

Church Partnerships: An Essential Approach Towards Fighting HIV/AIDS in Ghana

One of the challenges the church in Ghana faces is how to address HIV/AIDS. The gap that exists between this institution and this disease can result in misunderstandings of people on the opposite side of the gap. My interview research in Accra, Ghana points to the fact that those infected with HIV/AIDS need not only the message the church has to offer, but also the resources of the church. The church that consists of both Protestants and Catholics includes more than sixty percent of Ghanaians. The church spreads across the entire country and reaches across social divides, speaking to all people. However, numerous international and local organizations within Ghana often have many resources the church does not have. Therefore, I argue that while the church in Ghana plays an essential role in the fight against AIDS, its impact is greater when it partners with other organizations.

In order to understand the impact churches and organizations can have on HIV/AIDS in Ghana, it is important to understand the past and present AIDS situation. The first known case of HIV/AIDS found in Ghana was in a woman who came back from Côte d'Ivoire in 1981. This case was broadcast via television all over Ghana. The images shown to the country were of doctors who wore gloves and masks and treated the patient from a distance. These television pictures portrayed the disease as scary and something foreigners or those who traveled abroad contract. By 1983, 43 cases of HIV/AIDS had been reported (Ocquaye, Personal Interview). The idea of prevention at the time was to stay away from those infected; thus from the beginning a high social stigma surrounded the disease.

The high stigma associated with HIV/AIDS still lingers today. The prevalence rate has been brought down from its peak rate of 2.8 percent in 1999, to 1.9 percent today (UNAIDS).

Although people are better educated about the disease than they were twenty years ago, the lower prevalence rate has caused stigma to remain. Generally speaking, in countries with relatively low HIV/AIDS prevalence, discussion on the disease is lower (Patterson, 68).

Decreased discussion on HIV/AIDS means stigma remains because the disease is then perceived as a disease of others. It is encouraging to note that progress on discussion is being made through support groups or HIV positive people who tell their stories (Twatyz, Personal Interview). Nevertheless, the challenge of de-stigmatizing Ghanaian society remains because of the initial response to the disease.

The church played a key role in raising awareness on HIV/AIDS and educating Ghanaians on the topic. One key step was a documentary that aired on national television in 1999. The documentary followed the lives of a few AIDS victims up until their death. The documentary also shared how those infected contracted the disease, how they were treated by other people, and how stigma followed the disease. Shocking as it was, the documentary gave the Ghanaian population better knowledge on HIV/AIDS. But the documentary was not enough. During the years spanning 2000-2005, awareness grew even more because churches worked together on the Compassion Campaign. This campaign attempted to “shatter the silence” on AIDS. The campaign travelled all over the country to meet and educate religious leaders and members of faith communities. Those working for the Compassion Campaign handed out test and care kits, spoke out against stigma, encouraged those infected to speak out, and wrote gospel music to raise awareness and urge behavioral change (Ocquaye, Personal Interview).

The level of awareness on the issue of HIV/AIDS today can be attributed mostly to those initial efforts of the Compassion Campaign. The challenge today in Ghana is less about raising

awareness and educating the masses, and more about seeing a change in Ghanaians' behavior. Unfortunately, behavioral change is very hard to gauge and many do not perceive risk of HIV infection: "90 percent of Ghanaians know about HIV/AIDS, but over 70 percent do not consider themselves or their families to be at risk" (Patterson, 61). Morris Ocquaye, a former worker on the Compassion Campaign and currently a counselor on health issues in the Methodist church, believes there is a need for a deepened knowledge that will result in behavioral changes, such as a decrease in multiple sexual partners and abstinence from pre-marital sex (Ocquaye, Personal Interview).

Understanding the motives of church members makes it easier to understand why over half the Ghanaian population attends church. In Ghana's newly popular charismatic churches, the rich and poor find the preaching of prosperity gospel to be appealing. The prosperity gospel consists of teachings that promise God will materially bless the believer if he or she lives a good and moral life. The leaders of these churches are seen as the icon of success (Gifford, 176). However, the theology of prosperity gospel is only found in the charismatic churches. There are many church members in a wide variety of denominations who attend church because of their love for God and a desire to live in obedience. One consistent theme across churches is morality; not necessarily that morality will bring material blessings, but that it is central to living a holy life.

Regardless of denomination affiliation, church leaders in Ghana are very powerful, credible, and influential. The leaders themselves also believe they hold an important role in society. Prophet Elisha Salifu Amoako from Alive Chapel International said, "Real leaders of the nation are spiritual leaders" (Gifford, 176). These church leaders also know how to play to their

audience. They understand how deeply spirituality is ingrained into the lives of Ghanaians, thus they tie traditional beliefs into preaching. Another reason Ghanaian church leaders hold so much power is because their audience is gullible (Gifford, 41). Christianity in Ghana is wide but not deep, and for many congregations their theological views are dependent upon the pastor. This gives credibility to almost anything the pastor says. For example, if a church leader chooses to speak about HIV/AIDS it gives congregations permission to discuss HIV/AIDS. To hear a pastor speak out on this sensitive topic can mean de-stigmatization throughout the congregation.

The church approaches HIV/AIDS in a holistic way that other organizations do not. It's true that the church sees itself has a powerful tool in society, and one of the best things the church has to give is care. In the words of Pentecostal pastor James Tetteh, "Churches are a better network of care because they go beyond just the medical" (Tetteh, Personal Interview). Church leaders believe the topic of HIV/AIDS needs to be addressed from not solely a secular perspective of raising awareness and lowering stigma and prevalence rates, but also from a spiritual perspective that brings the message of eternal life, God's love, comfort and spiritual healing. Adding in the spirituality teaches those not infected how to love those who are, and teaches those who are dying how to bravely embrace death (Ocquaye, Personal Interview).

Another reason churches are needed in the fight against HIV/AIDS is because they challenge governments and talk about issues some politicians avoid. If politicians are not going to be talking about HIV/AIDS then another sector of society needs to pick up the slack. The truth is, whether or not HIV/AIDS is on the Ghanaian political agenda, funding comes in, therefore politicians do not feel the urgency to talk about the issue (Ocquaye, Personal

Interview). Politicians also do not feel an urgent need to act on HIV/AIDS because Ghana's prevalence rate is low in comparison to surrounding countries.

Politicians recognize church leaders as a powerful part of Ghanaian society: "Political elites make use of religious communities for purposes of mobilizing voters, creating clienteles, or organizing constituencies" (Ellis and ter Haar, 188). This quote clearly talks about politicians using the church for the benefit of their power, but there is a larger point that can be drawn out of this statement. The power perceived by politicians in the churches legitimizes how influential the church is in Ghanaian society.

The church in Ghana offers several beneficial things that make it a key player in the fight on HIV/AIDS, but there are also parts of the church that are not conducive to playing this role. Take the prosperity gospel message, for example. The initial draw of receiving riches if you live a moral life can also potentially lead a young woman to engage in casual sex in order to get the wealthy life she desires and feels pressure to obtain (Tettah, Personal Interview). And although the church is viewed as a trustworthy recipient from international donors, often churches do not know how to manage funds. Frequently, funding reports are required, but some churches lack the knowledge or resources to meet these requirements.

The influential leadership in churches makes the church a great podium for speaking on HIV/AIDS; however leaders' messages do not always have a positive effect on the people. The church's message that stresses refraining from immoral behaviors (such as multiple sexual partners or engaging in pre-marital sex) to gain the blessings of health and wealth only fosters a mindset that there is a correlation between an immoral life and HIV/AIDS. The message of morality can perpetuate the AIDS stigma. Churches are often heard "lamenting the collapse of

moral standards,” which they attribute to the cause of “Ghana’s ills” (Gifford, 169). These “ills” might cause church members and non-church members to think that HIV/AIDS is a result of not living a moral life. The emphasis on morality and God’s punishment, more than on social justice and love, creates an environment that is not welcoming and embracing of those living with HIV/AIDS.

Another unwelcoming part of the church is the initial stance taken by churches on HIV/AIDS. Many churches did not engage in the Compassion Campaign. When HIV/AIDS was a relatively new problem in the country, these churches did not want to talk about it; HIV/AIDS was unmentionable in the church (Ocquaye, Personal Interview). It made sense then that those infected with HIV/AIDS could not come close to the church. Changes have been made in churches, but it is hard to re-shape church members’ thinking on HIV/AIDS when the subject was taboo from the beginning.

The competing messages among churches can result in tensions between congregations. Pastor James Tetteh, when asked about losing members from his Pentecostal church to the new charismatic churches, said, “Charismatic churches focus on prosperity messages in order to reel in a large audience” (Tetteh, Personal Interview). He admitted that some of his members have been lured into these popular churches, but that they come back “when they ‘hit the wall’, meaning they return when they realize the holiness is missing” (Tetteh, Personal Interview). Differing messages mean there is less willingness to collaborate outside one’s denomination. These tensions deter collaboration on topics such as HIV/AIDS. Differing messages also mean that the church’s audience could be confused about what the

church's stance is on HIV/AIDS. Morris Ocquaye put it simply, "You need to be consistent or you confuse your target" (Ocquare, Personal Interview).

Another inconsistency from one church to the next is the different emphasis given to each part of the international ABC prevention strategy. ABC is an acronym that stands for Abstinence, Be Faithful, and Use a Condom. Morris Ocquaye argues that there should be equal emphasis placed on all parts, even condom use. He went on to say that even in the church people are human, temptations are real, and making use of a condom is not a bad thing if it will prevent the spread of HIV (Ocquaye, Personal Interview). John Lloyd Sackey from the Catholic Church and James Tetteh from the Pentecostal church argue that condoms should not be given equal emphasis. Often times the Catholic Church is singled out for its lack of support for condoms. James Tetteh said the Catholic Church is not alone in its stance. "Allowing the use of condoms goes against the basis of the church's preaching" (Tetteh, Personal Interview).

Given its limits, the church is strongest when it partners with other organizations. Belinda Twatyz from West Africa AIDS Foundation (WAAF), having experience with many different partnerships, stated simply that "you can't be in this line of work and work alone" (Twatyz, Personal Interview). Although WAAF has had no long term partnerships with churches, Twatyz said the organization often receives calls from area churches asking WAAF to conduct voluntary testing for their congregations. The fact that churches are calling upon other organizations for assistance illustrates that churches often do not know how to handle the issue or if they do, they do not have the skills or equipment to do so. Although Twatyz acknowledges that churches are starting to rise to the AIDS challenge, they lack test equipment, advocacy

outlets, counseling skills, and funding (Twatyz, Personal Interview). These deficiencies mean the churches need others to make their fight more effective.

Taking a closer look at WAAF, this non-governmental organization has an on-site clinic, a small place for women living with HIV/AIDS to work, and staff that work on advocacy, education and awareness. WAAF's most recent challenge was lobbying for universal pricing of antiretroviral drugs (ARVs). WAAF officials were excited to share they were able to start handing out ARVs for \$5, which is what the government sells them for. This means AIDS patients will not have to stand in long lines at government hospitals in order to get their medication at the lowest possible price. At large government hospitals privacy is at a minimum and the AIDS ward is often in a separate area – which makes AIDS patients feel that their sickness is something that should be kept distant from everyone else. At WAAF, AIDS patients can enjoy the privacy and better care made available to them.

Besides lobbying skills, non-governmental organizations and governments can offer churches funding they need to enhance the church's role on HIV/AIDS. Funding is vital for any organization trying to make an impact.

“Funding enables organizations to hire staff members; to rent office space; to purchase communication technology such as phones, mailings, computers and internet access; to conduct membership drives; to complete projects; and to send representatives to international conferences” (Patterson, 99).

According to Morris Ocquaye, donors are very aware of the potential role churches can play; therefore they are willing to invest funds in these groups (Ocquaye, Personal Interview).

Normally churches do not have extra funds to spend on health-care issues. This is understandable considering the wide range of members that churches in Ghana attract. When Michael Arthur, a pastor and counselor at Word Miracle Church International, spoke of the church's new Voluntary Counseling and Testing (VCT) center, he said most churches do not have 12,000 cedis to establish VCT centers on their own. (In 2008, 12,000 cedis was approximately \$10,500.) Arthur did not think churches lack a desire to open a VCT center; rather they lack funds (Arthur, Personal Interview).

Funding, an essential part of this work, is a complex issue. Donors, willing as they may be to help support projects that churches will execute, often attach stipulations to the funding. Noah Twum-Asamoah, a pastor at Word Miracle Church International, had no problem with outside donors wanting to know where the donated funds were going. Twum understands that institutions, churches included, have messed up with funding in the past, spending the funds on lavish things instead of on the agreed project. However, he believes it is only those who want to use the funds improperly who have a problem with outsiders knowing where their donated funds are going (Twum, Personal Interview). Twum, currently working on a project with an organization in Austria, is willing to write out budget proposals to show the Austrians where funding will be used. It is important to note that Pastor Twum has the skills to do the proper paper work for the donor, which is not the case for all church leaders in Ghana.

The need for partnerships is great in theory, but are partnerships in fact a reality? If churches will have a greater impact when they partner with organizations, why are they not

doing it? Indeed some are. It is valuable to note that although churches, and their leaders, often lack knowledge and resources to address HIV/AIDS, they were some of the first leaders in the country to be trained on the issue. One of the first examples of church-to-outside-organization collaboration that occurred on HIV/AIDS was the previously mentioned Compassion Campaign, funded by Johns Hopkins University and the U.S. Agency for International Development and implemented by the Christian Council of Ghana. The Christian Council consists of 12 denominations that work together on religious, socioeconomic, and political issues in Ghana. Johns Hopkins and the Christian Council planned a two-day workshop to inform Christian leaders about how the disease was spread, how other countries were responding to HIV/AIDS, and how as Christians they had a moral calling to help those in need. By the end of the workshop these Christian leaders were convinced that help needed to be given with the resources they had (Ocquaye, Personal Interview).

A more recent partnership is between Word Miracle Church International and the Ghana AIDS Commission (GAC), the government agency that oversees AIDS policy and government AIDS funds in Ghana. This partnership came about just over a year ago. Pastor Michael Arthur, also a trained counselor, saw the need for a place in the church for people to be tested for HIV and counseled if they tested positive (Arthur, Personal Interview). Arthur presented the idea to church leaders and they support his proposal. In March 2008, Word Miracle Church International inaugurated its VCT center. GAC helped with funding and training Pastor Arthur and 15 other volunteers for the center. Word Miracle Church International anticipates more collaboration with GAC in the future.

Another successful partnership is between the Catholic Church and the United Nations High Commissioner for Refugees (UNHCR). The Catholic Church is working in the Liberian refugee camp west of Accra, where the church provides a VCT center, support and care groups, and spiritual support. One key aspect of the partnership is on the issue of condoms. John Lloyd Sackey said in principle the Catholic Church does not support UNHCR condom distribution. But there's also an understanding of the usefulness of condoms. Therefore, UNHCR distribution of condoms, although not endorsed by the Catholic Church, is not stopped. Together the UNHCR and the Catholic Church are working together to control HIV/AIDS in the refugee camp (Sackey, Personal Interview).

Without partnerships, organizations are limited to only the skills and resources of their individual organizations. The results of partnerships are beneficial for both the church and the other organization. Churches alone have a difficult time seeing the HIV/AIDS issue in the larger context. Church leaders might be able to see the immediate needs in their churches, which make them so valuable to the larger organizations; but churches also need an outside perspective on how HIV/AIDS is being addressed throughout the country. GAC plays this umbrella role for almost all organizations fighting AIDS in Ghana. GAC delegates national projects on an annual basis to partnering organizations. Each year GAC has a specific theme as to what progress they want to see happen; this coming year it is on leadership and testing (Twatyz, Personal Interview). It is important for churches to be a part of these national goals.

Secular and church partnerships, small or large, new or old, play a vital role in addressing HIV/AIDS in Ghana. All arenas of society are needed to stop the viciousness of the disease. To enhance a loving and open embrace of those living with HIV/AIDS and to continue

to reduce the prevalence rate, an active and collaborative effort is required. During my interview with Morris Ocquaye, he gave the illustration of sealing all parts of a room from mosquitoes, but forgetting one hole. All other seals will be useless if you leave one open (Ocquaye, Personal Interview). You can have no holes when you are trying to prevent a disease, including HIV/AIDS. If organizations and institutions in Ghana all work independently there will be holes in their efforts. All of society, including the church, needs to be utilized so there are no holes when combating the fight on HIV/AIDS.

Works Cited

Arthur, Michael. Personal Interview. Accra, Ghana. 25 November, 2008.

Gifford, Paul. *Ghana's New Christianity: Pentecostalism in a Globalizing African Economy*. Indianapolis, IN: Indiana University Press, 2004.

Ellis, Stephen and Gerrie ter Haar. "Religion and Politics in Sub-Saharan Africa." *Journal of Modern African Studies*. 36, 2 (1998): 175-201.

Ocquaye, Morris. Personal Interview. Accra, Ghana. 10 November, 2008.

Patterson, Amy. *The Politics of AIDS in Africa*. Boulder, CO: Lynne Rienner Publishers, 2006.

Sackey, John Lloyd. Personal Interview. Accra, Ghana. 23 September, 2008.

Tetteh, James. Personal Interview. Accra, Ghana. 27 September, 2008.

Twatyz, Belinda. Personal Interview. Accra, Ghana. 18 November, 2008.

Twum, Noah. Personal Interview. Accra, Ghana. 18 November, 2008.

UNAIDS. "Adult (15-49) HIV prevalence percent by country, 1990-2007." July 2008.
http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp (accessed 28 January, 2009).