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The Role of the Church in Promoting HIV/AIDS Awareness in Africa

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Abstract The church in Africa has maximized her efforts to promote awareness about the disease. These efforts generally range from the provision of facts about HIV and AIDS, its modes of transmission, various types of high-risk behaviour that increase its transmission, education for responsible and positive living, mainly focusing on human sexuality and related issues. This theme is treated in the light of the church's moral teaching emphasizing its fitness and purpose of conjugal love essentially connected with procreation as established in God's creative plan. According to the anthropological vision of Genesis , man and woman received a gift of life from God. By this gift of God's love for them they were empowered to become co creators with God to give life to new human beings. Thus, the couple, while giving themselves to one another, they also bring forth children as a reflection of their love.

Keywords AIDS, Church, HIV, Pandemic

1. Introduction

The HIV and AIDS pandemic presents a major challenge in the society and the Church in Africa as a whole and sub-Saharan Africa in particular, as it does to the rest of the world. It is a threat to integral human development as well as to the mission of the Church as the entire family of God. HIV and AIDS have become a human tragedy in Africa and the world at large.

According to the latest report on the pandemic, sub - Saharan Africa - on which this paper focuses - with less than 10% of the total world population, is estimated to have two-thirds of the global infections.[1]

What is more alarming is the fact that HIV and AIDS have been spreading at frightening rates, with some countries having the highest number of cases among their young adults.[2]

The horrendous consequences of the disease affect the entire fabric of human society and its basic institutions of marriage, the family, and the Church as the family of God in Africa. Thus, HIV and AIDS have become one of the most serious problems in Africa that led the African Synod Fathers to compare the continent to a person who fell among robbers (cf. Lk 10: 30 -37), and who is now in dire need of the Good Samaritan.[3]

The role of the Good Samaritan to the infected and affected in Africa in general, and in particular south of the Sahara, is being played by the Church in various ways. In paper, therefore, I set out to highlight this role in Africa. I intend to achieve this objective by exploring the Church's HIV and AIDS prevention initiatives covering awareness programmes, training, networking and collaboration, production and distribution of materials; lacunae in these initiatives; the effectiveness of condoms; sexual abstinence; and lastly, the church's way forward.

It has to be noted here that in this paper I focus on Africa south of the Sahara because, the continent being large, it is not easy to cover it in its entirety without doing injustice to some parts. I have limited knowledge of what the church is doing in the rest of Africa, and will therefore concentrate on the part I am familiar with, but even this will necessarily be limited in its detail — i.e. beyond general principles. Secondly, and for the same reasons, I will limit myself to the Catholic Church's response to I-IIV and AIDS within the specified area as indicated above.

2. Prevention Activities

Since the first HTV and AIDS cases were discovered in the early 1980s, the Catholic Church has directed her efforts directly at its prevention. These have focused mainly on bringing about more awareness about the disease, its nature, modes of transmission, and its social and spiritual consequences. A reasonable degree of success in this respect has been noted. In spite of prevailing misunderstandings and misconceptions in some parts of Africa, many know about the disease and how it is transmitted.

The notable set back however is that there is very little evidence that this knowledge has been translated into be-

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havioural change. The main reasons for such a doubt is that the African traditional customs and practices which encourage the spread of I-IIV infection are still going on. These include women sharing, women inheritance, circumcision, polygamy, and ritual cleansing. Secondly, sexual promiscuity is increasing among many Africans, especially the youth[4].

Nonetheless, the importance of awareness and its role in creating continuous processes towards behaviour change cannot be underestimated. On this account, the Church continues to reinforce her efforts in the process of creating awareness. In this way, she is able to bridge information gaps and discover new ways to transmit correct and adequate information about the pandemic, and counteract the wrong, inadequate and misleading messages about the same.

This leads us to discuss the various prevention initiatives that the Church has undertaken to fight FIIV and AIDS. These include running awareness programmes, networking and collaboration, production and distribution of materials such as posters, audio-visual cassettes, booklets, bedding, toilet facilities, first aid kits, building materials, agricultural implements; and pastoral care of the infected and affected.

3. HIV and AIDS Awareness Programmes

The church in Africa has maximised her efforts to promote awareness about the disease. These efforts generally range from the provision of facts about HIV and AIDS, its modes of transmission, various types of high-risk behaviour that increase its transmission, education for responsible and positive living, mainly focusing on human sexuality and related issues. This theme is treated in the light of the church's moral teaching emphasising its giftness and purpose of conjugal love essentially connected with procreation as established in God's creative plan. According to the anthropological vision of Genesis (Gn 1: 27 - 28), man and woman received a gift of life from God. By this gift of God's love for them they were empowered to become cocreators with God to give life to new human beings. Thus, the couple, while giving themselves to one another, they also bring forth children as a reflection of their love.[5]

On the other hand, extramarital sex is prohibited since it undermines God's plan for the gift of human sexuality. The gift of human sexuality according to God's plan, presented in the Book of Genesis guarantees the human person the characteristics which biologically, psychologically and spiritually, make that person a man or woman leading him or her towards maturity and insertion into society. [6] The two were intended to live in communion "from the beginning" (Gn 2:24). This communion realised in total and mutual self-giving epitomises in the act of sexual intercourse which transcends the limits of first momentary sexual passion and pleasure. The act of sexual intercourse requires a lifetime commitment inherent in the "definitive community of life" called marriage that cannot be provided by extramarital genital sexual union, however personally gratifying[7].Above all, sexual abstinence before marriage and chastity within marriage are emphatically highlighted as moral imperatives for Christian discipleship and indispensable means of honouring Christian marriage.[8]

Moreover, the Christian response to those infected and affected is covered in the awareness programmes. It includes: compassion to the people living with HIV and AIDS, the Christian love of neighbour and care for the people infected and affected by HIV and AIDS, Christian tolerance and forgiveness.

The Church's vigilant efforts to create HIV and AIDS awareness amongst her members and the rest of the society are praiseworthy. The main set back is that our experience shows that this impressive teaching has not led to an observable change in peoples' sexual behaviour that corresponds to the 4 church's Christian moral input. Sexual promiscuity in Africa is still widespread.

The Church's awareness programmes also focus on the intimately related problems of drug addiction and alcoholism. These expose the teenagers and young adults to the high-risk behaviour, particularly in matters pertaining to sexual promiscuity; thus they may become infected with the disease and transmit it to their partners. Such awareness is established on the church's theology of the human body.

The Church's theology of the human body is established on the following aspects: the body, bodily life and health are good gifts to the human person created in the image of God (Gn. 1: 27); liberated by Jesus Christ from sin and transformed into the temple of the Holy Spirit, a living sacrifice, holy and acceptable to God (cf. 1 Cor 6:13 and 19; Rom 12:1); call for a well- ordered care of bodily health and integrity, devotion of bodily energies to all good works for the glory of God, conformity with God's will in pain, illness and death.[9]

Furthermore, the church sheds light on the Christian vocation towards the I-IIV and AIDS infected and affected. The key aspects in the programme are Christian love and compassion to the afflicted, utilising the examples of Jesus Christ and the Good Samaritan to be concretely manifested in attending to the material needs (food, shelter, clothing, nursing care, preparation of the last will and testament, funeral arrangements), and spiritual needs (strengthening faith in God's presence in suffering and at the hour of death, and hope in eternal life, highlighting the need for reconciliation with their marriage partners, family and with God before death, preparing for the reception of the sacraments of Reconciliation, Anointing of the Sick and the Eucharist, assuring moral support and strength in the last moments of life).

Awareness creation programmes therefore, cover essential aspects ranging from facts about HIV and AIDS to the reality of the infected and affected. These programmes are based on the Christian moral teaching and inspired by Christian love and compassion modelled on Jesus Christ and the Good Samaritan.

Furthermore, the church recognises the importance of training leaders to ensure the success of awareness programmes as an essential dimension of the response to the pandemic.

4. Training

The church offers training to priests, school and hospital chaplains, youth leaders, social workers, council of the laity leaders, leaders of small Christian communities, women's groups, youth groups, community based health workers, nurses, and people already living with HIV and AIDS.

The church trains trainers. This is done by the church's medical boards and other organisations through group training sessions whereby participants train others by disseminating WV and AIDS information, help people to overcome denial towards the pandemic, and promote compassion and care for the infected and affected.

Furthermore, health workers in church-run hospitals, health centres, and dispensaries are provided with the necessary knowledge and skills so that they can help people with HIV and AIDS without themselves being infected in the process. They are trained in counselling and nursing skills, and maintenance of high standards of hygiene.

Moreover, the church trains community-based health workers from various communities. These refer patients to dispensaries and health centres for treatment of opportunistic ailments, and to designated hospitals for testing.

They are trained in basic counselling skills, case identification, basic and nursing techniques.

The church also trains counsellors. Most of these are volunteers from the communities among whom are those living with HIV and AIDS. These have the potential to understand the experience of the patients they attend to and to empathise with them. Youth counsellors are also trained for counselling their peers, many of whom are victims of high-risk behaviour.

The church recognises other aspects of training for the effectiveness of awareness programmes. These include project design, accounting, monitoring and evaluation, and design of training materials. The Church recognises the need to train some people in these professional skills to equip them for successful running of HIV and AIDS prevention programmes. Above all, these are some of the essential aspects required to solicit donor funding. They are also necessary for accounting for resources invested into such programmes. Since training is not only undertaken by the church and her organisations, she realises the need for collaboration with other interested partners.

5. Networking and Collaboration

Numerous initiatives are being taken by the church and her organisations such as CARITAS, Christian medical boards, associations of medical professionals, etc. Likewise, other organs like the NGOs, WHO, government ministries of health, interdenominational church NGOs, just to mention a few, have their role to play in the information-prevention programmes against WV and AIDS.

While this multiplicity of initiatives are in themselves blessings, they, at the same time, call for collaboration and sharing of scarce material and human resources. On this account, various local churches have designed strategies, based on the felt needs of their various circumstances to address the HIV and AIDS pandemic.

This networking focuses on the sharing of common goals and mutual agreement for major policy issues regarding family life education, fidelity in marriage, chastity in marriage, abstinence from sex before marriage, condom use, testing for HIV and AIDS, counselling and caring for people living with the disease. What is stressed upon is the entire process of what is shared in common rather than on differences, which can jeopardise collaborative effort among groups.

Churches, NGOs and governmental organisations participate fully in partnerships which facilitate the sharing of resources such as research and training facilities and qualified personnel. Such bilateral and multilateral networking is a resource in acquiring new information about the pandemic, availability of material and human resources, and capacity building in the overall fight against it.

6. Production and Distribution of Materials

The church is also fully involved in producing and distributing HIV and AIDS materials as an integral part of the prevention campaign. These materials range from posters, audio-visual cassettes, handbooks and booklets for counselling dealing with the role of the counsellor and how to conduct counselling sessions, booklets on the methodology of community participatory skills to help community-based trainers and leaders, manuals to guide those working with and caring for patients, and guides to help leaders and trainers to facilitate awareness workshops and seminars, just to mention a few.

The church also distributes food, clothing, medical facilities, bedding for patients, orphans and grandparents taking care of them, whose economic conditions cannot meet these basic needs. The church also runs nursing homes for sufferers, and orphanages for infected children whose parents have died from the disease and have nobody to care for them. These are some of the major areas in which the church in Africa has manifested her active participation in responding to the problem. More important is the fact that the church has been able to reach out to communities and levels of society in the continent which governments and their agencies are unable to reach. Moreover, the church, by her Christian ideals and commitment has been able to offer a greater degree of compassionate care to the infected and affected that

governments and NGOs are unable to offer.

7. Lacunae in the Church's Initiatives

In spite of the remarkable successes that the church has achieved in the fight against BIV and AIDS at the level of preventive education and pastoral care, some gaps are observable.

These include silence and denial, i.e. the disease is something "out there" that only infects other people. Yet some lay people, religious men and women, and priests among them are either living with or have died from it. There is also discrimination against people living with REV and AIDS even within the very Christian communities with the belief that the disease is God's punishment for sexual promiscuity. Another lacuna is the inadequate effort to address harmful traditional customs and practices connected with the spread of the pandemic, such as female circumcision, wife sharing and inheritance, sexual and economic subordination of women; lack of vigorous efforts to establish an African person-centred sexual ethics to motivate people to change their high-risk sexual behaviour which is the primary channel of infections. There is further little less vigorous involvement in the eradication of the basic causes of poverty, and lack of clarity in African and moral arguments for sexual abstinence and against condom use to combat a simplistic tendency that the "church teaches so", as if she had no sound basis to do so. This is just to mention a few among the many gaps that exist.

Also, the church has not addressed effectively many Africans' belief and practice of witchcraft, which is taken as the cause of death related to HI V/AIDS.

All these gaps and many others that have not been highlighted in this discussion serve as root causes for controversies within the church in Africa at large.

8. The Effectiveness of Condoms

It is common place that when church members as well as other people seriously consider adequate means to arrest the spread of HIV and AIDS, they often understand different things. For some, it implies the practice of "safe sex" by making use of condoms. For others, it implies faithfulness to one partner in or outside marriage, and sexual abstinence in the context of the church's response to HIV and AIDS in Africa.

The use of condoms is being promoted by prevention campaigners in Africa as a solution to those individuals who can neither be faithful to their partners in and outside of marriage, nor abstain; and also in marriage where one person is seropositive.

The bare fact is that condom use reduces the risk of contracting HIV, but a substantial risk certainly remains. Scientific studies have verified the degree of porosity of the latex rubber, which is one of the factors accounting for the failure rate of condoms. In Africa, there are other unique factors contributing to the same. These include poor storage, using expired condoms, reusing them, contamination before use, using defective imports, and improper use.[10]

Pro-condom studies argue that condoms are highly protective to user against infection when properly used for every act of sexual intercourse.' While this may successfully apply to Europe, USA, and to a limited degree in some parts of Africa, in most cases, it may not be the case for many Africans. Let us face the fact: how many Africans who are sexually active take the pain to use condoms properly for every acts of sexual intercourse? (However, this is not a convincing argument against condoms per Se, but against faulty/defective use of them.) This does not mean that I am underrating my fellow Africans' capacity to respond to reality, especially when it is a matter of life and death. Nevertheless, sincere Africans will concur with me regarding the fact that our African experience, in most cases is "taking things easy" even when such an attitude has serious and long lasting implications on our very life, be it social, political, economic, hygienic, or HIV and AIDS.

Studies done in Africa have proved this fact. For example, a UNICEF- supported evaluation study of Kisumu (Kenya) carried out in April 1997 revealed that commercial sex workers do not use condoms with their boyfriends and regular customers. Worse still, they would not use them with customers who do not like to do so provided they pay more)2Some sociocultural and behavioural customs and attitudes of Africans serve as another block to using condoms, let along using them properly in each and every act of sexual intercourse. Many Africans argue that using condoms is a sign of lack of love for one's partner; when condoms are used, users don't enjoy the 11 event; to use a condom is a sign of mistrust to a partner, a sentiment which one would not like to provoke in a love affair, etc. Another UNICEF-sponsored study in 1996 to assess the impact of condom advertising campaigns in Kenya revealed that it had failed.[13] The campaign did not seem to have achieved fully its objective because some Kenyans still believe that condoms do not help in preventing the spread of HIV infection.[14]

These studies in Kenya have revealed what is practically happening in the rest of Africa, probably with varying degrees. The Durban Conference on HIV and AIDS in Africa held in 2000 certainly has ugly stories to confirm the fact. No wonder the number of people contracting HIV and dying of AIDS in Africa is increasing rapidly. This risk which is said to be reduced by condom use in Africa remains ambiguous and controversial.

If therefore the Catholic church in particular is strongly opposed to condom use, she does so not only basing herself on her teaching on artificial contraception as some people claim. Together with her teaching on contraception, the church condemns the use of condoms for HIV and AIDS prevention because the claim that they are "safe" is not true and it is actually misleading. As it was said earlier on, it may diminish the risky consequences of promiscuity but may not

eliminate it.

Even if the Church assumed that condoms can significantly arrest the transmission of HIV infection, they are not able to improve the quality of life, the meaning and purpose of human sexuality, which the Church has to promote in her teaching. I concur with Mattei and Wambua that the quality of life does not result from selfishness, lack of self-control, irresponsibility, and general weakness of character. To enhance a truly good life demands cultivation of values and stamina to pursue them.[15]

Together with the condemnation of condom-use, the church gives realistic information about them for the issue of condoms remains a challenge to her initiatives to arrest the spread of the HIV and AIDS in Africa. Perhaps she also needs to complement her prevention and pastoral care endeavours by formulating and teaching a positive and attractive African person-centred sexual ethics which is truly human and truly Christian. I think such an ethic can contribute to the realisation of the desired behaviour change, a requisite for combating the spread of the pandemic in Africa. It would probably include: appreciation of human sexuality as God's gift, positive attitudes towards man-woman intimate relationships, dignity of woman, etc. This ethic will be dealt with in detail in our way forward.

9. Sexual Abstinence

The Catholic church in Africa and elsewhere condemns condom use and recommends sexual abstinence as the best solution to protecting ourselves against the pandemic. However, this is a much more difficult project to realise than to get people to use condoms. It is most difficult because on the personal level it demands an individual to form his/her sexual habits, become more disciplined and control sexual desires so that one is not simply led by instincts. [16]

Furthermore, it is difficult because our contemporary globalised culture has relativised moral values and laws guarding them. It has thus become more flexible and lenient to accommodate human weakness. Hence, if people cannot overcome their weaknesses, at least they can glorify them, and even legitimatise them. [17]

Moreover, the African traditional structures such as the family, the neighbourhood, and the village community, which used to support traditional moral values, have fragmented due to urbanisation and migration in search of employment. These traditional structures are in crisis and promiscuity is rampant.

The traditional structures which used to help in transmitting moral values, including sexual abstinence and marital fidelity, and provide strong community support and pressure, especially to the young people have broken down.

The church, therefore, apart from teaching in preference for sexual abstinence before marriage and chaste living in marriage, has to assist in animating these traditional African structures, encourage and support them in their difficult task to serving as instruments of behaviour change essential for arresting the spread of HIV and AIDS.

How the church in Africa can realise this demanding project to counteract the attitude of some people who argue that sexually active individuals cannot abstain from sexual intercourse before marriage and cannot live chastely in marriage is yet to be explored in detail.

10. The Church's Way Forward

Let us begin by reiterating the fact that at the level of preventive HIV and AIDS awareness and pastoral care of the infected and affected, there has been a magnificent response from the Church in Africa.

Nevertheless, what aspects of the church's life and teaching need to be renovated if she is to become a more effective sign and instrument of healing modelling Jesus Christ the divine healer and emulating the example of the Good Samaritan for I-IIV and AIDS infected African family?

It seems that information-based prevention programmes explored earlier on are unable to motivate people to change their sexual behaviour, 14 which is the primary means of HIV infection. The church's moral teaching has always been repeated and Christians, and other people have heard it theoretically. Yet sexual promiscuity, for both men and women, remains widespread in Africa. The added urgency brought about by the disease seems not to change the situation and bring about a greater practical fidelity to the church's moral teaching.

I think this gap between the church's moral teaching and the people's practice is largely due to the kind of sexual ethics the church in Africa is promoting. Is it the kind of sexual ethics which addresses African traditional customs and practices founded on male discrimination against, and oppression of women? Is it an ethic that recaptures and empowers African social structures of family and clan community and transform them into channels through and within which Christian virtues could be promoted? Is it the kind of sexual ethics which has a potential to give people, especially the youth who are mostly vulnerable, the positive motivation needed if they have to improve the quality of their male-female relationships? Does it consider our human sexuality as a wonderful God-given gift enabling men and women to find joy and happiness in the kind of loving relationships which are most fulfilling to them as human beings? I think Christians and other people will only be motivated into behaviour change if they find the church's moral teaching attractive and conversant with their deepest needs.

My tentative proposal is that the church in Africa needs to formulate and teach a more positive and an attractive person-centred sexual ethic, which endeavours to respond to the above-mentioned concerns. Such a sexual ethics would be heard by all people, adults as well as the youth, who need most family and community support, as "good news". It should primarily aim at cultivating in individuals positive attitudes towards themselves and each other as sexual per-

sons, deeply grateful to God for the gift of their sexuality and appreciate each other in this way. Its main objective is to empower each person to grow as loving and loved, a dynamic which is truly life-giving and life-cherishing in the fullest sense through mutual healing and positive encouragement. It would enable people to find security and strength in relationships of personal intimacy and faithful commitment, which shun whatever violates the dignity of the human person's oneself or of others. Hence, such sexual ethics would empower people to reject and change their tribal customs and practices which compromise the dignity of the woman as a human person and use her as means to gratify the man's sexual pleasure, or as property to be inherited for the same purpose and for procreation to ensure continuity and survival of the clan community.

The people will have courage and confidence to critique and reject any elements of the so-called "modern" morality which claims to be liberating from traditional sexual taboos, thus destroy or corrupt healthy relationships cherished in "customary" morality of African societies or erode their capacity for loving as truly responsible human beings and truly Christians.

A prospective person-centred sexual ethics must maintain its focus on life-giving love, especially in the context of HIV and AIDS prevention. Hence, it would acknowledge the tragedy of failure to abstain from sexual intercourse or lead a chaste life in marriage as a prerequisite for responsible loving to ensure fullness of life to the partner and the self. It would also acknowledge the tragedy of an act that actually transmits a life which is definitely in danger of contracting HIV from the parents who are already infected. 1 believe that such a sexual ethics has a potential of being "good news" to the family of God in Africa in need of the church's "compassioning" and healing ministry. The church can be innovative in this respect and become an effective participant in prevention efforts in Africa.

What, then, about the sexual and economic subordination of women and its key role in facilitating the rapid spread of HIV and AIDS in Africa?

I firmly believe that the church in her life and teaching should offer a credible witness to her belief in the full and equal dignity of women. As it was seen earlier on, some customs and practices of African traditional societies like polygamy, wife inheritance, wife sharing, female circumcision and ritual cleansing expose women to greater risk of infection.

The church, therefore, has to inspire and facilitate the process of cultural reconstruction that implies moral reconstruction. She has to empower women to serve as active agents of changing the traditional structures of explicit sexual exploitation of women. This can be achieved only if women are actively involved in the whole process of decision-making regarding the teaching of the church on sexual morality and matters of practical action covering a whole variety of unequal power relationships in the family, community, church and society at large.

Furthermore, the church has to commit herself to improve women's status in society by giving them necessary skills, supporting them in their income generating activities, and increasing their educational and employment opportunities. Not doing so would be a tragedy not simply for the church, but also for the cause of HIV and AIDS prevention in Africa.

Moreover, the church should use the full power of her authority, influence and resources to change and eradicate the basic causes of poverty in Africa today. Likewise, she has to work hard to name and bring to shame corruption wherever it is found, especially among the guardians and promoters of the common good, both in the church and society. She has to pay special attention to those people whose corrupt practices seriously damage the lives of the poorest in the family, community, and society.

It is a fact that many Africans in sub-Saharan Africa suffer extreme poverty. Such poverty is completely unacceptable because it violates the divine image in these people. For the church and society to allow it to continue is a form of blasphemy. The African Synod recognised increasing poverty in Africa as one of the fundamental challenges to evangelisation. 18 The 1971 Synod of Bishops made the same affirmation and recognised that the elimination of such inhuman poverty is intrinsic to the very proclamation of the gospel.

The eradication of such extreme poverty, therefore, is a moral imperative in Africa. The problem of HIV and AIDS makes it more urgent, since failure to eradicate this extreme poverty is likewise failure to deal with one of the major underlying causes of the rapid spread of the disease in Africa. The Durban Conference expressed the same conviction.

Poverty serves as one of the major causes of the rapid spread of HIV infection in numerous ways. For example, the need for survival forces some men and women to become commercial sex workers in order to earn an income, thus exposing them to HIV and AIDS. Others, especially women and young girls, indulge in casual sex with male professionals and wealthy individuals for favours such as jobs, money or free services. Moreover, the poor lack access to medical care or are reluctant to go for treatment because they cannot pay for it. Lack of or poor treatment of opportunistic diseases such as STDs aggravate the risk of HIV infections and deaths from AIDS. The Ifs poor lack balanced diets and are therefore highly vulnerable to various diseases which aggravate the risk of infection.

It is unfortunate that the improved economic conditions which would serve as the means of reducing the spread of HIV and AIDS is ruined by corruption. The church has to network with the governments and private sectors to eradicate corruption which cripples the economic growth of our African countries and impoverish Africans the more. Likewise the church's networking with governments and private sectors has to help create an environment which favours a more equitable distribution of resources, encourage equal development of men, women and the youth supporting them in their small income generating projects by creating some fund or capital from where they can borrow, and supporting the allocation of land to the landless for agricultural and retail trading purposes.

Furthermore, the church has to be in the frontline to train people for justice, peace, and human rights as a backbone to the whole process of fighting corruption.

Above all, the church has to inspire the whole process of creating economic policies, which are people friendly. [19] This depends on how the church will involve herself in the ongoing formation of her members in Christian virtues, and how she will play an active role in the formation of the political will of the people and their leaders to work for the common good. If the church is able to get involved to such an extent, she will be making ma or and indispensable contributions to the HIV and AIDS prevention.

11. Conclusions

Let me conclude by saying that I set out to explore the Catholic church's response to the HIV and AIDS pandemic in Africa South of the Sahara. I have highlighted various prevention activities, which the church is involved in. I did not hesitate to address some gaps inherent in these efforts to arrest the rapid spread of the pandemic. I have also attempted to bring forth some suggestions as to what the church is able to do to contribute more to the global prevention efforts. Certainly, I have left out many aspects regarding what the church in Africa can do calling for more people to expand the research and come up with more and better suggestions.

Whatever the case, the Catholic church in Africa has to insist on a Christian vision of humankind as created in God's image, respect of human dignity, especially of the HIV and AIDS infected and affected man and woman alike, attention to the common good, and efforts for a sound and viable solidarity. highlighted various prevention activities, which the church is involved in. I did not hesitate to address some gaps inherent in these efforts to arrest the rapid spread of the pandemic. I have also attempted to bring forth some suggestions as to what the church is able to do to contribute more to the global prevention efforts. Certainly, I have left out many aspects regarding what the church in Africa can do calling for more people to expand the research and come up with more and better suggestions.

Whatever the case, the Catholic church in Africa has to insist on a Christian vision of humankind as created in God's image, respect of human dignity, especially of the HIV and AIDS infected and affected man and woman alike, attention to the common good, and efforts for a sound and viable solidarity.

Discussion questions: The official Catholic church teaching on HIV and AIDS prevention has often been criticized for being too negative. What do you think should be integrated in the context of Africa to make it more positive and why?

1. Why should reliance to condoms not to be considered technically dependable or morally defensible HIV and AIDS preventive strategy in the Catholic church?

2. What aspects of the church's life and teaching to be renovated if she is to become a more effective sign and instrument of healing modeling Jesus Christ the divine healer and emulating the example of the Good Samaritan for HIV and aids infected African family?

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