AIDS Hits Africa: Where Are SDAs?

A Johns Hopkins professor discusses the lack of SDA response to a pandemic that may soon kill 20 Adventists a day.

by Gilbert Burnham

As the toll from the AIDS epidemic in Africa continues to mount, the Adventist Church in some countries could soon be losing from 10 to 20 members a day to premature death from AIDS. The size of the threat to the church from AIDS has been seriously underestimated. Failure to appreciate the extent of the threat, and the church's decade of delay in addressing it in a rigorous and coordinated manner, is unconscionable.

Just as Adventism in America has been heavily influenced by North American cultural beliefs, Adventist youth in Africa are also influenced by traditional African and cultural norms. Although attitudes vary widely from culture to culture, many African societies do not commonly proscribe sexual relations before marriage.[1] In general, rapid urbanization and loss of traditional cultural norms, coupled with delay of marriage for educational reasons, have resulted in a longer period of sexual activity before marriage.[2] These cultural changes have undoubtedly influenced Adventist youth as well.

Adventists are part of an AIDS pandemic that is increasingly ravaging Africa (see chart, page 7). While it is true that by 1996 there will be more HIV-infected persons in Asia than Africa, three-quarters of those now infected with HIV live in sub-Saharan Africa, where one out of every 40 adults are infected (see map, page 8). Hardest hit are eastern and southern Africa. In some urban areas, one out of three are infected. Furthermore, Africa remains the world region least able to cope with the AIDS epidemic. Africa is saddled with a divisive colonial past, high birth rates, unstable governments, weak economies, loose marital unions, gender and social inequalities, and the feminization of poverty.[3]

As many as two-thirds of all HIV infections are acquired before the age of 25.[4] The extended family, long the safety net for disas-

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ter, is having difficulty with the numbers of orphans being created. By the end of the century, AIDS will have created 10 million orphans, the vast majority in Africa.[5]

A Threat to the Church

A glance at the typical population pyramid for sub-Saharan Africa (see chart, page 9) will bring home the risk that HIV poses to the Adventist Church. The population (and membership of the church) in almost all developing countries is young. Half of the church membership is under age 25 in many countries—the age group in which most HIV infections are acquired.

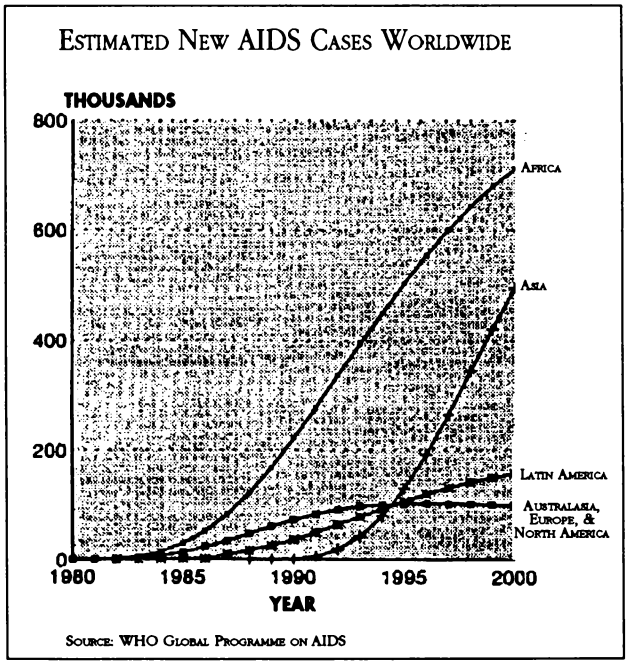
Qualitative data from Kenya (unpublished) suggests that sexual practices among unmarried Adventist youth differ little from those of their non-Adventist and non-Christian peers. Another study, in rural Malawi, found that girls who attended church regularly in villages where the Adventist Church was the predominant influence were little different in sexual practices from girls who did not attend any church regularly. In both groups, the onset of sexual activity was 13.4 years, and sexual relations occurred frequently in exchange for money or gifts.[6]

Despite its difficulties, Africa has strengths that enable it to cope—strengths that are absent in many developed countries. The continent has cohabited with death and disaster from the earliest of times. Mechanisms that helped the continent endure epidemics of smallpox, sleeping sickness, and measles, exploitation, and slave-taking from both within and outside the region, are not lost, and ensure the survival of the people. Despite political, linguistic, and tribal fragmentation, there is a cohesiveness to society which, in other cultures, has vanished. These strengths permeate the church as well. How then can these intrinsic strengths be harnessed by the church to combat the AIDS threat to its future?

As a starting point, the church can build on the now nearly universal appreciation that prevention efforts must concentrate on adolescents, particularly at the ages when sexual behavior patters are being established.[7] At the same time, it is now evident that the earlier information-based prevention campaigns have not resulted in the degree of behavioral change that was hoped for. This is also true for preventive efforts that focused primarily on condom distribution. The structures and organizations within the Adventist Church are well suited for the multi-directional, sustained approach to children and adolescents that will be required for an effective prevention program. The exact messages and approaches needed will have to differ from one culture to another.

The Family

A major emphasis must be placed on the family. This is where sexual behavior needs to be influenced at an early stage. Unfortunately, African parents are no more comfortable talking to their children about sex



than are parents anywhere else. Indeed, in many African cultures, sex education has traditionally come from aunts or grandparents, rather than from parents. With the rapid changes in African society and the loosening of the extended family, these traditional avenues can no longer be relied upon. This is an opportunity for the church to help parents accept the responsibility for the sex education of their children, while giving them the resources and encouragement they need.

Youth Organizations

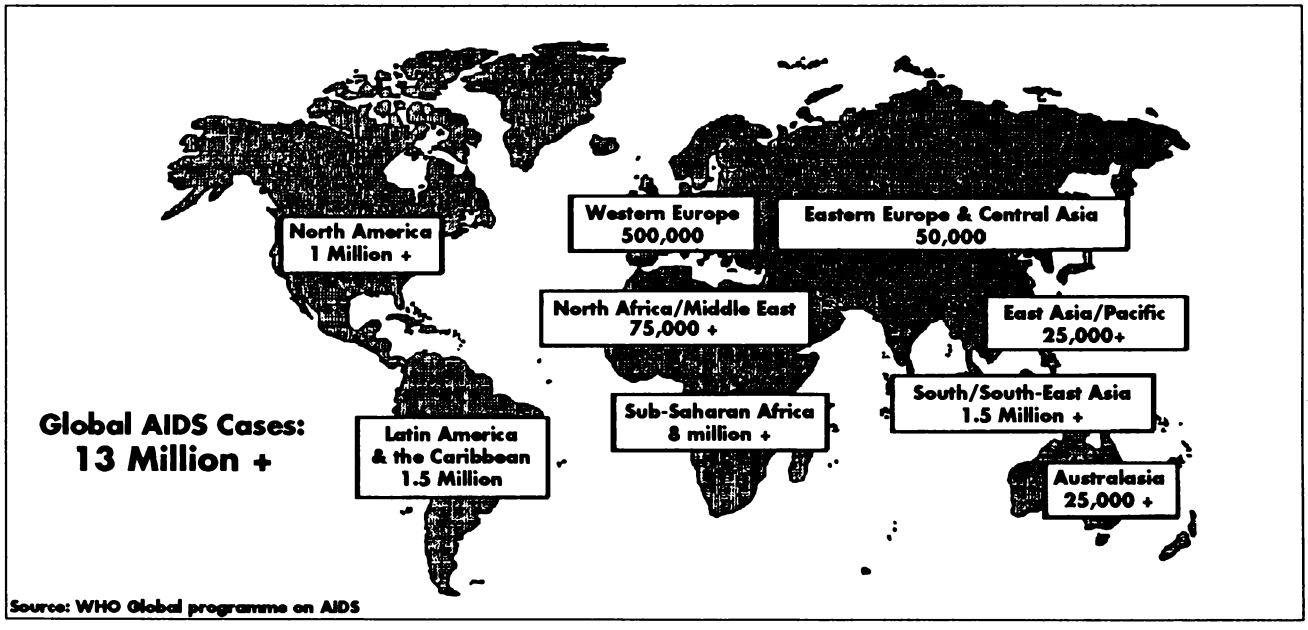
The church's youth organizations are key to reinforcing messages from other sources, both within and outside of the church. These organizations can help youth develop self-esteem. Young people learn most effectively from their peers. They need to engage in appropriate activities that teach the critical life skills necessary for responsible adulthood.

For example, in most traditional African cultures, girls undergo some sort of initiation rite around the time of puberty. Many of these rites contain messages, contrary to Christian beliefs, which can increase risk of HIV infection. Some local church groups have undertaken to "Christianize" these rites in many areas on an *ad hoc* basis.

For boys, initiation rites are less common. They usually learn behavior from their peers. Where male initiation rites do exist and where they involve circumcision, Adventist congregations, in conjunction with mission hospitals, have developed hygienic Christian alternatives. Building on traditional concepts of passage rites in an organized way would seem to be an excellent opportunity for the Adventist Church, not only to reaffirm the principles of Christian behavior and expectations for adults, but also to decrease the risks of losses among its own membership from HIV.

The School

In those countries where an active Adventist school system exists (and where the church can depart from the national educational curricula), important opportunities exist. In some countries, AIDS prevention, in the context of biology and sex education, has been introduced into the national curricula. However, Adventist teachers are often uncomfortable



with these discussions, and avoid teaching sex education/HIV prevention materials. The suspicion that sex education for children and adolescents will promote promiscuity is a universal misconception. Presenting sex education within a Christian context, taught by consecrated teachers, would be a powerful approach.

Personal and cultural sexual beliefs often pass as Christian doctrine. Knowing that cultural pressures are so strong that absolute abstinence is probably not achievable for most adolescents, should prevention efforts concentrate on only abstinence messages? Should there be fall-back stances, aimed at delaying age of first sexual contact, and limiting the number of sexual partners?

In many cultures, girls have little potential to resist sexual advances. Increasing self-esteem and negotiating skills have been part of many HIV programs aimed at adolescent girls. It would have to be decided how this could be adapted to a Christian context.

The position of Adventists concerning the distribution of condoms, which are at the center of most national AIDS-prevention programs, would have to be decided. Although not offering absolute protection, condoms do reduce risks and, from a public health standpoint and in the absence of behavioral change, are the most important weapon available to slow the AIDS epidemic.

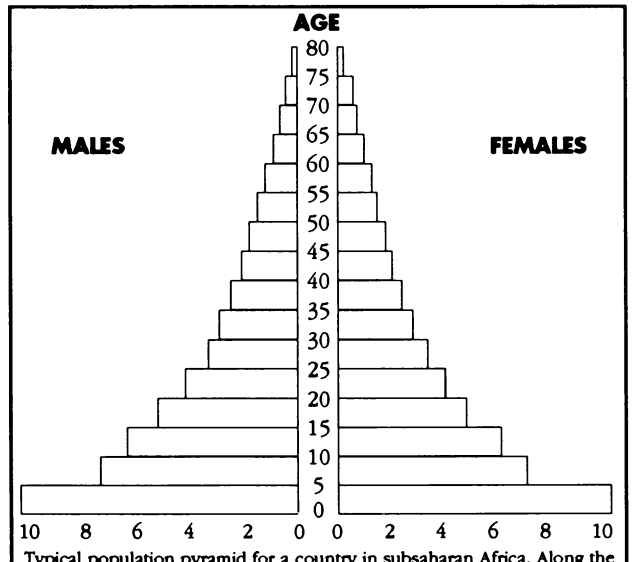
Educational Efforts Outside the Church

Should Adventists strive to reach persons outside the church with an AIDS message? Among the general society, Adventists have promoted programs relating to smoking, diet, and stress reduction. It is conceivable that AIDS messages for non-Adventists and, indeed, non-Christian groups could differ substantially from messages conveyed within the church. Would this be ethically acceptable or would parallel messages cause confusion among Adventist youth? Although an AIDS program based on Christian principles might be very effective in Christian nations in Africa, it might be misconstrued by some groups as an evangelistic strategy in disguise.

Caring for Those With AIDS

Caring for those in need, the ill and the dying, was a Jewish practice that brought admiration and adherents throughout the Roman empire. These practices were adopted by the early Christian church. It was an important reason why, as the Roman empire collapsed and the civilized world tumbled into the night, Christianity grew in strength.[8]

The AIDS epidemic offers the church an unparalleled opportunity to exercise its Christian concern for those in need. Hospitals in Africa cannot begin to care for all those in the final stages of AIDS. Home-care programs are gaining popularity in many countries, but there is a persistent prejudice against persons with AIDS. By their nature, home-care pro-



Typical population pyramid for a country in subsaharan Africa. Along the vertical axis are the various age groups, and along the horizontal axis is indicated the percent of the population falling into each age group. Roughly half the population will be under age 15.

grams are labor-intensive and are ideal for local, church-based initiatives. Such programs could counsel patients and their families, help the ill to remain an active part of the community, and provide access to services. This is presently within the capability of many Dorcas and community-service structures of the church. The benefits to both the church and the community would be immense. Methods exist for helping organizations such as churches to strengthen a community's capacity to help those with AIDS.[9]

What Has Happened Up to Now?

Unfortunately, the church has failed to effectively use its resources in response to the threat from AIDS. Although the destructive potential of the AIDS epidemic in Africa has been recognized for nearly a decade, the Adventist Church in some of the worst affected areas of Africa has expended its energy on side issues and half measures. The world church has been hesitant in its AIDS efforts, perhaps from a misconception that HIV is an infection on the margins of society or from a general discomfort with issues of sexuality. A General Conference AIDS committee was formed in 1987, with strong support from the Health and Temperance Department. It produced a laudable statement about AIDS, which was widely publicized within the church. Its next effort, to stage a conference on AIDS for Adventists and other Christian health workers in Africa, took place in Malawi in 1988. This conference tackled many of the behavioral issues responsible for HIV in Africa, and was highly acclaimed.

However, the Eastern Africa Division, whose territory includes much of the world epicenter of the epidemic (Uganda, Tanzania, Kenya, Malawi, and Zambia), declined to participate in the conference. In fact, the division eventually took punitive action against some institutions that did participate. Within a year, the General Conference AIDS committee ceased to function for lack of funds and loss of interest. Within the Eastern Africa Division, which stood to lose so much from the epidemic, a coordinated program never emerged. Were its health and temperance department's messages anti-AIDS or anti-condom? It was sometimes hard to tell. A recent AIDS message was a bland, interdenominational restatement of traditional Christian morality, with little suggestion of how to move from rehash to reality.[10]

Meanwhile, the Adventist Development and Relief Agency (ADRA) has undertaken a number of successful AIDS projects in Africa. One of the most ambitious aims to counteract components of traditional adolescent initiation rites, which promote promiscuity and increase risk of infection. Many of these ADRA projects have been promoted by young, innovative local country directors. The flexibility, resources, and vertical structure of ADRA have aroused considerable hostility among some layers of the church bureaucracy that seem wedded to form rather than function.

Only in mid-1993 did ADRA appoint a full-time AIDS coordinator at the headquarters level, and not until September of 1993 did its AIDS advisory committee meet for the first time. The issues of development, human rights, basic Christian beliefs, poverty, and AIDS are inextricably intertwined. This makes the AIDS mandate an appropriate one for ADRA.

The church's long delay in effectively addressing the AIDS epidemic has hurt both the larger society and its own self-interest. Although valuable time has been lost on inaction, side issues, and fratricide, perhaps the enormity of the threat is now being grasped by elements in the church. If the church in developing countries is to protect its future, there must be no lapse back into the old comfortable *akinesis*.

From a personal standpoint, it seems fitting that this article was written whilst in Uganda, the vortex of the HIV maelstrom. The paradox of an epidemic spread largely by sexual means in this highly Christian country points up the difficulty everywhere in transforming knowledge into understanding and beyond—into behavioral change.

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