The Response of the Northern Diocese of the Evangelical Lutheran Church in Tanzania to HIV and AIDS. A gendered perspective.

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Introduction

Why the church has been involved in addressing the consequences posed by HIV and AIDS is clearly stated by Nicolson who contends that:

> It is theologically and morally imperative that the churches respond to the crisis, …For the churches not to respond to an issue of such importance would imply that God, Jesus and Christianity are irrelevant and offer no saving grace. Since the churches are so uniquely placed to educate people and coordinate assistance, not to respond would be a failure to love" (Nicolson 1995: 18).

It is on this ground that the Northern Diocese, like other churches worldwide, have initiated various intervention programmes to prevent further transmission of HIV and to address its repercussions which are the main focus of this paper. This paper is an attempt to explore the involvement of the church in curbing the spread of HIV from a gender perspective. It will also suggest a way forward that will take gender into consideration.

The research question for this study is:

Have the HIV and AIDS programmes of the Northern Diocese responded to gender challenges that fuel the spread of HIV among its church members?

The objectives of this paper are to:

- Investigate the HIV and AIDS programmes of the Northern Diocese;
- Examine whether the HIV and AIDS programmes are gender sensitive.

Research design, methodology and framework used

The research employed a qualitative method with open-ended questions to collect data. Documentary sources were also consulted. A purposely-selected sample of participants from four categories of people was interviewed in depth and individually. A total number of forty-nine diocese members from the grassroots to the top level took part in the study,

of which 25 were females and 24 males. The age of the study population ranged between 15 and 68. Meanwhile, their educational levels varied. Some had attained only primary school level, which covered seven years, while others had a secondary school education for four or six years, and training in various other fields. They had varied professions including pastoral ministry, medical care, veterinarian, teaching, accountancy, secretarial work, evangelism, parish work and peasant.

The study adopted three theoretical frameworks. Since HIV and AIDS is a gendered pandemic, a gendered analysis was the preference. First, the conceptual framework for assessing HIV and AIDS programmes as proposed by Geeta Rao Gupta and Vicci Tallis was employed to evaluate the government and church's HIV and AIDS programmes and policy. Second, feminist cultural hermeneutics, as pioneered by Musimbi Kanyoro, was used to analyze the cultural elements, which reinforce the spread of HIV. Third, is the Lutheran theology on suffering, healing and gender issues. In view of this, Luther's theology with regard to crisis during his time was compared with the prevailing church's HIV and AIDS programmes.

Context of the study

The research was conducted in the Northern Diocese of the Evangelical Lutheran Church in Tanzania (ELCT). The Northern Diocese is one of the twenty dioceses of ELCT and operates under five circuits within 156 local parishes. The Karatu circuit is among the five circuits that form the diocese but was omitted in the survey due to its geographical location and its distinct ethnic group. This circuit is located in the Arusha region close to Manyara National Park, dominated by the Iraqw people. The Karatu circuit is a mission area of the Northern Diocese. The four circuits that are included in this study are: Siha, Hai, Central Kilimanjaro, and East Kilimanjaro, in Tanzania.

Tanzania is one of the hardest hit countries with regard to AIDS in sub-Saharan Africa. Its first three AIDS cases were reported in 1983 in the Kagera region in the north western part of the country (Juma 2001:2). By 1986 all mainland regions in Tanzania had reported AIDS cases, after the establishment of the National Task Force, which later

became the National AIDS Control Programme (NACP) (Setel 1999:121 & Bujra and Baylies 2000: 32). For example, there was a cumulative total of 25 503, 81 498, 109 863 and about 600 000 cases respectively in the years 1990, 1995, 1998, (Bujra and Baylies, 2000:27) and 1999 (URT, 2001:7). By the end of 2008, it was estimated that 1 400 000 Tanzanians were living with the virus, of which 760 000 of individuals infected were women aged 15 and above, while 140 000 were children under 15 years (UNAIDS 2008:1). The estimated death rate was 96 000, while 970 000 children had lost one or both parents due to AIDS. The main modes of HIV transmission include heterosexual intercourse, accounting for about 90 percent of all infections (URT 2001:7), whilst mother-to-child transmission accounts for 4.6 percent and blood transfusion 0.5 percent (Kessy, Mallya and Mashindano 2008: 216).

AIDS education was identified as the major tool in responding to the spread of the epidemic in Tanzania. One of the units established by the NACP in response to the epidemic was the Information, Education, and Communication unit (IEC). This unit was liable for collecting data and facts about HIV/AIDS, circulating relevant information, running awareness campaigns and providing education to the populace about the scourge (Juma 2001:6). In addition, the government had, by April 2008, established 1 643 HIV testing centres across the country (Charles et al. 2009:1). The voluntary counselling centres (VCT) concentrate mainly in the urban and referral hospitals owned by the government, faith-based organizations and private sectors, but the majority of Tanzanian who are living in the rural areas have no access to this service. Similarly, out of 1.4 million people living with HIV, only 143 000 were receiving antiretroviral drugs (ARVs) by the end of February 2008 (Hanson et al. 2009:4), which is less than 28 percent of all people living with HIV and AIDS (PLWHA) (Kimani 2009:1). By 2008, the coverage of prevention of mother-to-child transmission (PMTCT) of HIV was 53 percent across the country (EAC-11 Presentation, slide 10). In the next section, we will look at the church's AIDS programmes.

Research findings

The research found that the Northern Diocese has initiated numerous AIDS programmes that address the epidemic. These programmes include AIDS education awareness, voluntary counselling and testing, antiretroviral therapy, prevention of mother-to-child transmission of HIV, and home-based care. Home visits, prayer, Holy Communion, support groups of PLWHA, income generating projects, social support to orphans, and lunch provision to orphans and socializing as well as an orphanage for infants under three years are also in place. Generally, these programmes are based on prevention, care, treatment and social support services. However, the study also noted that only a small group of people are involved in AIDS programmes that reach out to the afflicted who are unable to cope with the magnitude of the epidemic.

Challenges and suggestion for a gender sensitive HIV and AIDS programme

The study reveals that the prevailing diocese's AIDS programmes are not gender sensitive, hence do not address the gender factors that fuel the spread of HIV. The study therefore suggests mainstreaming of gender in the HIV and AIDS programmes that will first empower women to have control over their bodies as a way to protect themselves from HIV infection. Both men and women need to know the link between gender and HIV and AIDS and how each gender contributes to its spread as well as its prevention. It is evident that both men and women are potentially at risk of contracting HIV, but women are more vulnerable to HIV infection due to various reasons. These include biological factors, sexual violence (rape), cultural practices, unequal power relations between men and women, gender division of labor as well as poverty. Parallel to that is the need for the creation of programmes that target both adult and young males and that will address their attitudes and behaviors that further the spread of HIV. Chitando and Chirongoma suggest:

> There is need to work with men to enable them to appreciate that they can express themselves in ways that are not harmful to women, children and themselves…patterns of male sexual behavior require urgent attention (2008:58).

This implies that the risk-taking behavior of men does not affect them only but women as well as children, thus efforts to counteract this destructive behavior are vital. For these

programmes to take place, church leaders (male pastors) on all levels, since they are the majority, need first to be knowledgeable on gender issues, and thereafter take the lead to educate males in their respective parishes and other church gatherings on responsible sexual behavior which is the only way to contain the epidemic and rescue the lives of many within society.

Second, sex education needs to be taught to all age groups according to their levels of understanding. Since teenage pregnancies in Tanzania are at an alarming rate, it is an indication that young people become sexually active at an early age (Mascarenhas 2007:46). Sex education is therefore the most appropriate strategy to deal with human sexuality and HIV and AIDS. Third, training of peer educators and counselors is a breakthrough with regard to the subject of sex, which is still surrounded by silence. Van Dyk argues that the knowledge offered by peer educators empowers and educates the targeted group (2001:93). She further contends that a successful peer education transmits the control of knowledge from the skilled person to ordinary people thus allowing the educational process to be more accessible and less frightening. This suggests that the message from peer educators is more receptive than that which comes from an expert of a different age group.

Fourth, the fact that HIV and AIDS is a gendered issue, human rights and legal literacy awareness for the entire society is paramount. In the context of HIV and AIDS, the rights of each individual, whether infected or not, need to be recognized and safeguarded as they can aid people to avoid infection or, for the already infected, to deal with their condition (Mwaura 2008:129). To deny someone's basic rights creates a fertile soil for their vulnerability to HIV infection and their inability to address the aftermath of the epidemic on their lives. For instance, the social gender construction works against women's rights, which are also human rights, such as unequal power relations between women and men and lack of economic resources. These norms force women to be dependent on males for their livelihood, and in turn add to their vulnerability to HIV. The deconstruction of gender inequality is then crucial to safeguard and promote women's rights so that they enjoy life in its fullness.

Similarly, the majority of Tanzanian women in both rural and urban areas have little or no knowledge on legal issues due to the fact that the government does not have an organ that deals with legal aid (Mascarenhas 2007:63). Legal laws are male dominated; hence deny women the control over clan and family property such as land, house and credit (Mukangara and Koda 1997:33). In case of a husband's death, which is a reality, especially in this era of HIV and AIDS, the majority of women are subjected to abject poverty because they are unaware of their rights. Legal literacy can serve as an agent of transformation since many women will be empowered and encouraged to fight for their rights and even to report sexual abuse, which is on the increase now in Tanzania. The Women's Department at the diocese and parish levels is the appropriate instrument to initiate the legal education forums within the parishes by inviting legal officers from the locality.

Finally, the church has to implement the theology of the priesthood of all believers by conscientizing and training both men and women for pastoral care and counseling, which is a way to reach all persons infected and affected by HIV and AIDS at their point of need. Many of them are struggling with their social, physical, emotional, spiritual and economic needs. Hence they are in need of someone who can listen and journey with them in their struggle in every stage of their lives.

Conclusion

This paper has looked at the response of the diocese to the HIV and AIDS epidemic. It has examined the government and church's HIV and AIDS related programmes. Based on the findings, the paper has proposed the way forward for a gender sensitive AIDS programme of the Northern Diocese which includes the empowerment of women, sex education, awareness on human rights and legal laws.

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