

# "GOD IS OUR HOPE"

## *Christianity and Traditional African Religion Join Hands to Fight HIV/AIDS in Zambia*

**I**n the spring of 2003, I had the privilege of traveling to Zambia. While there, I talked to a variety of people, including factory workers, miners, and theological students. Some of what they said about poverty, illiteracy, and, particularly, the spread of HIV/AIDS, I had seen reported on TV. But these things are somehow different when you are there, talking to people in the flesh.

I work at St. Paul's Hospital, which is part of Providence Health Care, a Catholic complex in Vancouver, British Columbia. Providence Health Care is the largest faith-based health care institution in Canada. In Vancouver, we have our own concerns, including poverty, street people, drug users, and HIV/AIDS. But, as a person of faith and a teaching supervisor of hospital chaplains, I have a deep concern for my brothers and sisters abroad. I am not a person of color. I was in Africa for only three weeks, and much of that time was spent in one country, Zambia. I do not pretend to be an expert in African culture and spirituality, but I did learn something from the people I met there.

### **ZAMBIA AND HIV/AIDS**

Zambia, in central southern Africa, is one of 16 sub-Saharan countries in which HIV/AIDS has been epidemic since the mid-1980s. The United Nations estimates that 10 percent of the people in those countries who are between the ages of 15 and 49 will eventually die from the disease.<sup>1</sup> HIV/AIDS not only kills millions of people in sub-Saharan Africa; it also weakens social institutions. In 1998, for example, the disease took the lives of more than 1,300 Zambian teachers, the equivalent of two-thirds of the number of teachers that nation trains in a year.<sup>2</sup> Tragically, HIV/AIDS is decimating those who, in ordinary circumstances, would be assuming roles as the nation's leaders.

It is estimated that, of the 10 million people

who live in Zambia, 25 percent to 30 percent are Catholics. Sixty percent of the health care available in this mostly rural nation is church affiliated, either Catholic or Protestant.<sup>3</sup>

### **A "POLITICAL DISEASE"?**

Some people describe HIV/AIDS as a "political disease," meaning that the illness is in part the result of impoverishment. At one time, Zambia was a wealthy country whose economy was based on copper mining. In the 1980s and 1990s, however, copper prices plunged on the world market, causing the closing of many copper mines. As a result, mine workers lost their jobs and fell into poverty. In my travel around the country, I met many former copper miners, skilled and educated workers who were now unemployed.

Unemployment and poverty are major obstacles in the fight against HIV/AIDS in the undeveloped world. In North America and Europe, HIV/AIDS patients take antiretroviral drugs that prolong life. However, these drugs are very expensive. In a country like Zambia, they are often neither available nor affordable. Because they are poor, many HIV/AIDS patients are malnourished. They frequently die of malaria, pneumonia, or other diseases before HIV/AIDS can take them. A nurse who worked in the rural areas said to me, "What's the point in taking medicine to someone who hasn't eaten in five days?"

Unemployment causes a variety of problems for Zambian families. When men from rural areas travel to the city looking for work, they may, in their loneliness, have sex with a partner who happens to have HIV/AIDS, after which they often take the disease home to their wives. Women in rural areas are traditionally taught to be submissive and care for the needs of the man. Even though a wife fears that her husband has been unfaithful, a wife may feel constrained to sleep with him on his

BY REV. CULLENE  
BRYANT, DMin



*Rev. Bryant is teaching supervisor, clinical pastoral education, Providence Health Care, Vancouver, British Columbia.*

# Education could be a potent weapon against the spread of HIV/AIDS.

return home. Then she too becomes ill.

Poverty forces some young women into prostitution. Often a girl who has been orphaned by

HIV/AIDS will become a prostitute—and then contract the disease herself. Many churches and non-governmental organizations attempt to train vulnerable young women to perform other work, but even these organizations struggle to find the resources they need. During my stay, I visited a center in Luangwa at which widows and orphans were being trained as tailors so that they could become self-support-

ing. I could not help but notice that their sewing machines were so old that they had foot pedals.

I also visited St. Martin's, a Catholic orphanage in Kitwe. The children there were clean and well fed. The group I was with wandered into the courtyard, where some of the orphans were playing. They had found some dishes and were filling them with dirt, pretending they were cooking. Quickly, the sisters ran and took the dishes away from the children. It turned out that the spoons and bowls were their eating utensils. We realized that these boys and girls had no toys.

## CULTURAL COMPLICATIONS

Westerners tend not to understand the cultural problems accompanying the HIV/AIDS epidemic. They sometimes ask why African men do not use condoms, for example. Many African men cannot afford condoms. Then, too, condoms are often not available to people who live in remote villages. Finally, condoms are not part of the culture. "Condom use is unnatural, and most Africans resist using them," notes one writer.<sup>4</sup>

Frequent lovemaking is considered part of the enjoyment of life by some African men, who (like men everywhere) value a virile image. By the same token, the members of a traditional Zambian family would welcome an unmarried girl who had been impregnated by their son, because she would clearly be fertile.<sup>5</sup> Such attitudes do not encourage condom use. Superstition and lack of knowledge add to the confusion. For instance, some African men fear that the spermicide that is

found at the tip of a condom contains the HIV virus. Some believe that intercourse with a virgin will heal HIV infection.

Other traditional practices inhibit the war on HIV/AIDS. For example, widow inheritance is still practiced in some African countries—young widows are married to surviving male relatives. It is believed that if this practice is not observed, the spirit of the dead man will continue to visit the living. Intended to help support the woman and her offspring, the practice does in fact facilitate the spread of the disease.

On the other hand, some traditional practices do limit the disease's spread. Many African leaders strongly recommend postponing sex until marriage and encourage fidelity between husband and wife. In Swaziland, traditional ceremonies encourage chastity among unmarried young men and women. Mankekolo Mahlangu-Ngcobo, DMin, an authority on HIV/AIDS in her native South Africa, argues that virginity and abstinence uphold traditional African values. To defeat the disease, she encourages her African readers to put on the "war spirit," as they did when they fought against colonialism and apartheid.<sup>6</sup>

## EDUCATION COULD HELP

During my stay in Zambia, one of the places I visited was Race Course Community School in the city of Twatasha. Some 700 pupils attend classes there, held in a former restaurant and tavern. These classes are taught by unemployed parents. Things that we North Americans take for granted—well-lit classrooms, pencils, and writing paper—are in scarce supply. The student population varies because the children are sometimes just too hungry to attend classes. Girls often stay home to care for their sick parents. Even so, Race Course Community School is an exciting, vibrant place. I was told that only 10 percent of Zambian children go to any kind of school, and 80 percent of those attend private schools. So Race Course Community School is a sign of hope.

Universal education, if Zambia had it, could be a potent weapon against the spread of the HIV/AIDS. But that costs money. Because many African countries, along with other poor nations, spend as much as four times more in debt payment than they spend on health and education, a coalition of Catholic and Protestant churches has urged the World Bank and the International Monetary Fund to cancel those nations' debts.<sup>7</sup> Cancellation of Zambia's debt would strengthen the fight against HIV/AIDS in that country.

The developed world must be made aware of



the destruction that HIV/AIDS is wreaking on less-developed countries. Stephen Lewis, a Canadian who is the United Nations's special envoy on HIV/AIDS in Africa (and whose Stephen Lewis Foundation is based in Lusaka, Zambia, has described the HIV/AIDS epidemic in Africa as "mass murder by complacency."<sup>8</sup>

### **"God Is Our Hope"**

I witnessed so much unemployment, poverty, and disease during my stay in Zambia. I asked one man, "What is hope for you?"

"God is our hope," he answered.

I often heard this strong sense of God's presence and deliverance. Many Zambians find hope in their practice of traditional African values, rooted in traditional African religion, which existed long before Christian missionaries came to Africa. Among these traditional values are veneration of ancestors, communal solidarity, and holistic healing. Many Christians believe that if the church is to thrive on the African continent, it must respect and learn from this ancient spirituality and its wisdom.

Traditional Africans are deeply aware of the world beyond this one and have no trouble discerning the fine line between the material and spiritual. God, they believe, is seen as ever present in rivers, oceans, and storms. In the Tonga language, which is spoken in the southern part of Zambia, people say, "God has fallen" when it rains. In traditional African religions, when one wishes to approach God, one is helped by the spirits of the ancestors, who mediate between God and humanity; such spirits are seen as part of the community; in fact, their role is much like that of our saints, to guide and protect.

Sin, in traditional African religion, is usually understood as a *social* reality rather than an individual matter. One's identity and well-being are dependent on being in tune with the community. If a man commits an offense, he is likely to be banished from the village until he makes some kind of restoration. One of my traveling companions in Zambia saw this belief still being practiced in a Methodist Church. A man who had had an affair with another's wife had been denied church membership until he expressed remorse and asked for forgiveness. He was then reinstated.

With the coming of European colonization, traditional African values began to break down. Christian missionaries, both Protestant and Catholic, attacked traditional practices, which they saw as "pagan." Under this attack, traditional culture, which maintained the community, was

damaged and sometimes destroyed. Today's Christian churches are trying to integrate Christianity with the traditional culture of the African people. For instance, a common understanding of Jesus, in contemporary African Christianity, is that he is the first ancestor and that he mediates between heaven and earth. The idea of atonement for sin has little meaning for Africans. For them, Jesus opens up communion between God and the believer.

For some Africans, however, the contemporary attempt by Christian churches to blend Christianity with traditional religion has come too late. In many towns and villages, charismatic leaders arose and broke away from the mission churches and founded what are called "traditional African indigenous churches." These worshipping communities are popular because they answer a spiritual hunger for healing, prophesying, and visioning and because they have developed a strong sense of community.

In Zambia, people marry within their faith communities. In such communities, one finds great respect for the elders. Ancestors are remembered, for they are thought to be custodians of the law, morality, and ethical order. There has been a reinterpretation of healing in these African indigenous churches, a reintegration of healing and worship. At the same time, Western-style clinics, including many of those founded by missionary churches, have become secularized, breaking the formerly strong link between religion and healing. These clinics do not offer the same spiritual base that traditional healers seem to offer.

I had the privilege of visiting an African indigenous church. In the middle of the worship service, the minister called on each of us to depend upon God and ask to be empowered, so that we could resist the evil forces—including poverty and HIV/AIDS—around us. The church's door to the outside was closed, so that the Spirit could remain in the building. Each person said his or her own prayer, and the room was filled with the petitions of the people. Then the worshipers broke into dancing, singing, and drumming. In the midst of the evil forces of poverty and oppression, a spontaneous expression of joy, courage, and faith burst forth.

I felt that day as though I were witnessing the exorcism of a whole society. I remembered times in my own life when I had been gripped by the powers of hopelessness and despair. I wished I could have called on God to deliver me, as these people did—for themselves and for each other—

*Continued on page 62*



## "GOD IS OUR HOPE"

Continued from page 55

with such genuine trust.

That church service was a powerful moment for me. But now that I have returned home to Canada, I am still asking the same question: What is hope for the people of Zambia? God is their hope, just as my Zambian friend told me. But those of us who live in the developed world must also do what we can to be of help. We can, for example, continue to urge the world's wealthier nations to cancel the debts of poor ones such as Zambia. We can urge pharmaceutical companies to cut the prices of the drugs they sell in countries where many people can barely afford food, let alone medications. And, whatever our faith happens to be, we need to support mission work—especially in health care and education.

Whether we do these things or not will depend on the compassion stirred in our hearts and in our willingness to speak out for our brothers and sisters in Africa. □

### NOTES

1. African Network for Health Research and Development, "New UN Report on HIV/AIDS," *AFRO-NETS*, June 2000, available at [www.afronets.org/archive/200006/msg00156.php](http://www.afronets.org/archive/200006/msg00156.php).
2. African Network for Health Research and Development.
3. "History of the Social Involvement of the Church in Zambia," *Catholic Centre for Justice Development & Peace Online*, available at [www.ccjp.org.zm/ccjp/church\\_involvement.html](http://www.ccjp.org.zm/ccjp/church_involvement.html).
4. Mankekolo Mahlangu-Ngcobo, *AIDS in Africa: An African and Prophetic Perspective*, Gateway Press, Baltimore, 2001, p. 19.
5. "African Women and Morality," in J. N. K. Mugambi and A. Nasimyu-Wasike, eds., *Moral and Ethical Issues in African Christianity*, Action Publishers, Nairobi, Kenya, no date, p. 159.
6. Mahlangu-Ngcobo, p. 17.
7. Canadian Ecumenical Jubilee Initiative, "A New Beginning: A Call for Jubilee," Toronto, 1998, p. 14. This initiative, the work of a coalition of church and church-related groups, was intended to coincide with the jubilee year 2000.
8. Stephen Lewis, press conference, United Nations, New York City, January 8, 2003. Information about the anti-AIDS campaign in Africa can be found at [www.stephenlewisfoundation.org](http://www.stephenlewisfoundation.org).

## NOT JUST A FASHIONABLE TREND

Continued from page 59

strategy of management and human development. I've done some coaching and counseling of organizations that are getting started with their own diversity initiatives, and in those cases I'm encouraged to see that people expect to move forward to make a noticeable impact in their organizations. Diversity can't just be a fashionable move—people see through that. Diversity has to be the real deal.

**McCorkle:** The response to our program has been greater than we expected. We couldn't have dreamed of a better response. Our employees have really come forward to support this initiative. This is due in no small part to the fact that, as a Catholic organization, we attract the kind of employees who welcome a program that teaches us to treat everyone with the kind of respect with which we want to be treated.

Of course, it goes without saying that the CEO needs to be behind this 250 percent. Wayne reports directly to me. His office is located only a few feet from my door. It is my intention to make a statement that our diversity initiative is a very sacred program to me. And, to his credit, Wayne has made sure that we are not always comfortable with all issues. If we were, we wouldn't be changing anything. If you say that you support these initiatives, you need to *show* it.

Here's a great example of what I mean. Wayne invited many of the vendors from whom we purchase products and services, plus some minority vendors who wanted to work with us, to come in and talk with us about their programs. This led to our developing productive relationships with the minority vendors. And that's going well. They must be included. We've tried to follow through with what we have said, and I believe our efforts have produced the level of success that we are currently enjoying.

But we need to be *more* successful—more assertive, more visible, more insistent. In the end, we will be more true to our values, as well. □

## THE CATHOLIC HEALTH ASSOCIATION



### A Shared Statement of Identity For the Catholic Health Ministry

**W**e are the people of Catholic health care, a ministry of the church continuing Jesus' mission of love and healing today. As provider, employer, advocate, citizen—bringing together people of diverse faiths and backgrounds—our ministry is an enduring sign of health care rooted in our belief that every person is a treasure, every life a sacred gift, every human being a unity of body, mind, and spirit.

We work to bring alive the Gospel vision of justice and peace. We answer God's call to foster healing, act with compassion, and promote wellness for all persons and communities, with special attention to our neighbors who are poor, underserved, and most vulnerable. By our service, we strive to transform hurt into hope. ✎

As the church's ministry of health care, we commit to:

- Promote and Defend Human Dignity
- Attend to the Whole Person
- Care for Poor and Vulnerable Persons
- Promote the Common Good
- Act on Behalf of Justice
- Steward Resources
- Act in Communion with the Church

© The Catholic Health Association of the United States

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

[www.chausa.org](http://www.chausa.org)

# HEALTH PROGRESS®

---

Reprinted from *Health Progress*, January-February 2005  
Copyright © 2005 by The Catholic Health Association of the United States

---