

AIDS IN SUB-SAHARAN AFRICA: BETWEEN DENIAL AND TRUTH TELLING

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Abstract

The article tells the story of how interorganizational relations in Sub-Saharan Africa started to develop and how it came to focus on the HIV/AIDS¹ scourge. The Network for African Congregational Theology's mission is quoted verbatim. A discussion of the principles for interorganizational relations in a Third-World context follows. A priority for the Network seems to be the facing of the HIV/AIDS denial problem, which can be successfully dealt with only if a hermeneutically sensitive multidisciplinary interorganizational approach is followed. Reasons why people on the ground deny and seemingly ignore the awful reality of HIV/AIDS are given and the cultivation of a new culture of truth telling to face the scourge is argued.

1. Introduction

The HIV/AIDS pandemic in Sub-Saharan Africa has forced institutions to develop networks to address this daunting challenge.² The overwhelming proportions of this scourge and the meager resources at the disposal of institutions challenge us to work together and to find national and international partnerships. However, it is not easy to induce institutions, most of which attained autonomy only in the last two to three decades, to work together across cultural and racial divides. Networking requires hermeneutical skills! NetACT is the story of the Network for African Congregational Theology founded between Reformed/Presbyterian theological institutions in Sub-Saharan Africa that purposefully work together, as well as with overseas partners. Dealing with the moral side of HIV/AIDS, and the local culture of denial regarding this, is one of our most urgent concerns. At the beginning it was even difficult to debate the issue at NetACT meetings. To deal with the pandemic effectively, implies leadership development at all levels and the improvement of the infrastructure, curriculum and academic standards of our theological institutions. We are learning as we move ahead; in other words, we are employing a methodology of participatory action research. As such, this article will be presented as a case study addressing the problem of networking institutions to deal with HIV/AIDS and to get its member institutions to overcome the culture of denial pertaining to HIV/AIDS. The hypothesis of this article is that by developing interorganizational relationships between theological colleges or seminaries across racial, cultural and geographical boundaries, one can help to empower the participatory institutions to deal effectively and faithfully with their most urgent problems.

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1. HIV stands for HUMANE IMMUNODEFICIENCY VIRUS. This virus starts breaking down an infected person's immune system. AIDS stands for ACQUIRED IMMUNE DEFICIENCY SYNDROME and refers to the situation where the immune system of the HIV-positive person has deteriorated to such an extent that he/she develops AIDS and is really sick and suffering.
 2. This paper was presented at the 2001 meeting of the Religious Research Association's (RRA) 2001 annual meeting that addressed the theme interorganizational relations in religious research.

2. The netact story

Countries in Sub-Saharan Africa are interdependent in many ways. The challenges and problems that we face are enormous with none so daunting as the poverty and health-related issues such as tuberculosis, malaria and the HIV/AIDS scourge. There are very few institutions outside South Africa that are capable of doing thorough research to address Africa's endemic problems. Study overseas is exorbitantly expensive and impossible without a full scholarship. Therefore, it is imperative for Southern African theological institutions to develop the expertise to address our problems. This implies becoming involved in outcomes-based research. We were challenged to develop interorganizational relations across racial, cultural and geographical boundaries. Since then, the exchange of students and lecturers between the institutions has grown. Then we decided to structure these exchanges in a more formal way and started by forming a network between seminaries of a Reformed / Presbyterian origin. In February 2000, our first meeting was held in Nairobi, Kenya. Another followed this in April 2001 in Lusaka, Zambia, which was funded by the Uniting Churches in the Netherlands. Here 22 representatives from eight institutions in seven countries (Kenya, Malawi, Mozambique, Namibia, South Africa, Zambia and Zimbabwe) attended, together with representatives from Western Theological Seminary (Holland Michigan, USA) and the Free University of Amsterdam. The Lusaka meeting took several days to formulate a document that describes NetACT's identity, mission, values and vision. The official boards of the institutions that formed NetACT subsequently approved the document. This is an apt illustration of the first steps taken towards interorganizational relations. Extracts from the minutes of the meeting (NetACT Minutes 2001) follow:

NetACT: Identity & Definition

NetACT is the Network for African Congregational Theology, a network of theological institutions in the Presbyterian and Reformed tradition in Sub-Saharan Africa.

Congregational Theology is theology as practiced in the Christian Congregation as the body of Christ, discerning the will of God in the process of interpreting the Scriptures and its own specific context, empowering the Congregation to address its multiple problems, challenges and sufferings, in Sub-Saharan Africa manifest in the pandemic of HIV/AIDS, abuse of power, corruption and economic injustice (among others).

Mission

NetACT aims at assisting the participating institutions to develop congregational theology and leadership. It seeks to achieve this aim through:

- *contextual relevant training of congregational leadership*
- *upgrading of academic standards and institutional capacity-building*
- *developing research programmes at the participating institutions*
- *developing continuous education programmes*
- *lecturer-exchange between its participating institutions*
- *conferences and publications in the field of theology in Africa*
- *addressing the HIV/AIDS problem, especially by providing the theological, moral and spiritual under girding to curb this pandemic.*

3. Principles for interorganizational relations in a third-world context

This document and the process that gave birth to it highlight principles for inter-organizational relations in a Third-World context:

Personal relationships

Trust can only develop in time and by getting to know one another on a personal level. Many footprints form a path. Links were in place through a shared missional history, but every new generation must renew the bonds. In NetACT's case, the exchange in students and lecturers over a number of years played an important role. Traveling together in Africa provides shared experiences: the usual concomitant bad roads and beautiful scenery make every trip an adventure!

Boundary-crossing exposures

Racial, cultural and geographical boundaries are a reality. You have to become accustomed to and be able to find your way "on the other side" - this must be a two-way traffic. From all over Africa, post-graduate students and members of executive committees visiting the Dutch Reformed Church offices and the "seminary of the Mother Church" have become acquainted with one another. These visits have been returned.

Identity links

A shared history facilitated the crossing of boundaries. Dutch Reformed Church "missionaries" founded most of the churches and seminaries that now form NetACT. Africa's "independence" period was a troubled time, but the realization that we need each other and the fact that we share a history and identity helped the process.

Spiritual foundation

Africa is deeply religious. With so much insecurity everywhere, reliance on God is somehow implicit. During the nine days we spent in Lusaka, we devoted much time to devotions. This led to spiritual bonding and mutual trust.

Shared needs

Only those who have lived in Third-World environments can truly understand to what extent poverty dehumanizes and disempowers. In Africa, ordinary \$12 textbooks or drugs for HIV infected people are impossibly expensive for any working person with a moderate income. The development of an academic infrastructure for seminaries with some books from abroad, together with one computer plus e-mail facilities is basically impossible without outside funding and assistance. Over 90% of the African theology students' extended families cannot provide them with adequate financial support. We realized that facing such great needs requires working together to address the financial hazards.

Leadership

Visionary leadership is to dream the impossible. The mission and vision from the minutes of the Lusaka meeting are testimony to this.

Accomplishments

Achievements encourage people; every step forward is a step towards the realization of a dream. After the first meeting in Nairobi, members of institutions involved in NetACT delivered papers in June 2000 at the triennial meeting of the International Society for the Study of Reformed Communities at Stellenbosch. For most of the African contingent it was

a first exposure to a research-oriented venue where they were able to meet “those people whose books we are reading and using.” The realization that their contribution to the meeting was profound and that all their papers were published in the conference proceedings (Hendriks, Luidens *et al.* 2001), was a tremendous boost to morale. One of the European scholars then raised funds that made the Lusaka conference possible - another major achievement. Network gained momentum when we obtained the necessary funds to buy houses that provide adequate accommodation for those involved in post-graduate work and research at Stellenbosch. We were able to establish a communication network (computers, printers, satellite receivers, etc.) between all the institutions. Hassles-free communication with one another is something we in Africa can appreciate!

Accountability and transparency

Against the background of endemic problems of corruption and the abuse of power experienced in Africa, the NetACT value-statement portrays its emphasis on accountability and transparency. Sometimes the discussions at the 2001 Lusaka meeting were even blunt in their honesty to pursue the transparency of motives and aims.

Involvement

The key to the success of the Network lies in the involvement of its member institutions. In order to illustrate this principle, this researcher will refer to the objective or vision to write theological handbooks applicable to Africa. The well-known *Handbook for congregational studies* (Carroll, Dudley & McKinney 1986) and the subsequent book, *Studying congregations* (Ammerman, Carroll *et al.* 1996), was introduced at all NetACT institutions. After consultation and in cooperation with the authors, a first “Africanization” to the book was done. At the 2001 meeting in Lusaka we spent considerable time editing the manuscript that was used in 1999 and 2000. This “second edition” will be taught in 2002 and then final editing will take place before being published. The names of all the persons involved in the teaching and editing process will be mentioned as co-editors. Books in all fields of theology are on the planning list.

Financial resources

To break the disempowering grip of endemic poverty, one needs financial resources. Now, there is a way in which we can address the HIV/AIDS pandemic with a holistic long-term program. South African institutions, notably the Dutch Reformed Church and many individual congregations address some of the needs. Significant financial assistance came from overseas. Those who are making financial resources available are involved in and exposed to African realities.

4. Facing the HIV/AIDS denial problem

One of the benefits of intact interorganizational relations is that specific issues can be addressed. Addressing the HIV/AIDS scourge is a good example.³ During the Lusaka meeting, the pandemic was discussed in detail. It was interesting how the realization of all the institutions grew that they must take active steps and that they must network with each other, with governments, medical institutions and other NGO's. It also became clear to all that the church (and theological training institutions) has a crucial role to play in addressing moral issues that do not seem to receive attention. The method used was to ask each institution to report on the situation in their country, seminary and church.

3. For papers on the HIV/AIDS situation in South Africa, see Greyling 2001, Marais 2000.

It was quite disturbing to discover that not a single institution had a module or anything substantial on HIV/AIDS in its curriculum.⁴ That a strange paradox existed was clear: nobody could deny that HIV/AIDS poses a horrible threat to society at large but, at the same time, everybody acknowledged that "denial" best describes what was evident on the ground, in congregations, and at funerals (Greyling 2001:24-25). Church circles and meetings discuss the pandemic in very general terms. Malawi started with a full-time "AIDS-awareness coordinator."⁵ However, it became clear that a lack of infrastructure and financial resources curtailed an effective process for addressing the pandemic.

The ABC policy was a heated topic.⁶ All agreed that *Abstinence* and *Be-faithful* should be integral moral values and that immorality was the reason why the pandemic was causing such havoc. There was absolute unanimity that the church has a crucial role to play in this regard and that its silence, in the long run, will reflect very badly on its integrity. This realization led to the Network's making the HIV/AIDS issue one of its priorities. However, the issue of *condoms* was emotional (Kiiti 1993b: 49-50). Generally, Africans are very negative about the way condoms are hailed as the answer to HIV/AIDS. They believe that the very opposite is true as it actually accelerates the pandemic, being conducive to immoral behaviour. Most Africans believe that condoms should not even be mentioned in any campaign. To prove their point, they refer to Uganda, which changed its policy (see Airhihenbuwa *et al.* 1999:51). Tanzania also succeeded in curbing the spread of the disease by community action against promiscuity (Phillips 2001).

Medical authorities are in a very difficult position concerning the denial problem. In South Africa and many other Sub-Saharan countries HIV/AIDS is a non-notifiable disease (Marais 2000:42-44). Death certificates do not mention HIV/AIDS. While health authorities are concerned about the pandemic, most people refuse to accept the verdict that they are HIV positive. Disinformation and lack of knowledge about the virus play an appalling role. Almost all the representatives mentioned the negative role of witchdoctors who usually claim to be able to heal the patients and, in actual fact help to increase the spread of the disease. Rutoro (2001) accounts how witchdoctors tell people that a certain "spirit" causes people's death. The witchdoctors then extract teeth or draw tattoos on patients to counteract the spirit. Myths about the sickness abound, the most popular of which is that by having sex with a virgin, a white woman or an old woman, one can be cured.

The social and economic implications of the scourge are devastating. Many villages have simply disappeared. In Zambia they call it "the family disease." Old people and young children are often left to care for themselves. Money, that would otherwise be spent on education or farming, is now spent on medicine and funerals. As such, this is now impoverishing affected families, communities and countries.

The NetACT group was unanimous that we need to coordinate our HIV/AIDS project. A two-pronged approach was planned: theological institutions need leadership to be trained with the necessary knowledge and skills to be able to address the issue in churches, especially at a congregational level. However, the most important focus will be the training

4. MAP International of PO Box 21663 Nairobi, Kenya and the Christian Health Association of Kenya, PO Box 30690, Nairobi, Kenya produced a good basic curriculum (1996: Choosing Hope; the Christian response to the HIV/AIDS epidemic) and books that accompanies it (Kiiti, N. 1993a; Kiiti, N, 1993b; Dortzbach, K 1994). In Namibia the Catholic AIDS Action, PO Box 11525, Windhoek, Namibia (e-mail ncbc@iafrica.com) also developed contextualized courses.

5. The *Nkhoma Community Aids Programme*. 2 February 2001. Ezra Majoni program coordinator. PO Box 45 Nkhoma, Malawi.

6. Airhihenbuwa *et al.* 1999:68.

of congregational leaders to address the scourge at a local, congregational level where people are suffering and dying (Greyling 2001:26). A process of participatory action research will be followed. We decided upon a holistic multidisciplinary approach⁷.

This process taught us the importance of context-based communication (Airhihenbuwa *et al.* 1999:27). Like-minded institutions in neighboring countries can find solutions if they confront their problems. Understanding the problem, however, is an important step towards a solution. However, the question remains: *Why the denial?*

An interview with Dr Paul Mutinda of Daystar University, Nairobi, Kenya (2001) explains the nature and definition of denial. On the question: "Why the denial?" he gave two reasons:

It's a question of differences in culture, differences in worldview. With regard to sexual matters, Western culture is an open culture while almost all African tribes have a closed culture. They won't speak openly about sexual matters nor discuss it with their children or wives.

He was quick to point out that one must distinguish between the traditional culture (Zulu 2001:4-10) and "liberal" people influenced by Western ways. In general, however, Africans refrain from openly discussing sexual matters. To prove his point he explained that men and women, as well as boys and girls, are always apart, working, playing and staying in their peer groups. He illustrated his point with examples from their traditional culture:

- In church, men and women always sit apart. One side of the church is for women, the other side for men.
- If people are at social gatherings, men and women very seldom mix. The sexes eat apart. They even dance in peer groups (never in couples, as in the West), with the rest of the village present and watching.
- You will seldom find a young man and a young woman walking alone in public in daylight; holding hands and kissing are foreign. Traditional African women are always embarrassed to shake hands openly with Western people because it involves touching. Signs of affection between women and men are avoided in public as this is regarded as extremely private. However, in many African cultures, it is quite natural for two men to walk hand in hand (as a sign of affection) but with no connotation of being gay.
- Parents rarely speak to their children about sex and, if such a topic has to be addressed, euphemisms will be used. The old men will speak to the boys and the old women will speak to the girls, always using euphemisms.
- Dr Mutinda mentioned that he never saw his parents' underwear, which is considered to be private - not to be seen in public.
- To speak about sexual matters with someone outside your age / peer group, is regarded as an embarrassment. The person spoken to will answer: "How dare you talk about such things? I'm not your age and mate." Status plays an important role and the "big bulls" push the "small bulls" aside.
- Another specific example concerns a discussion in a men's bible study group when there was a reference to Deuteronomy 23:1 where male sexual organs are mentioned. This verse was not read. The men were asked to read it for themselves and, in the discussion, euphemisms were used. As a rule such passages are avoided.

7. Airhihenbuwa *et al.* 1999:78.

Dr Mutinda's answer to my question, "Why the denial?" was simple: African cultures have a "closed" attitude when it comes to sexual matters (Greyling 2001:25; McGeary 2001:47,50) - one does not speak about such things. It is a strictly private affair.⁸

Responding to my question why ministers do not address the issue at funerals, even when everybody knows that the deceased died of AIDS, he explained the cultural differences. In traditional culture, Africans do not want to offend people. They prefer to tell a lie in order not to embarrass another, simply because friendship and the good name of your extended family and/or clan is more important (Pityana 1999:144). HIV/AIDS is viewed as a disgrace. Sexual matters are private, in fact secret; one is not supposed to know or discuss it. Keeping relationships intact is very important; therefore telling a lie or refraining from mentioning something like AIDS is acceptable, even though everybody knows the facts. To speak or preach about AIDS at a funeral (a most important ritual in African society), will be considered terribly rude and socially unacceptable and will disgrace the family.

This researcher can testify personally in this regard. In Mozambique, my wife and I visited a graduate of our faculty as well as a prominent minister and lecturer at their theological seminary. The latter's son, whom we knew well, was dying of AIDS in their home. We shared their terrible ordeal for two weeks. He died a week after we left. Until this day the father has not acknowledged that he died of AIDS. The hospital staff said that he had contracted pneumonia, which was stated as the reason for his death. In the meantime, everybody in the seminary and in town knew that AIDS was the root cause of his illness, although it was never mentioned or discussed.

One should not conclude that immorality and sexual licentiousness are acceptable in African cultures (Teffo 1999:9). All cultures have ways of protecting moral standards. However, the influence of Western culture, especially the media,⁹ has an enormously negative influence on African lifestyles (Shorter & Onyancha 1997:71-85). In the process of colonization and in the subsequent urbanization process (Shorter 1991; Joda-Mbewe 2001:24-31) traditional values have been eroded, especially in the sexual realm. Western culture's openness about sexual matters and the way women and men interact are more or less contrary to that of the African lifestyle. The net result has been a total onslaught on the moral life of African people.

Commenting on Mutinda's explanation, with which he agreed in an interview, Ndlovu (August 2001) remarked that many Africans "are people from a village who lost their village." As such they experience an identity crisis. He explains: his father was raised in a village but they moved to an urban area where his father found employment. As a child in an urban school, Ndlovu was exposed to the Western media and lifestyle. When he asked his father about sexual matters he obtained no answer as these were matters to be handled by old men and old women at initiation rites (Amalemba 1996:27). In the city they are not available.

Young people within the charismatic-evangelical tradition continue to speak in figures of speech about sexual desires but they use "divine names." God leads them to this or that,

8. Teffo (1999:156) quotes Makgamantha: "that marriage in a traditional community is neither an individualistic affair, legalising the relationship between a man and a woman, nor an affair determined by the love and affection between a man and a woman. Marriage is a group concern, legalising a relationship between two groups of relatives (or sometimes friends).

9. At the historic September 1998 meeting in Johannesburg on the *African renaissance*, a whole section was devoted to "Media and telecommunications." In the six papers that were read, a systematic discussion of the moral influence of the Western Media on African culture and the HIV/AIDS pandemic received no attention (Makgoba 1999:359-416).

God tells them to do this or that. Those of more Calvinistic orientation will not speak about these issues “because it is not done.” In 1999, as a minister in the Kamwala congregation of the Reformed Church of Zambia, Ndlovu did something unheard of: for a whole month he preached on HIV/AIDS. The morning service was held in English for the young men, the afternoon service in Chichewa for the rest of the congregation. He invited medical people from the Sexually Transmitted Diseases Clinic (STD) to speak in his church. The elders were extremely angry and the matter was reported at the next Synod meeting. However, during and after these services, people started to confide in him and issues could be dealt with. Later, as a youth pastor in Lusaka, he realized how great the need was for youth groups to talk openly about sexual matters (Amalemba 1996:1; Shorter & Onyancha 1997:100-115).

5. Truth-telling starts at home

Ndlovu says that Africans now have no choice in this matter but to deal with it openly and honestly. They must simply choose: to die or not to die. Africa cannot escape the Western influence; neither can the people return to villages and a village culture. The only possibility left is to deal with it; accept the challenge of a fundamental cultural adjustment. He referred to his research about this issue in Uganda. Ugandans were faced with the harsh reality of whole villages that had disappeared. The leaders (the president, bishops, ministers, school principals and teachers) then started talking about it: people were warned, even at funerals. AIDS was referred to by its name. However, the use of condoms was no longer propagated. In due time the tide turned, because moral values were being restored.

Our hypothesis is quite simple. Step one in the process to combat HIV/AIDS is telling the truth. This should start at the top. Hermeneutically speaking it is important to understand why it is difficult to do so in most African cultures. The concept truth-telling is defined by the following case studies.

On May 16, 2001 by Ms Ruth Bhengu, an ANC parliamentarian in the South African National Assembly, made this brave speech before the President who seems to continue backtracking on the fact that the HIV virus leads to AIDS. Ms Bhengu bravely told a hushed assembly (abridged):

Madam Speaker

My speech is dedicated to my daughter Nozipho Bhengu who is HIV positive and is in the gallery today. I want to tell you about the feelings and the heavy load that a family with and HIV positive person carries everyday.

In February 1998, my second daughter came to my office. I could see that there was something wrong, but I never anticipated the news I was about to hear. I closed the door and asked her to sit down. She took out a piece of paper from her bag and said to me: “Mah, I am from our family doctor, and he has informed me that I am HIV positive”. She then gave me the paper on which the results were written.

I felt like the whole world had turned dark. She was already in tears. I stood up and asked her to come to me. I put her on my lap and held her close to me. I then told her that she was still my child and I loved her too much. The fact that she had been diagnosed HIV positive was not going to take away my love for her and all she deserves as my child.

I felt helpless because there was very little I knew about HIV/AIDS. My heart was torn. My dream of being buried by my children, as was the case with our parents

shattered. I saw her dying. My dreams of nurturing my children under normal conditions dealt a devastating blow. Though fearful, I resolved to be strong and deal with the situation.

I saw my family as different from other families — my daughter had a stigma, I had a stigma, my other children were in one way or the other going to carry this stigma. Life became difficult. I could not sleep, my performance level at work dropped. I withdrew from other people and spent most of my time with Nozipho in my bedroom neglecting my other children.

Devastated as I was, I had to stand up and meet the challenge. [She continued to describe what she did]...

- *My appeal to Parliament is that members should stop politicizing the problem of HIV/AIDS and begin to see it for what it is — A NATIONAL ISSUE.*
- *All South Africans, irrespective of their ideological religious and political beliefs should unite, hold hands and fight against HIV/AIDS.*
- *The government needs to speedily establish a holistic programme that would take care of poverty related problems of people living with HIV.*

Madam speaker my appeal to you is that Parliament should establish counseling services here in Parliament, because HIV/AIDS is not only out there; its also here with us.

Leaders in all spheres of life should follow Ms Bhengu's example. It is echoed from Malawi where the Nkhoma Synod of the Church of Central Africa Presbyterian made the following statement:

We, ministers of the Nkhoma Synod CCAP, gathered here at ... Chongoni from 10-11 May, 200, noting with great concern the devastating effect of HIV infection and AIDS in Malawi, do hereby declare that we as a church confess and repent before the Almighty God that we have not obeyed His word, and that we have not been fully involved in addressing the HIV/AIDS crisis, and that we ask for God's forgiveness, and from now onwards, we will take a preventive, care and support stand. So help us God!

6. Conclusion

Truth-telling needs to be supported by a holistic long-term program aimed at leading and empowering local leadership. Congregations are the most common and most dependable NGOs in Africa. Women, especially the Women's Guild (Runyowa and Rutoro 2001:56-64), form the backbone of African congregations and they hold the key to any HIV/AIDS program that may be effective.

NetACT's hypothesis is that, in order to reach suffering people and those in the danger zone, one must structure your approach in two ways: develop leadership on the ground and avoid slow bureaucracies (such as synods). We believe that we can do this through theological training institutions that have already taken ownership of this responsibility, have developed an organizational infrastructure (NetACT) and have the capability to network with governments, medical authorities and others to deal with the HIV/AIDS pandemic.

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