Part Two

PASTORAL RESPONSE OF THE CHURCH

Chapter 4

AIDS AWARENESS

INTRODUCTION

We live in the harsh realities of the ongoing HIV/AIDS pandemic. AIDS is a worldwide crisis that challenges people of faith everywhere. It challenges vigorously to elicit, re-kindled and sustain loving relationships in the home, in the community and in the Church. We have to strive at weaving homes and communities. We can gauge the enormity of this pandemic by the following authentic information supplied by the UNAIDS information center on AIDS.106

There are at present (2001) about 40 million people living with HIV/AIDS worldwide. Out of these 19.6 million are men with the age group being 15-49 years. There were 17.6 million women in the same category. The saddest part of it is that under the age of 15 years there are 2.8 million children! In 2001 alone about 3 million, men, women and children died due to AIDS.

Asia risks great danger following in Africa’s footsteps, unless urgent action is taken to curb the explosion of HIV/AIDS. More than 7 million people in Asia have the virus; there are 2,658 new cases reported daily. In Asia India has the highest number of adults living with HIV/AIDS. Worldwide India is second to sub-Saharan Africa. In India the victims are commonly prostitutes and drug users. Now housewives and children are getting infected. The epidemic’s trend is increasing.\textsuperscript{107}

This second part of the research work has been divided into 2 chapters; the fourth chapter according to the order of the thesis consists of AIDS Awareness. It is said that awareness is the best prevention. Hence the awareness programs on HIV/AIDS are the need of the hour. The fifth chapter deals with AIDS Ministry. It gives guidelines for Christians on HIV/AIDS. The Church is well aware of the deadly disease

\textsuperscript{107} Ibid
and realizes the failure of campaign only on material dimension against HIV/AIDS. The AIDS ministry will focus on the theology of suffering and bring a ray of hope to the struggling millions of HIV/AIDS and deal with the spiritual perspectives that are involved.

4.1 PLANNING AWARENESS PROGRAMS

The HIV/AIDS disease has penetrated the developing world in general and India in particular. The Church has been organizing conferences, seminars, workshops and study sessions to educate the youth for an adequate responsible maturity to the challenge. Pope John Paul II in the address given at the Fourth International Conference for Pastoral Assistance to Health Care Workers, has this to say: ‘...to be worthy of the human person and at the same time truly be effective, must propose true objectives-to inform adequately and to educate for responsible maturity. The information, diffused in so many different ways and in so many centers, must above all be correct and complete beyond unfounded fears as also beyond false hopes...' 108

The gravity of AIDS situation should not frighten us. Awareness programs are to be planed at a larger scale. The WHO is in the limelight of this program. In India, the Indian

Health Organization (IHO) and the National AIDS Control Organization (NACO) with the help of numerous NGO's have been conducting awareness education on HIV/AIDS at school / College and village levels. NACO is a Government of India undertaking and it has been spearheading the campaign against HIV/AIDS since 1987. It has been allotted millions of rupees both by the government and the WHO. It has successfully implemented many programs in awareness.

According to Dr. Margaret White, 'to be effective in combating the spread of HIV/AIDS, there must be public campaigns and awareness programs of moral education. The governments in the West and to some extent in India have shirked the issue because they have feared being called moralistic. This is absurd, because both the teachings of the Bible and the Church were based on inspired consideration of experience'.

'The local Church which has accepted the call to the fuller communion, and avails itself of the healing process for people living with HIV/AIDS, will by so doing initiate a process in awareness programs to the benefit of the people...'

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110 ERLINDA C SENTHURIAN, in a talk to Christian Medical Commission, World Council of Churches, Geneva 1998
4.2 Voluntary Support Organizations

It is unfortunate that the doctors, nurses and the other health professionals treating AIDS patients do not find time to provide as much support as needed. They have to guide the patient in finding a good support structure outside the hospital or clinical environment. Apart from family and friends a considerable degree of support is available through voluntary organizations.¹¹¹

Positive Women’s Network (PWN) of Bangalore is an instant help line for social support for women suffering from HIV/AIDS. Voluntary support Organization’s immediate importance is to extend support to other positive women, who have not yet come to terms with their ailment. There is also another organization, called ‘Indian Network of People living with HIV/AIDS (INP+)’. These organizations support each other to help overcome the trauma of HIV/AIDS.

Mother Theresa’s missionaries of charity have opened a number of hospices for these people. Lately the Camillion religious order has opened information and counseling centers in Bangalore, Mysore, Mangalore and other places to cater to the needs of these people. In Mysore there is a non-

governmental organization called ‘Sumana’ which has been creating awareness of AIDS.

4.3 AWARENESS THROUGH EDUCATION

Awareness through education is one of the means to spread information on HIV/AIDS. Now the government, the Church and non-governmental and voluntary organizations have awakened to the gravity of the situation. ‘The Indian government has become alert at last and has launched a $100 million AIDS control program of which $ 85.5 million is a WHO grant. It has set up a National AIDS control organization and the committee on AIDS prevention expects to set aside around $ 33 million for awareness programs alone, including health education. It further plans to distribute about 40% of the grant to voluntary organizations, which are involved in the eradication and prevention of AIDS programs’.¹¹²

This was about 10 years ago. The US government has pledged to India a whopping $120 million for AIDS prevention in India. Bill Gates of the US arrived in India on November 10, 2002 with a mission to lend a helping hand against AIDS. The Bill and Melinda Gates Foundation has pledged another $ 100 million to tackle the AIDS menace in India. Both these donations could play a major role in checking the further spread

¹¹² SHANTHA KINGSTON, Question of Survival: AIDS, Turning Point, Chennai, 1993, p.31
of AIDS in India. Now there are more funds for this purpose. Creating awareness by education among the public, the youth, students and preventing the spread of the disease is the principal means to tackle this problem. The audio-visual media is the best means to create such awareness. Most of the people in the villages have not even heard the names, such as ‘AIDS’ ‘HIV’ etc. Hence puppet shows such as skits, dramas, dance and songs could carry AIDS awareness message to them. The voluntary agencies with the support of government and Churches / Temples / Mosques can contribute a great deal towards this.\textsuperscript{113}

The Church in India seems to have been rather slow in recognizing the enormity of the problem. The Church leaders including the laity, bishops, priests and the religious in India have been slow in creating awareness about AIDS among the general public. However, better late than never. With more effective pastoral ministry, extensive religious education, strong moral values and family background, we should be in a position to withstand the challenges before us. With prayer and commitment to the tasks assigned to us, we should be able to reduce anxiety surrounding the havoc being caused to humanity by HIV infection.

\textsuperscript{113} Ibid, p.32
4.3.1 Relevance of AIDS Education

We need to learn about HIV/AIDS primarily to protect our families, children and ourselves. In order to halt the spread of HIV, we need to understand how this virus is spread. Once we educate ourselves about the epidemic, we will learn to protect ourselves from getting infected; our fears and misconceptions about HIV/AIDS will disappear and we will develop a kind of sympathetic attitude to those infected with HIV. There is an urgent need of education not only to the infected, but also to the uninfected. The HIV and AIDS infected people need our care and our treatment. They also need counseling services, emotional and spiritual support. Since the scientific community has not invented a vaccine to prevent us from getting infected or a drug to cure us, we need to help people to take all precaution.

4.3.2 Relevance of Christian Teachings

We know that the whole medical and scientific world is fighting a losing battle against the HIV/AIDS virus. The policy makers, bureaucrats, academics, social and welfare agencies and the educationists have evolved strategies for the prevention of this deadly virus through massive awareness programs and training workshops across the globe. So far the scientific fraternity has spent billions of dollars to contain the spread of HIV/AIDS. Their efforts have not yielded the desired results.
Very often the methods of preventing the spread of HIV infections suggested by these bodies look like stopgap measures, lacking foolproof effectiveness. Here is an example: instead of teaching how to limit sexual relations within marriage, they try to instruct people how to get away without HIV infection through promiscuous sexual contacts! This is a moral aberration, which the Church cannot accept. There are many more examples, such as use of condoms etc. We Christians have to take the lead in educating people and giving them the conviction that it is the wedding ring and all that it implies is a proper way to avoid HIV infection, rather than the use of condoms. Unfortunately few of the AIDS awareness or other educational programs initiated by these bodies urge people to say ‘no’ to sex outside marriage. On the other hand these misguided social bodies have prompted some of the programs developers to suggest activities of immoral nature as safer sexual activities, such as: talking, writing or reading about sex; watching sexy films and live shows; individual masturbation, mutual masturbation, sex with under clothes on, sex with other parts of the body and penetrative oral, vaginal and anal sex using condoms.114 Such principles and policies give the impression that what these organizations are building up with one hand, are being pulled down and destroyed with the other.

114 Orientation to HIV/AIDS counseling, WHO, New Delhi, 1994, p. 78
The Church has a moral duty as the followers of Christ to learn and teach our people to guard against these misguided forces, which attempt to undermine the teaching of the Church and its relevance. The world tends to be pragmatic rather than genuinely honest. Could it be that through this dreaded epidemic nature wishes to teach the people of God to follow the way of the Gospel?

4.4 Education and Information

We are living in an age of heightened science and technology. Education and information in schools is very important. It is just not enough to give a lecture to students about HIV/AIDS, but it is to be explained with facts and figures. A major international AIDS initiative was launched in the UK in June 1988, called ACET (AIDS Care Education and Training). ACET is a Christian agency and has since grown to become the largest independent provider of practical care to those ill with HIV/AIDS at home in the UK, and is also the UK’s largest provider of AIDS lessons in the schools. Over 600,000 pupils have received ACET’s color booklets on AIDS. Hence education with information will go a long way in providing proper knowledge to students.\(^\text{115}\)

\(^{115}\) PATRICK DIXON, The Truth About AIDS, Kingsway Publications, Eastbourne, 1994, p.11
4.5 ROLE OF CHRISTIAN INSTITUTIONS AND EDUCATORS

Sometimes we hear some Churchmen saying that ‘Charity was more important than Chastity’. We never go for grading sin on a scale of social culpability, but they might be right too. But in any case, it is the duty of every Christian to strive for both. There has been an attitude, in the society that sexual sins don’t exist any more now. The amount of misery brought on by AIDS – which is frequently associated with unchastity – may help Christians realize how much charity could be wrapped up unseen and enveloped in the practice of chastity. Some years ago the ‘UNIVERSE’ publishers launched a campaign against AIDS by printing 100,000 copies of a leaflet that promises ‘real immunity from AIDS’. The publishers of this leaflet distributed them to some 500 parishes. The leaflet exhorts the youth to ‘rule out sex before marriage’, ‘be faithful in marriage’ and ‘choose a life-long marriage partner who shares your moral convictions’. This is the model way to our institutions and educators to emulate and exhort the youth under their care to do likewise.116 ACET is also working oversees in partnership with Churches along with governmental and non-governmental organizations, such as UNICEF and the World Health Organization.117 In India we have the Indian

Health Organization that is in the forefront of these battling against the disease.

4.6 ROLE OF EVERY CHRISTIAN

Many researchers have been warning us that there will be no quick technological fix for the global epidemic of AIDS. Moreover, we are just at the beginning. The end results still lie beyond our horizon. Every Christian has a role to play in creating awareness and motivating others to take preventive measures. One has to demonstrate the love of God and teach people how to live healthy lives. Christians in general will be benefited and may benefit others by getting to know the real nature of the causes that lead to this incurable and deadly sickness and getting to understand the sufferings – physical, psychological, social, moral – of those who contract it.

4.7 CAUTION ON BLOOD BANKS

From the times the HIV took the world by storm in 1981, it was crystal clear that blood and blood products were the most frequent medium of its transmission. According to the National AIDS Control Organization the HIV infection through blood and organ transplants was about 17.37% in 1991 itself. 118 The main suppliers of blood to the banks are the paid donors. The

118 HARINHDER BAWEJA & ARUN KATIYAR, The Indian Face of AIDS, in India Today, Living Media, Bombay, November 30,1992, p.94.
blood supply system was always vulnerable to contamination and could transmit the virus rapidly across the country. Testing of every bottle of blood for HIV carriers was made mandatory by the central government way back in 1989, March 1.\footnote{Ibid} But this statutory requirement was not adhered to for many years.

According to rules blood banks should have good storage facilities, qualified personal to draw blood and store it and a qualified doctor should head the whole process. The banks are required to discourage professional donors and follow all the safety methods prescribed. Very few banks follow these safeguards. Out of the 1018 blood collection centers in the country in 1992, the government was controlling only 600 banks.

Today the situation has greatly improved with more government controlled centers and strict rules have been formed for all the collecting centers. ‘Supervisory responsibility rests not with the government but with blood banks’, said P.R. Dasgupta, project director of National AIDS control organization. There was also the problem of demand and supply. Of the 50 million units required countrywide per annum only 1.9 million units were available.\footnote{Ibid} Hence a proper awareness and educative program on blood, blood products and

\footnote{Ibid}
\footnote{Ibid}
blood banks will help both the donors and the recipients to a very large extent.

4.7.1 ADVICE FOR HEMOPHILIACS

A few years ago, Rohit Oberoi of New Delhi, then 31 years of age said, 'Like all men, I too thought that I would get married and have a family'. Rohit Oberoi and his brother Vineet Oberoi were infected with HIV due to infected blood transfusion! They both were battling for life in 1989 itself. We do not know whether they are still alive. Rohit and Vineet got the infection through the blood manufactured by the Serum Institute of India in Pune. Subsequent tests conducted on the institute’s blood samples confirmed the presence of the virus. The institute was later shut down, but for Rohit, Vineet and others, the damage had already been done.

4.7.2 HOPE FOR HEMOPHILIACS

Though for ordinary eyes these men look normal, there are close to 300 men within Bangalore, the capital of Karnataka, alone who are suffering from serious and painful internal bleeding. This type of disease is called 'Hemophilia'. It is a genetic disorder caused by the inactivity or deficiency of the clotting factor in the body known as Factor VII or Factor IX of the blood of the affected patients. 'Patients suffering from this life long disorder, which is quite common, have suffered
due to wrong diagnosis, inadequate treatment and lack of availability of medicines’, says Ranjana Ramachander, General Secretary of the Hemophilia Society, Bangalore.  

In order to spread awareness of this disorder, the Hemophilia society organized a seminar in the city of Bangalore in the last week of November 2002. Ranjana Ramachander further states that, ‘although there are effective controls, there is no cure for Hemophilia. A child born with it has to live with it’. Internal bleeding can be controlled through the intake of Anti- Hemophiliac Factor available at prices from Rupees 1,200 to 5,000 at a time. A patient may require taking it at least about two to three times a week. Poor patients are not able to afford to buy such costly medicines. Leave alone the cost, one has to be extremely cautious and careful to make sure that while buying this serum, it is not contaminated with HIV.

4.8 Health Maintenance for HIV Positives

Speaking about health maintenance for HIV patients appears to be paradoxical. What we mean is that it is possible with due care to keep some optimum of physical well being between the onset of the disease and full-blown AIDS. A

\[\text{KAVYA CHRISTOPHER, There is Hope for Hemophiliacs, in Times of India, Bangalore, November 23, 2002, p.5}\]

\[\text{Ibid}\]

119
person should not consider that everything is lost once he/she is diagnosed as HIV positive. It is the duty of the family members, the society, the Church and health care workers to support such persons to lead a normal healthy life. The pastoral responsibility of the Church is greater in this aspect. Eating properly and keeping fit offer the same health benefits to people who have HIV infection as they do to anyone. ‘Good nutrition, plenty of rest, reducing stress and exercising increases the ability of the body to protect against and recover from illness’.  

It is also important for HIV positive people not to smoke cigarettes and avoid drinking alcohol. Both these evils will have adverse effects on the body’s immune system and it lowers resistance against diseases. In addition, smoking interferes with the healing process of the lungs, which are particularly important when a person develops pneumonia. Drinking alcohol can interact with medications and interfere with their effects. HIV infected people should drink boiled tap water or drink-bottled water. This is the best way for them to avoid water borne diseases. The HIV infected people can build up a healthy immune system by improving their general health conditions.

Community based AIDS service organizations, especially Church based pastoral care centers are often the lifelines for

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people living with HIV infection and AIDS. Serving as a center point for AIDS care, such organizations should offer a wide range of support that often includes transportation, legal service, case management, counseling, family support, financial assistance, meals and social programs.124

4.9 COUNTERING THE STIGMA

A person with HIV/AIDS is stigmatized. When we speak about stigma, we refer to the disapproving labels and taboo with which society brands certain classes of people or certain modes of conduct. In classical Hellenic Greek, the word ‘stigma’ meant an actual physical mark, cut or burned into a person’s skin. This designated an individual’s particular status. By this bodily sign, the rest of the society could recognize the identity of the disgraced, infamous or flawed person and avoid contact with such undesirable people. In the Christian era, the term stigma acquired a level of religious meaning. Some of the saints had bodily eruptions that were interpreted as a divine sign of their special holiness. The stigmata or the lesions on the hands and feet of Francis of Assisi were interpreted as indications of God’s favor. In other persons, physical abnormalities or diseases were interpreted as signs of God’s disfavor. The favorable, unfavorable religious meanings

124 Ibid, p.185
attributed to these various signs demonstrate the cultural relativity accruing to stigmata.\textsuperscript{125}

In practice everywhere today, a person who is stigmatized is perceived as abnormal and deviant; and in some cases he is dehumanized. A person who is stigmatized in our society is marginalized, set apart from others. The person is not considered a fit member of the society. The impact of stigma extends beyond the people so marked. It affects a person family, friends, and business associates. Today people with AIDS are looked down upon. Although AIDS is a syndrome of diseases, the acronym has become a new stigmatizing label. People with AIDS are legitimately afraid that others will learn of their ailment and such knowledge will further stigmatize them and ostracize them.\textsuperscript{126}

'Live and let live' was the slogan of the World AIDS Campaign for 2002-2003, which has been focusing on eliminating stigma and discrimination. As we are aware, stigma and discrimination are the major obstacles to effective HIV/AIDS prevention and care. Fear of discrimination may prevent people from seeking treatment for AIDS or from acknowledging their HIV status publicly. People with, or suspected of having HIV, may be turned away from health care

\textsuperscript{125} SMITH, WALTER, AIDS: Living and Dying with Hope, Pauline Press, New Delhi, p.97-98
\textsuperscript{126} \textit{Ibid}, p.98
services, denied housing and employment, shunned by their friends and colleagues, turned down for insurance coverage or refused entry into foreign countries. In some cases they may be evicted from home by their families, divorced by their spouses, and suffer physical violence or even murder.

The stigma attached to HIV/AIDS may extend into the next generation, placing an emotional burden on children who may also be trying to cope with the death of their parents from AIDS. With its focus on stigma and discrimination, the campaign will encourage people to break the silence and the barriers to effective HIV/AIDS prevention and care. Only by confronting the stigma and discrimination, will the fight against HIV/AIDS be won.

Hence it is the duty of the society in general and the Church in particular to create awareness against such trends about people with HIV/AIDS. A pastor should recognize the emotional effect of stigma. A person with AIDS often feels dejected, despicable and unworthy. Pastoral care must encompass the family and friends whose lives are also affected by the stigma of AIDS. Stigma can be reduced by education and counseling. As trusted leaders within our local communities, pastors can do much in creating awareness against the stigma and at the same time confront the injustice associated with the growing stigmatization of persons with AIDS and their families. It is not prudent nor proper on the part
of the pastors to remain silent when the people affected with HIV/AIDS have been suffering and are isolated due to this malady.

4.10 Sex Education in Schools/Colleges

While HIV infection raises many issues, so does prevention, most of all among young people in schools. What can be an appropriate message? What is the right age for such education? Should pupils be allowed to opt out of such education? Young people clearly need to know about the facts of HIV/AIDS, and also need to know about sex and to think through for themselves how they are going to respond.

In the U.K. the Christian based AIDS organization ACET has been very successful in developing a national schools programs, presenting the facts in a context, encouraging pupils to see sex in terms of health, relationship, choices and their long term future.\textsuperscript{127} The U.S. Vice-President some years back had said; 'when eight graders (In India-high school students) are squandering the gift of youthful innocence in premarital sex, the solution is not to give them condoms, the solution is to give them a value-based education.'\textsuperscript{128}

\textsuperscript{128} In Guardian, 16 June, 1992, p.12
In New York city, the Board of Education insisted that all new teachers agree to, ‘stress that abstinence, is the most appropriate’ premarital protection against AIDS’, and, ‘to devote substantially more time and attention to abstinence than to other methods of protection’. With half a million New Yorkers HIV infected, a third of boys and a fifth of girls sexually active by the age of fifteen, there was unease about just giving out condoms for the last few years.

4.10.1 Age of Sexual Consent

There is one traditional way to discourage sexual activity in the young through a legal ‘minimum age of consent’. Below this age any sexual activity becomes a crime! Legal age of consent varies widely from country to country and also from one kind of sexual activity to another. Most of the countries in Europe have enacted laws fixing the age of sexual consent at certain years of age. Here below is the table showing the age of consent in some countries.

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129 In *Nature*, 359,3 September 1992, p.2
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4.10.2 Situation in India

In India we do not have such laws thanks to the awareness of the immorality of sex without marriage. The legal age for marriage in India is 21 for men and 18 for women. Both the civil and the canon law respect this age for marriage and validity of marital consent. The Western society has been
facing a lot of moral dilemmas for introducing such a low age for sexual consent and for making gay and lesbian sexual activities legal. With the introduction of sex education in schools and colleges, it is sure that the youth would have a right perspective and understanding towards sex. In India homosexuality has not been legalized. In January 2003, the Delhi high court admitted a writ petition concerning homosexuality, and finding there was no legislation either legalizing or prohibiting homosexuality, submitted a notification to the central government in this regard so that it might prepare and submit a detailed affidavit.\footnote{In \textit{The New Indian Express}, January 16, 2003.}

Here in India both the government and the private schools/colleges have been shying away from imparting sex education to the students. The reasons are various and obvious too. There is a stigma attached to sex education in India. Both the parents and school authorities feel that sex is a private and personal matter and that it is not to be discussed in a classroom. Because of this mental attitude and lack of proper perspective on the part of the parents and school authorities, pupils are not educated adequately about the proper and responsible use of sex. The results may be catastrophic!

Recently The Week –IN SOFRES MODE conducted a survey on 516 unmarried men and women in Bangalore,
Chennai, Delhi, Hyderabad, Kolkota and Mumbai to find out their attitudes and practices in pre-marital sex. The age group was 18-30 years. The survey threw up some startling home truths. 132 It revealed that 53% of them had premarital sex. About 72% had their first experience during their teens, and 45% reached orgasm the first time. Most of the youth wished that Indian society were more free and open about sex. The explosion of television in the early 1990's followed by the Internet in the mid 1990's and now mobile telephony ushered in irreversible social changes. This has allowed greater interaction between the sexes allowing them freedom to shed traditional inhibitions. According to this survey some learnt about love making as early as when they were 11 years old! These are about 9%. About 40% learnt about love making when they were 14-16 years old. About 13% were of 20-23 years old when they learnt about lovemaking. About 28% had sexual contact at the age of 20+ years. About 11% had sex at the tender age of 12! 133

There is another shocking incident. A medical camp conducted in a school has revealed that seven students, all in the age group of 14 to 18 have tested HIV positive. 134 In the medical fraternity in Madurai of Tamil Nadu state, this report has created panic in the academic community and discreet

132 QUALED NAJMI, I'm OK! You're OK? In, The week, October 27, 2002, p.41-48
133 Ibid, p.44
134 HIV among the students, in The New Indian Express, Bangalore, Feb 1, 2003, p. 10
inquiries have begun. The conduct of these children is being monitored. The information has not been disclosed either to the victims or to their parents. However the school management has been briefed. The same sources said that, in a college near Madurai, at least 16 students tested HIV positive. “Many students are indulging in premarital sex. Sex education should be a part of the curriculum”, says one gynecologist. The great fallout of premarital sex is not only unwanted pregnancies, which are conquerable, but also the spread of sex-related diseases. In fact this group is aware of the sexually transmitted diseases and AIDS. Dr. Sudha Marwah of Mumbai says, ‘More important for one is the stark possibility of ignorant youngsters getting infected by hepatitis B, AIDS, gonorrhea and herpes, which can leave permanent scars or might even prove fatal.’

4.10.3 AVOID PREMARITAL SEX

It is an accepted norm that all children have a right to know as to how their bodies work as soon as they are mature enough to accept this knowledge. In order to protect the adolescents from falling to the danger of HIV/AIDS, it is good to give them rules by which to live. We teach our children to clean their teeth, to cross the road with care, and to solve mathematical problems. Yet some parents and educationists seem to believe it is anathema to teach children specific rules

\[135\] *Ibid*, p.46
about sexual behavior, although this omission may be motivated by emotional reasons and incompetence. Some of them even think that children from the age of ten or eleven have the right to know all about sex, in all its different versions and perversions! By giving a child rules about sexual behavior, one helps to prevent physical and emotional damage to that person’s adolescent life.

While in the East, the youth are venturing into premarital sexual relationships, the Western youth is now learning to say a firm ‘NO’ to such adventures! Virginity is the new trend in Britain and America. The youngsters have been flocking to join the new revolution. According to the latest statistics in U.S.A, about 54% of the youth are reluctant to part with their Virginity. The youth see chastity before marriage as being healthy, spiritually cleansing, politically sound and, yes, hip! Youth organizations and web sites have been promoting the value of virginity. The U.S. Chastity Cult ‘True Love Waits’, has well over 500,000 members. These members have pledged to abstain from sex until the ring is firmly on their finger. There is another organization in U.K called ‘Pure Love Alliance’. The members of this alliance have been
demonstrating outside the prime minister’s residence, demanding that Tony Blair promote chastity.

Here there are lessons that Churchgoers and social workers should emulate. Apparently chastity does not need promoting. A student debating society from the University of New Castle, U.K., gave premarital sex a resounding thumbs-down recently. Two-thirds of the members present at the seminar voted ‘No to sex’ before marriage. ‘Premarital sex will lead to the complete decay of society’, said student Jonathan Clarke, ‘Just because everybody does something, that does not make it right. People’s values may have changed, God’s values have not’.

There has been a consorted effort to wean away the youth from promiscuity that leads to all sorts of evil. A flood of grown-up books has hit the market, heralding the joy of not having sex. Titles such as: ‘A return to Modesty: Discovering the lost Virtue and Sensual Celibacy’ are now popular bedtime reading in the U.K.! The chastity movement has also addressed some very serious health concerns. Teenage pregnancy, cervical cancer, HIV and other sexually transmitted diseases are very prevalent in the West, thanks to promiscuity among the young. Terri McLaughlin, of the Education group, ‘Life Decisions’, of the U.S.A says, the ‘safe -sex message is not

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139 *Ibid*
enough, it has to be, 'no-sex'. She further says, 'For years safe-
sex proponents have been touting the condom as an answer to
preventing teen pregnancy and STD's, but if the safe-sex
message is so accurate and effective, why are STD's spreading
at epidemic rates?' she asks. Mc Laughlin has been traveling to
schools around the U.S. promoting an 'abstinence only'
message. Most of the youngsters who listen to this message are
willing to defer gratification for a greater reward of good health
free from all the evils that go with promiscuity. 

In particular, the Church in India should create awareness
among the youth about the dangers of promiscuity and start a
movement to make them conscious about the evils of premarital
sex. It should make use of Sunday Catechism and sex
education at schools and colleges under its management. Thus
it could reach a wider audience.

4.10.4 SCHOOL PROGRAMS

As the dreadful AIDS has been extending its tentacles far
and wide, the society at large and the various Churches in
particular have taken keen interest to create awareness about
this evil. Teaching in Church youth groups will reach only a
few. What about schools and colleges? There can be few
lessons, which are more controversial. As soon as we think

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140 Ibid
about education on sex or on AIDS/HIV in schools, we find ourselves caught up in polarized debate. For the last few years more attention has been focused on this vital area. In the U.S a survey done on 30,000 high school pupils showed that an increasing number were being taught about AIDS and were discussing about related topics with their parents too! At the same time in the U.K, ACET developed an educational program with a simple, practical, low-risk approach, which has been immensely popular with teachers. Nearly 60% of the secondary schools made use of the materials supplied by the ACET. Although this method may not be regarded as a blueprint for success, there are general lessons to be learned, a number of which can be adapted to the situation in different countries.

As a first decisive step towards creating awareness about HIV/AIDS to pupils, the U.K. government made changes in the national curriculum by including HIV/AIDS as a compulsory subject as part of science and then moving it to be part of sex education. At first this caused a great stir from the public. Up to then sex education had been an optional extra from which parents might withdraw their children. Gradually opposition to

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141 *British Medical Journal*, 305, July 11, 1992, p.70-71, Editorial Calling for focus on HIV health campaigns to shift to Schools.
such education stopped and today the students there have very informative education on HIV/AIDS and also on sex.\textsuperscript{144}

4.10.5 Response of the Parents

For children home is the first school. It is the duty of the parents to bring up their children in sound Christian doctrine. Mumbai-based Sudha Marwah, a gynecologist proposes 8 points to parents to follow towards their wards. These are very useful and worth emulating.\textsuperscript{145}

1. Keep communication lines open. Know your children's friends, particularly those of the opposite sex. Find out which one is study and get to know the person.

2. Treating your son/daughter as your friend does not help. They don't need you as friends!

3. It is difficult to make out if a girl has had a secret abortion. Abortions are virtually painless affairs and the effect of anesthesia wears off within an hour. The girl may say she had been to a movie and nobody will be the wiser.

4. Sexual urges are natural, just like hunger and cannot be suppressed just like that. Ensure that the son/daughter does not go astray.

\textsuperscript{144} Ibid, p.298-299
\textsuperscript{145} What Parents Can Do, \textit{in The week}, Dec 7, 2002, p.48
5. Talk to him/her about HIV/AIDS and sexually transmitted diseases and emphasize the dignity of the self and body.

6. Act as strong role models.

7. The strength of the relationship between husband and wife should be strong. This creates a comfort zone.

8. Wean children away from vices, correct and forgive them, completely support them so that they do not repeat it. If your child has had sex, help him/her cope with the mistake and get on with life. It will help heal scars and as maturity sets in they will become better human beings.

4.10.6 **ROLE OF THE INDIAN CHURCH IN HIV/AIDS EDUCATION**

As the epidemic has been spreading ominously bringing death and destruction to many millions worldwide, the Churches have become a beacon to other organizations to educate the public on the dreadful disease. AIDS has become a worsening crisis challenging society and religion as we have seen. AIDS is our disease, a disease of the human family. AIDS also challenges the Churches to respond to complex ethical and social issues and to profound personal needs. This response has been mixed. Representatives of some religions have described AIDS as God’s punishment for sexual sins. Many others have stressed the need to commit people and resources to compassionate care for all people with AIDS. The
Catholic Bishops of the United States have addressed the AIDS epidemic in two major statements; *The Many Faces of AIDS: A Gospel Response*, from the U.S. Catholic Bishop’s Conferences’ Administrative Board in 1987, and *Called to compassion and Responsibility: A Response to HIV/AIDS crisis*, from the National Conference of Catholic bishops in 1989. These statements of course, do not solve the crisis or respond to the entire complex ethical and other question, but they do provide some of the basic building blocks of an authentically Christian response. Like the Church in the U.S.A, other Churches throughout the world have taken cognizance of the enormity of the problem and have guided their flocks towards a proper response to the crisis, by way of education, pastoral care and medical service.

In spite of the rapid spread of HIV/AIDS in India too, the Church in India has been very slow to organize an adequate confrontation with the AIDS crisis. We have about 150 dioceses in India. As far as we know, none of the dioceses have begun a campaign against AIDS earnestly! At the national episcopal level there is no separate Commission for HIV/AIDS for a better coordination effort for education etc. The Catholic Bishop’s Conference in India has established a *Commission for Health* very recently. It is this commission that looks after the

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campaign against AIDS through education and awareness programs. At present this commission has been called, 'Commission for Health Care Apostolate'. The Most Reverend Bishop Thumma Bala, the bishop of Warangal Diocese is the Chairman of this Commission. Dr. Alex Vadakumthala is the Executive secretary.

4.10.6.1 A TEXT BOOK FOR SCHOOLS

'More than any time before, educational institutions are now aware of the devastating consequences of the onslaught of AIDS pandemic... the situation in India, over 5 million people estimated to be infected with HIV, is extremely alarming. In the absence of a drug for cure and a vaccine for prevention, education for prevention is the only effective option available with us to contain the further spread of HIV'.

These are the words from the preface of the textbook for the schools. The CBCI Commission for Health has published this book. 'Prevention of HIV/AIDS: A School Text Book' provides factual information on several questions being asked. Dr. Gracious Thomas has meticulously prepared this book. It has twelve chapters beginning with the basic informative on the human Body's defense system, to the issues concerning

\[147\] GRACIOUS THOMAS, A Text Book for Schools: Prevention of HIV/AIDS, CBCI Commission for Health Care Apostolate, CBCI Center, 1Ashok Place, New Delhi, 1999, p.1
prevention, counseling and care to be given to the HIV infected people. There are also five exercises given at the end of each chapter. In this way a learner will be able to acquire sufficient information on the what, why and how of the problems associated with HIV/AIDS. There is most useful information and a suitable glossary. This book, it is hoped will provide a good starter of health education on HIV/AIDS. So far no other institution has thought of having a good textbook in line with the Church teaching. Gone are the days when teaching on topics such as sex, family planning and AIDS was taboo. This textbook has been hailed and used widely in India by the English Medium schools.

The table of contents has this order:

1. Basic information of Body’s defense system.
2. Basic information on HIV/AIDS disease.
3. HIV/AIDS Testing and Treatment options.
4. History of HIV/AIDS.
5. HIV Transmission
6. How HIV is not spread.
7. Basic information on sexually transmitted diseases.
8. Alcohol, Drugs and AIDS.
9. Global and National situation of HIV/AIDS.
10.HIV high risk groups in India.
12.HIV/AIDS Counseling and care.
In addition to the above table of contents the textbook gives information on HIV surveillance centers in various parts of India and also information is available on the Zonal blood testing Centers in India. Glossary on HIV/AIDS is a source of further information for students in this field. It is hoped that the various diocesan schools will follow this textbook for awareness on the dreaded disease, so that the youth, most vulnerable to the disease can take adequate precaution!

4.11 ACTION PLAN FOR THE GOVERNMENT

There should be no more ignorance for anybody on AIDS and HIV for now and for the days to come! The government, the Non-governmental organizations and the Church have a responsible role to play in educating and caring for the people struck with AIDS. ‘Prevention is better than cure’. The personal and social tragedy caused by the epidemic touches virtually everyone. Both the state and central governments have been now utilizing a lot of funds through various agencies to create awareness of this dreadful disease, give health care and target risky groups. In the field of health care, the government has a particular responsibility. ‘It is the duty of the government to provide health care as per the Directive Principles of the constitution. The Governmental health care
efforts are, by far, the largest...\textsuperscript{148} It is therefore necessary for us to be aware of India’s Health policy. If the health care policies of the Church are to bear greater fruit, the Church in India also must fall in line with the government’s policy, wherever that is good and possible.\textsuperscript{149}

4.11.1 Taking Stock

We have to get this right: the governments need to spend enormous amounts of money to fight against the menace of AIDS. Hence no government can afford to squander resources and money on such problems. There are vested interests that increase or exaggerate their own budgets. The governments and other organizations should undertake regular inspection and evaluate their programs. For example, has education reduced heterosexual spread but not affected drug addicts? Are new HIV cases spreading in different ways? The government should know and determine the extent of the problem. \textit{We may have possibly five to fifteen years to plan one’s terminal care, but only today to prevent death.}\textsuperscript{150} Knowing the extent of the AIDS problem is a must for any government.

\textsuperscript{148} "Health Policy of the Church in India", CBCI Commission for Health Care Apostolate, CBCI Center, 1 Ashok Place, New Delhi, p.3
\textsuperscript{149} \textit{Ibid}, p.3
4:11.2 Target People with Risks

Our practical knowledge has taught us that education is most effective when targeted at those most at risk. A prolonged and aggressive campaign needs to be aimed at the drug-addict populations of major cities. In India the North Eastern states have high concentration of drug users. Those who use drugs are the prime targets for HIV diffusion in the near future unless a vigorous campaign changes their attitudes. In addition a further hard-hitting campaign needs to be aimed at all men who have had sex with other men in the past or may do so in the future— not just at the so-called gay community. 151

Young people also are a risk group and should be targeted before they begin taking risks. It is easier to prevent risky behavior before it becomes a second nature; or else it will be too late. Travelers and tourists also need surveillance. In some countries travelers may be several hundred times more likely to become infected from a casual sexual encounter than in a country like the United Kingdom. 152

Mere government campaigns and publicity will be insufficient without continued high profile publicity for a prolonged period towards high-risk groups in particular and in general to the other groups. Changing behavior is extremely

151 Ibid, p.354
152 The Times, 1 April 1935, p.5
difficult. Smoking kills several hundreds and thousands each year, numbers, which dwarf the current AIDS problem, yet public health campaigns have taken years to produce change. Sexual drives are stronger than the power of nicotine or the needle. Only 14% of New York drug users have changed sexual behavior, for example, while 59% are using clean needles.\textsuperscript{153}

4.11.3 \textbf{PREPARE HEALTH EDUCATORS}

The relentless spread of HIV/AIDS in the recent past has unfolded its grave consequences on the health and behavior pattern of people from every walk of life. The situation in India is growing worse day by day. What is extremely alarming is that India has crossed 5 million mark infected with HIV and AIDS. In this grave situation the Church in India has to face more challenges. She has to do much more than what she has been doing already. Her limited resources in money, material and personnel have to be more judiciously utilized by avoiding all possible waste, unnecessary duplication of facilities and services, and dissipation of resources.

The Health and Healing ministry of the Catholic Church in India has been growing in variety and magnitude over the years. Many are the institutions and services being operated by

\textsuperscript{153} \textit{The Times}, 21 March, 1987
the generous persons who have dedicated themselves to this area of Christian service. The Church has responded to the health care needs of the country to a remarkable degree. Large number of dedicated peoples, whether religious, priests or laypersons are involved in this humane endeavor. We have about 3,000 such health care facilities, mostly small and rural. About a million health care workers cater to the needy throughout India.\textsuperscript{154}

Along with health care personal of the Church, the government should prepare an army of health educators on the road. The economics of health education are simple in many industrialized nations; hospital costs for caring for one AIDS patient alone are so high that a health educator only has to prevent one person a year from developing AIDS to save the government or the health insurance companies his entire salary.\textsuperscript{155} If a health care educator succeeds in preventing one person a month from becoming infected, the government or other agencies can save hundreds and thousands of rupees. The argument in favor of teaching prevention is overwhelming. An effective communicator can save hundreds of lives a year. The biggest asset an educator needs to have is the credibility that comes from personal experience. If only one would be able to

\textsuperscript{154} "Guidelines", \textit{Health Policy of the Church in India}, Catholic Bishops' Conference of India, Commission for Health Care Apostolate, CBCI Center, 1 Ashok Place, New Delhi, 1992, p.1

\textsuperscript{155} In \textit{Science USA}, 239, 5 February 1988, pp. 604 -610
say he or she visited an AIDS ward would be a tremendous help in earning the attention of students.

Already a lot has been done in this area, but it is not enough. An army of health educators needs to speak to all school children over the age of eleven or twelve years. There should be no more delay. It needs to happen urgently. This army of health educators needs to go into high schools, colleges, universities, factories, working bars, clubs, leisure centers, Churches, youth groups, housing projects, cinema halls, community centers and anywhere people congregate. They could even go with a short message, 'I want to tell you about three friends of mine who have just died of AIDS. I'm telling you because the person you are sitting next to right now may well be positive and all of you here in ten to fifteen years' time may have been to an AIDS funeral unless something changes very drastically.'

4:11.4 NATIONAL HEALTH PROGRAMS NEEDED TO HEALTH CARE WORKERS

Never has there been a disease that has spread so quickly. Let us consider cancer: cancer has been around for centuries. There have been acute training problems to keep pace with the

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156 *Pediatrics*, 82:2, 1988, pp 278-280(American Academy of Pediatrics Committee on School Health)
new hospices that are opening each year. There is explosion of AIDS in many countries. And at the same time we see the rapid change in the appearance of the disease. Hence most of the knowledge, which the medical fraternity has at present, would be obsolete in a year or two! This calls for vast crash-training programs on the part of the government and the Church. If every week terrorists flew up from civilian aircraft on domestic flights killing 1000 US citizens, a national state of emergency would be declared. In the same way when there is an earthquake that kills more than 500 citizens of India, here too a national state of emergency would be declared and all the resources at the government would be utilized on a war footing! Now the question is why shouldn’t these governments treat the AIDS epidemic with the same seriousness? After all, possibly the same number are doomed every two or three days in the countries through new HIV infection alone.

The need of the hour is to organize National Health Programs for the benefit of the health care workers. In the United States, AIDS day courses for family doctors based on Voluntary attendance have had appallingly low attendance!\textsuperscript{158} Those who attend such conferences were usually those most qualified, and most recently informed, perhaps least needing the training. Where is the silent majority? An hour or half a day is totally inadequate for such trainings. A full day’s training

\textsuperscript{158} \textit{The Times}, April 24, 1987; this has always been so for courses, on other subjects too before AIDS. \textit{Only ten attended A Bradford Conference for family doctors on AIDS!}

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should be the absolute minimum for doctors and nurses, particularly in high incidence areas. In England, ACET has shown the value of 'train-the-trainer' programs with health care professionals in a country like Romania.\textsuperscript{159}

\textbf{4.11.5 NEED FOR SPECIALIST ADVISORY TEAMS}

In the face of the dreaded disease, Governments should fund without delay full-fledged multi-disciplinary teams to advise and support health care workers in the community and the hospitals. They should be extra active in the high incidence areas. They should be able and more than willing to give round the clock advice to families and friends. Today specialized teams are a must. One of the aims of such teams would be to channel the latest information and techniques on treatment from research centers to those in the field.\textsuperscript{160}

As for the composition of the team, it could comprise one full-time doctor, two specialist nurses, a full-time social worker and an administrator. Such workers can have a remit to cover other illnesses as well, particularly in poor nations. The central government of India and the state governments have taken necessary initiatives to constitute the specialist advisory teams. All the different governments have health ministries and special

\textsuperscript{159} PATRICK DIXON, \textit{The Truth about AIDS}, Kingsway publications, Eastbourne, London, 1994, p.357

\textsuperscript{160} \textit{Ibid}
courses have been taken to have enough personnel at district head quarters from where their services would be required for the whole of the district. The state government of Karnataka, under the ministry of health has formed in each District Hospital a special team that looks after the HIV/AIDS department.

4.11.6 TEAMWORK AND PARTNERSHIP

The Church is the largest non-governmental organization in most nations. The Church has many and varied branches and other facilities. It represents an untapped fountainhead. In most developing countries the Church has a long history of health care ministry. Since the Church has the necessary infrastructure and is able to mobilize resources and personnel, the governments should actively seek partnership programs. The Church as such not only represents an effective resource organization, but also has a powerful influence for social change. The essential task of the government should be to provide over-all leadership, strategy and co-ordination. We all need to work together. The problem of the AIDS epidemic is too great in many countries for governments or secular agencies alone to solve on their own.\(^{161}\)

\(^{161}\textit{Ibid}, \text{p.358}\)
The Church in India has large numbers and categories of personnel in health care, whether it is in hospitals, health centers, parishes or communities. But there is always shortage of dedicated, competent, qualified and experienced personnel. The health policy of the Church in India is to, 'encourage more and more committed persons to participate in health care so that the health care institutions and services will have adequate numbers of personnel of the different categories, with proper qualification, competence and compassion'.

4.11.7 Research into a Vaccine/Cure

In addition to the points given above, the governments and international agencies need to go for further research for remedies. The fact no remedies have been discovered to date is no indicator that no remedy will be found eventually. Incentives need to be provided to encourage drug companies to direct their vast research operations towards a medical solution. Meanwhile a comprehensive study of marriage is the need of the hour. Questions such as, what makes a happy marriage, how to choose the right partner, how to prevent marriage breakdowns-etc should be part of sex education and marriage counseling.

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162 Health Policy of the Church in India, Guidelines, CBCI, Commission for Health Care Apostolate, CBCI Center, Ashok Place, New Delhi, 1992, p.8
4.12 CARE AND PREVENTION ARE NOT ENOUGH

In this chapter we have seen how the Church can create awareness about the disease. But for us Christians mere care and prevention are not enough! Jesus had said that he was the light of the world.\[^{163}\] John's Gospel tells us that the light shines in the darkness and the darkness has never overcome it.\[^{164}\] Jesus has further told us that our light should shine so that people could see the good works and give glory to God our Father in heaven.\[^{165}\] Hence we Christians should understand that in the face of the epidemic, being light means about explaining, and about proclaiming, about being light would imply an effective playing out of our role as prophetic of the kingdom. Through our pastoral response to this crisis we are to take every opportunity to explain and show what God is doing so that people give honor and glory to Him.

4.12.2 A GLOBAL RESPONSE

We have looked at how governments can and should respond to the crisis of AIDS. We now need to return to our overall Christian vision for responding to AIDS. There is more needed than just prevention and cure! Should not the Church do something more? The Church's programs should not be

\[^{163}\] Holy Bible, Jn 8:12, Theological Publications in India, Bangalore, 1999  
\[^{164}\] Ibid, Jn 1:5, Theological Publications in India, Bangalore, 1999  
\[^{165}\] Ibid, Mt 5:16, Theological Publications in India, Bangalore, 1999
identical in every way to governmental ones. We should not lose our overall vision and perspectives.

AIDS has become a global epidemic. Hence a global response is needed. We need to see the Church’s response to AIDS in the context of rapid Church’s growth. Today in almost every continent of the world the Church is growing rapidly. It is no coincidence that both the HIV and faith are spreading so fast; in different ways both are temperature gauges of sick societies that have lost their way. The HIV spread is an indicator of the loss of traditional values that have held societies for centuries. Amidst the pandemonium of the AIDS epidemic we are all called to pray that ‘God’s kingdom will come and His will be done’. We believe the Church needs to take hold of God’s answer to AIDS with confidence. We are to tell people about the God who invented the wonderful gift of sex and who loves it when we love and are faithful to each other. It is the time now to proclaim a clear message based on facts and God’s purpose for us. It is also time for us to reach out and care for those who until now we hardly realized were there!166

How are we Christians going to respond? What is your Church going to do about this? God needs a global response from His people. Are we going to close our eyes to the agony of

the suffering millions or are we going to respond to what we believe God is calling us to? Perhaps for thousands, Clergy and the Religious included, around the globe, this is a call to move out of the secure comfort of our Churches, convents, monasteries and into the problems and pains of the city, a world stricken and dying with AIDS. 167 One is either part of the problem, or one can be a part of the answer!

It is heartening to note that the Church in India has awakened to the horrors of AIDS and it has been doing its best in creating awareness and preparing a hosts of health care workers against AIDS. As a first step towards achieving this goal the Commission for Health care opened a certificate course in HIV & Family education at the Indira Gandhi National open University (IGNOU) at New Delhi, in June 2001. A Memorandum of Understanding was signed between the Catholic Bishop’s Conference of India (CBCI) and the Indira Gandhi National Open University on February 29, 2000 and established a Chair for studies on topics related to Health and Social welfare. The first certificate course was offered from the year 2001, was on “HIV and Family Education”. 168 It is hoped that this certificate course will prepare a lot of health care personnel to educate the people about the evils of AIDS.

167 Ibid, p. 368
168 Information Brochure; A certificate course in HIV and Family Education at IGNOU, Commission for Health Care, Catholic Bishop’s Conference in India, New Delhi, June, 2001, p.1
The Church in India should respond to the crisis of AIDS with the utmost urgency. Individuals too can help the Church through various ways. Here below are enumerated a few guidelines which would be useful for spreading awareness and also care for the victims of AIDS. Here are some suggestions:

1. The Commission for Health Care Apostolate of the Catholic Bishop’s Conference in India seems to lack efficiency in this area. A separate Health Care Commission for HIV/AIDS would go a long way in offering better care to these victims.

2. Volunteers should become link-persons between their Church/Organization and the Commission for Health Care Apostolate in India and persons in need of assistance. The Commission would be sending a special information pack, literature, prayer requests and news about AIDS and also the Christian response from around the world to anyone who requests for it.

3. Religious/lay leaders/ Volunteers in Health Care Apostolate could enroll themselves for a distant education at the IGNOU on HIV/AIDS. This is a very useful course.

4. It is useful to invite someone from the Commission or a similar Christian Organization involved in AIDS care and prevention, to speak during a Sunday service.

5. It is good to form prayer groups such as ‘Small Christian Communities’ (SCC) and pray for the welfare of
AIDS victims. Such groups could also pray for the work of the Health Commission and other Church groups.

6. One could also support Christian AIDS initiatives financially on a regular basis and encourage the Church to do so. One could also remember Christian AIDS Organizations while making out their wills or last testaments. That will probably be the most valuable gifting that one will ever be able to make and also reduce the tax liability on one's property.

7. Volunteers could help promote AIDS prevention in schools/colleges and make these institutions aware of the information resources available. In the U.K. students can use ACET schools materials, available in bulk, free of charge some years ago. In India the Health Commission could do likewise.

8. One could also write to people involved in service to the AIDS Centers in one's area and could also become a volunteer in a Christian Organization.

9. It is good to encourage the Church elders to include teaching about sex and AIDS as part of the program for adults and youth catechesis in the Church.

10. Volunteers could consider helping those dying with AIDS in their areas, as they have no one to care for them.

11. One could also organize a fund-raising event for HIV/AIDS people; it will educate people and help the cause.

12. It is noteworthy to distribute leaflets/books/articles on HIV/AIDS to one's friends or Church leaders. This will help create awareness about the disease and help people to take preventive measures against it.
CONCLUSION

In the second part of the thesis entitled 'A Pastoral response of the Church', the fourth chapter has dealt with details on AIDS Awareness. It is important that one is made aware of the disease so that one could take adequate precaution. As AIDS is a worldwide crisis that challenges people of every faith everywhere, we have to sustain loving relationships, in the home and in the community. We have to strive at weaving homes and communities.

In the fourth chapter AIDS awareness has twelve sub-titles. Each sub-title deals with awareness in a distinct perspective. Keeping in mind the dictum, that education is the only key to prevention of AIDS, this chapter has dealt with the need of educating the society at all levels, students, youth and the married couples. The action list given at the end of the chapter throws much light for the active participation of the public at large in creating awareness about the dreaded disease.