TANGAZA COLLEGE

THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

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THE CHURCH'S RESPONSE TO PEOPLE LIVING WITH HIV/AIDS IN KENYA AS A NEW PHENOMENON OF BIBLICAL "LEPROSY"

Supervisor

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TO

All who suffer discrimination of various forms especially people living with HIV/AIDS and those affected.

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I give praise and thanks to God almighty father for his grace and peace which has enabled me to complete this Long Essay.

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Thanks to all those who have supported me throughout my years of formation especially my family. May God richly bless each one of you.

Shalom!

STUDENT'S DECLARATION

I, the undersigned, declare that this long essay is my original work achieved through my personal reading, scientific research method and critical reflection. It is submitted in partial fulfillment of the requirements for the Ecclesiastical Degree of Baccalaureate in Theology. It has never been submitted to any other college or university for academic credit. All sources have been cited in full and acknowledged.

Signed: .....

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Date: 21 : 04 : 2011

This long essay has been submitted for examination with my approval as the college supervisor.

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Contents

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARVs	Antiretroviral Drugs
CMMB	Catholic Medical Mission Board
CRS	Catholic Relief Service
EFL	Education for Life
GK	Greek
GOK	Government of Kenya
HIV	Human Immunodeficiency Virus
KDHS	Kenya Demographic and Health Survey
KEC	Kenya Episcopal Conference
KNASP	Kenya National HIV/AIDS Strategic Plan
KNSP	Kenya National HIV/AIDS National Strategic Plan
MCH	Maternal and Child Health
NACC	National AIDS Control Council
NASCOP	National AIDS and STD Control Programme
NT	New Testament
OT	Old Testament

OVC	Orphans and Vulnerable Children
PEPFAR	United States President's Emergency Plan For AIDS Relief
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission
RSV	Revised Standard Version
SCC	Small Christian Community
STD	Sexually Transmitted Disease
UNAIDS	United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
USAID	United States Agency for International Developments
Vb	Verb
VCT	Voluntary Counseling and Testing
WCC	World Council of Churches
WHO	World Health Organizations

GENERAL INTRODUCTION

Background

In some books of the Bible terms such as leprosy and leper are used in the text of the book. This is evident in both the Old Testament and the New Testament but then they are used extensively especially in the Old Testament with specific reference to the book of Leviticus.

Lepers in the Bible are among the many sick people mentioned in the Bible but what is unique about this group of sick people is the attitude of the faith community towards these lepers. In the Bible lepers are often treated as social outcasts in the community because of the prejudice attached to their condition of infirmity. Regardless of the exact symptoms, and diagnosis of these various ailments, becoming "unclean" is the primary concern that all biblical sufferers of leprosy share.[1] The common prejudice associated with this ailment was that it renders the person unclean and this deprives the individual of an authentic human relationship with the rest of the community.

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[1] Cf. J. J. PILCH, "Leprosy", 636.

Leprosy in the Bible was a disease for which there was then no cure but sometimes some people did recover from this disease.[2] It was a disease which caused fear and revulsion among the people.[3] Leprosy was not always seen as punishment, and lepers were not necessarily sinful people but before Jesus there was no suggestion that lepers should be cared for.[4] Instead, because they were considered a danger to the community, they were banished until a priest certified that they were cured of the leprous condition (cf. Lev 13:9ff).[5] Lepers could not mix with other members of society since this would result in pollution as this was the common conception. Lepers suffered exclusion with all its effects.

In our time the prejudice against lepers may no longer prevail as it was during the biblical period. The attitudes toward lepers might have changed in our world today and the leprosy of our time is curable. By using the term leprosy our time I do not mean to say that it is the same as the "leprosy" of biblical period but we cannot also rule out the possibility that it was prevalent at that time.

In today's world there exists another form of "leprosy" which threatens the lives of many people. It is feared by many, no cure has been discovered for it yet, and its victims are to a large extent treated as social outcast. Many are prejudiced about them and will not like to associate with them. HIV/AIDS and people living with HIV/AIDS to some extent can be seen as the "leprosy" and lepers of our time respectively.

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[2] Cf. R. NICOLSON, *God in AIDS? A Theological Enquiry*, 78.
[3] Cf. R. NICOLSON, *God in AIDS? A Theological Enquiry*, 78.
[4] Cf. R. NICOLSON, *God in AIDS? A Theological Enquiry*, 79.
[5] Cf. R. NICOLSON, *God in AIDS? A Theological Enquiry*, 79.

HIV/AIDS is a disease affecting many people in our world today regardless of age, class, religion and even geography. There are many Christians in the Church who are affected and afflicted by HIV/AIDS. Fr. Abraham Hailu a Comboni missionary priest in his article published in the *New People* magazine challenges us to see people infected and affected by HIV/AIDS as part of the body of Christ undergoing suffering and in need of our attention.[6] He calls on all Christians to respond in the spirit of Evangelical charity. A response inspired and motivated by the teachings of Christ in the Gospels.

Motivation

Provoked by the plight of people living with HIV/AIDS in our world today in comparison with "lepers" in the Bible, I set out to investigate to what extent the Catholic Church in Kenya has responded to this phenomenon of our time in her own context. What has the Catholic Church in Kenya done so far as a way of responding to people living with HIV/AIDS in Kenya? In what practical ways has the Church in Kenya witnessed to people living with HIV/AIDS through Evangelical charity?

Aim

The term "leprosy" as used in the Bible can be misleading in the sense that one can easily conclude that "leprosy" in the Bible was the same as leprosy (Hansen's Disease) in today's world. Is this really the case? Can the plight of people living with HIV/AIDS today be compared with that of "lepers" in the Bible? How has the Church responded to this new phenomenon of our time? These are the questions I raise and intend to investigate.

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[6] Cf. A. HAILU, "The suffering body of Christ", 19.

Therefore the author's main purpose in this paper is first to discover what biblical "leprosy" refers to as used in the scriptures. Secondly, we shall try to see to what extent "lepers" in the Bible may be compared with people living with HIV/AIDS today? Finally, we shall try to look at some practical ways in which the church has responded to people living with HIV/AIDS in Kenya.

Method

The work will follow the requirements and the way of doing research as set by Tangaza College in *Typographical Norm.*[7]

In addition to this, the author shall try to have a systematic synthesis of what some selected scholars have already written in relation to the topic. The suggestions, guidelines and criticisms of the moderator will also be taken into account.

All this will be accompanied by the personal insights of the author which are influenced by critical reflection and Theological studies done by the author in Tangaza College.

Content of the study

This long Essay has three chapters preceded by a general introduction and concludes with a general conclusion. Each chapter is organized with a short introduction, followed by the subject matter and ends with a conclusion.

Chapter one focuses on the general understanding of biblical "leprosy", biblical "leprosy" in both Old and New Testament and the contemporary understanding of leprosy. In chapter two, we shall focus on HIV/AIDS as a new

[7] Cf. C. OWCZAREK. – N. NDUNG'U, *Typographical Norms*

phenomenon of biblical "leprosy" taking into consideration the reality of HIV/AIDS in the world and especially Kenya. We shall also look at the social and moral impact of HIV/AIDS and biblical "leprosy" in this chapter. In chapter three, we shall look at the Church's response to HIV/AIDS in Kenya. This chapter will take into consideration the teachings of the church, the church and sanctity of life and pastoral care of the sick. The author will also present his personal reflection and recommendation in brief. This will be followed by a general conclusion of the research.

Chapter I

Biblical "Leprosy" *(tzara'at)*

1.0 Introduction

The conception of "leprosy" in the Bible for many people today could be mistaken for the leprosy prevalent today if not considered critically. One may easily be tempted to think that lepers of Biblical times are the same as the lepers we see in our time. Even though we cannot rule out the possibility of the presence of modern form of leprosy in Biblical times, we cannot also presume that the leprosy in Biblical times is the same type of leprosy we have today.

In this chapter I would like to expose the conception of "leprosy" in the scriptures. This would take into consideration leprosy in the Old Testament and the New Testament. I would also consider the contemporary understanding of leprosy in view of how leprosy is understood today.

At the end of the chapter I hope to establish whether biblical "leprosy" can be understood as leprosy of today.

1.1 General Understanding of Biblical "Leprosy"

In this section I would like to look at the various understandings of leprosy in the bible from different points of view. Many explanations have been given to leprosy in the bible but I intend to consider some selected explanations from different points of view.

According to the *Dictionary of Biblical Imagery*, the biblical word traditionally translated "leprosy" does not necessarily refer to what we call leprosy (Hansen's disease)[8] but rather covers a variety of skin diseases.[9]

John J. Pilch stresses that scholars (paleopathologists, medical anthropologists, and exegetes) agree that what is termed *tsara'ath* in Hebrew and *lepra* in Greek, described extensively in Leviticus 13-14 and mentioned in other parts of the Bible cannot be understood as the condition known as leprosy today (Hansen's disease).[10]

According to *The Oxford Dictionary of the Jewish Religion,* leprosy is described as "an affection of the skin or other surfaces that renders a person or object unclean referred to in the bible as tsora'at."[11] In this sense it can be understood that leprosy in the bible does not only affect persons but also objects and what is common in both cases is the aspect of uncleanness.

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[8]The Norwegian physician Gerhard H.A. Hansen was the one who first identified *Mycobacterium leprae* as the cause of leprosy in 1874.

[9] Cf. L. RYKEN – J.C. WILHORT – T. LONGMAN III, ed., *Dictionary of Biblical Imagery,* 507.

[10] Cf. J.J. PILCH, "Leprosy", 635.

[11] R.J. ZWI WERBLOWSKY – G. WIGODER, ed., *The Oxford Dictionary of Jewish Religion,* 414.

There is also the idea that the term "leprosy" is commonly used for reasons of convenience rather than medical accuracy as a translation of the Hebrew *sara'at* in the old testament and Greek *lepra* in the New testament.[12] There is a general agreement among scholars today that the Old testament *sara'at* is not leprosy nor does it include it and that even if the New Testament *lepra* refers to leprosy it does so only as one among many skin diseases.[13]

The term leprosy or "leprous affection" is sometimes as a result of translation but it must be noted that what is referred to as leprosy today was not known in biblical times and also there is a problem of consistency between the description given in the bible and what is known today as leprosy (Hansen's disease).[14] "It cannot be identified with a single pathology since it afflicts humans, fabrics, building materials."[15] From this understanding of leprosy it could be said that it is more of a condition rather than a particular skin disease affecting people.

All the explanations given above on leprosy, gives the understanding that the use of the term in the biblical context may not always be understood as the leprosy of today.

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[12] Cf. D.P. WRIGHT – R.N. JONES, "Leprosy", 277.
[13] Cf. D.P. WRIGHT – R.N. JONES, "Leprosy", 277.
[14] Cf. A. BERLIN – MARC ZVI BRETTLER, ed., *The Jewish Study Bible*, 234.
[15] A. BERLIN – MARC ZVI BRETTLER, ed., *The Jewish Study Bible*, 234.

1.2 Biblical "Leprosy" in the Old Testament

In the OT "leprosy" is mentioned in various books such as Leviticus, Exodus and Numbers. It was a fairly common disease in ancient times regarded by the Hebrews as a contagious disease and perhaps as a punishment by God.[16] It is not surprising that the diseased was isolated and needed ceremonial purification.[17] The isolation and purification may be influenced by two factors. First, since it was regarded as contagious isolation was necessary to prevent the spread. Second, the idea of it being punishment from God demanded some form of ceremonial purification to restore the person back to normal spiritual condition of fellowship with God.

In the book of Leviticus various forms of leprosy are described which I would like to consider presenting. The description covers persons, garments and houses.

1.2.1 Leprosy in Persons

This kind of leprosy affects persons in various parts of the body and may render the person spiritually unclean until such a person is cured and purified. With this kind of leprosy various kinds of symptoms are described and recommendations are made.

In one case, as in Lev 13:9-17, the presence of only a white efflorescence covering the skin from head to foot is not considered as leprosy but some form of psoriasis disease which is neither contagious nor incurable.[18] In such a situation the

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[16] Cf. P.P. SAYDON, "Leviticus", 235
[17] Cf. P.P. SAYDON, "Leviticus", 235.
[18] Cf. P.P. SAYDON, "Leviticus", 235.

priest shall pronounce the person clean. "If there is an ulceration ('raw flesh'), which must be distinguished from a temporary sore, it is a case of leprosy, and the person affected must be declared unclean."[19]

1.2.1.1 Leprosy in the Hair (Lev 13:25.30)

This kind of leprosy is considered contagious and the person affected is made unclean. It is expected that suspicious cases are re-examined after a week's quarantine.[20]

1.2.1.2 White Spots on the Skin (Lev 13: 38-39)

It is a form of eczematous, coetaneous affection distinguished by spots of a dull white colour. This disease is not contagious and does not make a person unclean.[21]

1.2.1.3 Baldness (Lev 13: 41)

When baldness is complicated by the usual leprous symptoms then it makes a person unclean. Under normal circumstance it is not infectious and does not make a person unclean. In cases where it is complicated by usual leprous symptoms then it is treated as the other cases of leprosy.[22]

1.2.2 Leprosy in Garments (Lev 13: 49)

The meaning of this form of leprosy is not clear but there is the common belief that the word 'leprosy' is applied to certain greenish and reddish spots in garments caused by mildew on account of their similarity to the leprous symptoms

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[19] P.P. SAYDON, "Leviticus", 235.
[20] Cf. P.P. SAYDON, "Leviticus", 235.
[21] Cf. P.P. SAYDON, "Leviticus", 235.
[22] Cf. P.P. SAYDON, "Leviticus", 235.

and of their corrosive action and insanitary effects.[23] The treatment is almost the same as in the case for a person including isolation of the infected garment, washing and some cases destruction.[24]

1.2.3 Leprosy in Houses (Lev 14: 34)

The description given of this form of leprosy describes certain greenish and reddish patches in the inner walls of a house. They are considered leprous on account of their similarity to macular leprosy (small pigmented spot on the skin that is neither raised nor depressed).[25] They are naturally caused by damp or decay, but they are represented as a plague inflicted by God.[26] In this case the infected house is examined by the priest who is to order the necessary repairs or its destruction or declare it clean according to the nature and gravity of the infection.[27]

1.2.4 Some Remarks

Some variety of leprosy can be cured and when that is possible the person must be formally readmitted into the community according to a prescribed ritual.[28] The cleansing is done in two parts, first there is the removal of the uncleanness and then readmission to the community, and consequently fellowship with God.[29]

From the examples given it may be concluded that not all forms of leprosy make a person unclean and in need of ritual cleansing. It can also be said that there are some forms of leprosy which are curable and give the person the opportunity to be cleansed and readmitted to the community and fellowship with God.

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[23] Cf. P.P. SAYDON, "Leviticus", 235.
[24] Cf. P.P. SAYDON, "Leviticus", 235.
[25] Cf. P.P. SAYDON, "Leviticus", 235.
[26] Cf. P.P. SAYDON, "Leviticus", 235.
[27] Cf. P.P. SAYDON, "Leviticus", 235.
[28] Cf. P.P. SAYDON, "Leviticus", 235.
[29] Cf. P.P. SAYDON, "Leviticus", 235.

In a case where the leprosy cannot be cured, this would imply that the person would forever be an outcast from community and cannot be in fellowship with God. Such a person would be considered to die in his sin and as such there is no redemption for him.

Today it would be understood that God desires to save all people and that not even a condition of infirmity can deny one of God's love and fellowship.

1.3 Biblical "Leprosy" in the New Testament

In the OT it is not certain that references to *tzara'at* indicate Hansen's disease but the reality of clinical leprosy in Palestine during the NT period is quite clear.[30] The chronic form of *tzara'at* (Hansen's disease) was unquestionably in Palestine by the 4th cent. B.C.[31] In the NT the Israelite priests still used the diagnostic criteria of Leviticus as presented in some of the biblical texts such as Mt. 8:1-4 and Mk. 1:40-44 and "cleansing" is often mentioned in connection with healings recorded in the Gospels.[32] It could be said that the OT concept of leprosy and the rituals associated with it was transmitted into the NT period and biblical texts. The understanding that some form of leprosy made a person unclean and required cleansing if cured was also maintained in the NT. The gospel's use of "leper" and "leprosy" seems less technical than that of the OT usage but judging from the NT descriptions of the personal and social plight of the sufferers there is little doubt that they were predominantly victims of Hansen's disease.[33]

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[30] Cf. R.K. HARRISON, "Leprosy", 106.
[31] Cf. R.K. HARRISON, "Leprosy", 104.
[32] Cf. R.K. HARRISON, "Leprosy", 106.
[33] Cf. R.K. HARRISON, "Leprosy", 106.

1.3.1 Jesus' Healing of the Leper in Mark's Gospel (Mark 1:40-45)

> RSV **Mark 1:40** And a **leper** came to him beseeching him, and kneeling said to him, "If you will, you can **make me clean.**" [41] Moved with pity, he stretched out his hand and touched him, and said to him, "I will; be clean." [42] And immediately the leprosy left him, and he was made clean. [43] And he sternly charged him, and sent him away at once, [44] and said to him, "See that you **say nothing to any one;** but go, **show yourself to the priest,** and offer for your cleansing what Moses commanded, for a proof to the people." [45] But he went out and began to talk freely about it, and to spread the news, so that Jesus could no longer openly enter a town, but was out in the country; and people came to him from every quarter.

In the story above the leper understands his condition of uncleanness and request Jesus to make him clean. This indicates that the plight of lepers in the NT was no different from those of the OT. In the NT the idea that the leper was afflicted as a result of sin and was spiritually unclean still dominated in the minds of the people. "The Gk vb. *Katharisai* could mean 'declare clean.' Thus the leper would be asking the Galilean lay teacher Jesus rather than the Jerusalem priests to declare him ritually pure."[34] Since the leper could not be declared clean without a cure it may be said that his desire for ritual purity also implied a desire for a cure from his leprous condition as an external sign of his purity.

When Jesus was done with the healing, he told the leper to tell no one about what he had done, "though often taken as part of Mark's messianic secret device, the instruction the can be interpreted merely as an indication of Jesus' desire that the man proceed to the priest-inspectors as soon as possible."[35] The leper was also instructed to show himself to the priest. From this account of the healing it may be said that the OT regulations for lepers was still respected in the NT period and Jesus himself did not compromise this long lasting tradition at least in the account of the healing. "The regulations for proving that one had been cleansed from leprosy and

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[34] D.J. HARRINGTON, "The Gospel According to Mark", 601.
[35] D.J. HARRINGTON, "The Gospel According to Mark", 601.

the accompanying sacrifices are detailed in Lev. 14."[36] The following last verses of Leviticus 14 attest to this fact:

> RSV **Leviticus 14:54** This is the law for any leprous disease: for an itch, [55] for leprosy in a garment or in a house, [56] and for a swelling or an eruption or a spot, [57] to show when it is unclean and when it is clean. This is the law for leprosy.

1.3.2 Biblical "Leprosy" in the other Gospels

Since Mark's gospel is not the only gospel which gives accounts of leprosy it would be appropriate to consider other accounts of leprosy in the gospels.

In Mathew's gospel Jesus cured lepers on some occasions (cf.Mt.8:2-3; 11:5). He also gave the apostles the power to cure leprosy as part of their mission (cf.Mt.10:8). Jesus was in the house of Simon the leper (Mt 26:6).[37]

In Luke's mention is made of many lepers in Israel in the time of the prophet Elisha and none of them was cleansed except Naaman the Syrian (cf. Lk 4:27). Lepers are also mentioned in chapters 7 and 17 of Luke's gospel (cf. Lk 7:22; Lk 17:12). Jesus cleansed a man full of leprosy while he was in one of the cities (Lk 5:12-13).

1.3.3 Some Remarks

It would be interesting to note that it is only in the synoptic gospels that that the term leprosy or leper(s) is used. Other books of the NT does not use these terms or refer to them in any way. The reason could be that the healing and cleansing of lepers is usually associated with the ministry of Jesus and his association with

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[36] D.J. HARRINGTON, "The Gospel According to Mark", 601.

[37] Simon the leper was probably one of the lepers cured by Jesus and so as a sign of gratitude he decided to entertain him in his house. Note that if he was still with leprosy the law would not permit him to be part of the household.

lepers. In the NT, Jesus observes the regulations for lepers which came from the OT tradition.

1.4 Contemporary Understanding of Leprosy

Certainly the understanding of leprosy today is different from what is termed leprosy in the biblical writings even though there could be a possibility of modern day leprosy present during biblical period. This section looks at how leprosy is understood today in the clinical sense of the disease.

Today, leprosy or Hansen's Disease is known to be a chronic infectious disease caused by the bacteria *Mycobacterium leprae.*[38] The disease is rarely fatal and can be treated effectively with several drugs, but if left untreated, it can result in severe disfigurement, especially of the feet, hands, and face.[39]

The leprosy bacterium prefers to live in cooler surroundings, for this reason it primarily affects cooler, surface areas of the body such as the skin, nerves near the skin, and the surface membranes of the nose and mouth.[40] In the early stages of the disease, a principal symptom is skin lesions; light-coloured patches of skin that often develop anesthesia, or loss of sensation.[41] In some cases, there may be development of enlarged peripherial nerves, usually near joints such as the wrist, elbow, and knee which can sometimes be felt through the skin and may also be tender.[42]

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[38] Cf. J.L. KRAHENBUHL, "Leprosy".
[39] Cf. J.L KRAHENBUHL, "Leprosy".
[40] Cf. J.L. KRAHENBUHL, "Leprosy".
[41] Cf. J.L. KRAHENBUHL, "Leprosy".
[42] Cf. J.L. KRAHENBUHL, "Leprosy".

There are two known main forms of leprosy namely tuberculoid and *lepromatous* disease.[43] The skin lesions are few and small with only a few bacteria present in each of the case of tuberculoid leprosy.[44] The more severe form of the disease is *lepromatous* leprosy. With this form, the lesions may be much more widespread and contain many leprosy bacteria.[45] The formation of hard nodules and folds of skin on the face are some of the features of *lepromatous* leprosy as it progresses and the nose may collapse.[46]

"Today scientists know that leprosy is not easily transmitted, but they are still not sure how it is spread from person to person."[47] It is known that nasal droplets released when a person with untreated *lepromatous* disease sneezes may contain large numbers of leprosy bacteria.[48] It is conceivable that these released bacteria could infect a new person who inhales the droplets, or the bacteria could invade through a cut or abrasion in the person's skin.[49] "Scientists suspect that these processes may be the primary means of spreading the disease, but do not know for certain."[50]

Statistics from the World Health Organization (WHO) reveals that in 1985 there were 5.4 million registered cases of leprosy and an estimated 10 to 12 million total cases worldwide and by the year 2000, there were only 680,000 registered cases and an estimated 1.6 total cases of leprosy worldwide.[51] From the statistics it may be said that at least registered cases of leprosy worldwide has declined. This

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[43] Cf. J.L. KRAHENBUHL, "Leprosy".
[44] Cf. J.L. KRAHENBUHL, "Leprosy".
[45] Cf. J.L. KRAHENBUHL, "Leprosy".
[46] Cf. J.L. KRAHENBUHL, "Leprosy".
[47] J.L. KRAHENBUHL, "Leprosy".
[48] Cf. J.L. KRAHENBUHL, "Leprosy".
[49] Cf. J.L. KRAHENBUHL, "Leprosy".
[50] J.L. KRAHENBUHL, "Leprosy".
[51] Cf. J.L. KRAHENBUHL, "Leprosy".

may be due to better and improved health services over the years and preventive measures.

1.5 Conclusion

From the discussion so far, it may be concluded that biblical "leprosy" usually refers to a variety of skin disease in the bible. It is not only limited to persons but also houses and garments. It was regarded as a punishment from God and as such made a person spiritually unclean. The unclean condition of the person prevented the affected person from right fellowship with God and also one's neighbours since the diseased was isolated from the rest of the community.

It is also worth noting that not every kind of leprosy made a person unclean. Some cases of leprosy were treated merely as a skin disease with no ritual significance. It is only with cases which the priest declares unclean that demands ritual cleansing after the person is cured.

The NT account of leprosy is only recorded in the synoptic gospels and is usually associated with Jesus' ministry of healing and showing compassion to the marginalized in society. The regulations for lepers in the OT are also observed in the NT without any compromise.

Today leprosy is understood as a chronic infectious disease caused by the bacteria *Mycobacterium leprae.* It is curable if treated effectively with the necessary drugs. Even though the disease can be treated, there are still some people who are affected by it.

The biblical usage of the term leprosy may not be interpreted in the light of the contemporary understanding of the disease. This does not rule out the possibility

that there were cases of Hansen's disease in biblical period but the usage of the term was not limited to just that.

Chapter II

HIV/AIDS as a New Phenomenon of Biblical "Leprosy"

2.0 Introduction

In the ancient world one of the most feared diseases was leprosy, especially among the Israelites.[52] What made it more frightening was the fact that the leper was isolated from the rest of the community. No one wanted to undergo such an experience since it was terrifying. The leper was deprived of living with family and friends, but had to go away to live by himself or with other lepers.[53] One can imagine how the plight of these lepers was at the time.

In our world today one of the most dreaded diseases is HIV/AIDS which brings into the lives of many people fear, anxiety, sorrow, and even for some shame because of the stigma attached to the disease. The HIV epidemic may be considered as Biblical "leprosy" of our time considering the social, moral and psychological effects it has on the society of today.

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[52] Cf. V. G. BEERS, *The Victor Handbook of Bible Knowledge*, 461.
[53] Cf. V. G. BEERS, *The Victor Handbook of Bible Knowledge*, 461.

This chapter looks at the HIV epidemic as a new form of Biblical "leprosy" in our world today. I shall first present the reality of HIV/AIDS in our world today with focus on the prevalence in the various regions of the world. This would be followed by a consideration of the epidemic in Kenya specifically. I shall also present the social and moral impact of HIV/AIDS and Biblical "leprosy" followed by the conclusion of the chapter.

2.1 The Reality of HIV/AIDS in Our World Today

It is no doubt that the prevalence of HIV/AIDS in our world today is a reality which is being experienced all over the world. Scientists and researchers are working around the clock to find a solution to this global epidemic but until they come out with a concrete solution for the AIDS epidemic it remains a reality affecting many people all over the world whether rich or poor.

In this section I would present the general situation of the AIDS epidemic in some selected parts of the world based on the *2010 UNAIDS report on the global AIDS epidemic.*[54] The report gives a detailed view of the AIDS epidemic in the world but I will only limit this section to the aspect of the report which deals with the epidemic update in various parts of the world.

2.1.1 Sub-Saharan Africa

The epidemics vary considerably in Sub-Saharan Africa, with Southern Africa being the most severely affected. An estimated 11.3 million people were living with HIV in Southern Africa in 2009, nearly one third (31%) more than the 8.6 million people living with HIV in the region a decade earlier. Globally, 34% of

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[54] Cf. UNAIDS, *Global Report: "UNAIDS Report on the Global AIDS Epidemic", 2010.*

people living with HIV in 2009 resided in the 10 countries in Southern Africa. In the same year 31% of new HIV infections occurred in these 10 countries as did 34% of all AIDS-related deaths.

The HIV incidence (number of people newly infected with HIV) appears to have peaked in the mid-1990s, and there is evidence of declines in the number of people newly infected with HIV in several countries in sub-Saharan Africa. The incidence of HIV infection declined by more than 25% in an estimated 22 countries between 2001 and 2009. With an estimated 5.6 million people living with HIV in 2009, South Africa's epidemic remains the largest in the world.[55] At an estimated 25.9% in 2009, Swaziland has the highest adult HIV prevalence in the world.[56]

In East Africa the epidemic have declined since 2000 but are stabilizing in many countries. The HIV incidence slowed in Tanzania to about 3.4 per 1000 person in the years between 2004 and 2008. The national HIV prevalence in Kenya fell from about 14% in the mid 1990s to 5% in 2006. In Uganda the HIV prevalence has stabilized at between 6.5% and 7.0% since 2001 whereas in Rwanda it has been about 3.0% since 2005. In West and Central Africa the HIV prevalence remains comparatively low, with the adult HIV prevalence estimated at 2% or under in 12 countries in 2009.[57]

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[55]Cf. UNAIDS, *Global Report: "UNAIDS Report on the Global AIDS Epidemic", 2010.*

[56] Cf. UNAIDS, *Global Report: "UNAIDS Report on the Global AIDS Epidemic", 2010.*

[57] Cf. The 12 countries are; Benin, Burkina Faso, Democratic Republic of the Congo, Gambia, Ghana, Guinea, Liberia, Mali, Mauritania, Niger, Senegal and Sierra Leone.

Some slight declines in prevalence have been detected in household surveys in Mali and Niger and among antenatal clinic attendees in Benin, Burkina Faso, Cote d'Ivoire, and Togo.

2.1.2 Asia

In 2009 an estimated 4.9 million people were living with HIV in Asia and most national HIV epidemics appear to have stabilized. The only country in this region in which the prevalence is close 1% and its epidemic appears to be stable overall is Thailand. The adult HIV prevalence was 1.3% in 2009, and the HIV incidence had slowed to 0.1%. In Cambodia, the adult HIV prevalence declined to 0.5% in 2009, down from 1.2% in 2001. In some low-prevalence countries such as Bangladesh, Pakistan and Philippines the HIV prevalence is increasing.

There were 360 000 people newly infected with HIV in 2009, 20% lower than the 450 000 in 2001. In India, Nepal, and Thailand between 2001 and 2009 incidence fell by more than 25% while it remained stable in Sri Lanka and Malaysia. The number of people newly infected with HIV increased by 25% in Bangladesh and Philippines between 2001 and 2009 even as the countries continue to have relatively low epidemic levels. In many countries in Asia, national epidemics are concentrated in a relatively small number of provinces.

2.1.3 North America and Western and Central Europe

The total number of people living with HIV in these regions continues to grow and reached an estimated 2.3 million in 2009 which is 30% more than in 2001. It is evident that AIDS is not over in the higher-income countries but efforts are being made to reduce the epidemic.

In North America in the mid-2000s, aboriginal people comprised 3.8% of the population but accounted for 8% of the cumulative people living with HIV and 13% of the people newly infected annually.[58]

Immigrants living with HIV have become a growing feature of the epidemics in several countries in Europe. Many of these immigrants were infected with HIV abroad.[59]

In the United Kingdom, about 44% of the people newly infected with HIV in 2007 had acquired HIV abroad. Overall in Europe, almost one in five people newly diagnosed with HIV in 2007 were from countries with generalized epidemics.[60]

2.2 HIV/AIDS in Kenya

Just as many other countries in the world HIV/AIDS remains a phenomenon in Kenya posing a challenge to government and non government organizations as to how to control the spread. It is a fact that no cure has been found yet for this disease and so many continue to be affected and afflicted by it in Kenya and worldwide.

This section looks at the reality of HIV/AIDS in Kenya based mainly on the USAID HIV/AIDS[61] Health Profile for Kenya-September 2010 and the Kenya AIDS Indicator Survey 2007. I do not intend to cover fully all related issues having to do with HIV/AIDS in Kenya but some selected important areas of interest.

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[58] Cf. UNAIDS, *Global Report: "UNAIDS Report on the Global AIDS Epidemic", 2010.*

[59] Cf. UNAIDS, *Global Report: "UNAIDS Report on the Global AIDS Epidemic", 2010.*

[60] Cf. UNAIDS, *Global Report: "UNAIDS Report on the Global AIDS Epidemic", 2010.*

[61] USAID: United States Agency for International Development. A U.S government humanitarian agency that provides humanitarian aid and assistance for development to other countries.

2.2.1 Emergence of HIV/AIDS in Kenya

It was not until 1984 that the first case of HIV was diagnosed in Kenya.[62] It is obvious that before the first diagnose some people were already living with the virus but without knowledge of it. Since the first diagnose, the epidemic and the government's response to it have expanded.

When the epidemic was first recognized, the highest rates of infection were concentrated in marginalized and special – risk groups.[63] These groups included women who were sex workers and their clients, and men in mobile occupations, such as long-distance truck drivers.[64]

For more than a decade, however, Kenya has faced a mixed HIV/AIDS epidemic; new infections are occurring both in the general population and in the vulnerable, high-risk groups.[65] It is evident that the epidemic has come to stay and until some cure is found a lot of work needs to be done to control its spread.

2.2.2 National Policy on HIV/AIDS[66]

As part of the government efforts to deal with the HIV epidemic, "the Government of Kenya (GOK) established policy guidelines for HIV and AIDS in Sessional Paper No. 4 of 1997."[67] In 1999, the Government of Kenya declared the HIV epidemic a national disaster and created the National AIDS Control Council

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[62] Cf. NASCOP, *2007 Kenya AIDS Indicator Survey: Final Report*, 1.
[63] Cf. NASCOP, *2007 Kenya AIDS Indicator Survey: Final Report*, 1.
[64] Cf. NASCOP, *2007 Kenya AIDS Indicator Survey: Final Report*, 1.
[65] Cf. NASCOP, *2007 Kenya AIDS Indicator Survey: Final Report*, 1.
[66] Cf. NASCOP, *2007 Kenya AIDS Indicator Survey: Final Report*, 2.
[67] NASCOP, *2007 Kenya AIDS Indicator Survey: Final Report*, 2.

(NACC) under the Office of the President to coordinate a multi-sectoral response to HIV/AIDS.[68]

The Government of Kenya developed the first Kenya National HIV/AIDS strategic Plan (KNASP) for 2000-2005, established a response to the epidemic in partnership with all stakeholders, including civil society, private sector and development partners.[69] The second KNASP for 2005/6-2009/10 provides the framework for Kenya's current response to HIV/AIDS.[70] "The goals of the current KNASP are to reduce the spread of HIV, to improve the quality of life of people who are infected and affected by the disease, and to mitigate the social and economic effects of the epidemic."[71]

To achieve current KNASP 2005/6-2009/10 goals, three priority areas have been identified:[72]

- Prevent new infections.
- Improve the quality of life of people infected with and affected by HIV/AIDS.
- Mitigate the socio-economic effects of HIV/AIDS.

These three priorities are accompanied by three objectives which are:[73]

- Reduce the number of new HIV infections in both vulnerable groups and the general population.

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[68] Cf. NASCOP, *2007 Kenya AIDS Indicator Survey: Final Report*, 2.
[69] Cf. NASCOP, *2007 Kenya AIDS Indicator Survey: Final Report*, 2.
[70] Cf. NASCOP, *2007 Kenya AIDS Indicator Survey: Final Report*, 2.
[71] NASCOP, *2007 Kenya AIDS Indicator Survey: Final Report*, 2.
[72] Cf. NASCOP, *2007 Kenya AIDS Indicator Survey: Final Report*, 2.
[73] Cf. NASCOP, *2007 Kenya AIDS Indicator Survey: Final Report*, 2.

- Improve treatment and care and protect rights and access to effective services.
- Adapt existing programmes and develop innovative responses to reduce the effect of the epidemic on communities, social services and economic productivity.

The core of the Kenya National HIV/AIDS strategic Plan (KNASP) 2005/6-2009/10 includes a multi-sectoral approach to encourage advocacy:

> building partnerships and making HIV programmes mainstream in important areas of the economy; having programmes for groups most vulnerable to HIV infection and its consequences; recognizing the special needs of women and youth; engaging people living with HIV and AIDS in implementing the strategy; creating interventions that are evidence-based and culturally-specific; and supporting international and regional initiatives.[74]

The Kenya Government is also committed to the "Three Ones" principles for country-level scale up of these responses to HIV/AIDS: one national action framework, one national coordinating body and one national monitoring and evaluation system.[75]

It is evident that the Government of Kenya has a clear policy to deal with the epidemic at the national level with the aim of controlling the spread and effects of this epidemic.

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[74] Cf. NASCOP, *2007 Kenya AIDS Indicator Survey: Final Report*, 2.
[75] Cf. NASCOP, *2007 Kenya AIDS Indicator Survey: Final Report*, 2.

2.2.3 New Infections of HIV

According to the 2010 United Nations General Assembly Special Session (UNGASS) *Country Progress Report,* in Kenya, heterosexual sex within a union or regular partnership accounts for 44.1 percent of new HIV infections across adult populations.[76] Casual heterosexual sex accounts for an additional 20.3 percent of new infections, followed by transmission among men who have sex with men and in prisons (15.2%); through sex work (14.1%); through injecting drug use (3.8%); and through transmissions in health facilities (2.5%).[77]

The high proportion of new infections occurring within regular unions is a key characteristic of the epidemic in Kenya and highlights the importance of prioritizing married people as key vulnerable populations in the country, as having multiple concurrent partnerships is common.[78] This brings to light the issue of infidelity in marriage and its devastating results in society. It appears many have not yet realized the importance and value of being committed and faithful in the marital life and there is still much to be done in creating awareness in this regard.

2.2.4 Prevalence of HIV

Prevalence varies up to 15-fold between regions, ranging from 0.9% in North Eastern province to 13.9% in Nyanza province, according to Kenya Demographic and Health Survey (KDHS) 2008-2009, and the gap in prevalence between urban and rural populations has been narrowing in the past decade.[79] Over the years, prevalence among urban Kenyans has decreased among women from 12.3% in 2003

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[76] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*
[77] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*
[78] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*
[79] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*

to 10.4% in 2008, and from 7.5% in 2003 to 7.2% among men.[80] In contrast, there has been a notable increase in prevalence among men in rural areas, rising from 3.6% in 2003 to 4.5% in 2008, according to KDHS 2003-2009.[81] While a decrease in AIDS-related deaths and scale-up of treatment may influence these data, the increase in risky sexual behaviour is an additional contributor to these changes in prevalence, especially among men in rural areas.[82]

In Kenya young adults are a vulnerable population and the majority of the population becomes sexually active between 15 and 19 years of age.[83] This could be a reason to advocate for sex education for young people of this age group in order to protect them from the dangers of engaging in early sex outside marriage due to lack of sufficient knowledge and proper guidance.

Women are disproportionately infected when compared to men, and young women are particularly vulnerable.[84] Prevalence among young women 15 to 19 years of age (2.7%) is nearly four times higher than prevalence among young men of the same age (0.7%); prevalence in 20 to 24-yearold women (6.4%) shows a similar fourfold increase compared to that of their male counterparts (1.5%).

2.2.5 Knowledge of HIV/AIDS

Knowledge of HIV/AIDS is relatively high in Kenya since testing and counseling is provided both through voluntary sites and through provider-initiated sites, with 73% of health facilities currently offering provider-initiated HIV

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[80] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*
[81] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*
[82] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*
[83] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*
[84] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*

counseling and testing.[85] The availability of counseling and testing services through multiple outlets has resulted in significant increases in the number of people tested for HIV between 20003 and 2009.[86] In 2003, 14.3% of adult men and 13.1% of adult women received an HIV test and by 2009, the proportion of adult men and women tested had risen to 40.4% and 56.5% respectively.[87]

2.2.6 Stigma Toward People Living With HIV/AIDS (PLWHA)

In recent years, stigma toward people living with HIV/AIDS (PLWHA) has decreased markedly though it remains a challenge.[88] The 2003 and 2008-2009 Kenya Demographic Health Survey (KDHS) asked if respondents would be willing to care for an HIV-positive family member in their home, would buy fresh vegetables from an HIV-positive vendor, believe an HIV-positive female teacher who is not sick should be allowed to continue teaching, and would want to keep secret that a family member got infected with the AIDS virus.[89] The proportion of men and women who answered yes on all four accounts increased, from 39.5% and 26.5% in 2003 to 47.5% and 32.6%, respectively.[90] "In the same period, there was a decline in the proportion of respondents willing to disclose a family member's HIV-positive status, and the number of Kenyans with an overall accepting attitude toward PLWHA remains low."[91] The Kenya Demographic and Health Survey (KDHS) also

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[85] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*
[86] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*
[87] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*
[88] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*
[89] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*
[90] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*
[91] USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*

found stigma towards people living with HIV/AIDS (PLWHA) decreases as both level of education and wealth quintile increase.[92]

2.2.7 National Response to HIV/AIDS

There are two documents guiding the response to HIV/AIDS in Kenya currently, which are; *Vision 2030* and the *Medium Term Plan.*[93] Whereas Vision 2030 outlines the country's goal to become a globally competitive and prosperous nation with a high quality of life by 2030, the Medium Term Plan 2008-2012 outlines national indicators and targets for HIV.[94] To add to that, the Kenya National HIV and AIDS National Strategic Plan for 2009/10-2012/13 (KNSP III) provides guidance on how to implement the national response and reach agreed-upon targets.

The KNSP III is organized around four primary strategies:[95]

- ❖ health sector HIV service delivery
- ❖ sectoral mainstreaming of HIV
- ❖ community-based HIV programs
- ❖ governance and strategic information

Programmes under KNSP III emphasize community-based approaches, achievement of universal access, coordination among stakeholders to maximize the impact of HIV/AIDS programs, cost-effective approaches, and a rights-based approach.

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[92] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*
[93] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*
[94] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*
[95] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*

2.2.7.1 Coordination

The responsibility of coordinating the response to the epidemic lies on the National AIDS Control Council and its decentralized structures, including District Technical Committees and Constituency AIDS Control Committees. The Council also collaborates with civil society and organizations in the private sector. The Government of Kenya is actively seeking ways to increase domestic, sustainable financing of the response to HIV/AIDS, in the light of the global economic crisis and the potential for reductions in donor support.[96]

There are about 2.4 million orphans in Kenya, and the National AIDS Control Council and National Plan of Action for Orphans and Vulnerable Children (OVC) estimates approximately half of them have been orphaned due to HIV/AIDS.[97] During 2008-2009, the Government's Orphans and Vulnerable Children Policy and National Action Plan was developed and widely disseminated to stakeholders.[98] Kenya sponsors a cash transfer programme for orphans and vulnerable children (OVC) and provides regular cash transfers to poor families caring for OVC.[99] The programme aims to foster continued care for OVC and promote their human developments through basic education, nutrition, health services, and birth registration, and was named a best practice in the 2010 United Nations General Assembly Special Session (UNGASS) report.[100] This is definitely a good response on the part of the country to care for the affected children.

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[96] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*
[97] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*
[98] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*
[99] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*
[100] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*

2.2.7.2 Health Facilities

The number of health facilities providing antiretroviral therapy (ART) increased from 731 in 2008 to 943 in 2009; 14% of all health facilities in Kenya currently provide ART.[101] Prevention of mother-to-child transmission (PMTCT) services are free and integrated into the maternal and child health (MCH) services and include HIV testing and counseling; preventive treatment with antiretroviral drugs (ARVs) for both HIV-positive mothers and their infants; counseling and support for infants feeding; access to safe obstetric care; and family planning services.[102] There has been a steady increase in the number of health facilities offering PMTCT services from 2,000 facilities in 2007 to 4,000 in 2010.[103]

2.2.7.3 Interventions

In the past two years (2008-2009), two new interventions were introduced to address emerging priorities in combating the epidemic. Through the Male Circumcision Policy and Strategic Plan, voluntary medical male circumcision has been introduced.[104] Data from Kenya Aids Indicator Survey (KAIS) 2007 found uncircumcised men were three times more likely to be HIV positive (13.2% prevalence) compared to their circumcised counterparts (3.9% prevalence), underscoring the potential of this intervention.[105] Services are now provided in approximately 124 health centers across 11 districts, most of which are in communities that do not traditionally circumcise the men.[106]

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[101] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*
[102] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*
[103] Cf. USAID, *HIV/AIDS Health Profile for Kenya –September 2010.*
[104] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*
[105] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*
[106] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*

The second new intervention was prevention with positives, which aims to involve People Living With HIV/AIDS in the reduction new HIV infections. This strategy targets serodiscordant couples in particular and focuses on increasing HIV testing, awareness of status, disclosure of results, and communication between couples.[107] A communication campaign targets health workers, teaching them how to inform and counsel people who are HIV-positive.[108]

2.2.7.4 Public-Private Partnerships

In Kenya public-private partnerships (PPPs) have become important tools in the fight against HIV/AIDS and through sub-Saharan Africa, creating collaborative projects among donors, the private sector, and the Government.[109] An example is Health at Home/Kenya, a PPP that provides home-based HIV counseling and testing, targeting 2 million people in Western Kenya from 2009 through 2011.[110]

The PPP was launched in 2009 by the Government; the Global Business Coalition on HIV/AIDS, TB, and Malaria; and the U.S President's Emergency Plan for AIDS Relief (PEPFAR) in order to bring HIV counseling and testing, TB screening, and insecticide—treated nets to remote households, which often have difficulty accessing care.[111]

2.3 Social Impact of HIV/AIDS and Biblical "Leprosy"

The social impact of HIV/AIDS and Biblical "leprosy" may be seen in terms of *social unacceptability*. Society does not consider these conditions as acceptable

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[107] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*
[108] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*
[109] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*
[110] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*
[111] Cf. USAID, *HIV/AIDS Health Profile for Kenya-September 2010.*

and usually not ready to accommodate the people afflicted by these diseases due to their condition.

2.3.1 Social Impact of HIV/AIDS

In the case of HIV, one of the most serious social problems confronting the victims is that of stigmatization. People living with HIV/AIDS are usually labeled as socially unacceptable and treated with much negative attitudes by others. Stigma "remains the most ineluctable, indefinable, intractable problem in the epidemic.

Stigma is perhaps the greatest dread of those who live with AIDS and HIV – greater to many even than the fear of disfiguring, agonizing and much protracted death."[112]

According to Michael J. Kelly, attaching a negative social label of disgrace, shame, prejudice or rejection to a person who differs from us in some way that we experience as running counter to our deeply embedded values and prejudices is a result of stigma.[113] This is usually the attitude towards people living with HIV/AIDS in the society. Even though efforts are being made to eliminate the stigma attached to the affected persons, there is still much to be done in doing away with the stigma completely if that would be possible. Until this is achieved, stigma 'can be seen as an attribute that discredits the individual, denying full social acceptance, where

notions of inclusion and exclusion are firmly brought to the fore.'[114] From this point of view stigmatization of people living with HIV/AIDS would mean that they are

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[112] M. J. KELLY, *HIV and AIDS: A Social Justice Perspective*, 129.
[113] Cf. M. J. KELLY, *HIV and AIDS: A Social Justice Perspective*, 129.
[114] M. J. KELLY, *HIV and AIDS: A Social Justice Perspective*, 129.

discredited, discounted, considered to have lesser worth in our eyes, and often also in their own, merely because they are HIV-infected and for no other reason.[115]

The fact that people living with HIV/AIDS are usually stigmatized in society and the consequences of this stigmatization makes them socially unacceptable which can be considered as a most significant social impact of HIV/AIDS.

2.3.2 Social Impact of Biblical "Leprosy"

In this section I would like to consider the social impact of Biblical "leprosy" specifically relating to the person because it was seen in the previous chapter that the leprous condition is not limited to persons only but also the clothing and habitation of the human person.

Whereas one of the major social impact of HIV/AIDS is stigmatization, that of Biblical "leprosy" can be seen in terms of ostracizing. This attitude excluded the infected person from the general society and so the infected person became socially unacceptable, no one liked to associate with such a person.

Members of ancient Israelite communities were collectivistic personalities in contrast to individualistic personalities of modern society, that is to say, they derived their identity from the group rather than from individual status and achievements.[116] The members of the community were committed to the development of the group and willingly subordinated personal preferences to the will of the group.[117]

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[115] M. J. KELLY, *HIV and AIDS: A Social Justice Perspective*, 129.
[116] Cf. J. J. PILCH, "Leprosy", 636.
[117] Cf. J. J. PILCH, "Leprosy", 636.

In the understanding of the Israelites, God is holy, whole, perfect, complete, and pure so also must God's people be (Lev 11:44, 45; 19:2; 20:26).[118] This implies that God is concerned with the community that must reflect God's holiness, wholeness, perfection, completeness, and purity.[119] It is from this background that the leprous person is ostracized. Since the preservation of the holiness of the community is of primary importance, it becomes necessary to exclude any individual who threatens the holiness of the community in order to maintain this holiness. The leprous person who is judged as unclean by the priest cannot be kept in the community since his uncleanness or impurity would affect the holiness of the community and so must be excluded from the community in order to preserve the holiness in it (Lev 13:36). The effect of the exclusion may be understood in this sense:

> For a collectivistic person, removal from the community that bestows identity upon that individual is traumatic. It strikes at the very being of the person. Hence the person's burning desire to be "cleansed" and the willingness to go to great lengths to obtain purification (2 Kgs 5: 10, 14; Matt 8: 2-4//Mark 1: 40-45; Luke 17:17).[120]

Considering the plight of the leprous person it can be said that the affected person becomes socially unacceptable because he becomes a threat to the holiness of the community as a result of his condition and must be excluded to preserve this holiness which is of primary importance.

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[118] Cf. J. J. PILCH, "Leprosy", 636

[119] Cf. J. J. PILCH, "Leprosy", 636.

[120] Cf. J. J. PILCH, "Leprosy", 636.

2.4 Moral Impact of HIV/AIDS and Biblical "Leprosy"

It is rather unfortunate that people have often misconstrued these diseases and interpreted them in moral terms. They are usually seen as resulting from some form of immoral action on the part of the affected person. In this sense the disease is seen as a punishment for some wrong doing involving sin.

This section would take into consideration the misinterpretation of HIV/AIDS and Biblical "leprosy" in moral terms which often leads to some challenging attitudes towards the affected persons.

2.4.1 Moral Impact of HIV/AIDS

According to Michael J. Kelly, from the very beginning the HIV epidemic was associated immoral conduct and sin, and was taken as a consequence of sexual promiscuity, homosexual practices or drug-injecting use.[121] He insists that society built up a whole series of mistaken assumptions: "HIV meant there had been sexual activity, almost certainly of the kind that deviated from the publicly approved norms of society; such sexual activity meant sin; sin deserved punishment."[122] For Kelly, each of these statements is wrong, but that did not stop society from understanding HIV infection in narrow moralizing terms.[123] Some part society has moralized the disease in a negative sense making it appear as if it is a punishment for some immoral conduct usually a disapproving sexual behaviour.

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[121] Cf. M. J. KELLY, *HIV and AIDS: A Social Justice Perspective*, 134.
[122] M. J. KELLY, *HIV and AIDS: A Social Justice Perspective*, 134.
[123] Cf. M. J. KELLY, *HIV and AIDS: A Social Justice Perspective*, 134.

Kelly is of the view that the religious perceptions within many faith communities have played a role in equating HIV infection with moral failure.[124] According to him, results of research studies conducted in Ethiopia, Tanzania and Zambia has found that the 'link among sex, religion and stigma emerges particularly strongly in Ethiopia and Zambia, where data paints a picture of a strong belief that HIV is a punishment from God for sexual sins committed by humanity at large, and individuals in particular.'[125] In as much as the faith community may have contributed to a wrong moral interpretation of HIV infection it also has a role to play in correcting this wrong notion.

This is sometimes demonstrated in some faith communities by showing compassion, care, solidarity and respect to the affected people.

Even though the epidemic has not yet found the proper place in the moral mind frame of society, there is still the hope of putting it right according to moral interpretation. The epidemic may not be so physically and psychologically damaging as compared to the stigma attached to it as a result of inappropriate moral interpretation related to sex, sin and punishment.

2.4.2 Moral Impact of Biblical "Leprosy"

It is not said explicitly in the book of Leviticus which deals extensively with Biblical "leprosy" that leprosy is as a result of some wrong moral conduct on the part of the affected person. Also leprosy per se, was never considered as a sin in scripture.[126] Despite this, the cleansing rituals and attitude towards the leper who has

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[124] Cf. M. J. KELLY, *HIV and AIDS: A Social Justice Perspective*, 134.
[125] Cf. M. J. KELLY, *HIV and AIDS: A Social Justice Perspective*, 134.
[126] Cf. R. K. HARRISON, "Leprosy", 106.

been declared unclean by the priest suggest that the leprous condition was not found to be appropriate (Lev 14ff). According to Roland J. Faley, "although hygienic concerns cannot be excluded, it was the lack of bodily integrity necessary for the worship of Yahweh that resulted in religious and social ostracism."[127] It can be said that it was not right for a leper to worship with the faith community because his physical condition did not reflect the communion between God who is holy, whole, perfect, complete, and pure and his people who are expected to be as such (Lev 11:44-45; 19:2; 20:26).

The moral implication of Biblical "leprosy" does not have so much to do with sin and wrong doing but the idea that the leprous condition is seen as an affront to God who is holy, whole and perfect. Appearing before God in such a condition is as if to tell God he is not whole and perfect since his own community including individual members is expected to reflect the holiness, wholeness and perfection of God who they worship even in their physical being.

2.5 Conclusion

It is quite evident from the issues presented in this chapter that the HIV epidemic continues to afflict and affect many people in our society today either directly or indirectly. There are those who suffer because they have been infected with HIV and those affected because they have lost one relation or the other as a result of HIV infection. An example of the latter group could be the many innocent children who are orphaned because they lost their parents through HIV death.

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[127] Cf. R. J. FALEY, "Leviticus", 69.

Biblical "leprosy" is not a phenomenon to dread in our world today but its social and moral impact to some extent is replicated in one of the most fearful disease of our time that is HIV/AIDS. Until modern medicine finds a lasting solution to this epidemic it remains with us not only as a matter of health concern but also a social and moral concern.

Chapter III

The Church's Response to People Living with HIV/AIDS in Kenya

3.0 Introduction

Having looked at the reality of HIV/AIDS in Kenya and the government response, this chapter will discuss the response of the Catholic Church to people living with HIV/AIDS in Kenya.

The chapter begins by considering the teaching of the Church which serves as guiding principles in responding to people afflicted by the epidemic. The discussion goes further by specifically looking at the church's teaching on the sanctity of human life. This leads to an important ministry in the church which is the pastoral care of the sick.

The response of the Church in Kenya will then be presented based on what has been done in practice by the Catholic Church in Kenya in responding to the HIV

epidemic. This would be followed by a personal reflection and recommendation and finally a conclusion of the chapter.

It is hoped that at the end of the chapter it will be evident that the Catholic Church in Kenya is making some efforts in responding to the epidemic.

3.1 Teachings of the Church

On the issue of HIV/AIDS, it can be said that official church teachings does not address the issue in one single document but then various official documents of the church address issues related implicitly to HIV/AIDS. Since the epidemic touches on various aspects of human life and society, the teachings of the church on these aspects can also be related to HIV/AIDS. For example, the social doctrine of the church on human rights, social justice and other subjects can be related to HIV/AIDS.

Over the years, many theologians and other church authorities have addressed the epidemic in their various capacities. Pope John Paul II in his apostolic exhortation *Ecclesia in Africa*, recommended that "the companionship, joy, happiness and peace which Christian marriage and fidelity provide, and the safeguard which chastity gives, must be continuously presented to the faithful, particularly the young" (*Ecclesia in Africa*, 116). This was in view of the role played in the spread of the disease by irresponsible sexual behaviour. The Pope urged all pastoral workers to bring to their brothers and sisters affected by AIDS all possible material, moral and spiritual support. He also encouraged scientists and political leaders, moved by the love and respect due to every human person, to use every means available in order to put an end to this scourge (*Ecclesia in Africa*, 116).

Fr. Michael J. Kelly[128] in writing about the principles informing church responses to HIV and AIDS observes that while the Christian Churches have not formulated any collective statement of common underlying religious principles that guide their response to HIV and AIDS, it is likely that they would agree on the fundamental importance of the following, culled from many of their documents:[129]

- The sacredness of the person as made in the image and likeness of God, so that each one is intrinsically and inalienably worthy of dignity and respect.
- The sanctity of each human life, from the moment of conception until death.
- One's conscience as each individual's most secret core and sanctuary.
- The acknowledgement of human sexuality as a special gift from God and the acceptance by both men and women of the responsibilities it entails.
- Overriding concern for solidarity, compassion and effective response to the needs of those who experience sickness, loss, catastrophe, deprivation, unfair treatment or any form of discrimination.
- Recognition that the earth and its goods belong by right to all, are to be shared fairly by all and must be protected for the current and future use of all.

Fr. Kelly is of the view that principles such as these can have enormous motivating power in stimulating responses to HIV and AIDS at every level. He observes that this is precisely what has happened throughout sub-Saharan Africa, where there is much overlap between the Church and secular responses and

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[128] Fr. Michael J. Kelly is an Irish Jesuit Catholic priest and educator. He has lived and worked in Zambia for over fifty years and is an internationally-renowned expert on AIDS and education.

[129] Cf. M. J. KELLY, *HIV and AIDS: A Social Justice Perspective*, 228.

considerable integration between faith-based and community-based programmes.[130] He considers each of the principles as having a social and justice dimensions, in relation to liberation from oppression and the elimination of inequities.[131]

Although there is no one definite church document addressing the HIV/AIDS epidemic, most of the official teachings of the Catholic Church can be related to the social and justice dimensions of HIV/AIDS in our world today.

3.2 The Church and Sanctity of Life

The Church in her teachings protects and defends the sacredness and inviolability of human life. On no account does the Church consider any one as having supreme authority over human life except God who is the sole giver of life.

The commandment of God which is against the taking of another person's life can also be applied to "the case of weak and defenceless human beings, who find their ultimate defence against the arrogance and caprice of others only in the absolute binding force of God's commandment" (*Evangelium Vitae,57*). God's commandment for the preservation of human life not only protects the lives of the strong but also the weak and defenceless.

The sacred and inviolable character of human life is based on the fact that God proclaims that he is absolute Lord of the life of man who is formed in his image and likeness (cf. *Evangelium Vitae, 57*). Since God is inviolable, so is the life of man who is created in his image and likeness (cf. Gen 1:26-28). Every human person is entitled to this divine gift of life without exception.

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[130] Cf. M. J. KELLY, *HIV and AIDS: A Social Justice Perspective*, 228.
[131] Cf. M. J. KELLY, *HIV and AIDS: A Social Justice Perspective*, 228.

The Church is very clear on her position on the inviolability of human life at any stage of life. Nothing and no one can deprive an innocent human being of the gift of life no matter the condition or the stage of life of the human being. The fetus, embryo, infant or adult, old person, one suffering from incurable disease, or a person who is dying have the right to live (cf. *Evangelium Vitae*, 57).

"As far as the right to life is concerned, every innocent human being is absolutely equal to all others" (*Evangelium Vitae*, 57). This equality must be understood as the basis of all authentic social relationships which, to be truly realized, can only be founded on truth and justice, recognizing and protecting every human being as a person and not as an object to be used (cf. *Evangelium Vitae*, 57).

In the document of the Second Vatican Council the need to respect every human person without any exception is stressed (cf. *Gaudium et Spes*, 27). The document condemns all forms of offences against the human person since they debase the perpetrators more than the victims and militate against the honour of the creator (cf. *Gaudium et Spes*, 27).

The Church through her teachings always advocates for the respect of human life in obedience to the divine commandment for the preservation and respect for human life as sacred and inviolable (cf. Ex 20:13). In today's world where human life is violated in various ways such experimentation, abuse, suicide, mutilation, exploitation, neglect and the like, the Church's teaching on the sanctity of life becomes a means of guiding the conscience of people against these acts.

3.3 Pastoral Care of the Sick

The pastoral care of the sick can be seen as the responsibility of the Christian community towards all who are in need of their care and compassion. Jesus invites all Christians to attend to the sick as part of their charity to the most vulnerable in society (Cf. Mt. 25:31ff). This invitation can also be understood in the following way:

> The concern that Christ showed for the bodily and spiritual welfare of those who are ill is continued by the Church in its ministry to the sick. The ministry is the common responsibility of all Christians, who should visit the sick, remember them in their prayer, and celebrate the sacraments with them.[132]

All who are entrusted in a particular way with the care of the sick are challenged to look at the pastoral care of the sick in a new way, especially in our world today, in the face of new situations and the increasing number of Christians affected by AIDS.[133] According to Fr. Dominic Ssengooba the pastoral care of the sick is not only meant for pastors, ordained ministers and health workers but for every member of the faith community who is in a position to help.[134] In the letter of Paul to the Galatians, he reminded the Galatians to "Bear one another's burdens, and so fulfill the law of Christ" (Gal 6:2).

According to the Code of Canon Law, when the necessity of the Church warrants it and when ministers are lacking, lay persons, even those who have not been instituted into ministry can exercise the ministry of the word, preside over

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[132] Cf. R. RONZANI, *Celebrating the Anointing of the Sick*, 20.
[133] Cf. R. RONZANI, *Celebrating the Anointing of the Sick*, 20
[134] Cf. D. SSENGOOBA, *The Laity and the Pastoral Care of the Sick*, 20.

liturgical prayers, confer Baptism, and distribute Holy Communion in accord with the prescription of the law (cf. Canon Law, 230/3).[135]

Pastoral care of the sick may include the following activities according to the nature and circumstance of the sick person:

- Visiting the sick
- Prayer
- Sharing the Word of God
- Communion to the sick
- Anointing of the sick[136]

Under normal circumstance some of the above activities may require the proper minister where as others can be done by any Christian who is ready to do so. Our response to the sick must be done in the spirit of support and care as was the response of the Lord himself.[137]

According to the study document of the World Council of Churches (WCC), "the church, by its very nature as the body of Christ, calls its members to become healing communities."[138] The documents insist that the extent and complexity of the problems raised by HIV/AIDS does not prevent the churches from making an effective healing witness towards those affected.[139] In the long run when the church properly responds to people living with HIV/AIDS by ministering to them and

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[135] Cf. D. SSENGOOBA, *The Laity and the Pastoral Care of the Sick*, 20.

[136] The anointing of the sick, by which the Church commends to the suffering and glorified Lord the faithful who are dangerously ill so that he may support and save them, is conferred by anointing the sick with oil and pronouncing the words prescribed in the liturgical books (Canon Law, 998).

[137] Cf. R. RONZANI, *Celebrating the Anointing of the Sick*, 20.

[138] WCC, *Facing AIDS: The Challenge, the Churches' Response*, 77.

[139] Cf. WCC, *Facing AIDS: The Challenge, the Churches' Response*, 77.

learning from their suffering, her relationship to them will indeed make a difference, and thus become growth-producing.[140] This growth may flow from the care, compassion and concern shown to the sick by all Christians.

When we talk about the sick, apparently people living with HIV/AIDS are not excluded and can be considered among the most vulnerable in need of pastoral care from all who are called to do so.

3.4 The Response of the Church

In this section, I would like to present how the Catholic Church in Kenya has responded to the HIV epidemic in the country in practical ways. Even though the Catholic Church may not be the only church to have responded to the epidemic, I would like to focus on the responses of the Catholic Church to HIV/AIDS in Kenya since she is usually seen as a beacon of hope especially in challenging situations.

The responses I am going to present shall be mainly based on the document of the Inventory of the Catholic Church Responses to HIV/AIDS in Kenya prepared by the Catholic Secretariat of the Kenya Episcopal Conference (KEC). This is the most updated edition of the documented inventory I could access.

It would be interesting to note that the Catholic Church was among the first to respond to the epidemic before it was officially named HIV and AIDS.[141] The Church has done so with a growing number of programmes countrywide but especially among the poor and in the most remote areas. The scope of the services includes the medical, the material and the psycho – spiritual needs of People Living

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[140] Cf. WCC, *Facing AIDS: The Challenge, the Churches' Response*, 77.

[141] Cf. Kenya Catholic Secretariat, *Inventory of the Catholic Church's Response to HIV/AIDS in Kenya 2006*, 9.

with HIV/AIDS (PLWHA) and affected groups, together with prevention and advocacy. It can be said that the Church's response is not only a spiritual approach but a well integrated approach to meet the material, spiritual, psychological and other needs of the affected people.

"In the struggle against HIV and AIDS, health care seems to come first. The Catholic Church in Kenya provides 40% of all health care service in the country."[142] This figure was floated by the government of Kenya some years ago and is probably still an underestimate. The following are the reasons for this significant proportion:[143]

- While the government's runs about 11,000 health facilities and the Catholic Church manages 411, the quality of government health institutions in Kenya has dramatically deteriorated since the mid – 1980's. For instance, quite a few government hospitals operate, if at all, at the level of health units.
- The Catholic Church operates in regions where the government of Kenya is absent or no longer present. This includes remote areas which are difficult to police and administration. The church in Kenya reaches out in the poorest and most forgotten districts. In arid and marginal parts of the country, the dioceses of Maralal, Marsabit and Ngo'ng run health facilities which is the sole succor of the local population for miles around. The Catholic Church is equally penetrating and settling in the most uninviting urban slums.

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[142] Kenya Catholic Secretariat, *Inventory of the Catholic Church's Response to HIV/AIDS in Kenya 2006*, 9.

[143] Cf. Kenya Catholic Secretariat, *Inventory of the Catholic Church's Response to HIV/AIDS in Kenya 2006, 9.*

3.4.1 Total Number of Facilities Coordinated by the KEC[144]

The outreach of a catholic hospital goes far beyond the confines of the institution itself. In most cases, such hospitals are the centre of a network of dependent dispensaries, health centers and mobile clinics that cover the most abandoned parts of the country. In 2005, the commission for health and family life coordinated a total of 436 health facilities.

In Kenya, the Catholic Church provides 57 prevention of mother to child transmission (PMTCT) programmes in mission health facilities in partnership with the catholic medical mission board (CMMB), and 39 in partnership with National AIDS and STD Control Programme (NASCOP) and others.

Ten health facilities provide subsidized antiretroviral drugs in partnership with the Catholic Relief Service (CRS) led consortium and 27 health facilities to do this through NASCOP and Family Health International.

Some 15,916 community based healthcare workers were trained in the year 2004 which was a significant contribution in the struggle against HIV and AIDS, especially in terms of awareness raising in community based programmes across the country.

There are 20 out of 41 hospitals which offer anti retroviral treatment free or at a subsidized fee. From this service, over 5,000 patients receive medication through these programmes.

Most catholic health institutions are equipped with facilities to offer anti retroviral therapy. "Though one may question the sustainability of some of these

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[144] KEC: Kenya Episcopal Conference.

programmes, the general enthusiasm is understandable: ARVs provide not only relief to the patient but also a sense of achievement to the care giver."[145]

There are catholic medical institutions which offer training to teachers in the catholic school system about care and support of HIV – infected and AIDS affected students. "Too often, however, pupils who take care of the household in the morning because their parents live with HIV are punished by (well intended but ill informed) teachers for coming late to school or being tired in class."[146]

The most destitute groups in the population are assisted by some catholic health facilities by unconditional acceptance of in patients, sometimes waving bills for over 50% of the terminal stages of AIDS and assisting in meeting funeral costs for those who cannot afford.

Out of the 573 documented prevention programmes, the Church provides fifteen percent of voluntary counseling and testing (VCT) facilities and seventeen percent of country wide awareness programmes in parishes and fourteen percent in schools.[147] It is quite evident that the church makes optimal use of its educational and pastoral infrastructure. Despite the fact that the number of organizations engaged in research and publication is relatively small, their output reaches the larger population. Apart from strictly medical care and nutrition programmes, the church is at its best in offering psycho social and spiritual support to the PLWH.

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[145] Kenya Catholic Secretariat, *Inventory of the Catholic Church's Response to HIV/AIDS in Kenya 2006*, 10.

[146] Kenya Catholic Secretariat, *Inventory of the Catholic Church's Response to HIV/AIDS in Kenya 2006*, 10.

[147] Cf. Kenya Catholic Secretariat, *Inventory of the Catholic Church's Response to HIV/AIDS in Kenya 2006*, 10.

Exactly the same can be said about the care of persons with AIDS in the last stages and the care for the affected, especially the orphans and vulnerable children (OVC) as well as the ongoing support given to the care givers.

For every member of staff employed by the church in an HIV and AIDS programme, ten volunteers are working side by side.[148]

3.4.2 Key Approaches[149]

Though most works in the church in Kenya are usually the fruit of individual or parochial initiatives, catholic services are moving markedly towards an integrated/ multifaceted approach and towards greater collaboration/ networking with others. Cooperation with partners within and outside the church needs greater emphasis, with some guidelines on whom the church prefers to work with.

3.4.2.1 Collaboration[150]

Overwhelmed by the scope and numbers, the Catholic Church in Kenya is reaching out and working together with other institutions and communities to;[151]

- Pool resources
- Share lessons learnt
- Scout for few talent (e.g. among people with HIV or AIDS, involving them as participants and not just victims).
- Increase the efficiency, capacity, and safety of measures already in place;

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[148] Cf. Kenya Catholic Secretariat, *Inventory of the Catholic Church's Response to HIV/AIDS in Kenya 2006*, 11.

[149] Cf. Kenya Catholic Secretariat, *Inventory of the Catholic Church's Response to HIV/AIDS in Kenya 2006*, 11.

[150] Cf. Kenya Catholic Secretariat, *Inventory of the Catholic Church's Response to HIV/AIDS in Kenya 200*, 11.

[151] Cf. Kenya Catholic Secretariat, *Inventory of the Catholic Church's Response to HIV/AIDS in Kenya 2006*, 11.

- Build up and strengthen communities (38% of catholic AIDS programmes have this component)

- Pay greater attention to follow up and sustainability

- Speak out on behalf of the infected and the affected in an approach of human rights advocacy

- Engage in efforts with a multiple effect (e.g. training of trainers programmes), without forgetting the personal touch through home visits and face to face encounters where attention can be given to the deepest (psychological, spiritual) human needs using inventive ways of praying and staying together with therapeutic effect.

3.4.2.2 Multifaceted and Integrated Approach[152]

Generally, more and more church institutions like to conceptualize integrated programmes that mainstream HIV and AIDS in all their undertakings. There is a considered effort to respond to the multifaceted aspect of the pandemic. The church in Kenya realizes that the struggle against AIDS is cross – sectoral and must go well beyond services of medical care and quick – fix relief.[153]

The catholic educational sector in Kenya is fully engaged in the struggle against HIV. The Catholic Church makes a good contribution to formal education in

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[152] Cf. Kenya Catholic Secretariat, *Inventory of the Catholic Church's Response to HIV/AIDS in Kenya 2006,* 12.

[153] Cf. Kenya Catholic Secretariat, *Inventory of the Catholic Church's Response to HIV/AIDS in Kenya 2006,* 12.

Kenya. Where the government of Kenya only maintains a minimal presence in the educational field, the church reaches out to the most marginal areas like in the Dioceses of Lodwar, Maralal, Kitale (West Pokot) and Ng'ong.

The alarming degree to which Kenya's formal education is affected by the pandemic in manifold and complex ways prompted the church's educational sector to resolve to engage in the struggle against HIV and AIDS. To deal with the problem the ministry of education launched its Kenya Education Sector Support Programme 2005 – 2010.[154]

There are 17 known Dioceses and at least one religious congregation that have come up with a comprehensive AIDS programme or policy or an integrated community development plan that mainstreams HIV and AIDS. Such programmes attempt to merge most of the following aspects into a single concerted effort:[155]

- Preventive programmes that reach several million Kenyans. Prominent is the Education for Life (EFL) approach adapted countrywide, and behavioral change programmes targeting youth and women.
- Use of media, catholic media house like *Pauline Publications* Africa and *New People* distribute educational and other materials about HIV and AIDS. Local media and publications at diocesan and parish levels take the struggle against HIV as a priority and key point of reference.
- Programmes of home based care with trained volunteer healthcare workers at deanery, parish and Small Christian Community (SCC) levels.

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[154] Cf. Kenya Catholic Secretariat, *Inventory of the Catholic Church's Response to HIV/AIDS in Kenya 2006,* 12.

[155] Cf. Kenya Catholic Secretariat, *Inventory of the Catholic Church's Response to HIV/AIDS in Kenya 2006,* 13.

- In addition to VCT facilities, other counseling programmes like peer counseling or alcohol and drug counseling.
- Prayer and spiritual accompaniment for infected, affected and those who take care of them.
- The care of AIDS orphans, OVCs and other affected or vulnerable groups.
- Support groups and income generating activities for people living with HIV or AIDS.
- Improved nutrition and agriculture.
- Water and sanitation.
- Community building, peace and reconciliation programmes dealing with the conflict and violence that fuel the spread of HIV.
- Networking with other organizations and institutions to share information and pool efforts.
- Advocacy. The catholic Bishops have been instrumental in transforming some political, economic, social and cultural factors that rendered Kenyans vulnerable to HIV.

At the moment the efforts being made by the Catholic Church in Kenya at the ground level can be summarized with the expression: 'coming together to work more effectively'.[156] This expresses the collaboration between organizations within and outside the church in the struggle against HIV/AIDS in Kenya.

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[156] Kenya Catholic Secretariat, *Inventory of the Catholic Church's Response to HIV/AIDS in Kenya 2006*, 13.

3.4.3 Challenges[157]

Today's caregivers are confronted by many problems in their tireless effort to assist victims of the HIV epidemic. I would like to present some of the challenges which caregivers encounter which create anxiety among them according to the information on the Inventory of the Catholic Church Responses to HIV/AIDS in Kenya.[158]

3.4.3.1 Lack of Resources

In most cases, people worry about the lack of resources and infrastructure. This is apparently the primary concern for most caregivers. Many think massive funding is needed and are dismayed to see how certain donors give piecemeal yet want to see immediate results and demand more and more time consuming financial and narrative reports.

3.4.3.2 Persistent Stigma

Stigma is caused by shame for one's past behaviour associated with HIV and by fear of the consequences. People keep silent to avoid being excluded from the family, cast off by the neighbourhood and discriminated in the workplace. Even AIDS orphans are reportedly rejected by their own family. Most caregivers feel powerless and find this a very hard issue to crack.

3.4.3.3 Turnover of Care Givers

It is very common for both volunteers and employed staffs to pull out quickly. The high turnover of trainees obviously raises the number and costs of the ongoing training efforts. One reason often reported for pulling out is the general

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[157] Cf. Kenya Catholic Secretariat, *Inventory of the Catholic Church's Response to HIV/AIDS in Kenya 2006,* 13.

[158] Cf. Kenya Catholic Secretariat, *Inventory of the Catholic Church's Response to HIV/AIDS in Kenya 2006,* 13.

view that, even as a volunteer, one is entitled to some form of remuneration or financial incentive. A deeper reason perhaps is the emotional stress associated with AIDS service. To deal with the latter, people feel that the church has to invest more in the accompaniment of the care giver.

3.4.3.4 Complaints about Local Administration and Government

In spite of occasional assistance in terms of finances and other resources, certain church institutions express frustration with the local bureaucracy. Some of the cases include red tape[159] (e.g. in obtaining title deeds, registrations and permission) and corruption. Most especially in remote areas where the government appears to exercise less administrative oversight, church personnel continue to complain about harassment, criminal behaviour and lack of a government's response. People argue that such an environment hampers the struggle against HIV and AIDS and fuels the pandemic.

3.4.3.5 Addictions

People who are concerned about the pandemic are perplexed by addictive behaviour, especially among the youth. Some watch rather helplessly as addictions fuel the pandemic; others who know how to deal with addiction complain about the lack of resources. Efforts on a much larger scale are demanded to break the vicious circle of a dysfunctional society, compulsive behaviour and substance abuse.

3.4.3.6 Psychological and Spiritual Care is Still Underdeveloped

Linked to previous concern, a few find that pastoral (psychological and spiritual) care is underdeveloped. They wonder if this may be linked to stigma,

[159] Red tape: an official procedure regarded as unnecessary, overcomplicated, or obstructive.

denial and taboos that persist inside and outside the church, making both clergy and lay people fearful of ministering in the AIDS field.

Brief Personal Reflection and Recommendation

Despite the setbacks the Church in Kenya is actually responding to the HIV epidemic in diverse ways. Even though some ready solutions may not be found to the problems encountered by caregivers I believe that it is still worthwhile to keep up the struggle against HIV/AIDS.

The work of assisting people living with HIV/AIDS cannot be left on the shoulders of the Church and government alone. There is need for more awareness in helping people understand it is their duty to assist their affected and afflicted brothers and sisters. Attitudes of rejection of affected persons must be strongly discouraged as this leaves more work especially for church organizations in caring for them.

The collaboration between the church and other institutions is a positive step taken in dealing with the epidemic. Such collaboration can yield some positive results in responding to the epidemic.

There is still more work to be done by the church in reducing the stigma and helping people understand that HIV/AIDS *per se* is not a sin but a disease. What need to be condemned are the negative attitudes and behaviours that leads to the spread of the disease while emphasizing the care and acceptance of those affected.

Just like the lepers in the scriptures, the major problem faced by people living with HIV/AIDS is rejection by society and the community and worse of all by

one's own relations. This attitude can be said to cause more pain to the affected persons than the disease itself. The thought of being rejected by one's own family can be psychologically and emotionally tormenting since the family would be the first place to seek consolation and care for any one in such a challenging situation. Families and relations of affected persons can play a major role in showing compassion and caring for them provided they are not blinded by prejudice and stigma attached to the disease by the larger society.

Church leaders, government, non government organizations and all those committed in the struggle against HIV/AIDS have a great task of working for social change in relation to the attitude towards people living with HIV/AIDS in our society today. This kind of change can be brought about by a massive emphasis on the church's teaching on the sanctity human life and universal human rights and justice. "For all, it will require full and absolute adherence to the first principle of the *Universal Declaration of Human Rights*: All human beings are born free and equal in dignity and rights."[160] People living with HIV/AIDS have the right to an authentic human life in society.

3.5 Conclusion

From the discussion it is evident that the Catholic Church in Kenya has responded and is still responding to people living with HIV/AIDS in the country. Despite the challenges faced by care givers, it is still hoped that many more people would commit themselves in helping to deal with the epidemic.

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[160] M. J. KELLY, *HIV and AIDS: A Social Justice Perspective*, 140.

The teaching of the church acts as guiding principles in caring for the many people affected by the epidemic. In all cases what remains fundamental is that the people afflicted by HIV/AIDS still remain human beings and need to be given that respect and dignity that all human beings deserve. People living with HIV/AIDS do not lose their humanity because of the disease and so care must be taken not to violate their fundamental human rights.

The pastoral care of the sick forms an important aspect of responding to the needs of all those struggling with HIV/AIDS especially the need to be in solidarity with others instead of isolation, the need to be treated with compassion and the need to be heard with a non judgmental attitude.

The Church can be considered as a beacon of hope in the struggle against HIV/AIDS in Kenya. Many people look to the Church for inspiration and hope in dealing with the epidemic.

GENERAL CONCLUSION

The struggle against HIV/AIDS still continues in today's world with cases of new infections being recorded. From our inquiry it can be said that the disease *per se* is not as agonizing as the discrimination that accompanies it in most cases. Many infected persons are confronted with arrogant attitudes from members of society who are ill informed about the disease. Sometimes the fear of being rejected and discriminated brings more pain to the infected persons.

The Church in Kenya has taken up a great challenge to respond to the needs of the many people who are suffering because of HIV/AIDS. Through her institutions she is able to reach out to many people living with HIV/AIDS who are in need of her assistance. This kind of assistance extends to both those far and near especially those living in areas where resources are limited.

There still remains a great challenge for the church in helping people to understand properly the condition of people living with HIV/AIDS. To help people understand that they are not less human than the rest of humanity but just like any other sick person in need of compassion and care.

The suffering caused by HIV/AIDS cannot be considered as a nemesis, that is, in one sense, a punishment that one deserves for some wrong doing. This kind of mentality does not inspire the kind of compassion and care that is expected from us as Christians. It is fitting for the church in Kenya to act as a pacesetter in responding to people living with HIV/AIDS so that many more may be inspired to follow in her witness to the suffering and needy.

According to Ronald Nicolson care must be taken not to push the parallel between leprosy and AIDS too far.[161] He insists that whatever Jews may have believed about the healing when Messiah comes, AIDS is not being cured yet.[162] For Nicolson, what is more important is the example that Christ gave us by showing compassion for the suffering (lepers), despite their physical disfigurement. Christ becomes for us a model for us in reaching out to people living with HIV/AIDS.[163]

The church in Kenya through her witness to people living with HIV/AIDS invites all Christians and people of good will to bring Christ to all those suffering as a result of HIV/AIDS by showing compassion to them. We may not have a cure for AIDS but we can always have compassion for people living with HIV/AIDS.

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[161] Cf. R. NICOLSON, *God in AIDS? A Theological Enquiry*, 80.
[162] Cf. R. NICOLSON, *God in AIDS? A Theological Enquiry*, 80.
[163] Cf. R. NICOLSON, *God in AIDS? A Theological Enquiry*, 80.

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