

# Malawi faith communities responding to HIV/AIDS: preliminary findings of a knowledge translation and Participatory-Action Research (PAR) project

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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.

**Keywords:** compassion, conceptual events, condoms, constructions of God, theology

## Introduction

Histories have been exchanged for gossamer hopes of freedom untethered to tradition (Schroeder, 2001, p. xiii).

In March 2003 in Malawi, conservative estimates put the HIV prevalence in the 15–49 age group at around 14% nationally. The HIV infection in people aged 15–49 is concentrated in younger age groups, particularly women. There is evidence as well that the infection rate in younger females aged 15–24 is about four to six times higher than in their male counterparts. Malawi has one of the highest infection rates in the region and in the world (National AIDS Commission, 2003).

Tragically, current intervention programmes, which primarily focus on information, education and counselling (IEC), have had limited success at creating significant, sustained behaviour change among Malawians, as evidenced in increasing HIV prevalence rates, data on condom acceptance and condom use and non-reduction of sexual partners.

In this social and cultural context, population and community-based efforts directed at prevention, social and behaviour change, counselling and care need to re-consider *who* are the most effective and culturally compelling agents of change. While clinicians, government-funded health educators and Non-Government Organisation (NGO) project officers are critically important purveyors of messages of HIV/AIDS risk and prevention, in the African setting, other

influential agents and spokespersons may be even more effective communicators of these critical health concerns. Father Emmanuel Agundo has argued that African Christians should be encouraged to access traditional healers in addressing the problem of HIV/AIDS since they promote health and healing, and accommodate the fundamental imperatives expressed in ATR (Makondesa, 2003). We recognise the legitimate role of traditional healers in addressing the problem of HIV/AIDS (Green, 1999a; 1999b; Willms, Johnson, Chingono & Wellington, 2001), but in this instance concentrate on the particular role of FC leaders and their use of theological languages<sup>1</sup> in addressing issues of stigma and discrimination with respect to HIV/AIDS.

Throughout sub-Saharan Africa, FC leaders are particularly well positioned to become central agents of change in this work. They are persuasive, influential and provide a constant source of inspiration and influence in matters of life and death. They are also expected to speak with authority. As such, they provide an enabling resource during the critical events experienced in the lives of their adherents, for example, rites of passage, illness, healing and sickness. Yet structurally and experientially, there is a particular reluctance within some FCs to be more engaged in this work. Based on our findings, we suggest that this attitude reflects the dilemma of having to speak with certainty and authority, yet also admitting that they do know how best to talk about the difficult sub-

ject of HIV/AIDS (how it occurs, why it has happened and how it can be prevented in faith-based settings where condoms are not condoned).

FC leaders admit that they are not comfortable talking about sexuality. Furthermore, while FC leaders are intimately involved in comforting and caring for those in their midst who have lost family members to HIV/AIDS, this component of caring is often not reflected in the theological languages used. Languages of guilt, fault and sin continue to dominate the discourse on why and who is infected with HIV, resulting in adherents experiencing the concomitant blame, stigma and shame. FC leaders talk about the need to break the silence surrounding AIDS, but continue to struggle with how to open this discourse safely and comfortably, for themselves as well as for their adherents.

This research acknowledges an ethos of stigma and discrimination surrounding HIV/AIDS within FCs. Where does this discrimination and blame come from? Based on our interviews, it emerged that these expressions of blame may be symptomatic of deep, core cultural values — understandings of what is considered to be true, and which cause persons to marginalise, separate from and shun those that are perceived to have broken the moral requirements of life within an FC.

In this context, this research seeks to find ways for FCs to embrace and support those infected and affected.

The central questions are two: (1) how can FCs be approached and enjoined in an HIV/AIDS intervention process that would result in the generation of theologies of faith, hope and compassion with respect to HIV/AIDS, and in the construction of an ecumenical theology of HIV/AIDS, and (2) how would social and behavioural prevention, supportive care and counselling programmes be designed and implemented within FCs that meet the felt needs of their adherents? An ecumenical (or shared) understanding of these concerns is the preferred end result. The question is how to construct and develop a shared, theological perspective on HIV/AIDS.

This paper reports on this complex and challenging research, and provides some preliminary findings on the process itself, and importantly, the anthropological experience and theological perspectives of FC leaders who are struggling with notions of God in the midst of HIV/AIDS. At this preliminary stage in our research, we report on findings reflecting the first objective: the methodological process utilised, the present dilemma with condoms and how condoms emerge as a metaphor for resistance, and an advancing conceptual framework for a theology of HIV/AIDS.<sup>2</sup>

## Literature review

A bruised reed he will not break,  
a smouldering wick He will not snuff out.  
In faithfulness he will bring forth justice ...  
(Isaiah 42:3–4)

### **Constructing a theology of HIV/AIDS**

In light of the gravity of HIV/AIDS, especially in places hardest hit by the pandemic (sub-saharan Africa), some are wondering about the nature of God in all of this, and reflecting on a

theology of HIV/AIDS for our time. Systematically, theologians have written about the nature of God in a number of ways. For this time, there is a need to understand God in the midst of threats of nuclear war or an environmental crisis (Kaufman, 1985; McFague, 1987), a God that is appreciated in a post-modern world of individuation and the demise of any singular truth paradigm (Kaufman, 1972), or a God that is not simply male but reflects and expresses female qualities and characteristics (Gilligan, 1982). These and numerous other theological scholars appear to agree that a theology for our time (McFague, 1987, p. x) requires a process of deconstructing notions of a God that suited a previous tribal and patriarchal culture. The work required, they suggest, is one that enters a process of 're-mythologising the relationship between God and the world' (McFague, 1987, p. xi).<sup>3</sup> These process requirements are particularly poignant during this time of HIV/AIDS.

### **Theologies of care and compassion with respect to HIV/AIDS**

Not surprisingly, significant theological reflections on the subject of a theology of HIV/AIDS are being constructed in Africa. FCs are faced with the challenge of caring for their adherents infected and/or affected by HIV/AIDS, and to start the caring process, they must be more receptive to hearing the stories of these persons (Van Deventer, 2002). Much of the stories reported on in grey literatures speak of those who suffer as persons who share Christ's suffering; as such, they are seen to embody authentic human suffering (Rassool, 2002). During our conceptual events, these sentiments were shared by Christians and Muslims alike. This present and immediate suffering is compared to an incarnational faith demonstrating God's *presence* in this suffering (Dowling, 2002, p. 96; Lauber, 2002; Ott, 2000). There is even a call to revitalise traditional, ritual healing processes to accommodate persons infected and/or affected with HIV/AIDS in the church, as a means to provide more culturally compelling systems of care, compassion and support (Makondesa, 2003). In this context, arguments are made that through spiritual re-birth and transformation, the persons infected and/or affected will be healed, and in this healing, find more positive ways to live (Christian Science Sentinel Staff, 2003). By attending to these very practical concerns, suggests Reverend Gideon Byamugisha, there is the opportunity to create a culturally acceptable theology of HIV/AIDS (Byamugisha, 2000).

All of this, however, will emerge if and when FC leaders 'break the silence' and discover processes for openly discussing issues of sexuality, gender and HIV/AIDS (Ndungane, 2002, p. 93). Some of the more progressive FCs are seeking to 'change the fatalistic language' (Buku, 2003) in which AIDS is usually described, in an effort to create settings and 'stories which provide hope instead of despair' (Jones, 2001).

### **Condoms and a theology of HIV/AIDS**

The Reverend Gideon Byamugisha from the Diocese of Namirembe (Kampala, Uganda) is a fresh, provocative and encouraging voice in this work. As a person living with HIV/AIDS, he continues to be an outspoken proponent for FCs being and becoming caring communities for those

infected and/or affected by HIV/AIDS (Jones, 2001, p. 36). He has addressed the issue of condom use and is a strong advocate for consistent 'condom use by those who, against ... teachings on abstinence, choose to be sexually active in marriage or outside it when they are either HIV serostatus blind, or outright positive' (Byamugisha, 2000, p. 51). As our preliminary findings support, he recognises the conflict in prevention paradigms (condoms vs abstinence), but as an FC leader, is religious in his resolve to reason through the arguments in a manner that will not compromise the teachings of his church, but rather, will transform and strengthen them.

The discussion on condoms persists as a contentious issue in this debate. It has divided FCs and created rifts in what could be a partnership of purpose. In our work, Roman Catholic FC leaders usually sided with Muslim sheiks, both of whom strenuously argued with faith leaders from other Christian traditions who are open to condoning condom use in some circumstances. To date, there does not appear to be an ecumenical perspective or agreement on the subject of condom use within FCs. The challenge to produce a shared theological perspective is central to our research.

### Study justification

If we [in the church] stay silent, we're killing people.  
Silence with HIV/AIDS means death!  
(Naomi Fuentes. In Lauber, 2002)

In 1999, the government of Malawi tabled a National HIV/AIDS Strategic Framework for 2000–2004 that included a more deliberate partnership with FCs in an effort to promote debate and advocacy among communities on sex-related values and beliefs (Government of Malawi, 1999a, pp. 11–13). Within this plan, the National AIDS Commission (NAC) Technical Working Group designated a Faith Communities Technical Working Group (TWG) as well as a sub-theme group with representatives from committed FC stakeholders. This latter group was organised to provide a grounded and pragmatic opportunity for reflection on what were the expectations of FC adherents in addressing HIV/AIDS concerns. Furthermore, a newly-created Behavioural Change Intervention Unit, in consultation with diverse stakeholders, developed a Behaviour Change Intervention Strategy where many of the cultural problems that contribute to the spread of the epidemic were identified (National AIDS Commission, 2002). This document stressed the need for a holistic, inter-faith approach to behaviour change, which could best be implemented through participatory development approaches.

Among the five key strategic actions delineated to mitigate the impact of the epidemic, two objectives support the research being reported on here, and are: in the context of the HIV/AIDS epidemic, support religious leaders in the reworking and development of their theology which builds hope, faith and spiritual support for people living with AIDS, and those affected by the epidemic; develop and disseminate Information, Education and Counselling (IEC) messages which underline new theological understandings of hope, targeting religious leaders, traditional leaders, counsellors, community support groups and the general public.

Supporting these initial government-driven policies, the recent submission of the government of Malawi to the Global Fund to Fight AIDS, TB and Malaria (2002) identified FCs as key participants in a necessary collaboration to ameliorate HIV/AIDS (Government of Malawi, 2002, pp. 18, 53–54). At present, the NAC continues to emphasize the fact that the government of Malawi will need the collaboration of NGOs and religious-based organisations to motivate and guide behavioural change.

While earlier inter-faith discussions set the stage for this kind of collaboration, there has been no sustained follow-up. In fact, inter-faith activities have been limited to specific events. This research honours the policy statements and support for an inter-faith and inter-sectoral partnership to address HIV/AIDS concerns.

As already documented in other contexts (Green, 2003), faith-based communities play a central role in various societies. Likewise, a pre-occupation with spiritual matters and the moral requirements of living within an FC is central to the lives of the majority of Malawians. What persons of faith receive is a moral, ideological and social template for living. And it is the FC leader who is called on, because of trust and faith in their calling, to provide the instruction and advice on how to address critical life concerns. Most of this occurs during normal worship and is experienced face-to-face, in mosques, churches and informal places of worship, but also during calendrical and critical rites and events (religious holidays, funerals, initiations, weddings). Yet some of these communicated truths occur in a more public way (radio, newspaper). For example, in the weekend *Religion*, the supplement to the best-selling daily (the *Nation*), leaders of various faith groups have an opportunity to voice their views (and interpretations) on a number of issues and situations (e.g. HIV/AIDS), providing direction to their followers. It remains to be seen whether they can effectively address the troubling and thorny issues intimately imbedded in the discourse on HIV/AIDS; that is, issues on gender relations, sex and sexuality, sin-fault-guilt, discrimination, stigma and blame.

The FC (as research context and setting) and the FC leader (as agent of behavioural and social change) provide a necessary yet challenging *entree* into the world of HIV/AIDS interventions. As posited by the NAC, FCs are well placed to be a part of this work, for the following reasons: (1) they have a long history of presence, proclamation and persuasion, (2) they have well-developed institutions and structures, (3) they are self-sustaining, (4) they have a captive and loyal audience which often meets more than once a week, (5) they have predictable leadership, (6) they cut across geographical, tribal, national, gender, age, ethnicity and other barriers, and (7) they have grass-roots support.

While faith-based work is rationalised on these grounds, we recognise the fact that the barriers to change are daunting and difficult. Most of the resistance derives from fundamental differences at the level of epistemology, culture and philosophy. The truth paradigms reflected in faith-based and religious communities do not easily incorporate the truths of science, and as such, require innovative processes for transformation and change in the construction of third-order conceptual systems (Willms *et al.*, 2001). Why might this be important?

In previous research with traditional healers in

Zimbabwe (see Willms *et al.*, 2001), we came to recognise the significance of how differences in understanding shape behaviour. Public health officers in Zimbabwe previously brought traditional healers (*ngangas*) together to talk about HIV and HIV transmission. They would speak to them about using clean razor blades with new patients. The recommendations and statements were based on scientific assumptions and truths. We learned that the traditional healers would often leave these educational workshops saying to themselves: we are protected by our spirits ... this does not apply to us. In short, their own spiritual interpretations were considered to be true, overriding anything that public health officers would offer as an alternative, scientific argument.

In this project, we are faced with a similar dilemma: how to reconcile scientific truths which recommend behavioural change (e.g. the use of a condom with a new sexual partner), with the strong and enduring principles of ATR, truths predicated on the authority of ancestral spirits, and, on living a 'worthy life' which come from the teachings of the Sacred Books (The Bible and the Qur'an, by those converted). Constructing a shared understanding of these concerns is critically needed to provide culturally compelling interventions for minimising high-risk behaviours.

This leads us to a final justification for this research. A collaborative research partnership with FCs offers an unprecedented opportunity for the development of new knowledge and its subsequent translation into effective programmes and policies, both locally and regionally. The commitment of the Malawi government to give the HIV/AIDS epidemic top priority provides the political will and focuses on resources critical to fighting the problem. With the willing collaboration of religious-based NGOs and faith-based groups, whose members provide much of the care and services to women, men and children in local communities, there is the opportunity for this research to produce a feedback effect for policymakers inside and outside of the church.<sup>4</sup> These organisations become both the consumers and producers of the research. Second, HIV/AIDS interventions with FCs could lead to the creation of best practices utilised by other FCs in the region. Our intent, therefore, has been to systematically interpret, represent and document every stage of this FC HIV/AIDS intervention — a participatory process where conceptual events (defined below) are organised within and between FC leaders, theological understandings are shared and critically discussed in a manner which does not compromise individual theological positions, yet where a shared perspective is made possible and ultimately viewed as beneficial in all FC settings. Finally, we argue that if successful in this translational and intervention work, this project could emerge as a signature piece for how it is that NGOs and government, assisted by health social science researchers, can successfully partner with FCs in addressing the many challenges of the HIV/AIDS epidemic.

### Method (data gathering)

Authentic human relationship creates the possibility of communication, and truth is in the shape of authentic communication.

(C Norman Kraus, *The Authentic Witness*, 1979)

The methodologies adopted in this research are mixed. They combine ethnographic with translational research methodologies, all of which are accomplished in the context of PAR. Ethnography seeks to uncover the truths that govern people's lives, and normally elicits these understandings through in-depth interviews, focus groups and participant observation. Key communicators (Willms & Johnson, 1996) express their view of events in the world through stories. The texts are then interpreted and content analysed, where emergent issues and themes are identified (Willms, Best, Taylor, Gilbert, Wilson, Lindsay & Singer, 1990). In the process of interpretation of the transcribed texts, the first two authors triangulated their findings (agreeing on emergent issues and themes) and corroborated these with the Malawian researchers whose first language knowledge of Chichewa was critical for working with metaphor and nuances of meaning.

Translational research, on the other hand, is a developing health social science discipline that attempts to bridge different disciplines, diverse realities and epistemologies, so that varieties of research evidence can be translated, and then applied to policy and action (Lavis, Woodside, Robertson, MacLeod & Adelson, 2003; Willms, 2000). We assume that there is *not* a seamless transfer of evidence or knowledge to persons living the reality of HIV/AIDS; for example, that if persons learn about HIV and HIV transmission, they will automatically change their behaviour. Rather, we assume a certain resistance to accepting beliefs (e.g. the scientific truths of HIV) that might challenge or compromise dominantly held beliefs (e.g. If I get AIDS, it is God's will and is not a result of my personal lifestyle or behaviours). Translational research, therefore, incorporates the methodology of conceptual events to bring discordant perspectives together, in an understanding of what can be shared as theologically true with respect to HIV/AIDS.

PAR is both a methodology and a philosophy based on the work of Paulo Freire (1970 and 1973). PAR works to change the experience and social conditions of vulnerable, marginal and oppressed peoples through a process of collective inquiry into their social reality (in this instance, the social reality is that as experienced within a particular FC). Participatory processes involve cycles of dialogue, reflection and action or praxis, which bring people to a critical consciousness about their situation, from which they generate new knowledge and social action aimed to transform their circumstances (see Smith, Willms & Johnson, 1997).

We combined the abovementioned methods through an intervention methodology which we call conceptual events. Conceptual events are trans-disciplinary, trans-contextual and trans-experiential fora that *intentionally* nudge persons with different truth perspectives (or paradigms) to construct a shared, ethically compelling framework for understanding the problem and the behavioural and social solution. They are usually one- to two-day meetings of persons (in this instance, FC leaders representing different faith traditions) who come together in a supportive environment for an intense period of facilitated discussion to talk about their particular understandings and experience with HIV/AIDS. Utilising PAR methods, these conceptual events enable the synthesizing of HIV/AIDS narratives and stories (scientific,

social-cultural, FC narratives and other evidence of ethical and moral reasoning).

Conceptual events are designed to involve an active, participatory, problem-solving process which not only draws on people's stories, but as FC leaders listen to each other's stories, they come to see new possibilities for change, develop merged understandings and negotiate solutions to a shared problem. It is an experience of transformation and shared learning, which affects both the outside researcher and participant-as-researcher. As FC leaders (representing diverse faith traditions) are brought together through these conceptual events, the intent is to generate shared understandings and an ecumenical theology of HIV/AIDS which does not compromise their individual faith perspective. The conceptual events organised in this research brought together leaders from a variety of faith traditions — principally Christian and Muslim. The more hard-to-reach independent, animist and prophet-led FC leaders are currently being recruited as this research continues.

In all instances, the conceptual events were facilitated by one of the authors. In an attempt to remain as objective as possible, the facilitator would not take sides or even express his/her particular viewpoint on a subject (e.g. for or against the use of condoms). Rather, he/she would use open-ended questions to begin the discussion, and once viewpoints were raised, would guide the conversation in ways that promoted an acceptance of different perspectives, but also, would eventually lead to a consensus of viewpoints and perspectives.

For example, the senior author asked a group of FC leaders during one of the conceptual events this question: 'How do you explain a God who permits the suffering experienced by HIV-affected or -infected women and children?'. Interestingly, the answer to this question underscored the divide between Western thought and African thought, more than it did any disagreement between the FC leaders assembled. It emerged in our interpretation that such a question does not easily compute with African thought — where life experience is about suffering and where God is seen to 'come alongside'. With respect to theodicy, Western thought might tend to separate God from human sufferers, rather than bring God and human sufferers closer together.

### Analysis and interpretation

All the conceptual events, in-depth interviews, theological events and intercultural training sessions were audio-taped and transcribed. The person taping the conceptual events also transcribed the tapes. As a Chichewa-speaking Malawian, she took notes during the sessions, and referred to them during the transcription process. The third author, also Chichewa-speaking, then went through all the audio-tapes one more time to ensure that the transcription authentically and accurately reflected what FC leaders said during the conceptual events. All the sessions were conducted in English, yet from time to time, an FC leader might use Chichewa to explain a thought or notion more clearly to the rest of the participants. This was translated as accurately as possible into English by both the transcriptionist and the third author. However, when this occurred during the sessions (i.e. an FC leader would need to explain something in

Chichewa and not English), the facilitator would ask someone to immediately translate, and agreement as to the meaning of the text would be achieved through a process of consensus.

All texts were interpreted and analysed using a nine-step process of ethnographic interpretation created by the senior author and colleague (see Willms & Johnson, 1996). The nine-step process involves (in condensed form): (1) reading the narrative text twice, focusing on categorising what has been said, and finding a word or phrase from the text to describe the content; (2) on a blank sheet of paper, listing these words and phrases — in short, generating a preliminary list of topics; (3) rewriting the list grouping related topics, then setting the list aside; (4) re-reading the narrative text — this time, underlining key quotations, jotting questions, interpretations and insights in the margins; (5) repeating step 2 with the new material written in the margin — this is the preliminary list of emergent issues and themes; (6) combining the lists created in steps 3 and 5 to produce a first draft for a coding scheme; (7) taking another narrative text and with this preliminary coding scheme, coding the text — at the same time, continuing to underline key quotations and jotting questions and insights in the margins, as well as making note of any new topics in the margins; (8) making revisions to the preliminary coding scheme because some codes may be too broad while others may need to be collapsed into a single code and new codes may need to be added; (9) coding all data and re-coding data that was coded using earlier drafts. Two persons independently do this task. Periodically, a small subset of the data is compared and inter-coder reliability assessed.

These were the interpretive process steps used in this research.

### Design/sampling justification

We must enter into dialogue with other sectors of society, to learn and to share information and resources.

(Archbishop Harry Kaitano, African Independent Church)

Twenty FC leaders were interviewed using a semi-structured interview format. Eight conceptual events — in this instance labelled theological events — were held that brought together FC leaders from the following faith traditions: the Quadria Muslim Association, Assemblies of God, Baptist, African Baptist Assembly, Victory and Jordan Pentecostal, Roman Catholic, Seventh Day Adventist and Evangelical Lutheran. Finally, twelve intercultural training events were held with selected grass-roots workers of the participating FCs. The training included a re-thinking and discussion of the terms community, change, vulnerability, care and prevention (World Council of Churches, 1999), followed by explanations of how to work with people in a participatory manner, how to elicit reliable information, how to choose informants, how to interview and conduct focus groups — in short, how to utilise research in generating 'best practices' in the work the 'trainees' are conducting under their respective FCs. The overarching question was: how do we put our beliefs and our understandings into practice? This, of course, entailed considering the following: how do the teachings of the Sacred Books inform who we are as

grass-roots workers; what are the values that inform what we do; how we do it? And further, how do we know that we are doing the work of God? In this process, Christians from different denominations and Muslims would cite passages of their respective Books and compare notes in terms of their understandings and approaches. The group also learned to be more needs-oriented and to focus on the people they were serving.

These interviews, intercultural training sessions and theological events were held in the Lilongwe catchment area. Lilongwe is the capital city of Malawi and as such, is the geographical setting for government offices. It also provides the address and site for a large number of NGOs, international donors and FC headquarters for the country.

Present funding restrictions have not permitted us to work in all three areas of the country. Our intention, however, is to begin in the Lilongwe catchment area, and then gradually move outwards.

## Results

'AIDS = American Ideas to Discourage Sex' (participant)

### **Conceptual events and the creation of a culture of dialogue within and between faith communities**

Our preliminary results indicate a sincere and highly committed interest on the part of FC leaders in entering into a systematic and sustained dialogue with other FC leaders on the question of HIV/AIDS. As one CCAP (Church of Central Africa Presbyterian) key communicator stated: 'we are very, very interested in working with other FCs in forums'. This suggests both a sympathetic appreciation of the recommended participatory process (through conceptual events) but also a shared sense of the urgency of the HIV/AIDS crisis. Everyone seems to agree that concerted efforts are required in overcoming disagreements in faith perspectives in addressing the problem of HIV/AIDS. While there are distinct theological differences between the FCs who are participating in this applied research project (e.g. Muslim and Christian), there is a desire and interest in creating an ecumenical theology of HIV/AIDS. Interestingly, the tenor of statements made by the majority of FC leaders suggested that this collaborative effort would strengthen individual FCs in challenging government and donor interventions, which they seem to feel are undermining faith-based and spiritual understandings of how to effectively come to terms with this issue.

### **Constraints to implementing an FC position on HIV/AIDS**

These are the perceived constraints and experiences of resistance collectively expressed by FC leaders on how best to address the problem of HIV/AIDS in spiritual and faith-based terms. First, there is the problem of *outside* (i.e. government and donor) resistance to their *inside* stance — messages dominated by reference to abstinence, fidelity and, in some instances, the non-use of condoms. It is not the case that the government disagrees with the message of faithfulness and abstinence; it is just that the condom message seems to drown out these other, moral options. As such,

there is palpable evidence in the discussions held with FC leaders that it is *us* against *them*. As one leader said, 'we need to defeat this campaign'. These sentiments were reflected during numerous interviews and conceptual events. These statements also express a deeper concern, that being their relative powerlessness *vis-a-vis* government, external donors, business (the pharmaceutical companies) and the research community. These others preach condom use. This reflects a shared sentiment that they (the other) are strong, have a voice and are monied. Compared to these loud voices, FC leaders feel weak, poor and vulnerable. In this environment of suspicion and concern, conspiracy theories abound.

During these conceptual events, FC leaders were surprisingly vulnerable as they reflected on the issue of what is wrong *within* their FCs. Some leaders said that there continues to be cultural practices that enhance the risk for HIV transmission; for example, extra-marital sex culturally sanctioned at weddings and funerals. Also, they said, there remain strict taboos about talking about sex within the church and FC, and even talking about HIV/AIDS. While progress has been made, there remains a culture of silence on the subject. Additionally, there is the problem of FC leaders being unapproachable: they do not understand the issues, are judgmental and continue to use a language of blame that marginalises their people. For persons (especially women in their community) infected or affected by HIV/AIDS, it causes them to remain silent and to go elsewhere for assistance and support. Many reported on the fact that these persons go to leaders outside of their FC for supportive counselling and care. In short, the church and mosque was still seen to be a place lacking in love, compassion, understanding and care. All of these were sentiments expressed by FC leaders themselves.

A final concern discussed is that of the role of ATR in addressing the problem of HIV/AIDS. The few women leaders represented in the conceptual events countered male arguments on the issue of the role of ATR in these matters. The men said: 'we are new creatures in Christ — the old [namely ATR] has passed away!'. The women said: 'ATR still influences our lives in the present, in spite of the fact that we are Christian or Muslim'. One woman leader drew a picture of a tree in three parts. There was an elaborate and extensive root system (which she labelled ATR), a trunk which stood alone and appeared to be separated from the root system (which she labelled Christianity) and the leaves and branches (which she called the fruits and product of our lives). Interestingly, in her diagram, the trunk was separated — if not severed — from the rest of the tree (the roots and the fruits). She went on to tell a number of stories on how dreams (the product of ATR) continue to influence her life, in spite of her Christian faith, and implied that Christianity and Islam needed to accommodate ATR in addressing HIV/AIDS concerns. An important principle for ATR, of course, is that of procreation, fertility and fecundity — arcane principles which are threatened by the marketing of condoms.

All of this reinforces the difficult challenge of coming to terms with competing epistemologies and truth paradigms. We concur that there are at least four truth paradigms that could potentially compromise the effectiveness of FCs in

addressing the problem of HIV/AIDS. These are: (1) a Western/secular paradigm — promoted by Western governments and international agencies and which use the language of empowerment, economic development, capacity-building and structural adjustment, (2) a bio-medical paradigm — promoted by the Western-trained scientific and health research community, which uses the languages of risk, HIV/AIDS, ARVs, VCT (Volunteer Counselling and Testing), epidemiological trends (incidence, prevalence), bio-statistics and transmission routes, (3) a missionary/church, religious and FC paradigm — promoted by churches and mosques and which uses moral and spiritual languages, which in the era of HIV/AIDS is often expressed as sin and guilt, but also in more redemptive terms such as love, forgiveness and salvation, and finally, (4) an African-indigenous paradigm, which defers to traditional values and clan-based accountabilities and sentiments: the role of ancestors and spirits, the importance of fecundity, land, sexuality and fertility.

All four paradigms co-exist in the Malawian FC, and are voices that affect how effective interventions should be introduced to minimise the risk of HIV transmission. We could argue that most of these paradigmatic approaches are distinctive, bounded and not easily receptive to change and transformation. What we are searching for are culturally compelling HIV/AIDS interventions that respect the truths that govern peoples lives (e.g. a particular faith stance that is built on moral principles) but which also incorporate what is known to be an effective (technical, behavioural) means of protection (e.g. condom use where there is unknown risk).

### **Constructions of God**

What are the notions of God that emerge through these conceptual events?

First of all, God is seen to be 'in this with us'. As one leader paraphrased from Scripture, 'in trouble He is with us'. Leaders reinforced this belief by speaking of the 'whence-ness of God ...'. God is seen to be incarnationally present, grounded and available for His people to 'cling to' — a God metaphorically likened to the root system of the tree mentioned above. The *axis mundi* of their faith (an anchoring and rooted strength), this God is viewed in personalistic and relational terms.

Yet this is also a God of active control, agency and intervention. Many spoke of the fact that 'He is angry with us and has allowed this to happen'. Interestingly, most FC leaders were reticent to talk about God as a punishing God (though some did), but rather suggested that 'God has *allowed* this to happen ... [HIV/AIDS] is a *consequence* of our sin'. In short, while God is seen to be this soulful comfort and strength (the deep roots that require persons to cling to Him for support during a time of suffering), He is also viewed as the Someone who 'actively acts' out of 'anger' — the Someone who 'allows and permits this to happen' because His people have not been faithful.

### **Considering the experience of HIV/AIDS-infected or -affected persons**

Persons of faith who are infected or affected by HIV/AIDS suffer greatly. Women are frequently impoverished in the

process and say that they look to their FC for practical support and care. What is of interest here is that the explanation given for their suffering is not so much linked to the disease in their body but rather to the separation that occurs in community — with people and with their God. As one leader stated, 'both kill!' Whether considered a punishment from God, or more mildly, the consequence of someone's (not necessarily their own) moral indiscretion, real suffering occurs at the level of emotion and experience within or without the community of faith.

This suffering is only exacerbated by the inability within FCs to 'break the silence'. To date, many churches, mosques and FCs do not have a structure (or process) in place for dealing with Persons Living with HIV/AIDS (PLWA).<sup>5</sup>

### **Faith community interventions, the discourse on condoms and preferred faith community strategies**

What about the issue of condoms? It would seem that is a kind of shared confusion amongst FC leaders as to the place of condoms in this discussion. Leaders would say, 'God is not in the condom'. What they do agree on is a feeling that recommending condom use is not the primary strategy for HIV/AIDS control. Rather, they suggest that a moral argument is fundamentally required in HIV/AIDS interventions. When interpreting these remarks, it became clear that it is not so much an issue of deliberately speaking against the use of condoms, but rather finding a way to legitimately talk about condom use in certain circumstances. If a moral argument (that of protecting the soul) becomes the major intervention strategy, grafting onto this a technical argument (using a condom) may eventually be seen as credible and necessary.<sup>6</sup> What remains is the challenge as to how this can be accomplished in a way that is unique to FC situations, and where they do not feel co-opted by government and donors, but rather fulfill a special and authoritative voice.

### **Discussion and conclusion**

'[What] we know is a very little thing, but there is hope against hope'  
(study participant)

### **Required change and the challenges faced by faith communities**

Given the above report on preliminary results and findings, there are some significant challenges still to be faced in the process of constructing an ecumenical theology of HIV/AIDS.

First, it would seem that there is critical need for both a systematic and practical theological argument with respect to the response of FCs in addressing the problem of HIV/AIDS. To date, there are numerous anecdotal references to HIV/AIDS experiences but few publications in the literature which provide a foundation for thinking through these complex and difficult issues. Systematically, there is a need for the theological reasoning on notions of God in the context of HIV/AIDS. Practically, there is a need for theological reasoning on appropriate systems of care in the context of FCs. For

example, if a woman's husband has died of HIV/AIDS and she is subsequently impoverished, how can she avoid sex-for-exchange (Spittal, 1995) as the only available means to feed herself and her children? What is the practical role for the FC in this instance? How does the discussion of condom use or non-use enter this discussion? What about AIDS orphans? How do we morally reason through emerging constructs of family, marriage and community in the context of communities devastated by this disease? These are present and anticipated moral concerns and require the combined thinking of ethicists, theologians, social scientists and numerous other stakeholders and influential people at the level of government, non-government organisation, business and community.

Second, condoms emerge in these discussions as a metaphor for resistance, a symbol of what separates FCs and their distinctive notions of truth from that of government, donors and the scientific community. And yet, there appears to be a commitment on the part of FC leaders to engage the condom discourse, but only in a manner that does not threaten or compromise a moral algorithm for HIV/AIDS prevention.<sup>7</sup> The challenge therefore is to create a faith-specific process for grafting condom messages onto this moral narrative. This will require the same urgent attention as that of systematic and practical theological reasoning on the matter of HIV/AIDS.

Third and finally, PAR and intervention research must continue in the Malawi setting, using conceptual events. These conceptual events should engage FC leaders in a process of discussion and debate that does not compromise their individual faith stance, but rather causes them to move towards an ecumenical theology of HIV/AIDS. These conceptual events should also be expanded to include and involve of committed, non-judgmental stakeholders and influential agents from government, NGO, business and broad community sectors. Without these voices coming together as equals, it will be difficult to transcend and transform the truth paradigms which separate and divide (whether faith-based, scientific, donor or even that of ATR). At present, the languages we use are evocative of 'us and them', men and women, Western and traditional, weak and strong, loud and quiet. This too can change! The discourse on HIV/AIDS prevention must change, if we are to find a language of love, compassion and care for those infected with and affected by HIV/AIDS.

## Notes

- <sup>1</sup> A satellite symposium was recently held at the International Conference on AIDS and STIs in Africa (ICASA, Nairobi, Kenya, 21–26 September 2003) called The Role of Religious Leaders in Reducing Stigma and Discrimination Related to HIV/AIDS. Chaired by Ambassador Stephen Lewis (United Nations Secretary General Special Envoy for HIV/AIDS in Africa), panel members spoke to the impact of theological languages with reference to HIV/AIDS within FCs and asked: 'how do we construct a theology of HIV/AIDS that reduces stigma and discrimination?' This question underscores the complex challenges we are facing in the research reported on here.
- <sup>2</sup> There is a burgeoning literature on a theology of HIV/AIDS in Africa. We are cognisant of this work (see References) and have been influenced by these writers, FC leaders and theologians.

Our view, however, is that more theological thinking is required that is both systematic and practical in nature. Once this occurs, FC leaders can adopt these theological policies and translate them into practical programmes for HIV/AIDS care for their communities. Yet they also recognise that transformed beliefs are not automatically reflected in behaviour change. More compassionate behaviours on the part of FC members can result in theological growth and change (see Byamugisha, 2000).

- <sup>3</sup> This theological tradition is supported by previous advances in the sociology of knowledge, a perspective that posits that all knowledge (as well as notions of truth and of God) is socially constructed (Berger & Luckmann, 1967). Many persons of faith do not agree with this position: for them, statements of truth are theistically-given and -driven, and not socially-made, -derived, or -constructed (Kaufman, 1972). African cultures are particularly prone to a theistic truth paradigm, which makes the work of *constructing* a theology of HIV/AIDS enormously difficult.
- <sup>4</sup> One prominent spokesperson in the Malawian FC, a Reverend Dr Augustine Musopole of the Malawi Council of Churches (MCC), suggested that this research might have another important impact — *how we do church!* By that he implied that women and youth will emerge as having a prominent voice in the affairs of the church, and not be simply usurped by their male leaders. As such, working towards a theology of HIV/AIDS could alter organisational dynamics within FCs, particularly as the hidden voices of a structurally silenced leadership (women and youth) become increasingly heard, acknowledged, and legitimised.
- <sup>5</sup> At a recently held symposium on the role of religious leaders in reducing stigma and discrimination related to HIV/AIDS at the 13<sup>th</sup> International Conference on AIDS and STIs in Africa held in Nairobi, Kenya from 21–26 September 2003, an Anglican priest from South Africa spoke of the self-stigmatisation, fear and self-blame that occurred in learning about his HIV status. There was the 'stress of being hidden', in the context of recognising that the church has no system in place to deal with persons like him.
- <sup>6</sup> Fathers Bernard Joinet and Wilhelm Nkini (1996), in *The Fleet of Hope*, posit a practical algorithm for sexual experiences — the choice of abstinence, fidelity and technology (condoms). Their approach skilfully navigates the resistance of his church to condom promotion.
- <sup>7</sup> Paul Farmer (1992) posits what he calls a moral calculus for understanding the discrimination, stigma and blame associated with persons infected with or affected by HIV. His argument refers to the understanding of the social experience of those affected — experiences of poverty, gender inequities and power imbalance. Our argument builds on this calculus, and seeks to advance a moral algorithm for HIV/AIDS prevention, counselling and care through FCs and their leadership. By moral algorithm, we search for a means and process for theologically reasoning risk and vulnerability (i.e. advancing an HIV theology of faith, hope and compassion) and the behavioural consequences of embodied truths so prescribed (i.e. how to act and be more compassionate and caring within a faith community).

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