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Jan G. Platvoet
AASR Webmaster

East Africa's Internal Terror: Witchcraft Panic & Other Religious Responses to AIDS

Felicitas Becker & P. Wenzel Geissler (eds.) 2007, *AIDS and Religious Practice in East Africa*; special issue of *Journal of Religion in Africa* 37, 1: 1-149.

Becker and Geissler have gathered in this special issue of *JRA* five of the ten papers, presented at a one-day workshop on 'Faith and AIDS in East Africa', which was organised by Paul Gifford (SOAS, London), Felicitas Becker (Simon Frazer University, Burnaby, Canada), and P. Wenzel Geissler (School of Hygiene & Tropical Medicine, London) in October 2005 at LSE.¹ They are complemented by an introduction by the two editors and a 'conclusion' by John Lonsdale.

What struck me most in reading this collection was Heike Behrend's introduction to her paper on 'The Rise of Occult Powers, AIDS and the Roman Catholic Church in Western Uganda' (41-58). In the region of Tooro in Western Uganda, she found in 1998 an 'epidemic of internal terror', people responding to the stark increase of the number of the deaths from AIDS by 'complain[ing] that cannibals were killing and eating their relatives, friends and neighbours' (41). They said these cannibals first caused their deaths by bewitching them and then, after their burial, resurrected them in order to feast on their bodies together with other cannibal witches. Because they 'kill their victims twice', they were deemed worse than witches. Formerly said to be confined to a particular district only, these cannibal witches were now thought to be everywhere (41-42).

While most modern analyses attribute the rise of belief in occult forces in several parts of Africa primarily to 'the asocial greed necessary for accumulation in a capitalist market' (43), Behrens sides with Victor Turner in rather linking 'the rise of witch beliefs and accusations with high rates of morbidity and mortality' (44).

¹ For a report on this conference, visit <http://www.a-asr.org/index.php?id=271>, or <http://www.lse.ac.uk/collections/LSEAIDS/pdfs/faith%20and%20aids%20report%20long.pdf>

Disease epidemics – smallpox in the past, AIDS now – create ‘epidemics of representation’: images of invisible violence attributed to witchcraft, sorcery, cursing, or other presumed occult forces (44-45). As the AIDS epidemic is ‘also an epidemic of poverty’, it is inseparable from economic and political conditions (43),² and rising anti-Western sentiments.³ As a secondary rationalisation, the occult explanation is perfectly compatible with the medical view of AIDS, promoted by the government and Western NGOs, which few Ugandans nowadays deny (46). And it is strongly invigorated by ‘the many Christian fundamentalist movements and churches [...] fighting occult (satanic) powers’, for ‘precisely the fight against the occult reproduces and strengthens [the belief in] the “enemy”’ (44).

The link between AIDS and the witchcraft panic is, however, a dynamic one, says Behrens, for a paradigm shift may occur ‘that leads, for example, to the interpretation of the epidemic as divine punishment, thereby reducing or even stopping witchcraft accusations’ (45). Behrens devotes the remainder of her article to two RC lay organisations in Tooro: the Movement for the Restoration of the Ten Commandments of God,⁴ which viewed AIDS as punishment for sin – as did certain ‘traditionalists’ (47); and the Uganda Martyrs Guild (UMG), which started ‘crusades’ against non-Catholics in 1995 to ‘free people from evil in abandoned places’.

These witch and cannibal hunts were at first violent, then were curbed by the RC hierarchy but remained full of the charismatic rhetoric of holy war. After a day of fasting and a night of singing and praying in church to become ‘loaded’ with the Holy Spirit, a UMG group would move through a village with bottles of blessed water from house to house till they ‘sensed’ the ‘presence of satanic powers’. Upon which some younger members would fall into a hyperkinetic trance, identify the person to be ‘cleansed’, and expose the utensils of her or his ‘nefarious work’. These were duly documented by being photographed, and then destroyed by being burned. The crusade was concluded with a mass in the local church (51-52). The accused were made to confess, to name other ‘cannibals’, and were ‘cleansed’ by

² Such as, in Tooro, economic depression, the ADF guerrilla war, the decline of local government, widespread corruption and struggles about land (57n5).

³ Condoms being suspected as having been infected with HIV in order to spread the disease for the purpose of a genocide, after which Westerners would take over the country again (47-48).

⁴ It is connected with a mass suicide, c.q. mass killing, in Kanungu, Western Uganda, in March 2000 (57n8, Behrend 2001).

being made to vomit and by being prayed over. These ‘cleansing’ rituals greatly reinforced the beliefs in cannibal witches. The few who refused to confess were declared ‘mad’ and ostracised. UMG grew fast because confessed ‘cannibals’ joined it *en masse* to forestall being accused again (52-54).

In the first paper, ‘The Virus and the Scriptures: Muslims and AIDS in Tanzania’ (16-40), Felicitas Becker likewise notes ‘that the omnipresence of death in the age of AIDS has revived witchcraft fears and accusations’ (29) among Muslims in the rural towns of Lindi and Mwara near Dar es Salaam in southeast Tanzania. She saw it graphically expressed in an inscription above a roadside shop near Lindi, saying: *wachawi acheni ukinwi unatosha*, ‘stop it, witches, there is enough AIDS already’ (29).

This ‘radicalised witchcraft discourse’ is, however, but one of the numerous religious responses to the HIV/AIDS pandemic of the past two decades in East Africa discussed in this collection. Becker emphasises that ‘most non-Muslim observers [...] overestimate the adherence of Muslims to codified religious prescriptions’ (18) with regards to HIV/AIDS. She devotes her paper to demonstrating that rural Muslims in southeast Tanzania do not adhere to a fairly united and fixed point of view. Instead, ‘Muslims, like everybody else, muddle through’ (18), view biomedical explanation habitually with scepticism and rather explain HIV/AIDS as due to ‘changing times’, and in particular to the disobedience of the young. And to their own failure to transmit traditional values and norms to them (19-23).

Becker notes two Muslim positions in particular: that of the young *wahhabist* inspired *Ansuari Sunna* (‘Fellows of the Way’): reformists who wish to purify local Islam from *bid’a*, [idolatrous] ‘innovation’. And that of the traditional *Bakwata*⁵ Muslims, organised in the Central Muslim Council of Tanzania, which was recognised as spokesman for Tanzanian Muslims by the government in 1967. Their use of Sufi chants at funerals, and their annual celebrations of the birthday of the Prophet and of the founders of the Sufi brotherhoods are denounced as *bid’a* by *Ansuari* reformists (23-26).

Whereas *Bakwata* Muslims endorse the government campaigns of abstinence, faithfulness and condoms, *Ansuari* view AIDS as ‘a pernicious western influence, caused by the failure of Muslims to adhere to the Qur’an and the ways of the Prophet’. They accuse the *Bakwata* Muslims of ‘advertising fornication’ for promoting the use of condoms (26-27). But they fail to take a clear-cut position on

⁵ Acronym for *Baraza kunu la Waislamu Tanzania*, ‘Central Muslim Council of Tanzania’.

uganga wa kitabu, ‘Qur’anic healing’, in which e.g. *surahs* are being worn as amulets for protection against *uchawi*, ‘witchcraft’, or are drunk as medicines, even though these practices smack of *shirk*, ‘idolatry’. However, they consider their use for witch-finding *haramu*, ‘forbidden’. They condemned the wave of ‘witchcraft cleansing’ that swept through the region in the last few years, with very young ‘witchcraft eradicators’ invading the homes of respected *shehe* (clerics) in search for ‘witchcraft utensils’ (28-30).

Becker shows that individual Muslims pragmatically pick their own courses in this muddled field of polemics, e.g. by being sympathetic to both the reformist position and the Sufi tradition, but refusing to accept that condoms are *haramu* (31-33). Becker also notes that Muslims do not demonise the HIV virus nor the spirit world, but rather regard both as creatures of God; and that reformists adopt a scripturalist rationalism that sits well with an active affirmation of (biomedical) science as complementary with the Qur’an. And all are disillusioned with ‘development’ and modern times. They regard *zinaa*, ‘illicit sex’, as a symptom of modern men turning away from God, HIV control programs as endorsing it, and Muslim rules for the interaction between men and women as counteracting it (34-36).

The third contribution (59-83), by Hansjörg Dilger of the University of Florida, is about a very successful neo-Pentecostal mega-church with an apocalyptic, demonising worldview. It is the Full Gospel Bible Fellowship Church (FGBFC), founded in 1989 by Zachary Kakobe in Dar es Salaam. It claimed to have more than 120.000 members by 2000 nationwide, mostly young to middle-aged women who migrated to Dar es Salaam for jobs, and small entrepreneurs (65-66).

FGBFC’s mission is to save men from perdition by ‘awakening’ them to the ‘fact’ that they and the world are in the grip of Satan and his diabolic henchmen, such as mischievous relatives; or ancestors sending curses; or witches; or spirits such as *pepo*, *jinni*, or *shetani*; all of them being deemed to cause marital problems, trouble at work, infertility and even AIDS (67-68, 76-77). AIDS is regarded as ‘a biblical disease sent by God himself as a punishment for humankind’s sinful and immoral behaviour’. It therefore can be healed only through God (68).

This view allows FGBFC members ‘to switch easily between biomedical and religious interpretations of HIV’, and between the exorcism of a spirit and the removal of the HIV-virus (70-72). FGBFC’s gospel of prosperity and healing by exorcist rituals matches the aspirations of its increasingly individualist members for wealth and health; for detachment from kinship obligations by their integration into

small, tightly knit, local FGBFC communities; and for palliative care of those that fall terminally ill with AIDS by having these local congregations provide them with all the care and support they need, including a decent burial (72-75).

The fourth contribution (84-115) is by Ruth Prince (University of Copenhagen). She examines the current polarisation of 'salvation' and 'tradition' among Luo Christians of Western Kenya in the face of 'the death of today', the increasing numbers of deaths by AIDS, especially of young males. The tension revolves more especially around the issue of *tero*, 'taking', the Luo term for 'widow inheritance', because AIDS has created many young widows, quite a number of which have joined the 'Saved' in order not to be 'taken'. As most Luo are Christians, the polarisation is not between 'pagan' and Christian Luo, but between the majority of 'traditionalist' Christians, who strongly favour that 'Luo tradition'⁶ be observed, because it is believed to engender 'growth' (86-87); and the minority of 'born-again' or 'saved' Christians, who radicalise the absolute opposition early (1904-) CMS missionaries created between Christianity and Luo 'paganism'. The East African Christian Revivals in the Anglican Church of the 1930s and 1970s further 'inflamed' this dichotomy by condemning 'traditionalist' Christians as 'backsliders', who 'follow the path of the devil' (96), and by demanding that they 'shed practices such as polygamy, widow inheritance, the use of African medicines and "witchdoctors", drinking alcohol and smoking' (93). The modern 'Saved' sharply oppose their 'speaking out [their sins] openly' (*waruok*, their term for 'salvation'), whereby they 'walk in the light', to the 'things of the earth' of 'traditionalist' Christians, which they condemn as *juok*, 'witchcraft'. That in their view includes 'all practices that are imbued with ancestral power: ritual sacrifice, libations, spirit possession and ritual healing, as well as the use of plant medicines for the treatment of illness' (95). They regard the AIDS epidemic as partly the consequence of people backsliding into 'pagan', 'sinful' ways (86). Most recent converts to the 'Saved' are women, and quite a number of them are widows who have refused to be 'taken'. Prince discusses a few cases (89-91, 106-108).

Just as 'salvation' has radicalized in the course of the 20th century, so has *chike Luo*, 'Luo tradition'. It has been codified into a set body of 'authoritative rules, numbered and listed like laws' (101) since 1938 when Paul Mboya published his *Luo Kitgi gi Timbegi* ('Luo Characters and Customs'). Since the 1990s, literature

⁶ *Chike Luo*: the body of ritual practices and rule that traditionally structure Luo kinship and social life

on *chike Luo* has proliferated. One book listed as many as 300 rules. Luo rules are also listed on the internet site www.Jaluo.com and dominate the weekly radio broadcast *Chikwe Luo* in which Luo ‘elders’ answer queries by listeners about *chira*, ‘leaving the rules’ (100-105). All warn of the deadly consequences of *chira*: ‘the death of today is the consequence of people leaving the traditions’ (102).

Prince concludes her article by showing that, however sharply these ‘two incompatible moral regimes’ (87) are opposed, real life demands that even the Saved enter into negotiations at times and compromise; that traditionalist discourse about *tero* is not monolithic; and that ‘tradition and Salvation as antagonistic bodies of rules and customs are tied to one another, and are equally modern phenomena’ (109, 107-110).

The last contribution (116-144), by Jo Sadgrove (SOAS, London), is about ‘keeping up appearances’. By it she refers to two (seemingly) diametrically opposed sets of sexual behaviour governed by peer group pressure among undergraduates at Makerere University, Kampala, Uganda with implications for HIV-prevention programs. One is the ‘born-again’ status and its associated anti-condom Pentecostal version of ABC: ‘abstinence, be faithful, Christ!’ (126). For the 25 students Sadgrove followed closely,⁷ the born-again status – by membership in the Kampala Pentecostal Church (KPC) – was very fashionable because it ‘gets people entry into an increasingly significant social network, improves job prospects [...] and generally provides a social status, identity and a “place to belong”’ (131). Under peer group pressure – organised in cell groups of 5 to 10 KPC members who meet every Wednesday night for prayer and discussion – that status was publicly displayed in the cell meetings as well in frequently proselytising in canteens, classrooms and public fellowships at Makerere, which ‘like the rest of Uganda is undergoing a born-again revolution’ (125-126) and where ‘the abstinence campaign [of the government] is highly evident around the campus’ (120-121).

But eleven – seven male, four female – admitted that they were wearing ‘the mask of salvation’ and ‘talking the talk of salvation’. For privately ‘they were, or had been involved in sexual relationships since becoming born-again’ (127). Nor did some privately observe the ban on smoking and drinking. Reluctant to lose face in front of their peers (130), such dishonesty was acceptable to them ‘as long as

⁷ The group studied by Sadgrove were well-educated, from well-to-do families and residents of the most expensive student hall on campus (127).

they were not discovered to be lying or hypocritical' (133). Six admitted to using condoms, and three female students 'admitted to actually de-toothing whilst being born-again' (128).

'De-toothing' is the promise of sexual favours, and withholding them as long as possible, e.g. by appealing to one's born-again status (125), which female students at Makerere use as a tool for extracting money and materials from men, analogously to extracting a man's teeth till he is left with none (122-123). In view of the difficulty of withholding sex after having received substantial gifts, and the concomitant risk of HIV-infection, de-toothing is a perilous commodities race, under peer group pressure, for the latest mobile phone, or the most fashionable clothes (132), CDs and other luxury goods, and money and food and drinks (122). For it is essential to maintain 'the visibility of success through being seen to own luxury items' (123). In view of the limited financial resources of university students, the males to be de-toothed are usually sugar-daddies, financially successful married men, referred to as 'twelve-month contracts', from which they extract residence fees, living costs and even cars (123-124).

Sadgrove concludes that in studies of Pentecostalism there is 'the very real need for a more critical analysis of the link between religious belief and behaviour'. Her study, she says, 'demonstrates the powerful and pervasive influence of the peer group in driving sexual behaviour on the part of the de-toothers, affecting how people talk about their sexual behaviour and in dictating how religious messages are received and mediated to define what is acceptable public behaviour for a born-again Christian' (137). She adds that it is 'the social rather than ideological aspect of the religious organization that make it effective at mobilizing its members to behaviour change' (138).

In their introduction, 'Searching for Pathways in a Landscape of Death' (1-15), the editors note that the papers gathered in this issue of *JRA* demonstrate that the AIDS crisis, far from paralysing African religious thought, has stimulated it: 'from witchcraft to Judaeo-Christian demonology, notions of every derivation are employed, developed and combined to make sense of AIDS and live in its presence' (5). But they conclude also that ethnographers have attributed 'too much agency' to religious discourse and prescription in restoring social and epistemological order. For these papers also show that 'religious debates in contemporary African everyday life do not succeed in imposing a closed dogmatic order or fixed explanation' (5) despite the increasing rigidity of religious notions and prescriptions.

These should not, however, be seen as ‘a function of the decline of modernism’ (8), for ‘modernity’ is a polysemous, ambivalent category, and ‘every African response [to the AIDS crisis ...] could be said to embody a form of African modernity’ (9). It faces Africans with the enormous intellectual and moral challenge of e.g. reconciling religious and ‘rational’ (bio-medical) explanations of AIDS (9-11). The editors, as well as Lonsdale in his epilogue (145-149), follow John Iliffe in his guarded optimism about the future of the AIDS-epidemic in Africa: ‘people’s understandings [of AIDS] and practices change and advance quickly, and the recent availability of free antiretroviral treatment [...] is at present accelerating this process of learning and response’ (11). Hopefully, the academic study of the religions of Africa will contribute to that process, not just by the conference at Gaborone, Botswana, but also by further research of the academic quality as gathered in this issue of *JRA*, and by curriculum development. To further that process, a special bibliography on AIDS & Religions in Africa has been included in this bulletin below.⁸

⁸ AASR Bulletin 27/28 (May/November 2007): 68-74