

# **Martin Luther's teachings on care giving in crisis times: A challenge to men's involvement in the context of HIV and AIDS in the Northern Diocese of the Evangelical Lutheran Church in Tanzania.**

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## **Introduction**

The massive impact of AIDS related illness has resulted in the emergence of home-based care whereby the sick and dying are cared for by their family members or relatives because the health facilities are overstretched. This caring service has to some extent helped to minimize discrimination against people living with HIV and AIDS (PLWHA) and to de-stigmatize the epidemic. However, the burden of caring for a sick family member in the home has fallen disproportionately on women and girl children due to the gendered roles allocated to them, as will be demonstrated later in this paper. This paper will employ gender as a tool of analysis of Luther's theology of care and African understanding of men's role in care giving. The statement of the problem is therefore: Martin Luther's teachings on care giving in crisis times can challenge men's involvement in the provision of care to the sick in the context of HIV and AIDS in the Northern Diocese of the Evangelical Lutheran Church in Tanzania.

## **The mission of the Lutheran Church in the context of HIV/AIDS**

Mission refers to: "God's saving work and the church's participation in that work."<sup>1</sup> Lutheran World Federation (LWF) states that the mission of the church has its origin in the mission of God, and that the church is called to participate in God's mission by words and deeds.<sup>2</sup> The LWF further notes that regardless of the sinful nature of human beings, God uses them to "manifest the divine purposes of creation, justice and salvation, and display God's unmerited grace and love among all people."<sup>3</sup> The church is involved in

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<sup>1</sup> Ishmael Noko, "Mission and Development," in LWF Documentation, *Stewardship: Our Accountability to God*, No. 34, (April 1994), p 9.

<sup>2</sup> LWF, *LWF Documentation- Together in God's Mission: An LWF Contribution to the Understanding of Mission*, No. 26, (November 1988), p. 8. See also DMD Themes, The Lutheran World Federation: Department for Mission and Development,

<[http://www.lutheranworld.org/what\\_we\\_do/DMD/Themes/DMD-Mission.html](http://www.lutheranworld.org/what_we_do/DMD/Themes/DMD-Mission.html)> Accessed: 11/9/2009, p.

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<sup>3</sup> LWF, *LWF Documentation*, p. 8.

*missio Dei* to bring salvation and justice which reveal God's love and grace to his creation. This implies that God's mission does not encompass only spiritual affairs but also the social and economic wellbeing of humanity. In other words, the *missio Dei* has to deal with the wholeness of the person. This concurs with Nurnberger who argues that the mission of the church is not confined to spiritual matters but rather has to address the contemporary issues that are evident amidst God's people such as disease, poverty, violence and illiteracy.<sup>4</sup> Provision of care to PLWHA is ultimately part of God's mission to his people since pain and suffering are the realities of their daily experience. All Christians are called through baptism to participate in God's mission.<sup>5</sup>

### **Luther's theology of care as a missiological task**

Although scholars indicate that Luther did not have much to say about missionary work,<sup>6</sup> there are a number of encouraging pastoral letters he wrote to his adherents in response to their plight or the difficult situations they encountered such as death, sickness, famine, epidemics and persecution.<sup>7</sup> One of the letters was addressed to Pastor Johann Hess who wrote to Luther in 1527 on behalf of other clergy in Silesia to seek advice about whether an individual may relocate to another place to avoid the deadly plague which struck many parts of Europe at that time.<sup>8</sup> This bubonic plague or Black Death broke out in Europe during the fourteenth and seventeenth centuries and claimed millions of lives.<sup>9</sup> When the epidemic hit Wittenberg on August 2, 1527, Luther and other professors were instructed to move to another town called Jena, but together with a few others, he remained behind

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<sup>4</sup> Nurnberger, Martin Luther's message for us today: A perspective from the south, p. 149.

<sup>5</sup> LWF, LWF Documentation, p. 9

<sup>6</sup> Ingemar Oberg, "Mission and Salvation History in Luther and the Confessional Writings," in LWF, *Lutheran Contributions in the Missio Dei*, Geneva: LWF 1984, p. 36.

<sup>7</sup> Martin Luther, "Contents," in Wiencke Tappert (ed), *Luther's Works*, Vol. 43, Philadelphia: Fortress Press, 1968, p. vii. See also Martin Luther, "Contents," in Theodore Tappert (ed), *Luther: Letters of Spiritual Counsel*, London: SCM Press, 1955, p. 11.

<sup>8</sup> Martin Luther, "Advice in Time of Epidemic and Famine," in Theodore Tappert (ed), *Luther: Letters of Spiritual Counsel*, London: SCM Press, 1955, p. 230. See also Martin Luther, "Whether one may flee from a deadly plague," in Gustav Wiencke (ed), *Luther's Works*, Vol. 43, Philadelphia: Fortress Press, 1968, p. 116. See also Georg Scriba, *Martin Luther Reaction to the Ravishing Plague and its Meaning for the HIV/AIDS Pandemic in Southern Africa*, Pietermaritzburg: Lutheran Theological Institute, 2005, p. 2. Georg Scriba, The 16<sup>th</sup> Century Plague and the Present AIDS Pandemic: A Comparison of Martin Luther's reaction to the Plague and the HIV/AIDS Pandemic in Southern Africa Today, in *Journal for Southern Africa*, 126, 2, (November 2006), p. 67.

<sup>9</sup> Scriba, *Martin Luther Reaction to the Ravishing Plague and its Meaning for the HIV/AIDS in Southern Africa*, p. 2.

to care for the afflicted. However, the university was temporarily moved to Jena and later to Schlieben, both towns near to Wittenberg until April 1528.<sup>10</sup>

In response to Hess' letter, Luther offered a theological and practical approach, which included instructions on how Christians were supposed to behave during the epidemic. Luther made it clear that Christians had both freedom and responsibility in dealing with the issue, in that some individuals who did not have someone to care for were free to move, but that those with someone sick at home were to stay and care for them. Luther himself offered practical and pastoral care to the afflicted since some of the sick individuals were in his own house.<sup>11</sup> Luther's concern about the epidemic revealed God's saving work among those afflicted by any form of suffering. This is to say that Luther's response to the plague was similar to that of Jesus towards individuals with various physical, emotional and spiritual needs during his ministry (Mat. 4:23; Mk.5:21-43; Lk.7:1-17). Care giving for the sick which is the main focus of this paper was one of the instructions that Luther gave church members/Christians, as will be discussed in the next section.

The main advice that Luther gave in response to the epidemic was to urge Christians in all spheres to be involved in giving care to sick persons.<sup>12</sup> Pastors were the first category of people who were instructed to stay and offer spiritual care to the sick and the dying. The second category was the public officers such as mayors and judges, due to their leadership responsibility within the community. For Luther, whatever profession a person had, they were serving God.<sup>13</sup> In other words, not only those who were ordained for the ministry of the word and sacrament were serving God. Neighbours, servants and their masters/mistresses as well as parents and their children were the third category of people who were also required to provide care to those related or close to them. Emphasizing the

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<sup>10</sup> Luther, "Whether one may flee from a deadly plague," p. 115.

<sup>11</sup> Luther, "Whether one may flee from a deadly plague," p. 116.

<sup>12</sup> Luther, "Whether one may flee from a deadly plague," p. 117, 121.

<sup>13</sup> Luther, "Whether one may flee from a deadly plague," p. 121. See also Paul Althaus, *The Ethics of Martin Luther*, Philadelphia: Fortress Press, 1972, p. 40.

family responsibility in caring for their sick members, Luther was noted as saying that the leader of each house ought to be his/her own “hospital director.”<sup>14</sup>

In Luther’s time, pastors, mayors, judges and masters were all males since careers in the public services were exclusively reserved for men. On the other hand, neighbours, parents and children (who were also instructed by Luther to care for the sick) were obviously both males and females. The point here is that, with regard to the bubonic plague which led many people to suffer illness, Luther did not confine the care-giving to one gender but extended it to all Christians regardless of their gender and profession. Practically, Luther provided physical and pastoral care to sick persons in his home as noted above, which was an indication that he led by example.

### **Caregivers to PLWHA in the Northern Diocese**

Who are the caregivers for people with illnesses related to HIV and AIDS? This question was directed to the implementers of the ELCT Northern Diocese’s AIDS programmes as well as congregants. The question sought to discover who the main care-givers for PLWHA within the family and society at large are and why. The majority of the respondents (66%) indicated that family members or relatives are providing care for the people who have illnesses related to HIV and AIDS. Two reasons were given for this. The first one was that it is their responsibility, and the second reason was that they are closer to the sick persons. However, two of male respondents remarked that women bear the greater burden as far as care-giving is concerned. This response is likely an acknowledgment of the fact that AIDS is a chronic disease so that one person or gender cannot continually carry out the responsibility of caring for PLWHA alone over a period of years, without support from other members within the family. It is also notable that in Chagga society (the studied ethnic group) certain norms are observed with regard to care-giving to persons of the opposite gender. For instance, a woman or a girl cannot bath or dress her sickly father or brother or unmarried young men. These care services can only be offered by a male family member or relative or a neighbour. On the other hand, a woman is required to provide full care to her sick husband but not vice versa.

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<sup>14</sup> Carl Reuss, “Health Service,” in John Bodensieck (ed), *The Encyclopedia of the Lutheran Church*, Vol. 11, Philadelphia: Fortress Press, 1965, p. 991.

On the other hand, twenty nine percent (29%) of the respondents highlighted that it is women who offer care to sick members within the family, while 5% noted women and children as caregivers. It is notable that the children referred to here are mainly girls since they are expected to continue in their mother's gendered roles of care-giving. Although a few respondents mentioned both women and children, the reasons given by all were typically rooted in the gender roles and responsibilities that society has assigned to women. The reasons given as to why women have to provide care to the sick person were:

- 13% of respondents: They are traditionally care providers for the family members
- 10% of respondents: They have compassion.
- 8% of respondents: They are closer to the family members than others.
- 3% of respondents: They have maternal love/ caring heart / loving care.
- 3% of respondents: They do not shy away from nursing the sick person.

Like other women in Tanzania,<sup>15</sup> women in the Northern Diocese are the main caregivers for sick persons within the family and society at large. Research conducted in Kagera region (Tanzania) found that girl children are taken out school to care for their terminal ill parents or family members who are based at home after been discharged from the hospitals.<sup>16</sup> The same study states that women in this region are forced to abandon other productive activities in order to care and nurse their sick family members. It has also been observed that the presence of the epidemic has increased the workload of women who usually have limited resources to meet the basic needs of the sick and other family members. This economic vulnerability is coupled with the lack of proper knowledge about to protect themselves from infection, resulting in an even more problematic situation for women.<sup>17</sup> Siwila interprets the care-giving work of women as a

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<sup>15</sup> Mukangara and Koda, *Beyond Inequalities: Women in Tanzania*, p. 54. See also Mascarenhas, *Gender Profile of Tanzania*, p. 49. Phiri, "African Women of Faith Speak Out in an HIV/AIDS Era" p. 15. LWF, *Grace, Care and Justice: A handbook for HIV and AIDS work*, p. 30. Weinreich and Benn, *AIDS-Meeting the Challenge*, p. 75. Mwaura, "Violation of Human Rights of Kenyan Women with HIV/AIDS through Stigma and Discrimination," p. 128. Ezra Chitando, "Women," p. 188.

<sup>16</sup> Mukangara and Koda, *Beyond Inequalities: Women in Tanzania*, p. 54.

<sup>17</sup> Mukangara and Koda, *Beyond Inequality: Women in Tanzania*, p. 54, See also Phiri, "African Women of Faith Speak Out in an Era of HIV/AIDS," p. 54. LWF, *Grace, Care and Justice*, p. 30.

form of hospitality which has not been fair to women due to its impact on their lives.<sup>18</sup> The challenges and issues that women and girls face as caregivers in this era of HIV and AIDS include the risk of contracting the virus in the process of providing care, as well as frequent absenteeism from work and school in the course of nursing the sick which can cause them to lose their wage employment or to fail in school.<sup>19</sup> Siwila therefore argues that, “there is need for fresh examination of such socially and theologically imposed roles particularly as related to the ministry of care-giving and calling from God.”<sup>20</sup> This suggests that care-giving ought to be shared by all members of the family irrespective of their gender in order to lessen the exhaustion and over-burdening experienced by women and girls.

In view of this, how can Luther’s theology of care incorporate men in care-giving for people living with HIV and AIDS? As mentioned above, Luther did not confine care-giving to women and girls but rather extended the task to the entire community. Luther’s theology of care therefore challenges the church to mobilize men to engage fully in care-giving to the sick individuals. It further challenges gender constructions among the Chagga society which confine the role of care-giving to females. In reality, this patriarchal ideology denies men an opportunity to practice their Christian faith with regard to providing care for one’s neighbour.

## **Conclusion**

This paper demonstrates that Luther’s practical and theological insights in response to the bubonic plague can be described as God’s saving work for his people at that time. The paper also highlights that Christians are called to provide care for people living with HIV and AIDS despite of their gender. However, the paper notes that the gendered division of labour has assigned the care-giving task to women and girl children, a situation which prevents them from participating in other productive activities as well as educational opportunities. Hence, it urges the church to draw from Luther’s theology a new approach which calls all individuals to practice their Christian faith in fullness.

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<sup>18</sup> Lilian Siwila, “Care-giving in Times of HIV and AIDS, when Hospitality is a Threat to African Women’s Lives: A Gendered Theological Examination of the Theology of Hospitality” in *Journal of Constructive Theology*, 13, 1 (2007), p. 72.

<sup>19</sup> Siwila, “Care-giving in Times of HIV and AIDS,” p. 72, 73.

<sup>20</sup> Siwila, “Care-giving in Times of HIV and AIDS, p. 72.

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