Summary of the literature study
"On the theological reception of spread factors and preventive measures of the HIV/AIDS epidemic in Africa"

In 2016, the Institute for Global Church and Mission (IWM) carried out an academic literature study on the HIV/AIDS epidemic in Africa on behalf of the German Bishops' Conference Research Group on the Universal Tasks of the Church from a theological and context-sensitive perspective.
This literature study builds onto, but goes deeper than, the study entitled "Lessons learned from the responses by the Catholic Church to HIV and AIDS in Africa" from 2015, in which the authors recognised, amongst other things, the need to strive towards further reflections on an HIV/AIDS-sensitive theology in the African context. In order to address this important desiderate of research in future, the present literature study has carried out fundamental preliminary work by systematically analysing the status quo of the current theological reflection on the factors involved in the spread and the preventive measures for HIV/AIDS in Africa.
The internal orientation and the structure of the literature study were determined by the following guiding questions: What socio-economic, cultural, religious, etc., factors are identified in the academic literature influencing the HIV/AIDS epidemic in Africa, and what (theological) reflections affect them? What preventive measures exist, and how are they evaluated from a cultural and theological perspective? What components of an HIV/AIDS-sensitive African theology can be found in the literature studied?
All in all, roughly 150 publications, articles and contributions from collections were evaluated for this literature study which mainly address the topic of HIV/AIDS in the African context from an African perspective. Some conclusions and study results will be outlined below.

I. Factors influencing the HIV/AIDS epidemic in Africa

As much as it is taken for granted in African academic theology that the HI virus causes AIDS, it is also a matter of course that other factors favour infection with, and the spread of, this disease. Particularly the enormous scale of the epidemic in Africa – and especially in sub-Saharan Africa – can only be explained if cultural, religious, social and economic aspects are taken into account which influence the vulnerability of specific groups of individuals to increased exposure to the virus and to risk of infection with regard to HIV/AIDS. A systematic overview of the literature studied reveals that six primary influencing factors are identified and discussed which increase vulnerability to HIV/AIDS in Africa:

- Specific African cultural convictions
  Traditional ideas of health and disease, or a belief in witchcraft, can in some cases supplement the medical view of HIV/AIDS, whilst in other cases they can counter it. Hierarchical worldviews which form strong normative social systems and establish intransigent barriers to communication can also be mentioned here.
- Widespread relationship structures
  One can mention here in particular the practices of polygamy, of the "bride price" and

of levirate marriage, which can increase the risk of infection on the part of the participating sexual partners through a variety of paths. This context also includes the situation of discordant couples, that is couple situations in which one partner is HIV+ and the other is not. The exercise of sexuality within the partnership is frequently problematic in this constellation.

- Sexual practices which encourage infection
  Some of these practices, such as failure to use condoms, practices which can cause injuries (e.g. anal sex or "dry sex"), and prostitution, are frequently culturally legitimised or come about due to economic constraints.
- Social construction of gender roles
  These frequently entrench a fundamental patriarchal structure, restrict women's sexual self-determination, and may make it more difficult for them to gain access to education.
- Stigmatisation and discrimination
  Where either society or individuals deal in this way with those who are infected or are suffering from the disease – quite apart from the potential further harmfulness of this approach in ethical terms – this as a rule engenders a climate of silence, so that people frequently conceal their own HIV status.
- Poverty
  A major vulnerability factor is poverty, as it frequently forces people to engage in high-risk behaviour in order to satisfy their own needs or those of their family.

II. Preventive measures

Preventive measures which are reflected or proposed in the literature are presented and also discussed in a second step:

- First of all, it is frequently mentioned that successful prevention requires individual behaviour changes. Although one's own behaviour naturally has a major influence on a potential disease, this approach overlooks the fact that individual behaviour is frequently determined by the socio-economic framework. Any change in behaviour whilst retaining the other context factors hence appears to some authors to be Utopian. The behaviour change approach is extended by the well-known ABC method (abstinence, be faithful, use condoms), which also provides for individual ethical prevention. Here too, the aspiration rooted in this method is as such correct, but this neglects the fact that behaviour is entrenched in the respective context.
- Since the latest research results suggest that uninterrupted antiretroviral therapy can not only delay the outbreak of AIDS, and in some cases prevent it altogether, but that it also reduces the infection risk by up to 96%, it is also possible to evaluate this therapy as a preventive measure. Having said that, a promising therapy requires an adequate social and medical infrastructure which ensures that the medicines are taken without interruption, alleviates the considerable side-effects and guarantees that the dosage is regularly adjusted. Such networks cannot be guaranteed in all local contexts for a variety of reasons.
- The various authors are unanimous in their opinion that it is not possible to

effectively combat HIV/AIDS without considering the cultural convictions that are prevalent in Africa. A comprehensive prevention strategy should therefore also attempt to trigger a cultural development in order to minimise vulnerability and high-risk behaviour on the part of women and men. Such development strategies are however repeatedly suspected of protecting a new colonialism of culture or of values. The results of the literature study hence favour a path which activates the culture-specific and culture-inherent development potentials and reduces external impulses to a minimum. A majority of authors nonetheless presume that there is a dynamic understanding of culture which does not have negative connotations of influences from the outside per se.

- Another class of preventive measures which is frequently mentioned is education. It became clear within the study that parts of the population have only highly rudimentary medical knowledge when it comes to the disease and the infection paths. It is therefore recommended to offer special courses for women, traditional healers/authorities and clergy, religious as well as pastoral workers. It is shown at the same time that poverty in Africa is frequently also indicated by education, so that general education schemes for the population could reduce this vulnerability risk.

III. Components of an HIV/AIDS-sensitive theology

In the final section of the literature study, the African-theological reflections on the HIV/AIDS epidemic will be examined in terms of which elements of an HIV/AIDS-sensitive theology are already available.

A first reflection level takes a look at the foundation for such a theology. There is a considerable degree of agreement in the literature that a theology facing the African HIV/AIDS problem needs to be inculturated. It is only an inculturated and contextual theology that can find answers to the specific challenges in Africa. Given that an inculturated theology can admittedly not be created from nothing, a variety of methods are proposed in the literature in order to bring about a dialogue between the Holy Scriptures and the tradition of the Church and local cultural convictions and values.

This ambition is lent concrete form on the second level of reflection, in which the authors discuss a variety of individual questions related to HIV/AIDS. Theological ethics are hence expected to provide contextual answers to the following individual and social ethical problems:

- There are calls for a more intensive reflection of a definition of sin which is able to become inculturated, which also includes further considerations regarding sinful behaviour vis-à-vis HIV/AIDS.
- The Church needs to expand its understanding of sexuality, which She perceives as a phenomenon that is subject to societal and cultural characteristics.
- More needs to be done to bring across the Catholic understanding of marriage. The different authors stress the importance of the fact that, in accordance with the doctrinal understanding, marriage does not exist solely to facilitate the conception of offspring, but that it also encompasses other dimensions of meaning.

- The question also arises in the area of sexual ethics and ethics on relationships as to whether the previous guiding ethical perspective on contraception does justice to the role of condoms in the battle against HIV/AIDS.
- There are also calls, finally, for theological ethics to do more to point to structural and individual poverty, reveal social injustices and identify their cultural backgrounds.

From an ecclesiological perspective, theologians are called on to reflect on the African Church's self-perception and to take a critical look at the colonial legacy. A Church which is present in the midst of HIV and AIDS should develop an African ecclesiology centring on the terms inclusion, justice and the protection of life.
The call for inculturation also includes the sacramental doctrine of the past. The question for instance arises as to whether, in certain African contexts, a cultural re-reading of the role of ministers of the sacraments in the context of the Eucharist, confession and the anointing of the sick would be appropriate in order to stress the healing nature of the service of the Church more emphatically, to appropriately value the role of the laity – and of women in particular – in healthcare, and finally also to take into account the community-based relationships within African societies.
At pastoral level, it is pointed out at various junctures that inculturation is not solely a question of doctrine, but that it also involves the Church's orthopraxy. On the basis of such a state of knowledge on HIV/AIDS, all who are involved in pastoral work are called upon to integrate the infected and diseased into the Church and to offer them spiritual guidance. The Church's actions in Africa should furthermore aim to reduce the various vulnerability factors in Africa.
The theological reflection is rounded off by the third reflection level, which asks as to the guiding perspective of an African HIV/AIDS-sensitive theology. To this end, the literature offers three theological perspectives which can be broken down into ideal types:

1. "Prophetic theology": Inspired by the Old Testament prophetic tradition, the Church should unambiguously take the side of those who are suppressed in society, and should at the same time show solidarity with those who are fighting against this epidemic.
2. "Theology of hope": The focus here lies more on the link that is frequently established between HIV/AIDS and sin. This theological approach runs counter to the image of a punishing God, and is intended to counter any fatalism with which it might be associated.
3. "Theology of healing": This is based on the conviction that healing is a fundamental mandate for the Church. In the interplay between Biblical traditions of healing and African ideas of healing, the Church should develop a holistic understanding of salvation, healing and assistance and see to it that it is effective in practice. Such a theology is said to have the potential both to make it possible to experience God in the epidemic and to rekindle the discussion on the various aspects leading to the spread of HIV/AIDS in Africa, and the debate on preventive measures.

IV. Conclusion

The literature study reveals that the extent of the HIV/AIDS epidemic in Africa cannot be understood or stemmed whilst ignoring the cultural, religious, social or economic factors

influencing the transmission pathways of this disease. Against this background, inculturated solutions – and consequently an inculturated HIV/AIDS theology – are needed. Having said that, this study also shows by means of a variety of examples that inculturation must never be based on an uncritical understanding of culture. The process of inculturation always includes a critical dialogue with the underlying culture, and is particularly not compatible with radical cultural traditionalism. A basic precondition for inculturation is therefore a dynamic understanding of culture which encompasses both the aspect of maintaining culture, and that of changing it. Even though most authors agree on this point, the question of the normative foundation for this critical point of view is unresolved, and marks an important question for research, which is in urgent need of being addressed in theological terms.

It is important in this regard that the Church in Africa operate and practice a responsible, inculturated theology vis-à-vis HIV/AIDS. Even though there are methods and individual components of such a theology, there are voices which warn that the Church is currently inadequately prepared for the problems related to HIV/AIDS, and that it had increased the vulnerability of specific groups of individuals by reason of specific aspects of its teaching and practice. This study therefore sums up that African theologians have already launched the process of developing an HIV/AIDS theology. What appears to be missing is a synthesis between the various individual voices to become a coherent inculturated theology offering a culture-sensitive home to its normative foundations in theological terms, and critically.

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