

The Enigmatic Nature of HIV/AIDS in Africa and the Expected Church Response

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Introduction

Acquired Immune Deficiency Syndrome (AIDS) is not just an epidemic; it is a pandemic, a universal epidemic. Since its first discovery in 1981, roughly more than 25 or more million people have been sent to their graves (www.avert.org/worldstats.htm, 2015). No wonder Kunhiyop (2008), wasted no time in pointed out that:

Africa has been particularly hard hit. Though Africa has only 10 percent of the world's population, it is estimated that 70 percent of those infected with HIV/AIDS are located in Africa. Of the 33 million now living with the disease worldwide, 22.5 million are in Sub – Saharan Africa. In 2007, about 1.7 million people in Africa were newly infected with the disease and 1.6 million people in Africa died from it. The AIDS pandemic has also orphaned 11.5 million children across the continent.

Going by the above assertion in 2008, it is then clear that if such a population could be infected and affected since 2008, by now one could imagine how many new victims have been added to that of Kunhiyop's record. How many lives must have been escorted to the grave and how many widows must have been welcomed to the ministry of widowhood and orphan-hood, alike?

Indeed, if Africa has been hit to that level, what becomes of our dear Nigeria nation popularly known as the giant of Africa? In response to this, Kareem (2013), has this to say:

Since HIV/AIDS made inroad into Nigeria in the 1980s, it has wrecked unimaginable havoc on this country, countless human resources have been lost to the epidemic and billions of naira have gone down the drain at present, Nigeria has the third largest infected population (2 to 3.2 million) of people living with HIV/AIDS (PLWHA) in the world after South Africa and India. Although NACA (National Agency for the Control of AIDS) considers Nigeria as the third largest infected nation in the world, The Wikipedia the Free Encyclopedia based on CIA World Fact Book in 2012 but accessed on 20th February, 2014 considers Nigeria as the second largest country with people living with HIV/AIDS.

With the above analysis, one would agree that we are left with no option than to call this disease a mystery. It is a mystery because what you think you know about it today may not be at daybreak.

Therefore, this paper is an investigation on the mysterious nature of this disease in Africa and the expected church responses.

HIV/AIDS: A Historical Overview

History is hardly treated with certainty and so discussing the history of HIV/AIDS is sort of a serious job because different versions of the history are there in the academic market both published and unpublished. Therefore, few out of such histories shall be given a keen consideration.

History has it that the AIDS epidemic was first discovered in the United States in 1981 while HIV (Human Immunodeficiency Virus), the virus that causes AIDS, was not discovered until 1983

(www.healthcommunities.com/hiv-aids/history.shtml, 2015). Another version holds that HIV could have been transferred from monkeys because they have long been kept as pets and used for food. When hunting monkeys, it is not unusual for both the hunter and the hunted to exchange blood during the capture (<http://uhavax.hartford.edu.>, 2015).

However, the earliest fully documented case of HIV dates back to 1959 when a medical examination was conducted on the blood sample of a man from Congo and the result affirmed that he was HIV+. Other suspected, but unverified cases date back to as early as 1934. More so, Karber and co. reported the results of a phylogenetic statistical analysis of the evolution of the retroviral genome of HIV using complex mathematical models allowing for both constant and variable rates of evolution. Their analysis required supercomputers to backtrack the evolution to its source from monkeys (<http://uhavax.hartford.edu.>, 2015). The term “Acquired Immunodeficiency Syndrome” or AIDS is said to have been adopted by public health officials in 1982 to describe the occurrences of opportunistic infections, Kaposi’s sarcoma, and pneumocystis; carinii pneumonia in previously healthy men. Formal tracking (surveillance) of AIDS cases began that year in the United States (Amodu, 2012).

Contrary to the above, some people tend to see HIV/AIDS as a punishment from God to the wicked people. Some went further to state that AIDS is God’s judgment on those that do not keep His rules. Another school of thought believes further that AIDS is not just a punishment for breakers of God’s rules but also a punishment for societies that harbour such law breakers. For a rational being however, AIDS shouldn’t be seen as a punishment from God. Although death is said to be as a result of sin, we cannot however conclude that every disease is caused by sin. If we are to go by that – that AIDS is a punishment for, possibly, sexual promiscuity – we would have to first of all answer questions such as; what about the women or men (mostly women) that got infected by their unfaithful spouses? What about the infants that were born positive as a result of

their parents' infections? What about those infected through blood transfusions? etc. in response to these questions, Peter, quoted by Kunhiyop (2008), surmised that:

A very large number of those who have died from HIV/AIDS or are living with the disease cannot plausibly be blamed for their fate. Nearly 5 million AIDS victims are children, who obviously did not choose to be born HIV positive. And many other victims are married women who have been faithful to their husbands but became infected anyway because their husbands had unsafe sex with prostitutes. Many wives don't find out that their husbands are infected until they give births to HIV+ children.

In conformity with this fact, it is impossible to emphatically state that "AIDS is a divine punishment" one can only give a yes and no answer to that as Stott (1999), averred:

No, because Jesus warned us not to interpret calamities as God's specific judgments upon evil people (Luke 13:1 – 5). No, because there are obviously some people that contracted the disease through no personal sin of theirs. We think here of innocent children who contracted it through their mothers, faithful wives and husbands (usually wives) who have been infected by their unfaithful husbands, even innocent patients who contracted it from careless medical procedures. Yes, because all suffering is related to the fall. Disease came into the world because man sinned.

Therefore, it would not be critical enough for us to conclude that sin is the cause of AIDS.

Apparently, neither the origin nor the place of origin of HIV/AIDS can be pointed out without further questioning. To this note, it would be better to state that, "the history of HIV/AIDS remains a mystery in itself."

Causes of HIV/AIDS

Before now, many people feared HIV/AIDS to the extent of neglecting their infected relatives, because they thought that getting or going close to such victims would also victimize them. Therefore, the question here is how does HIV gets into someone's body? As a layman medically, one may not say for sure the cause of HIV/AIDS but research has shown that the root of this deadly disease is traceable to a virus, a violent one at that.

According to Garland & Blyth (2005), "Large amounts of HIV are found in certain body fluids of infected people. The fluids that transmit the virus are blood, semen (the fluid that comes from the man's penis during sexual intercourse) and vagina fluid (the wetness inside the vagina of a woman). Tears, saliva, urine, and other body fluids do not carry enough viruses to cause infection though it is present in small quantities in those fluids."

Since the cause is an aggressive virus, for a person to be infected, the body fluids or the blood of the infected must be mixed with that of a healthy person or the mucous membrane. Mucous membranes are the moist surfaces like those inside the mouth in the lining of the eye sockets, inside the vagina and at the tip of the penis.

Transmission and Spread of HIV/AIDS

The following are means by which HIV/AIDS can be transmitted and spread from one infected person to another uninfected person or persons:

Unprotected Sexual Intercourse with Infected Person: Since the world in which we live in today does not respect and maintain sexual sanity, sexual immorality is at the increase on daily basis - "It has continued to increase because the sanctity of sexual relationships has been completely broken and sex, the most unique and exclusive of human relationships has become a common place and open activity as if

suddenly humans have ceased to be humans and had become animals (Ayandokun, 2010).

Therefore, the virus (HIV) is said to be transmitted through having sexual intercourse with an infected person without any form of protection. In Africa, between 80 – 90% of HIV infections are said to have occurred this way (Garland & Blyth, 2005). In Africa, most sexual intercourse cases are heterosexual (sex between a man and a woman). Homosexuality is sex between two men or two women and is scarcely found in Africa compared to the Western world. Although HIV is transmitted through sexual intercourse, women are more vulnerable to it than men because of the large area of mucous membrane inside the vagina compare to the small area at the tip of the penis. Besides, more viruses are present in the semen than in the vagina fluids. That is why the use of condom can prevent transmission of HIV/AIDS to a certain degree (Kareem, 2013).

Infected Mother to Child: Since sexual intercourse is said to be about 80 – 90% means of contraction, the remaining 10% is accounted for by other ways of transmission among which is the mother to child transmission. An infected mother can pass HIV directly to her baby. This is called “vertical transmission”(Garland & Blyth, 2005). A newly infected mother is more likely to be infectious to her baby but a mother taking antiretroviral drugs is less likely to transmit it to the baby. Mother to child infection is in three ways as follows: (1) in the womb before delivery (2) during the birth process (3) during breast feeding.

Infected Blood Transfusions: HIV infected blood transfusions cause about 5 – 10% of all HIV infections in Africa (Garland & Blyth, 2005). If a person receives a transfusion of HIV infected blood, he is sure to develop the infection. The fact that most hospitals and clinics lack kits or supplies of equipment for testing blood for HIV or the personnel to operate such in Africa, makes it more vulnerable.

Also, since most blood transfusions are done as matters of emergencies, the normal period of diagnosing an infected blood (1 – 3 months) may not be maintained as such, increasing the rate of transfusion of infected blood ignorantly.

By Sharing of Sharp Objects: Another silent means by which HIV/AIDS is contracted is through the sharing of sharp objects such as needles, syringes, razors and instruments used for tribal marking and circumcisions. Once such instruments cut an infected person and made contact with the infected blood; any other person cut later by such instrument(s) is vulnerable to the virus already. Although the transmission by this means is not pronounced, it is still an undeniable fact that it is real.

Stages of HIV Leading to AIDS

Below are the common stages of HIV leading to AIDS:

Window Period: This is the silent period of the infection. At this stage, blood test remains negative and no symptoms, at all, witnessed by the patient. This period is dangerous and complicated because no medical examination can reveal the person's status. It normally lasted between 1 – 3 months or rarely, even 6 months after the initial infection. The virus at this stage can be passed to others but ignorantly (Garland & Blyth, 2005).

Symptom – Free Period: This is also known as asymptomatic period. In this period some victims, from the time of infection through the next 2 – 10 years remain healthy without any cause for suspicion. The person would look healthy and active but can spread same to others at this stage. Although at this stage blood test can reveal the person's status, care should be employed as to the fact that AIDS does not show on the face (Garland & Blyth, 2005).

Symptomatic Period: This is the stage where even the blind can sense that one is infected with AIDS because the symptoms are now visible.

Symptoms such as tiredness, fever, dysentery, cough, enlarge lymph nodes, weight loss, skin rashes and many others are visible in the person at this period. At this stage the immune system is weakened making the body vulnerable to all forms of infectious attacks (Garland & Blyth, 2005).

AIDS: AIDS is a combination of signs and symptoms. Until this stage, the person was an HIV carrier. Now, at the end stage, problems and illnesses begin increasing. The person's health worsens to the point of constant illness, and he or she is said to have AIDS. The person is an AIDS patient. The period of AIDS is the short time before death (Garland & Blyth, 2005).

Why the Fight Continues in Africa

There are quite a number of factors responsible for the continuity of HIV/AIDS in Africa as follows:

- **Ignorance:** Winning a battle requires knowing the enemy. But it is rather unfortunate that when it comes to the enemy known as HIV/AIDS, many people are completely ignorant about the disease, how it spreads and what can be done to stop its spread as such, they remain vulnerable to it (Kareem, 2013).
- **Political Will:** Some governments in Africa do not see the need to invest in the battle against HIV/AIDS. Kofi Annan as quoted by Kunhiyop (2008), expressed his frustration at this attitude on the part of African and other governments: "I feel angry, I feel distressed, I feel helpless ... to live in a world where we have the means ... to be able to help all these patients [but] what is lacking is the political will."
- **Poverty:** The high prices charged by the companies that develop the life – sustaining drugs needed to treat HIV/AIDS have financial rather than humanitarian aims.

As such most Africans cannot afford the drugs because of our level of poverty. While the rich can fly overseas for treatment or buy the necessary drugs within the country, the poor languish and die (Kunhiyop, 2008).

- **Traditional Practices:** Practices such as widow inheritance even when the husband was a victim of HIV/AIDS, help in the rapid spread of AIDS in Africa because the woman may be infected already and may extend same to her new husband thereby enabling him to spread same to his other wife or wives.

Unhealthy Attitude towards Sex: A man who is HIV positive or who has sex with someone who is HIV positive (whether within or outside marriage) may refuse to use a condom. Without this protection, the infection will spread.

Stigmatization: Reluctance to talk about HIV/AIDS makes it difficult to fight its spread. The disease is often time seen as a curse that brings a stigma on victims and their families. People refuse to be tested for HIV/AIDS, those who do test positive refuse to acknowledge it, and families do everything in their power to deny that a member of their family has the disease, even the church of Christ is not left out in this aspect of stigmatizing their infected members.

Effects of HIV/AIDS

It is a known philosophical fact that no effect without a cause and no cause also, without an effect. The effect of HIV/AIDS is glaring in our society and that suggests why action must be taken at the right time before it becomes too late. The following effects of HIV/AIDS are noted:

- **Life Expectancy:** At the height of the HIV epidemic in Sub – Saharan Africa between 1990 – 2000, average life expectancy stands at 49.5 years. Lots of adults are dying

from AIDS at their tender or middle ages. In 2006, it was reported that in many countries, HIV/AIDS had wiped off 20 years from normal life expectancy (UNDP, 2013).

- **Households and Livelihoods:** The HIV epidemic has had a severe and wide-ranging impact upon households in Sub – Saharan Africa. Many families have lost their chief income earners, who have died, or are too sick to work. This puts a heavy financial burden on families who have to pay the ever-increasing medical costs, forcing many into poverty. Also, many children have been orphaned and women widowed because of HIV/AIDS. The hope of such children been jeopardized and some of such women turned themselves into professional sex workers thereby increasing the rate of HIV/AIDS spreading.
- **Education:** HIV/AIDS is also affecting educational sector. Schools are heavily affected by HIV/AIDS. Teachers and students are dying or leaving and that is reducing the quality of education. In 2007, the epidemic claimed the lives of 2000 teachers in Zambia (Moon, 2007). A study from 2006 in South Africa found that 21 percent of teachers aged 25 – 34 were living with HIV (UNAID, 2015).
- **Labour and Productivity:** The vast majority of people living with HIV/AIDS in Sub – Saharan Africa are aged between 15 – 49 in the prime of their working lives. The epidemic damages businesses through absenteeism, falls in productivity, labour force turnover, and the subsequent added costs to operations. Moreover, company costs for healthcare, funeral benefits and pension fund commitments rise as people take early retirement or die from AIDS related illnesses (Garland & Blyth, 2005).
- **Economic Development:** The combined impact of HIV/AIDS on households, healthcare, education and

productivity in the workplace has stagnated, and in some places, even reversed economic and social development in Africa and the world at large.

- **Health Care:** In all affected countries, the HIV/AIDS epidemic is putting a halt on the health sector. As the disease increases, the demand for care for those living with HIV/AIDS rises. As the demand for care rises, the number of health workers needed also increases. To that effect, the needed finance to pay them also becomes enormous.

HIV/AIDS in Africa: The Ecclesiastical Response

Thus far it has been discovered that HIV/AIDS is real and is present in the society and since the church is made up of members of the society, its presence in the church is undeniable. The next question now is how does the church of Christ in Africa response to this? In response, the following suggestions would be of help should the church adopt them:

Fight Against Ignorance: The Bible, in the book of Hosea 4:6a, points out clearly that ignorance is a deadly disease itself when it says; “My people are destroyed from lack of knowledge.” From our discussion so far, it is agreeable that ignorance is a major factor that is contributing to the spread of HIV/AIDS. Therefore, the church should create AIDS awareness programmes to educate pastors, church leaders, women groups and young people about AIDS. Theological institutions on the other hand, should include HIV/AIDS in their curricula so that both teachers and students would be fully equipped with the knowledge of HIV/AIDS to enable them pass same to their students and congregations respectively (Garland & Blyth, 2005).

Kareem rightly observed that to fight ignorance, “people must be educated biblically, morally, and socially.” He further states that, “someone had rightly said, “If you want to plan for a year; plant rice,

if you want to plan for ten years; plant a tree and if you want to plan for the future, then educate the people” (Kareem, 2012).

Parents Must Train Their Children Correctly: Since the battle against AIDS is a human battle, the family as the starting point of the society must be at alert against this ugly monster. It is therefore the role of the parents to give their children the right and biblical based training. Parents have been mandated by God to educate their children in the fear of the Lord and ensure their maximum compliance to such teachings.

However, it is unfortunate that many parents do not have time for their children; they only help in bringing them to the world and that’s all for them. To those that have the time to attend to their children, sex is a no mentioned issue in their homes. Sex is seen as a dirty game that must not be mentioned openly (Kareem, 2012). Such attitudes at last exposed the youth to wrong and unhealthy teachings about sex and relationship.

Therefore, if parents must do their God – given task of training their children in the right way, the fear of the Lord, the sanctity of sex and the danger of HIV/AIDS must be communicated to these children at the right time and in the right way. Sex education must be encouraged in our homes, schools, and churches as well.

Stigmatization and Discrimination: Discrimination and stigmatization are more deadly diseases than the HIV/AIDS itself. They also contributed to the fast spread of the disease as mentioned earlier. “Discrimination and Stigmatization are very common in Africa as a result of ignorance, cultural values and religious ideologies” (Kareem, 2013). Some people believe that AIDS is as a result of sin as mentioned before, as such the victims are left alone to bear their crosses. Others, because of ignorance, think that associating with HIV/AIDS victims would also make them become infected as such the best thing they do is to disassociate themselves from the AIDS victims. The worse of it all is when the victim’s family members

engaged themselves in these acts also and when his/her church joined the queue of the discriminators. Therefore, the church must make every effort to avert these deadly acts of discrimination and stigmatization and be there for the victims.

Conclusion

Since the battle against HIV/AIDS is all encompassing in the sense that no one is left out, it is thus wise to say that the battle is endless. Since no family, society, country, continent or race and or age is left untouched or unaffected by this monster, we must then form a synergy in combating this ugly monster. Individuals must know that the battle starts from one as a person before proceeding to a communal level. Since we are not ignorant of it now, we should inculcate the right habits in ourselves and in others. With that, we could be assured of victory over this deadly monster. It is said that “he that knows the right thing to do and fails to do it has sinned” as such we should do the right things to stay safe because even the work of God is only done by the living. The dead can’t serve or work for God.

The church on the other hand, should use 1 Chronicles 7:14 as her pillar on the issue of AIDS. “If my people, who are called by my name, will humble themselves and pray and seek my face and turn from their wicked ways, then will I hear from heaven and will forgive their sins and will heal their land.”

One of the most important things that Christians can do is to cry to God for intervention in the AIDS crisis. We need to ask for a great miracle in our nations. God can change the situations by his almighty power. However, we shouldn’t pray hypocritically, we should “watch” as we pray. Let us do our part in keeping to God’s ordinances and we will see God in action as well. Let us shun evil; every man should stick to his wife alone and every woman to her husband and our unmarried people should avoid sexual intercourse before marriage and a better society with little or no HIV/AIDS would be guaranteed.

Sources

- Amodu, A.M. (2012). The Church Response to HIV/AIDS Free World. ETSI Journal, 7, 39-55.
- Ayandokun, E.O. (2010). Counselling Made Easy: Vital Hints on Caring for People with Marriage Spices. Lagos: Gloryline Christians Publications.
- Garland, J. & Blyth, M. (2005). AIDS is Real and It's in our Church. Bukuru: Africa Christian Textbooks.
- Kareem, K.P. (2012). The Untamed Monster: The 21st Century African Christians in the Face of HIV/AIDS Pandemic and Ecclesiastical Responses. ETSI Journal, 7, 103-116.
- Kareem, K.P. (2013). Course Note on Theology and HIV/AIDS. Igbaja: ECWA Theological Seminary.
- Kunhiyop, S. W. (2008). African Christian Ethics. Nairabo, Kenya: Word Alive Publications.
- Moon, B. (2007). Research Analysis: Attracting Developing and Retaining Effective Teachers: A Global Overview of Current Policies and Practices. Accessed from www.avert.org, 2/7/2015.
- Stott, J. (1999). New Issues Facing Christians Today. London: Marshall Pickering.
- UNAIDS, Report on the Global AIDS Epidemic, Chapter 4: The Impact of AIDS on People and Societies. An Online Article cited 2/7/2015.
- UNDP, Human Development Report 2013.