originally funded by the Catholic Mission Medical Board and other Catholic funding agencies, the Catholic Church scaled up service provision by the replication of smaller scale programmes rooted in and responsive to the needs expressed by local communities in this five-country area. This study shows that such an approach is effective when undertaken within common guidelines and given central support.

Vitillo here outlines social features of the HIV pandemic (such as gender, power, poverty) and appropriate church responses from a justice perspective.


The HIV pandemic is an “exceptional” public health emergency requiring an “exceptional” response from all sectors of society. In spite of progress regarding treatment, even in low- and middle-income countries, HIV rates still increase. The article attempts to demonstrate the often misunderstood and under-valued contribution by faith communities, in particular the exemplary efforts of the Catholic Church. Independent evaluations and statistical data are offered in support of the claim that faith-based organisations are lending exceptional energy, expertise, and experience in order to advance universal access to HIV prevention, treatment, care and support.

In its introduction the author says, “This “Best Practice” Report attempts to tell the story of the leadership exercised by the Catholic Bishops of India and of the HIV-related service and teaching provided by Catholic Church-based organisations throughout the country. It also speaks of the unique relationships that motivated, nourished, and sustained this constantly-evolving response, including those with government, other faith communities, non-governmental organisations, and, most especially, persons living with and affected by HIV. This networking prepared the Catholic Church to exercise an even more assertive and strategic role in future action to address the complex needs emerging from the pandemic and to prevent the further spread of the pandemic in this country. The Bishops articulated a series of policy statements including themes of the prevention of HIV infection, working with vulnerable populations, and the treatment of Sexually Transmitted Infections. The range of HIV prevention services sponsored by the Catholic Church in India was categorised as follows: Prevention education in school/ educational institutions; Prevention education in community; Information, Education, and Communication (IEC)
material development & dissemination; Counselling Telephone hotline; Peer education; Voluntary counseling and testing; Prevention of mother-to-child transmission; Drug substitution therapy.


The essay reflects on the dimensions of the effect the pandemic has on society from a Reformed Protestant ethical perspective. It explains that South Africa may be a useful case study in dealing with the human-rights issues regarding HIV prevention and treatment. Drawing on projections of the impact of HIV/AIDS on each of the nine provinces in South Africa the author discusses the social impact of HIV/AIDS, moral issues it raises, the role of the church and also that of the state. He recommends obligatory disclosure and notification and an end to stigmatisation; two ends that may consider contradictory.


The article discusses the responsibilities of Christians related to the protection of the human rights of children. It explores the impact of social problems such as poverty, HIV/AIDS and trafficking on children in developing countries. It notes that poor children are deprived of the material, spiritual and emotional resources necessary for them to exercise their rights, develop to their full potential and participate in the society. Sketching a biblical perspective of childhood, the author stresses that Christians need to be the voice of the children in distress.


In a unique book filled with positive and creative, faith-based and experiential ways to explore this sensitive and often misunderstood topic, Wezeman employs various art forms as her teaching method. Each section presents a brief overview of such subjects as the truth and myths about HIV/AIDS, prevention through education, and HIV/AIDS awareness in all spheres of life. [Product description - Amazon.com]


This study examined the relationships among sociodemographic factors, social support, coping, and adherence to antiretroviral therapy (ART) among HIV-positive women with depression. The analyses reported here were limited to the 224 women receiving ART of 280 women recruited from community-based HIV/AIDS organizations serving rural areas of three states in the southeastern United States. Two indicators of medication adherence were measured; self-report of missed medications and reasons for missed medications in the past month. Descriptive statistics, correlation, and regression analyses were performed to systematically identify sociodemographic, coping, and social support variables that predicted medication adherence. In regression analysis, three variables were determined to be significant predictors accounting for approximately 30% of the variability in the self-report of reasons for missed medications. Coping focused on managing HIV disease was negatively associated, while coping focused on avoidance/denial and number of children were positively associated with reasons for missed medications. Coping by spiritual activities and focusing on the present mediated the effect of social support on self-reported missed medications. The relationship of predictor variables to self-report of missed medications was assessed using t test statistics and logistic regression analysis to determine the odds of self-reported medication adherence. Satisfaction with social support (p = 0.04), and coping focused on managing HIV disease (p = 0.002) were the best positive predictors, whereas number of children (p = 0.02) was the lone significant negative predictor of medication adherence. The study findings have implications for designing, implementing, and testing interventions based on social support and coping theories for achieving better adherence to HIV medications.

In Africa, HIV infections occur mostly in stable relationships, yet little is known about the determinants of condom use in this context. We examined condom use among 272 coupled HIV clients in Uganda who had just screened for ART eligibility; 128 had an HIV-positive partner, 47 HIV-negative, and 97 a partner with unknown HIV status. Sixty-six percent reported unprotected sex with their partner over the past 6 months (57-70% across the three subgroups). Multiple variables among socioeconomic characteristics, physical health, social support, and psychosocial adjustment were correlated with condom use in bivariate analysis, but in multivariate analysis, condom use self-efficacy was the only predictor of condom use in the total sample and subgroups; church attendance and physical functioning were also predictors among unknown status couples. This analysis reveals high rates of unprotected sex among coupled HIV clients, regardless of partner's HIV status, and suggests multiple targets for prevention.


The author uses a case study of abuse to show how traditional expectations and wrong theologies join forces to make women vulnerable in marriages. She explores the meaning of the cross in such situations as a symbol of pain and, from there, builds an argument for a communal rather than a merely individual response to the injustice many women suffer. [CHART]


This case study draws lessons from a woman in Uganda who confronted the social stigmatisation of AIDS. In her struggle, Noerine Kaleeba and seventeen other colleagues founded TASO (The AIDS Support Organisation), to provide support for people living with AIDS, that was absent from the church, medical staff and the society as a whole. TASO poses a moral and ethical challenge to society, emphasising the human dignity of every person as a creation of God.


This powerful and important book looks at the social, cultural and historical aspects of HIV/AIDS in South Africa through informative text and evocative photographs...How is HIV/AIDS understood in various cultural belief systems in the country? What is to be done about the epidemic? These are some of the questions addressed in this pioneering work. Of relevance to this bibliography is the section dealing with collaboration between traditional healers and conventional medicine — in particular regarding primary care - by referring to the model in operation in the Valley Trust NGO. [CHART]


The purpose of this study was to describe the processes by which HIV- infected mothers manage mothering. A semi-structured guide was used to facilitate discussion from a convenience sample of 15 mothers. The core category was "The Process of Living for My Children." "Leaning on God" was a part of "Taking Care of Myself" and reflected the ways in which the mothers used spiritual aspects to manage mothering and live with HIV infection. Leaning on God was an important tool in managing mothering and self-care. Health care providers can enhance this tool by being aware of their own values and beliefs.


Although recent data suggest high levels of adherence to expanding antiretroviral therapy (ART) programmes in resource-limited settings, the culture-specific barriers to adherence are poorly understood. In a prospective observational study, we
found that 1.2% of patients discontinued ART because of a belief in spiritual healing. Spiritual beliefs should be an important part of ART adherence counselling in resource-limited settings, requiring close collaboration between HIV care programmes and religious leaders to identify common goals and ensure successful treatment.


Battambang town in Cambodia’s northwest has traditionally been regarded as a centre of intellectual leadership for the rest of the country. In Cambodia, 95% of the population is Buddhist, and Buddhist institutions in Battambang are demonstrating how the values and beliefs of Buddhism are relevant to the country’s effort to deal with the most severe HIV/AIDS epidemic in South-East Asia.


Based on the conviction that the laity form part of the ‘workforce’ of the church, this article calls for empowerment of layworkers for the active ministry of counselling and caregiving to people with AIDS. This requires a support system for the carers, as well as education and training. The author views Clinical Pastoral Education as a useful model for training and discusses the main issues for counselling / caring for people with AIDS. [CHART]


Practitioner response to the essay "Religious community care and support in the context of HIV and AIDS" by Jill Olivier and Paula Clifford. [CHART]


What is the role of the church facing the HIV and AIDS pandemic on the African continent? What is the specific task of the church in relation to HIV and AIDS? Theology and theological research into HIV and AIDS is literally a matter that concerns life and death. This collection of essays, which emerge directly from thirty-six Masters theses, deals with these issues from various perspectives and reveals the divergence of the research under the umbrella of the Church of Sweden Masters in Theology and HIV Project, supported by the Swedish government through SIDA. Each of the research areas covered in this collection relate directly to the identified concerns of the post-graduate students who write from their own contexts. Representing four academic institutes of learning on the East Coast of Africa, the students hail from the University of KwaZulu-Natal and the University of Stellenbosch in South Africa, Makumira University College in Tanzania and the Ethiopian Graduate School of Theology in Addis Ababa, Ethiopia. Together, these institutions developed a curriculum which foregrounds Theology and HIV and AIDS. The students have based their research on cultural practices and attitudes, thus bringing together both theological and anthropological perspectives. [Swedish Institute of Mission Research review]


The issues of poor health care, poverty, crime, and HIV infection make it more difficult for minority communities to combat substance abuse and other diseases that are prevalent in the African-American community. Faith communities in general, and African-American churches in particular, are a largely untapped, but potent, resource to reduce the toll of substance abuse and other health issues. Information about ministers’ knowledge, attitudes, and behaviours regarding leading health indicators, the frequency with which they discuss these issues from the pulpit, and organizational readiness to develop and implement interventions can be the foundation of clergy training and health intervention efforts.


In Tanzania, where religion is central in people’s lives, there is a gap in understanding the role it plays for people living with HIV/AIDS (PLWHA). This study used semi-structured interviews to collect perspectives of 36 PLWHA receiving free ARVs in
Arusha about their participation in religious activities, changes in these since HIV diagnosis, and the role of faith in their lives. The study found that while personal faith had a positive role – prayer gave hope and supported adherence, the experience of living with HIV strengthened faith – religious organizations had neutral or negative influences. Stigma was still an issue for them and though HIV prevention was promoted in churches or mosques, there was little support for living with HIV. This shows missed opportunities for religious organizations in support PLWHA, i.e. developing non-stigmatizing HIV messages; offering information about HIV treatment; introducing role models; and emphasizing that both prayers and medical care are needed.


This study guide accompanies the World Council of Churches 1997 study document on HIV/AIDS, “Facing AIDS - The Challenge, the Churches’ Response”. It contains a structured framework for group learning sessions, designed to help and resource group leaders who intend to undertake HIV/AIDS awareness building. At the same time, the material is intended to allow easier access to the study document itself, and to encourage people to read larger portions of it. The material contained in the guide and in the study document is the outcome of reflections by WCC’s Consultative Group on AIDS which, over recent years, was accompanied by a team of educators and others involved at a practical level in the churches’ work on HIV/AIDS. The first four modules in the guide are focused on the issues of community, change, vulnerability and care and prevention. As a broad range of educational approaches as possible has been used, both theoretical and experiential, and the material is presented in such a way as to make it acceptable ecumenically. At the end of the guide is a short list of resource materials, containing the most important texts from the study.


The challenge of AIDS calls for forthright and faithful response from Christians and the churches. This book is a resource for shaping that response. A book covering theological and ethical perspectives, human rights and responsibilities, pastoral care in a healing community, and what the churches can do. Drawing on contributions from physicians and pastors, persons living with AIDS as well as those working in this field, the book provides a theological, ethical and human rights approach to HIV/AIDS, as well as a practical outline of what faith organisations can do.


HIV/AIDS has been correctly described as the greatest threat to human well-being and public health in modern times. Millions of people have already died from this disease and millions more are directly or indirectly affected by this global pandemic. The faith-based organizations (FBOs) presenting this statement wished to express their appreciation and respect to the United Nations for organizing this timely and most important Special General Assembly. They committed themselves to support all efforts already undertaken by governments, non-governmental and inter-governmental organizations to alleviate the human suffering caused by this pandemic and to prevent its further spread.


This Plan of Action is the outcome of the Global Consultation on Ecumenical Responses to the Challenges of HIV/AIDS in Africa held in Nairobi, Kenya, 25-28 November 2001. This was a dialogue between churches, ecumenical and church-related organizations in Africa, Europe and North America and the World Council of Churches about the response by these groups of partners to the urgent challenge presented by the epidemic of HIV/AIDS. It seeks to add an extra ecumenical dimension to existing programmes in churches and to help develop a realistic initiative which will make it possible for church leaders and their congregations to speak honestly about HIV and AIDS, and to act practically in response to it. The plan contains commitments in a range of areas of response, both theological and practical, in liturgy and in advocacy; and concludes with sections on mechanisms and next steps.


Although HIV infection is identifiable, preventable and manageable, AIDS "threatens the organisational capacity and survival of churches in countries with high HIV prevalence". Churches have often approached specific initiatives for HIV prevention as 'outreach', rather than as immediate needs for their own congregations, staff and organisations. The popular prevention model 'ABC' has contributed to the stigma around HIV and AIDS. This paper argues that churches need to implement effective prevention policies within their own structures. It introduces SAVE as an alternative prevention model to ABC on the basis that "HIV and AIDS prevention will never be effective without a care component." SAVE stands for safer practices, available medicines, voluntary counselling and testing, and empowerment. The World Council of Churches has produced an HIV/AIDS Workplace Policy with six main aims, which are to: Minimise the possibility of HIV infection for employees, volunteers and ordinands of churches as well as their spouses and dependents; Assure ordination candidates that their HIV status will in no way influence their acceptance by churches; Assure a supportive work environment for employees, volunteers and ordinands living with or affected by HIV; Assure that employees, volunteers and ordinands, and their spouses and dependents have access to care, support and treatment when necessary; Manage and mitigate the impact of HIV on the life and work of churches; Mitigate the impact of denial, stigma and discrimination in the workplace whether on the basis of real or perceived HIV status, or vulnerability to HIV infection. The policy includes a confidentiality agreement to be completed by employees, volunteers and ordinands.


Examining the black Church's response to AIDS, this book analyses sexual ethics and homophobia in the black Church to provide pastors, social workers, and health professionals with intervention strategies for parishioners or members of the community who have AIDS. By discussing the Church's historic and successful activism and its relationship to the community, along with AIDS statistics, relevant theologies, and other AIDS ministries, this book suggests the benefits of increased Church involvement versus other agencies or organisations.

This briefing paper by Tearfund highlights the responses and lessons learned by a number of southern-based partner organisations and makes recommendations to DFID in responding to OVCs. The paper argues that sustainable international action on HIV and AIDS is not translating into effective responses for those worst affected by the epidemic, particularly orphans and vulnerable children (OVCs). Instead, it is community-based organisation and community initiatives that are most successful in reaching out to these children, often without being resourced by external sources.

This briefing paper summarises the complexity of the impact of HIV and AIDS, especially on children; highlights the responses by faith based organisations (FBOs) to those affected by HIV and AIDS; analyses current responses by donors to FBOs in the context of HIV and AIDS; and makes recommendations for the UK's Department for International Development and other donors to ensure that those working effectively at a local level are provided with appropriate support. The focus is on organisations with a Christian basis of faith, although it is acknowledged that FBOs with other faith bases also carry out valuable work.


This paper focuses on Tajik male migrant workers in Moscow and seeks to address the global public health problem of HIV prevention amongst male migrant workers. To develop feasible and effective preventive interventions for reducing HIV risk behaviors amongst Tajik male migrant workers in Moscow, this study aimed to characterize their HIV/AIDS risk and protective knowledge, attitudes, and behaviors, as well as key contextual factors that would likely impede or facilitate a preventive intervention. This was a collaborative multi-sited ethnography in Moscow that included minimally structured interviews with 16 participants and focus group discussions with an additional 14 participants. The results suggest that many Tajik male migrant workers in Moscow are having unprotected sex with commercial sex workers. Although some of the migrants have basic knowledge about HIV, the migrants’ ability to protect themselves from acquiring HIV is compromised by harsh living and working conditions as a consequence of being unprotected by law in Russia. To respond to HIV/AIDS risks amongst Tajik male migrant workers in Moscow, preventive interventions must be developed that respond to their sense of being unprotected in the midst of harsh living and working conditions and that draw upon existing sources of religious, community, and family support.


We explore the spatial distribution of orphans in two areas of Malawi. We first review pertinent themes in qualitative data collected in our research sites. Then, using spatial analysis, we show how positive and negative clusters of orphans—which we term orphanhood "hotspots" and "coldspots"—can be found at the village and sub-village levels. In the third and longest section of the paper, and using multilevel analyses with both simple and complex variance structures, we evaluate the relationship between the presence of orphans and a range of individual, household and village-level characteristics, including households' spatial relationship to each other and to other local sites of significance. This series of analyses shows that the most important covariates of orphan presence are the density of settlement, household size, and religious characteristics, with the latter measured simultaneously at both household and village-level. Other characteristics like education, reported mortality levels and HIV infection, are wholly unrelated to orphan prevalence at all analytic levels. Wealth and various spatial characteristics are only marginally associated with orphan prevalence. We conclude by reviewing some difficulties in explaining causal mechanisms underlying these observed relationships, and discussing conceptual, theoretical and programmatic implications.

Wendler, K. 1987. "Ministry to patients with acquired immunodeficiency syndrome: A spiritual challenge." Journal of Pastoral Care 41:4-16. Notes some of the psychosocial aspects of AIDS patients and offers general guidelines for caregivers in dealing with the factors of impact, regression, acknowledgment, and reconstruction. Identifies the main tools of ministry as those of presence, affirmation, and listening. Challenges the church to go beyond society's negativism regarding AIDS and to offer the sort of reconciliation made manifest in the scripture.


Context: Deficits in advance care planning leave many patients and their physicians unprepared for decisions about end-of-life care. Even though the prognosis has improved for many persons with human immunodeficiency virus (HIV) infection, a need for planning remains. Objective: To evaluate prevalence of end-of-life discussions, use of advance directives, and preferences concerning end-of-life care and their relationship with patient demographics, clinical status, psychosocial variables, and practitioner characteristics among HIV-infected persons. Design, Setting, and Patients: Cross-sectional survey of a US probability sample of 2864, which represents 231 400 adults receiving care for HIV, conducted from January 1996 to April 1997. Main Outcome Measures: Communication with physician regarding end-of-life issues, completion of an advance directive, preference for aggressiveness of care, and willingness to tolerate future permanent adverse health states. Results: A total of 1432 patients (50%) discussed some aspect of end-of-life care with their practitioner and 1088 (38%) completed an advance directive. Patients were more likely to complete an advance directive after a physician discussion (odds ratio [OR], 5.82; 95% confidence interval [CI], 4.50-7.52). Practitioners discussed end-of-life care less with blacks (OR, 0.57; 95% CI, 0.39-0.83) and Latinos (OR, 0.74; 95% CI, 0.55-0.98) than with whites. Women (OR, 1.39; 95% CI, 1.05-1.84) and patients with children in the household (OR, 1.53; 95% CI, 1.12-2.10) communicated the most with practitioners about end-of-life issues. Patients infected with HIV via injection drug use (OR, 0.64; 95% CI, 0.45-0.89) and those with less education communicated the least with physicians about end-of-life issues. Less denial, greater trust in one's practitioner, and longer patient-practitioner relationship were associated with more advance care planning. Conclusions: Half of all persons infected with HIV are at risk of making end-of-life decisions without prior discussions with their health care practitioners. Blacks, Latinos, intravenous drug users, and less educated individuals need advance care planning interventions in clinical HIV programmes.

The aim of this thesis is to explore the trends that are found in commentaries on the book of Exodus and their appropriateness in the African context. The study also seeks to move from a socio-political understanding of Exodus as liberation theology to the cultural understanding of Exodus as African theology. The following three trends are found in modern commentaries on Exodus as explored by this thesis: Historical-critical approach – dealing with the world behind the text or author centred criticism. Exploration into the study of the above listed three trends and their corresponding modern commentaries show that the commentaries are not fully appropriate in the context of Africa. This is so because the above modern commentaries have not directly addressed the ongoing issues of poverty, political, economic, oppression, marginalization, HIV/AIDS, cultural and social issues, famine, racial and sex discrimination, religious crises, and other epidemics and natural disasters prominently found in Africa— particularly among the third world countries. Biblical interpretation in Africa must do justice to the literary, historical and theological aspects of the Bible to be meaningful and appropriate in Africa.


This book chapter aims to address the morality of society and its response to the AIDS pandemic and those affected by it; it does so from a posture of Christian ethics concerned with moral values and moral relationships at individual and social level. The language of ‘AIDS victims’ and ‘patients’ employed here, and the context where AIDS is identified with homosexuality and with death seem dated, but its main thrust remains relevant. Wert explores the risk inherent in caring for those infected with HIV, the religious motivation to offer care and its biblical underpinning. From there he develops three models of care giving: the covenant, hospitality to strangers and the wounded healer. [CHART]


The article discusses the role of bible reading within a group of persons living with HIV/AIDS in South Africa under the following headings: returning dignity to the dead; Bible study in solidarity; Jesus in solidarity with us; we choose our own texts; God with us; and personal and structural dimensions. No matter where the group members are in their journey with HIV/AIDS, the bible study seems to provide a safe and healing theological environment. The essay includes an analysis of how Bible Study undertaken with a Siyaphila ("We are alive/well/positive") support group in Pietermaritzburg who in adopting and adapting the Contextual Bible Study methodology prefer those biblical texts, taken primarially from the gospels, in which Jesus takes a stand with the stigmatised of his day against the religious authorities who discriminate against them (as in John 8:1-11). [CHART]


This article begins by making two points, first, that doing biblical and theological work in the context of HIV and AIDS requires granting an epistemological privilege to those who are HIV-positive, and second, that HIV and AIDS are part of a larger matrix of other forms of marginalisation. The article then goes on to reflect on a Contextual Bible Study with a Siyaphila support group on the Job 3, against the normal practice of the church in quoting Job 1:21 at funerals, discerning in the responses the need for lament in a theological context dominated by theologies of retribution. [CHART]


This article reflects on how Contextual Bible Study among poor, working-class, and marginalized communities generates elements of an inchoate and incipient theology, and calls for socially engaged theologians to work with these elements in bringing to articulation marginal theologies and in bringing them into the public realm. One of the examples used in the article is a Contextual Bible Study with a Siyaphila support group in which they reflect on one of the gospel stories of a stilling of a storm, where Jesus remains asleep in the boat. For them this story captures some of their theological reality, that of a present Jesus, but a Jesus who is asleep. [CHART]

—. 2006. "Reading Shembe 're-membering’ the Bible: Isaiah Shembe's instructions on adultery." Neotestamentica 40.

While the focus of this article is a descriptive analysis of Isaiah Shembe’s biblical hermeneutics, the article does reflect on the relevance of Shembe’s teaching on male sexual responsibility for a context shaped in part by HIV and AIDS. [CHART]


This essay reflects on the ongoing work of the Ujamaa Centre for Community Development and Research at the University of KwaZulu-Natal, South Africa, as it works with organised groups of HIV+ people. Beginning from their experience, the essay demonstrates how biblical scholarship both serves and is served by such groups. In particular, the essay focuses on the
contribution of the Siyaphila ("We are alive/well/positive") movement to discerning the importance of a recovery of lament in the midst of HIV and AIDS, and in recognising other expressions of lament in South African art and music. [CHART]


In this comprehensive analytical survey, Gerald West argues that most religions embrace a theology of retribution which is undergirded by their sacred texts. In an attempt to counter this tradition, West then identifies in the literature what he terms “redemptive readings” of sacred texts within the HIV and AIDS context. Arguing for sacred texts as “reservoirs of redemptive categories and concepts”, West engages with a number of scholars from various religious traditions that use sacred texts in this precise way. He then goes on to demonstrate the way in which sacred texts have been appropriated and read both by people who are HIV positive and by scholars who “read in solidarity” with those living with HIV. The essay concludes by showing that across religions, there are signs of an “emerging HIV hermeneutic”, which, while it differs from case to case, is generally inclusive and compassionate.


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The Bible plays an important role in the context of HIV and AIDS, just as the bible has done in almost every aspect of South African life. In this article we ask members of the Siyaphila Support Group, all of whom are living openly and positively with their HIV-positive status, how they understand the Bible’s role in their lives. In particular, we analyse how they viewed the Bible prior to joining the Siyaphila Support Group and how they view the Bible since joining the Group. Among their favourite Bible studies were the story of Tamar in 2 Sam. 13:1-22, the story of the woman with a twelve year haemorrhage in Mark 5:21-6:1, the story of blind Bartimaes in Mark 10:46-52, the story of the woman caught in adultery in John 8:1-11, and the story of the Syrophoenician/Canaanite woman in Mark 7:24-37/Matt. 15:22-28. [CHART]


The material for this article was drawn from a contextual Bible reading workshop in 1996, where more than 90 women read texts in order to reflect on a major issue in the South African context. The workshop was designed to enable the voices of ordinary poor marginalised African Christians to be heard. The paper details the method followed for contextual Bible study on the passage of the rape of Tamar (in this workshop or elsewhere) to address the issue of violence against women; it shares some of the conclusions women draw from the experience of engaging this seldom heard passage. While for some the process brings up painful memories, for which reason it is essential to have counsellors available, overwhelmingly women experience this text – the fact that it exists in the Bible, Tamar’s refusal to be silenced – as empowering. The method offers participants the chance to plan practical responses to this ‘text of terror’ and to develop their critical and community consciousness. The Tamar story has since been used widely in different contexts and grown into a Campaign. The final sections of the paper tell its story. [CHART]


This paper discusses the reading practice of the Ujamaa Centre, a project that uses biblical and theological resources for social transformation. Central to this reading practice is collaboration between socially engaged biblical scholars and ‘readers’ of the Bible in poor, working-class, and marginalised communities. One of the biblical texts collaboratively read in this setting is the story of Tamar, one of David’s daughters, who is brutally raped by her brother, Amnon. The paper demonstrates that this text has had a profound impact in faith-based communities, providing resources for resisting abuse and for articulating and owning local life-giving theologies.


The South African organization Positive Muslims was founded by Faghmeda Miller, after she had discovered her HIV-positive status. In the absence of a Muslim support group Faghmeda had first joined a Christian one. Faghmeda then initiated a support group committed to addressing HIV and AIDS in a Muslim context. The organization was formally founded in 2000. Stigma surrounds infected and affected persons in Muslim communities. Since HIV is associated with pre- and extramarital sex and drug usage, the widespread conception is that ‘good Muslims’ are above it. A survey on Asian Muslims’ opinions on HIV and AIDS found that about half of the respondents viewed AIDS as God’s vengeance on immorality. An almost similar percentage considered AIDS a ‘disease of sinners’ and almost as many regarded people living with HIV (PLWH) as ‘devoid of morality’. Although Positive Muslims is a ‘faith-based organization’, it does not advocate solely for a ‘return-to-faith’ solution to the AIDS epidemic. Instead, it aims for a more comprehensive approach incorporating both personal transformation and socio-economic justice.


A growing problem in many parts of Africa is the severe damage the epidemic is inflicting on rural communities. The social and economic problem of HIV/AIDS will persist long into the future, yet very little donor funding is directed to interventions that address these areas. This chapter details the main findings of a review to examine projects in sub-Saharan Africa dedicated to mitigating the impacts of HIV/AIDS on rural livelihoods. Carried out between 2001 and 2002 by the Natural Resources Institute (NRI), the review aimed to raise awareness of approaches to counter the impacts of the HIV/AIDS epidemic in resource-poor settings. The chapter outlines the problems which current interventions are seeking to address, the focus of project activities, and perceived factors of success. It presents information on nine projects in four countries including the Maluti Adventist Hospital HIV and AIDS Project in Lesotho.


This case study examined programmatic data from a federally funded faith-based rapid HIV testing initiative. In 2004, Recovery Consultants of Atlanta, Inc. (RCA, Inc.) began providing rapid HIV testing in collaboration with six Atlanta-based African-American churches. Of the 1,947 persons tested from January 2004 to July 2005, 1,872 (96.1%) were African-American, 1,247 (64%) were male, and 1,612 (82.8%) were between the age of 26 and 56. A total of 85 HIV-infected individuals were identified and 72 were identified as previously undiagnosed cases (positivity rate of 3.7%). This case study highlights and promotes rapid HIV testing offered in partnership with African American churches as a strategy for raising HIV awareness among inner-city substance users.


Background: Global disparities in maternal and newborn health represent one of the starkest health inequities of our times. Faith-based organizations (FBOs) have historically played an important role in providing maternal/newborn health services in African countries. However, the contribution of FBOs in service delivery is insufficiently recognized and mapped. Objectives: A systematic review of the literature to assess available evidence on the role of FBOs in the area of maternal/newborn health care in Africa. Search strategy: MEDLINE and EMBASE were searched for articles published between 1989 and 2009 on maternal/newborn health and FBOs in Africa. Results: Six articles met the criteria for inclusion. These articles provided information on 6 different African countries. Maternal/newborn health services provided by FBOs were similar to those offered by governments, but the quality of care received and the satisfaction were reported to be better. Conclusion: Efforts to document and analyze the contribution of FBOs in maternal/newborn health are necessary to increase the recognition of FBOs and to establish stronger partnerships with them in Africa as an untapped route to achieving Millennium Development Goals 4 and 5.

The majority of Americans identify themselves as belonging to some religious group. There is a mixed body of literature on whether or not religious affiliation has an influence on engaging in risky behaviors among young adults attending college. This study examined associations between religious affiliation, risky sexual practices, substance use, and family structure among a sample of predominantly white college females attending a southeastern university. Given the high risk of acquiring genital human papillomavirus infection as a result of high risk sexual practices, gaining a better understanding of how religious affiliation can be used to promote healthy sexual behaviors is warranted.


Wilkens, Katharina. 2006. ""AIDS is a punishment from God": Explanations from the Catholic Marian faith healing ministry, Tanzania." Pp. 14 in Faith and AIDS in East Africa. London School of Economics.


Williams says: "The Twelve Steps focus on individual recovery, as if independently getting clean and sober were the ultimate goal. But African Americans are a communal people—we fight for our freedom together....As long as blacks, women, and poor people remain anonymous, they remain invisible and unheard....To us, anonymity feels like a place to hide. We believe there is no hiding place in recovery. We must open up and stand together" (pp. 8-9). Includes information on the Church's HIV/AIDS ministry.

Williams, Charles I. 1996. "Organisation and mobilisation of the ecumenical church with regard to the AIDS epidemic in the Western Cape." University of the Western Cape, Bellville.


Kenya is at the forefront of the HIV epidemic in Africa, with an estimated 1.1 million cases by the end of 1995. Most infections occur between 15-24 years of age. Unprotected heterosexual intercourse is widespread among Kenyan youth, but policy makers remain convinced withholding information about sexuality will discourage premarital sexual activity. This pamphlet documents 4 youth-to-youth initiatives, planned and implemented by young people themselves, aimed at empowering Kenyan youth to avoid HIV and other sexually transmitted diseases: Mathare Youth Sports Association, which trains football squad members as AIDS peer educators; the Fish Group, a Catholic youth organization in Kisumu that has organized a behaviour change club to encourage sexual responsibility; the Kenya Society for People with AIDS, which conducts educational campaigns at schools, market centres, and clinics; and the Teenage Mothers and Girls Association of Kenya, which informs members about AIDS through small group discussions, provides vocational training and loans to enable young women to avoid dependence on men, and lobbies for efforts to curtail child prostitution. All 4 programmes share credibility with the target population, high levels of creativity and personal commitment, and cost-effectiveness due to their reliance on volunteers. On the other hand, youth-led organisations face financial constraints, lack of programme management and evaluation skills, an overdependence on charismatic leaders, and high volunteer turnover. Given the tremendous potential of youth-led initiatives to help young people cope with the HIV/AIDS threat, this approach should be given broader financial and organisational support to further expand its activities.


The Salvation Army has a long history of medical services, which have grown from a single dispensary in Nagurcoil, India, to more than 60 hospitals and 123 health centers/clinics. There are also nearly 1,340 hostels, homes and centers which serve poor, disadvantaged and/or at risk men, women and children. This book traces the history of the Army’s medical services from their small beginnings to the multifaceted programs which operate today. The book also looks to the future to see where the Army might be headed in its determination to serve suffering humanity.


Religious organizations may be uniquely positioned to address HIV by offering prevention, treatment, or support services to affected populations, but models of effective congregation-based HIV programs in the literature are scarce. This systematic review distills lessons on successfully implementing congregation HIV efforts. Peer-reviewed articles on congregation-based HIV efforts were reviewed against criteria measuring the extent of collaboration, tailoring to the local context, and use of community-based participatory research (CBPR) methods. The effectiveness of congregations’ efforts and their capacity to overcome barriers to addressing HIV is also assessed. We found that most congregational efforts focused primarily on HIV prevention, were developed in partnerships with outside organizations and tailored to target audiences, and used CBPR methods. A few more comprehensive programs also provided care and support to people with HIV and/or addressed substance use and mental health needs. We also found that congregational barriers such as HIV stigma and lack of understanding HIV’s importance were overcome using various strategies including tailoring programs to be respectful of church doctrine and campaigns to inform clergy and congregations. However, efforts to confront stigma directly were rare, suggesting a need for further research.

This paper reports on the preliminary findings (year one) of a four-year intervention and Participatory-Action Research (PAR) project in Malawi. Project goals are to enhance the response capacity and effectiveness of Faith Community (FC) leaders to the problem of HIV/AIDS. Ethnographic interviews with FC leaders were conducted. Intercultural training sessions and theological events were also held using a participatory method called conceptual events. Preliminary results indicate a commitment on the part of faith community leaders to enter into a dialogue with other sectors and faith traditions in addressing the common, critical concern of HIV/AIDS. All FC leaders share a common feeling that they are a small moral voice in this fight against HIV/AIDS, drowned out by a ‘big voice’ promoting condom use by donors and government. FC leaders are expected to present themselves as having an authoritative voice with respect to protecting the soul, but at the same time are sincerely searching for ways to speak about HIV/AIDS in more practical ways. Condoms become a metaphor for resistance. For example, FC leaders wish to know how the message of condom promotion (a behavioural and technical argument) might be grafted onto what they would posit as a moral message of care, prevention and support. This challenge is made even more complex by the quiet assumption to incorporate the truths of African traditional religion (ATR) in the construction of an ecumenical theology of faith, hope and compassion.

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Black men who have sex with men (MSM) are disproportionately affected by HIV and AIDS in New York City (NYC). Black churches in NYC have a history of engaging in community mobilisation; however, research suggests that churches play a role in promoting stigma against Black MSM, which impedes prevention efforts. The goal of this study was to explore church ideologies surrounding sexuality and health, and the relationship of these ideologies to church mobilisation in response to HIV/AIDS among Black MSM. We conducted interviews and focus groups with pastors and parishioners at Black churches in NYC. Three prominent themes were identified: (1) ‘Love the sinner, hate the sin’ - distinguishing behaviour and identity; (2) ‘Don’t ask, don’t tell’ - keeping same-sex behaviour private; and (3) ‘Your body is a temple’ - connecting physical and spiritual health. We discuss the implications of these ideologies for church mobilisation and HIV prevention efforts. In doing so, we pay close
attention to how ideologies may both impede and facilitate church dialogue around sexuality and heightened responses to the 
HIV crisis affecting Black MSM.


Winfield, Flora. 1995. "For nothing can separate us from the love of Jesus Christ'. Who does belong to the body of Christ?" Ecumenical Review 47 364.
This sermon is centred on Christian attitudes toward human suffering caused by, but not limited to, AIDS. It promotes the view that Jesus Christ is present wherever human suffering prevails, that suffering can teach one to relate to others, and to build community.

This qualitative study examines the coping strategies of African American grandmothers grieving the loss of an adult child to an AIDS death while parenting orphaned grandchildren. The results suggest that (a) African American cultural norms compel caregiving behaviors that include parenting grandchildren, even at great personal cost; (b) an abiding religious and spiritual faith allowed the respondents to cope with the several losses they experienced; and (c) social service agencies, churches, primary care and mental health facilities that provide services for AIDS survivors will need to develop programs that are culturally sensitive and accessible to the targeted populations.

The suffering of those living with HIV has three dimensions that need to be addressed when counselling them: the physical, mental/psychological and social. The author explores the biblical narrative of Job as a paradigm for counselling people with HIV that offers language adequate to express their misery. He considers Job's friends a model of how not to talk about God to one who is suffering, i.e. in abstract theology claiming God's justice; and Job's protest and laments as a model of how to talk to God honestly and directly about one's anguish. It is only in facilitating for those infected with HIV an encounter with God in their distress that a counsellor will offer them any comfort. [CHART]

This reworking of a 1994 article states the same case in exploring the Biblical book of Job as model for counselling of AIDS patients. The author makes three main points: It is the task of the counsellor to help patients find adequate language to express the questions their condition forces upon them; the detailed theological exposition of Job’s friends on the justice of God expressed in Job's misfortune leaves a patient ever more isolated. Second, it is rather Job’s direct speech to God, honestly expressing his lament and complaints, that may be helpful for finding a way to cope with one’s condition. Third, the way to true comfort and inner healing comes through the direct encounter with God; mediating this is the real task of the counsellor. [CHART]

Despite widespread acknowledgement that many FBOs provide services and programming around HIV/AIDS, there are limited analytic assessments of FBO activities. In the interests of better informing the dialogue surrounding FBO involvement, the CMMB commissioned the Global Health Council to conduct an independent analysis of the role of FBOs in addressing the HIV/AIDS pandemic. 200 key informants working in Haiti, India, Kenya, South African Thailand and Uganda were interviewed.


Women with HIV face a number of challenges in living with this chronic, life-threatening illness: economic, physical, social, and emotional. When discussing their illness the importance these women place on having a strong spiritual life is a consistent theme. In this study, women were asked to describe and explain what spirituality meant to them and how they used it in living with HIV. The results indicate that, in opposition to what some contemporary providers fear, HIV-positive women use their spiritual life to enhance the care prescribed by providers, rather than using their faith to avoid mainstream sources of care. In addition, women related the importance of spirituality in dealing with everyday life. Knowledgeable providers can incorporate
discussions of spirituality in their care of women with HIV and, in the process, potentially improve the therapeutic results of their HIV-specific care.

Woods, Teresa Elaina. 1998. "Religiosity in a symptomatic HIV-1 seropositive population enrolled in a cognitive behavioral stress management program: Effects on affective, health, and immune status." University of Miami, Miami. This project consisted of two studies. The first attempted to replicate earlier findings linking religion to physical and mental health in HIV+ gay men in a sample of HIV+ African-American women. Consistent with earlier work, the women examined here displayed two aspects of religion: behavior and coping. Also consistent, religious coping and active coping were significantly associated with decreased depression and anxiety. In contrast to earlier work with gay men, religious coping was associated with fewer physical symptoms. The second study examined religiosity’s affect on affective, health, and immune status in 109 HIV+ symptomatic gay men participating in a 10 week CBM intervention. Two aspects of religiosity were displayed: behavior and coping. CBM intervention decreased depression, anger, anxiety, confusion, and total mood disturbance. Religious behavior was significantly associated with HIV related symptoms. Immunologically, religious coping was associated with significant decreases in HSV2 antibody titers and religious behavior significantly predicted changes in both CD4 count and percentages. Religious behavior approach significance in its ability to predict changes in cognitive distortions, with higher levels of religious behavior associated with greater decreases in dysfunctional thought. Religion failed to predict compliance with relaxation homework.

Woods, Teresa E., Michael H. Antoni, Gail H. Ironson, and David W. Kling. 1999. "Religiosity is associated with affective and immune status in symptomatic hiv-infected gay men." Journal of Psychosomatic Research 46(2):165-176. This study examines the relationship between religiosity and the affective and immune status of 106 HIV-seropositive mildly symptomatic gay men (CDC stage B). All men completed an interview, a set of psychosocial questionnaires, and provided a venous blood sample. Factor analysis of 12 religiously oriented response items revealed two distinct aspects to religiosity: religious coping and religious behavior. Religious coping (e.g., placing trust in God, seeking comfort in religion) was significantly associated with lower scores on the Beck Depression Inventory, but not with specific immune markers. On the other hand, religious behavior (e.g., service attendance, prayer, spiritual discussion, reading religious literature) was significantly associated with higher T-helper-inducer cell (CD41) counts and higher CD41 percentages, but not with depression. Regression analyses indicated that religiosity’s associations with affective and immune status was not mediated by the subjects’ sense of self-efficacy or ability to actively cope with their health situation. The associations between religiosity and affective and immune status also appear to be independent of symptom status. Self-efficacy, however, did appear to contribute uniquely and significantly to lower depression scores. Our results show that an examination considering both subject religiosity as well as sense of self-efficacy may predict depressive symptoms in HIV-infected gay men better than an examination that considers either variable in isolation.


Woodsong, Cynthia, Michele Shedlin, and Helen Koo. 2004. "The 'natural' body, God and contraceptive use in the southeastern United States." Culture, Health & Sexuality 6:61-78. Data collected among African-American and Caucasian women and men in the southeastern USA indicate that participants’ perceptions of nature, God’s will and the human body influence reproductive health and decision-making. Attitudes about the health care system, pharmaceutical companies and government programmes for fertility regulation reinforce these views and may negatively affect willingness to use contraceptive methods consistently and correctly.

Woodward, James. 1990. Embracing the chaos: Theological responses to AIDS. London: SPCK. "Embracing the chaos" is intended as a theological and pastoral resource for all who are affected or infected by HIV/AIDS. It deals with moral and ethical aspects of the disease from a Christian perspective. The ten main essays are interspersed with short reflections by men and women who have been diagnosed as HIV positive, and who speak for themselves about their personal struggle to live fully and creatively in the face of chaos and with the prospect of death. In the short life of the pandemic the 18 years since publication are significant and have changed much of the reality the book seeks to address.


Wreford, Jo Thobeka. 2005a. "Sincedisa – We can help!" A literature review of current practice involving traditional African healers in biomedical HIV/AIDS interventions in South Africa." Social Dynamics 31:90-117. This review describes research literature involved with efforts at collaboration between traditional African healers (TAHs) and biomedical practitioners in HIV/AIDS interventions in Southern Africa. The paper draws on academic texts including published and unpublished research papers, books and reports, and press comments on the subject. The focus is on Southern African
literature, but selected texts from elsewhere on the continent are also included. Rather than simply reviewing selected interventions, this paper interrogates the roles assigned to traditional healers, emphasising in particular diviner-practitioners such as izangoma (sing. isangoma: Zulu; igiqirha, amagqirha: Xhosa) in these interventions. The paper investigates the experience of traditional healers of these interventions, and the responses of biomedical professionals, and explores some obstacles which may hinder future collaborations. The paper concludes with some recommendations and proposals for future schemes and related research.

—. 2005b. "We can help! A literature review of current practice involving traditional African healers in biomedical HIV/AIDS interventions in South Africa." Centre for Social Science Research (CSSR), University of Cape Town, Cape Town. This review describes the available research literature involved with efforts at collaboration between Traditional African Healers (TAHs) and biomedical practitioners in HIV/AIDS interventions in Southern Africa. The paper draws on academic texts including published and unpublished research papers, books and reports, and press comments on the subject. The focus is on Southern African literature, but selected texts from elsewhere on the continent are also included. The paper interrogates, in particular, the roles assigned to more spiritually inspired practitioners, such as sangoma, in these interventions. The paper considers the effects on relationships between biomedicine and the traditional health sector and explores some of the obstacles in the way of successful future collaborations. The analysis addresses the following questions: What are the roles assigned to sangoma and other traditional health practitioners in biomedically constructed HIV/AIDS interventions to date? What has been the experience of sangoma and traditional health practitioners of these interventions, and how have biomedical professionals involved in these interventions responded to the traditional health practitioners? What factors contribute to negative responses where these occur, and how might these be addressed? Could the roles of sangoma and traditional health practitioners.


Wright, Christopher J. H. 2006. The mission of God: Unlocking the Bible's grand narrative. Downers Grove: InterVarsity Press. In this book, Wright devotes a few pages to "A paradigm of evil? HIV/AIDS and the church's mission". The author frames his discussion with the argument that "a fully biblical theology and practice of mission must take account of a fully biblical account of sin". He begins by asserting that he is unequivocally not suggesting "the HIV/AIDS sufferers themselves embody evil or sin in any way that is not common to the rest of the human race"; nor does he accept the idea "that HIV/AIDS is the specific judgment of God on its victims". Nevertheless, he does not want to say "that in HIV/AIDS we are looking for into the distorted devouring and diabolical face of an evil that tears at the very heart of human life on God's earth". Such holistic evil, he continues, "demands a holistic approach". [CHART]

Wu, Feng, Kong-lai Zhang, and Guang-liang Shan. 2010. "An HIV/AIDS intervention programme with Buddhist aid in Yunnan Province." Chinese Medical Journal (Engl) 123:1011-16. The prevalence of HIV/AIDS in Chinese ethnic minorities is an important component of China's AIDS issues. In this study, we launched an intervention programme in Yunnan Province of China, where the Dai people live, to carry out the community-based HIV/AIDS health education and behavioral interventions on ordinary Dai farmers. The Dai people believe in Theravada Buddhism. Four rural communities were randomly divided into two groups. In one group (Buddhist group), HIV/AIDS health education and behavioral intervention were carried out by monks. The other group (women group) was instructed by women volunteers. The intervention continued for one year and the data were collected before and after the intervention project. In the Buddhist group, the villagers' AIDS related knowledge score was boosted from 3.11 to 3.65 (P < 0.001), and some indices of the villagers' behavior using condoms improved after the intervention. But this improvement was poorer than that in the women group. In the Buddhist group, the villager's attitude score towards the people living with HIV and AIDS (PLWHA) also increased significantly from 1.51 to 2.16 (P < 0.001). The results suggested that the Buddhist organization has limited success in promoting the use of condoms, but plays an important role in eliminating HIV/AIDS related discrimination.


Wutoh, A.K., G.N. English, M. Daniel, K.A. Kendall, E.K. Cobran, V.C. Tasker, G. Hodges, A.P. Brady, and A. Mbulaiteye. 2011. "Pilot study to assess HIV knowledge, spirituality, and risk behaviors among older African Americans." J Natl Med Assoc. 103(3):265-268. A pilot study was conducted in anticipation of implementation of a larger project to assess human immunodeficiency virus (HIV) risk behaviors among older African Americans. A cross-sectional methodology was employed, including 33 African Americans aged more than 50 years in the metropolitan Washington, DC, area. The average age of the participants was 66 years old, with an age range from 51 to 86 years. Data were collected utilizing previously validated instruments that were administered using
an audio computer-assisted survey instrument. There was relatively high knowledge regarding HIV, with female participants scoring significantly higher compared to male participants (p=.003). Another specific finding of the preliminary study was the association between higher levels of spirituality and lower levels of HIV sexual risk behaviors (Spearman’s correlation=-0.369, p=.035). Results of this pilot study suggest that older African American females may be more knowledgeable regarding HIV than older African American males. This may suggest that educational and behavioral interventions developed for this group may need to be structured based upon the targeted gender of the audience. The association between increased spirituality and decreased risk behaviors may suggest that spiritually-based interventions may provide some benefit regarding reduction of HIV risk behaviors in this population. However, the small sample size in this study warrants caution in the conclusions and highlights the need for further research in this population.


It is very common to talk about or refer to people as “People Living with HIV/AIDS" but never "A Church with AIDS". Responding to HIV/AIDS has earned the JL Zwane Memorial Church this name or rather this label. Members of the congregation, many of them young, were dying and remaining silent, not doing anything, would have meant contributing to the disaster that had struck. Something drastic had to be done to respond to the pandemic or else the whole community would have perished. This was not easy as it meant risking those already in the church. To many people, HIV/AIDS was seen as a punishment from God to those who have sinned. For this reason many did not want to have anything to do with People Living with HIV/AIDS. The whole response is driven by the needs of the community i.e. those infected and those affected. This means listening to people tell their stories and then respond accordingly. Listening is the key in the response as the whole response revolves around people and their experiences.


This volumes contains contributions from “The church and the HIV/AIDS crisis: Providing leadership and hope” consultation in 2003 to help those in Western churches to respond appropriately to HIV and those affected by it. The first section reviews the status of the pandemic, sharing some statistics and trends. Chapters in the second part focus on case studies of “Crisis interventions” by FBOs or individuals, responses in specific countries (e.g. Zimbabwe, Uganda, Ethiopia, Thailand, India) or on specific issues (awareness, prevention, treatment, leadership). Part three consists of six Bible studies on issues ranging from widows and guilt (seen mainly in the individual sexual realm) to worldviews and the strategic role of churches. A number of articles refer to the success story of Uganda; all of these agree that a crucial factor in this was the example set by President Museveni and his wife, who because they lived in faithfulness towards each other, could challenge those who were unmarried to abstinence and those who were married to faithfulness. The book promotes these two means of prevention, but admits the need for condom use as well. It challenges the church to follow its servant leader and reach out in service to all affected by the pandemic, proclaiming that there is hope for a change and that the church has a role in bringing it about. [A. van Wyngaard review extract]


This article offers a brief overview of major issues in the psychological treatment of HIV/AIDS in the US context with its disproportionately high rate of HIV amongst the gay population. As this may be challenging for Christian mental health professionals, the article discusses the proper posture they might take towards clients with AIDS, calling on them to provide services in a spirit of humility and integrity, reflecting to the marginalized and stigmatized their worth as image bearers of God.


Depression has been linked to immune function and mortality in patients with chronic illnesses. Factors such as poorer spiritual well-being has been linked to increased risk for depression and other mood disorders in patients with HIV. Objective: We sought to determine how specific dimensions of religion, spirituality, and other factors relate to depressive symptoms in a contemporary, multi-centre cohort of patients with HIV/AIDS. Design: Patients were recruited from 4 medical centres in 3 cities in 2002 to 2003, and trained interviewers administered the questionnaires. The level of depressive symptoms was measured with the 10-item Center for Epidemiologic Studies Depression (CESD-10) Scale. Independent variables included socio-
demographics, clinical information, 8 dimensions of health status and concerns, symptoms, social support, risk attitudes, self-esteem, spirituality, religious affiliation, religiosity, and religious coping. We examined the bivariate and multivariable associations of religiosity, spirituality, and depressive symptoms. Measurements and main results: We collected data from 450 subjects. Their mean (SD) age was 43.8 (8.4) years; 387 (86.0%) were male; 204 (45.3%) were white; and their mean CD4 count was 420.5 (301.0). Two hundred forty-one (53.6%) fit the criteria for significant depressive symptoms (CESD-10 score \( > 0 = 10 \)). In multivariable analyses, having greater health worries, less comfort with how one contracted HIV, more HIV-related symptoms, less social support, and lower spiritual well-being was associated with significant depressive symptoms \( P < .05 \). Conclusion: A majority of patients with HIV reported having significant depressive symptoms. Poorer health status and perceptions, less social support, and lower spiritual well-being were related to significant depressive symptoms, while personal religiosity and having a religious affiliation was not associated when controlling for other factors. Helping to address the spiritual needs of patients in the medical or community setting may be one way to decrease depressive symptoms in patients with HIV/AIDS.


This book contains a collection of articles that were presented at the Third Pan African Conference of the Circle of Concerned African Women Theologians, held in Addis Ababa in 2002. They cover themes like sexual violence, gender, cultural practices, and theological reflection on sexuality. [CHART]


Substance abuse rehabilitation the world over is often described as a process of self-transformation. The Russian Orthodox Church rehabilitation program where the research for this article was done takes this process to its extreme by characterizing it as a total remaking of participants' moral personhood. The practice of remaking one's moral personhood is most often referred to as working on oneself. Based on in-depth ethnographic research of this church-run program I analyze the various local, global, and historical moral discourses that uniquely combine to create a particular assemblage. Through this analysis I demonstrate how this assemblage when enacted in the ethical processes of working on the self produces unintended results. This article contributes to assemblage theory by showing the processes by which assemblages may create possibilities for unforeseen consequences


The article suggests that there is no alternative method to curbing the HIV/AIDS pandemic other than to continuously advise those people who are unwilling or unable to always and consistently use condoms if they are going to engage in sexual activity. The paper also maintains that efforts to encourage behaviour change should continue to be the message that the church transmits in order to curb the growing incidence of HIV infections in Africa. [CHART]


This report sets out to document HIV/AIDS programmes and other responses among FBOs, focussing on activities of congregations in 3 Districts of Zambia: Livingstone, Lusaka and Kitwe. Specific objectives are to identify member organisations in three districts, to document existing responses to HIV/AIDS among these organisations, to create an electronic database, and to make recommendations on ways of strengthening programmes and responses.


The author explores specific challenges that AIDS raises to orthodox Christianity in the US.

Practitioner response to the essay "Children seldom seen and heard" by Genevieve James. [CHART]


Practitioner response to the essay "religion and policy on HIV and AIDS" by Jill Olivier. [CHART]


Practitioner response to the essay "African Traditional Religions and HIV and AIDS" by Ezra Chitando. [CHART]


This is a collection of personal stories of four people living with HIV, who were part of a research workshop scoping the field of religion and HIV and AIDS.


Religion shapes everyday beliefs and activities, but few studies have examined its associations with attitudes about HIV. This exploratory study in Tanzania probed associations between religious beliefs and HIV stigma, disclosure, and attitudes toward antiretroviral treatment. A self-administered survey was distributed to a convenience sample of parishioners (n=438) attending Catholic, Lutheran, and Pentecostal churches in both urban and rural areas. The survey included questions about religious beliefs, opinions about HIV, and knowledge and attitudes about antiretroviral treatment. Multivariate logistic regression analysis was performed to assess how religion was associated with perceptions about HIV, HIV treatment, and people living with HIV. Results indicate that shame-related HIV stigma is strongly associated with religious beliefs such as the belief that HIV is a punishment from God (p<0.01) or that people living with HIV have not followed the Word of God (p<0.001). Most participants (84.2%) said that they would disclose their HIV status to their pastor or congregation if they became infected. Although the majority of respondents (80.8%) believed that prayer could cure HIV, almost all (93.7%) said that they would begin antiretroviral treatment if they became HIV-infected. The multivariate analysis found that respondents’ hypothetical willingness to begin antiretroviral treatment was not significantly associated with the belief that prayer could cure HIV or with other religious factors. Refusal of antiretroviral treatment was instead correlated with lack of secondary schooling and lack of knowledge about antiretroviral treatment. The decision to start antiretroviral treatment hinged primarily on education-level and knowledge about antiretroviral treatment rather than on religious factors. Research results highlight the influence of religious beliefs on HIV-related stigma and willingness to disclose, and should help to inform HIV-education outreach for religious groups.


States HIV/AIDS has become the most feared disease in the world. Explains the disease and the threat it poses to humanity. Examines the church's position in this situation.


This supplement issue of the Journal of Health Communication is dedicated to the influence of culture on HIV/AIDS behavior, stressing the difference between individualism and collectivism. Two articles addressing religion in this context have separate entries in this bibliography.


Editorial from The Lancet on religion and HIV/AIDS [CHART]


Special issue of the journal dedicated to the theme; some articles from this issue have separate entries.

2004. "Ecumenical Review 56 (4)."
This special issue of the journal Ecumenical Review contains a series of articles which deal with the interaction between sexual experience in particular contexts and the lives of Christian communities. Three articles addressing HIV and AIDS have separate entries in this bibliography.

2011. "Global Public Health Vol. 6 (S2)."
The articles that have been included in this Special Supplement of Global Public Health provide examples of some of the kinds of research that we think is so urgently needed in order to more fully understand the complexity of religious traditions and FBOs as they have responded to the HIV/AIDS epidemic both globally and locally. While the work that is presented in these articles is highly diverse, it is nonetheless characterised by a focus on religious cultures and institutions. The articles that are included here draw heavily on a long history of research in fields such as the sociology and anthropology of religion, and in the multidisciplinary field of the comparative study of religions (Bellah 1970, Calhoun 1991, Dillon 2003). They approach the study of religion as a social and cultural system (Bellah 1970, Geertz 1973, Lessa 1979, Lambek 2002). This approach focuses on the ways in which these systems are articulated through the organisational structures of different religious denominations (and different currents of thought within specific denominations), in seeking not only to shape the behaviour of religious believers, but also to influence and impact the secular world more broadly (Bellah 1970). It thus helps us to understand the ways in which religious organisations can become among the most important institutional actors in civil society in relation to a wide range of social and political issues (Bellah 1970, Geertz 1973, Calhoun 1991). While this approach has seldom been utilised in the study of public health issues, it nonetheless suggests a number of ways in which religious organisations can have a major impact in shaping vulnerability and prevention as well as treatment and care an impact that has still been only minimally investigated in the research literature on HIV and AIDS.

This document is the transcript of a discussion at the AIDS conference on the role of religion in HIV prevention on August 4, 2008. The session was chaired by Purnima Mane.