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The Role of Faith Healing in an HIV High-Risk Area: A Case Study of *Balokole* Churches in Masaka District, Uganda

Abstract

Diverse modes of health care — western bio-medicine, African traditional therapies, herbalism, Eastern mysticism and alternative therapies such as yoga and ayurvedic medicine, faith healing based on psycho-spiritual models, and many others — co-exist in most African countries (Last 1990, Turner 1968). Medical anthropologists (Kleinman 1980, Helman 1994) have suggested that three basic sectors of health-care can be identified: the popular sector, the folk sector and the professional sector. These sectors overlap and interact, but each sector has its own ways of explaining and treating illness, defining who is the healer and who is the patient and specifying how the healer and patient interact in their therapeutic encounter. Up to now research on health care in Africa has focused mainly on the folk and professional sectors. Yet the popular sector is very dynamic and is constantly evolving in response to contemporary social-cultural phenomena. This paper examines the role of contemporary faith healing in an HIV high-risk area. It is based on field research in Masaka District of southwestern Uganda on modern faith healing churches whose ideology emphasises supernatural, 'miracle' healing.

Several studies (Rwomushana 2000, Asiimwe-Okorir *et.al* 1997, Mulder *et al.* 1995) have attributed Uganda's success in fighting HIV/Aids to a rigorous multi-sectoral strategy combining holistic health care services with health education, information and communication directed at the rural and urban masses. Under the much praised leadership of the president of Uganda, government departments, public enterprises, non-governmental organisations, community-based organisatoins, multi-national companies and faith-based institutions have all joined hands to combat the epidemic with considerable success. HIV infection rates have fallen from as high as 38 percent to less than 7 percent. This paper focuses on the role of one sector in this multi-sectoral partnership, faith healing and miracle churches..

Why Study Faith Healing?

Balokole is a Luganda word which literally means "the saved ones." It is used in Uganda for all born-again Christian denominations and many African independent churches. Becoming one of the *Balokole* requires a religious conversion often accompanied by dramatic spiritual/out-of-world experiences. At conversion a higher spiritual power, called the Holy Spirit, possesses the convert and gives him or her various abilities to overcome sin and the problems of this world. The vox pop in East Africa, particularly the print and broadcast media in Uganda, have been reporting a fast-growing contemporary social phenomenon of HIV/Aids healing in *Balokole* churches (Nyanzi 2000). This is in direct contradiction to biomedical discourse, popularised through anti-HIV/Aids social marketing campaigns, which insists there is no cure for HIV/Aids. The *Balokole* claims have caused mixed reactions: total disregard by biomedical scientists and academics, antagonism from other folk healers, curiosity from the media, and keen interest from diverse sectors of the population, particularly those who urgently need healing.

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There has been a dramatic boom in the frequency of mass *Balokole* healing crusades as one component of expansionist evangelism at public rallies in Uganda.

Renowned evangelists from North America and Europe, as well as local Ugandan evangelists, have staged crusades, each one up to a week long, in major towns, cities and trading centres in the rural districts, where healing rituals involving prayers, songs, dances and testimonies of converts who claim to have been healed are major drawing cards. The most common illnesses treated at these meetings are bio-medically incurable illnesses, particularly HIV/Aids and cancers. The *Balokole* phenomenon is important in the context of HIV/Aids research for several reasons. First, statistics reveal a huge increase in the number of miracle-healing *Balokole* churches. Much of this is at the expense of mainstream denominations, but the dynamics of fusion and fission also help *Balokole* congregations to mushroom. Internal conflicts resulting in splinter groups are common. The break-away groups are often led by a member of the original congregation who believes that he or she has been gifted with healing powers but feels unable to fully utilise these powers in the original congregation. In addition a number of behavioural intervention programmes, condom acceptability research studies and sexual risk reduction programmes have reported absolute rejection of condom use among *Balokole* believers in both rural and urban areas. However there is a paucity of social science research on the role of faith healing in the HIV/Aids epidemic in Uganda or in Africa in general. Much more research has been done on traditional alternative medicines.

This paper investigates the local meanings and lay interpretations of HIV/Aids among *Balokole* in one of their strongholds, Masaka District in southwestern Uganda, as a means of examining the role of miracle faith healing in this social-cultural context. I sought to understand the emic view of the *Balokole* about their chosen therapeutic option and to set this within the context of Uganda's pluralistic approach to HIV/Aids, which has seen dropping HIV prevalence rates.

The Research Project

The study population comprised pastors who believe in faith healing, including some who claim to have been healed of HIV/Aids by faith; three types of ordinary members of *Balokole* congregations – those who claimed to have been healed, those who were still praying for healing and those who did not have HIV but believed in miracle healing; and Roman Catholic priests, as Masaka District has traditionally been mainly Roman Catholic. Other informants included district medical staff and condom promoters from non-governmental organisations working in the district. This was a qualitative study conducted in 1999 and 2000. Several methods were employed to collect data. Participant observation of *Balokole* healing services, rallies, overnight prayer meetings, evangelism crusades, anointing missions and church clinics produced experience of *Balokole* practice. Eight focus group discussions and twenty individual interviews were then used to investigate emerging themes in depth. Ten life histories of *Balokole* who claimed to have been healed were compiled and analysed. Content analysis of *Balokole* popular culture including sermons, songs, music, testimonies, prophetic utterances, visions, prayers, slogans, "tongues", dreams and revelations provided insight into their symbolism and ideology. Lastly a literature review provided a historical perspective on the development of the movement in Uganda. All the formal interview data was recorded on audio tape, transcribed verbatim and translated from local vernaculars into English. Together with the field notes, they were entered into a computer, formatted into narrative texts and subjected to discourse analysis using Atlas.ti (Scientific Software Development, Berlin). This computer program, based on the grounded theory (Strauss and Corbin 1998), is designed to assist in the analysis of large volumes of qualitative data.

The Balokole Interpretation of HIV/Aids

The *Balokole* interpretation of disease causation corresponds with their social construction of the cosmos. This is a reconceptualised syncretism of Judeo-Christian and traditional African animistic ideologies. According to the *Balokole* the cosmos is divided into three worlds: the supernatural, the natural and the preternatural. The supernatural and preternatural worlds are in constant combat over the affairs of the natural world in which human beings live. The preternatural world is ruled by a chief-spirit called the devil (or Satan). It is constantly oppressing human beings with all sorts of misfortunes, evils and sins. The agents of the devil are spirits called demons. They conduct his business among men. The supernatural world (heaven) is ruled by a tripartite spirit: God the Father, Jesus Christ the Son and the Holy Spirit. Their role is to protect and bring good to the world of human beings. The agents of heaven include angels as well as the Holy Spirit. They carry out God's directives on earth. Curses, misfortunes, deaths, barrenness, poverty and illnesses are from the devil, while blessings, prosperity, health, peace and everything good are from God.

Illnesses, like all other misfortunes among human beings, are caused by demons working for the devil. Thus *Balokole* believe that disease-causing agents such as HIV are transmitted by demons through various sins or curses which are social processes that disrupt the equilibrium in people's relationships. For example a demon of lust will enter a man through his eyes after he has watched a pornographic film. This demon will then possess his sexual organs and his mind and lead his feet to a brothel and his lips to negotiate for sex with a prostitute. Under the influence of the demon of adultery he will have a depraved sexual encounter with her. This will in effect invite the demon of death into him through the demon of HIV. All of the orifices of the human body are potential entry points for demons (Nyanzi 2000).

African traditional medical systems attribute disease causation to either natural agents such as diet, insects, weather and so on, or to supernatural causes such as gods, orisas, ancestors and witchcraft. The concepts of microbes and viruses are alien to this etiology. Thus local vernacular calls all microscopic organisms *akawuka* – meaning "little insect" because this is the smallest recognised animal. HIV is *akawuka ka siliimu* – "little insect that slims". Unlike the bio-medical model of disease causation the traditional African model is very similar to the *Balokole* model in which demons (evil spirits) manipulate

nature and social interaction to cause illness. Most participants identified more with traditional and *Balokole* models because they provided locally amenable frameworks for grappling with the meanings of HIV. The logic of HIV as demon is closer to the traditional logic of evil spirits.

The Balokole Healing System for HIV/Aids

The *Balokole* believe that since HIV/Aids has a spiritual origin, it can only be defeated spiritually, not medically. Only a higher spiritual power can get rid of the foul spirit responsible for HIV. This spiritual healing then manifests itself in the physical body. To the *Balokole* healing means several distinct but related things. It can be a physical transformation manifesting as a ceasing of symptoms, a change in blood test-results from HIV positive to HIV negative or a failure to sero-convert even though a partner died of Aids or is HIV positive. Healing can also refer to the mending of social relationships or the creation of new relationships. This is evidenced by church members' practice of referring to each other as "Brother" or "Sister". Many healed members acquire new spouses through the church, an option that is considered potentially high-risk behaviour in the bio-medical model. Finally healing can also mean acquiring an enhanced social status. People living with HIV or Aids who have been ostracised, discriminated against and marginalised are brought into the church clinics. When they are "healed", they become heroes who are paraded around at the evangelism crusades to testify about the miracle they have received. Thus healing raises outcasts to the status of heroes who have experienced the touch of God.

The Role of Balokole Faith Healing in an HIV High-Risk Area

Unlike bio-medicine and traditional healing, which do not offer a cure for HIV/Aids, miracle healing churches are popular because they offer accessible and free techniques for dealing with the psycho-social tensions of the disease. At the individual level participants testified about their transformation. Emotional distress, fear of death, stigmatisation, frustration and despair had been replaced by problem-focused coping and positive reinterpretation. Blame for catching the diseases is shifted from the sufferer to the devil and his agents. On the other hand the belief in miracle healing means that denial – whether implied or avert – is one of the principal coping techniques among the *Balokole*. At community level previously stigmatised social outcasts are brought into the church, offered hope of recovery and empowered to confront their weakness and become living testimonies when they attain healing. The church family offers a social support network (particularly for sufferers, the widowed, orphaned and care-takers) which replaces broken natural ties. They often offer material support such as food, shelter, school fees and clothing. While other therapeutic options offer expensive drugs, these churches offer an apparent new lease on life; some participants "healed" of HIV/Aids remarry within the church and even bear children. The *Balokole* also offer a moral culture. The ideology propounds sexual abstinence before marriage and absolute faithfulness to a marital spouse. Thus all pastors who were interviewed disdained condom use on the grounds that it encourages sexual permissiveness.

Thus *Balokole* churches play an ambivalent role in this HIV high-risk area. They empower people living with HIV/Aids through healing rituals and the reconstruction of social support networks in the new church family. Their model of disease demystifies the HIV/Aids epidemic, thereby providing a lay framework for local people to explain the disease in their own terms. They offer avenues for destigmatisation. On the other hand they also *create* stigmatisation, as non-members assume that the *Balokole* churches attract infected people, and they create misconceptions about HIV/Aids. *Balokole* healing challenges health policy practitioners, formulators and implementers because, while it promotes positive behaviour change, it could also encourage risky behaviour.

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