

## Editor's Note

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I am very much delighted to introduce and welcome readers to the maiden issue of the *AASR E-Journal for the academic study of the religions of Africa and the African Diaspora*, a peer-reviewed, open-access journal of the African Association for the Study of Religions (AASR). This marks a significant milestone in AASR's history, and represents a systematic progression in published output by the AASR, which also produces a bi-annual AASR Bulletin that is available to AASR members; as well as libraries and universities through subscription. The E-Journal will serve primarily as an interdisciplinary journal in which members and non-AASR members, publish the outcomes of their original research on the religions of Africa and the African Diaspora. It will cover the wide range of religious traditions that were or are found, were founded, and exist and operate in Africa and the African Diaspora; and topics useful to scholars involved in the academic study of religions in Africa and the African Diaspora, and to a wider readership of academics in the general study of religions. The E-Journal shall be published as electronic issues only, with two (2) issues per year. Articles will be published in English only in the first instance, but in future, if the number of Francophone AASR members would expand significantly, articles will also be published in French. AASR E-Journal will be incorporated into the AASR website and be posted in its public part in order that, as an open access journal, it will be accessible to the widest academic and general public.

This maiden issue marks a turning point for the African Association for the Study of Religions (AASR), since taking responsibility for an electronic journal opens a new vista of academic publishing particularly for its members, but also non-members. I will encourage scholars with interdisciplinary focus and orientation to take due advantage of this new publication channel. This first issue features four interesting papers, drawn from presentations at the IAHR Regional Conference and Third AASR Conference in Africa on 'Health, Healing, and the Study of the Religions of Africa' at the University of Botswana, Gaborone (8-13 July 2007). As the planned publication from the conference never saw the light of day owing to obvious reasons, we deemed it fit to wet your academic appetite from that stimulating unpublished corpus, however belatedly.

The continent of Africa is sometimes stereotyped as the cradle of disease and death. With the HIV and AIDS pandemic this stereotype has not been helped. Within three decades HIV and AIDS was claimed to have infected 40 million people, 30 million of those are in Africa. The pandemic has claimed more than 22 million lives, seventeen of those from the continent of Africa. There are up to 14 million children that have been orphaned, many of which are in the African continent. HIV and AIDS is, as some have noted, an 'African Holocaust.' Moreover, HIV and AIDS has brewed social stigma against 'People Living with HIV and AIDS' (PLWHA) and their families. It traumatizes the infected and the affected, leading to fear, hopelessness and desperation that manifest itself in surprising social evils. More than three decades of living and struggling with HIV and AIDS has brought the continent and the world to realize that HIV and AIDS is not

just a virus that wreak havoc of individual bodies; it is not simply about individuals lacking sexual morals to abstain from sexual activities or to be faithful to their partners or to condomize. Rather HIV and AIDS is an epidemic within other social epidemics of poverty, gender inequality, violence of all forms, abuse of children rights, racism, national corruption, international economic policies of injustice, oppressive cultural practices of various forms etc. HIV and AIDS, in other words, dwells and thrives through pathways of social injustice.

The experience of HIV and AIDS and its interconnection with all aspects of our lives has challenged the world to have a wider understanding of health and to realize that health and healing is more than just attending to a virus or bacteria that attack our biological bodies. Health and healing is also beyond the medical guild. Health and healing should involve all disciplines and departments of our lives. That is, all of us should be part of interrogating and highlighting what constitutes health and healing. All of us should interrogate their role in seeking to curb the spread of HIV and AIDS and its accompanying social epidemics. This brings the responsibility at the door of the academic study of religion as well. Be that as it may, during the over three decades of the 'African holocaust,' African scholars of religion in the continent, diaspora and among Africanists have largely gone around with business as usual. Their conferences, articles, books, courses and projects hardly reflect a significant response to HIV and AIDS or much preoccupation with health and healing. Scholars of African religions such as African Indigenous Religions, Christianity, Islam, Judaism and other religions of the continent may not boast of several academic responses to the 'African Holocaust' and their contribution to understanding health and healing.

Thus, the relative silence of scholars of African religions and their programmes in the face of growing health inequalities and an HIV and AIDS epidemic puts a question mark on the academic study of religions in Africa, in the African Diaspora and among Africanists generally. How are academic programmes of religion structured? What are the frameworks of analysis that inform the study of religion in Africa, the African Diaspora and among Africanists? How is religion taught in the ivory tower and what are its goals? Is the academic study of religions of Africa and its scholars decolonized and depatriarchalized? Is the academic study of religions of Africa socially detached from African struggles? Is it still western founded and directed? How do we explain the silence of scholars of African religion's and their programmes to the 'HIV and AIDS holocaust'? Does the academic study of African religions in Africa, the African Diaspora and among Africanists need to be decolonized? How can and should the academic study of African religions be reconstituted? What are available models that have demonstrated engagement to health and healing? What are available models that have decolonized programmes of studying African religions in the continent, African Diaspora and among Africanists?

It is to some of these pertinent questions that the four papers in this maiden issue respond, situating their conversations within the broader spectrum of health and healing, and the academic discourse of religion in Africa. Generally, the contributors explore the general understanding and conceptualization of health and healing; how particular religions such as African Indigenous Religions and Christianity contribute to health and

healing; and how they deal with health care, and any other aspects of various diseases of concern.

Tabona Shoko and Agness Chiwara interrogates HIV and AIDS in light of Shona indigenous cultural practices in Zimbabwe, focusing on indigenous cultural practices that facilitate the spread of the disease, the impact of the spread on society, the role of Indigenous healers and claims to curing the disease, AIDS education and research into a cure for AIDS, and problems faced by traditionalists in the fight against AIDS. They contribute to the scanty literature on HIV and AIDS in Zimbabwe, by employing sociological, anthropological and historical approaches to explore the role of indigenous culture and beliefs in the fight against the pandemic. Their emphasis was on case studies of healing practices in the indigenous contexts as perceived by the Shona people, indigenous practitioners and their association ZINATHA, their clients and use of indigenous medicine.

The second contributor, Fidelis Nkomazana, contrasts healing practices of Pentecostal churches and the traditional religions in the context of Botswana. He identifies the major similarities against the backdrop of their strong belief in supernatural interventions in times of crisis in order to preserve, prolong and protect life. He contends, that while certain methods and strategies are similar, the belief in ancestors in the case of traditional religions, and in Jesus and the Holy Spirit, who are the key agents of healing for Pentecostal churches, mark the major points of difference.

Based on specific case studies of randomly sampled churches in the Vihiga and Busia Districts in Western Kenya, Sussy Gumo-Kurgat and Susan Mbula Kilonzo focus on Church's role in prevention, care and management of HIV and AIDS. They explore the role of the Church in the care of persons living with HIV and AIDS and the affected, and critically examines the strategies and efforts of the Church in prevention and management of HIV and AIDS in Western Kenya. Discussions were framed under the concept of holistic care and development for humanity. Given the numerous challenges that the churches face while responding to HIV within communities, they advocate for an integrated approach where churches can borrow strategies that work best from their counterparts.

Finally, Lovemore Togarasei provides a critical review of some African cultural and religious beliefs and practices in the context of HIV and AIDS, envisioning culture as a double-edged sword in HIV and AIDS response. He argues that while scholarly attention has mainly been on how certain cultural practices facilitate the spread of HIV and stand in the way of prevention, treatment and care, there are some ethno-cultural and religious beliefs and practices that are relevant for positive HIV and AIDS response. His contribution tease out ethno-cultural and religious factors that facilitate the spread of HIV with the aim of 'healing' those that fuel the spread of HIV and promoting those that can be used for positive response.

These four rich papers turn the first maiden issue of AASR E-Journal into one with a perceptibly strong methodological and theoretical focus, backed with interesting case studies. This is a fitting new beginning for AASR E-Journal, since the place of the study

of religions as a field of study in its own right forms a continuing point of contention amongst scholars. In this regard, these initial articles may set the stage for more robust brainstorming on the nexus between health, healing and the academic study of religion in Africa and the African diaspora. I therefore encourage African scholars of religion and scholars of African religions to join this debate by paying attention to the enormous health-related challenges that confront the continent and the African diaspora; whether, how and to what extent the study of religion can contribute, not simply to the debate, but also explicating how health and healing are at the core of religious/spiritual concerns.

Words of profound gratitude need to be extended to those who have made this project possible, particularly the AASR Executive Committee, the Editorial Management Board and International Advisory Board respectively. No doubt, it has taken a while for this project to come to fruition, no thanks to unanticipated logistic and operational hurdles. The good news however is that we overcame those barriers and can now sit back, relax and enjoy the rich conversation. Dear friends and colleagues, the ball is now in your court, happy reading!

I therefore also welcome and invite your submission of articles that make a new contribution to scholarship on African religions and religions of the African diaspora, particularly from scholars working in Religious Studies and all related disciplines in the humanities and social sciences.

Afe Adogame

Editor-In-Chief

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