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The Church and AIDS in Africa: The Politics of Ambiguity

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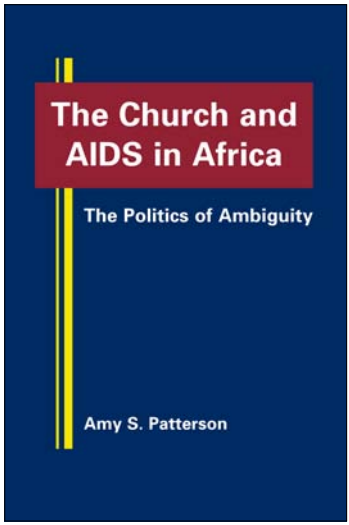

ISBN: 978-1-935049-04-3 hc

FIRSTFORUMPRESS

A DIVISION OF LYNNE RIENNER PUBLISHERS, INC.

1800 30th Street, Ste. 314
Boulder, CO 80301
USA
telephone 303.444.6684
fax 303.444.0824

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Churches in sub-Saharan Africa have been maligned, vilified, praised, and ignored for their role in the fight against the Acquired Immunodeficiency Syndrome (AIDS). Such divergent reactions from scholars, activists, and development officials are unsurprising given the diversity of church responses to the pandemic.[1] Contrast the public statement of Dr. Kwesi Dickson, former general secretary of the All Africa Conference of Churches, with that of Bishop Boniface Setlalekgosi, head of the Catholic Church in Botswana. In a 2003 speech, Dickson placed AIDS in the larger context of poverty, poor governance, and underdevelopment in Africa. He demanded that both governments and churches pay greater attention to the Africans whose lives were being decimated by poverty and disease (*AACC Newsletter*, November 25, 2003). Conversely, Bishop Setlalekgosi took a more narrow approach, portraying AIDS as a question of individual morality. He wrote in a 2004 letter to youth: "Unfortunately, you are … flooded with wrong messages that give false security, that of 'condomise and stay alive'" (*Mgegi/The Reporter*, August 6, 2004).

Or compare the actions of Prophetess Lucy Nduta of the Nairobi-based Salvation Healing Church with those of congregants in a Cape Town Baptist church. The prophetess insisted that she cured her followers of the Human Immunodeficiency Virus (HIV), the virus that causes AIDS, through prayer and healing services (*Nation*, May 22, 2006). Her actions illustrated her belief in the power of the invisible, spiritual realm to overcome the physical world's problems. In contrast to her spiritual approach, the formation by South African Baptists of the Living Hope Community Centre was rooted in the physical world. The Baptist congregants responded to the immediate physical needs of people living with HIV/AIDS because of their conviction that a combination of physical and spiritual support can improve quality of life.[2]

These four examples illustrate points along the spectrum of church responses to AIDS. While they could be studied as contrasting models of service provision or as the embodiment of theology in practice, my interest in them is in their political nature. Politics is the process of decision-making that shapes resource allocation and acceptance of particular values. Politics occurs in formal arenas, such as legislatures, election campaigns, and bureaucracies, but it also exists in civil society organizations, families, and the workplace. The above-mentioned church actions directly or indirectly challenge power structures in society, and they seek to affect decisions about resource allocation and the acceptance of certain values. When Dickson challenged governments on the relationship between AIDS and poverty, when Bishop Setlalekgosi and Prophetess Nduta used faith to point to powers beyond science, and when the Baptists reached out to marginalized members of society, they all engaged in politics.

At times the AIDS activities that are discussed in this book do not look political. What is political about caring for someone who is dying from AIDS or about urging youth to abstain from sex? I argue that there is something "subversive" about these actions (Miller and Yamamori 2007, 5); they sometimes challenge the established science on AIDS or the donor community's policies; they question the ability of the state to meet its end of the social contract; and they defy global and national-level political and economic structures that often downplay the human rights and dignity of poor Africans. In so doing, many churches are engaging in a form of social activism, or a process by which they challenge the status quo in their churches, communities, countries, and/or the international realm.

The currency of such political activism is power. Power can be rooted in tangible elements, like government authority, material resources, large constituencies, expertise, and tools of physical coercion. Dickson and the All Africa Conference of Churches have some of this tangible power, since the organization counts as members 169 churches, church councils, and theological institutions in forty countries, and it represents more than 120 million African Christians (AACC 2008). But power is also located in intangible sources such as moral authority, symbols, and, for many Africans, the spiritual realm. The Catholic bishop's letter relies on his moral authority, and the prophetess who claims to cure HIV taps into the idea that "spiritual belief offers access to an alternative form of power" (Ellis and ter Haar 1998, 195). Symbolic metaphors rooted in religious imagery or texts may either mobilize or demobilize participation in AIDS efforts (see Vander Meulen 2010). Unlike Western liberalism, African conceptions of

politics and religion do not divide the sacred and the secular. Even if formal constitutions outline a secular state, political life is often "inextricably bound up with religious belief" (Jenkins 2007, 162). The public and private actions of churches themselves influence politics (VonDoepp 1998). While my focus is on Christian majority states, this is also true in countries with large Muslim majorities, as Muslim leaders' long-time involvement in elections in Senegal illustrates (Villalón 1995).

Just as has been the case with secular efforts to address AIDS, religiously based responses involve contentious processes of identity formation and frame alignment. Religious adherents have struggled both among themselves and in relation to secular activists to define a common identity that drives their involvement on AIDS. While some religious actors involved with AIDS are HIV-positive, this is not the case for all participants. What identity then facilitates action? The development of a unifying identity to propel activities is a process shaped by power, representation, and constructs of ideas (Melucci 1996). Similarly, the process of framing the AIDS issue may include some, while excluding others. For example, when AIDS is framed as an issue that primarily affects innocent women and children, then HIV-positive men are excluded from potential policy outcomes or mobilization efforts. The way the issue is understood affects who gets access to resources and power (Snow et al. 1986); such processes occur in religious institutions just as they do in secular groups.

In this book, I use the word *church* broadly, to mean both an institution and a community of individual believers. Institutionally, church congregations and denominations have rules, formal and informal norms, officials, material resources, and histories (North 1990, 3). My institutional definition includes church-related organizations like health care facilities, advocacy wings, ecumenical networks, and centers of theological education. The process of church institutionalization occurs over time, with newer churches often lacking the formal bodies, rules, well-defined liturgy, and specialized leadership training of the churches established by the colonial missionaries. The church is also a fluid and diverse community of individuals who identify themselves as Christian and who believe the biblical messages of Christianity. Newer churches may lack well-defined institutions, but they do not lack the fervor of belief among their members (Jenkins 2007, 157-158). While I do examine church leaders as instigators of AIDS programs, my general focus is on churches as institutions, not on individual Christian believers.

In the pages that follow, I analyze the interactions between churches—as institutions and as communities of believers—and politics on the AIDS issue. These interactions take on various forms, and these forms often are not mutually exclusive. To be clear, I do not argue for more or less church involvement in the political questions surrounding AIDS. The church's role on AIDS is controversial, both within Christian circles and between Christians and non-Christians. In the Western experience, particularly during the first years of the AIDS epidemic, the church was viewed as an obstacle to AIDS efforts. Many AIDS organizations were secular, often organized by HIV-positive gay men and their HIV-negative friends or partners. The regular protests of ACT UP–New York in front of St. Patrick's Cathedral demonstrate this tension. But the situation in Africa has been different, because many members of AIDS groups (both the majority who are HIV-positive and their HIV-negative supporters) are religious believers; they may be church members who regularly attend services, pray daily, and read the Bible. This African reality complicates church mobilization against AIDS and challenges assumptions that religion and activism cannot coexist (Siplon 2010; Dilger 2010).

This book is not intended to be a theological treatise or a defense of or challenge to Christian belief. Rather, I acknowledge that religion is important for a large number of Africans, and as such, cannot be ignored in any analysis of social, political, or economic issues. What I seek to do is to move beyond the tendency to portray churches as either stigmatizing obstacles or charity do-gooders (Dilger 2007, 59). Churches play a complicated role in the AIDS pandemic because of their diverse historical experiences, resources, leadership styles, and theological perspectives. This variation leads to different forms of mobilization and ways to frame the AIDS issue. My assumptions about churches' responses to AIDS were sometimes challenged during the course of the research: churches that I did not think would respond to AIDS had well-developed programs; churches that I thought would be progressive in dealing with AIDS-related issues (such as gender equality or condom distribution) were not. Church interviewees I least expected to be compassionate in the struggle with AIDS told compelling stories of church efforts, while those I most expected to care about the issue dismissed my questions.

What became clear through the research was that making blanket statements about churches and AIDS responses, as both church critics and advocates tend to do, does not contribute to an analysis of church mobilization on the AIDS issue. On the other hand, because social scientists recognize that some generalizations are helpful for examining

patterns of behavior or institutional structures, I set up a five-fold typology of church responses based on the timing and breadth of church AIDS actions: (1) no response; (2) the early, narrow response; (3) the early, broad response; (4) the late, narrow response; and (5) the late, broad response. This model may not initially be intuitive, particularly for readers with strong views on specific AIDS policies, such as condom distribution, abstinence-only education, or HIV prevention efforts to men who have sex with men. As I explain in Chapter 2, rather than narrow my analysis to the substance of one or two policies to classify mobilization patterns, I analyze a wide variety of church responses and the complex reasons for those actions. Given the often dynamic and multi-faceted AIDS activities of many churches, the model provides a more accurate picture of church actions on the ground. Chapter 2 fully defines the model and gives examples. The rest of the book uses explanations based on resources, organizational structures, relations with the state, and global networks to elucidate why churches have fallen into one of the five patterns.

Africa is a religiously plural continent. Even though an estimated 57 percent of people in sub-Saharan Africa are Christian, 29 percent are Muslims and 13 percent practice African traditional religions. When one compares Islam and Christianity across all of Africa, the numbers are much closer, but because North Africa has unique historical experiences, political and socioeconomic linkages to the Middle East, and a predominantly Arab culture, I only focus on sub-Saharan Africa. Surveys and ethnographies further illustrate that adherence to Christianity or Islam south of the Sahara does not necessarily exclude individual involvement in African traditional religious practices, such as the use of diviners or healers. While I acknowledge this complexity, the book limits its scope to focus on Christian responses to AIDS. In Chapters 3 and 5, however, I incorporate analysis of how those church responses have shaped church relations with Muslim and African traditional religious institutions and leaders. This analysis is situated in a context where Muslim-Christian tensions have increased over the last decade, particularly in light of religiously based violence (Pew Forum 2010).

Church AIDS activities occur on a continent where Christianity is growing, many civil society groups play a political and economic role, and bilateral and multilateral donors have given large amounts of funding to faith-based organizations to fight AIDS. To explicate this context, I first provide background on Africa's AIDS pandemic. Next, in order to comprehend how churches differ in their AIDS approaches, I describe the growth of Christianity in Africa and distinguish various

types of churches. Because churches are often defined as civil society organizations, the chapter investigates how adequately the civil society paradigm applies to religious organizations in African politics. Finally, I highlight recent bilateral and multilateral donor attention to churches and AIDS. Increased funding and recognition give these religious bodies a greater stake in AIDS and necessitate that political scientists, donors, and activists more thoroughly investigate their role in AIDS politics.

African Churches Confront AIDS

Churches have numerous reasons to be concerned about AIDS. The first, and most obvious, is the magnitude of the pandemic. In 2005, the Joint United Nations Program on HIV/AIDS (UNAIDS), the agency that coordinates all United Nations activities on AIDS, predicted that without continued large-scale commitment to fight AIDS, eighty million Africans would die from the disease by 2025 (UNAIDS 2005a, 110). While AIDS is a global problem, sub-Saharan Africa has been particularly hard hit. The region has over two-thirds of the world's thirty-three million people infected with HIV. In 2008, 1.4 million Africans died from AIDS (UNAIDS 2009a).

In reality, AIDS affects African countries differently, with each experiencing its own unique epidemic. HIV epidemics are classified into four types: (1) low-level epidemic; (2) concentrated epidemic; (3) generalized low-level epidemic; and (4) generalized high-level epidemic. In low-level epidemics, HIV prevalence is below 1 percent in the general population and less than 5 percent in key populations with greater HIV infection risks. These most-at-risk groups include commercial sex workers, men who have sex with men, and intravenous drug users. Because HIV tends to be transmitted heterosexually or from mother-to-child during pregnancy, delivery, or breastfeeding in Africa, epidemiologists often rely on HIV prevalence in the general population to classify a country's epidemic. Also, it is difficult to get accurate data on HIV in key populations such as sex workers or men who have sex with men because of the often illegal and stigmatized nature of their activities. For these reasons, I classify epidemics based on prevalence levels in the general population in Tables 1.1 and 1.2.

In the concentrated, generalized low-level, and generalized high-level epidemics, HIV prevalence in key populations is more than 5 percent, although prevalence in the general population differs. In a concentrated epidemic, as found in Senegal and Somalia, less than 1 percent of the general population is HIV positive. In a generalized, low-level epidemic such as in Ghana, Eritrea, and Kenya, HIV prevalence in

the general population is between 1 and 10 percent. Countries with generalized high-level epidemics, such as Zambia, South Africa, and Namibia, have general prevalence rates that are 10 percent or more. Some of the most extreme generalized, high-level epidemics are in the southern African countries of Botswana, Lesotho, Swaziland, and Zimbabwe, where prevalence rates are above 20 percent (UNAIDS 2009a; UCSF 2008).

Beyond the magnitude of the pandemic, churches are interested in AIDS because the Bible commands believers to care for the sick. In Matthew 25:31-46, Christ tells his followers that caring for the sick, lonely, imprisoned, and naked is the same as caring for him. One cannot love Christ and ignore the "least of these" in society. Christ himself heals those with physical ailments (the paralyzed, the bleeding woman, the leper, and the blind), demonstrating the importance of both physical and spiritual health and illustrating that the two are linked.[3] Other biblical passages urge believers to care for widows and orphans, and to love and accept society's most vulnerable members, such as children.[4] While not all churches emphasize these messages, they are key Christian teachings. In Chapter 3, I examine divergent biblical understandings of AIDS as one explanation for why churches have adopted different patterns in their AIDS responses.

Churches also are concerned about AIDS because African citizens are increasingly prioritizing the disease as a public issue. The Kaiser Foundation and Pew Forum found that in seven of ten countries surveyed in 2007, citizens ranked "AIDS and other diseases" as the biggest problem their country faces.[5] In South Africa, 88 percent of respondents ranked AIDS and other diseases as a big problem, second only to crime. Even in Nigeria and Mali where the issue was ranked as the third biggest problem, over 60 percent of respondents mentioned it (Kaiser Family Foundation and Pew Forum 2007). While the survey does not give information on the intensity of these opinions, it does demonstrate public concern about health, including AIDS.

The magnitude of AIDS, biblical messages, and growing concern in society about health are compelling reasons for churches to react to AIDS. Church leaders often add to this list when they assert that as an institution rooted in society, the church cannot ignore the various impacts of AIDS (Interviews 9, 10).[6] For example, life expectancy has fallen by almost five years in Africa, both because of AIDS and because HIV infections make individuals more vulnerable to death from other diseases such as malaria and tuberculosis (*Business Day*, June 20, 2006). Churches are aware of the negative effects of AIDS on education, health care, and businesses. In Mozambique, for example, one-sixth of the

country's teachers die annually of AIDS-related causes (*Reuters*, March 25, 2008). Similarly, Gold Fields, one of the world's largest gold producers, estimates that the total cost of HIV infections is around $5 per ounce of gold mined in South Africa (*Reuters*, July 11, 2007). And churches have had to directly confront the fact that twelve million African children have lost one or both parents to AIDS (AVERT 2008). Churches recognize that not only do many of these children lose material support, but they also lose love, guidance, and nurturing.

Beyond these social, theological, and economic reasons, churches have found it increasingly difficult to ignore AIDS because, as one church official remarked, "The church has AIDS" (Interview 2). Pastors, lay leaders, and congregants are HIV positive, and millions of African Christians have died from AIDS. The church has not been spared the personal, family, and societal effects of the disease; one South African pastor remarked, "We are overwhelmed."[7] Yet, it would be simplistic and cynical to view church concern over AIDS as purely instrumental. One Zambian church official explained, "We care for people because they are hurting and dying, not because of their religion" (Interview 17). Another religious leader said that even in countries with low-level epidemics and small Christian populations, the church is concerned about all people's health (Interview 53).

While the church proclaims concern for all people living with HIV/AIDS, one cannot deny that the disease has greatly affected countries with large Christian populations. Table 1.1 provides data on religious percentages and HIV prevalence rates for most of the forty-eight countries in sub-Saharan Africa. The table relies on the *World Christian Encyclopedia*, which is compiled for 238 countries by 450 global experts. However, getting reliable data on religion is problematic. One challenge is definitions: Are "Christians" people who attend church or individuals who profess belief? Here I follow Philip Jenkins' model (2007, 102) and define Christians as professing believers, not church attendees. Governments also may have an interest in shaping religious data, and religious groups may dispute census results (Jenkins 2007, 100-105; 190-192).[8] While I acknowledge these (and other) data challenges, I use the statistics to demonstrate general trends, not to give exact numbers of religious adherents.

Table 1.1 indicates that Christianity is the majority religion in twenty-six countries; Islam, in eleven; and ethno-religions (or traditional religions), in two. There is no majority religion in nine countries, although Christians compose at least one-third (33 percent) of the population in four of those nine. Muslim-majority countries are

primarily in the Horn of Africa and West Africa, while Christian-dominated countries tend to be in southern, eastern, and central Africa.

In terms of HIV prevalence and a country's majority religion, the mean HIV prevalence for countries with a Christian majority (excluding Cape Verde, Sao Tome and Principe, and Seychelles, for which there is no HIV data) is 9.5 percent. For Muslim countries, the mean HIVrate is 1.39 percent. For countries with no religious majority, it is 2.14 percent. Because there are only two with majority ethno-religionists, and their HIV rates are far apart (Mozambique's is 12.5% and Benin's is 1.2%), the mean for these two countries—6.85 percent—does not provide much information. The most apparent trend of this data is that the mean HIV rate for Christian majority countries is much higher than it is for Muslim majority countries.

Table 1.2 provides another picture of the relationship between epidemic type and majority religion. The table divides countries based on epidemic types and majority religion. It shows that 57.6 percent of Christian-majority countries have generalized low-level epidemics and 30.7 percent have generalized high-level epidemics. In contrast, 54.5 percent of Muslim-majority countries have a generalized, low-level epidemic and 45.4 percent have a concentrated epidemic. Of the thirty countries with a generalized low-level epidemic, fifteen are Christian majority, six are Muslim majority, one is majority ethno-religious, and eight are religiously plural. However, the correlation between Christian majority and HIV prevalence is most evident in high-level epidemic countries. Of the nine countries with generalized high-level epidemics, eight are majority Christian. The other, Mozambique, has an ethno-religionist majority and a sizeable Christian minority.

While the data provide some general patterns about the relationship between HIV prevalence and religious majority, they are limited by the small number of cases, particularly for countries with an ethno-religionist majority. Although the data say nothing about causality between religious dominance and HIV prevalence, scholars have put forward some explanations based on economic structures and religious and cultural practices for the Muslim-Christian pattern found in Table 1.2. The economic structure of southern Africa, a region with generalized, high-level epidemics and large Christian populations, has encouraged high rates of labor migration. Mines in South Africa, Zambia, and Botswana have attracted millions of workers, many of whom spend long periods away from home. Migrants are more likely to have multiple sexual partners, providing greater opportunity for HIV to spread rapidly (Campbell 2003, 28-35; Barnett and Whiteside 2002, 87, 122).

Table 1.1 Religion, HIV Prevalence, and Epidemic Type, by Country

Country	Christian (2000)	Muslim (2000)	Ethno-religion[a] (2000)	Other[b] (2000)	No Religion[c] (2000)	HIV Prevalence[d] (2007)	Epidemic Type
Angola	94.1		5.0	1	0.5	2.1	generalized, low level
Benin	28.5	20	51.5	0.5		1.2	generalized, low level
Botswana	59.9	0.2	38.8	1		23.9	generalized, high level
Burkina Faso	16.7	48.6	34.2		1	2.0	generalized, low level
Burundi	91.7	1.4	6.7	0.5		3.3	generalized, low level
Cameroon	54.2	21.2	23.7	1		5.1	generalized, low level
Cape Verde	95.1	2.8	1.1	1		no data[e]	
Central African Republic	67.8	15.8	15.4	1	1	6.3	generalized, low level
Chad	22.8	59.1	17	1		3.5	generalized, low level
Comoros	1.2	98		<1	<1	<0.1	concentrated
Congo-Brazzaville	91.2	1.3	4.8	1	2	3.5	generalized, low level
Côte d'Ivoire	31.8	30.1	37.6	<0.5	<0.5	3.9	generalized, low level
Democratic Republic of Congo	95.4	1.1	2.4	0.5	0.5	3.2[f]	generalized, low level
Djibouti	4.5	94.1		<1	1.3	3.1	generalized, low level
Equatorial Guinea	88.4	4.1	2.1	<1	~5.0	3.4	generalized, low level
Eritrea	50.5	44.7	0.6		4.1	1.3	generalized, low level
Ethiopia	57.7	30.4	11.7		<0.5	2.1	generalized, low level
Gabon	90.6	4.6	3.1	0.5	1	5.9	generalized, low level
Gambia	3.9	86.9	7.8	~1.0	<0.5	0.9	concentrated
Ghana	55.4	19.7	24.4	<0.5	<0.5	1.9	generalized, low level
Guinea	4.0	67.8	28.5		<0.5	1.6	generalized, low level
Guinea-Bissau	13.2	39	45.2		1.5	1.8	generalized, low level
Kenya	79.3	7.3	11.5	<2	<0.5	7.1-8.5[g]	generalized, low level
Lesotho	91.0	0.1	7.7	~1		23.2	generalized, high level
Liberia	39.3	16	42.9	<0.5	1.5	1.7	generalized, low level
Madagascar	49.5	2.0	48	<0.5	<0.5	0.1	concentrated[h]
Malawi	76.8	14.8	7.8	<0.5	<0.5	11.9	generalized, high level
Mali	2.0	81.9	16			1.5	generalized, low level
Mauritania	0.3	99.1	0.5			0.8	concentrated
Mauritius[i]	32.6	16.9		47.5	2.5	1.7	generalized, low level
Mozambique	38.4	10.5	50.4	<0.5	<0.5	12.5	generalized, high level
Namibia	92.3		6.0	<0.5		15.3	generalized, high level
Niger	0.6	90.7	8.7		<0.5	0.8	concentrated

Nigeria	45.9	43.9	9.8		<0.5	3.1	generalized, low level
Rwanda	82.7	7.9	9.0	<0.5		2.8	generalized, low level
Sao Tome & Principe	95.8	3	1.2	2.0	1.0	no data	
Senegal	5.5	87.6	6.2		<0.5	1.0	generalized, low level
Seychelles	96.9	0.1		1.0	1.9	no data	
Sierra Leone	11.5	45.9	10.4	<0.5	2.0	1.7	generalized, low level
Somalia	1.4	98.3	0.1		0.1	0.5	concentrated
South Africa	83.1	2.4	8.4	<4.0	2.4	18.1	generalized, high level
Sudan	16.7	70.3	11.9		1.0	1.6	generalized, low level
Swaziland	86.9	0.7	10.7	1.0	1.2	26.1	generalized, high level
Tanzania	50.4	31.8	16.1	1.5	<0.5	6.2	generalized, low level
Togo	42.6	18.9	37.7	<1.0	<5.0	3.3	generalized, low level
Uganda	88.7	5.2	4.4	1.0	<0.5	5.4	generalized, low level
Zambia	82.4	1.1	14.3	2.0	1.0	15.2	generalized, high level
Zimbabwe	67.5	0.7	30.1	<0.5	1.0	25.3	generalized, high level

Countries in boldface type are majority Christian.

Source: Compiled by author from UNAIDS 2006, 505; UNAIDS 2008b, 215; Barrett, Kurian, and Johnson 2001.

[a] Other terms for ethno-religionists are animists or traditional religionists.
[b] This category includes Hindu, Bahia, Buddhist, Chinese Folk Religionists, Coptic Christians, and Jews.
[c] This category includes atheists.
[d] HIV prevalence is the percentage of people between fifteen and forty-nine years old estimated to be HIV positive.
[e] In its 2008 report, UNAIDS provides no data for prevalence rates for Cape Verde, Democratic Republic of Congo, Sao Tome and Principe, Seychelles, and Sudan. For the sake of calculations, I used the data from the 2006 report for the Democratic Republic of Congo and Sudan. There was no data in the 2006 report for the other three countries.
[f] The 2008 UNAIDS report did not include data for the Democratic Republic of Congo or for Sudan. The values in this chart for these two countries are from the 2006 report.
[g] For Kenya UNAIDS only reports data in a range, not a particular estimate. I use the median value when I figure the mean HIV prevalence level for countries classified by religious majority.
[h] There is debate about whether Madagascar has a low-level or concentrated epidemic, because of differences in HIV prevalence data for key population groups.
[i] Mauritius has a unique religious dynamic, with 44 percent of its population being Hindu; 2 percent Bahia; and 1.3 percent Chinese folk religionist.

Table 1.2 Percentage of Countries in Each Epidemic Type, by Religious Majority

Epidemic Type	Countries with Christian Majority	Countries with Muslim Majority	Countries with Ethno-religionist Majority	Countries Without a Religious Majority
No HIV Data (N=3)	11.6	0	0	0
Low-Level Epidemic (N=0)	0	0	0	0
Concentrated Epidemic (N=6)	0	45.4	0	11.1
Generalized Low-Level Epidemic (N=30)	57.6	54.5	50	88.9
Generalized High-Level Epidemic (N=9)	30.7	0	50	0
Total	100 (N=26)	100 (N=11)	100 (N=2)	100 (N=9)

Source: Calculated by author from data from Barrett, Kurian, and Johnson 2001 and UNAIDS 2006, 2008b.

Additionally, wives and girlfriends left without a male breadwinner may have sex with multiple partners to ensure access to food, shelter, protection, or income (*Economist*, June 30, 2007, 91).

One cultural explanation for the Christian-Muslim difference focuses on the fact that some ethnic groups that are predominantly Christian do not practice male circumcision while almost all African Muslims do. Over forty-five observational and biological studies have demonstrated that male circumcision reduces the risk of heterosexual HIV infection. Random controlled trials in Kenya and South Africa were stopped early for ethical reasons because initial findings showed a 60 percent decline in HIV risk for circumcised men (Potts et al. 2008; *Globe and Mail*, March 27, 2008; *Chicago Tribune*, April 23, 2006).[9]

Another cultural explanation highlights the perceived differences in sexual behavior between Christians and Muslims. Here research is less conclusive than the scientific trials on circumcision's benefits. Isaac Addai (2000) demonstrates that in Ghana, Muslim women are less likely to have premarital sex than Christian women. However, this pattern may result because Muslim women marry at a younger age and live in rural areas. Brendan Carmody (2003) reports that even though young Zambian Christians claim that they do not approve of premarital sex, they often engage in it. On the other hand, Peter Gray (2004) finds that Muslim prohibitions about sexual behavior do have a great impact on the average Muslim. Despite limited evidence, both Muslim and Christian leaders have expressed the perception that Muslim communities can control youth sexual behavior (Becker 2007), with the result being a lower HIV rate in Muslim societies.[10]

AIDS is an issue that shapes society, the church, and economies. The data presented show that countries with large Christian populations have been particularly affected by the epidemic. This fact makes it essential for scholars, public health officials, and donors to better understand church responses to AIDS. These responses become even more crucial in light of the rapid increase in the number of Christians in Africa.

The Explosive Growth of African Christianity

While Western Europe and North America have experienced declines or only marginal increases in the number of Christians in the last century, sub-Saharan Africa has witnessed substantial growth. In 1900, there were 8.7 million African Christians; by mid-2005, that number was 389 million, and it is predicted to be over 595 million by 2025. In 2000, 42.7 percent of the sub-Saharan African population was Christian; by 2025,

the percentage is expected to be 48.8 (Barrett and Johnson 2001b, 429). Table 1.3 gives the percentage of a country's population that was Christian in 2000, the percentage projected to be Christian in 2025, and the percentage change in Christian population between 2000 and 2025.[11] The table shows that the percentage of Christian believers is expected to increase in thirty-seven countries, to decline in another ten, and to remain the same in one. The average growth rate is 2.2 percent.

Table 1.3 Estimated Change in Christian Percentage 2000-2025, by Country

Country	Percentage Christian 2000	Percentage Christian 2025	Percentage Growth/Decline (2000-2025)
Angola	94.1	97.4	3.3
Benin	28.5	34.7	6.2
Botswana	59.9	66.4	3.7
Burundi	91.7	93.8	2.1
Cameroon	54.2	60.6	6.4
Cape Verde	95.1	99.9	4.8
Central African Republic	67.8	71.3	3.5
Chad	22.8	22.7	-0.1
Comoros	1.2	1.5	0.3
Congo-Brazzaville	91.2	90.7	-0.5
Côte d'Ivoire	31.8	34.6	2.8
Democratic Republic of Congo	95.4	96.3	0.9
Djibouti	4.5	4.1	-0.4
Equatorial Guinea	88.4	89.2	0.8
Eritrea	50.4	50.9	0.5
Ethiopia	57.7	59.4	1.7
Gabon	90.6	89.6	-1.0
Gambia	3.9	3.8	-0.1

(continued)

Ghana	55.4	59.9	4.5
Guinea	4.0	4.6	0.6
Guinea Bissau	13.2	15.2	2.0
Kenya	79.3	82	2.7
Lesotho	91.0	94.2	3.2
Liberia	39.3	43	3.7
Madagascar	49.5	51.8	2.3
Malawi	76.8	79	2.2
Mali	2.0	2.2	0.2
Mauritania	0.3	0.2	-0.1
Mauritius	32.6	35.6	3.0
Mozambique	38.4	42.5	4.1
Namibia	92.3	90.8	-1.5
Niger	0.6	0.6	0.0
Nigeria	45.9	47	1.1
Rwanda	82.7	86.8	4.1
Sao Tome & Principe	95.8	94.7	-1.1
Senegal	5.5	6.2	0.7
Seychelles	96.9	95.9	-1.0
Sierra Leone	11.5	13.2	1.7
Somalia	1.4	0.7	-0.7
South Africa	83.1	83.2	0.1
Sudan	16.7	18.4	1.7
Swaziland	86.9	89.2	2.3
Tanzania	50.4	56.1	5.7
Togo	42.6	48.9	6.3
Uganda	88.7	92.0	3.3
Zambia	82.4	87.8	5.4
Zimbabwe	67.5	73.9	6.4
Average Percentage Change			**2.2**

Countries in boldface were majority Christian in 2000.

Source: Calculated by author from data from Barrett, Kurian, and Johnson 2001

Africa's population growth explains much of this increase (Jenkins 2007, 105). Some countries with the highest predicted growth rates in Christians such as Benin, Mozambique, Rwanda, Tanzania, Uganda, and Zambia have high fertility rates (when defined as the average number of births per woman).[12] By 2025, Nigeria, Ethiopia, Democratic Republic of Congo, Sudan, and Uganda will be among the top twenty-five most populous countries in the world. Nigeria will have over 200 million inhabitants, and Ethiopia, over 100 million (Jenkins 2007, 99).

Yet, demographic change does not provide the full explanation for the increases found in Table 1.3 (Jenkins 2007, 85). The rise of religiosity is a historic theme in Africa. Economic downturns, political uncertainty, colonial repression, and disease have contributed to religious movements, such as Alice Lenshina's *Lumpa* movement during Zambia's period of decolonization or the rise of Nigeria's *Aladura* healing churches during the devastating 1918 influenza epidemic (Becker and Geissler 2007; Gifford 1998, 32; Jenkins 2007, 60). In one sense, the increase in Christianity can be situated in the current context of a weak African state which cannot provide adequate services to its citizens. With Africa becoming increasingly urban, churches may be the only institutions that reach out to those living in squatter communities. In the Kibera slum of Nairobi, for example, there are over three hundred churches for the 600,000 inhabitants that live in an area the size of New York City's Central Park (Bodewes 2009). As Philip Jenkins (2007, 90) writes, "To be a member of an active Christian church today might well bring more tangible benefits than being a citizen of Nigeria."

It is more than just the fact that churches provide believers with services or establish themselves in unfriendly environments. Through their activities and biblical messages, churches provide an alternative vision that contrasts with modernization and capitalism, forces viewed as isolating, violent, amoral, and demonic. Churches strive to build a new and different community (Dilger 2007). The message that an all powerful God controls the world appeals to many Africans who daily face poverty, disease, and death (Gifford 2004). Moreover, some of the independent churches that emerged in the post-colonial era have played a crucial role in shaping the lives of youth and women, two groups in society negatively affected by capitalism (Jenkins 2007, 88, 150; Sackey 2006).

Christian belief is also situated within a larger African worldview that does not separate the spiritual and temporal worlds. This perspective means many Africans see failed governance and poor economies as "signs" that Satan is working to destroy God's world. Christianity is a means to deliver the continent from these forces (Gifford 2004; Jenkins

2007, 145). The language of spirituality is an idiom that resonates with African society's focus on healing, holistic well being, prophecy, and ancestor veneration (Ellis and ter Haar 1998). African Christians pray to a God of power, one who can bring concrete changes to their lives and who combats evil spirits in their present world and in the next (Bornstein 2005). In contrast, Western Christians often emphasize God's compassion and forgiveness.[13] Spirituality is an issue that has divided African and Western churches since the arrival of the European missionaries, with Europeans (guided by rationality) perceiving a constant struggle with the evils of fatalism, superstition, and witchcraft (Jenkins 2007, 143). For Africans, however, the spiritual realm cannot be denied as a crucial component of one's Christian faith.

African Christianity is extremely heterogeneous. Classification schemes can be somewhat tedious, and some scholars have rejected them because of their limited explanatory power (Sackey 2006, 27; Jenkins 2007, 100-105; Kalu 2008, 75). In this book, I refer to some of the major categories of churches, although I do not explain differences in church responses to AIDS merely in light of this categorization. Because readers may lack an overall familiarity with the basic types of African Christian churches, Table 1.4 provides broad categories using the work of Paul Gifford (2004, 20). Christians comprise a majority of the population for countries in bold type. Using data from the *World Christian Trends* and the *World Christian Encyclopedia*, the most authoritative sources on global Christianity, the table provides very rough estimates for the number of adherents in six major categories. The first, Orthodox, includes the ancient Ethiopian Orthodox Church and various Orthodox churches brought by African Americans, North Africans, and Greeks to southern Africa. Orthodox believers are situated in the Horn of Africa, with their largest populations in Eritrea and Ethiopia.

Table 1.4 Estimated Number of Christians in Major Church Categories, by Country

Country	Total Population	Orthodox	Catholics	Old Mission Protestants (Mainlines)	New Mission Protestants (Faith-Mission & Pentecostals)	Old Independents (African Indigenous)	New Independents (Neo-Pentecostals & Charismatics)
Angola	12.9 m	0	9	2 m	414,000	320,000	846,000
Benin	6.1 m	0	1.3 m	230,000	84,000	57,000	153,000
***Botswana**	2.2 m	120	60,000	79,000	29,000	224,000	479,000
Burkina Faso	12 m	0	1.1 m	799,000	635,000	29,000	56,000
Burundi	6.7 m	1,400	3.82 m	800,000	497,000	20,000	19,500
Cameroon	15 mil	1,200	4 m	3.1 m	99,000	257,000	326,000
Cape Verde	427,000	0	417,000	15,000	499	0	13,600
Central African Republic	3.6 m	0	664,000	521,000	0	140,000	257,000
Chad	7.6 m	0	502,000	782,000	17,000	0	82,000
Comoros	593,000	0	5,700	900	0	0	362
Congo-Brazzaville	2.9 m	400	1.45 m	500,000	53,000	190,000	339,000
*Côte d'Ivoire	14.7 m	20,000	2.18 m	760,000	216,000	580,000	807,000
***Democratic Republic of Congo**	51.6 m	8,100	26.3 m	10.6 m	78,000	7.5m	14.9 m
Djibouti	637,000	19,000	8,800	240	0	0	16
Equatorial Guinea	452,000	0	391,000	15,000	3,300	4,000	11,100
Eritrea	3.85 m	1.77 m	130,000	22,000	0	0	3,300
Ethiopia	62.5 m	22.8 m	450,000	8.5 m	1 m	320,000	741,000
Gabon	1.22 m	0	745,000	233,000	12,000	150,000	35,600
*Gambia	1.3 m	450	31,000	6,400	197	2,000	9,100
Ghana	20.2 m	1,600	1.9 m	3.8 m	858,000	630,000	2.73 m
Guinea	7.4 m	0	117,000	70,000	8,000	10,000	41,900
*Guinea Bissau	1.2 m	0	141,000	9,800	347	0	29,100
Kenya	30 m	740,000	7 m	9.4 m	2 m	6m	4.5 m
Lesotho	2.1 m	0	806,000	381,000	25,000	180,000	248,000
Liberia	3.1 m	0	150,000	464,000	152,000	200,000	318,000
Madagascar	15.9 m	4,400	3.6 m	4.33 m	15,000	65,000	251,000
Malawi	10.9 m	4,400	2.7 m	2.37 m	130,000	2m	1.46 m
Mali	11.2 m	0	125,000	82,000	1,600	2,000	15,000
*Mauritania	2.67 m	0	4,000	600	0	1,000	1,900

Mauritius	1.15 m	0	310,000	115,000	112,000	0	3,000
Mozambique	19.7 m	0	3.1 m	1.89 m	684,000	780,000	1.4 m
Namibia	1.72 m	0	306,000	851,000	23,000	120,000	119,000
*Niger	10.7 m	0	19,000	13,000	526	4,000	24,000
Nigeria	111.5 m	3,100	13.4 m	34 m	3 m	6 m	23 m
Rwanda	7.73 m	2,000	3.9 m	2.2 m	636,000	5,000	97,000
***Sao Tome & Principe**	147,000	0	110,000	5,400	3,900	0	14,000
*Senegal	9.5 m	0	440,000	9,900	3,200	500	13,000
Seychelles	77,400	0	70,000	7,100	790	0	50
Sierra Leone	4.85 m	610	169,000	196,000	25,000	36,000	151,000
*Somalia	7.26 m	91,000	200	1,100	0	0	6,800
***South Africa**	40.3 m	150,000	3.35 m	15.1 m	1.77 m	13m	17 m
Sudan	29.5 m	160,000	3.1 m	3.1 m	7,200	70,000	130,000
***Swaziland**	1 m	0	54,000	193,000	53,000	300,000	455,000
Tanzania	33.5 m	12,500	8.2 m	8.1 m	1.4 m	700,000	630,000
Togo	4.6 m	0	1.1 m	480,000	87,000	18,000	110,000
Uganda	21.8 m	32,000	9.1 m	9.2 m	371,000	150,000	760,000
Zambia	9.1 m	6,400	3 m	2.92 m	311,000	215,000	1.3 m
***Zimbabwe**	11.7 m	6,000	1.1 m	1.72 m	164,000	3 m	4.5 m

m= million
Countries in boldface are majority Christian.
Countries with an asterisk (*) have more neo-Pentecostal and charismatic Protestants than mainline Protestants.

Source: Barrett, Kurian, and Johnson 2001; Barrett and Johnson 2001b, 412-413, 428-429.

The second and third categories—Catholics and the Old Mission Protestants, or the mainline Protestant denominations, such as Anglicans, Methodists, and Presbyterians—were introduced by European colonists.[14] Although Africans had already been exposed to Christianity in places like Ethiopia before the scramble for Africa, the European effort was the first widespread attempt to evangelize the continent. Missionaries established health clinics, hospitals, and schools alongside their churches, and they educated many of Africa's first post-colonial leaders. In a classification schema, Catholics are relatively easy to delineate, because of the church's clear hierarchical structure and its links to papal policies. Catholics comprise a sizeable share of the Christian population in Uganda, Kenya, Angola, Mozambique, and Nigeria.

Most mainline Protestants are organized at the country level in denominations; each congregation may make specific decisions about personnel, worship, and programs, but denominations often set broader policies on issues such as pastor ordination. Many mainlines have retained ties to the church in the former colonial country through global institutions, such as the World Lutheran Federation, the Anglican Communion, or the World Communion of Reformed Churches.[15] However, recent disputes between the more conservative African wings and more liberal Western branches within the same church communion, particularly over gender\and sexual orientation, threaten these global ties. For example, in 2005, the Anglican Church in Nigeria broke ties with the Church in Canterbury, the head of the Anglican denomination worldwide, over the issue of ordaining homosexual clergy (Jenkins 2007, 238). Chapter 5 illustrates that these ideological divisions have the potential to create new coalitions between African and Western churches on certain issues, including AIDS.

The fourth category, the New Mission Protestants, includes older Pentecostal churches and the Wesleyan holiness and Calvinist-leaning, conservative churches. Both of these church types have some ties to the West. The Pentecostals were introduced by North American churches that emerged after the Azusa Street Revival in Los Angeles in 1906. Every Pentecostal church emphasizes that God works actively in all areas of life through the Holy Spirit. Pentecostal worship stresses gifts of the Holy Spirit, such as speaking in tongues (glossolalia), healing, and prophesy. Socioeconomically, African Pentecostals differ from Pentecostals in the West and Latin America, regions where they tend to have lower income and educational levels than other Christians. Instead, African Pentecostals are representative of all economic and educational levels (Pew Forum 2006). Examples of the older, established Pentecostal

Churches include the Assemblies of God, the Church of Christ, and the Apostolic Faith Mission.[16]

More conservative churches without the spirit-emphasis of the Pentecostals came to Africa at roughly the same time. Often calling themselves "faith" missions, many were not closely tied to Western denominations. They stressed morality and disciplined living, and they often read the Bible literally. They tended to distance themselves from the problems of the world, and often viewed African cultures and languages as hindrances to spreading God's word. Examples include the Sudan Interior Mission in West Africa, a US-Canadian non-denominational mission, and the Baptists in the Yoruba lands of Nigeria, which had roots in the Southern Baptists of the United States.[17] Their goal was to spread the Gospel, and they often shunned engagement in health and education efforts, unless the programs helped to win converts (Cooper 2006).

The fifth group is the Old Independents, a collection of churches that were either break-off organizations from Western mission churches or independently established, usually by a dynamic prophet. Examples include the Church of the Lord (*Aladura*) in Nigeria, the *Kimbanguists* in Congo, and the many Zionist churches found throughout southern Africa.[18] Part of the problem with fitting these groups into a typology is that some of the other churches question whether these movements are truly Christian. For example, the World Council of Churches debated for years before allowing the *Kimbanguists* into the organization, because the church's founder Simon Kimbangu claimed to be divine. These spirit-filled movements had no links to the Azusa Street Pentecostal experience, making it impossible to state that Pentecostalism or holiness churches came to Africa only from the West (Kalu 2008, 14). Unlike the mission-introduced churches which were perceived as instruments of colonial authority, these churches' independence made them attractive to Africans. They allowed Africans to hold positions of power as pastors, teachers, elders, and deacons, and they sought to blend the Gospel with African cultures and traditional religious practices such as healing, ancestor worship, and acceptance of polygamy, activities which the mission churches shunned (Sackey 2006; Phiri 2001, 23). Their worship incorporated drums and movement, linking it more closely to traditional African religious ceremonies (Omenyo 2008). Over time, many of these indigenous revival groups developed links to classical Pentecostal organizations, had members who founded new spirit-filled churches, and in some countries, experienced state repression. Some, though, have kept a unique emphasis in one part of their ministry, such as spiritual healing or cleansing believers from witchcraft curses. In contrast to the

final group in Table 1.4 (the New Independents), they have tended to remain more tied to rural, traditional ways.

The New Independents, comprised of neo-Pentecostals and charismatic churches, are urban based and have not shunned modernity. They utilize technology, engage in consumerism, and embrace the opportunities of the marketplace. Because segregating the neo-Pentecostals and charismatics is difficult, I focus on the neo-Pentecostals.[19] As the fastest growing sub-set of Protestants, they will have nearly 115 million more members in sub-Saharan Africa than the mainline Protestants by 2025 (Barrett and Johnson 2001a, 29). While it is increasingly difficult to delineate these new Pentecostal churches from their earlier counterparts, these new churches exhibit four common traits. First, their charismatic pastors are adept at using media; many of them have TV and/or radio shows. Second, the churches emphasize their international reach, with many establishing branches in other countries. They have located Western partners to sponsor their schools and socioeconomic projects, and they have created international fellowships such as the Full Gospel Men's Fellowship. Third, some of these churches have become massive organizations that include more than Sunday services; as they have branched out into education and service provision, they have required greater church hierarchy (Kalu 2008, 18-19). These mega-churches also provide jobs for members, through building projects and church plantings (Omenyo 2008).

The fourth trait is that many (though not all) preach "prosperity gospel," which stresses that "Christianity entails success" and that "believers have the right to the blessings of health and wealth won by Christ" (Gifford 2004, 48). These messages appeal to predominantly urban populations, who have felt the daily strain of urban problems such as crime and overcrowding, unemployment, and limited state provision of such basic services as water and sanitation. In tough urban environments, poor and middle class African Christians look to God's power to deal with the material challenges that accompany globalization, migration, and capitalism. Although it was partly replaced in the 1990s by a Pentecostal focus on holiness and increased evangelism, prosperity gospel remains an important theme found in newer Pentecostal churches and more broadly, among African Christians (Pew Forum 2010).

In reality, the categories outlined in Table 1.4 do not capture the complexity of African Christianity. Churches change, adapting to new environments and adopting some of their competitors' worship elements and programs. Africa's religious scene experiences continuous hybridization (Meyer 2004, 452; Omenyo 2008; Sackey 2006). Neo-

Pentecostals have led the mission churches to incorporate media, music, drumming, and lively preaching into worship, and they have caused an estimated forty million mainline and Catholic Africans to identify themselves as "charismatic" within their own church traditions (Pew Forum 2006). But the most obvious effect is that the urban-based neo-Pentecostal and charismatic churches have drawn members from both the old and new mission-introduced Protestant churches (Hendricks and Erasmus 2001, 54). Table 1.4 shows that in the thirteen countries with an asterisk, neo-Pentecostals and charismatics outnumber mainline Protestants. Only six of the thirteen countries are majority Christian. The New Independents are making inroads where there had not been a strong Christian tradition, although in some places (e.g., Mauritania and Niger), these populations remain quite small.

Catholics and the mainline Protestants have influenced the New Mission Protestants and the New Independent churches in the areas of service provision and church formal hierarchy. Mainline Protestant and Catholic churches have a long history of social service delivery, partly rooted in their theologies and partly situated in the pragmatic need to attract members when they first came to Africa (Cooper 2006). In contrast, Pentecostals were often viewed as "other worldly," too concerned with the spirit world to devote energy or resources to problems in their current environment. In roughly the last decade, it has become more difficult to delineate Catholic and mainline Protestant churches from new and older Pentecostal churches in terms of their social outreach efforts. For example, the Full Gospel Bible Fellowship Church in Tanzania provides a ministry program to those with HIV/AIDS (Dilger 2007, 59), while Ghana's Church of the Pentecost has set up schools and a university (Omenyo 2008). These "progressive Pentecostals" have reached beyond their own congregants into the community; in doing so, they have accessed global resources and built ties to state officials (Miller and Yamamori 2007). In terms of church formality, some Pentecostal churches also have copied the hierarchical organization of the Catholics and Old Mission churches, and taken on the use of vestments and titles for church leaders (Kalu 2008).

Before leaving this section, I must devote some attention to the terms evangelical and fundamentalist. Paul Freston (2001, 2) uses four criteria to define evangelicals, who can be from any denomination: (1) conversion—emphasis on the need for change of life or being "born again"; (2) activism—evangelism and missionary efforts; (3) Biblicism—the centrality of Scriptures; and (4) crucicentrism—emphasis on the central role of Christ's sacrifice on the cross. Most social scientists define evangelicals as those individuals who self-identify as

such (Emerson and Smith 2000, 3). Based on these criteria, many African Christians could be considered evangelical, although some scholars debate the inclusion of the Old Independent churches, such as some Zionists, in this category (Ranger 2008, 5). Use of the term evangelical is complicated by its close link to American politics. As a relatively distinct segment of American society, evangelicals have tended to take politically conservative positions on abortion and homosexuality and have often voted for Republican candidates (Guth et al. 2001; Paul B. Henry Institute 2009).[20] Yet, since most African Christians are socially conservative, this politically oriented definition of the term is not helpful. Because of the word's limited usefulness in the study of African churches and because of its links to American politics, I use the word in two limited contexts: (1) to refer to American churches that have explicitly sought to spread the Gospel in Africa after independence and more recently, have tried to influence donor AIDS programs; and (2) to cite other scholars' use of the word.

The term fundamentalist has been used to refer to individuals of almost any religion (e.g., fundamentalist Muslim, fundamentalist Jew). Historically, Christian fundamentalism was a movement in American Protestantism during the early twentieth century that reacted to secularism, scientific teachings on evolution, and perceived liberal influences in basic Christian doctrines (Wheaton College 2008). More broadly, Christian fundamentalists believe that the Bible is inerrant. Yet, Paul Gifford (1998, 42) writes that "almost all African Christianity is fundamentalist," since most African Christians approach the Bible rather uncritically. Because Africans rarely utilize the term and because it is often used pejoratively to indicate religious people who lack education or discernment, I avoid the word (see Ellis and ter Haar 1998, 182).

Churches as Civil Society Actors… And More

Many students of African politics and society have examined churches through the lens of the civil society paradigm. Rooted in pluralist understandings of politics, this paradigm gained prominence in the 1980s as donors and scholars looked beyond the often corrupt and inefficient African state for agents of political change and socioeconomic development (Gifford 1998, 19; Bratton 1989; Harbeson, Rothchild, and Chazan 1994, 9). Pluralists view the state to be an arena devoid of interests in which organizations compete to achieve benefits; politics is a zero-sum game, with different groups winning at different times. Pluralists often assume that while groups may differ in resources and power, no group can become too powerful because the association

builds cross-cutting ties in society (Gyimah-Boadi 2004, 112; Dahl 1956; Truman 1951).

Alan Fowler (1997, 8) defines civil society as the array of people's organizations, labor unions, guilds, development organizations, women's groups, community-based organizations, and religious associations that are situated between the state and the family. These groups may be formal or informal and they are not established to make profits. Some civil society scholars (Bratton 1989; Gyimah-Boadi 2004, 100-108; Skillen 2004, 21) assert that individuals form autonomous organizations to hold government accountable, to influence policy, to provide needed services to society, to get their members elected (or appointed) to positions of power, and/or to carry out a mission that members support. Civil society advocates assume that such groups understand citizens' concerns and represent their perspective because they are rooted in communities (Harbeson, Rothchild, and Chazan 1994, 22).

Some scholars view churches as simply another type of civil society group, albeit a powerful type (Joseph 1993, 231). Daniel Philpott (2004) details how the Catholic Church spoke out against human rights abuses and poor governance in Malawi in 1992; Tristan Borer (1998, 2, 151) explains that the South African Council of Churches mobilized the global church to challenge apartheid. Churches also supply essential services. It is estimated that religious groups provide between 40 percent and 70 percent of health care in sub-Saharan Africa (Haynes 2007, 172; WHO 2007). Because of their ties to communities, religious organizations are the most trusted organizations in African civil society, with 76 percent of respondents in nineteen countries saying they had confidence in these groups. (This number contrasts with the 44% who trust national governments.) (Gallup News Service 2007)

Yet pluralist understandings of churches as civil society actors do not fully illuminate the churches' role in African politics for three reasons. First, because pluralism asserts that the state has no class, racial, religious, or ethnic interests (Kasfir 1998, 7), the paradigm draws a sharp line between the state and civil society. At times, this division may be accurate, as the state attempts to control, co-opt, or repress civil society groups, and civil society publicly confronts the state. Yet, this division does not capture the fluidity between the state and society or between religion and politics (Azarya 1988; Jenkins 2007, 163). Liberia before civil war broke out in 1989 exemplifies the blurred and constantly changing line between religion and politics: political success required membership in a prominent church and "Christianity [became] part of the structures of oppression" (Gifford 1998, 53).

Second, because it is rooted in Western liberalism's focus on autonomy and rationality, the pluralist view that underlies the civil society paradigm does not take into account the norms, beliefs, and values that shape organizations. This is problematic for the study of religion and politics, since "a church's teachings cannot be entirely left aside [in any analysis of churches as political actors since] religion provides definitions, principles of judgment and criteria of perception" (Gifford 1998, 26). A pluralist focus on politics as a zero-sum game may not resonate with religious worldviews that urge believers to strive for peaceful conflict resolution, unity of purpose, and respectful dialogue (Thomas 2005, 212).

Third, pluralism assumes that organizations are bounded entities with members who have a sense of collective identity. The civil society paradigm takes for granted that an already existing collective identity pushes a common agenda for these non-state actors. The paradigm does not investigate the contentious process of group identity formation, yet the tensions embedded in this process affect how (or if) religious groups will mobilize on the issue of AIDS. As Alberto Melucci (1996, 83) writes, "Collective identity, the construction of a 'we', is . . . a strong and preliminary condition for collective action." Because AIDS is tied to questions about morality, relationships, biblical commands, and social justice, the definition of the "we" can be a process influenced by emotion, symbolism, and power inequalities. The pluralist approach to state-church relations may be too static to elucidate this dynamism.

In summary, churches are similar to other civil society organizations in many ways. As one donor official in Zambia pointed out, many of the tasks that churches perform—representing grassroots constituencies, caring for the poor, and challenging the state to be accountable—are things that other civil society groups can do (Interview 13). Yet, church members and leaders view religious organizations as distinct entities that rise above pluralist politics. Throughout my research, interviewees repeatedly asserted that churches have a deep commitment to communities, operate with higher standards, foster hope among the sick and downtrodden, strive for consensus in politics, and do not abandon poor communities in tough times (Interviews 4, 17, 19, 25, 54, 57). While many of these respondents have a biased perspective, their arguments cannot be ignored since they motivate participation in church activities, including AIDS actions. Throughout this work, I consider the ways churches both resemble and differ from other civil society actors in the AIDS fight.

Religion and Development: A New Approach

Since the end of the Cold War, development scholars have paid more attention to religion.[21] To understand this changed perspective, it is important to highlight some elements of modernization theory, the dominant development paradigm from the 1950s until the 1980s. First, modernization theory argued that traditional and religious beliefs would become less important as modern (i.e., Western) education fostered rational decision making in poor countries. Over time, more of the world's people would live in secular environments, and religion, if it existed at all, would be relegated to the private realm (Cox 1968). As the statistics presented earlier demonstrate, this has not occurred and "the world today is as furiously religious as it ever was" (Berger 1999, 3). In fact, because of the global growth of Islam and Christianity, the world is becoming more religious. Atheists and nonreligious individuals were 19 percent of the global population in 1970; by 2025, they are predicted to be 13 percent (Barrett and Johnson 2001b, 4).

Second, modernization theory assumed a secular state would direct a country's development process (Huntington 1968). Yet, state-driven development has not met Africans' expectations; many countries suffer from high debt, dilapidated (or nonexistent) public services, weak governance, and pervasive poverty (Englebert 2009). The rise of military regimes, one-party states, and dictators in many African countries during the 1970s, with the massive corruption and human rights violations that often accompanied these regimes, caused donors to re-evaluate their focus on state institutions as engines of development.

Third, modernization theory touted capitalism, but many Africans believe that the neoliberal structural adjustment policies adopted since the 1980s have had negative consequences. Trade liberalization, privatization, government retrenchment, and cuts in health and education services have contributed to rural-to-urban migration, international migration, unemployment, social pessimism, isolation, and household hardship. They also have not adequately addressed social inequality, poverty, and hunger (Tripp 1997; Manuh 2005, 43; Overa 2007; van de Walle 2001; Moss 2007). While the reasons for these failures are beyond this book's scope (see van de Walle 2001; Stiglitz 2006), it is important to recognize that their failure called into question the inordinate focus on macroeconomic, neoliberal policies that were rooted in the Western development experience (Haynes 2007, 9). The limits of structural adjustment led Africans to look for new alternatives to the state for services, such as religious organizations (Jenkins 2007).

The limits of modernization led many donors to refine their perspectives. By the 1980s, donors had started channeling more funding to civil society organizations, which were perceived to be independent agents of positive political and economic change. Donors realized by the 1990s that faith-based groups, defined to be one component of civil society, had vastly under-utilized potential (Haynes 2007, 7). The difficulty of implementing structural adjustment policies made donors increasingly realize that the development process must engage cultural norms, moral and ethical issues, and local conceptions of political and spiritual power (Thomas 2005, 222). In 1998, the World Bank and the Anglican Church initiated the World Faiths and Development Dialogue, a conference to facilitate cooperation and discussion between donors and faith-based groups. Since then, the Dialogue has established a small organization that has become a voice on normative issues related to program design and service delivery (Marshall 2001; Haynes 2007, 63-64; Thomas 2005, 227-229).

In terms of AIDS, donors have paid more attention to religion since approximately 2001. In that year, all member states of the United Nations signed the Declaration of Commitment on HIV/AIDS at the General Assembly Special Session on HIV/AIDS. The declaration acknowledges that "religious factors" are crucial for HIV prevention and that faith-based organizations provide important leadership in the AIDS fight (United Nations 2001). At the session, faith-based organizations called for greater partnership with governments and international organizations (WCC 2001). Member states reiterated these points at the 2006 follow-up session of the conference.

Building on these actions, UNAIDS co-wrote a report in 2006 with Church World Service, the Ecumenical Advocacy Alliance, Norwegian Church Aid, and the World Conference of Religions for Peace that provides strategies for working with faith-based groups (Church World Service et al. 2006). UNAIDS also hosted a 2008 meeting where various UN agencies and faith-based groups developed a plan for future partnerships. The United Nations invited seventy-three faith-based groups (including forty-one from Africa) to participate in a June 2008 comprehensive review of progress on AIDS.[22] Finally, many 2008 UNAIDS country reports herald the work of faith-based organizations.[23]

Two major global programs that finance AIDS programs—the Global Fund to Fight AIDS, Tuberculosis (TB) and Malaria ("Global Fund") and the US President's Emergency Plan for AIDS Relief (PEPFAR)—demonstrate that donor attention to religion in the AIDS fight has moved beyond rhetoric to include substantial funding and institutions for decision making. Established at the 2001 UN Special

Session on HIV/AIDS, the Global Fund is not a programming entity, but a mechanism for raising and disbursing money. Countries, individuals, and corporations can donate to the Global Fund, which awards grants based on a proposal's technical soundness. Between 2002 and August 2009, the Global Fund had disbursed $8.3 billion to 141 countries in its first seven rounds of funding.[24] Sixty-one percent of these funds had gone for AIDS, 25 percent for malaria, and 14 percent for TB. Sub-Saharan Africa had received 57 percent of the total funds disbursed (Global Fund 2008c).

The biggest funding mechanism for AIDS in Africa is PEPFAR, which provided over $18 billion between 2003 and 2008 for AIDS treatment, care, prevention, and support programs. During its first five years, PEPFAR concentrated its efforts on fifteen countries, twelve of which are in Africa.[25] Its 2003 authorizing legislation required that 55 percent of funding be used for AIDS treatment programs, 20 percent for HIV prevention efforts, 15 percent for care and support, and 10 percent for orphans and vulnerable children. It required that one-third of the HIV prevention money go to programs that teach sexual abstinence and fidelity.[26] In each country, American agencies, national ministries, and the PEPFAR coordinator set annual targets for treatment, care, prevention, and health care capacity building. Some critics initially complained that the Office of the U.S. Global AIDS Coordinator in Washington had a bigger role in setting targets than national governments and that PEPFAR did not consult civil society representatives or other donors working in the focus country. As PEPFAR programs became more established, this particular criticism lessened (Patterson 2006, 144).

In July 2008, the US Congress reauthorized PEPFAR for an additional five years for $48 billion, including $5 billion for malaria and $4 billion for TB. While it retained the 10 percent earmark for spending on orphans and vulnerable children, the reauthorization provided greater flexibility for some of the other targets. In terms of prevention funding, it does not set specific levels for spending on abstinence and fidelity programs, but it does require a country to report to Congress if this spending falls below 50 percent of prevention monies. It requires that at least 50 percent of funding be allocated for treatment and care. It also increases spending to monitor and evaluate programs, and to train 140,000 health care professionals (UCSF 2009).

Unlike the Global Fund, PEPFAR has no formal procedure for incorporating civil society organizations (including faith-based groups) into its decision making. Yet, faith-based organizations have benefited from PEPFAR funding. In 2005, roughly 20 percent of PEPFAR grants

went to faith-based organizations (Patterson 2006, 152). This percentage mirrors broader patterns in US foreign aid. In 2006, the *Boston Globe* analyzed 52,000 contracts, grants, and cooperative agreements by the US Agency for International Development (USAID). In 2001, 10.5 percent of USAID dollars went to faith-based organizations; by 2005, this percentage was 19.9.[27] Ninety-eight percent of the USAID money to faith-based organizations has gone to Christian organizations. Most grantees such as World Vision or Catholic Relief Services have years of development experience. Since these international faith-based organizations usually provide sub-grants to African partner churches and community groups, the increased US money to religious organizations has meant African churches have more access to donor funding. Since PEPFAR has pumped millions into AIDS, much of this money for religious groups is slated for programs related to the disease.[28] With the start of the "New Partners Initiative" in 2006, some African faith-based and community organizations also have obtained smaller grants directly from PEPFAR (PEPFAR 2006).

The focus on religion in development has led to greater attention to faith-based organizations in the AIDS fight. As Chapter 4 illustrates, some of these groups have become incorporated into AIDS decision making through Global Fund institutions and national AIDS commissions. Some also have received funding through the Global Fund and PEPFAR. The efforts of UNAIDS, the Global Fund, and PEPFAR are rooted in the growing realization that religious institutions have a role to play in the AIDS fight. Chapter 5 explores the implications of this move for church AIDS activities, church-state relations, and churches themselves.

The Method

This chapter introduced the AIDS issue, highlighting reasons that churches have an interest in the disease and its effects on African societies. It then situated African church actions on AIDS in light of three larger phenomena: the growth in African Christianity; the tendency to view churches as synonymous with other civil society organizations; and increased donor interest in and funding for religious groups in development. The chapter demonstrated that the rise of new churches in Africa and the reform of established ones make the continent's religious landscape fluid. Pluralism tends to ignore the complexity of these religious organizations, and particularly how the secular and sacred realms interact. Greater attention to religion in development has fostered increased involvement of faith-based groups into the AIDS fight,

although sometimes this incorporation mirrors pluralist assumptions about religion and politics.

My analysis relies on three sources of data: personal interviews, newspaper articles, and church and donor reports. Between 2005 and 2010, I interviewed over sixty secular and religious AIDS activists, church leaders, donor representatives, and officials with international faith-based organizations in Zambia, Ghana, Kenya, and the United States. Because interviewees were assured of their anonymity, the List of Interviews identifies respondents only by their type of organizational affiliation. These open-ended interviews demonstrate the complexity of church actions on AIDS, and I utilize their insights throughout the book. I also examined African newspaper articles from January 1995 to June 2008 for the twenty-six countries with a Christian majority (see Table 1.1). I conducted a LexisNexis Academic database search using the terms "churches" and "HIV/AIDS." Some countries such as Kenya, Uganda, and South Africa had huge numbers of articles, although not all were relevant. Many stories described the speeches of government and religious leaders, but far fewer described specific church actions on AIDS. This pattern results because news organizations can easily (and cheaply) cover speeches. But it also reflects the nature of African politics, in which individual state and civil society leaders shape political agendas and power centralization heightens the importance of leaders' rhetoric (Hasty 2005, 18, 49; van de Walle 2001). Religious leaders' public pronouncements provide insight into church responses to AIDS. While sometimes confrontational, the speeches are more likely to use praise and persuasion to change public attitudes and policies. These public statements also hint at church activities during private discussions with policymakers.

I acknowledge the limits of using newspapers for data. Not all African newspapers are indexed in LexisNexis, and news sources for Francophone countries are underrepresented. Journalists and editors act as gatekeepers, so not everything churches do or say is covered. The Catholic and mainline Protestant churches are more likely to receive coverage, since their longer histories and well-developed national institutions facilitate ties to news organizations and they often have public relations offices. However, in the age of cheap media technology, more independent media outlets, and the internet, this advantage is disappearing. Leaders of the New Independent Churches are increasingly covered in the news and many have their own websites and online newsletters. Despite these problems, news articles make it possible to discern patterns in church responses to AIDS.

The next chapter begins with a typology of church reactions to AIDS based on timing and scope. I use several cases to illustrate the typology, although I acknowledge that in reality, there is fluidity and dynamism in churches' AIDS actions. Chapters 3, 4, and 5 examine the factors that explain various church reactions to the disease. The book reveals the diversity and complexity not only of church reactions to HIV/AIDS, but also the reasons for those actions.

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[1] Positive assessments of church involvement on AIDS include Parry 2003; Dilger 2007; Green and Ruark 2008; Global Health Council 2005. Negative assessments include Marshall and Taylor 2006; Fenio 2005; Haddad 2002. Ambivalence about churches in the AIDS fight is evident in Krakauer and Newbery 2007 and Haynes 2007. Several major works on AIDS in Africa by social scientists have ignored churches (see Barnett and Whiteside 2002; Poku and Whiteside 2004; Hunter 2003; Patterson 2006).

[2] See http://www.livinghopeusa.org for more on the Living Hope Community Centre.

[3] Specific biblical references include Luke 18:35-42, Luke 8:43-48, Luke 5:12-15, and Luke 5:17-20.

[4]Specific biblical references include 1Timothy 5:30, Mark 9:36-37, and Luke 18:3.

[5] The countries included in the survey were Côte d'Ivoire, Senegal, Ghana, Ethiopia, Kenya, Uganda, Tanzania, Nigeria, South Africa, and Mali. Respondents were given a list of problems to rank order. Other problems mentioned were crime, illegal drugs, corrupt leaders, immigration, pollution, schools, drinking water, conflict, and emigration (Kaiser Family Foundation and Pew Forum 2007).

[6] Interviewees were assured that they would not be identified in any publications. See the methodology section at the end of the chapter.

[7] Author conversation at the Network for African Congregational Theology Conference on AIDS, Poverty, and the Church in Africa, Lusaka, Zambia, August 4-11, 2007.

[8] For example, Muslims in Ghana and Kenya dispute reports about the size of the Christian population in each country (see US Department of State 2008a).

[9] Circumcision appears to protect against HIV infection in several ways. The foreskin of the penis has a high number of Langerhans cells, a white blood cell which HIV targets; removal of the foreskin removes this entry point for the virus. Additionally, a circumcised penis develops a tough layer of skin that is harder for HIV to penetrate. Circumcised men are less likely to contract other sexually transmitted infections, which increase vulnerability to HIV (*Globe and Mail*, March 27, 2008).

[10] Protestant pastors and seminary professors echoed these ideas about Muslim control at the Network for African Congregational Theology Conference on AIDS, Poverty and the Church in Africa, Lusaka, Zambia, August 4-11, 2007.

[11] The 2025 estimates take into account the number of Christian births and converts minus the number of Christian deaths and defectors.

[12] Birth rates (or the number of births per woman) in 2005 for these countries were Benin (5.9), Mozambique (5.5), Rwanda (5.7) Tanzania (5.0), Uganda (7.1), and Zambia (5.7) (UNDP 2005, 234-235).

[13] This point was repeatedly stressed during a year-long academic reading group on African Christianity composed of African and American faculty at Calvin College, Grand Rapids, Michigan, 2008-2009.

[14] Mainline Protestants are sometimes referred to as orthodox churches. In this volume, I use the term orthodox to refer to the Ethiopian Orthodox Church and orthodox churches in southern Africa.

[15] The organization was formerly termed the World Alliance of Reformed Churches. It merged with the World Ecumenical Council in June 2010 to form the World Communion of Reformed Churches.

[16] Birgit Meyer (2004, 447-450) points out that some of these "established Pentecostals" have sometimes been termed "African Independent Churches," "African Indigenous Churches," or "Africa-Initiated Churches." (All symbolized by the acronym AIC.) To make matters more confusing, some scholars refer to indigenous churches such as the Zionists with the acronym AIC. In order to reduce confusion, I avoid using the acronym AIC. Additionally, the established Pentecostals are sometimes termed "first wave" charismatic churches to distinguish them from Pentecostal movements since the 1980s (see Barrett and Johnson 2001b).

[17] The Sudan Interior Mission is now called Serving in Mission.

[18] For information on these and other African indigenous, spiritualist movements, see Kalu 2008.

[19] These churches are sometimes called Pentecostal-charismatics or third wave Pentecostals.

[20] Some scholars and American evangelicals have asserted that the movement in the West has matured and diversified (Tippett 2008; George et al. 2008).

[21] Religion also has received more attention in the international relations field. Because I frame AIDS as a development issue, however, I focus on the incorporation of religion into the study of development (see Philpott 2004; Huntington 1991, 1996; Thomas 2005).

[22] The seventy-three invitees did not include faith-based groups that already have consultative status with the UN Economic and Social Council. Some denominations (e.g., Presbyterian Church-USA), ecumenical organizations (e.g., the World Council of Churches or the World Evangelical Alliance), and development organizations already had consultative status (for information on nongovernmental organizations at the United Nations, see http://www.un.org/esa/coordination/ngo). Information on invitees is derived from Director, Christian Connections in International Health, email correspondence, April 30, 2008.

[23] For example, reports from Zambia and Lesotho highlight specific actions of faith-based groups (see individual country reports at http://www.unaids.org/en/CountryResponses/Countries/default.asp).

[24] In 2009, the Fund reported that it had approved $18.7 billion in grants. However, because awardees must sign separate grant agreements and meet benchmarks for multi-year grants, disbursed and approved amounts differ (Global Fund 2009).

[25] The twelve African countries are Botswana, South Africa, Namibia, Zambia, Mozambique, Kenya, Tanzania, Rwanda, Ethiopia, Uganda, Nigeria, and Côte d'Ivoire. The 2008 reauthorization kept these focus countries.

[26] According to a health expert involved with PEPFAR in Côte d'Ivoire, even with this requirement, there were some PEPFAR country directors who successfully made the case to Washington that they needed to spend less on abstinence and more on condom distribution. Informal conversation with author, Accra, Ghana, August 20, 2008.

[27] Executive orders issued by President George W. Bush during 2001 made it easier for faith-based groups to apply directly to US agencies for funding (Black, Koopman, and Ryden 2004, 297).

[28] Not all African faith-based groups have been able to access PEPFAR funding, a point of contention among some churches and Muslim organizations.