



# **The Catholic Church and the HIV/AIDS Pandemic in Kenya: An Exploration of Issues**

*Catherine N. Machyo\**

## **Abstract**

HIV/AIDS has been declared a national disaster by the Kenya Government. Available data from the National AIDS Control Council (NACC) indicates that more than two million people in the country are living with AIDS, and close to 200,000 new infections occur every year. It is obvious that HIV/AIDS presents a major challenge to society as a whole. This article explores the Catholic church's response to the pandemic. It briefly describes its role in HIV/AIDS prevention, including training, awareness programmes, production and distribution of educational materials. It then examines critical issues in the church's response. Finally, it discusses the challenges ahead.

## **Introduction**

The magnitude and impact of HIV/AIDS in Kenya is not only a major public health problem and development challenge, but also it is increasingly creating a negative socio-economic impact. The realisation that the country is losing about 700 of its people daily made the Government to declare HIV/AIDS a national disaster. More than one million people have died since 1984, leaving close to one million orphans (NACC Strategic Plan, 2000). The report further indicates that by mid-2000, more than two million Kenyans were living with HIV. In one year alone, close to 200,000 new infections occur in the country. The majority of the infected are young people between 15 and 49 years.

Socio-economically, the epidemic causes a loss of about Kshs. 200 million daily – a cost that does not include lost working hours and the worsening of the poverty among an already impoverished populace (NACC Strategic Plan, 2000). The report further indicates that the disease will also have a great impact on the population growth, which may stagnate, and even reverse if the eight million Kenyans projected to die of AIDS by 2002 do in fact die. Eight million is about one third of our entire population, the biggest percentage being in their productive years. This means that as a country we cannot develop and indeed are facing a national catastrophe.

Through pastoral care, social ministry, education, and prevention programs, the Catholic Church is strategically placed to facilitate and help concretise and put structures in place for an adequate and dynamic response.

In July 1997, the Daily Nation newspaper carried an editorial containing an

explicit critique of the response by churches to the scourge. It called for religious leaders to become actively involved in the promotion of AIDS awareness in Kenya as the disease was spreading among their followers, including pastors. The editorialist argued that the churches should relax their hard-line stand on issues such as promotion of condoms and family life education in schools in the interest of a more effective battle against AIDS. The editorial concluded that Church leaders were not actively involved in the promotion of awareness and that they did not realise how rapidly the disease is spreading in Kenya. The impression given was that it was the Government alone that was bearing the brunt of the battle against the AIDS pandemic. The churches appeared reluctant to join forces with the Government in this vital campaign.

### **The Catholic Church's Response to HIV and AIDS**

The Catholic bishops in Kenya, in their pastoral letter of December 1999, acknowledged the challenge HIV/AIDS poses for the country. They called for a recognition of the moral dimension of the disease and a co-ordinated effort between the Government, the youth, Christian communities, civic authorities, the media, health care workers, teachers and educators in seeking solutions to the HIV/AIDS pandemic.

"... working together with all concerned, we hope to alleviate in all ways possible the moral, physical and spiritual suffering caused by the disease. We therefore exhort you in the words of our Lord Jesus Christ, Fear not, I am the first and the last; I am the living one! I was dead, but now I am alive forever and ever. I have authority over death and the world of the dead". (Revelation. 1: 17-18)

The basic response of the Catholic Church to the pandemic has come from its role as teacher. Conferences of Catholic bishops as well as theologians have utilised the onset of HIV/AIDS as an occasion to reinforce traditional moral teachings and values, especially with regard to sexual behaviour and marital relationships.

Some of the major strategies being undertaken by the Catholic Church are:

1. Prevention initiatives
2. Provision of care for people living with HIV/AIDS
3. Pastoral counselling
4. Care for orphans

### **Prevention Initiatives**

#### *AIDS Awareness Program*

Many members of the Catholic Church have consolidated their efforts to promote AIDS awareness programs in the communities within which they operate. These vary from the simple integration of AIDS information into ordinary preaching and instruction, to the elaborate information, education and communication (IEC) programs. The efforts are directed at the provision of facts on AIDS, how the epidemic is spread and the education that equips people with skills necessary to change their life styles. Sexuality is dealt with in the light of the Church's moral teaching and the Biblical principles that govern it. Awareness is also created among the afflicted and their families on the subject of dying and preparing for death.

### *Training*

The Catholic Church provides training for various cadres of church operatives. These range from leaders such as priests, to youth leaders, social workers, women's groups and other forms of leadership in the community. This is done through group training sessions, enabling the participants to training others by disseminating AIDS information, helping people to accept the reality of AIDS and promoting compassion and care for the afflicted. There is also the training of counsellors, which includes those living with HIV/AIDS peer counsellors. The Kenya Catholic Secretariat works closely with the various implementing agencies within the Catholic fraternity, and also offers technical and advisory services to them.

### *Production and Distribution of Materials*

The Catholic Church has produced and distributed materials as part of its AIDS prevention campaign, for example the Caritas Aids Manual published in 1997. This is a general guide for those working with and caring for HIV/AIDS patients. Its basic aim is to help trainers inculcate a positive attitude towards patients. The Medical Missionaries of Mary (MMM) in 1996 produced a guide entitled *AIDS Awareness Workshop: A Guide for Facilitators*. This manual was intended to help those who have attended the MMM AIDS awareness workshop to facilitate other groups. Many books on the subject have also been written.

### *Provision of Care to People Living with Aids (PLWAIDS)*

The sheer numbers of ill people overwhelms health institutions, hence the need for home-based care for the terminally ill. The provision of direct care to the afflicted has promoted home-based care programs, which provide an excellent alternative to the already congested hospitals. MMM provides weekly rations of food and makes referrals to hospitals. Those who are very

sick are visited everyday and provided with a cooked meal. The program includes the Eastlands Deanery of Nairobi Catholic Archdiocese and the St. Theresa Church Eastleigh, where they encourage the community members to help take care of the sick.

The unemployed face particular difficulties in meeting their basic needs and it is therefore important to empower those living with AIDS. This is being done by encouraging income-generating activities such as tailoring, embroidery, handcrafts among others. Poverty has been linked to the rapid spread of HIV/AIDS.

### *Pastoral Counselling*

The other most important service offered by the Catholic Church to people living with AIDS is pastoral counselling. People are helped to grow, develop and understand their own lives through the scriptures. Various Catholic institutions have set up centers for this purpose. These centres help in the restoration of hope, reconciliation and the discovery of a purpose in life. In a survey among PLWAIDS, Mbugua (1993) found that 72% of the respondents found the spiritual support offered them a great source of comfort and strength, especially in dealing with feelings of guilt and fear.

### *Care of Orphans*

The number of AIDS orphans is growing rapidly, especially in urban areas. It is estimated that by the year 2005, their number will be close to one million, (NACC, 2000). The Catholic Church provides accommodation and food in rescue or crisis centres for orphans, or for children whose parents are very sick or in hospital. The problem of HIV/AIDS has also resulted in an increased number of street children. A number of Catholic institutions have responded to this challenge, for example the Cottolengo Sisters and Nyumbani Home, who take care of babies who have been abandoned because of their HIV status.

## **Emerging Issues**

Although the Catholic Church has implemented many programmes to arrest the spread of HIV/AIDS, significant issues remain. Some of these are discussed in this section.

### *Condom Use*

Most HIV/AIDS prevention campaigners in Africa promote the use of condoms as a solution for individuals who cannot be faithful to one sexual partner in and outside marriage, those who cannot abstain from sex, or those

in a marriage where one person is seropositive. However, the Catholic Church in Kenya and elsewhere condemns condom use and recommends sexual abstinence as the best protection.

Despite the known causal association between AIDS and promiscuity, the media (print, radio, television, videos and films) have perpetrated pornography in an irresponsible way. This has helped fuel premarital sex and infidelity resulting in the AIDS epidemic. In particular, the condom advertisement directed at the youth show total disregard for truth; it is also offensive and in poor taste. Often the argument put forth is that condoms will ensure 'safe sex' or at least 'safer sex'. This to some extent facilitates immoral behaviour. Research has shown that the condom has failure rates as a contraceptive (Gordon, 1989, Roland, 1993, Baitu, 1998).

The media's promotion of condom use is an invitation to promiscuous behaviour and leads to recreational sex and instrumentation of the same. Abstinence is the antidote for the sale of sex as there is no money in it. The media could help promote moral norms, such as refraining from smoking (comparing the sexual urge with the smoking urge). It should become fashionable to abstain from sex before marriage like it is fashionable not to drink before driving. Role models on healthy sexuality should be promoted. The condom basically is not the central issue. Rather, it is the promiscuous behaviour associated with it that pollutes the sanctity of sex and which uses the condom to escape from the consequences of sin. While it may reduce the consequences of sexual promiscuity, it is as much a part of the problem as it is a solution. Responsible biblical choices can be made through counselling and teaching.

The Catholic Church's opposition to condom use should be seen in the light of its moral teaching, which emphasises sexual abstinence before marriage, and fidelity after marriage. According to Shorter and Onyanacha (1998), abstinence before marriage and chastity within marriage are emphatically highlighted as moral imperatives for Christian discipleship and as indispensable means of honouring marriage.

### *Discrimination and Stigmatisation*

It must be admitted with much regret, that the Church's faith community has not responded as fully as possible to this challenge (Shorter and Onyanacha, 1998). Many pastors are still fearful of physical and social contact with persons with HIV/AIDS since they persist in their ignorance about modes of transmission. Some religious leaders are extremely uncomfortable with issues related to sexuality, which are closely linked to the disease. Others lack the 'right words' to use when ministering to a young man or woman who is facing death.

The fact is that many members of the Church, because of their human frailty, still try to distinguish between the 'innocent' and the 'guilty' persons with HIV or AIDS. They try to define the criteria for God's 'unlimited' mercy and reconciliation, and to close the doors of our communities to those whom they consider to be too 'unorthodox', 'sinful' or 'unnatural' in their behaviour or orientation. In the light of this, the teaching Church is obliged to re-examine the consistency and credibility of messages it communicates in both words and practice.

In their pastoral letter of 1999, the Catholic Bishops of Kenya call upon Christians to overcome any prejudice they feel towards AIDS victims. They pointed out that apart from being contracted through immoral behaviour, it could be got through other ways. AIDS is not different from cancer or malaria. Like other disease, it causes suffering and death.

Looking at AIDS patients as sinners condemned by God as if we have a right to judge them as wicked distorts reality. It is a known fact that even infants and faithful spouses have contracted AIDS. Are we going to be like those who once asked Christ while pointing at the man born blind, "Rabbi, who sinned? This man or his parents for him to have been born blind?" We should remember Jesus' answer, "Neither he nor his parents sinned. He was born blind so that the works of God might be displayed in him" (John 9: 2-3). We have no need to fear. AIDS means much suffering and hence we should not look down upon those who suffer. As the Apostle Paul wrote, "There must be no passing of premature judgment. Leave that until the Lord comes: he will light up all that is hidden in the dark and reveal the secret intentions of men's hearts." Far from encouraging passivity, this outlook urges us to act decisively, and more so in these times when there is no cure. For those who have no hope for a future life, AIDS will seem like a curse and a good reason to keep a safe distance from those who have it. For those with a Christian faith, it is an encounter with grace, prompting us to be generous and to love others as Christ loves us, even going to the extent of risking our lives.

### *Breaking the Silence on HIV/AIDS*

Maluleke (2000) acknowledges that there is an orderly theological silence over HIV/AIDS. He suggested that one of the reasons is that it is an ugly, relentless and chaotic epidemic. He suggests that may be the silence in the face of AIDS is because we have to confront two issues which the Church and our inherited cultures, both Western and African, have been unable to handle openly and constructively, namely sexuality and death. However, the silence is not complete, because those with full-blown AIDS are 'speaking' to us and among us. How could we fail to see? How could we not hear? Are the 'safe' and patronizing ways of some Christians the best responses we can

muster in the face of so massive and so fundamental a human crisis? A report on the AIDS conference held at the Vatican in December 1999 indicates that bishops and priests were unhappy that the disease is too big a problem to discuss, especially because there exists a significant amount of HIV amongst the clergy.

The silence also is noted among doctors who are not prepared to talk about it. It is further manifested in funeral announcements in Kenyan dailies – most indicate the cause of death as accidents and not AIDS, which is in most cases presumed to be the cause. This ultimately prevents access to counseling and feedback on prevention.

### *Aids and Poverty*

HIV/AIDS is a problem in poor countries because of poverty. Its spread is not only a medical issue, but also a social dilemma. Containing the spread of AIDS lies partly in a nation's ability to improve the standard of living for all its citizens, and less so in its ability to deal with the infectious nature of the virus. It is difficult to live a moral upright life when there is no proper housing, no schools in which to educate children, no security from thieves, and no means of finding stable employment. Unless people have reason to live and have prospects of seeing their honest work bear fruit, why should they worry about death? Perhaps the AIDS crisis tells us how poor we have become and not, as some suppose, how ignorant our people have become.

Economic growth is strained in the face of the epidemic. Predictions are that by the year 2000, the gross domestic product will be 14.5 percent less than it would be without AIDS. General standards of living will be affected by the disease (NACC, 2000). As AIDS claims the heads of households - most of them bread winners - their dependents, among them children, will bear the brunt of the loss. As children assume responsibilities as heads of households with virtually no economic base, we can expect an upsurge in poverty.

Although no one is immune from AIDS, it is the poor who are most at risk. Africans are no more promiscuous than Europeans for example, but they are much poorer and therefore more vulnerable to the AIDS epidemic.

### *Socio-Politics of HIV/AIDS*

The AIDS epidemic is not unrelated to economic exploitation. There are many reasons to question the applicability of the AIDS dogma by the West in Africa. The West talks about Africa, sometimes accurately. However, is the West able to talk with Africa? Is the West patient enough to listen to Africa? Does the West think there is anything to listen to?

Voicing concern over the West's condemnation of President Mbeki's questioning of the relationship between HIV and AIDS, Downing (2000)

takes note of a letter to the editor in the Guardian which read: "Anyone who visited Southern Africa's rural communities will be painfully aware that the solutions of programs that work in London, Paris, Frankfurt and New York will not work there. The media are doing President Mbeki, and the search for an effective response of the AIDS tragedy in Africa a great injustice by insinuating that by asking questions rather than regurgitating the 'truth' as seen from the developed world's perspective, he may be doing international efforts a disservice".

Downing further questions some of the interventions that are being carried out to combat the HIV/AIDS scourge. As Africans we are saying that there is need to break the silence, but this cannot be done when we send subtle messages about the disease. It is the only disease for which there is pre-test and post-test counseling, which essentially adds to the stigma. Also, the idea of confidentiality contradicts our goal of breaking the silence.

Prevention is a 'business' especially for condom manufacturers. There is also the business of pharmaceutical firms which are offering Africans a reduction in the price of anti-retroviral drugs. There are already doubts as to whether these pharmaceutical firms are genuinely out to participate in improving the public health of poor countries, or whether theirs is a deliberate effort at shifting the focus from prevention campaigns to the 'business' of treatment.

### *Gender and Powerlessness of Women in Africa*

The spread of AIDS among women and children is greatly enhanced by the cultural and economic powerlessness of this group. It is now clear that women have borne the brunt of the epidemic, especially young girls in their teens (15 to 19 years), who are six times as many as their male counterparts. Older men turn to younger girls for sex under the misconception that they are AIDS-free (NACC, 2000). Even the ones who are not infected are affected in that when parents succumb to the disease they are forced to look after them, often without sufficient information, medication or support.

Gender biases become more accentuated as infected women bear the brunt of rejection more than their male counter parts do. The property of deceased spouses is sometimes appropriated by family members who may not recognize the widow and children. The Kenyan bishops in their pastoral letter of 1999 acknowledged the vulnerability of women to HIV/AIDS. They reaffirmed support to better their conditions, especially by providing education, training opportunities and income generating opportunities for them.

### *Cultural Beliefs and Traditions*

HIV/AIDS must be understood in the context of cultural beliefs. Many in Kenya believe that AIDS has come because some cultural practices have been abandoned. (Dortzbach, 1998).

Cultural practices vary. Some are beneficial in AIDS prevention while others perpetuate its spread. The beneficial ones need to be enhanced and others changed or modified. Culture is so integrated into everyday life and beliefs that it is sometimes difficult to separate the beneficial practices from harmful ones.

Some practices like faithfulness in marriage and instruction on sexuality to the youth during initiation are practices that should be encouraged since they contribute to family preservation. However, some practices, for example wife inheritance and circumcision, may facilitate transmission of the HIV virus. In other communities AIDS is seen as a curse or witchcraft. Such practices need to be changed. In order for change to occur, when a crisis such as HIV challenges culture, there is need to understand the issues at hand and provide alternatives, for example to wife inheritance. There is also need to interpret cultural traditions in the light of scripture.

### **The Way Forward**

The Church must concentrate its efforts on educating and informing its people about prevention. It is necessary for information to be disseminated prudently and responsibly to avoid ungrounded uncertainties or needless fears. Despite this, we must not be too optimistic about the role of knowledge and cerebral consciousness in the changing of human behaviour. The assumption that more and better knowledge automatically influences human behaviour needs to be revisited. Non-governmental AIDS organizations all over the world are beginning to conclude that prevention campaigns have not yielded the success that is commensurate to the effort and money put into it. What this might be saying to us is that, perhaps we need to redefine what we mean by knowledge, so that 'knowledge' and awareness move beyond the cerebral and beyond the realm of said to be done and hidden to the public (Maluleke 2000). Knowledge should not just be cognitive.

There is also a need to address the training of the clergy who are faced with this huge and seemingly overwhelming task of dealing with the HIV/AIDS pandemic. From the report on the conference at the Vatican on HIV/AIDS in December 1999, bishops in their group sessions acknowledged that the religious lacked the skills that the pandemic posed. Ngumi (2000) in a baseline survey confirmed the same.

It was noted that in a case in Uganda, there was a need to equip the clergy with a formation program as they refused to care for HIV/AIDS patients

under the belief that they were all prostitutes. The program and curriculum should instill in the clergy the necessary knowledge, attitude, and skills to serve the community more effectively in the struggle against HIV/AIDS. In addition, they should be equipped with skills in program planning, development, implementation, and evaluation. The focus should also be to equip them with leadership and management skills in community resource development and mobilization. This would address the issue of community participation in home care of the sick and of orphans. There is also a need to develop skills in training of trainers for maximum multiplier effect. This may be done formally in theological institutions or informally at the community level. This is a challenge to our theological institutions that claim that HIV/AIDS issues have been infused in their theological subjects. Given the urgency of the matter, there is need to evaluate these programs and see whether they do indeed equip the clergy with adequate skills and knowledge to respond effectively and sufficiently, because while we hold discussions about HIV, people are contracting the virus while many are dying. Efforts should be made to address dangerous 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. As Baitu (2000) has stated, apart from emphasizing sexual abstinence before marriage and chaste living in marriage, the Catholic Church should assist in animating African traditional structures, such as the family, the neighbourhood, and the village community which used to uphold moral values, encourage and support them in their difficult task of serving as instruments of behaviour change essential for arresting the spread of HIV/AIDS.

The attitude of the Church towards those living with AIDS should be based on witnessing God's unconditional love and not on passing judgment. The Christian response to the AIDS pandemic is not only medical and social, it is primarily about the extension of God's grace. AIDS highlights the need for restoration in our relationship with God and with each other. Conversion and repentance are not primarily the duty of other people, but our own obligations. Churches can do this by starting support groups. These groups can reach out to people living with AIDS in their communities, demonstrating a truly Christian care and love. The church needs to start movements like 'Friends of People Living with AIDS'. These movements could be modeled on already existing organizations dealing with medical issues, such as the Head Foundation, among others. Such organizations could be charged with the responsibility of raising funds for AIDS orphans and also educating the community to avoid discrimination. The Church's great legacy from Jesus Christ is one of healing from all dimensions: physical, psychological, social, environmental, moral and spiritual.

## Conclusion

Jesus told his followers that they were to be both the 'salt of the earth' and 'light for the world' (Mathew 5: 13-14). It is not extra-ordinary, therefore that Christians should understand their vocation as including teaching human society how to live and being examples to the rest of humanity.

This article describes the response of the Catholic Church to the AIDS pandemic, and explores emerging issues. The disease is a complex problem that requires comprehensive, multi-faceted solutions. The Church has established several programmes to address it. She now faces the crucial challenge of sustaining the momentum and carrying its programmes forward. The Catholic Church has a duty to form the character and morality of its members. The most effective way of fighting the HIV/AIDS pandemic is through behaviour change, and inculcating moral and spiritual values. Sexual abstinence before marriage and chaste living in marriage are the most effective ways of preventing the spread of HIV/AIDS.

\* The author is a lecturer in the Department of Education at the Catholic University of Eastern Africa. Her specialisation is in curriculum development. Prior to her current position at the university, she was a lecturer at a teacher's college where she taught education. Her research interests are in civic education, HIV and AIDS, and gender.

## Correspondence

Catherine Machyo

Department of Education

Catholic University of Eastern Africa

P O Box 62157

Nairobi, Kenya

Fax 891084, Email: research@cuea.edu

## Bibliography

1. Baitu, J. (1999), *AIDS Pandemic in East Africa: A Moral Response*, Nairobi: CUEA Publications.
2. Baitu, J. (2000), "The Church and HIV/AIDS in Africa South of the Sahara", paper presented at the Interdisciplinary Session of the Faculty of Theology.
3. Butliglone, R. (1990), "Is AIDS a Divine Punishment" in *To Live Why AIDS?*, Rome: Vatican Polyglot Press, pp. 161-166.
4. Daily Nation (Nairobi), July 22 1997, "AIDS Threat Calls for Serious Action", pg 6.

5. Downing, R., "HIV/AIDS: Listen to Mbeki" in *Sunday Nation*, November 12 2000, pg. 17.
6. Dortzbach, D. (1998), *AIDS in Kenya: The Church's Challenge*, Nairobi: Map International.
7. Gordon, R. (1994), "A Critical Review of the Physics and Statistics of Condoms and their Role in Individual Versus Societal Survival of the AIDS Epidemic" in *Journal of Sex and Marital Therapy*, 15: 5-30.
8. HHS Publications, "Condoms and Sexually Transmitted Diseases, especially AIDS" in *FDA – 90-4239*, p. 7.
9. Maluleke, T. S. (2000), "Towards a New Theological Education Curriculum for the Twenty-First Century in Africa: HIV/AIDS and the New Kairos", paper presented at the HIV/AIDS Curriculum Development Consultation for Theological Institutions in Eastern and Southern Africa (26-30 June, 2000).
10. Mbugua, C. (1993), "AIDS coping study: A project within strengthening STD/HIV control project", March 23 1993, pp 11-12.
11. Ngumi, G. (2000), "Baseline Data Analysis: Development of HIV and AIDS Curriculum for Eastern and Southern Africa", paper presented at the HIV/AIDS Curriculum Development Consultation for Theological Institutions in Eastern and Southern Africa (26-30 June, 2000).
12. NACC (2000), (National AIDS Control Council Strategic Plan).
13. *The AIDS Pandemic and Its Impact on our People*, Pastoral Letter of the Catholic Bishops of Kenya (1999), Nairobi: Daughters of St. Paul.
14. Pontifical Council for the Health Pastorate (2000), Report on the AIDS Conference: "The Catholic Church and the Challenge of HIV/AIDS", *Medicus Mundi International Newsletter* No. 65.
15. Roland, C. M. (1993), "The Barrier Performance of Latex Rubber" in *Rubber World*, Vol. 208, No. 3.
16. Shorter, A. and Onyancha, E. (1998), *The Church and AIDS in Africa: A Case Study of Nairobi City*, Nairobi: Paulines Publications.