

The Politics and Anti-Politics of Social Movements

Religion and AIDS in Africa

Edited by

Marian Burchardt, Amy S. Patterson and
Louise Mubanda Rasmussen

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This book explores the nature, significance and consequences of the religious activism surrounding AIDS in Africa. While African religion was relatively marginal in inspiring or contributing to AIDS activism during the early days of the epidemic, this situation has changed dramatically. In order to account for these changes, contributors provide answers to pressing questions. How does the entrance of religion into public debates about AIDS affect policymaking and implementation, church-state relations, and religion itself? How do religious actors draw on and reconfigure forms of transnational connectivity? How do resource flows from development and humanitarian aid that religious actors may access then affect relationships of power and authority in African societies? How does religious mobilization on AIDS reflect contestation over identity, cultural membership, theology, political participation, and citizenship? Addressing these questions, the authors draw on social movement theories to explore the role of religious identities, action frames, political opportunity structures, and resource mobilization in African religions' reactions to the AIDS epidemic. The book's findings are rooted in fieldwork conducted in Tanzania, Uganda, Zambia, Zimbabwe, Ghana, and Mozambique, among a variety of religious organizations.

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“To donors, it's a program, but to us it's a ministry”: the effects of donor funding on a community-based Catholic HIV/AIDS initiative in Kampala
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Yao migrant communities, identity construction and social mobilisation against HIV and AIDS through circumcision schools in Zimbabwe

Anusa Daimon

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The politics and anti-politics of social movements: religion and HIV/AIDS in Africa

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Résumé

En 2012, environ vingt-trois millions de personnes en Afrique subsaharienne avaient contracté le VIH, le virus qui cause le sida. Les réponses religieuses à la maladie sont allées de la condamnation des personnes séropositives à la mise au point de services innovants liés au sida. Cet article se sert des idées figurant dans les écrits du mouvement social concernant l'identité collective, l'élaboration de cadres, les ressources et les structures d'opportunités pour interroger la mobilisation religieuse en vue de lutter contre le VIH/le sida. Il démontre que la mobilisation ne peut pas être séparée de facteurs comme les relations entre l'État et la société civile, la dépendance de l'Afrique envers l'aide étrangère, ou la pauvreté qui règne dans le continent. Les activités religieuses de lutte contre le VIH/le sida doivent être analysées dans un espace conceptuel situé entre une approche société civile/politique et un cadre prestataire de services/anti-politique. Autrement dit, la mobilisation religieuse peut parfois chercher à mobiliser le domaine public pour façonner la politique, tout en évitant, à d'autres moments, la politique dans la prestation de services. Des études de cas qui illustrent ces thèmes et mettent en évidence les interactions aux multiples facettes entre la religion et le VIH/le sida sont incluses.

Abstract

In 2012, roughly 23 million people in sub-Saharan Africa were infected with HIV, the virus that causes AIDS. Religious responses to the disease have ranged from condemnation of people with HIV to the development of innovative AIDS-related services. This article utilises insights from the social movement literature about collective identity, framing, resources, and opportunity structures to interrogate religious mobilisation against HIV/AIDS. It demonstrates that mobilisation cannot be divorced from factors such as state–civil society relations, Africa's dependence on foreign aid, or the continent's poverty. Religious HIV/AIDS activities must be analysed in a conceptual space between a civil society/politics approach and a service-provider/anti-politics framework. That is, religious mobilisation may at times seek to engage the public realm to shape policies, while at other times it may shun politics in its provision of services. Case studies that illustrate these themes and demonstrate the multi-faceted interactions between religion and HIV/AIDS are included.

I. Introduction

In 2012, the Joint United Nations Programme on HIV/AIDS (UNAIDS) declared that an estimated 23 million people in sub-Saharan Africa were infected with HIV, the virus that causes AIDS. Two thirds of the people living with HIV globally reside in sub-Saharan

Africa (UNAIDS 2012). The negative effects of the disease on individuals, families, and communities have been well documented (see Barnett and Whiteside 2002). The HIV/AIDS pandemic is occurring in a context where the vast majority of Africans claim a religious identity, with Islam and Christianity growing rapidly in their number of adherents. Religious individuals and institutions have been crucial in the response to HIV/AIDS (see Paterson 2001). Yet these responses have not been analysed as a form of social activism. This special issue provides such an analysis. We argue that religious mobilisation occurs in a dynamic space between the realms of explicit political action and depoliticised service delivery.

Based on a workshop we convened on the theme of “Religion, Social Activism, and AIDS” in the Ugandan capital Kampala in 2010, the special issue examines the interface between religious and social movements, using HIV/AIDS as its focal point.¹ Because scholars have tended to view the social movement literature as too rooted in Western experiences or too focused on material resources to apply to the continent, little has been written on social movements in Africa (Ellis and van Kessel 2009). In contrast, this volume demonstrates how social movement concepts provide unique insights into the HIV/AIDS responses of African religious actors and institutions, while situating those activities in Africa’s specific political environment. The six articles in this special issue address these themes from a variety of social science perspectives – including political science, anthropology, history, and sociology – and they cover the countries of Tanzania, Mozambique, Ghana, Zambia, Uganda, and Zimbabwe. Additionally, the contributions analyse religious mobilisation by Catholics, mainline Protestants, Pentecostals, and Muslims. This special issue contributes both to our understanding of how social movements operate in Africa and, more specifically, to our analysis of religious responses to HIV/AIDS.

In this introductory article, we first acknowledge the importance of the African political and economic context for understanding the particular manifestations of religious mobilisation on HIV/AIDS. We assert that religious mobilisation on HIV/AIDS cannot be divorced from factors such as state–civil society relations, Africa’s dependence on foreign aid, or the continent’s poverty. We then outline the ways in which religious responses to HIV/AIDS have been analysed in the social science literature. In so doing, we assert that religious HIV/AIDS activities must be analysed in a conceptual space between a civil society/politics approach and a service-provider/anti-politics framework. Next we examine the ways in which social movement concepts such as identity, framing, resource mobilisation, and opportunity structures elucidate patterns of religious mobilisation in the special issue’s case studies. Because we see this special issue as a way to break new ground in the analysis of both African social movements and religious responses to HIV/AIDS, the final section raises questions for future research.

II. The African context and social movements

The volume’s contributors situate their analyses of religious mobilisation on HIV/AIDS in the context of debates on the nature of the African state and civil society, the intersection of religion and politics, and Africa’s place in the global political economy. These debates have tended to downplay (and at times, ignore) the role of social movements in political and social change in Africa. But at the same time, these debates provide important insights about the larger environments in which mobilisation may occur on the continent.

The social science literature has tended to portray African states as neo-patrimonial. In neo-patrimonial states, governance occurs through personalised networks. Reciprocal

relations between clients and followers enable clients to access state power, and elites utilise state resources for patronage in order to benefit themselves and their allies. Because politics is not rooted in ideological views or party loyalties, neo-patrimonial alliances can be somewhat fluid (van de Walle 2001). Chabal and Daloz explain:

The development of political machines and the consolidation of clientelistic networks within the formal political apparatus has been immensely advantageous. It has allowed [political elites] to respond to demands for protection, assistance and aid made by the members of their constituency communities in exchange for the recognition of the political prominence and social status which, as patrons, they crave. (Chabal and Daloz 1999, 14)

The result of these governance patterns is that African states lack the capacity to achieve their developmental goals (Englebert 2000). Corruption, state inefficiency, and mismanagement contribute to Africa's position as the poorest continent on earth. Infrastructure is in disrepair; health systems lack adequate staff, facilities, and medications; and educational institutions are inadequate for the growing number of children in Africa. At the same time, widespread poverty helps to erode state legitimacy, and as citizens have limited loyalty to the state, they tend to evade its policies (Bates 2008). In this context, ethnic groups, clans, and religious factions may manipulate the state for their own objectives (Chabal and Daloz 1999). Thus, while African states have international sovereignty and the legal right to formulate laws, they lack deep roots in society (Englebert 2009).

Weakness leads many states to centralise power, even if those states have aspects of democratic governance. Through the use of repression, cooptation, and patronage, the state limits the space for civil society activity. Classically defined, civil society is the collection of organisations that are autonomous from the state but above the family level (Rothchild and Chazan 1988). In Africa, this conceptualisation is somewhat artificial. Rather than autonomy, civil society groups may cultivate personal linkages to the state, thus hampering their ability to challenge state power. And civil society's effectiveness may be further challenged by its lack of resources and capacity. Rather than being bastions of democracy, civil society organisations may replicate patterns of exclusive, authoritarian governance found in state institutions (Fattouh 1995).

The state-civil society nexus is situated in a larger international context in which African political and social actors both influence and are influenced by global resources, norms, and institutions. The continent's reliance on foreign aid is particularly evident in the large amount of donor funding specifically for the HIV/AIDS response. Bilateral and multilateral donors provide at least 80% of the funds for HIV/AIDS prevention, treatment and care programmes in the majority of African countries (UNAIDS 2008). Much of this funding goes to non-governmental organisations (NGOs), faith-based organisations (FBOs), and community-based organisations (CBOs). Rooted in the belief that neo-liberal economic structures and private organisations could best promote Africa's development, this pattern of channelling money to non-state actors has had several unanticipated consequences, many of which are made apparent in the special issue's case studies. First, African civil society groups may become dependent on international donors or transnational NGOs. This reliance influences their accountability and responsiveness to local populations. Second, this massive infusion of donor funds has contributed to the rise of "suitcase NGOs", or local groups without indigenous constituencies that form merely to access funding. In a process that Bayart (1993) terms *extraversion*, African state and non-state actors stress their poverty, desperation, and deservingness in order to access donor money. In so doing, they rely on well-worn tropes about Africa: its poverty, victimhood, and dependence on the West. As these non-state actors become empowered through

external resources, a third consequence may arise: they may directly or indirectly challenge the state and its legitimacy (Rothchild and Chazan 1988; Patterson 2011). NGOs and FBOs may become a substitute for state power, and they may replicate the patterns of neo-patrimonialism, exclusion, and power centralisation evident in the African state (Hearn 2001).

Global norms and institutions are also part of the context in which religious mobilisation on HIV/AIDS occurs. The biomedical approach to HIV/AIDS that focuses on HIV testing, AIDS education, condom distribution, and access to antiretroviral treatment (ART) has overshadowed other approaches such as healing through spiritual means, building communities of care and support, fostering gender equality, and changing social structures. The biomedical approach has become institutionalised in agencies such as UNAIDS, the World Health Organization, and the US Agency for International Development (Youde 2007). As the article by Anusa Daimon illustrates, the biomedical approach may have unanticipated consequences for religious mobilisation. He shows how the scientific finding that male circumcision reduces the rate of HIV infection, and the international health community's acceptance of that finding, created a new opportunity for religious and ethnic mobilisation against HIV/AIDS in Zimbabwe.

As a crucial aspect of the African environment, religion interfaces with both state power and global forces. The articles in the special issue examine religion both as a set of beliefs that influence practices (see the contribution by Alessandro Gusman) and as an institutional structure (see the article by Rebecca Vander Meulen, Amy Patterson, and Marian Burchardt). Religious institutions are some of the most powerful, well-funded organisations within African civil society. Deep belief in spiritual power throughout Africa and the view that religious leaders act as mediators between the physical and spiritual realms mean that African religious leaders tend to have high levels of moral legitimacy (Ellis and Haar 1998). But the relation between religion and the state is not clear cut; religious leaders use their moral authority and voice to shape political processes, while the state may seek to appropriate religious rhetoric, symbols, and spaces for its own ends (Villalón 1995). Networks of state patronage may prevent religious institutions from speaking out against political and social injustices (Longman 2010). On the other hand, transnational linkages may embolden religious actors to become more autonomous from the state (Newell 1995). The fluidity in state–religious relations provides opportunities for religious mobilisation on HIV/AIDS.

Religious HIV/AIDS mobilisation has also benefited from the growth in donor funding for FBOs and the increasingly institutionalised voice these religious actors have in HIV/AIDS policymaking. The passage of the US President's Emergency Plan for AIDS Relief (PEPFAR) in 2003 opened up greater opportunities for FBOs to access funding. Oomman, Bernstein, and Rosenzweig (2008) report that between 2004 and 2006, FBOs in all 15 PEPFAR-focus countries received roughly 10% of all PEPFAR money. This number hides the fact that in several African countries (particularly Kenya and Namibia) the percentage of that country's PEPFAR money which went to FBOs was at least 25%. While many of these FBO recipients were United States (US)-based (e.g., World Vision, Catholic Relief Services), some were major health associations in Africa (e.g., the Churches Health Association of Zambia). Religious institutions also gained representation on AIDS policymaking boards, such as National AIDS Councils. UNAIDS has held special conferences on the important role of FBOs, giving them increased legitimacy in the politics of AIDS.

Religious responses to the pandemic are situated within this context of patronage politics, weak state institutions, and the diffusion of global norms, institutions, and funding

for HIV/AIDS. At the local level, civil society groups like religious organisations may be weak, under-resourced, and only somewhat autonomous from either the state or their international benefactors. However, the literature on the African state, civil society, and religion in politics are insufficient for understanding religious responses to HIV/AIDS in Africa. A statist perspective assumes state capture to be the objective of political actors, but religious groups often shun overt political activities. The civil society approach downplays the role of belief and identity in organisational formation and activities. And the literature on the intersection of religion and politics, while stressing belief, ignores questions of institutional dynamics and resources. While these literatures help to explain the context in which religious mobilisation on HIV/AIDS occurs, the social movement literature helps us examine the motivations for activities, the structures whereby such movements emerge and continue, and the ways in which the international arena shapes local-level activities. We now examine the literature on religion and HIV/AIDS in Africa, pointing to ways that our approach sheds new light on this growing field of research.

III. Religious involvement with HIV/AIDS in Africa

Since the onset of the AIDS epidemic in Africa, religion has in various ways been central to the attempts of individuals and groups to make sense of and respond to the disease (Mogensen 1997; Yamba 1997; Dilger 2001; Heald 2002; Becker and Geissler 2007; Burchardt 2011). In many instances, formal religious institutions were initially reluctant to address HIV/AIDS. But since the start of the new millennium, institutional engagement has become prominent throughout Africa (Prince, Denis, and van Dijk 2009). Likewise, academic attention to the relationship between religion and HIV/AIDS was initially limited. But in the last decade, a field of study around HIV/AIDS and religion in Africa has gradually emerged (Dilger, Burchardt, and van Dijk 2010). These studies have generally moved away from the instrumental approach to religion found in the public health and policy literature (which focuses on whether religion is useful or detrimental to the goals of HIV prevention) towards an emphasis on “the way people rely on shared religious practice and personal faith in order to conceptualise, explain and thereby act upon the epidemic” (Becker and Geissler 2007, 2). The first studies in this field tended to emphasise how religion was harnessed to respond to the crises of health, morality, sexuality, and gender relations that HIV/AIDS had engendered (see Smith 2004; Becker 2007; Behrend 2007; Dilger 2007; Prince 2007; Burchardt 2010). More recent studies have focused on the large-scale introduction of ART in Africa since 2004, highlighting the complicated interplay between religious and biomedical practices that characterise this new situation (Burchardt 2009; Kwansa 2010; Tocco 2010; Togarasei 2010; Rasmussen 2011).

Following the work of Prince, Denis, and van Dijk (2009), we can group these studies of religious involvement with HIV/AIDS into three main categories. One area of study concerns the role of religion in how people deal with illness and death, treatment and care for the sick, and the questions around morality, sexuality, and kinship that the epidemic engenders. A second area of study concerns how the epidemic has transformed religious practices and theologies in Africa. A third area concerns the place of religion in the public sphere, both in relation to civil society and government and in the realm of development and public health. Until now, most studies have primarily been situated in the first area, with some theological works in the second (see Dube 2002; Haddad 2005; Togarasei 2010). While a few recent contributions have focused on the third area of study (see Joshua 2010; Leusenkamp 2010; Patterson 2010), this special issue will bring this area of study to the forefront through its emphasis on how religious actors have mobilised around HIV/