



Conference

## Religion, Health, Healing and Gender in Africa

Senegal (Dakar, St. Louis, and other sites)

December 10 – 16, 2017

### Workshop Scope, Description and Purpose

Both humanitarian and religious ethics motivate attempts to heal ills – bodily, societal, and spiritual. Africa has long represented a major composite of sites -- imagined and actual -- for their activities. Moreover, both health and attempts to address illness, are gendered in important ways. Our CIHA Blog conference in Senegal will address the critical intersections of humanitarianism, religion, and gender in Africa.

Health and humanitarianism have been united in Africa since at least the mid-nineteenth century. “Health,” as a major anchor of humanitarian action, is deployed through multiple levels of intra- and transnational intervention. Beyond the widely publicized emergency medical assistance to populations affected by armed conflicts, natural disasters, epidemics and pandemics, this action extends to numerous registers, including, since the 1990s, humanitarian psychiatry. **Subsequent interventions by mostly Western NGOs and governments** too often reinforce **pathologic and** paternalistic representations of Africa as a collective site of danger and misery.

For example, the Ebola crisis, due to its extreme dimensions, gave rise to additional questions about the role and work of NGOs vis-à-vis local and national health systems on epidemics from HIV / AIDS to tuberculosis, malaria and hepatitis. What this crisis starkly revealed is the extraordinary inequality of deeply unstructured health systems on the continent. Ebola, moreover, demonstrated once again that health in Africa, where it is believed that illness, therapy and healing always have a spiritual dimension,<sup>1</sup> has critically important religious connections and connotations.

More specifically, churches and healers respond to individual and collective expectations -- moral, social, existential, material and above all therapeutic -- that society has not been able to satisfy. People alternately or simultaneously mobilize these therapeutic strategies (biomedical, traditional and religious). This creates practices of medical nomadism and therapeutic syncretisms in which Christian and Muslim saints and devils rub shoulders with Voodoo cults in Togo and Benin, Dlo in Côte d'Ivoire, Zebola in the Congo, Bwete in Gabon, Bori in Niger, Tromba in Madagascar, and Ndeup in Senegal, among others.

Finally, health, religion and humanitarianism in Africa are gendered in significant ways. International organizations and NGOs have for some time emphasized “women’s and children’s” issues in funding priorities, focusing not just on maternal and child health, but also and more controversially, programs





to eradicate **female genital cutting (FGC)**. Religious ethics and gender play important roles in assessments of how to prevent and treat HIV/AIDS, with Catholic and some evangelical churches, NGOs, and religious leaders providing the strongest resistance to the use of condoms. Transnationalized policies of HIV/AIDS prevention and treatment, including US government funding mandates, have vacillated radically from promoting prophylactics to discouraging their use, based in part on the relative importance of specific religious actors in policy-making. Pentecostal pastors (primarily men) on the African continent often claim miraculous powers for “faith healing,” or blame pathologized social practices or sexual orientations (e.g. homosexuality) for the spread of disease. Finally, studies show that religious therapies are strongly gendered, reaching primarily women between 20 to 40 years old who are facing difficult conditions.<sup>2</sup>

The long-standing and complex role of religious actors in health and healing, its gendered manifestations, and its relationship to external forms of humanitarian aid demands further investigation, especially given the dynamism of African religious contexts and the fact that the transnational humanitarian community has been slow to learn about traditions of healing on the continent. Our conference will bring together participants from a range of religious traditions present in Africa, NGO health and gender experts, and scholars on health, gender and religion, to assess the state of knowledge regarding systems of healing and health, both material and spiritual, in religion, gender and humanitarianism on the continent, and provide directions for future policy, scholarship, and religious leadership.

Papers and presentations should explore an aspect of one of the issues outlined above or another related question, such as

- the role of poverty and/or environmental degradation in the rise of communicable and non-communicable disease (e.g. cancer); and the role of health spending as a factor in the rise of poverty
- whether some diseases and epidemics are privileged over others by the aid community (e.g. malaria, Ebola);
- the phenomena of denial, fear, and scapegoating that are fostered or dampened by religious leaders, practices, and commitments;
- the at least partial interest of international governmental organizations (IGOs) in forms of “traditional” healing
- whether religious/spiritual phenomena are critical for emergency healing
- the increased role of Islamic institutions in health and healing on the continent.

Participants should plan to have their papers and presentations a) be revised into CIHA Blog posts, and b) be considered for eventual publication in a journal symposium or edited volume.

<sup>1</sup> .Mbonimpa M. *La guérison intérieure : religion et guérison en Afrique noire*. Pastoral Sciences, 2005,24, pp. 59-80.

<sup>2</sup> Dassa, Simliwa Kolou, Daniel Mbassa Menick, et A. Tabo. « Réflexion sur l'offre et la demande de thérapie religieuse chrétienne en Afrique subsaharienne : l'exemple du Togo », *Perspectives Psy*, vol. 47, no. 1, 2008, pp. 52-58.

