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Culture and Condoms. Integrating approaches to HIV and AIDS

Experiences of mobilizing Christian and Muslim faith leaders to participate in the fight against HIV&AIDS

Standing together to fight a common enemy

Von Christo Greyling

Faith leaders of all religions are very important players in the field of addressing HIV and AIDS. Even Peter Piot, the retiring Executive Director of UNAIDS said at the World AIDS Conference held in Mexico in August 2008: "When I started this job I saw religion as one of the biggest obstacles to our work, but I have seen great examples of treatment and care from the religious community, and lately prevention."

This change in attitudes towards faith leaders is echoed in the experience of World Vision International working with faith leaders in its response to HIV and AIDS. Historically, we find that stigma in the context of HIV and AIDS used to be extremely high among faith leaders in high and low prevalence areas. Even today there is still a very strong correlation between HIV and something somebody has done wrongly. People living with HIV/AIDS must have sinned in some way that is why they contracted HIV.

A baseline study done by Word Vision international in rural communities in Zambia and Uganda looked at the prevalence of HIV/AIDS related stigma among Children (10-17 years). The results show, that both in Zambia and Uganda, a high percentage of children agreed that HIV AIDS is a punishment from God. Where would children get this idea from?

The same question was asked to faith leaders from both Christian and Muslim communities. The result showed that 84% of faith leaders in Uganda and 65% of faith leaders in Zambia agreed that HIV is a punishment from God. This is a strong underlying belief still existing in the community and prevents faith leaders from engaging actively in prevention and caring work. Even while caring for dying people or children orphaned by AIDS, they still directly associate HIV with sin.

"Those with HIV must repent"

The story of Pastor Thomas Lebiletsa from Lesotho underlines this. He said: "I would tell my congregation almost every Sunday, those with HIV must repent. You will come back to the church when your legs are as thin as the pole holding up this tent and ask for forgiveness… and I will be ready to conduct your funerals."

I am sure that Pastor Thomas did not say this to harm people, but to try to help people not to engage in sexual activity with the risk of getting infected. He actually wanted to prevent HIV. But the language he uses came across in such a stigmatizing way that the people who might have been in the audience would not come to him for support and care.

This underlying judgment apparent in the language used becomes very clear when they talk about "them" versus "us". They are not part of us, not part of the Christian community. Faith leaders talk about innocent victims versus those that guiltily brought it on themselves.

We find a strong tension between theology and practice. In some way faith leaders feel as representatives of God they have to say something to "protect" the values of faith. They do not think they can encourage the use of condoms as this would lead to an increase of sexual activities. Talking about condoms would make people think the pastor is compromising on this faith.

"Them" and "us"

The behavior of faith leaders is not so different from the behavior of people in the community. At the workshops with church leaders we usually do a highly confidential exercise in which participants are asked to put codes which apply to their own sexual experience. Be it Muslim or Christian – even high level Bishops – the results regarding their sexual activities are very much the same as in the community. This was a huge shock for the faith leaders. But it is an important process helping to understand that they cannot talk about "them", but only about "us". Pastors and imams are just as vulnerable to HIV infection as the rest of community.

It is surprising how little information and knowledge faith leaders even today have about HIV and AIDS. It is very basic: they know that it can be transmitted sexually, but have little technical knowledge going beyond that. Better knowledge would help them to engage in prevention or in rolling out a care and support programs effectively.

A very strong dualism persists among faith leaders who believe that their main task is spiritual nature. They fear to move outside typical the doctrinal thinking, as they fear to be labeled radical or secular, or that they would seen as compromising and weakening their faith's message.

We experiences that talking with faith leaders on HIV and AIDS opens a lot of possibilities and opportunities for partnership with faith based organisations on HIV prevention, care and support. A faith leader is an extremely good door opener. If the pastor or the imam of the congregation participates in the workshops, he goes through a process and starts to get a new vision. Local faith leaders are the ones that encourage their own congregation and community

right at the grassroot level. If a local faith leader is against it, he is a real blocker. That is why it is so important to get the local pastor or imam into the process. We witnesses amazing processes of change: an attitude change and a growing understanding for the need for comprehensive multi-faceted approaches that includes prevention and condoms as well. Local faith leaders become powerful change agents in the community.

Channels of Hope

The Channels of Hope (CoH) methodology is one of World Vision's core HIV and AIDS response models. In the first phase, faith leaders from a specific community walk through a three-day workshop where they are challenged to move towards compassionate involvement with HIV and people living with HIV. They start with "HIV and me…" a set of exercises addressing and changing attitudes. Then, the participants receive in-depth HIV and AIDS information. People living with HIV join and share their own experiences, especially people with faith. In a next step, the participants are introduced to a variety of faith responses to HIV prevention, care, and advocacy and are encouraged to link to "communities at work…"

Once faith leaders have been sensitised and mobilised, they develop their own congregational responses by integrating HIV messaging into existing ministry areas, such as worship services, youth, women's and men's ministries. The faith leader needs a team of people to work with him and is encouraged to form a leadership group within the congregation to address HIV in these different areas. It is important to link HIV interventions to existing community interventions, such as the Community Care Coalition. While linking to these processes it really starts to show some promising results.

"… unless my attitude changed"

Pastor Thomas Lebiletsa form Lesotho, after going through this sensitizing process, said that he is the one who has to repent: "I realized I hated people with HIV and I knew that those who were suffering because of the pandemic could never come to me for support even though I am a pastor… unless my attitude changed."

Pastor Thomas Lebiletsa now addresses HIV issues in his congregation more openly and in a non-stigmatizing way. He formed a leadership group. When he realized that there are children in the community orphaned by AIDS that stayed without shelter, he rebuilt a shelter and started feeding scheme out of his own kitchen. He later linked it to the Community Care Coalition which produces much better results.

Results from operations research underway in Uganda and Zambia have shown that Channels of Hope leads to significant reductions in stigma among participating faith leaders. In Uganda, faith leaders participating in the programme reported significantly less HIV-related stigma than faith leaders in the control group.

In comparison with faith leaders who have not been involved in the CoH process, the 2nd follow-up survey in Zambia also showed promising results. 100% of the faith leaders said that they now care for orphaned and vulnerable children, as compared to 65% who did not participate in CoH. Out of 78'000 Home visitors for orphaned and vulnerable children and/or chronically ill active, 44'120 are volunteers from Faith Based Organisation.

"Lawful and safe"

The prevention messages we often hear are very individualized messages: "God made you special… Choose life!" or "You are responsible for you own sexual health". Though these are good messages, they focus too much on individuals making a choice. However, people are not able to make the choice for his or her own sexual health if the social, political, religious, or economic environment is not conducive. As part of the Channels of Hope process faith leaders are asked to note down social or religious aspects as drivers of HIV. They also identify practices in their own community which could lead to possible infection. As they make this list and include eg. wife inheritance or female genital mutilation, a discussion is raised to identify what makes women vulnerable, what makes children vulnerable, what makes men vulnerable and what this leads to sexual infections. They then realize that they cannot only address these issues on a faith level or spiritual level: "If we do not address these aspects too, we are not doing our job as leaders." That's an aha! moment for them.

Another important aspect we find is important for faith leaders to understand is that there is a difference between practices which are lawful in God's eyes and practices which are safe. Canon Gideon Byamugisha, a church leader from Uganda who became the first African religious leader to openly declare his HIV-positive status, developed this framework. He said that not everything that is lawful according to theological understanding or acceptable is necessarily safe. Or: what is unfaithful or unlawful may not necessarily be unsafe.

The problem is that faith leaders only think about sexual practices as lawful and unlawful according to their theological understanding. But there are aspects in HIV prevention that are lying on the public health side on what is safe and what is unsafe. The ideal situation would be that people have sex in a way that would be lawful in God's eyes and at the same time be safe in term of public health practices. But there are a lot of people who would end up in a situation where their sexual practices would be unlawful und unsafe. It could be that people just don't care, are lacking information or they might be in a situation where they don't have a say. It is not just about a person refusing to listen to God's will or refusing to listen to public health messages. There is a big difference between refusal and failure, and a lot of people might be failing to listen to public health messages or to God's will not out of their own choice.

For a pastor or imam it is hard to understand why people are making a choice that is unlawful in God's eyes. But how could he help them to live a life without infecting others? There might be people engaging in sexual activities outside of marriage, or before marriage, but they use condoms and are saving a life. In this way the sexual practice is unlawful in God's eyes, but it is

safe in terms of HIV infection. There might also be people who are legally, lawfully married in a happy relationship, but they are still unsafe or at risk because one of the partners might not know that he is or she is HIV positive.

This exercise helps a faith leader to come to the point that he realizes that he has a role to play in all these different sectors. The outcome is that what is culturally, legally, religiously, or politically correct, acceptable or lawful may not always be safe in terms of HIV infection, transmission and prevention. And to be within God's will, the sexual practice must be lawful; to escape HIV infection the sexual practice must be safe too.

Searching for answers to six questions

One of the most difficult and challenging tasks is addressing condom use with church leaders. We have to bring in practice versus theology. In the training, we divide the participants in six groups, and each group gets questions which it has to answer with "yes" or "no".

Question 1, "should Christians/Muslims have sex outside or before marriage?" they easily answer with "no". *Question 2,* "Are Christians/Muslims having sex outside or before marriage?" is mostly answered with yes. *Question 3* is more controversial: "Should Christians/Muslims use condoms when having sex outside or before marriage?" The discussions and fight between the participants starts. *Question 4*, "does condom use fit within the Biblical/Quaranic perspective?" leads to a verbal fight, as some will say "yes", the others "no". *Question 5*, "should Christians/Muslims use condoms for prevention of HIV infections?" will again raise a lot of "yes" and quite a number of "no". *Question 6,* "can Christians/Muslims contract HIV when having sex outside, before or within marriage?" is obviously answered with "yes".

This exercise leads to tough discussions – and there are no easy answers. The faith leaders are left with their own discomfort. If this is the reality, shouldn't you know how to help a person who is in need to make a decision whether or how to use a condom or not? With the facilitation process we take them to the stage when they would say: yes, we need to have the full and correct information on condom use and want a demonstration.

It is very important that the faith leaders engage with one another in the discussion processes. Because it is in these discussions that they find out in what way they differ from one another, but also become aware where they themselves need to start to shift in their own thinking.

As a result of the trainings and discussions, there are a growing number of faith leaders who discuss HIV prevention with their congregation, including the use of condoms. During these discussions and activities many faith leaders realized their own risk for HIV and went for HIV-testing. Results from operations research in Zambia have shown increases in voluntary counselling and testing among participating faith leaders: 85% of the participants of Channel of Hope ever had a HIV test, as compared to 26% of other faith leaders.

Tough triggers and change

Some of the triggers that lead to tough discussion are linked to cultural issues:

• "If a particular way of doing things is part of our culture, we cannot say it is wrong because it is actually our culture that tells us what is right and what is wrong."
• "It is natural that men should have authority over women and that women are inferior to men."
• "A husband always has a right to have sex with his wife."
• "If it is part of our culture for people (particularly men) to have multiple sexual partners, you cannot say that this is wrong because it is actually our culture that tells us what is right and what is wrong."
• "It is time for the church to talk openly about masturbation
as a safe way of releasing sexual energy?"

These are issues that are never talked about, perhaps not even in our Western society within the church community.

Addressing sensitive cultural and religious issues

An important lesson we learnt is that we need a trained facilitator to engage faith leaders in these process, someone who knows how to facilitate these highly sensitive issues. Not just anyone can pick up a manual and go and do this, as it might harm people in the process in addressing these sensitive cultural and religious issues.

Another important point is the inclusion of people living with HIV to help people shift in their thinking – especially people of faith living with HIV who can share their stories from their own faith perspective.

Another lesson we learnt is that addressing very sensitive cultural issues might require separate sessions by gender. For instance there was a session with a group of Muslims where an respected Sheik from Mali gave important and wise input on Quaranic perspectives on sexuality in a very open and frank way. But in the same group we had people from Ingushetia where people, especially the women, don't talk about sex at all – and the moment this Sheik from Mali started to talk, they left the room. The group had to be split up in by gender to allow discussing things that are so sensitive.

We have to trust the process. Change will happen through the facilitated process and in the exchange with peers. In this process, people discover their personal vulnerability and they grasp the need for a multifaceted approach

Experiences with Muslim Christian combined trainings

There are many good interfaith HIV programs which uses generalized language instead of faith specific language. We learnt from experience that it is better to speak the language of the specific faith group. People of faith need to tackle the issues from within their own understanding of their faith. In a mixed group they are more sensitive in the discussion on issues they might differ from one another as Christians or Muslims.

Channel of Hope developed some guidelines which are specific to the faith groups. For Christians, they are specific guiding principles taken from the Bible; because that is people believe in. The same is true for the Islamic guiding priciples. Therefore, use the language that the people are familiar with.

Culture and religion are often deeply intertwined. Take for instance the understanding of the position of women or female genital mutilation. Some people in the community will say, it is our religion; we must do it this way. Others would say, no, it is not religion; it is part of a particular culture. It is very challenging to address these cultural issues and show the vulnerabilities without hurting people's feeling and loosing them while addressing it.

The biggest problem in working with Christians and Muslims is that we don't know one another. The lack of contact leads to sustained myths and fear. We often hear Christians say: "All Muslims are like ..." and Muslims "All Christians are like…".

"Interreligious dialogue" is an expression often used, but sometimes leads to focussing on the differences instead of focussing on the issues we share with one another. The differences must be respected in these processes, but more important, what we have in common needs to be celebrated. While addressing a common concern such as HIV and AIDS, the differences becomes less important and we discover how much we share which can enable us to work together towards a common solution.

Dr Iqbal Karbanee, HIV and AIDS coordinator Islamic Relief South Africa, said: "I must honestly say that I had many doubts before this training. But now I am convinced this is the way to go. This approach of Channels of Hope allows people from both faiths to address a common issue. It creates an environment where they can share the common principles while respecting the differences. What I like is the fact that it did not try to make the faiths all the same, but built respect for one another." HIV and AIDS may be an issue that unites, and standing together we can.

* *Rev. Christo Greyling is World Vision's Global advisor on HIV and AIDS and faith based partnerships. In this role, Christo was instrumental in developing the 'Channels of Hope' methodology which aims to break stigma and equip faith leaders and local congregations to respond effectively to the HIV/AIDS needs in their area. Christo serves as the Chair person for the African Network of Religious Leaders Living with and Personally Affected by HIV and AIDS (ANERELA+), South Africa. Contact: christo_greyling@wvi.org*

Kontakt

Deutschschweiz
Medicus Mundi Schweiz
Murbacherstrasse 34
CH-4056 Basel
Tel. +41 61 383 18 10
info@medicusmundi.ch

Suisse romande
Medicus Mundi Suisse
Rue de Varembé 1
CH-1202 Genève
Tél. +41 22 920 08 08
contact@medicusmundi.ch

Bankverbindung
Basler Kantonalbank, Aeschen, 4002 Basel
Medicus Mundi Schweiz, 4056 Basel
IBAN: CH40 0077 0016 0516 9903 5
BIC: BKBBCHBBXXX