



**Diakonhjemmet
Høgskole**

**HOW IS THE CATHOLIC WOMEN ASSOCIATION (CWA)
IN CAMEROON
ENGAGED IN THEIR WORK FOR THE SICK,
PARTICULARLY PERSONS SUFFERING FROM HIV AND AIDS?**



**MASTER'S THESIS IN
DIAKONIA AND CHRISTIAN SOCIAL PRACTICE
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ABSTRACT

The CWA is a faith-based organization operating under the umbrella of the Catholic Church with the approval of the Episcopal (Bishops') Conference of Cameroon. As an association of women, they cannot be indifferent in the face of the HIV epidemic which has ravaged a large section of the society, especially the women, the youth, and the family which is the basic cell of the society. As mothers who play a very important role in the church, therefore, they are directly concerned with the fight and prevention of HIV, and in providing health care delivery to people living with HIV and AIDS. They have a motherly and special concern for orphans and vulnerable children due to HIV and AIDS. Since they too have experienced the adolescent stage and the life of a young girl, they stand a better chance of understanding and giving support to the young girls who are more exposed and, thus, at risk of being contaminated with the HIV virus.

Furthermore, they are supportive of efforts to encourage safe motherhood and to uphold the dignity of women and men by affirming their moral capacity to make personal decisions with regard to reproduction. They do not only provide spiritual guidance to their members, but often provide a variety of local health and social services. Since they are present in parishes, communities, branches, and zones, and since they build on relationships of trust, the CWA has the ability to influence the attitudes and behaviours of their fellow community members. Moreover, they are in close and regular contact with all age groups in society especially at the grass-root level. Their involvement in HIV prevention and in providing health care where necessary, can enhance negotiations with government and civil society on culturally sensitive issues. They equally facilitate interfaith dialogue on the most effective approaches to prevent the spread of HIV/AIDS. This has helped convinced other faith-based organizations, like their Muslim counterparts, that joining together as a united front is the most effective way to fight the spread of HIV and lessen the impact of AIDS in Cameroon.

To achieve their goal, the CWA draws inspiration from their religious/christian values and the teachings of the church. These are used to design effective and sustainable programmes and projects to address HIV/AIDS. Some of these projects are aimed at eliminating the stigma and discrimination often directed to people living with HIV, and to encourage community support and solidarity using the compassionate spirit of religion. Hence, the CWA share their vision of what real development is: one that embraces the spiritual and compassionate side of the human

experience and treats people affected and at risk of HIV with respect and love. They also outline and promote key HIV messages and the skills needed to deliver them effectively.

Diakonia and Christian social practice are based on Christian faith. Diakonia itself points to the identity and mission of the Church, for the proclamation of the Word and the response in action are both inseparable. Bearing this in mind, I would like to point out that the CWA are motivated in their engagement by their faith in the Triune God, by Christian ethics, and by Catholic social teaching. Their engagement is a diaconal response to a pressing issue in society (in this case, the HIV and AIDS epidemic), as well as a witness to Jesus Christ who brought healing and hope to the sick and the hopeless.

Talking about the diaconal nature of mission, Risto A. Ahonen (2009: 229) says that mission has a holistic nature due to the fact that “preaching and service complement each other” , and that mission itself is “ a logical consequence of the nature of God’s word”. In fact “ when God speaks, something always actually happens. The word of God is God’s speech, God’s presence, and God’s work and God’s action.” Through his cross and resurrection, Christ saves human beings from God’s judgement and from all that threatens to destroy life. Hence, through their engagement, the CWA show that word and deed, proclamation and service are inseparable. In other words, preaching the gospel and social responsibility are not diametrically opposed.

DEDICATION

I dedicate this work to God the Almighty for making it possible to realize this project. Also to those who have the fear of the Lord and to those who care for humanity. My Parents My Niba Micheal Ngwa and Mrs Niba Regina Bih for their care, and my son Niba Dieudonne for his love.

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ABBREVIATIONS

AIDS	-	Acquired Immunodeficiency Syndrome
ANC	-	Antenatal Care
AVR	-	Antiretroviral
CBO	-	Community Based Organisation
CEPCA	-	Conseil des Eglises Protestantes du Cameroun
CWA	-	Catholic Women Association
FALC	-	Fondation Ad Lucem
FBO	-	Faith Based Organisation
GPA	-	Global Programme on AIDS
HIV	-	Human Immunodeficiency Virus
LWF	-	Lutheran World Federation
NACC	-	National AIDS Control Committee
NGO	-	Non Governmental Organisation
OCASC	-	Organisation Catholique de la Santé du Cameroun
OVC	-	Orphans and Vulnerable Children
PLWHA	-	People Living With HIV And AIDS
STD	-	Sexually Transmitted Diseases
WHO	-	World Health Organisation
YCW	-	Young Christian Workers
YWCA	-	Young Women's Christian Association

CHAPTER ONE.

1. General Introduction.

It is a biblical truth that mankind is created in the image and likeness of God (Gen. 1:26). As human beings, we have "a responsibility to maintain good relations in the world through a wholehearted commitment to life and peace, justice and sustainable development" (Gunner, 2009, 78-79). Health is a vital commodity to the human being, and when it is threatened human life is also threatened. HIV and AIDS is one of the greatest threats to human life and dignity, and has become a marginalized and stigmatized disease. As a social as well as a medical problem, it requires serious, immediate and comprehensive intervention. This is a general concern which calls for the involvement of all the stakeholders, both in the public and private sectors, irrespective of gender, race, religion, political ideologies, socio-cultural background, etc. In an article entitled *Women and the Choices They Hold: Hope in the HIV Epidemic*, Edwina Ward ¹ says that the cure for HIV and AIDS is hidden and " lies in the strength of women, families and communities who support and empower each other to break the silence around AIDS and take control of their sexual lives." ² HIV raises , among other things, the issue of solidarity and equality, values that lie at the core of the Christian teaching and practice. Against this backdrop, it would be interesting to explore the involvement of women in health care services from the perspective of diakonia and Christian social practice.

1.1. Reason for choosing the topic.

I have decided to choose this topic with reference to the Catholic Women's Association (CWA) because, as a trained nurse and a student studying Diakonia and Christian Social practice, I would like to explore their involvement in health care services, particularly with people living with HIV and AIDS, from the perspective of diakonia and christian social practice. From my observation their activities are in line with Diakonia and Christian social practice though the word " Diakonia" is not used by them. My mother happened to be a member of the CWA and I have lived with her and also worshiped in the catholic church as a Christian. Learning about Diakonia and Christian social practice has drawn my attention to activities of the women in

¹ . The article is published in Vulnerability, Churches, and HIV, edited by G. Gunner, Pickwick Publications, 2009, 52.

² . Beatrice Were as quoted by Edwina Ward.

Cameroon.

1.2. Research Question. In this work, my research question will hinge on the following main concern: ” **How is the Catholic Women Association in Cameroon engaged in their work for the sick, particularly persons suffering from HIV and AIDS?**” Other concerns include: *Is their engagement oriented by general Christian ethics or specific Catholic social teaching? Is the method to work for the sick different if the sick share the Catholic/Christian faith? Is it independent of how the victim contracted the HIV virus?*

1.3. Aim and objectives of the study .

- To explore and to analyze the ways in which the CWA are involved in diakonia and christian social service with particular reference to people living with HIV and AIDS.
- To make known the seriousness of HIV and AIDS epidemic in a bid to step up action and intervention in the fight against the spread of the epidemic.
- To eliminate the stigma and discrimination associated with HIV and AIDS
- To empower women to fight against male domination, and to take their destiny in their hands especially in matters of health care.
- To contribute to the struggle to stop the AIDS pandemic.

1.4. Methodology.

I shall use written texts and text analysis with references. This means that to answer the research question, I shall use my own knowledge from personal observation of CWA activities. I shall collect data from CWA documents and reports on their conventions and training workshops, from books encyclopedias, journals and articles in the library; I shall equally make use of the internet. Furthermore, I shall use knowledge acquired from my study of Diakonia and Christian Social Practice, and from my training and experience as a nurse. I would like to mention that there will be no field work research, questionnaires and interviews, even though I will contact a few people using modern communication technology such as e-mail, telephone, skype, etc.

After the descriptive presentation of the data, I shall then critically analyze and discuss my findings using the theories of preventive health care, of diakonia, and of feminism, bringing

out the relevance of CWA action to preventive health care, to the theory of feminism, and to diakonal action. I shall use the perspective of Christian ethics and Catholic social teaching. This will be followed by their limitations, and finally by the structure of the thesis, that is, how the work is organized.

1.5. Structure and Outline of the Thesis. Writing a thesis can be compared to building a house. Just as a house has a foundation, the walls, and a roof, so too does a thesis. This present work will feature three parts representing the foundation (chapter one), walls (chapters two to six), and the roof (chapter seven) of a house. The thesis will thus be organized and divided into seven chapters as follows:

- Chapter one is the general introduction which lays the foundation of the thesis, and acts like a kick starter for our discussion. Here, I have given the reasons why I have chosen this topic, namely, I would like to explore the involvement of the CWA in health care services, particularly with people living with HIV and AIDS, from the perspective of diakonia and christian social practice. My discussion shall focus on the following research question: ” **How is the Catholic Women Association in Cameroon engaged in their work for the sick, particularly persons suffering from HIV and AIDS?**” My method of studies shall be based on written and text analysis with references. I shall collect data from books, journals, and articles in the library, and from the internet. After this, I shall analyze my findings or data using theory analysis, and SWOT analysis.
- In chapter two I shall present the context of this study which consists of the Catholic Women Association in Cameroon. This shall feature a brief history of Cameroon, and of the CWA.
- Chapter three shall feature the meaning of key concepts. This will make us familiar with both the language, the context and the content of discussion.
- In chapter four I shall present the theories of preventive health care, of diakonia, and of feminism, all of which will provide the tools for our analysis.
- Then, in chapter five, our focus will be on the empirical data which will feature the situation of HIV and AIDS in Cameroon, and the responses of the stakeholders in the fight against the spread of the virus. The stakeholders include the government,

and Faith-based Organization with particular reference to the CWA. It also examines the role of the CWA as a faith based organisation.

- The main concern of chapter six will be the analysis of the activities, and the responses of the CWA to the spread of the HIV epidemic by using theory analysis, and the SWOT analysis.
- Finally, chapter seven will be the general conclusion of the whole work.

CHAPTER TWO : CONTEXT.

2.1. Brief History of Cameroon.

Cameroon is officially known as The Republic of Cameroon . When some Portuguese sailors reached the coast in 1472, they noticed an abundance of crabs and prawns in the Wouri River and named it *Rio dos Cameroes* (*River of crabs and prawns*) which became Cameroon in English. In 1884 Cameroon became the German colony of Kamerun, with the capital first at Buea and later at Yaounde. Following the defeat of Germany in the First World War, Kamerun was partitioned between Britain and France under the mandate of the League of Nations in 1919. France took the larger geographical share known as French Cameroun ruled from Yaounde, while Britain claimed the territory bordering Nigeria from the sea to lake Chad which became known as British Cameroon. It was ruled from Lagos in Nigeria. In 1946, the League of Nations mandates were converted into United Nations Trusteeships (cf. <http://www.enwikipedia.org>).

Struggle for Independence. The question of independence became a pressing issue first in French Cameroun with the formation of the first radical political party, the *Union des Populations du Cameroun (UPC)*, in English, the Peoples of Cameroon. It was based largely among the Bassa and the Bamileke ethnic groups, and began an armed struggle for independence in 1955. It was banned by France, but the struggle for independence continued and escalated into a guerrilla war which led to the assassination of Ruben Um Nyobe, the party's leader. In British Cameroons, the issue was whether to reunify with French Cameroon or join Nigeria.

On 1st January, 1960, French Cameroun gained independence from France under president El Ahadji Ahmadu Ahidjo. Meanwhile, on 1st October, the British *Southern Cameroons* united with French Cameroun to form the Federal Republic of Cameroon. After the suppression of the UPC in 1971, Ahidjo concentrated power in the presidency. In September 1966, his political party, the Cameroon National Union, became the only legal political party. And in 1972, president Ahidjo abolished the Federal System of government in favour of a United Republic of Cameroon.

In 1982, Ahidjo stepped down and handed power to Paul Biya. However, he remained in control of the CNU and tried to rule the country from behind the scenes until Biya pressured him to resign. Biyas's administration began with a more democratic government with the famous

slogan of “Rigour and moralization, but a failed coup d’état in 1984 pushed him towards the leadership style of his predecessor. When multiparty politics was introduced in 1990, the former British Cameroons group called for greater autonomy, and the Southern Cameroons National Council asked for complete secession as the Republic of *Ambazonia* (source: <http://www.enwikipedia.org>)

2.2. Geography of Cameroon.

Cameroon is a country in the west Central African region, boarded by Nigeria to the west; Chad to the northeast; Central African Republic to the east; and Equatorial Guinea, Gabon, and the Republic of Congo, to the south. Cameroon’s coastline is part of the Gulf of Guinea and the Atlantic Ocean. Due to its geological and cultural diversity, and to the fact that Cameroon exhibits all major climates and vegetation of the continent, the county is often referred to as “Africa in miniature”. Natural features include beaches, deserts, mountains, rainforest, and savannas. Mount Cameroon is the highest point, and it is located in Buea in the South West Region. Douala is the largest city and the economic capital, while Yaounde is the political capital (source: <http://www.enwikipedia.org>) .



Fig. 1. Map of Africa, showing the position of Cameroon

Source: <http://www.worldatlas.com>



Fig. 2. Map of Cameroon, showing the ten administrative regions.

Source : <http://www.geography.about.com>

2.3. Demographics of Cameroon.

2.3.1. Population. In 2010, the population of Cameroon was estimated at 19.662.000³. According to a 2012 estimation, it stood at 20.129.878, with a growth rate of 2.08%; birth rate: 32.49/1000; infant mortality rate: 59.7/1000; life expectancy: 54.71 (cf. www.infoplease.com/country/cameroon.html). It is good to note that the estimates take into consideration the effects of excess mortality due to AIDS. This can lead to lower life expectancy, higher infant mortality and death rates, lower population and growth rates, and changes in the distribution of population by age and sex than would otherwise be expected (<http://www.enwikipedia.org>).

³ . Todd M. Johnson and Kenneth R. Ross, eds., Atlas of Global Christianity 1910 – 2010, Edinburgh University Press, 2009, p.267.

2.3.2. Religions.

. Cameroon has three principal religions ,namely Christianity, Islam, and African Traditional Religion. Christianity dominates the southern part of Cameroon, while Islam dominates the northern part. African Traditional Religion cuts across the national territory.

Christians	1910	2010
	10.600: 0.4% of total population.	11.161.000: 58%
Muslims	146.000: 5.0%	3.950.000 : 20.1%

	1910	2010
Ethnoreligionists	2.758.000: 94.6%	4.364.000: 22.2%
New Religionists	Zero	7000
Agnostics	Zero	100.000 : 0.5%
Atheists	Zero	28.400
Anglicans	Zero	1.400
Independent Churches	1.100	1.000.000 : 5.1%
Marginal Christians	Zero	116.000: 0.6%
Orthodox	Zero	1.600:
Protestants	4.500 : 0.2%	3.956.000: 20.1%
Roman Catholics	3.000 : 0.1%	4.800.000: 24.2%
Evangelicals	3.300: 0.1%	1.060.000: 5.4%
Renewalists	Zero	1.750.000 : 8.9%
Great commission Christians	8.900: 0.3	3.276.000: 16.7%

Table 1

Source: *Atlas of Global Christianity*, 2009, pp. 332, 334, 336, 338.

The country is made up of 10 regions with 2 regions speaking English and 8 regions speaking French. It has an estimated population of 20million people comprising some 250 ethnic groups, with women making about 52% of the total population. It is a country rich in resources like petroleum, rubber, timber, as well as many food and cash crops. According to a UN report in 2003, it is grouped among countries with low human development index. It is a peaceful and stable country, void of war with a few inter tribal conflicts.

The Catholic Women Association (CWA) was first created in the Catholic diocese of Buea, in the south west region of Cameroon, in 1964. It is an association of baptized catholic women bound together by their faith and devoted to serving God and humanity. The association was formed by a group of committed women in 1964. It occurred after the independence and reunification of the English and French speaking parts of Cameroon. The CWA has grown and spread all around the country with increase of followers. They are present in almost all catholic parishes in the country. They have also been participating in international events concerning women and social issues affecting the life of ordinary man. The CWA is not only concerned with the spiritual aspect of its members but with the social wellbeing of other people as well. For example, they are involved in health care services particularly to people living with HIV/AIDS.

CHAPTER THREE: MEANING OF KEY CONCEPTS.

This is important because it will help us understand the language of the subject under study, and to set the context and platform of our discussion

3.1 *Diakonia and Christian Social Practice* . It is not easy to define the concept of diakonia, partly because in itself it does not allow for a precise definition (Nordstokke, "Introduction" in *Diakonia in Context* , 2009, p.8). That notwithstanding, some fundamental assumptions that shed light on the meaning of diakonia can be made. But first I would like us to note that etimologically, diakonia is a Greek word which means service; theologically it means care and service. This provides the framework of our assumptions :

” One is that diakonia is a theological concept that points to the very identity and mission of the Church. Another is its practical implication in the sense that diakonia is a call to action, as a response to challenges of human suffering, injustice and care for creation.” (Nordstokke, 2009, p.8)

Jesus is our modle of service; he taught his disciples not to lord it over others as the pagans do, but instead, anyone who wants to be great must be a servant (Matthew 20:25-28). Though his nature was divine, Jesus emptied himself and took the nature of a servant. (Philippians 2:6-11).

In the parable of the Good Samaritan (Lk 10:25-37) Jesus teaches and invites all his followers to be a neighbour to any person in need. The present use of the word 'diakonia' has greatly been shaped by how Christians throughout the history of the Church have tried to be faithful to Jesus' invitation to be a neighbour. From the perspective of the ecumenical movement diakonia ”expresses an important dimension of the Church's call to respond to challenges in today's world. In this understanding, diakonia is seen to be an integral part of mission in its bold action to address the root causes of human suffering and injustice” (Nordstokke, 2009, p.9). According to the Lutheran World Federation (LWF) mission is seen in an holistic way, encompassing proclamation(kerygma), service (diakonia), and advocacy (celebrating the liturgy) . These constitute part of the identity of diakonia as an integral part of being Church (cf. *Diakonia in Context*, 2009, pp. 28-29).

Against this backdrop, and together with the Church of Norway, we can rightly say that ”Diakonia is the caring ministry of the Church. It is the Gospel in action and is expressed through loving your neighbor, creating inclusive communities, caring for creation and struggling

for justice” (*Diakonia in Context*, p. 29). Furthermore, diakonia designates leadership positions in the Church (e.g., Romans 11:13; 2 Corinthians 4:1). The collection which Paul and his friends organized for the poor christian community in Jerusalem (2 Corinthian 8 and 9) is simply referred to as ”the diakonia”. Paul employs the word diakonia to express the new communion of God’s people in Jesus Christ. This shows that diakonia is not something exclusively spiritual without any relation to everyday life; rather, it has a concrete, practical dimension and relevance. In this sense, diakonia is deeply related to what the Church celebrates in its liturgy and proclaims or announces in its preaching (cf. *Diakonia in Context*, 2009, p.29). The goal of diakonia is to bring change through transformation, reconciliation, and empowerment.

3.2 Christian Social Practice.

There is a very close connection between diakonia and christian social practice. In fact, christian social practice is diakonia in action. They both represent the integration of christian faith and social work. Christian social practice, therefore, refers to those actions taken by Christian churches in response to contemporary social problems. (Cheng Yang’ en , ”Social Practice of Christianity”,2011, available in <http://www.taiwanpedia.culture.tw/en/content?ID=4205>). Around the 5th century, the understanding of religion in the West was narrowed down to mean ”monastic life”. It was only after the Reformation that the word religion, understood as applying to many different facets of human life, was gradually accepted. Throughout her history, Christianity has been involved in a variety of social activities. For example, seeking to help those on the fringes of society and minority groups (the poor, orphans, widows and widowers, refugees, the mentally ill, disaster victims, people living with HIV/AIDS, etc) ; taking an interest in societal injustices (including racial and gender discrimination, slavery, disparities of wealth , destruction of the environment and ecosystems) ; furthermore, many missionaries and churches have endeavoured to encourage social reform, for example, through the promotion of female education. (Yang’ en, 2011).

Social work supports social change, conflict resolution in the interpersonal relations and reinforcement and emancipation of people in order to fulfill their personal well-being. The values of social work are based on respect for equality, and the value and dignity of all people. It focuses on the fulfillment of human needs and the development of human possibilities. It tries to reduce poverty and to emancipate vulnerable and humiliated people so as to strengthen their

social engagement. ” Its task is to make it possible for all people to fully develop their psychic, spiritual, physical and social possibilities, enrich their lives and prevent failures, as well as strengthen and activate ecclesiastic and civic life environment in general to sympathetic conduct” (www.cmtf.upol.cz/en/menu/... , 29/04/2013)

3.3 *Christian Ethics*: This concept can simply refer to the way of life appropriate to those who accept the christian faith. It is founded on the teachings of Christ and the letters of St Paul. (Peter Singer, 1993, p. 91). Christianity is a religion which began in the first century AD and since then it has spread globally. As it continues to grow and expand, it is faced with new doctrinal and ethical issues and challenges which require answers, explanations and clarifications. In the course of its expansion, Christianity has split into five broad confessional traditions, each with its own doctrinal and ethical style. These confessional traditions are the Orthodox, the Roman Catholic, the Lutheran, the Calvinist or Reformed (Presbyterian, Congregationalist and Baptist) , and the Anglican including the Methodist as an offshoot ⁴. Besides these, there are hundreds of other christian churches.

The term christian ethics is commonly used in Protestant circles, whereas Catholics prefer the term moral theology. In connection to this, Livingstone says that ” moral theology is the study of moral questions and the foundations of morality in the light of Christian belief... Since the early 19th century Protestants have generally preferred the title ’christian ethics’ for the discipline of Christian moral enquiry ” ⁵. The two great figures who shaped christian ethics prior to the Reformation period were St Augustine of Hippo (354-430) and St Thomas Aquinas (1225-1274) ⁶. Augustine’s work *The City of God* had a dominant influence on medieval ethical thought. According to him, ”charity (or love) is the fundamental principle of Christian morality from which other values flow” (Livingstone, 2006, p.395). In the 13th century, Thomas Aquinas linked moral theology to natural law, the natural and supernatural virtues, and the gifts of the Holy Spirit (Livingstone, 2006, p. 395).

⁴ . Peter Singer, ed., *A Companion to Ethics* , Blackwell Publishers Ltd UK, 1993, p. 93.

⁵ . E. A. Livingstone, ed., *Oxford Concise Dictionary of the Christian Church* , Oxford University Press, 2006, p. 395.

⁶ . For more information on this, see Samuel Wells, ed., *Christian Ethics: An Introductory Reader* , Wiley-Blackwell Publishing Ltd, 2010, pp. 75-81).

In reaction to the Reformation, it was necessary for the Catholic Church to respond to the Protestant emphasis on grace. The time of the Counter-Reformation was characterized by the growth of, and controversies over many manuals on moral theology. In the 20th century, and especially since the Second Vatican Council, there has been a significant development of Catholic moral theology. As regards the role of moral theology in providing positive guidance in Christian living, prominence is now given to the authority of the bible. (cf. Livingstone, 2006, p.395). This echoes the legacy of the Reformation principle of *sola scriptura* (only the scripture or the bible). Recently, Catholic moral theology has given greater attention to the biblical basis for natural law (Rom. 1:20 and 2:14) especially in Josef Fuchs' book *Natural Law: A Theological Investigation*.

From the Reformation till very recently what was written about ethics was intergrated with the basic Christian doctrines (dogma) or flowed from them. Luther's works contained ethical treatises but there were no systematic Christian ethics text. He believed that "salvation is the free, gracious gift of God, and could not be earned by merits or bought by works" (Wells, 2010, p.81). There are important sections on ethics in Calvin's *The Institutes* but no systematic ethics as such. Separate books in the field of systematic Christian ethics began to appear in the 19th century, for example, those by Dorner and Martensen. These works bring forth the fact that "theology and ethics have been more closely intertwined in Protestant than in Roman Catholic history. And theology has always drawn upon the Bible..."⁷.

According to Singer there is no agreed differentiation between the use of the terms "Christian ethics" and "Moral theology", nor any essential difference in their subject matter. This is because both are concerned with the two basic issues in ethics, namely, "how to act from the right motive, and how to find what is the right action in particular circumstances" (Singer, 1993, p.93). Essentially, Christian ethics and moral philosophy have the same methods and procedures; Christian ethics is different in its starting point in faith. Other systems of ethics have different starting points or presuppositions, either religious or humanism. (Singer, 1993, p. 93). However, a close look at both terms indicates some convergence and divergence particularly in specific moral issues. In fact, distinctions between Roman Catholic and Protestant ethics are no longer very sharp. In all traditions, the changes brought about by culture and technology have set the

⁷ . James M. Gustafson, Protestant and Roman Catholic Ethics, SCM Press Ltd Chicago, 1978, p.97.

agenda for many debates in moral theology, for example, with regard to bioethics, social and economic justice, and the morality of war (Livingstone, 2006, p.395).

What is distinctive about Christian ethics is that it is rooted in the ministry of Jesus, precisely in his teaching about the Kingdom of God, and in the Letters of St Paul who understood the basis of Jesus' ethics as a joyful response in life to God's overflowing graciousness (Singer, 1993, pp. 94-102). Protestant ethical thinking has been formulated in relation to doctrines of God based on Scriptures. In connection to this point, Gustafson says:

” With reference to what is known about God... Protestant theologians used Scripture to develop doctrines of God the creator, the governor or ruler, and the redeemer; they have dwelt on the creative, the governing and judging, and the redeeming activity of God in history. Ethical thought has been elucidated in relation to these doctrines. They have interpreted the status of humans in terms derived from Scripture: man is loved by God or has been in principle redeemed by God and thus is justified before him; man is given by God a newness of life” (Gustafson, 1978, p.99)

In the Lutheran tradition, ”to state specific expectations of moral conduct is deemed to invite Christian people to justify themselves before God by their moral righteousness rather than to rely upon God's gracious favour for their salvaton” (Gustafson, 1978, p.4). Hence in Protestant ethics, there is no ecclesiastical role that directs the work of the theologian in an authoritative way. Whereas Catholic moral theology is done in the context of the magisterial, or teaching, authority of the church. (Gustafson, p. 4). As a consequence for the Protestant theologian, the absence of magisterial authority has led to a climate of freedom within which to carry out research in all areas including the ethical. Unlike moral theology (in the Catholic tradition), Protestant ethics did not develop in a setting in which there is a supreme court of appeals to decide what is morally right and wrong, nor have Protestant theologians worked under conditions which require loyalty to specific moral teachings and doctrines (Gustafson, 1978, p.5).

3.4 *Catholic Social Teaching* .

In a broad and popular sense, Catholic social teaching is :

”...that body of teaching or collection of teachings on the human person and the human community derived primarily from conciliar, papal, and episcopal documents... it also includes the writings of theologians and other scholars who develop, comment on, and draw applications from that teaching” (7)⁸

From this perspective, the basic Christian ethical question is : ” How ought human beings ... to live their lives as individuals and in society?” (Glazier, 1994, p. 814).

The social teaching of the Catholic Church is based on the assumption that humankind is a social being, and by nature he/she depends on others for existence and for the fulfillment of spiritual, intellectual, emotional, physical, and social needs. In order to have peace and order in human society it is necessary that individual members conform to certain expectations in their interaction with each other, both individually and collectively. Conformity is essential for the common good. In the final analysis the Church is concerned with the salvation of humankind who needs to be provided with guiding principles and specific means. However, since salvation can be won or lost during one’s earthly life, and since it does not only depend on internal dispositions but also on conformity with a code of conduct which is prescribed for the interaction of human beings, the Church is necessarily concerned with social morality (8)⁹ .Consequently, she addresses questions such as : ” What is morally right and what is morally wrong in social institutions and human behavior patterns? What are men’s basic rights and responsibilities toward each other as individuals and in groups? What are the mutual rights and responsibilities of social groups such as families and political or economic communities? ” (Marthaler, 2003, p. 246).

A remarkable development of Catholic moral principles on social issues began with the publication of *Rerum Novarum* (On Capital and Labour), an encyclical of pope Leo XIII (1878-1903), in 1891. This was the first papal social encyclical, and it set the platform for a profound theme in subsequent social ethics. In this encyclical, the pope ” acknowledged the changing social and economic circumstances of the modern era, and sought to address these new

⁸ . Michael Glazier, et al ed., *The Modern Catholic Encyclopedia* , The Liturgical Press Minnesota, 1994, p.814.

⁹ . Bernard L. Marthaler et al eds., *New Catholic Encyclopedia* , Second Edition 13, Thomson Gale, The Catholic University of America, 2003, p.246.

conditions with an approach based around natural law” (Wells, 2010, p. 119). In 1963, pope John XXIII issued the encyclical *Pacem in Terris* (On Establishing Universal Peace in Truth, Justice, Charity, and Liberty). Here, he endorsed the notion of human rights ”to life, to bodily integrity, and to the means which are suitable for the proper development of life” (Wells, 2010, p.180). Concretely, these rights include medical care, education, employment, and living wage. These are the paths that lead to peace.

3.5 Sources of Catholic Social Teaching.

The teaching of the Catholic Church on social questions is derived from the same sources as on all matters of faith and morals. These are :

- Natural Law which comprises all moral principles that can be known through reason, e.g., worker’s right to a living wage.
- Revelation which includes both Sacred Scriptures and tradition. For example, the demands of charity as a moral principle are derived directly from the Bible.
- Magisterium, that is, the Church as the divinely authorized teacher in the realm of faith and morals (9)¹⁰

3.6 Distinctiveness of Catholic Social Teaching.

How does Catholic social teaching differ from other codes of social morality? It is worth noting that the position of the Catholic Church on most social questions/issues is identical with that of all other Christian Churches. However, it differs in its fundamental proposition that ” the natural moral law is one, universal, invariable, and immutable and that the Catholic Church is its official custodian and interpreter”. (Marthaler, 2003, p. 248). Consequently, she diametrically disagrees with the claim that social morality is determined by humankind rather than ultimately by God. Hence, her teaching on issues as divorce and artificial birth control may differ from that of other Christian Churches. (Marthaler, 2003, p. 248).

¹⁰ . For more information, see B. L. Marthaler, New Catholic Encyclopedia, p. 247.

CHAPTER FOUR : THEORIES

I shall use three main theories to evaluate CWA Diakonia and Christian social practices. These are the theory of Diakonia, the theory of Health care, and of feminism.

4.1 .Theory of Diakonia . Diakonia is a Greek word which means service. Its theological meaning is care and service. Its goal is to change through transformation and reconciliation and empowerment. This explains why, in Diakonia, we talk about the theory of change. According to this theory, the task of Diakonia is to help the poor and oppressed reach their goals, that is , to find ways out of their poverty and suffering. Diakonia believes that the theory of change and a rights based approach is highly conducive to socially sustainable development. It focuses on empowering people to demand what is rightfully theirs (effective participation).

It is worth noting that diakonia and Christian social practice are based on Christian faith. From this perspective, the CWA plays a distinct role in bridging the gap between faith and health issue. This can be seen in two categories, viz, transformation and empowerment. Transformation is described as “ an ongoing process of total reorientation of life with all its aspirations, ideologies, structures, and values.” It is “a continuous process of rejection of that which dehumanizes and desecrates life and adherence to that which affirms the sanctity of life and gifts in everyone and promotes peace and justice in society.” (*Mission in Context*, p. 32). Transformation leads to effective participation since it engages and changes all who are a part of it. Every body needs to be transformed, reconciled and empowered. As such, we all need diakonia: first of all God’s diakonia as revealed in Jesus Christ, and then as mutual care and accompaniment of one another (*Diakonia in Context*, p.44).

Furthermore, transformation envisions the achievement of certain goals: respect for human dignity and the promotion of justice and peace . It is therefore closely related to what may be referred to as social change, progress and development. Theologically, transformation reminds us of God’s constant renewal of creation. It can be compared to the natural phenomenon of night and day whereby the darkness of night is transformed into the light of a new day. It is seen as God’s gracious gift which requires our praise and service. Transformation links diaconal work to Paul’s advice to the Romans. He tells them “ not to be conformed to this world but be

transformed by the renewal of your mind, that you may prove what is the will of God, what is good and acceptable and perfect.” (Rom. 12:2). It expresses another way of experiencing God’s will. In this respect, the document *Mission in Context* says:

“ transformation, perceived in the light of Christ’s resurrection, is the unfolding of the potential life-giving nature of all creation and an expression of the working of God’s grace in nature. It is the on-going work of the Holy Spirit to effect transformation in and through the Church to the whole world”. (.44)

On its part, empowerment signifies the biblical understanding that every human being is created in God’s image, with capacities and abilities. It relates to Christ’s promise to empower the Apostles by sending the Holy Spirit upon them so that they will be His witnesses to the ends of the earth. (Acts 1:8).

Pentecost brought about a profound transformation in the disciples. According to the Church, God continues to empower not only the Apostles and those in leadership positions, but everyone especially those who are hardly given the opportunity to speak. This is what should shape diaconal action, its methodology and priority setting. Against this backdrop, diaconal workers in Latin America coined a new concept parallel to empowerment : “*dignification*”, which means establishing diaconal practices that lift up the dignity of people and give them their ability to be subjects in the Church and in society (*Diakonia in Context*, p.46). Through their activities therefore, the CWA play the role of bridge-builder, they carry out the mission of messengers, or ambassadors commissioned to restore relations, to heal and to reconcile.

4.2 . Theory on Preventive Health Work: The Four Stages Theory of Prevention by Professor WinstonDavidson.

4.2.1 Adaptation or Pre-primary prevention. Health is seen as the harmonious adaptation of man within his environment. In this context health is linked both to the development of human society and the evolution of the planet. Mankind has to adapt to his environment which in turn must evolve in harmony with the planet. Maladaptation renders human society non-sustainable; e.g. the cause effect relationship between the development of human society and climate change. In this regard, the CWA has engaged on an offensive campaign to keep the environment clean, and to stop the indiscriminate burning of farm lands and bushes.

This theory is also based on the principle that prevention may be seen both as an event and as a process. The public health practice of prevention is therefore a necessary part of the process of adaptation.

4.2.2 Primary Prevention. Seeks to prevent a disease or condition at a pre-pathologic state. For example, CWA tries to prevent the contamination and spread of HIV and AIDS, especially among the youths, through health education; they encourage voluntary blood screening (tests), responsible sexual behaviour, and attention to personal hygiene, etc. They ensure safe food and water supplies, proper food handling in restaurants, etc.

4.2.3 Secondary Prevention, also known as Health Maintenance. This level of prevention seeks to identify specific illnesses or conditions at an early stage; to prevent serious effects that would occur if prompt attention and treatment are not given. Here, the CWA tries to identify cases of teenage pregnancies and abortion among girls which often lead to complications; In case the girl or woman is HIV positive, special care is taken to avoid the contamination of the baby during and after birth.

4.2.4 Tertiary Prevention. This is when a disease has occurred and the recovery process has begun. Here the CWA assists the patient to obtain maximum health status, and to establish wellness. They provide restoration and rehabilitation where necessary.

All the above levels aim at bringing change, empowerment, and sustainable development. Both the theory on preventive health work, and of Diakonia will help analyze my empirical data.

4.3 The theory of feminism in the Christian church.. This theory is defined as “a form of social work practice that takes women’s experience of the world as the starting point of its analysis and by focusing on the links between a woman’s position in society and her individual predicament, responds to her specific needs, creates egalitarian relations in ‘client’–worker interactions and addresses structural inequalities (Lena Domineli 2002). Women by their very nature have the desire to care and improve the welfare of all. This natural instinct of women needs to be exploited by society if women are given equal opportunities as men and also if they have the ability to take care of the sick, old, disabled etc. In giving women pride of place in their analyses, feminist social workers have challenged gender-blind theories and practices that have treated

women as offshoots of men (Harding, 1990) under the guise of the universal human being that although ungendered resounds to men's ways of thinking, living and working.

A further strength of feminism that is necessary to social workers is its dedication to social change to better the lives of men, women and children. This arises from feminists' concern to understand and eradicate *patterns* of inequality that impact on some groups more than others and make some sense of the continuities and discontinuities encompassed within the history of any particular group. This is good to show the theory on the role of women. This shall help me analyse my findings.

CHAPTER FIVE: EMPIRICAL

5.1. Situation of HIV and AIDS in Cameroon.

5.1.1. Difference between HIV and AIDS

The acronym HIV means “ human immune-deficiency virus” .Each of these four words is explained as follows:

- HUMAN refers to something affecting a human being or person.
- IMMUNE refers to the part of the body that protects it against harm or sickness.
- DEFICIENCY means lack of or shortage.
- VIRUS refers to a very small organism that can only grow or multiply in a cell.

From the meanings of the words above we can see that HIV is a virus that affects humans and causes a deficiency in the immune system. When a person has the virus in his or her body, it means he or she is HIV positive, or in other words they are living with HIV .With this condition the immune system becomes so weak that many other illnesses can make them sick and develop AIDS.

AIDS is an acronym which stands for “ Acquired Immune-deficiency Syndrome”. It suffices to explain each of these words:

- ACQUIRED expresses the idea of getting something from someone or somewhere else. This entails that to acquire anything you must do something to get it.
- IMMUNE DEFICIENCY: After being infected with the HIV virus for years ,your immune system will become damaged to the extent that your defense system will be insufficient, that is, a shortage or lack of immunity, in other words, an immune deficiency.
- SYNDROME: this stands for a collection of symptoms or diseases. If your body’s defense system is no longer effective, it implies that you have an immune deficiency, and consequently you become vulnerable to all kinds of diseases and infections ranging from skin and mouth infections to tuberculosis or cancer.

From the above explanations, we can see that AIDS is a collection of symptoms or diseases that a person develops because he or she got the virus from someone who is infected, and therefore causes his or her immune system to be damaged.

It is very important to know that AIDS is a stage in a long process of deterioration, and the deterioration is caused by a virus called HIV. From this it is clear that HIV and AIDS are two different things, so it is not correct to say HIV/AIDS. Hence, not everyone who is HIV positive or living with HIV has AIDS. (source, www.positiveinchurch.org)

5.1.2. Statistics of HIV and AIDS in Sub-Saharan Africa.

The Acquired Immune-deficiency Syndrome (AIDS) is caused by the human immune-deficiency virus (HIV). HIV and AIDS was first discovered in 1981, and since then the pandemic has escalated over the years to the extent that circa 33 million people live with the infection globally¹¹. Though HIV and AIDS is a worldwide concern, it is a greater problem in developing /poor countries especially of Sub-Saharan Africa. The table below gives us an estimate of people with HIV infection in Sub-Saharan Africa, including those who have not yet developed symptoms of AIDS¹²:

Country	People living with HIV/AIDS	Adult (15-49) prevalence %	Women with HIV/AIDS	Children with HIV/AIDS	AIDS deaths	Orphans due to AIDS
Angola	200,000	2.0	110,000	22,000	11,000	140,000
Benin	60,000	1.2	32,000	5,400	2,700	30,000
Botswana	320,000	24.8	170,000	16,000	5,800	93,000
Burkina Faso	110,000	1.2	56,000	17,000	7,100	140,000
Burundi	180,000	3.3	90,000	28,000	15,000	200,000
Cameroon	610,000	5.3	320,000	54,000	37,000	330,000
Central African Republic	130,000	4.7	67,000	17,000	11,000	140,000
Chad	210,000	3.4	110,000	23,000	11,000	120,000
Comoros	<500	0.1	<100	...	<100	<100
Congo	77,000	3.4	40,000	7,900	5,100	51,000
Côte d'Ivoire	450,000	3.4	220,000	63,000	36,000	440,000
Dem. Republic of Congo	(430,000-560,000)	(1.2-1.6)	(220,000-300,000)	(33,000-86,000)	(26,000-40,000)	(350,000-510,000)

¹¹ . 2008 Report on the Global HIV and AIDS Epidemic ,UNAIDS/WHO: Geneva, Switzerland, 2008.

¹²UNAIDS report on the global AIDS epidemic, 2010, available in www.avert.org/africa-hiv-aids-statistics.htm, accessed on 15th May, 2013.

Equatorial Guinea	20,000	5.0	11,000	1,600	<1,000	4,100
Eritrea	25,000	0.8	13,000	3,100	1,700	19,000
Gabon	46,000	5.2	25,000	3,200	2,400	18,000
Gambia	18,000	2.0	9,700	...	<1,000	2,800
Ghana	260,000	1.8	140,000	27,000	18,000	160,000
Guinea	79,000	1.3	41,000	9,000	4,700	59,000
Guinea-Bissau	22,000	2.5	12,000	2,100	1,200	9,700
Kenya	1,500,000	6.3	760,000	180,000	80,000	1,200,000
Lesotho	290,000	23.6	160,000	28,000	14,000	130,000
Liberia	37,000	1.5	19,000	6,100	3,600	52,000
Madagascar	24,000	0.2	7,300	...	1,700	11,000
Malawi	920,000	11.0	470,000	120,000	51,000	650,000
Mali	76,000	1.0	40,000	...	4,400	59,000
Mauritania	14,000	0.7	4,000	...	<1,000	3,600
Mauritius	8,800	1.0	2,500	...	<500	<1,000
Mozambique	1,400,000	11.5	760,000	130,000	74,000	670,000
Namibia	180,000	13.1	95,000	16,000	6,700	70,000
Niger	61,000	0.8	28,000	...	4,300	57,000
Nigeria	3,300,000	3.6	1,700,000	360,000	220,000	2,500,000
Rwanda	170,000	2.9	88,000	22,000	4,100	130,000
Senegal	59,000	0.9	32,000	...	2,600	19,000
Sierra Leone	49,000	1.6	28,000	2,900	2,800	15,000
South Africa	5,600,000	17.8	3,300,000	330,000	310,000	1,900,000
Swaziland	180,000	25.9	100,000	14,000	7,000	69,000
Togo	120,000	3.2	67,000	11,000	7,700	66,000
Uganda	1,200,000	6.5	610,000	150,000	64,000	1,200,000
United Rep. Of Tanzania	1,400,000	5.6	730,000	160,000	86,000	1,100,000
Zambia	980,000	13.5	490,000	120,000	45,000	690,000
Zimbabwe	1,200,000	14.3	620,000	150,000	83,000	1,000,000
Total sub-Saharan Africa	22,500,000	5.0	12,100,000	2,300,000	1,300,000	14,800,000

Table 3

In the table above, adults refer to men and women aged over 15, children are defined as people under the age of 15, while orphans are children below 18 years who have lost one or both parents to AIDS¹³. The table shows that some countries have a high prevalence rate such as Botswana,

¹³ UNAIDS report on the global AIDS epidemic, 2010.

Lisotho, South Africa, Swaziland, and Zimbabwe, while others have a low rate such as Benin, Burkina Faso, Comoros, Niger, Senegal, Mauritius, and Mauritania. It is not easy to explain why the difference.

5.1.3. Situation of HIV and AIDS in Cameroon.

Cameroon's HIV prevalence rate is estimated at 5.1% , so far the highest rate for the West and Central Africa sub-region (see table above). It is quite evident that in West and Central Africa, the situation of Cameroon is alarming and preoccupying , and therefore a cause for concern. HIV infection remains the number one killer disease in Cameroon alongside opportunistic infections such as malaria and tuberculosis. According to a Demographic Health Survey carried out in 2004, women and youths are predominantly infected. Over the years, orphans and vulnerable children from the HIV and AIDS pandemic have steadily increased, with 420.000 new infections in children under 15 years of age in 2007, and 330.000 deaths in the same year.¹⁴ In 2008, statistics from the Ministry of Health show that Cameroon had about 543.000 people living with HIV including 45.000 children and 300.000 women. Close to 39.000 deaths were linked to AIDS and 305.000 children were orphaned by AIDS. Studies and surveys have also shown that women are more affected than men within the age group 15-49 years, constituting about 55% of cases. The high point of infection is in the age group of 25-29 years for females and 35-39 years for men (cf. Prosper Mimboé, “*Cameroon: Situation of HIV/AIDS, tuberculosis and malaria*”, p.2, Available in <http://africa-info.org/ang/index.php?> , accessed on 07.02.2013).

A number of factors contribute to the Cameroonian woman being more vulnerable to the infection: low educational levels, poverty, low capacity to negotiate sex, the social status of women in society, early marriages and polygamy. The *International Journal on Environmental Research and Public Health* summarizes the factors which predispose women to HIV infection in the following words:

“... socio-cultural factors and gender-related norms, poor educational and healthcare access, especially for treatment of sexually transmitted infections (STI) as well as the lack of reproductive and sexual rights, with women being mostly economically dependent on men, and hence with little negotiating power.

¹⁴ .2007 Report on the Global HIV/AIDS Epidemic. UNAIDS/WHO: Geneva, Switzerland,2007.

In fact, it has been suggested that gender may be a single most important determinant of the HIV and AIDS epidemic”¹⁵

It is believed that most children acquire the HIV infection during pregnancy and breastfeeding. As a matter of fact, several studies have confirmed that mother-to-child transmission of HIV is a primary route of infection. Another means through which transmission in children may occur is the sexual route, “mainly through sexual abuse, rampant amongst orphans and through the blood route (unsterile injections, unsafe transfusions and scarifications) “. ¹⁶ Sexual assault is on the increase nowadays and has become a global issue/threat common not only in Asia (India), Latin America (Brazil), Europe , America, but in Africa as well (notoriously in Somalia, South Africa, the Democratic Republic of Congo, etc). It is very disheartening to know that soldiers and those in peace keeping mission are among the perpetrators. What is most shameful and heinous about it is that they do not only target women and young girls , but worst still children and babies.

The infection of HIV is also prevalent among other risk groups such as commercial sex workers, long distance lorry drivers, uniformed officers and tuberculosis patients where the HIV prevalence is as high as 40 – 50%. Lower prevalence have been noted in health care personnel (5.2%) and university students (3.8%). All these findings confirm the need to halt the devastating effects of the HIV and AIDS epidemic in Cameroon. It is utmost necessary to expand HIV and AIDS treatment, care , and support services and prevent mother-to-child transmission as well as other new infections among the general population, especially the vulnerable groups and those that are at risk.

The table below gives an estimate of all the people (adults and children) with HIV infection in Cameroon from 2001 to 2012, whether or not they have developed symptoms of AIDS (cf. www.indexmundi.com/ , accessed on 19/05/2013):

Table 3

2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
540,000	540,000	920,000	560,000	560,000	560,000	560,000	560,000	540,000	540,000	610,000	610,000

¹⁵ . “Current Status of HIV/AIDS in Cameroon: How Effective are Control Strategies?” in *International Journal of Environmental Research and Public Health*, 2008: 380.

¹⁶ . Ibid.

This table indicates a fluctuation in the number of people with HIV infection from 2001 to 2012. From 2001 to 2003 there was a sharp increase of 380000; in 2004 there was a decrease of 360.000 infections which remained steady for a period of 5 years (i.e., 2004 – 2008). Then, there was a further decrease in 2009 and 2010 , but in 2011 and 2012 the situation changed with an increase of 70.000 infections. So far, 2003 recorded the highest number with 920.000 infections.

One may seek to know the reason for the fluctuation: that is, why the increase, decrease and increase. It is not easy to give a very accurate explanation but, however, from my observation, this pattern may be due to a number of reasons. One of the reasons has to do with the way some people interpreted the acronym AIDS. According to them, it stands for " America's Invention to Discourage Sex". Hence, at the beginning of the pandemic, there was a laissez-faire attitude and a rejection of the reality of the disease . But when the death toll of AIDS patients was on the rise, many people were scared and said it could be true, for something is really happening. This probably explains why there was a steady drop from 2004 to 2008. The second reason concerns the fundamental question about what causes AIDS from the local perspective: the cause-effect theory. According to a general local mentality, it is a result of witchcraft, or a curse from the gods, or a punishment from God for the sins of the individual patient. This explains why many people rush to traditional healers, or spiritualists in search of a cure for AIDS. Still another reason is due to low moral standards, lack of discipline on sexual conduct, as well as poverty.

5.1.4. Modes of Transmission. Sexual intercourse is the principal mode of HIV infection in Cameroon. Sexual intercourse provides ideal conditions for the virus to survive since sexual fluids have high concentrations of the virus. Unprotected sexual intercourse is the most common method of transmission in most part of the world and especially in Cameroon. HIV can be transmitted through heterosexual intercourse (sex between male and female), through homosexual intercourse (partners of the same sex) and through anal and vaginal intercourse. In fact, about 90% of new infections occur as a result of sexual relations. Even though the virus is not transmitted through every sexual act, there are some factors which can increase the risk, such as

sexually transmitted infections amongst young girls, sexual violence and certain cultural practices like dry sex.

Young girls are particularly at risk of HIV for many reasons, including that their sexual organs are not fully developed. The risk of sexual transmission of HIV can be managed by safe sexual practices such as abstinence, faithfulness, delayed age of first sex and correct use of condoms but having multiple sexual partners and not using condoms increases the risks of HIV transmission.

Other modes of transmission include mother-to-child transmission in the uterus, during labour and delivery, and through breastfeeding (about 6 percent of new infections). The risk can be reduced if the mother is placed on antiretroviral medication. Then there is blood transmission, that is, any action in which blood from an infected person enters the body of another person can lead to HIV transmission. This can be through unsafe blood transfusions and use of unsterilized instruments, for example, needles for injections, sharing among drug users, and tools for skin piercing, or traditional practices and tattoos, as well as pricks among health workers (4%). Health workers can also be at risk since they are exposed to body fluids with a high viral load during their work. Despite the reality of these modes, some people still attribute the HIV and AIDS pandemic to witchcraft and spiritual attack.

5.1.5. Factors that Contribute to the Spread of HIV in Cameroon. According to the report of the National AIDS Control Committee (2010), many factors contribute to the rapid expansion of the HIV epidemic. These include multiple sexual partners; low condom use; low status of women (with few economic opportunities and great power differential with men, women do not have the power to demand safer sex); the high prevalence of other sexually transmitted infections, which facilitates the transmission of HIV and AIDS through unprotected sexual relations; harmful socio-cultural practices such as female genital mutilation, and migration .

5.1.6 . Prevention Strategies and Government Intervention. In this regard, the government created the National AIDS Control Committee (NACC) in 1986 to coordinate AIDS programmes throughout the nation. In 1987, the World Health Organization/Global Programme on AIDS (WHO/GPA) plan was introduced in Cameroon, and in 1991 the NACC became a branch of Preventive Medicine in the Ministry of Public Health.¹⁷ Ever since then, Cameroon

¹⁷ .Ibid.

has developed some Strategic Plans to combat the incidence and spread of the HIV and AIDS infection. These have been executed in two phases : the first plan spanned the period 2000-2005 , and included “ the prevention of the transmission of STI/AIDS with particular emphasis on women of childbearing ages, prevention of mother-to-child transmission and the prevention of HIV transmission through blood(enhancing blood safety)”¹⁸. Those already infected were to be given access to treatment and care (e.g. provision of antiretroviral (ARV) drugs), and the rights of People Living With HIV and AIDS (PLWHA) were to be protected and promoted.

The second national Strategic Plan covered 2006-2010, and focused on the following aspects: access to HIV prevention in targeted groups; access to treatment for adults and children living with HIV and AIDS; protection and support to AIDS orphans and vulnerable children (OVC); and the involvement of all stakeholders in the fight against HIV and AIDS.¹⁹. There is a common adage that one hand cannot tie a bundle. With this in mind, it is clear that the fight against HIV and AIDS epidemic, the putting in place of preventive measures as well as the provision of health care delivery to people living with HIV and AIDS is not the prerogative of the government alone . Other stakeholders like Non-Governmental Organizations (NGO), Religious Institutions/Groups, Faith-Based Organizations (FBO), and Community-Based Organizations (CBO) are also involved. Policy makers, programmers in the field and development practitioners need to recognize the complex socio-cultural and economic factors at play in HIV and AIDS prevention and to partner with faith-based organizations to address them. The ultimate goal is to reverse the spread of HIV. In the section that follows, therefore, we shall examine the activities of the Catholic Women’s Association as partners in the fight against the HIV epidemic, and as agents of health care delivery in Cameroon within the context of diakonia and Christian social practice.

¹⁸ . Ibid.

¹⁹ . *International Journal of Environmental Research and Public Health*, 2008, 380-381.

5.2. Faith-based Organisations.

5.2.1. Meaning of Faith -Based Organization.

The formulation of the definition of Faith- based organizations (FBOs) has been , and still remains, a great challenge. This is because it is difficult to define the term, and because it shares some similarities with other terms such as Non-Governmental Organizations (NGO), and Humanitarian Organization which carry out charitable activities. However, some efforts have been made that provide some useful guidelines for the purpose of our study . In a document entitled *The Scope and Scale of Activities Carried Out by Faith-Based Organizations: A Review of the Literature*, Wuthnow (2000) says:

“At a minimum, FBOs must be connected with an organized faith community. Other characteristics that qualify an organization as “faith-based” are religiously oriented mission statements, the receipt of substantial support from a religious organization, or the initiation by a religious institution.”²⁰

In his book, *The New Deal: Social Work and Religion in Partnership*, Ram A. Cnaan gives six categories of religious service organizations : 1) local congregations (or houses of worship): people who worship together and reach out socially, organizing charitable activities, 2) interfaith agencies and ecumenical coalitions: groups who come together for a common cause, guided by religious principles, or provide services that are beyond the scope of a single congregation, 3) citywide or region-wide sectarian agencies: for example, the Federation of Protestant Welfare Agencies, 4) national projects and organizations under religious auspices: for example, Young Christian Workers (YCW), the Young Women’s Christian Association (YWCA) , 5) para-denominational advocacy and relief organizations: these groups are not formally affiliated with any particular religion. However, they are influenced by or based on religious principles, and 6) religiously affiliated international organizations: e.g. the Catholic Relief Service .²¹ I would like to mention that the CWA falls under the fourth category. That explains why the Catholic church appoints a chaplain to direct and guide the CWA.

²⁰ . Available in www.nationalserviceresources.org/filemanager/download/196/F_Definitions.pdf

²¹ . Ram A. Cnaan, as quoted in www.nationalserviceresources.org/filemanager/download/196/F_Definitions.pdf

A faith-based organization can be defined as a religious group or congregation, or non-profit religious institution that has a religious character or mission. Spiritual organizations are also considered faith-based organization. Examples of Faith-based organizations in Cameroon include the Cameroon Baptist Convention Health Services, the Catholic Women's Association, Community Institute For Youth Development, Buea, *Organisation Catholique de la Santé* du Cameroun ((OCASC) , which means, Catholic Health Organization, Cameroon), the *Conseil des Eglises Protestantes du Cameroun* (CEPCA –Council of Protestant Churches, Cameroon), *the Fondation Ad Lucem* (FALC – the Ad Lucem Foundation).²²

5.2.2. The Role of Catholic Women's Association (CWA) as a Faith-Based Organization in HIV and AIDS Prevention: The CWA is a faith-based organization operating under the umbrella of the Catholic Church with the approval of the Episcopal (Bishops') Conference of Cameroon. As an association of women , they cannot be indifferent in the face of the HIV epidemic which has ravaged a large section of the society, especially the women, the youth, and the family which is the basic cell of the society. As mothers who play a very important role in the church, therefore, they are directly concerned with the fight and prevention of HIV, and in providing health care delivery to people living with HIV and AIDS. They have a motherly and special concern for orphans and vulnerable children due to HIV and AIDS. Since they too have experienced the adolescent stage and the life of a young girl, they stand a better chance of understanding and giving support to the young girls who are more exposed and ,thus, at risk of being contaminated with the HIV virus.

Furthermore, they are supportive of efforts to encourage safe motherhood and to uphold the dignity of women and men by affirming their moral capacity to make personal decisions with regard to reproduction. They do not only provide spiritual guidance to their members, but often provide a variety of local health and social services. Since they are present in parishes, communities, branches, and zones, and since they build on relationships of trust, the CWA has the ability to influence the attitudes and behaviours of their fellow community members. Moreover, they are in close and regular contact with all age groups in society especially at the

²² . The Catholic Health Organization was formerly known as the Catholic Health Service; the Cameroon Council of Protestant Churches is an evangelical platform grouping eleven Churches of Protestant obedience; The *Fondation Ad Lucem* is a non-denominational organization but having a Christian background.

grass- root level. Their involvement in HIV prevention and in providing health care where necessary, can enhance negotiations with government and civil society on culturally sensitive issues. They equally facilitate interfaith dialogue on the most effective approaches to prevent the spread of HIV/AIDS. This has helped convinced other faith-based organizations , like their Muslim counterparts, that joining together as a united front is the most effective way to fight the spread of HIV and lessen the impact of AIDS in Cameroon.

To achieve their goal, the CWA draws inspiration from their religious/christian values and the teachings of the church. These are used to design effective and sustainable programmes and projects to address HIV/AIDS. Some of these projects are aimed at eliminating the stigma and discrimination often directed to people living with HIV, and to encourage community support and solidarity using the compassionate spirit of religion. Hence, the CWA share their vision of what real development is: one that embraces the spiritual and compassionate side of the human experience and treats people affected and at risk of HIV with respect and love. They also outline and promote key HIV messages and the skills needed to deliver them effectively.

5.2.3. Activities/Responses of the CWA in the Prevention, Care and Treatment of HIV and AIDS.

It should be noted that there is no cure for HIV, and that a vaccine to prevent it has not yet been developed. Hence, preventing new HIV infections is the most effective way to halt the epidemic. Conscious of this, the CWA has embarked on some prevention actions, and offer care and support to those living with the virus.

I) - HIV Prevention for Girls and Young Women. Women and girls are at higher risk of HIV infection than men and boys. This is due to biological (physiological) ,social, cultural, and economic reasons, as well as other forms of discrimination against them. This is further compounded by taboos surrounding sexuality. For example, in some cultural settings women and girls are not allowed to discuss issues associated with sexuality. The CWA organizes talks, seminars and workshops for girls and young women during which they break the silence surrounding the HIV epidemic, and provide adequate and useful information about sexual education, HIV/AIDS and sexually transmitted diseases (STDs), sexual and reproductive health, safe sexual behavior, gender equality, and human rights.

They advise the girls and young women to avoid unwanted pregnancies and STDs, having multiple partners, to denounce polygamy and forced marriages, and most importantly to embrace abstinence until marriage. They help the girls and young women understand that it is their right to choose their husbands rather than having someone being imposed on them in the name of tradition (for example, to marry the brother of your late husband). Furthermore, they are strongly advised to go in for voluntary testing in order to know their status. It is worth to note that the CWA does not advocate the use of condoms as a preventive measure of HIV infection. The CWA uses the radio, television, the print media, and worship services to carry out sensitization projects. In an interview conducted by Grace Ongey, the Douala Archdiocesan CWA president, Mrs. Theresia Akenji says : "...Talks have been presented on "HIV/AIDS: A Way Forward." "Coping with HIV/AIDS", "Child Welfare" ²³

II) Preventing Mother to Child Transmission Services. These include:

- free voluntary testing and counseling for pregnant women in antenatal care (ANC) and their partners ;
- care for the mothers and follow-up for HIV-positive women, and counseling for HIV-negative women to avoid risk of infection;
- provision of Antiretroviral treatment (nevirapine) to HIV-positive women and their newborns;
- counseling on infant feeding to avoid breastfeeding of the child by the mother;
- involvement of local communities in service delivery through the training of birth attendants who will provide the prevention of mother - to-child transmission services especially in rural areas.

III Pediatric Treatment : Children/Orphan Care. According to the Cameroon National AIDS Control Committee (2010), children orphaned by AIDS represent about 25% of Cameroon's orphans (ca 1.200.000 in 2010) . This poses a great for both families and society to provide appropriate support and care for orphans and vulnerable children(OVC). Many of them do not get family support, and many are marginalized, stigmatized, and discriminated against. As such, they are exposed to harmful conditions , for example, lack of schooling, illiteracy, begging,

²³ . " The CWA Strives for the Integral Development of the Woman", in *L'effort Camerounais* (A Journal of the National Bishop's Conference of Cameroon) 2008.

juvenile delinquency, prostitution, pedophilia, and the transmission of HIV and other sexually transmitted diseases. The CWA identifies and registers AIDS orphans and other vulnerable children and supports them by paying their tuition fee, feeding and health care, or by providing some vocational training. In this regard, Mrs T. Akenji has this to say:

“The CWA of Douala Archdiocese for its 2008 charitable Project has identified five families to provide some financial support to. Among these are children of parents who died of AIDS, one is an 18-year-old HIV positive pregnant girl and the other is a 23-year-old HIV positive girl who has a young child. The CWA in Douala Archdiocese is training two of these girls in dress making, one in hairdressing. A sewing machine and the necessary accessories was acquired for the 23-year HIV positive girl who recently trained in dress making. At divisional, zonal and branch levels, various forms of charity are being implemented such as visits to the prison, the sick in homes and hospitals and to orphanages with gifts in cash and kind ...”²⁴

IV HIV Prevention Among Young People. This is a key strategy in the overall prevention efforts of the spread of HIV. The youths are particularly vulnerable to HIV infection, and poor girls may be forced or sold into sexual slavery or trafficking. They may be obliged to become sex workers (venture into commercial sex) or go in for “sugar daddies” to ensure their survival. (14)²⁵. A good illustration of this situation is given in the following statement : “If a rich man parks a Mercedes car, whether he is infected or not, we don’t care. **All we want is money.**” (Focus group discussion with young women in Loum rural area[15-19 years]). This is aggravated by the fact that young people do not often have access to sexual and reproductive health information, education and services. Gender inequalities, early marriages, polygamy, sexual violence, and the mad search by older men for young girls who are HIV- negative, create additional risks of HIV infection for young girls.

Many young girls shoulder the burden of caring for people living with HIV/AIDS, and are often forced to drop out of school. This jeopardized their chances of pursuing a career, thus leaving them in a continuous situation of poverty, economic dependence on men and

²⁴ . T. Akenji in *L’effort Camerounais*, 2008

²⁵ . “Sugar daddies” is an appellation given to old and rich tycoons who keep young girls as concubines, and take good care of them by providing their school fees, lodging, feeding, and other material possessions including coveted items such as fashionable dresses/clothes, and electronics.

vulnerability to HIV infection. The CWA reaches out to this vulnerable group providing education, counseling, vocational training, and material support where necessary. They encourage the youth to practice abstinence from sex to live a life worthy of the Christian calling. The aim is to ensure capacity building, education of the girl child, and women empowerment for sustainable development.

V. Providing health care services to Adults living with HIV and AIDS and Support Groups.

Support groups are HIV infected people who come together to share experiences and receive training to empower themselves on living positively with the disease (Cameroon Baptist Health Services Report ,2007-2008). The CWA works in collaboration with some of these groups, helping to meet the medical, psycho-social and spiritual needs of the members. They assist the groups to :

- receive training on improved adult nutrition, and the safest way to feed infants.
- Receive training on handicraft and other marketable skills.
- Receive education on health promotion and disease prevention, including family planning.
- Encourage members to form work groups and receive loans for micro projects and small business enterprises to generate income.
- Assist in the medical follow-up for members and their children, including periodic CD4 count, and referral for antiretroviral therapy.

5.3 Summary. In this chapter, I have made a distinction between HIV and AIDS , and I have pointed out that the former is a virus which causes a deficiency in the human system, while the latter is a condition or stage in which the immune system has been damaged leading to a collection of symptoms or diseases. This implies that one can be HIV positive and yet one does not have AIDS. Since the Sub-Saharan Africa has been badly and greatly hit by the HIV and AIDS pandemic , I have presented an estimated statistics of this disease in this region so that we can see the gravity of its impact which requires serious attention and action. I have singled out Cameroon, since it is my area of study, and I have talked about the situation of HIV and AIDS in Cameroon, the various modes of transmission, some factors that contribute to the spread of HIV and AIDS, as well as some strategic measures taken to prevent the spread of this epidemic. Furthermore, I have talked about the role and the activities of the CWA as a faith-based

organization in the prevention of the disease especially among the youth, and in the provision of health care services to adults living with HIV and AIDS. Now in the chapter that follows , I shall focus on the critical perspective (or analyses) of the role and activities of the CWA by using the SWOT method of analysis . As I said earlier in this study, this method aims at bringing out the strengths, weaknesses, opportunities, and threats of the CWA in their health care services.

CHAPTER SIX: CRITICAL ANALYSIS OF THE ACTIVITIES OF THE CWA.

In this chapter, I shall use the theory analysis, and the SWOT analysis to discuss the activities of the CWA in their involvement in diakonia and Christian social practice.

SWOT ANALYSIS.

SWOT analysis is a method used to evaluate the Strengths, Weaknesses, Opportunities, and Threats involved in a project, or business venture. It involves specifying the objectives of the business enterprise or project, and identifying the internal and external factors that favour and disfavor the achievement of that objective. SWOT is an acronym that can be explained as follows:

- **S** stands for strength , that is, the characteristics of the business that give it an added advantage over others .
- **W** represents weaknesses, that is, characteristics that put the business at a disadvantage in relation to others.
- **O** refers to opportunities: elements that the project could exploit to its advantage.
- **T** stands for threats: elements in the environment that could cause trouble for the project
(source : www.en.wikipedia.org)

The following are some of the strengths and the weaknesses of the CWA in their engagement in diakonia and Christian social practice in relation to HIV and AIDS.

6.1. Strengths of the CWA.

- The CWA has a spiritual mandate since they operate within the ambient of the church. Whatever they do is done in the name of the Catholic Church, and for the purpose of their growth in faith and spirituality through prayers, solidarity with the poor, the marginalized and the vulnerable, and most importantly through love (acts of charity). This explains why a priest is always appointed as their spiritual leader and guide, to ensure that the Church's teachings and values are respected and put into practice. According to the theology of the Catholic Church, the Church is not understood solely in

terms of its hierarchy or its official teachings, but also in terms of a sacrament, a global institution, as well as the gathered people of God²⁶. In providing health care service and assistance to people living with HIV and AIDS, and to orphans of deceased AIDS patients, therefore, the CWA , in community and in service, carry out their obligations to the poor and vulnerable. This reflects the Church's "preferential option" for the poor and vulnerable, which is part of a Christian ethic that is pro- poor.

- With their numerous channels for social mobilization (radio, television, newspapers), they can reach out to so many people. This is less costly and more accessible. The CWA engages in social communication as a strategy to evangelize, that is , to communicate the Good News of God's love revealed in Jesus Christ. This falls in line with the recommendations of John Paul II in Chapter Six of *Ecclesia in Africa*, or the Church in Africa. There, we read:

The starting point of communication is Jesus Christ, " the Communicator par excellence who shares with those who believe in him the truth, the life and the love which he shares with the Heavenly Father and the Holy Spirit. The Church should promote communication from within through a better diffusion of information among her members. This will put her in a more advantageous position to communicate to the world the Good News of the love of God revealed in Jesus Christ²⁷ .

The use of the mass media by the CWA is very strategic because the mass media are not only instruments of evangelization but also a means of spreading a new culture which needs to be evangelized. They constitute a new and emerging culture and civilization that has its own language and values (cf. *Ecclesia in Africa*, 1995, No. 71). In Cameroon, like in other parts of the world, the mass media is flooded with some programmes whose moral content is not in consonant with Christian ethics, for example, pornographic images and violence. Hence, in line with *Ecclesia in Africa*, the CWA try to ensure that, in transmitting their message, they propagate the good, the true, and the beautiful. Talking about the evangelization of the world of the media, John Paul II says:

²⁶ . Mary J. Bane et al. eds., *Taking Faith Seriously* , Harvard University Press, 2005, p.65.

²⁷ . John Paul II, *Ecclesia in Africa: Post- Synodal Apostolic Exhortation of the African Synod, 1995, No.122.*

Every Christian should be concerned that the communications media are a vehicle of evangelization. But Christians who are professionals in this sector have a special part to play. It is their duty to ensure that Christian principles influence the practice of the profession... To enable them to exercise this role properly, they need to be provided with a wholesome human, religious and spiritual training. (*Ecclesia in Africa*, No. 124).

Considering the value and the importance of the media in evangelization, the CWA in the Catholic diocese of Kumbo, Cameroon, resolved “to come out of the dark and to live the light which the world is witnessing today”. They arrived at this resolution during their divisional meeting in July 2008 which featured the media as top priority. Hence, they organized a seminar on the media and its impact on the society (cf. <http://www.leffortcamerounais.com>).



Kumbo Divisional CWA attending a seminar on the media . (<http://www.kumbo-limburgh.blogspot.no>)

Furthermore, the means of social communication are very important because they unify humanity and turn it into a global village; they are the chief means of information and education, of guidance and inspiration for many people in their behavior as individuals, families, and in the society as a whole.

- They have access to political power since they work in collaboration with the government through the National AIDS Control Committee.

- They have some degree of credibility as they promote moral education. The CWA enjoys the advantage of the authority, courage, and commitment of their leaders and the volunteering spirit of their members, all of which are grounded in religious principles and beliefs. They thus put emphasis on the moral and spiritual development of the human person, on biblical values such as love, justice and peace, reconciliation, solidarity, etc. Talking about “*HIV/AIDS, Church and Mission*”, Balia and Kim say:

There has been recognition more recently among both FBOs and donor agencies that FBOs are themselves well placed to inform, educate, motivate and support behavior change within communities and advocate at national, regional and international forums on behalf of those people affected by HIV/AIDS. Certainly running education campaigns and supporting individuals to minimize their “risk” behavior have had some success²⁸

- They have adopted a community-based approach in service delivery (bottom-up approach).
- They are creative in the way they deliver messages: sketches, placards, videos, use of prevention references from the bible, etc. For example, “HIV and AIDS is a killer disease”, “Train up a child in the way he should go: and when he is old, he will not depart from it.” (Proverbs 22:6), “...Be ye all of one mind, having compassion on one another, love as brethren, be pitiful, be courteous.” (1 Peter 3:8) .

6.2. Weaknesses of the CWA. The CWA cannot operate such a program without difficulties and challenges, thus :

- They lack sufficient trained personnel, and have limited resources and therefore depend on voluntarism. Many of them lack religious and spiritual training, counseling techniques and skills, and are not well versed with the bible, and the teachings of the Church on doctrine and morality.

²⁸ . Daryl Balia and Kirsteen Kim, eds., Edinburgh Volume II 2010: Witnessing to Christ Today, Edinburgh 2010, 2010, p. 186.

- Poor road network hinders access and supervision in remote areas. Following the reunification of Cameroon in 1st October 1961, the road infrastructure in Cameroon was given attention as a means to enhance national integration. According to the Presidential Decree of March 21, 1979, Cameroon roads were grouped into four categories, viz, national, regional, divisional and rural roads. National roads link regional headquarters to the national capital, regional to divisional headquarters, and divisional headquarters to sub-divisional headquarters. Rural roads link up villages, plantations, etc (available at www.allafrica.com , accessed on 23rd May, 2013). At the rural level, the roads are not tarred, and are poorly maintained, consequently circulation becomes extremely difficult especially during the rainy season. Some areas are even in an enclave area. Because of these factors, therefore, the CWA cannot possibly reach some areas, thus leaving out quite a good number of people in need of their services. Such people are therefore left at the mercy of fate. This makes the coverage of the CWA partial, and to some extent ineffective.
- Access to free tests and antiretroviral remains a problem especially in remote areas. This is due to social, logistical and financial barriers including:

 - judgmental attitudes of families, community members and some health workers.

Most families, community members and some health workers look on people living with HIV and AIDS with contempt and disdain. The general mentality is that their condition and status are due to promiscuity, irresponsible and frivolous life style, or low moral standards, hence, they bring shame to their families and communities. In some cases, the patients are even isolated or ostracized, and in others marriages are broken down. The CWA needs to continue to transmit the message that moralizing or asking how someone became infected is not the essential issue. Instead , they need to emphasize that HIV should not be considered as a result of promiscuity, or as the punishment for sexual promiscuity. In fact, the HIV virus can be transmitted in many circumstances and in different ways (<http://www.positiveinchurch.org>). The fact that a person is HIV negative does not necessarily mean that he or she is living an exemplary life, or is not promiscuous. People living with HIV and AIDS are still important, and have their role to play both in the Church and in the society. Besides, the Church should be a place of hope, love ,solidarity and compassion. If the CWA has to be agents of evangelization, bearers

of the good news of salvation, of joy, love and peace, then it should be noted that “proclamation is always more important than condemnation, and the latter cannot ignore the former, which gives it true solidarity and the force of higher motivation” (*Ecclesia in Africa*, 1995, NO. 70).

- Stigma associated with HIV and AIDS makes people reluctant to visit voluntary counseling and testing centers .

- Lack of privacy and confidentiality . This is because some CWA members are gossips and do not respect professional ethics. They lack basic training in the field of counseling and in the use of the mass media. And consequently, they do not master the media style of communication and are unable to make use of its contributions with discernment and a critical mind.

- Distance to services and cost of transport, particularly in rural areas. Due to the bad state of roads, and the long distance to be covered, the cost of transport is very high, involving high risk especially in the wet season. This is further aggravated by the fact that the CWA do not have a means of transportation suitable for bad roads like the four wheel drive jeep.

- It is not easy to break the taboo surrounding AIDS in some cultures and a highly Muslim area; and to talk about sex in a public gathering , especially with women and young girls.
- They are conservative and resistant to technological advancement, e.g., non-acceptance of the use of condoms.
- Lack of specialized trainees can perpetuate stigma and discrimination against people living with HIV.

6.3. Opportunities. In this sub-section, I will examine the opportunities that the CWA could offer by the CWA under the three basic directions or dimensions of diaconal work, namely, transformation, reconciliation, and empowerment.

6.3.1. Transformation. The CWA provide opportunities for the transformation of the individual by influencing behavior change through their programs in the mass media; they help to change people's mentalities on, and attitudes towards, HIV and AIDS, and sexuality, especially where AIDS is seen as a divine punishment or as a result of witchcraft.

6.3.2. Reconciliation. We saw that because of HIV and AIDS, some people point accusing fingers at others especially among couples where one partner accuses the other for having contaminated him or her; some widows are accused of witchcraft concerning the death of their husbands who died of AIDS; some families accuse their members living with HIV and AIDS for having brought shame to the family, and for living a frivolous, promiscuous life. All this has brought about division, separation and divorce, strained relationships, suspicion and lack of trust. Many hearts have been hurt, and many others are full of grudges, resentment, and animosity, or feeling of hatred. This poses a serious problem which requires reconciliation and the healing of hearts. It is in this regard, therefore, that the CWA play a vital role by reconciling couples, families, and individuals, or by simply by providing the opportunity and a platform for reconciliation. They do this by initiating dialogue between those concerned, and helping them to accept the reality of the epidemic in order to eliminate the incidence of suspicion and accusation. They also provide an opportunity for reconciliation between culture and religious values especially in the area of witchcraft and cultural taboos prohibiting the discussion of sexual issues in public and among women.

The challenge of dialogue is the challenge of transforming relationships between individuals, families, people in religious, political, social and cultural life. It is the challenge of Christ's love for all people, a love that all Christian believers are called to reproduce in their own lives (*Ecclesia in Africa*, 1995, No. 79) . For, “ By this all men will know that you are my own disciples, if you have love for one another” (John 13: 35). In the history of salvation, God entered into dialogue with human kind in a definitive way in the person of Jesus Christ. Through his Cross, Jesus has brought an end in himself to the hostility which divides people and keeps them apart (cf. Ephesians 2:16). The CWA is thus aware of her role to continue the reconciling mission of the Christ in the Church. Talking about Church and reconciliation, Balia and Kim say:

We need to address issues of traumas and embark on social action to try to prevent future problems. We reflected on issues of partnerships which involve personal encounters that are spiritual in nature. We need to encourage interfaith and intra-faith conversations in order to strengthen communal identity and facilitate reconciliation²⁹.

6.3.3. Empowerment. From their work of diakonia and Christian social practice as stated above, it can be seen that the CWA provides the opportunity to empower women in the fight against the spread of HIV and AIDS through education and training, seminars, dissemination of true and accurate information on HIV and AIDS, and by raising awareness on their human rights. However, they need to do more to exploit the opportunities at their disposal. For example, they can involve women in economic activities that will reduce their poverty. They can achieve their mission through legal advice, advocacy and lobbying, capacity building, language and computer literacy. Their programs address issues of gender equality and gender equity, economic empowerment, and the human rights of everyone. This is closely similar to what the Women's Empowerment Institute, Kumbo, Cameroon (WEICAM), is doing (<http://www.wei-cameroon.org>).

6.3.4. Threats.

Due to their weaknesses, for example, gossips, lack of confidentiality, and stigmatization, the CWA may lose quite a good number of members. Their credibility will be questioned, and their leadership role weakened or hampered.

6.35. Advocacy. This refers to a “strategic public witness together with, and on behalf of, those who are marginalized, vulnerable or whose voices have been silenced” (*Diakonia in Context*, Lutheran World Federation, 2009, p. 94). From what I have said in the foregone paragraphs, it is clear that the response of the CWA to prevent the spread of the HIV epidemic can be considered from the perspective of advocacy. This is because they play a prophetic role by being the voice of the voiceless, that is, they speak on behalf of those who are stigmatized due to HIV and AIDS; those women who suffer in silence especially widows accused of witchcraft

²⁹. Daryl Balia and Kristeen Kim, eds., p.185.

over the death of their deceased husbands due to AIDS; they provide assistance to children orphaned by AIDS, and in this way the CWA witnesses together with the marginalized and the vulnerable. In this way, the CWA take up the challenge of being instruments of salvation in the life of other Cameroonians, and by so doing they put into practice what the Catholic Bishops of Africa and Madagascar recommend in *Ecclesia in Africa*:

‘The Church... must continue to exercise her prophetic role and be voice of the voiceless’ so that everywhere the human dignity of every individual will be acknowledged... Evangelization must promote initiatives which contribute to the development and *ennoblement* of individuals in their spiritual and material existence... evangelization must denounce and combat all that degrades and destroys the person (No. 70)

THEORY ANALYSIS

6.4. Diakonia as an Identity and Mission of the Church.

As I said earlier in chapter two, diakonia and Christian social practice are based on Christian faith. Diakonia itself points to the identity and mission of the Church, for the proclamation of the Word and the response in action are both inseparable. Bearing this in mind, I would like to point out that the CWA are motivated in their engagement by their faith in the Triune God, by Christian ethics, and by Catholic social teaching. Their engagement is a diaconal response to a pressing issue in society (in this case, the HIV and AIDS epidemic), as well as a witness to Jesus Christ who brought healing and hope to the sick and the hopeless. Talking about the diaconal nature of mission, Risto A. Ahonen (2009: 229) says that mission has a holistic nature due to the fact that “preaching and service complement each other” , and that mission itself is “ a logical consequence of the nature of God’s word”. In fact “ when God speaks, something always actually happens. The word of God is God’s speech, God’s presence, and God’s work and God’s action.” Through his cross and resurrection, Christ saves human beings from God’s judgement and from all that threatens to destroy life. Hence, through their engagement, the CWA show that word and deed, proclamation and service are inseparable. In other words, preaching the gospel and social responsibility are not diametrically opposed.

6.5. Diakonia as an Expression of the Church's Faith.

Through their activities and engagement, the CWA express the Church's faith because diakonia can be considered as not mere action, but also as sharing faith and mutual interaction, as well as identifying with the experiences of others. This brings out the fact that the Church is a diaconal community which shares one another's joys and sorrows, concerns and pains. This echoes Paul's words in Galatians 5:6 – "faith working through love". However, it should be noted that from the weaknesses mentioned above, the CWA may defeat the purpose of diakonia if they do not respect the privacy and dignity of people living with HIV and AIDS; if their attitude towards them is judgmental and condemnatory; if they think that they are better and holier than the people who are in need of their services; or if their engagement is just a show-off of their generosity, or a means to attract people to the church. In this case social service is abused as a tool of evangelism. They will thus not be different from another organized body providing social services such as the Red Cross. The starting point of diakonia is the sacrificial love of Christ himself. What makes diakonia Christian, and what gives diakonia its authentic motive, power and deepest content is the fact that it is centered on Christ (Ahonen, 2009 :237).

One of the strategies used by the CWA as a response to the HIV pandemic was by launching a campaign aimed at educating the community on HIV and AIDS. So far, the impact on behavior change has not been very great. Table 2 that I presented above under "The Situation of HIV and AIDS in Cameroon" can speak for itself. The figures show a steady increase in the number of people with AIDS. This, and the fact that people living with HIV and AIDS are stigmatized and discriminated upon, point to a deeper reality, namely that HIV and AIDS are not only health problems but also issues pertaining to morality, and socio-economic development. Like I said earlier, the HIV infection is attributed to witchcraft and curse in some African traditional settings. Gitonga confirms this point when he talks about a similar situation in Tanzania. He adds that the infection brings suspicion, a lack of trust, silence and the desire for revenge, and that for HIV and AIDS to be controlled, it is necessary to adopt an all-embracing

approach.³⁰ This requires a change of mentality and attitude of local people towards HIV and AIDS, transformation of life style , reconciliation of broken families, training of volunteers to care for their loved ones dying from AIDS and opportunistic illnesses at home, the need to work with the community at the grass root level, and the provision of sufficient antiretroviral therapy especially to women with AIDS, etc. This therapy is important because it prolongs the lives of people with AIDS, and therefore affected mothers can raise their own children.

CWA enjoys the advantage of the authority, courage, and commitment of their leaders and the volunteering spirit of their members, all of which are grounded in religious principles and beliefs

However, in the quest to become AIDS competence in the struggle against HIV and AIDS, the CWA needs to adopt an honest and self-critical stance, that is, to recognize that despite their strengths, there are some factors that weaken their response to the epidemic. Concerning the prevention of HIV and AIDS, it is worth to note that an analysis of gender, sexuality, discrimination and stigma are very important elements in the approach of the CWA.

6.6. Stigma and Discrimination. When the HIV epidemic was first discovered in Africa, the Church caused stigma and discrimination in the sense that the Scriptures were read in a manner that condemned people with HIV and AIDS. The issue was considered as one of personal morality, and vulnerability to infection was seen in terms of whether or not a person was sexually promiscuous . Those infected with the HIV virus were looked upon as individuals who have failed to lived up to the high moral of the Church³¹. Since sexual intercourse is the most common mode through which the HIV virus is transmitted, such stigma remains a major problem. According to local mentality, HIV and AIDS are associated with sex, sexuality and sexual orientation. In the Christian tradition all these are linked to sin³².

The tendency to consider HIV and AIDS as an issue of personal morality has deprived the Church from being the welcoming and loving community it is meant to be. Initially, the response was to isolate people with HIV and AIDS, and to label them as sinners. This led to the

³⁰ Cf., Stephen Gitonga, "The journey to palliative care provision: Maua Methodist Church, Kenya" in Witnessing to Christ today: Promoting health and wholeness for all, by the World Council of Churches, DIFAEM, 2010, p. 96.

³¹ . cf. Ezra Chitando, Living with Hope: African Churches and HIV/AIDS 1, WCC Publications, Geneva, 2007, p.19.

³² . Gillian Paterson as quoted by Chitando, 2007, p.19.

branding of people living with HIV by associating them with something negative or undesirable . Hence, the person is no longer seen as a worthy human being, but rather he or she is looked upon as different in an undesirable fashion. The branded person is isolated or put out from the group and community. This is formally known as stigmatization. In respect of the branding of people living with HIV and AIDS Tveito and Hessellund say:

Branding is like being put in a ‘box’ that is often or always associated with something negative or undesirable. Branding limits a person’s ability to be seen as a worthy human being with different qualities and characteristics. Somebody who has been branded is looked upon as different in an undesirable manner. Branding puts people on the outside of groups and communities. A more formal word for branding is stigmatization³³

The CWA has made some considerable success in denouncing HIV and AIDS stigma, and to declare that it is unfair and unjust to stigmatize people living with HIV. Hence, they try to support orphans and other vulnerable children. That notwithstanding , stigma continues to hinder their efforts to prevent the spread of HIV and AIDS.

6.7. Insensitivity to Gender Issues. In Africa, the Church’s response to the HIV epidemic has been retarded by its general insensitivity towards the issue of gender. Many studies show that one of the major factors that promote the epidemic in most parts of Sub-Saharan Africa is gender inequality. Women’s vulnerability to HIV infection remains a key. However, the Church in Africa is dominated by patriarchy and male privilege, while African women are left at the periphery or, better still, are put under patriarchal dictates in the structures of the Church. The Bible is read in ways that promote patriarchy. Women in abusive relationships are sacrificed in favour of upholding Christian marriage. Single women who are heads of families still struggle to negotiate acceptance in Church. (cf.Chitando, 2007, pp. 26-27). It is necessary to liberate the African Christian woman.

It is worth to note that churchwomen’s groups such as the CWA are the most visible expression of African Christianity. Through their uniforms they provide colour and vibrancy to the Church, and their charitable activities in both urban and rural areas deserve some praises and

³³ . Elizabeth Tveito and Estrid Hessellund, quoted by Chitando, 2007, p. 20.

appreciation. They play key roles during weddings, funerals, in organizing major events and feast of the Church , conferences, etc., yet power remains firmly in the hands of men. The main question is : how can the CWA be transformed to make them more effective in the face of HIV ?

First, it is necessary to ensure that the CWA becomes fully aware of HIV issues, for example, the vulnerability of women. Many married women suffer unnecessarily in the name of ‘respecting’ their husbands. The CWA needs to be empowered to resist and critique male chauvinism and patriarchy. Secondly, they need to be equipped and trained to read the Bible in a liberating way

6.8. *Challenges.* In responding to the HIV and AIDS pandemic, the CWA faces some challenges that to some extent thwart or jeopardize the success of their program. Some sects and new Pentecostal movements are a major obstacle to antiretroviral treatment in the sense that they promote faith healing phenomenon, and preach the gospel of prosperity. They claim that AIDS can be cured through faith and prayer without any conventional medication. They utter slogans such as ‘Sickness is not my portion’, ‘Suffering is not my portion’, and ‘poverty is not my portion’. They emphasize that faith will always bring prosperity, goodness, health, and success in life, and that these elements point to the fact that a person is justified before God. This, therefore, explains why “ people living with HIV and AIDS are sometimes labeled as sinners who do not deserve forgiveness” (Gitonga , 2010) . Some communities even consider the disease as signs of the “end times” about which nothing could be done (Gitonga, 2010, p.102). A similar situation of faith healing is experienced in Kenya. In the words of Gitonga (2010, p. 99) we read:

Antiretroviral treatment is compromised by the “faith healing” phenomenon and “prosperity gospel” that new and growing sects promote. There are preachers who promise people not only that AIDS can be cured but also that a cure is possible solely through faith and prayer without any medical treatment being necessary.³⁴

Some traditional healers, herbalists, and witch doctors attribute HIV and AIDS to witchcraft thus deterring patients from taking antiretroviral treatment. Some even suggest that sexual intercourse with their patients is the surest means of casting out the spell on them, or of

³⁴ . Stephen Gitonga, in Witnessing to Christ today, 2010, p. 99.

protecting them against witchcraft attack. But, unfortunately , they end up being infected by the virus, and in their helpless situation they die together with their patients. This has many consequences such as witch-hunting, more suspicion and division among families and between friends, more spread of HIV and AIDS, as well as more deaths.

In trying to save people from HIV and AIDS, the CWA also faces a dilemma due to different approaches and responses to the HIV and AIDS pandemic. On the one hand, there are people who wish to promote condom use as a preventive measure (for example, the government) and on the other hand the Church and faith groups emphasize mutual faithfulness and abstinence as a means to prevent HIV and AIDS. The government and secular non-governmental organizations distribute condoms especially to target groups like the youth and schools from the primary to the higher levels. This aggravates the situation for the CWA who are caught between two sources of communal authority, namely the government and the Church, with seemingly contradictory messages. The situation is further compounded by the fact that some CWA members are both civil servants and faithful Christians with duties responsibilities towards the state and the Church respectively. Which authority should they obey then, the government or the Church? Since the main mode of spreading HIV is sexual intercourse, the CWA considers the issue as a moral one. But how can they succeed to change moral behavior when the distribution of condoms leads to, and indirectly encourages, sexual promiscuity and an indiscriminate indulging and involvement in sexual activity ?.

Another challenge is posed by harmful and destructive cultural practices such as female genital mutilation which is considered in some cultures as a pre-requisite ritual necessary to initiate a girl to womanhood, that is, to become a full woman. Such cultural practices only increase the vulnerability of girls and women to HIV.

There is also the problem encountered in mixed-gender groups in which women and young people are not equally represented . For example, in the Muslim society, women are not allowed to play and active role in public.

However, in the quest to become AIDS competence in the struggle against HIV and AIDS, CWA enjoys the advantage of the authority, courage, and commitment of their leaders

and the volunteering spirit of their members, all of which are grounded in religious principles and beliefs. Concerning the prevention of HIV and AIDS, it is worth to note that an analysis of gender, sexuality, discrimination and stigma are very important elements in the approach of the CWA.

CHAPTER SEVEN

GENERAL CONCLUSION.

At the outset of this dissertation I said that our research question is to find out how the CWA in Cameroon are involved in the work of diakonia and Christian social practice with specific focus on the way they respond to the spread of the HIV and AIDS pandemic in Cameroon. In order to answer this question, I had to first situate the context of our study, which is Cameroon. Then, secondly, I had to carry out research on the chosen topic. From my findings as presented in chapter five, I observed that the situation of HIV and AIDS in Cameroon is alarming, and, therefore, a cause for concern. This is evident in the high prevalent rate especially among the youths and in particular, among young women who are more vulnerable. I tried to find out the reason for their vulnerability. Among other things, I discovered that this is due to a number of factors such as low educational levels, poverty, low capacity to negotiate sex, the social status of women in society, early marriages and polygamy, poor healthcare access, gender related norms, etc.

Other vulnerable or risk groups, apart from girls, are children, commercial sex workers, long distance lorry drivers, and uniformed officers. Most children acquire the HIV infection during pregnancy and breastfeeding, as well as through sexual assault which is on the increase nowadays. Children may also be infected through blood transfusion. Among the various modes of transmission, sexual intercourse remains the principal mode. Another important empirical fact is that at the beginning of the epidemic, there was a general tendency to deny the reality of HIV and AIDS. This further accelerated the spread of the disease. On the other hand, some people attributed it to witchcraft, while some saw it as a punishment from God for sexual promiscuity.

Given the fact that the rate of transmission was so high and rapid, I tried to find out why. This is due to multiple sexual partners, low condom use, low status of women, the high prevalence of other sexually transmitted diseases, and harmful socio-cultural practices such as female genital mutilation.

The above picture shows that HIV and AIDS affects all the members of the society, since most people are either burying a friend, spouse, colleague, as a result of AIDS, or are caring for

orphans who have lost a parent(s) due to AIDS. Therefore, no one can be left indifferent in the face of the pandemic. This is therefore a serious problem which requires the intervention of all the stakeholders, including the government, faith-based organizations, Non-governmental organizations, etc. This therefore, prompted me to look at the different responses, and prevention strategies offered by the various stakeholders.

Operating under the banner of a Faith-based organization, the CWA plays an important role in HIV and AIDS prevention, and in providing health care delivery, drawing inspiration from religious and Christian values. These include the prevention from mother to child, prevention among the youth, especially the girls, pediatric treatment, and providing health care services to adults living with HIV and AIDS.

After presenting these empirical findings, I then analyzed the activities and response of the CWA, using theory analysis and the SWOT analysis. The theories that I used are , theory of diakonia, of feminism, and of preventive health care. Secondly, I used SWOT analysis which consists in bringing out the strengths, weaknesses, threats, and opportunities of the CWA in their project to halt the spread of the HIV and AIDS epidemic, and to provide services to orphans, and people living with HIV and AIDS.

Their activities are a good example of diakonia and Christian social practice; a participation in the mission of the Church, and expression of Christian faith in word and in action , a witness to the risen Lord, a means of providing transformation, reconciliation, and empowerment to the vulnerable and marginalized; a participation in the Church's prophetic role of being the voice of the voiceless. Thus, they bridge the gap that separates people. Judging from their strengths, they can be referred to as model for other groups to emulate.

That notwithstanding, they still have their weaknesses, and threats; they still have much to do in order to improve on their skills, and quality of service. They need to explore many opportunities such as involving the male folk, embarking on personnel training, working in partnership and in collaboration with other groups, Faith-based organizations, civil authorities, etc. They need to transform the conservative and too rigid style of leader in the Catholic Church . In this way, they will be truly competent to do diakonia and Christian social practice.

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