

**CHRISTIANS' PERCEPTIONS AND PRACTICE OF 'ABC'
STRATEGY IN THE CONTEXT OF NEW HIV INFECTIONS IN
KIAMBU COUNTY - KENYA**

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DECLARATION

This thesis is my original work and has not been presented for a degree in any other University.

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DEDICATION

This thesis is dedicated to my children, Ethan Muema and Edlyn Mbinya who have been my daily inspiration for my academic ambitions.

and also

My husband - Samuel Mwalili for his love, encouragement and endurance during the period of this study.

Blessings!

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OPERATIONAL DEFINITION OF TERMS

ABC strategy	: Abstinence, Being Faithful, Condom use
Catholic Church	: The word Catholic is used to specifically refer to the Roman Catholic Church.
Christian	: A member of either Roman Catholic or Africa Inland Church.
Conservative Churches	: These are Churches that want to preserve the traditional morality and social norms often opposing changes.
Directive	: This is an official and authoritative teaching given by the Catholic or the Africa Inland Churches.
Perception	: Individual's understanding of the rightness or wrongness of abstinence, fidelity and condom use, a result of individual's construal processes
Practice	: Action point/ doing something in relation to one's sexual behaviour.
Sex	: The physiological and psychological processes related to procreation and erotic pleasure.
Sexuality	: This is the total of our physical, emotional and spiritual actions, responses, thoughts and feelings.
Young Adult	: Refers to any unmarried person between ages of 19-24 years.

ABBREVIATIONS AND ACRONYMS

A.I.C	Africa Inland Church
A.I.M	Africa Inland Mission
ABC	Abstinence, Be Faithful, Condom Use
ABY	Abstinence and Behaviour Change Program for the Youth
AIDS	Acquired Immune Deficiency Syndrome
AIDSCOM	AIDS Public Health Communication Project
ART	Antiretroviral Therapy
ARV	Antiretroviral
CC	Catholic Church
CCC	Catechism of the Catholic Church
CDC	Centre for Disease Control and Prevention
CS	Catholic Secretariat
FBO	Faith Based Organizations
FGDs	Focus Group Discussions
GoK	Government of Kenya
HIV	Human Immunodeficiency Virus
KAIS	Kenya AIDS Indicator Survey
KDHS	Kenya Demographic Health Survey
KEC	Kenya Episcopal Conference
KNBS	Kenya National Bureau of Statistics
KPHC	Kenya Population and Housing Census
KU-ERC	Kenyatta University Ethical Review Committee

MOT	Modes of Transmission
MSM	Men Who Have Sex With Men
NACC	National AIDS Control Council
NACOSTI	National Commission for Science, Technology and Innovation
NASCOP	National AIDS and STI Control Programme
OGAC	Office of the US Global AIDS Coordinator
PASW	Predictive Analytics Software
PEPFAR	Presidential Emergency Plan for AIDS Relief
PMC	Philadelphia Missionary Council
PSI	Population Service International
PWG	Prevention Working Group
PWID	People Who Inject Drugs
STIs	Sexually Transmitted Infections
TDSP	Thika District Strategic Plan
TES	Thika East Sub-county
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNISWA	University of Swaziland
USAID	United States Agency for International Development
WCC	World Council of Churches

ABSTRACT

Despite the several interventions to prevent the Human Immuno-deficiency Virus (HIV) infection and Acquired Immuno-deficiency Syndrome (AIDS), new HIV infections are still on the rise. There is a general agreement that the leading cause of new HIV infections is heterosexual relationships within or outside marriage. The study sought to investigate the perceptions and practice of ABC strategy of HIV prevention among Christians in the age bracket of 19–49, by specifically seeking to investigate whether the A.I.C and Catholic theologies of abstinence and fidelity influence sexual behavior of the Christians, to evaluate Christians' perceptions of ABC strategy of HIV prevention, to establish whether the Christians practice the ABC strategy and to explore the barriers to successful implementation of ABC among the Christians. This study's conceptual framework was drawn from four key theories: Social Identity, Social Interactionism, Kohlberg's theory of Cognitive Moral Development and Smith's theory of religious effects. The study followed a cross-sectional descriptive design, employing both quantitative and qualitative approaches. Six churches were randomly selected from a list of eighteen Catholic and Africa Inland Churches (A.I.C) in Thika East Sub-county (TES). Four hundred and four (n=404) study participants were conveniently selected proportional to the population size. Data were collected using structured questionnaires, In-depth Interview Schedules and Focus Group Discussion guides. Data analysis was done with the help of Predictive Analytics Software (PASW). The findings of the study suggest that positive perception of the church's theology on sexuality and of safe sex behavioural options may not necessarily translate into their practice. It was realized that people make moral decisions based on what adds value to the self but not on conforming to the church norms on sexuality. The study concludes that there is a need for the internalization of the values embedded in Christian moral teaching on sexuality. Thus, the study recommends an appropriate understanding of a responsible spiritual self that upholds subjective truth to the complexity of sexual relations and other relations existing within the wider, complex and changing society. It calls for a rethinking of Christian sexual ethics from an interrelational perspective that is both vertical and horizontal in dimension. In that, the relationships between the self and God as well as the other social relations are taken into account in the process of moral decision making. Further, the study calls on church leaders to open up to the era of grace and conceptualize it, then there will be a paradigm shift that will necessitate the internalization of Christian moral values. Overall, the thesis recommends an improved and comprehensive sexual health approach in inculcating and analyzing sexual values that can impact positively on the lives of persons, as we envision an AIDS-free generation.

CHAPTER ONE

1.0 INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 Introduction

This chapter presents the introduction, background information and the statement of the research problem, the purpose and objectives of the study, research questions, hypotheses, as well as the significance of the study. A concise exposition of the theories used as well as the conceptual framework are part of this chapter.

1.2 Background to the Study

The world is committed to ending the AIDS epidemic by 2030. However, huge challenges lie ahead. In 2016 the Joint United Nations Programme on HIV and AIDS (UNAIDS) working group on global HIV and AIDS and Sexually Transmitted Infections (STI) surveillance reported a worrying 2.1 million new HIV infections. This figure adds up to a total of 36.7 million people living with HIV.

Sub-Saharan Africa which comprises only 10 per cent of the world population carries a disproportionate burden of HIV, accounting for 70 per cent of the total world new HIV infections (UNAIDS, 2016). East and Southern Africa is hardest hit by HIV. The region houses 960,000 new HIV infections, which is 46 per cent of the global total (Ibid).

Kenya has been cited by UNAIDS as one of the few countries in the continent which has sustained reduction in HIV prevalence from a high of 14.1 per cent in 1990 to 6.3 per cent in 2009 and 5.6 per cent in 2012 (NASCO, 2014). However, the country is still recording an increase in cases of new infections. Kenya is reported to have the fastest growing number of new HIV infections at 71, 000 in Sub-saharan Africa. According to UNAIDS (2016) between 2005 and 2015, the number of new HIV cases grew by an average of 7.1 per cent per year, one of the highest increases in the world.

This worrying trend of increased new HIV infections is also witnessed in Kiambu County. Kiambu County which is the largest County in Central region of Kenya (See, appendices A10.1, A10.2, A10.3). In 2015, Kiambu County, which houses Thika East Sub- county (TES) the area of the study, contributed 6.0 per cent of the total adults' new HIV infections in Kenya. The HIV prevalence in the Central region amongst ages 15- 49 increased from 3.6 per cent in 2007 (NASCO, 2009) to 3.8 per cent in 2012 (NASCO, 2014). Compared to NASCO estimates (2014), Kiambu County recorded a substantive increase of 46 per cent (from 2,931 to 4,273) in the new HIV infections among adults aged 15 years and above. This is an indication of increased new HIV infections in the area.

A Kenya AIDS Epidemic Update Report (2012) indicates that 44.1 per cent of all new infections occur in stable and long-term relationships including marriages. The Kenya AIDS Response Progress Report (2016) estimated that 1.5 million Kenyans are infected with HIV. Unfortunately, new HIV infections have

remained constantly high across the same period in people from committed relationships/same sex relationships and marriage (Mode of Transmission, 2008). Risky sexual behaviour among the populace is the major cause of the rise in the new HIV Infections (UNAIDS, 2016). It has been reported that majority of the new HIV infections are occurring within 15-49 age bracket who are deemed to be sexually active (Ibid).

Heterosexual transmission has been reported to be responsible for the majority of the new HIV infections (Gouws et al., 2006; UNAIDS, 2012). The Modes of Transmission Study (2008)ⁱ, attributed majority of new infections to varying heterosexual partnerships which was reported to be at 44.1 per cent. The study showed that both men and women who engaged in casual sex constitute 20 per cent of new infections. Sex workers and their clients 14 percent, while men who have sex with men (MSM) and the prison population contributed 15 per cent of new infections. The remaining 6.3 percent represented the people who injected drugs (Ibid). The Kenya Demographic Health Survey (KDHS, 2008) report showed that an estimated 6 per cent of HIV positive couples are discordant and therefore at high risk of HIV infection.

In the first decade of the HIV epidemic, the world was clueless on the looming havoc the pandemic was to cause. The death toll, high rates of infection and anticipated medication that was not forthcoming were just some of the few challenges. As the global HIV epidemic became a reality, efforts to curb its transmission became an essential part of daily life. At the beginning there was a belief that transmission occurred through contact with unsterilized tools,

contaminated blood, sharing of injections and sex among others. However, transmission of HIV through heterosexual sexual encounters has been statistically proven to be the leading mode of transmission (MOT, 2008). Thus, prevention methods revolved around sexual encounters. With the passage of time, scientists have discovered the complexity of sexual transmission of the HIV pandemic, hence the multiplicity of prevention methods. Due to its sexual transmission, the programmes towards HIV prevention encouraged sexual behaviour change (Demus & Jimerson, 1993; Population Action International, 2008).

The programmes' strategies however, did not use the combination of abstinence, fidelity and condom use (ABC) but they singled out one aspect from the three; that is, either abstinence for the unmarried, fidelity for the married, and condom use for those practising risky sexual behaviour (sex workers, truck drivers). Amongst the first programmes was the AIDS Public Health Communication Project (AIDSCOM), funded by the USAID in 1987. The programme promoted abstinence, faithfulness or condom use depending on the group that was targeted (AIDSCOM, 1978-1993). In 1991, Senegal media circulated a poster carrying the message "stick to one partner; should you have more than one partner, be sure to use condoms correctly and dispose of them after one use" (Population Action International, 2008). Specific behaviour changes were noted but ABC as a combined strategy was never mentioned.

It was not until 1992, when Juan Flavio, a Filipino minister of Health, coined ABC strategy of HIV prevention as a combination of the three directives; that is,

abstinence, be faithful and condom use (Hardee et al., 2008). The reading of the slogan offered alternatives to the moral agent. It stated, 'abstain from sex, be faithful if you do not abstain and use a condom if you are not faithful.' The message was not well received by the CC clergy, who argued that promotion of condoms would encourage promiscuity. However, Flavier evaded the moral arguments citing scientific evidence on the slogan's ability to slow the rate of HIV infection, once adhered to (Williamson, 2004). It was his conviction that, ignorance was the outstanding barrier to AIDS prevention especially in the Philippines" (Piotrow, 2003).

The ABC strategy was in 2003 adopted and funded by the United States President's Emergency Plan for AIDS Relief (PEPFAR) as the prevention strategy against sexual transmission of HIV. However, the ABC approach employed population-specific interventions. Abstinence directive targeted the youth and campaigned for delay in sexual debut. It also encouraged the youth to abstain until marriage. Priority in testing for HIV and fidelity in marriage or relationship targeted couples or people in long-term relationships. Correct and consistent condom use by those who practised high-risk sexual behaviour (PEPFAR, 2003). Soon after, the ABC strategy of HIV prevention spread quickly to other parts of the world through international networks of expatriate advisors and World Health Organization (WHO) officials (Hardee et al., 2008).

However, the U.S funding of the ABC strategy became politicized especially in Africa. Kinsman (2010) observed that, funding non-governmental organizations and Faith Based organizations to campaign for behaviour based interventions,

was a move calculated to make the organizations rich. Further, the moralization of the fight against AIDS by the U.S aid to Africa was a contentious issue. Many observers coming from the public health had ill-informed ideologies that condoms were for the immoral people, and therefore, they had to be sidelined (Trinitapoli & Weinreb, 2012). Another speculation that engulfed the funding for HIV prevention was that majority felt that non-governmental organizations deserved funding for the campaigns much more than religious institutions and FBOs. Scholars however argued that FBOs and religious institutions had the right to be funded (O'Toole et al., 2007; Trinitapoli & Weinreb, 2012). They based their argument on the comparative advantage that religion has in campaigning for abstinence and fidelity interventions. This is because these behaviours conform to religions' moral, ethical and scriptural teachings.

Even with this contention, there was a broad agreement between the health and religious groups that HIV prevention called for a change in human persons' moral behaviour and that religion was best suited to play this role. This was because biblical teaching on matters of sexuality supports the first two elements of the ABC strategy, that is, abstinence until marriage and fidelity in marriage. The UNAID echoed the same sentiments and called for moral responsibility in dealing with HIV and AIDS. Since HIV and AIDS is a threat to the growth of a community and is seen as a morality problem, UNICEF and UNAIDS called for the 'shaping of social values and public opinion by using trusted and respected members of the society: religious leaders' (UNICEF, UNAIDS and World Conference of Religions for Peace, 2003: 60). Curlin et al (2007) in support of

the idea argued that, religious beliefs and practices have a positive influence on health in two-fold ways. First, there is the belief in divine intervention in faith – healing where the patient believes in the healing miracles; and second, religious beliefs and teachings shape human behaviour and inculcate moral values, which are important in decision-making.

In 2008, global HIV Prevention Working Group (PWG) noted that, “behaviour change programs/strategies which seek to encourage people to adopt safer sexual behaviour that can reduce the risk of acquiring and transmitting HIV sexually were to be adopted”. Soon after, the ABC (Abstain, Be Faithful, and/or Condom use) strategy surfaced (Hardee et al., 2008). ABC strategy emphasizes on two biblical directives (abstinence, fidelity) and one conventional directive (condom use). All these are subjective behavioural choices. Even though the ABC strategy did not start in the church, two of its directives, abstinence and fidelity are key doctrines in Christian sexual morality (Garner, 2000; Thiels, 1995; Thomas & Thomas, 2005).

In this context of a generalized agreement that the major cause of new HIV infections is as a result of engaging in heterosexual relations, the ABC strategy is a very important intervention (Trinitapoli & Weinreb, 2012). Abstaining from sexual intercourse and remaining faithful to one sexual partner, are of course the most effective ways to avoid HIV infection. The health choice, which is condom use, has been scientifically proven to prevent Sexually Transmitted Diseases (STD) and HIV infection (Cates & Holmes, 1996; CDC, 2002; Davies & Weller, 1999; Hitchcock, 2001; WHO, 2003). Thus, the interaction between religion and

conventional ways in HIV prevention are of utmost importance in the fight against the pandemic. The choice to adhere to the biblical teachings of abstinence and fidelity and/or the responsibility of choosing to use a condom in circumstances where adherence is challenged is an opportune chance to slowing down the rate of HIV infections.

The Christian teaching on sexuality hinges on abstinence for the unmarried and fidelity for the married. Thus, HIV prevalence is expected to be lower in theologically conservative denominations because they have developed social mechanisms for regulating sex and marriage (Garner, 2000; Hill, Cleland & Mohamed 2004; McKinnon et al., 2008; Trinitapoli & Regnerus, 2006). In deed, God prohibits sex before marriage and extra marital relations because God knows that reserving sex for marriage enhances its gifts (procreation and pleasure), builds personal and relational health and protects people from harm (Tracy, 2006). The church teaching is however contravened by the increasing HIV prevalence rate in the predominantly Christian Thika East Sub-county. The study therefore sought to investigate the Christians' perceptions and practice of abstinence, fidelity and condom use as directives that can slow the rate of HIV transmission.

Catholic and Mission Protestant churches are known to be of theologically conservative traditionists, hence strong suggestive evidence that HIV prevalence should be lower among their members (Gregson et al., 1997). Nonetheless, since different denominations have different theologies regarding sexuality, only the Catholic (CC) and Africa Inland church (A.I.C) have been considered in this

study, because they are not only theologically conservative but they also predominate TES.

Catholic sexual teaching as developed by its teaching office is traced from the Bible, Tradition and the influence of the early church fathers. Among others, Plato a Greek Philosopher influenced the CC teaching on sexuality. Plato's understanding of the cosmos brought about a concept of dualism. The Greeks saw the world in dualities of body and soul. The soul was understood to be hierarchically superior to the body. On the issue of sexuality, Plato taught that bodily pleasure was to be avoided as part of the soul's attempt to avoid being enslaved in the body. The soul's true nature was believed to be found in its divine origins and should therefore be "intellective and immune to passion as the divine" (Carrol, 1994:77). As a result, the Greek culture disassociated itself from sexual pleasure (Keane, 1977). Body pessimism became a foundational ideology and the church teaching on sexuality to date.

This Greek culture influenced the lifestyle and thinking of the church fathers. For instance, St. Augustine is spoken of as "a man who fused Christianity together with hatred for sex and pleasure into a systematic unity," (Heinemann, 1990). St. Augustine equated sex to sin and celibacy with righteousness (ibid.). These concepts found their way into the *Encyclicals*, and consequently to the church.

The CC strongly condemns premarital sex (Flaman, 1998). Church documents dating from Pre-Vatican times (Catechism of the CC and Canon Law) teach that conjugal act is meant for a man and a woman united in holy matrimony for

purposes of procreation and education of children only (Flaman, 1999). Non-marital sex is rejected officially as declared in *Persona Humana* (PH):

Today there are many who vindicate the right to sexual union before marriage, at least in those cases where a firm intention to marry and an affection which is already in some way conjugal in the psychology of the subjects require this completion, which they judge to be connatural...This opinion is contrary to Christian doctrine, which states that every genital act must be within the framework of marriage.” (Declaration of Certain Questions Concerning Sexual Ethics, 1975).

Thus the CC doctrine holds that the use of the sexual function has its true meaning and moral rectitude only in marriage. This implies that all deliberate nonmarital sexual activity is immoral.

The Protestant teaching on sexuality can be traced from the key Protestant Reformers of the sixteenth century who included Martin Luther, Ulrich Zwingli, John Calvin and John Knox, among others. These reformers attacked or rejected some ideologies in Catholicism, hence came up with their own teaching. Their ideologies saw the emergence of Protestantism.

One of the outstanding criticisms of Martin Luther was the monastic vows and celibacy (Oppenheimer & Bayer, 2007). Luther used the Bible to argue that marriage was an institution founded by God for purposes of procreation (Gen 2:18). Thus, his theologizing of the body and sex using the Bible developed in response to Catholic matters on celibacy as the higher good and marriage as a sign of spiritual weakness. Luther’s use of the Bible made it a pillar in Protestantism (*Sola scriptura*) (Brecht, 1990). The biblical teaching on sexuality, according to Luther was authentic and hence worth pursuing.

Luther's teaching on adherence to the Biblical teaching in people's daily lives and their moral choices helped him explain the concept of experience and faith. To Luther, the freedom of faith which is transforming when compared to the Catholic binding rules and norms, made all people equal before God (Witte, 2002). Whether married or celibate, with status or not, all were capable of pursuing purity. Sex, according to Luther was a gift from the creator to the married, not only for procreation but also for companionship. It is important to note that initially the CC did not acknowledge companionship as a gift of or purpose for marital sex, hence Luther's critique.

The Counter Reformation of the sixteenth - seventeenth century brought Luther's critics on pleasure to the fore, where Calvinistic Puritanism would prevail (Muir, 1930; Packer, 1990). The Calvinistic puritanism held a negative attitude towards sexuality, where all sexual acts were refuted as sinful. The puritanists argued that man was sinful after the fall, and thus the only way out was to abandon all worldly pleasures, which included repression of sexual urges. According to Packer (ibid) Puritans believed that man existed for the glory of God; that his first concern in life was to do God's will so as to receive future happiness. On the individual level, each person had to be reformed continually by the grace of God in order to fight against indwelling sin and do what is right before God.

Nevertheless, Puritans' disparate beliefs about sexual morality started changing from the eighteenth century and beyond. The change was necessitated by an increase in population that had pushed people to use contraceptives (Posner,

1992). The choice to use contraceptives was subjective, based on the couple's capability to support their own families. As a result, a belief emerged that an individual's sex and sexuality formed the most basic core of people's identity, potentiality, social/political standing and freedom. This brought about the era of reason, which meant a change or an end in pronouncing a discourse on sex that is derived solely from absolute morality (Foucault, 1976; Posner, 1992). So people could now by use of their rationality to make an informed choice on sexual matters and the size of the family that they could nurture comfortably. However, the puritans were still firm on immoral behaviour, a teaching that was spread across in their missionary work.

Subsequently, the Protestants allow sexual intercourse only in marriage and condemn premarital sex and consortium (Witte, 2005). Thus, Protestant Christian sexual moral teaching can be summarized in three words; chastity, abstinence and fidelity (Heimbach, 2004; Munthali *et al.*, 2004). These sexual directives acknowledge and protect the will of God for sexuality, which is a gift. God's will for mankind is always good. Thus adherence to God's will can never steer people into sin and suffering. Religious directives on sexuality once adhered to can influence the behaviour of individuals positively, that is, in accordance with God's will.

The Christians' failure to adhere to the church sexual norms necessitated this study. The increase in the spread of HIV infection questioned Christians' adherence to the biblical teaching on sexuality. The study investigated whether the Christians' perceptions of abstinence and fidelity influenced their sexual

behaviour. This was achieved by evaluating the Christians' perceptions and practice of the ABC strategy of HIV prevention in CC and A.I.C which are dominant in TES. Further, CC and A.I.C are the mainline churches which have concrete teachings on sexuality and sexual behaviour.

The Roman CC is headed by the Pope, who is also the bishop of Rome. The CC teaching on sexuality is documented in the *encyclicals* (official papal church documents). The *magisterium* (teaching office of the CC) preserves the official church pronouncements and position on different matters. The CC teaching on sexuality affirms that marriage is the only acceptable context for sexual intercourse; a God-given gift reserved for couples for purposes of mutual companionship and procreation.

The A.I.C was born from a Protestant missionary work of Africa Inland Mission (A.I.M) in 1895. According to Bremer (2003), A.I.M was comprised of American Presbyterian church members who had migrated from England to North America between 1559 and 1660. Their teachings on sex though not documented were thus greatly influenced by puritanism of John Calvin and John Knox. The Puritans believed in salvation, and emphasized on personal conversion. This was deemed necessary after the fall of man (Gen 3) where he lost his/her God given ability to do good. The puritans also believed in strict adherence to the biblical directives on all matters affecting the human person including sexuality. Puritanism repressed all manner of sexual impulses and disobedience amounted to punishment. Thus, the A.I.M missionaries passed on

the ideologies of sexual repression to the A.I.C, and hence influenced the ethical processes of decision making among her adherents.

1.3 Statement of the Problem

Kenya is a religious country with almost 97 per cent of the population considering itself religious and only 3 per cent as non-religious. Christians form 83 per cent, with Protestants taking 53 per cent, Catholics 20 per cent and the remaining 10 per cent representing the Charismatic Movements (Kenya Population and Housing Census (KPHC), 2009). The statistics explain why we would expect moral uprightness in Kenya since there are many professing Christians.

According KPHC (2009) majority of people living in Kiambu County are conservative Christians from different denominations with a small number of residents subscribing to other religious inclinations like Islam and Hinduism. Further, majority (62 per cent) of the people in the county are in the age distribution of 15-64 years. Ages 0-14 years stand at 34 per cent whereas 65 years and above are the minority at 4 per cent (Ibid). The rate of new HIV infections among the people within the majority age bracket of 15-49 years is on the increase in Kiambu County (NASCO, 2016). This is in spite of the fact that there are many Christians in this County. Heterosexual intercourse is reported to be the driving force in the increasing new HIV infections (Ibid). In Thika other transmissions occur as a result of commercial sex work, sex between men and among injecting drug users. This suggests that Thika sub-county residents are engaging in risky sexual behaviour that lead to the transmission of the HIV. The

increase in new HIV infections in Kiambu County contributes 6 per cent of the nation's new HIV infections totals, from 2,931 (NASCOPI, 2013) to 4,273 (NASCOPI, 2016). This puts into question the Christians' perceptions and practice of abstinence and fidelity in the County. Thika East sub-county though geographically small is home to a population of 200,500, the highest in Kiambu County making it the best representation of the Christians' perceptions and practice of ABC directives.

This research therefore sought to investigate the perceptions and practice of ABC strategy of HIV prevention amongst Christians in CC and A.I.C, aged between 19-49 in TES. The study also explored the barriers that the Christians face in implementing the ABC strategy.

1.4 Purpose of the study

The purpose of this study was to investigate the Christians' perceptions and practice of ABC strategy of HIV prevention in the context of new HIV infections. Two of the ABC directives, that is abstinence and Be faithful flow from Christian sexual moral teachings. It was hoped that positive perceptions and practice of ABC strategy would encourage the church to take a leading role in fighting HIV transmission.

1.5 Objectives of the Study

The study was guided by the following objectives:

1. Investigate whether the A.I.C and Catholic theologies of abstinence and fidelity influence Christians' sexual behavior.

2. Evaluate Christians' perceptions of ABC strategy in preventing HIV transmission.
3. Establish whether the Christians practice the ABC strategy of HIV prevention.
4. Explore the perceived barriers to successful implementation of ABC strategy among the Christians.

1.6 Research Premises

1. A.I.C and Catholic theologies of abstinence and fidelity influence Christians' sexual behaviour.
2. Majority of the Christians have a positive perception of ABC strategy as a method of HIV prevention.
3. Christians practice the ABC strategy of HIV prevention.
4. Socio-economic factors prevent the successful implementation of the ABC strategy among the Christians.

1.7 Research Questions

The following research questions guided the study:

1. Does the A.I.C and Catholic theologies of abstinence and fidelity influence Christians' moral decision making of engaging or not engaging in premarital or extra marital sex?
2. What are the perceptions of Christians regarding Abstinence, Being Faithful and Condom use (ABC) as a strategy of HIV prevention?

3. Do the Christians practice the directives in the ABC strategy of HIV prevention?
4. What barriers do the Christians face in practising the ABC strategy of HIV prevention?

1.8 Scope and Limitation of the Study

The study was limited by its reliance on the sexual behaviour of CC and A.I.C Christians in TES. Further, only three sexual behaviour patterns were evaluated, that is abstinence, being faithful and condom use.

In addition, self-reported data on sexual activity and especially among Christians may not be easily verified absolutely. Nonetheless, since sexual practices touch on the health of the respondents, the researcher referred to the wholeness of health as a point of departure: a fact that made the respondents to open up for discussions on sexual issues.

Further, both denominations have been reserved in discussing condom use among their adherents since it is viewed as a tool enhancing immorality. However, the researcher foresaw this limitation and approached the condom discussion from a conventional perspective emphasizing that it has been scientifically proven that it hinders HIV transmission.

1.9 Delimitation of the Study

This study investigated the perceptions and practice of ABC strategy of HIV prevention among Christians aged 19-49 years in TES. The study involved three sampled A.I.C and CC in TES. Since the study was done in TES mainline

churches only, the results would not be representative of the perceptions and practice of all Christians aged 19-49 years in Pentecostal and charismatic churches/denominations in Kiambu County.

In sampling the primary respondents, the researcher concentrated on both the unmarried and married Christians in A.I.C and CC aged 19-49 years. Although the researcher recognizes the contemporary understanding of marriage, to include same sex relations, they are outside the scope of this work. Marriage was used to denote a union between a man and a woman.

1.10 Justification and Significance of the Study

KAIS report (NASCO, 2014) shows an increase in the new HIV infection in Kiambu county. This is an indication that the residents of the county and its environs are engaging in risky sexual behaviour that lead to the transmission of the pandemic. This threatens not only the health of the people but also the socio-economic status of the county. This is because when the health of people is challenged, their economic output and positive social relations decline. The health of the age group under study, that is, 19-49 years is crucial to the socio-economic standing of a nation because it is the productive and fertile age group. The information gathered in this study will provide guidelines to the respondents of TES on how to make informed moral decisions regarding healthy sexual life, an insight that is believed will slow the rate of new HIV infections.

Further, majority of the Kenyan population ascribe to a religious faith. Ideally, religious adherence to the normative directives of the churches can slow or even

halt HIV transmission. The church leaders and policy makers are therefore expected to put more effort so as to bring about a social transformation in the era of HIV and AIDS. The health care policy makers and planners will be awakened to the realization that, the ABC strategy of HIV prevention involves individuals' moral choices which cannot be imposed on someone. The study illuminates the need for internalization and acceptability of the church directives by the Christian community in TES. This would then impact on their practice. The policy makers, theologians, ethicists, parents, and social workers among others will also get new insights on the best methodologies to be employed in the teaching of sexuality in this era of increased HIV infections.

This research is significant for at least four reasons. First, the escalating new HIV infections compromises the socio-economic standing of the nation. Second, the church is still striving to come up with the modes and mechanisms of slowing the rate of HIV infections. Third, ABC strategy has great potential in curbing the spread of HIV; and it serves as a foundation for the development of a sustainable Christian methodology of inculcating moral values. Specifically, the strategy offers behavioural choices to the Christians who can be taught to the respective groups effectively. The conventional choice of condom use could stir up the minds of the religious leaders in upholding the duty of preserving life. Fourth, the Faith Communities and Faith Based Organizations (FBOs) have a strategic plan that wishes to reduce new HIV infections acquired through risky behaviour to zero by 2015 (NACC, 2014). The results from the study will be used to improve on the HIV prevention services for the Christians and non-Christians as

well, in TES. Thus, this study contributes immensely towards achieving this goal.

The contribution of this research to formal knowledge is twofold. First, the study contributes an in-depth understanding of the processes underlying subjective valuing, social identities and institutional norms and their effects in shaping Christians' sexual behaviour. This is attainable after a realization that moral-decisions are not made up in a vacuum, but that several situational and circumstantial events are evaluated in relation to what is of value to the individual and to the society at large. Second, the study provided an in-depth understanding of the strengths and weaknesses of the ABC strategy of HIV prevention. The study led to the realization that ABC strategy is not just a directive but that it calls for individual choices and efforts made within particular contexts and situations. The ethical autonomy and freedom that the moral agent/individual has over and against his/her bodily desires dictates the behavioural choices to be made.

1.11 Theoretical Framework

Based on the literature reviewed, this study conceptualizes that a person's sexual behavior is a critical characteristic to HIV prevention. The sexual behaviour of a person are constructed through the interaction between the subjective person and the social structures that are in place, such as family, church/religion, school, culture and media among others (Ng et al., 2000). It is through social interactions that social identities are formed and behavioural choices exhibited.

This study's theoretical framework was drawn from four theories: Social identity theory (Tajfel & Turner, 1979), Symbolic interactionist theory (Blumer, 1969), Kohlberg's theory of Moral Development (Kohlberg, 1958, 1976) and Smith's theory of Religious Effects (Smith, 2003). An exposition of the theories highlighted the important insights relevant for the study.

1.11.1. Social identity theory

Social identity theory has its roots in the field of social psychology (Hamilton & Sherman, 1994; Trepte, 2006; Oakes et al., 1994). It was used to explain behavioural outcomes and their subsequent consequences to the human action processes, essential to social identity. Naturally, a human person is a social being, and thus his/her identity is knowable and evident when acting within a social setting.

Social identity theory has two historical versions of the same content, which supplement each other. The first version which is psychological in nature, was developed by Tajfel and Turner (1979; Tajfel, 1981). Turner et al., (1987), developed the second version known as self-categorization theory. This was an offshoot from social identity theory. The first version held that psychological motivations are the ones that lead the group members to approve or disown an existing group membership (Tajfel & Turner, 1979). Whereas, the second version of self-categorization saw the motivations as emanating from a need among the group members 'to differentiate their own group positively from others to achieve a positive social identity (Turner et al., 1987:47)'. Both theories hold on the fact that social identity originates from the cognitive and

motivational factors. They however, differ on the types of these cognitive motivational factors. Thus, social identity theorists perceive the in-group as a collection of similar persons who identify with each other and who see themselves and each other in similar ways and holding similar views, which are different and more valuable from those of the members of the out-group.

According to Turner et al., (1987), much of the social identity deals with intergroup relations, that is, how people come to see themselves as belonging to one valuable group category (the in-group) in comparison with another group of lesser value (the out-group). This in-group categorization leads to a greater commitment to the group and a less desire to leave the group, even when its status is relatively low (Ellemers et al, 1997). This in-group homogeneity of perception and action in cognitive, attitudinal and behavioural lines influences the view of the self as perfect in the group (Hogg & Hardie, 1992).

Social identity theory (Tajfel & Turner, 1979) assumes that a person does not have one “personal self” but rather several selves that correspond to the widening circles of group membership that one belongs to. These groups are sub-societies within the wider society, such as family, school, church, and the government, among others. In every sub-society, a person builds a self that is acceptable and valuable within that sub-societies’ surrounding. In these different in-groups the ‘self’ belongs to and acts in unison with the expectations of the in-group. The members of the in-group laud the action performed by one of their members since they all have the same perceptions (Turner at al., 1987). In the words of Tajfel and Turner (1979:40),

Social categorizations are conceived as cognitive tools that segment, classify and order the social environment, and thus enable the individual to undertake many forms of social action...they create and define the individual's place in the society.

Even though social identity theory helps us understand the 'self' within a group and the processes of valuing through categorization, it fails to capture the fact that self-identity can be constructed from other factors in ones' life situation. For instance, social comparison and the societal expectations like the need to comply with other norms in the wider society (out-group) play a role in identity formation. Brewer (1991) observes that the individual's identity created in the social identity theory is in fact the lowest categorization a self can value since; the self is a unique entity distinct from other individuals, cognitively and in valuing.

Further, an individual acts in terms of one's own goals, aspirations and desires rather than as a member of a certain group. In the words of Donati (2006:35), 'human persons are social beings with powers of transformative reflection and action that they bring to their social context, powers that are independent of social mediation.'ⁱⁱ The human person will therefore choose to conform to the norms that add value to the self without deviating openly from the normative expectations of the wider society. Thus, social theorists failed to examine thoroughly the sources of constructing social identity in a real world complicated by history, culture, religion and technology.

In this study, Social identity theory was used to situate the human person/self/Christian as a key participant and determinant in ethical decision-making. The Christian has a key role to play in the decisions arrived at especially

regarding his/her sexual behaviour. The behaviour arrived at has to safeguard the personality of the Christian in all his/her areas of interaction.

1.11.2 Symbolic Interactionism theory

The term 'interaction' traces its origins from the field of sociology (Shalin, 1986). It sought to explain the behavioural diversity of the world, society and man in their singleness and multiplicity, between the 'one' and the 'many' (Park & Burgees, 1921)ⁱⁱⁱ. Following this concept of interaction, Blumer seeking to understand human behaviour (1969) developed the theory of symbolic interactionism, which dwelt with the meanings attached to individual's actions.^{iv} However, symbolic interactionism revolved more on understanding the processes of the self than on the symbols, necessitating a change to social interactionism theory.

Symbolic interactionist theory presents the acting person in a social setting (Blumer, 1969). Herbert Mead, the father of interactionist theory argued that the 'individual is not a thrall to the society and that one, (the individual), constitutes society as genuinely as society constitutes the individual (Mead, 1934:70). In other words, the individual and the society are neither opposed to each other nor are they separated from each other. Thus, a society becomes a society of individuals and that the individual is an acting social individual (Cooley, 1962; Gouinlock, 1972; Thomas, 1966).

Stryker (1997) puts the behavioural interaction of the self and the society into perspective in his assertion that,

...the world to which humans react and on which they act is a symbolized world, a world specified by meanings attached to the objects comprising it. . . . The point of view of participants in social interaction must enter decisively into satisfactory accounts or explanations of that interaction' (Ibid, 320).

According to Stryker (2008: 4), 'the mind and the self arise out of the ongoing social interactions whereas the society emerged out of these interactions that shaped the self,' playing back on society. Thus, the self serves as a kind of a 'mirror' for keeping person's behaviour consistent with the expected orderliness in the society.

It is following this backdrop that Symbolic interactionist theory becomes an identity forming theory in line with the self. Blumer (1969) defines social interaction as the process through which people learn the traditions of the society. Weinstein et al (1966) expounds this argument by noting that, peoples' behaviour in interaction with others in social setting forms identities, which are arrived at individually/simultaneously; and at the same time invoking others to verify or shun the identity formed. Naturally, people seek to have their identities verified by others. This is done by observing other peoples' reactions to their behavioural outputs. This is meant to check if the exhibited behaviour is in line with the identity. Further, one checks whether the identity and the behaviour exhibited are acceptable to others. In that, what is accepted is upheld and that which is shunned is relinquished.

According to Burke (1980), an individual creates four identities depending on their social structures and setting. Before an individual undertakes any moral action, one goes through the process of evaluation forms a first identity, the self-identity. This is an idealized self, a self-image of what one perceives oneself to

be. This self-identity according to Burke (Ibid), is what guides interaction in acting and it is always of value.

The second is role identity. In every action, the self is always an occupant of a certain role. These roles are situational and are typically rooted in a larger social setting. These roles act as a link between the self and the wider social structure. The verified role identity determines its sustainability by the self within the larger social setting.

The third identity formed is social identity. This is constructed by the spontaneous willingness to conform to the dictates of the social norms. The social norms, traditions and expectations learned over time act as a drive to social identity formation. This guides the self and the role identities in acting.

The fourth and the last is group identity. This is an identity that is formed from membership in or identification with a certain group within the wider society. Among all the four identities, the self and the social identities are the most important in learning upright behaviour. This is because legitimizing one's identity in the eyes of others is always a driving force of human behaviour (Burke & Stets, 2009). Role and group identities are more likely to be just relevant to the group and consistent with the role played.

Thus, symbolic interactionist theory provided this study with an insight that people will always want to construct identities which are of value, not only to themselves but also to the society. According to Gueguen et al (2009:4), conforming to the right and morally upright social behaviour and judgment is explained by 'the desire of human beings to create affiliation and rapport when they interact with somebody else in line with the social expectations learned.'

Dewey (1954:70) however criticized symbolic interactionist theory as being external, temporal, resisting change and as a super organic entity hovering above individuality by determining an individual's action at any given moment. He falls short of realizing the cognitive faculties of individual in ethical evaluations. The cognitive faculties of the individual who relates with others, are informed by the expectations of the society, over and against what is of value to the self. Thus, symbolic interactionist theory was used in this study to ground the importance of social interactions in Christian's moral decision-making. Christians are relational in nature. The relations that Christians find themselves attached to, influence their decision-making processes. The close-knit relationships and interactions that an individual finds themselves in are cognitively evaluated. The evaluation is based on the norms that guide the relationship as well as the value that they add to the self/Christian. Thus, by being a Christian ought to be backed by practice of the Christian dictates and norms.

1.11.3 Kohlberg's Theory of Moral Development

Kohlberg's theory of moral development (Kohlberg, 1976) holds that moral reasoning, which is a basis for ethical behaviour, develops in stages, and thus a person who progresses to a higher stage of moral reasoning cannot skip the preceding stages. Kohlberg hypothesized that peoples' development of moral standards passes through six stages that are classified into three cognitive levels (Stantrock, 1996; Kohlberg, 1976). Chronologically, the levels and stages include: First, the Pre-conventional level; whereby the child is responsive to cultural values and norms. This level consists of Stage 1: Punishment and

obedience - here the moral thought is based on fear of punishment; Stage 2: Individual instrumental purpose— whereby the moral thought is based on reward and personal interests, in that choosing to do what is right/good is a matter of satisfying one's own needs and wants.

The second level is Conventional in which the individual perceives the maintenance of the social norms as valuable in their own right. The level consists of Stage 3: mutual interpersonal expectations - where the moral thought is hinged upon the person's accepted values, caring for others and being loyal to them; Stage 4: Social order maintaining - which is characterized by understanding of organizations, law, justice and responsibility as the base for moral reasoning.

The third and the highest category of moral development is known as Post-conventional, autonomous or principled level whereby the individuals defines what is of value to them over and against the demands of the authority. At this level, the individuals are fully grown morally and have the capability of evaluating different moral courses of action and take the appropriate reaction in different moral circumstances. It comprises Stage 5: Prior rights and social contract - whereby an understanding of values and laws changes into an exclusive form to each person. This explain how relativity can crown a moral subject; and finally Stage 6: Universal ethical principles—where the world-wide moral norms, such as human rights are shaped in the individual's mind and one bases his reasoning on these principles and norms (Kohlberg, 1971).

Kohlberg believed that the development of a moral society is dependent upon the moral standards of the individuals that live within it. The internalization of

the norms and subsequent evaluation of the same over different moral situations towards choosing the right action depicted a morally developed individual.

The theory of Kohlberg greatly contributes to the study through the understanding that, religious norms and social expectations can be learned and internalized at a tender age. Even though Kohlberg does not refer to external social norms as factors of evaluation during moral development, their consideration during the process of ethical evaluation are important.

Moral maturity is attained when an individual makes upright moral choices voluntarily without having to be imposed by any authority to conform. The individual attaches value to the norms that are laid down by the authorities. However, Kohlberg fails to differentiate the fact that moral reasoning is not a guarantee to moral behaviour. In any case moral development can be used negatively for instance to approve or to justify immoral behaviour. Thus, clear conscience and moral behaviour should be stressed to match up with moral development. In this study Kohlberg's theory assisted in founding the argument that norms, in this case the ABC directives, play a key role in the process of ethical decision-making, but it is the subjective value that is attached to the given norms that propels human behaviour.

1.11.4 Smith's Theory on the Effects of Religion on Human Persons

Smith's (2003) theory of religious effects holds that religion often serves as a factor in promoting healthy outcomes in the lives of human persons. Religious foundations exert constructive and positive effects on the individual's behaviour.

This theory consists of three dimensions of social influences, with each dimension having three specific characteristics that yield religious influences. The dimensions include first, moral order, which exhibits adherence and obedience to moral directives, spiritual experiences and role models. The second dimension is portrayal of learned competencies; these are identified through the exhibited community and leadership skills, coping skills as well as cultural capital. The last dimension is an exhibition of social and organizational ties where religion provides social capital, network closure and extra community skills that support individuals.

Religion is thus foundational in shaping the moral behaviour of individuals, for example, Christians. Religion generally has a stabilizing influence on the lives of the adherents. Religious norms offer directions on the acceptable ways of life, which not only conform to societal expectations but also acceptable to self and God. This is because sacred religion, as regarded in this study, is personal, subjective and an experiential path, which respects the institutional teachings, beliefs and practices (Hall et al., 2010). The inner will power to attach long lasting meanings to the religious norms and practise them revolves around one's religiosity. According to Allport (1950), it is an intrinsic religiosity since the adherents are expected to apply it as a guiding tool for one's everyday moral decisions. Further, religion influences the attitudes and behaviour of human persons in ways that are positive and constructive. In fact, many of the social norms of any culture are rooted in religious perspectives and teachings that provide an acceptable range of alternatives for normative behaviour in any

society (Stark & Bainbridge, 1985). For instance, in several cultures, fornication is shunned, where as the Bible is generally regarded as holding purity and chastity.

With the insight that religion is still a strong player in the moral lives of the Christians, the theory helped in understanding the challenges encountered in adhering to the church teachings. This is because the theory assumes that Christians will always lean on the norms that exhibit constructive and positive behaviour. For example the Christian values of abstinence and fidelity are constructive and positive since they can curb the spread of HIV.

This study is multi-disciplinary in nature, thus the above theories were integrated to come up with a conceptual framework that helped in understanding human sexual behaviour in the era of HIV pandemic. The section that follows links the theories to the variables of the study, that is, to the perception and practice of ABC's strategy of HIV prevention among Christians.

Human behaviour is intertwined in the actions every individual. Behaviour involves a moral agent in a particular life situation/circumstances and consequent motives and intentions, which might be good/right or evil/wrong. The resulting effect of the moral act done is usually a reasoned action. The resulting effect of the act done (good/evil) might be either detrimental or positive to the life of the human person/ moral agent. In this study, the Christians aged 19-49 in TES were the moral agents. Thus, their behaviour is arrived at within a social setting. The moral agent/ individual is usually keen not to diminish their self's worth. The ethical evaluations to undertake a moral action of either

abstaining from sex, remaining faithful to one's partner or using condom to avoid HIV infection are rationally arrived at considering the religious/social norms in place. Other factors may deter pursuance to upright moral behaviour. Peer influence and will power to disobey affects the outcome of the moral act. All in all, the decision rests with the individual who still takes responsibility of the outcome, whether good or evil.

To sum up, social identity theory (Tajfel & Turner, 1979) highlighted a uniformity of action, perception and attitudes among the in-group members. People who identify themselves with a particular group are utterly committed and feel a strong attraction to the group. For example Christians will opt to adhere to the church teaching of abstinence until marriage and fidelity in marriage. Further, a group that is HIV positive would ethically choose to use condoms during their sexual encounters to avoid further spread of HIV. However, it was noted that, individuals are unique and hence behave differently in creating their personal identities. Thus, a Christian can choose to take on moral actions that add value and worth to the self, like abstaining/ safe sex practices (condom-use) even when the in-group (peer group) dictates otherwise.

Symbolic interactionist theory (Blumer, 1969) places the individual Christian in a social setting. In these settings, there exist sub-societies that an individual is supposed to interact in. The sub societies can be culture, religion, school, government, and media among others. The sub-societies like any other organization have their own norms which affect our ethical decision-making processes. For instance, in religion as a sub-society, there are religious norms

which dictate to Christians that they have to abstain until marriage. In yet another sub-society, like the media, abstinence is portrayed as backward and a weakness. It is at this point that subjective/ Christians' moral reasoning learned from Kohlberg's theory of moral development comes in handy. The highest level of maturity is exhibited, by choosing an act that adds value to the individual. For instance, if the youth is subjected to a life situation that makes premarital sex possible, the youth should have the will power of attaching value to one's life and avoid the resulting effects of premarital sex such as contracting HIV and feelings of guilt. The internalized norms during the first level in Kohlberg's theory of voiding punishment should at this point be evaluated rationally.

Upholding the teachings of the church especially on sexuality calls for personal commitment and subjective will power. Smith's (2003), theory rightly holds that religion promotes healthy outcomes in the lives of individuals. In the face of HIV epidemic, a youth choosing to adhere to the religious norm of abstaining not only evades the virus but also gains the respect of the society. In the same way, if married people remain faithful to their monogamous partners, the risk of contracting HIV would be non-existent. Thus, the theories depict a self in a web of sub-societies and relationships. It is a self that values a healthy identity and worth. Challenges notwithstanding, the self has the will power of choosing to do the right thing.

1.12 Conceptual Framework

The following diagram (Figure 1.1) conceptualizes the interplay of the four theories examined. All the theories, social identity theory, symbolic

interactionist theory, Kohlberg's theory of moral development and Smith's theory of religion seek to understand an individual in relation to the society and the behaviour that one exhibits.

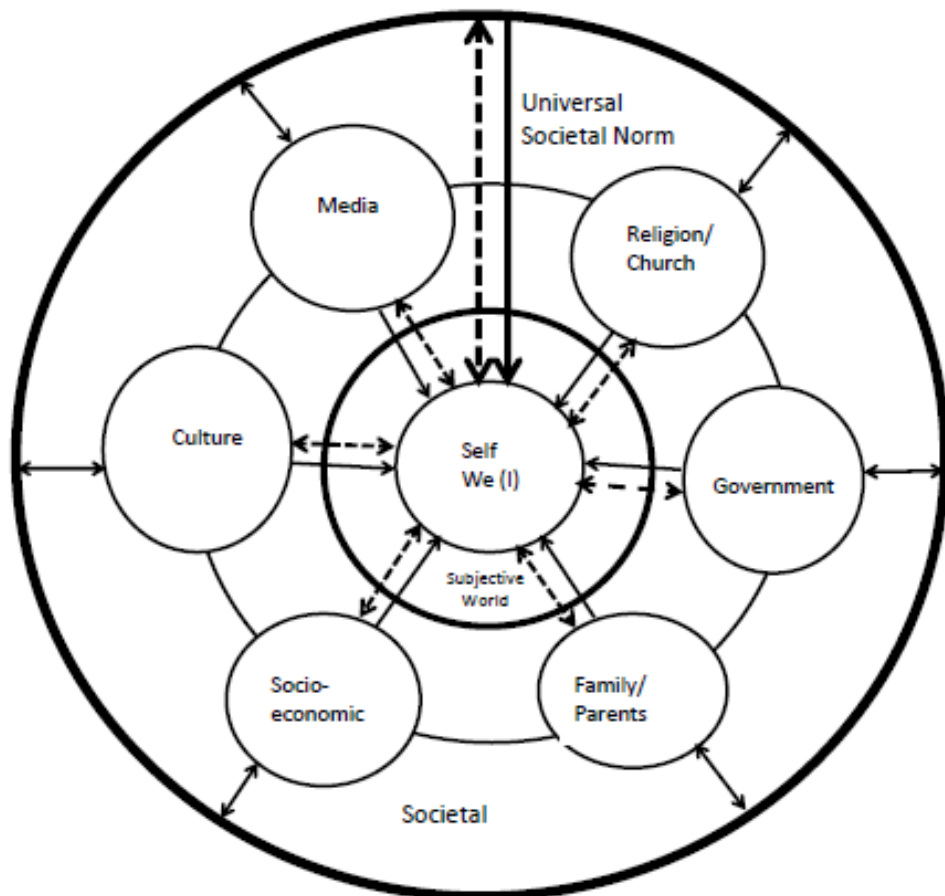


Figure 1.1 Linking of Theories used in the Conceptual Framework (Source: Researcher, 2014)

Figure 1.1 above shows the interconnectedness of the four theories. The wider circle represents a human society as held together by universal norms, such as sex only in marriage, abstinence, respect for legal law and culture, sexual taboos and value for hard work among others. The bold arrows represent the norms governing each unit of the society pointing to the influenced unit and the positive value that the self can accrue when the norm is obeyed. Even when we choose

to live within our subjective world, the relation with the wider society is always at play. Thus, the subjective world can be said to exist virtually, that is, only in our minds.

The broken arrows indicate the interaction of the individual with the sub-societies and with the universal society. However, since the self makes moral evaluation, the broken arrows represent the synthesis and evaluation of norms by the individual in line with the stage of moral development in social interaction. Here, new meanings are made over the existing norms. This is done with the aim of retaining the individual's intrinsic worth and value to the wider society. In forming a personality, an individual will only conform to the norms that add value and self-esteem in the wider society.

Thus, the individual makes ethical decisions based on the world experiences in relation to the societal norms, which include both the universal and the sub-group societies. The ethical decision arrived at by the individual will subjectively be positive though the impact of the outcome to the individual and to the society might vary. For instance, a Christian may be forced by circumstances to engage in pre-marital sex which according to him/her is pleasurable and a modern thing to do. Even though at that given moment the pleasure is enjoyable, the outcome of the encounter on one hand might push the person into guilt or even contract an infection that may cause suffering. On the other, the society may get to know of the incidence hence cause stigmatization or the individual may have lowered self-esteem and loss of respect from the society members.

1.13 Conclusion

This chapter gives an orientation to the core of the study. The purpose of the study, research objectives, questions and premises were listed. Theoretical and conceptual frameworks used in this study and their contribution to the study are discussed in detail.

The chapter that follows reviews the relevant literature touching the four major themes emanating from the study objectives. They are presented thematically, integrating the four theories used.

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- i. There are varying modes of HIV transmission however, HIV infections have been mainly confined to concurrent and casual heterosexual relations which is the major focus in this study. Other modes of HIV transmission include: sharing of contaminated needles among drug injecting users, mother to child transmissions as well as transfusion of infected blood.
 - ii. For more criticisms on social identity theory, see Huddy, L (2001). 'From Social to Political Identity: A Critical Examination of Social Identity Theory.' *Political Psychology*, 22(1) 1-30. Huddy (2001) notes that, several issues hinder successful application of social identity theory on understanding the self in different life situations. The theory fails to address the existence of identity choices; the subjective meanings of identities constructed by the self in different in-groups; the values that the self upholds within a particular group; and lastly, it fails to explain the self's ability to sustain many social identities within the many groups that he /she is part of.
 - iii. See Park and Burgess (1921; 1969:129), on the exposition of interactionism as representing 'the culmination of a long-continued reflection by human beings, in their ceaseless effort to resolve the ancient paradox of unity in diversity of the 'one' and the 'many'. So as to find law and order in the apparent chaos of physical changes and social events, and thus find explanations for the behaviour of the universe, of society, and of man.'
 - iv. Symbolic interactionism as a concept was never mentioned by Mead, but was later coined by his student Herbert Blumer who took over from his teacher after his death.

CHAPTER TWO

2.0 REVIEW OF RELATED LITERATURE

2.1 Introduction

This chapter analyses literature that is relevant to the present study. The literature herein was reviewed thematically following the objectives of the study. The themes included the theologies of sexuality in the CC and A.I.C; Christians' perceptions and practice of ABC strategies of HIV prevention; and barriers to successful implementation of the ABC strategy of HIV prevention. The theoretical framework, on which this research is based, is incorporated into the literature reviewed. The theories used helped in understanding the processes that influence decision-making especially on sexual matters, which have a great impact on HIV transmission.

2.2 Review of Related Literature

In order to understand the factors that are likely to determine involvement and/or non-involvement of Christians in high-risk sexual behaviour, we sought to understand the theologies of sexuality within the CC and A.I.C. This was meant to meet two goals. First, to acquire knowledge on the theology of sexuality of the two churches under study. Second, to investigate the Christians' perceptions of the theology of sexuality and how these perceptions influence their processes of ethical decision-making.

2.2.1 Theology of sexuality

Sex and sexuality poses a great challenge to the religious leaders because in most of the African societies, speaking about sex is shunned and is viewed as a private matter. Since the dawn of HIV and AIDS, sex and sexuality is a topic that cannot be avoided. It deserves a lot of attention, especially by the parents and religious leaders in order inculcate upright moral values to the young people in the society. According to Rhonheimer (2012), the present world has embraced the philosophies of libertinism, permissivism and hedonism^v. These philosophies have not only encouraged sex with multiple partners but also sex with anybody out of and within wedlock which has led to the rise in the transmission of new HIV infections.

2.2.1.1 Catholic Theology of Sexuality

This section offers a review of the Catholic theology on sexuality. The Catholic religion is a tradition of Christianity that entails a devout commitment to sacraments, tradition, and a defined structure of leadership. The Pope is the leader of the entire CC and is thereby endowed with the authority to establish specific moral rules and standards for every individual Catholic (Catechism of the CC (CCC), 1994; Dummett, 2010). This is because people's inclinations towards sexual conduct, the meanings and perceptions that characterize sexual relations and behaviour are determined by cultural and religious values.

The teachings of the CC on sexuality have their origin in the Bible/scripture, church tradition/church fathers and the Magisterium, which is the teaching office

(CCC, 1994). The Magisterium employs reason and day-to-day experiences in presenting their teaching on upcoming moral issues.

The developments of Catholic thought on sexuality especially on the key issues of this study, which are abstinence, fidelity and condom use, are stated clearly by its teaching office (Magisterium). Thus, the teachings of the CC flow from the papacy through the encyclicals and apostolic exhortations down to the laity through the Catechism of the CC (CCC).

The CCC is the official doctrinal presentation of what the Catholic upholds in a wide variety of topics. On the ABC strategy of sexuality the CCC (1994) numbers 2337 (Chastity/ abstinence), 2390 (fidelity in marriage) and 2399 (contraceptive use) offers clear directions.

Chastity means the successful integration of sexuality within the person and thus the inner unity of man in his bodily and spiritual being. Sexuality, in which man's belonging to the bodily and biological world is expressed, becomes personal and truly human when it is integrated into the relationship of one person to another, in the complete and lifelong mutual gift of a man and a woman. The virtue of chastity therefore involves the integrity of the person and the integrality of the gift (CCC, No. 2337).

On fidelity,

The sexual act must take place exclusively within marriage. Outside of marriage it always constitutes a grave sin and excludes one from sacramental communion (CCC, No. 2390).

On condom use, which is viewed as a contraceptive,

The regulation of births represents one of the aspects of responsible fatherhood and motherhood. Legitimate intentions on the part of the spouses do not justify recourse to morally unacceptable means (for example, direct sterilization or contraception) (CCC, No. 2399).

Even though we do not intend to give an in-depth analysis of Christian marriage, the centrality of the axiom “no sex before marriage” and “fidelity in marriage”;

“No pre or extra-marital sex” makes an examination of marriage, sexual contact and their ideals necessary. This is motivated by the normative understanding of the ideals of sexual contact being reserved for the married only. These three principles denote the very essence of the official Catholic position on sexual morality. First, genuine chastity, second, any human genital act must occur within the framework of heterosexual marriage and third, that every marriage act must remain open to the transmission of life. Over and above that, the CC considers premarital sex a “grave sin (CCC, 1994: 515).”

St Augustine, one of the church fathers, noted that, any sexual activity within marriage aimed for other reasons rather than procreation was a venial sin (*De bono coniugali/On the Good of Marriage*, 6 and 7; Flaman, 1999). The CC teaches that marriage is a sacrament and an indissoluble institution, founded by God (The Canon and Decrees of the Council of Trent, 1545-63). Further, any conjugal act outside the marriage institution is condemned (*Persona Humana/Declaration on Certain Questions Concerning Sexual Ethics*, 1975, 16), by inference denoting to premarital and extra marital sex (CCC, 1994). According to Porter (1999) during the medieval period, any act that went contrary to the will of God was classified as unnatural following the natural law ethic. Sex was natural and godly only between a man and a woman for purposes of procreation in a marriage relationship (Francoeur, 2007).

The CC’s stance on contraceptive use is unwaveringly negative. Flowing from CCC no. 2399; any form of contraception, even condom use interferes with the highest good, which is the transmission of life. The CC is opposed to all artificial forms of birth control and supports natural family planning as the only method

of birth regulation that does not interfere with the unitive and procreative aspects of marriage (O'Brien, 2011). On the issue of HIV and AIDS prevention, Pope Benedict XVI in 2009 advocated for condom use only when it could preserve life and avoid death, mostly amongst discordant couples (Smith, 2010). The Pope noted that condom use was “a first step in the direction of moralization, a first assumption of responsibility... a first step in a movement towards a different way, a more human way of a living sexuality (Ibid:2).” However, in spite of the revolutionary statement of almost edging away from complete ban of condom use, the Pope was keen to hold on to the Catholic teaching that abstinence and fidelity were the best strategy in fighting HIV (Ibid). It is important to note the intended end towards condom use that Benedict XVI advocated for, is not to deter conception but to uphold life. Majority of the research participants echoed the stance of Benedict XVI on condom use, though complaints of not enjoying full sexual pleasure while using a condom still held.

The ill perceptions on sex and sexuality found in most of writings of many church fathers are not evident in the Bible. Francoeur (2007) explains the negativity as resulting from the Catholics' quest to understand the human body. Francoeur (ibid) asserts that the Catholics relied on understanding of the Greek platonic dualists, gnostic thinkers and Roman stoics who distorted the image of sexuality.^{vi}

The Gnostics adopted a dualistic understanding of the human person, as made of a body and a soul. The soul and the mind qualified as divine and were always in constant conflict with the body. The soul sought for its liberation from the prison of the evil body. The body and its pleasures were therefore, harmful to the soul

(Bynum, 2004; Lawrence, 1989). In the words of Brown (1988), “the material nature of the body was for the Greeks a constant source of danger for irrational and destructive behaviour.”^{vii} Greek philosophers saw the body as the centre of sexual danger for both the individual and the community at large. An affirmation claim can be made with reference to the HIV and AIDS pandemic. The negative perception of the body and sex calls for urgent demystification in order to slow the increasing rate of new HIV infections

The hierarchical Gnostic notion of the superiority of the soul over the body influenced the Catholic view of sexual pleasure. Gregory of Nyssa in affirming the Greek stance, is quoted by Hart (1990) noting that sexual activity was the first link in a chain of vice that led to the soul’s descent into sin. As a result, celibacy was highly esteemed, to a point of being branded as a ‘science of assimilating one’s nature with the divine’ (Kannengiesser, 2001:34).

In upholding the status of celibacy, the Council of Elvira (309 C.E) proclaimed abstinence as the Christian standard. Soon after, in the Nicaea Council (325 C.E), the patristic fathers repressed sex completely, and endorsed celibate life as the highest good (Kung, 2003). In the fourth century, virginity and celibacy became both an ecclesiastical and a social demand of the early church (Carroll, 1994). Thus, the early church repressed sex, by arguing that virginity and celibacy provided the highest virtue of sanctity and spiritual power.

Scholars argued that following the conversion of Constantine and the emergence of the “Christian Empire” in the fourth century, the early church in general embraced asceticism and monasticism as an ideal expression of human

sanctification and spiritual practice. Thus, “virginity” became the marker of the superior Christian. Owing to the quest of fleeing from the evil body, most of the Gnostics embraced ascetic life (Brown, 1988; Brundage, 1987; Hanigan, 1982; Keane, 1977). The church incorporated these Gnostic fears of sex in her teaching.

For instance, Tertullian, an early church father, put marriage and fornication on the same level. According to Tertullian conjugal act was evil in itself since it emanates from evil erotic desires of the body (Flaman, 1999). Thus, even though marriage was acceptable, certain pessimism on sex and sexual pleasure was dominant in the Christian teaching. Sexual pleasure, which resided in the body, was evil and hierarchically lower than the soul. The ill reputation on sex from the church fathers in part explains the silence of human beings on the topic of sexuality even though it defines who they really are – social and sexual beings.

Thus, the reliance of the CC on the theological dualism of the body and the soul, in teaching about sexuality, distorts the efforts of fighting HIV and AIDS. The implication of following the theology of dualism is that, the body is inferior to the spirit. Thus, sexuality, which is expressed by the body, is viewed as a bodily impulse that requires appropriate control and restraint (Davidson et al., 1995). Following this concept, religion induces guilt and reinforces behavioural restraint on sexual relations, explaining why majority of the participants are not keen on the church teaching on sexuality. Further, the theological dualism presents us with a God who monitors every act that human persons undertake, coupled by a threat of divine punishment for disobedience on His divine will

(Norenzayan & Gervais, 2013). This concept of God acting as a ‘supernatural monitor’ who demands unwavering commitment and loyalty, questions His relational concept of ‘being one with us,’ as we go through our daily contextualized experiences.

A substantial source of Catholic tradition regarding sexual pleasure is documented in the writings of St. Augustine.^{viii} He is one of the church fathers who greatly influenced the development of Christian sexual ethics (Williams, 1955). According to St. Augustine, God originally created man and woman for marriage, within which sexual intercourse could occur for purposes of procreation only. Sex was primarily the means to “multiply and increase” but not pleasure. St. Augustine argued that sexual pleasure was a venial sin (Rank-Heinemann, 1990).^{ix} He condemned sex for pleasure even within marriage, defining it as fornication. It was St. Augustine’s stance that the only authentic ‘moral sexuality’ is first found in celibate life and secondly in sex within marriage for purposes of procreation only (Augustinus, *De bono Coniugali/ On the Good of Marriage* 7.6; 8.8; 9.9).^x

However, scholars have challenged this stance. For instance, Brown (1988) in his analysis of the works of St. Augustine on sexual pleasure notes that the philosopher was just troubled by the effect sexual desire had on human behaviour and human relationships. Hunter (2007) puts it in perspective when he illustrates that St. Augustine’s argument was that sexual desire repressed human mind and will to obey God. This he says, explains why St. Augustine wrote extensively on concupiscence and libido. According to Hunter (Ibid), there is no indication that

St. Augustine rejected sexual pleasure completely. The concerns of St. Augustine on the effects of sexual desire ought not to be refuted as baseless. Irresponsible sexual desire has contributed immensely in the spread of HIV infections.

Further, in his treatise on the 'Goods of Marriage', St. Augustine argues that there are three "goods" of marriage. They include sexual fidelity that prevents sexual activity from being fornication or adultery; the begetting of children and the lifelong union of man and wife that meets the human need for love and companionship (Faul, 1967; Schillebeeckx, 1965). The teaching of St. Augustine on marriage emphasized on fidelity and procreation exercised in its sacramental mystery as the only genuine goods of marriage (Kearney 1999; Hunter, 2007). In the words of Witte (1997: 22), "Augustine's theory of the marital goods of procreation, fidelity and sacrament, was the most integrated Christian theory of marriage offered by the church Fathers."

St. Augustine's sacramental mystery of marriage, which is only attainable once practised in fidelity, informs this study. The sacramental dimension speaks more of an intrinsic value more than what is achieved externally. Even though scholars have conflicting ideas on the works of St. Augustine, one thing is worth noting, the fervent distrust of sexual pleasure continues to live even in both the early and the modern CC. In the modern time, the effects of distrust sexual pleasure are being felt. Nations are fighting the HIV and AIDS pandemic.

Thomas Aquinas another church father held that sexual pleasure was good if ordered to procreation. He defined the relation of husband and wife as a

friendship that fulfilled its purpose through sex (Mackin, 1982; Noonan, 1969). The Christian values of love and sexual fidelity in marriage are built upon the teaching of Thomas Aquinas. Roche (2000) claims that authors such as Tertullian and John Chrysostom developed the idea of marital tenderness and affection much more toward the eventual ideal of “Christian compassionate marriage in which the spouses see their shared life as a communion in all.” The historical studies of the church fathers influenced the teaching of the CC on marriage and sexuality. Thus, their standpoint shed light on the view of marriage as a mutual and respectful relation with procreative and unitive purposes. This is reflected in the preceding church documents.

The Catholic teaching on marriage and sexuality focuses on interpersonal love of spouses, of which sacramentality and procreation are key dimensions (Cahill, 2003). The sacramental dimension of marriage is the intrinsic mystery of faithful love, a unitive value that binds the couple. These ends of marriage have developed and changed historically as it is evident in the church Encyclicals. Five major encyclicals touching on marriage and sexuality were analyzed for clarity of the subject matter. They include *Arcanum Divinae Sapientiae / The Mystery of Divine Wisdom: On Christian Marriage* (Leo XIII, 1880); *Casti Conubii/ Chaste Marriage* (Pius XI, 1930); *Gaudium et Spes/ Joy and Hope: Pastoral Constitution on the Church in the Modern World* (Vatican Council II, 1965); *Humanae Vitae/ On Human Life* (Paul VI, 1968); and *Familiaris Consortio/ On the Role of Christian Family in the Modern World* (John Paul II, 1981).^{xi}

According to Lennan (2004), Leo XIII ruled during turbulent times (1878-1903) and the Pope took it as his personal responsibility to protect the church from the destructive world. The separation of the church and state in the fourth century put civil legalization of divorce into perspective. Thus, the Pope in protecting the church argued that, it was the most perfect state and more superior than any other state.^{xii} However, according to Lennan (2004), the challenge was necessary since the church was not open to history and secular issues coming with the modernity such as economic freedom, divorce and contraceptive use. The Church was then concerned with the divinity of Jesus Christ. According to Grey and Selling (2001) *Arcanum Divinae Sapientiae* (The Mystery of Divine Wisdom: On Christian Marriage) of Leo XIII, was the first church document to take up the subject of conjugal morality. The Pope (Leo XIII) held that marriage is a sacrament, which unites husband and wife for life, with no room for divorce. He emphasized that the goal of marriage is procreation and that following nature's passion is a disobedience to the laws laid down by God. Sex for pleasure is therefore wrong (Leo XIII, 1880).

The Pope would in his next encyclical *Sapientiae Christianae* (Of Christian Wisdom: Christians as Citizens) on morality, condemn sexual intercourse whose sole purpose was geared towards not begetting of children but for pleasure. He held that such an act endangers our souls, since the act goes contrary to the laws of God. He further insisted that loose morals threatened family life, which is the core unit of the society (Ibid).

The moral teachings of Leo XIII were founded on the laws of God. This brings to the fore the concept of natural law as articulated by Thomas Aquinas. Everything had to be ordered in accordance to the natural law that is stipulated by the eternal good, God. For almost half of the twentieth century, all papal writings on sexual issues within marriage are anchored on the concept of natural law. Following this law, the idea of sexual act is solely for purposes of procreation (Grey & Selling, 2001). Thus, the sexual act could rightfully take place only during fertile period when there was certainty of conception. It was only in the 1917 Canon laws that the CC approved sexual act during the infertile period (Ibid). Otherwise, the couple had to abstain from sexual intercourse during infertile period since this did not alter the sole purpose of the act. Sex for pleasure, was therefore suppressed.

In 1930, the Seventh Lambeth conference of the Anglican church allowed contraceptive use within marriage,^{xiii} when the couple felt that they had a serious reason to avoid conception (Hollinger, 2013). The aftermath of this proclamation saw a mass production of condoms in the developed nations (Nicholas, 1968). This provoked a reaction from the Vatican with Pope Pius XI releasing *Casti Conubii* (CC) in 1930. *Casti Conubii* emphasized the natural birth control. The natural birth control or rhythm method is the only one that is in line with the natural law. Hence, it is the only method to date, which is acceptable in the CC (Himes, 2004). Natural birth control implies that the couple in agreement restrain from sexual desires that can lead to sexual intercourse during the first two fertile weeks of the woman's menstrual cycle. The words of Pius XI (1930)

condemning contraceptive use are still powerful and alive in the teaching of the CC. He wrote;

The CC, to which God Himself has committed the integrity and decency of morals, now standing in this ruin of morals, raises her voice aloud through Our mouth, in sign of her divine mission, in order to keep the chastity of the nuptial bond from this foul lapse, and again promulgates; Any use whatever of marriage, in the exercise of which the act by human effort is deprived of its natural power of procreating life, violates the law of God and nature, and those who do such a thing are stained by a grave and mortal fault.

Thus, any hindrance to conception was evil. Grey and Selling (2001) have observed that many scholars misread Pope Pius XI readings with several of them claiming that the Pope accepted natural family planning method. This is however, not the case, since in contrast; Pope's focus was on total hindrance to conception. It was not until 1951 that Pope Pius XII made an official announcement accepting the natural method of birth control (Ibid). In the 1880 internal rulings of the CC on abstinence, states clearly that it is immoral to practise abstinence with the sole aim of avoiding pregnancy. The CC condemned any form of birth control, with the Pope being keen on the artificial contraception of the day and the use of condoms (Pius XI, 1930). The Pope however, acknowledged secondary aims of marriage beside procreation. The Pope taught that through the conjugal act, the couples strengthen their love for each other and that flowing from procreation, education of children becomes their responsibility (Ibid).

The change in times and the modern challenges of the day threatened the very teaching of the CC. For instance, the high population in the world was

threatening the natural resources. High population meant overuse of the available natural resources. The people who could control the sizes of their families were financially stable, hence rich, whereas those who could not, following the teaching of the CC (no contraceptive use) were poor, a fact that saw a widening gap between the rich and the poor. Due to heightened demand to meet the basic needs, women are the ones who had a direct experience on the plight of their children. At this time, the women were not allowed to work, but were supposed to stay at home be provided for and to nurture their children. As the need and plight took their toll, women became more conscious of their marginal position in the society. They therefore demanded for equal rights and opportunities like men. Of the rights demanded included equal rights in education, equal pay for equal work and political rights. Through the first feminist wave of liberation in late 1960's and early 1970's (Millet, 1970), women's economic emancipation was realized (Edlund & Machado, 2010). Women were free to go to work just like the men. This implied that their sexuality was affected and that they could not afford enough time for large families (Nicholas, 1968).

As a result, women began to use contraceptives, arguing that they had the right to control their reproductive capacity (Gecaga, 2004). Further, in the early sixties, another scientific contraceptive, the pill got into the market (Weigel, 1990). Most of the Catholics around the world felt that the authority and teaching of the church was not relevant at the time, thus majority of the Catholics opted to use the pill (Ibid).

In response, Pope John XXIII convoked Vatican II in 1962. According to Lennan (2004) the aim of the Council was to look for ways in which the church could

“adapt to the new conditions and new forms of life introduced into the modern world, in the light of the Gospel and of human experiences (GS,46).” The findings of the Council were recorded in an *encyclical* known as *Gaudium et Spes* (GS)/Church in the Modern world: the Pastoral Constitution of the Church (1965). Chapter two of GS is on fostering the nobility of marriage and family. The constitution reflected the prior doctrine of the CC on the nature of marriage. GS was keen to note that marriage is a “conjugal covenant or irrevocable personal consent” and is a “mutual gift of two persons” (GS, 48).

Without deviating from the natural law concept, GS reiterated that “authentic married love is caught up into the divine love,” which is governed and enriched by Christ’s redeeming power (GS, 48). Just as Christ loved the church so should the same love apply between a man and a woman. This imagery of Christ’s love for the church reflects on the communion of divine self-giving to each other which is intrinsic and hence sacramental (Lamb & Levering, 2008). It is through the internalization of this divine self-giving of marital love, that the aims of marriage are achieved. GS teaches on the procreative and unitive ends of marriage.

Many controversies on the issues of high population and contraceptive use were still of relevance at this time. Pope John XXIII had convoked a Commission that was to study the problems of population and the acceptable methods of family planning (Nicholas, 1968). This Commission met and affirmed the duty of responsible parenthood in a marriage relation. However, the decision of determining whether to use or not to use contraceptives was left to Pope Paul VI. After Vatican II was concluded, more numbers were added to the commission,

this time lay persons, who were thought to have primary experience on the issue of managing a family. The Commissions' final report indicated that the Pope could in his capacity use his power and authority to approve contraception for married couples only (Ashley et al, 2006). Pope Paul VI ignored the directives of the Commission but he later revisited the issue of contraceptive use in *Populorum Progressio*(PP)/ On the Development of Peoples (1967)^{xiv}.

In PP Paul VI noted with great concern the issue of increased population, a challenge that made people think of birth control as the only solution. He was however, firm to note that any form of birth control should be in accordance with the moral teachings of both divine and natural laws (PP, 36). The natural law states that, sexual acts could only be performed by married couples, for purposes of procreation. Hence, no forms of birth control were allowed. The Pope reiterated the importance of love between husband and wife, which originates from God and is perfected in Jesus Christ (Ibid). Thus, the teaching of the CC forbidding any use of contraceptive was reiterated even amidst challenges resulting from a high population.

Paul VI argued that artificial birth control could lead to negative consequences in the family, such as unfaithfulness, low moral standard and low dignity to the couple. The Pope's concerns on birth control were based on controlling conception. Thus, if conception is controlled, then sex for pleasure other will overtake the divine purposes of sex: procreative and unitive purposes. In his words, the Pope asserted that "promiscuity is something created by modern lifestyles" (Ibid).

Although the Pope Paul VI wrote several decades back, he still speaks to the twenty first century lifestyles that are not only challenged by high populations but also by HIV and AIDS. HIV and AIDS is a pandemic that leaves no room for unfaithfulness or promiscuity in any sexual relation. According to Nicholas (1968), the world had assumed that the nod to contraceptive use would be a sign of flexibility and openness of the church to modern times. Unfortunately, this was not to be. The CC was still opposed to their use.

In 1968, Paul VI released another encyclical *Humanae Vitae* (HV)/ On Human Life (1968) on contraceptive use. According to Smith (1991), HV was written to reassert the unbroken condemnation of the use of contraception within the church. Basing himself on the divine and natural laws, the Pope acknowledged the value of sexual relations in marriage as procreative and unitive. It is important to note that nothing new was introduced in HV. The Pope outlined the consequences of using artificial contraception. They include conjugal infidelity and moral decline, man's disrespect of the woman as a unique being, amoral prophetic policies and a sense of unlimited dominion over the human body and its functions (HV, 17). Considering the world population pressure, the Pope seemed to have been addressing the civil/political challenges of the time which included war, colonization and scramble for wealth and raw materials (Smith, 2014). However, if prophetic reading of the encyclical is anything to go by, then the world has witnessed the fulfilment of most of Paul VI concerns. For instance, the decline in morality and unfaithfulness in marriage in this era is an example of such 'fulfilled prophecies'.

Both *Gaudium et spes (Joy and Hope: Pastoral Constitution on the Church in the Modern World)* (1965) and *Humanae Vitae (On Human Life)* (1968) in their language, have abandoned the hierarchical mode of regarding the meanings of the conjugal act, that is the unitive and the procreative. They have instead highlighted their inseparable connection in each sexual act (Cahill, 1989). The two church encyclicals have also maintained the negative stance on artificial contraception with remarkable exaltation of procreation as the end of the sexual act. Thus, the Catholic teaching on sexuality forbids sexual acts outside marriage that is both premarital and extramarital sex as well as the use of artificial contraception. The writings of the later Popes affirmed these teachings emphasizing on the value of human life in marriage. The CC today emphasizes on abstinence and fidelity. She however, forbids any use of contraception including condom use though the study established that most Catholic adherents use condoms.

The apostolic exhortation of John Paul II, *Familiaris Consortio (FC) / the role of the family in the modern world* (1981),^{xv} is an example of a deeper exposition of the CC's stance on sexuality. Even though Pope John Paul II does not repeat the teaching of the church on marriage verbatim, he espouses on the church's stance on marriage and the family. His foundational statement is that human persons are created in the image of God, who is love (FC 11). This love, he asserts is handed over to man by virtue of creation (FC, 20-22). The Pope asserts that the vocation of every human person is to love, whether in marriage, celibate life or exercising virginity. Thus in his definition of marriage, love becomes the basis for the unitive end in marriage. The Pope defines marriage as a personal

union in which man and woman reciprocally give and receive a total self-gift of love from each other (FC, 33). As such, the subjective decision to indulge or not to indulge in the sexual interaction is not given the attention it deserves.

A duty bound love, which is embedded in the mind and soul of every human person, created in the image and likeness of God is a subjective right. He further affirms the gift of children. The Pope noted that children were a gift from God borne from their co-creating act with God. He further pointed to the parents that they have a responsibility of educating and nurturing children. This, according to the Pope was the other end in marriage (FC, 34-38). Thus, the parents have a role of educating their children on all matters affecting their life, including sex education.

Sex education and inculcation of sexual values within the African setting was done by grandparents and mothers who were housewives. However, in the contemporary family setting, grandparents and house wife personalities are non-existent. The contemporary families are occupied by working parents, and schooling children who are left under the care of house helps and different forms of media. This means that there is a gap in socializing the children into societal expectations, therefore the responsibility of socializing the young adults to sex education has to be taken up by different institutions.

On addressing the issue of contraceptive use, John Paul II echoes Paul VI. He observes that the use of any form of contraception is morally unacceptable. He emphasizes the teaching by situating it within the confines of what he refers to as the “divine plan” or “God’s design.”

In critiquing the concept (Selling, 2006) questions whether the 'will of God' is something as obvious as an architects' plan. In that, if this 'will of God' encompasses the entire structure of marriage and family as well as regulating fertility, one would question the viability of this 'God's plan, given the rampant practices and relations at the present times. Does the unchanging God present a nuanced theology that can be easily ousted by a change in time or a change in the architects design? In other words, are the biblical teachings on abstinence until marriage, fidelity in marriage and sex for purposes of procreation bound to change with the change in times?

The unchanging nature of God refutes the assumption. To experience God at work within our relations/marriages, and His will finding place in human persons' behaviour appeals for a more closer and a deeper relationship between human persons and God. Thus, there is a deficient understanding of the vertical relationship between human persons and God.

In response to God-man relationship Knieps-Port Le Roi (2009) argues that a critical reading of FC sheds light to the relationship. He argues that John Paul II does not place the divine order/God's will on the visible world of nature and human institutions but on the individual human person him/herself. It is the invisible, intangible and intrinsic ability of man to love that forms the bases of the vocation to love for both the verticle and horizontal relationships. It is on this vocation to love, which in intrinsic, that John Paul II attaches the capacity and responsibility on human persons to a communal love. Thus, this love should therefore be understood as an intrapersonal (interaction within self) and

interpersonal union (interaction with others), which is willed and established by God, the creator (GS 48).

Even though John Paul II was keen to note the foundation of this mysterious love, which applies to all humanity, it is not short of challenges. This mystery of marriage and family, which is established on divine law, has another mystery, which is incorporated in the interpersonal love of human persons. The interpersonal love, that God calls humanity in to, is lived and exercised in our day-to-day life - this life is utterly unpredictable and challenged by social change among other factors. However, John Paul II writes with great awareness of the plausibility of human love, which he affirms was rectified through the sacrifice that Jesus Christ made on the cross. This He did for his bride, the church (FC, 13). Thus, Christ's love of total self-giving becomes the model of and the norm for conjugal love on the interpersonal level (Knieps-Port Le Roi, 2009: 46). Marriages have had challenges in the modern times. Extramarital relations have destabilized the divine norm of fidelity in this institution. The 'spousal meaning of the body'^{xvi} that is, of total and unselfish giving and receiving of each other's body in marriage as taught by John Paul II stands challenged. Some married men and women have engaged themselves in multiple concurrent relationships, which are not only short-term but also short of experiencing the 'total and unselfish giving of each other.' As a result, new HIV infections are reported to be high among the married Christians who are ideally expected to be free from the HIV and AIDS.

According to Hogan and Le voir (1992) John Paul II conception of marriage draws from a divinely instituted world of human relationships, which has no

connection at all with the practical concrete socio-economic and socio-cultural conditions of their lives. With the change in times, secularization and globalization have brought about same sex relations, pornography and sexting to the fore and this challenges the spousal meaning of the body. Knieps-Port Le Roi (2009) observes that, ‘whoever knows the reality of present day partner relationships is taken aback by how the ideal of total self-giving resonates with today’s couples experiences.’ Extramarital and premarital relations are on the rise, thus challenging the church norm of “sex only”, in marriage. The short-term multiple sex partners and the sexual encounters that a person involves oneself in are risky behaviour that spread the HIV pandemic.

The Pope who followed like Benedict XVI had nothing new to add on the Catholic teaching on marriage and contraceptive use. However, Pope Benedict XVI and Francis I hold differing approaches in solving matters related to family and human sexuality. Pope Benedict XVI relied on the traditional teaching of the CC on human sexuality, while Pope Francis’s progressive nature in sexuality issues is notable.

In 2009, Benedict XVI released his third social encyclical *Caritas in Veritate* (CV) (Charity in Truth). In this, the Pope reiterates the CC’s teaching on sexuality’s openness to procreation. Benedict XVI goes out of his way to relate procreation and true development:

Openness to life is at the center of true development. When a society moves toward the denial or suppression of life, it ends up no longer finding the necessary motivation and energy to strive for man’s true good. If personal and social sensitivity towards the acceptance of a new life is lost, then other forms of acceptance that are valuable to society also wither away. The acceptance of life strengthens moral fibre and makes people capable of mutual help (CV, 28).

The Pope is keen to note that openness to procreation is the only way to true development. The Popes concept of true development hinges on concern for the other, for the value of life as exemplified in the interpersonal love for fellow human beings. The modern society has embraced weird and detrimental sexual relations and contraceptive use with an argument of holding on to personal freedoms and rights.

However, in agreement with Cloutier (2010), sexual liberation and contraception are not a sign of energy as the modern world may be lured to think. The two are signs of social decline, of a 'weary', pathetic society that is not interested in solidarity. Sexual liberation that permits premarital and extramarital sex are indeed characteristics of social moral degradation. It creates a society that has no hope and a future since the divine plan of God that wills for the good of all is abandoned. The advent of HIV and AIDS pandemic and medics' unsuccessful search for a cure attests to the deep seated search for God in order to restore hope in the life of human beings.

Similar sentiments have been documented in *Light of the World*, (2010) prepared by Pope Benedict XVI. The work offers a clarification on the use of condom in HIV prevention. The Pope asserts with clarity that the use of condoms is not the way to deal with the evil of HIV infection. This is because, the choice to use a condom does not present the individual with a moral situation that warrants an ethical evaluation. It is an outright disobedience to the church teaching (no condom use). He noted that it was a lesser evil when used by prostitutes to safeguard life. However, this did not give a leeway to condom use. At the end of

his pontificate, Benedict XVI gave an address to the Roman *Curia* citing the danger the world faced in disrespecting the values and the structure of a family. He asserted that, “the very notion of what being human really means is challenged when the society denies the true structure of the family, made up of father, mother and child” (Benedict XVI, 2012).^{xvii} Thus, the CC teachings on sexuality remain unchanged over the years.

However, Pope Francis I, seems to be taking a different approach on human experiential life. He called for 2014-2015 synods of bishops, which were to tackle issues affecting the family. The extraordinary synod held in October 2014, comprising only of Vatican officials explored the theme ‘the pastoral challenges of the family in the context of evangelization.’ During this synod, the laypersons engaged the clergy on the value of sex. For the first time in the history of CC the lay people came up with a list of issues that they believed constitute an agenda for episcopal discussions regarding family life. Some of the issues listed included cohabitation, same-sex unions, mixed marriages, single-parent families, lack of faith in the sacramentality of marriage, surrogate motherhood and payment of dowry among others (Extraordinary Synod, 2014).

According to father Dorantes, one of the bishops who attended the Synod noted that discussing sexual issues was ‘completely new, we (bishops) don’t talk about it (sex).’ He praised the pope (Francis I) for opening the discussion since it has been the major challenge in their pastoral vocation. He noted that, majority of the bishops agreed that ‘sex was the sacred path among married people, and that it promotes holiness and allows couples to be with God, co-creating in life (Vatican News, March, 10, 2015).’ He however noted that there were still a few

bishops who never supported the idea of discussing sexual issues. The concept illuminates the existent gap of the clergy shying away from discussing sexual issues.

Pope Francis' call for open dialogue on sexual issues is not only a major step but also a progressive move in the CC's history. The issues raised in the extraordinary synod 2014, formed the groundwork for the ordinary synod in October 2015. The theme of the ordinary synod is "the vocation and mission of the family in the church and the world; Jesus Christ reveals the mystery and vocation of the family.'

The conclusions arrived at will be used by the Pope to draft His first Post Synodal exhortation. Nonetheless, we can only hope that the openness in discussing sexual issues in a rather silent group of Catholic bishops can lead to changes that will address the pastoral needs affecting the family in the 21st century. The major question that awaited the conclusion of the 2015 Ordinary Synod and subsequent reaction from Pope Francis I was whether people would expect to see a change in doctrine or a change of language used by the CC.

After the 2015 Ordinary Synod, the Pope (Francis I) accepted that there is a difference between doctrine and discipline especially on sexual matters (Rocco, 2014). The Pope aware of the challenges, opened doors to allow the divorced and remarried Catholic adherents to participate in the church events. He however, held on the CC teaching on the principles of the sacrament of matrimony, that is, indissolubility, unity, fidelity and openness to life. The question of whether the Pope contradicts himself or not, is an issue of concern, but cannot be discussed in this thesis. Nevertheless, we can only appreciate the

progressive step as well as the demystification of sex amongst the Catholic clergy.

Since the CC has its foundational teachings on four pillars; scripture, tradition, reason and experience as outlined in the church encyclicals, there is a need to see an appreciation and consideration of human day to day experiences in the church teaching. The reliance on the normatively authored Catechism of the CC as a teaching resource for sex education is challenged by the changing times and the cultural differences.

The study questioned the high prevalence of HIV infections among the married given the infallible teaching of the CC. The high new HIV infections reported imply either a conflict or tension between perception and adherence to church teaching on sexuality. Christian ethics has over a period of time relied on the church/biblical norms of abstinence and fidelity, as foundations in ethical decision-making. The normative decision making paradigm upholds obedience to the norms whereas disobedience to the same is shunned, as evil and sinful.

Most African feminist scholars have challenged the religious norms especially on sexuality when they fail to take into consideration the dictates of our cultural setting. Kanyoro (2001), Dube (2006), and Oduyoye (2006) are good examples. They all emphasize the importance of questioning culture and religion in setting sexual norms. Religion and culture are intertwined in the society. Religion as a belief, is a cultural symbol of identity which is of importance in the construction of one's identity of 'self' and the 'other (Kilp, 2011).' Culture and religion define who we are in any social setting.

The foundations of Catholic teaching on sexuality have not remained without scholarly critique. In respecting their sentiments, Farley (2006) criticizes the last two foundations of the CC teaching which are reason and experience. He argues that reason cannot be a foundation since it is in itself a practical event, which is usually applied to both the scripture and tradition (wisdom of the church fathers). To him experience is a historical, social, cultural and contextual component that is lived at varying times (Ibid). In order to tackle the twenty first century moral challenges, indeed a clear understanding of the CC foundations directing Christian moral living needs clarification (Farley, 2008). So, instead of using “reason” as a foundation in an ambiguous way, he prefers the use of “secular disciplines of knowledge” implying daily contemporary experiences. Also, in place of “experience”, Farley (2008) rightly favors situated experiences, which he calls, “contemporary experiences”.

Contemporary experiences that take into account the modern challenges that a Christian goes through in ones process of ethical decision-making. This is geared towards matching with the change in time, which has made the church norms ideals, especially in their practicality. The deliberation is however subjective and contextual. Thus, the human person, who is a Christian in this study is informed by the scripture and church traditions. However, the deliberation on secular knowledge and contemporary experiences might be different because of our socio-cultural backgrounds and socio-economic factors among other variables that readily affect the moral decisions arrived at. For instance, a married rich Christian man may be lured to have sex with a poor immodestly dressed

unmarried young girl while quite aware of the church sexual norms on fidelity in marriage and abstinence till marriage. Since the action was not planned for, but happened momentarily, a condom may not be used, which puts both and their social web at risk of contracting HIV infections. This explains the primacy of subjectivity and life contexts in any moral act.

Nevertheless, as Christians we have a helper, the Holy Spirit, who helps in discernment. Lanoue (2011) questions the place of the Holy Spirit in Christian's moral decision-making. After learning from the scripture, tradition, secular knowledge and contemporary experiences, we need to realize that the Holy Spirit helps us to make the final choice before acting. He is of the opinion that the four foundations form the beginning of deliberation, and thus, the choice that is made needs a spiritual deliberation for it to be morally upright (Ibid).

According to Stortz (2003), deliberation becomes incarnate only when Christian communities read and speak, listen and pray. However, the point of action calls for a spiritual discernment which operates on the intrapersonal level of love. That is, the Holy Spirit is given the place to work the will of God in the individual. So, if the church is to face the twenty first century moral challenges with boldness and without altering the core of religion, then there is need for spiritual discernment. Moreover, if reason is considered the deliberation of human mind then spiritual discernment becomes the work of the Spirit within humanity. Thus, the foundations of the CC should include five dimensions, which are; Scripture, tradition, secular knowledge (reason), contemporary experience (experience) and spiritual discernment if at all the church needs to address the contemporary

moral challenges. Thus, there is a missing component of spirituality in the understanding and execution of sexual moral decisions.

According to Verhey (1995), the theological perspective of embodiment, which is spiritual, frames sexuality in positive terms, where the body and its functions are from God and hence, good. Integrated approach of a moral agent's (Christian's) spirituality in understanding sexuality could enhance personal and sexual wellbeing. Helminiak (1996) reiterated the same sentiments by asserting that 'the contemporary concern is to retrieve an appreciation for the beauty and value of sex and to explain how sexuality and spirituality complement each other.' Similarly, Nelson (1987) had expressed the desire to reunite sexuality with the experience of the sacred, which defines spiritual-personal experience with the divine; apart from the ritualized religion of unwavering obedience to sexual norms.

Several contemporary Catholic scholars have generated their ideas on conjugal sexuality in line with secular knowledge and contemporary experience, in handling the new moral challenges (Farley, 2011; Morris 2014; Zagatta, 2011). Farley (2008) for instance, concurs that it is possible to speak normatively on sexual ethics while giving attention to the many cultural differences in place. In that, what may be seen as the just framework for love and sex may not be applicable outside one's own cultural religious setting. Normative speaking does not necessarily translate to universalizing the ethical discourse or even resort to moralisms.

In fact, there are certain things that can be said about sex and sexuality that are not culture bound but are exercised depending on our understanding of who we

are as human persons/sexual beings. This is a fact that grounds the necessity of an alternative theological view of human sexuality, from a dualistic theology to a spiritual understanding of sexuality. In that, sex does not occur as a bodily impulse without the logical evaluations on the outcomes. The HIV pandemic affects both the body and the soul in unison, a focus that is overtly ignored.

2.2.1.2 Africa Inland Church Theology of Sexuality

The Africa Inland Church (A.I.C) sprung from Africa Inland Mission (A.I.M) whose founders were evangelical and interdenominational missionaries from America. The first A.I.M missionary team arrived in Kenya in 1895 led by Rev. Peter Cameron Scott, who among others came from America (Omulokoli, 1995). A.I.M focused on evangelization, with a mission of founding Christ-centered churches amongst all African people (Anderson, 1994). The Great Commission in Matthew 28:19-20: “Go therefore and make disciples of all nations...,” moved the A.I.M missionaries. Thus, with this understanding, the Bible formed the theological foundation of A.I.M.

The A.I.M missionary team to Africa was organized from American Presbyterian Church (Bremer, 2003), which was largely influenced by John Knox’s Puritanism from England (Hall, 2008). John Knox, a student of John Calvin had a lot to learn from his mentor. According to William Haller (1972), all Calvinists were Puritans who held on a doctrine of the importance of the sovereignty of God in salvation, the ordering of one’s life by biblical precepts and the need for the church to worship God only, as God had commanded in Scripture. The puritans thus held on to individual conversion and loyalty to God

through strict observance of the Scripture (Gecaga, 2004). This doctrine became foundational to the theology of the Protestants including the A.I.C. In fact the key reformers claimed boldly that the Bible illuminates reality (Bainton, 1950, 1960). As a church that has her roots deeply imbedded in reformation, chronological consideration of events leading to her formation, especially on sexuality issue is of great importance.

The reformation was influenced by a revolt against several contentious issues. However, for purposes of this study, we will narrow our exposition on matters that appertain to human sexuality. The reformation reacted against a tradition that distrusted sex upholding celibacy and virginity. Prior to the reformation, celibacy and ascetic life were the superior to marriage and represented “the culmination of God’s work of salvation” (Carroll, 1999:57). However, Martin Luther found it incomprehensible that a woman should choose not to marry. He argued that marriage and motherhood was a woman’s inescapable vocation; and to deny it was to fight her natural sex drive. Luther held that a woman’s natural sex drive was more powerful than that of a man (Wiesner, 1992).^{xviii} He further counteracted the gnostic concept of the duality of body and soul and the subsequent veneration of the soul. The degradation of the body over the soul has its roots in the Hellenistic culture. Even though Christianity arose out of Judaism, its growth and development is situated within the context of the first century Roman Empire and the Hellenistic Culture (Will, 1984). The Gnostics understood the cosmos in dualities and this influenced their worldview on human body and soul. The Gnostics associated the soul with the upper world which was

thought to be perfect, while the body was shunned since it belonged to the world of matter, that is imperfect, evil and constrictive (Ibid).

The early Christian understanding of the body was influenced greatly by Plato - the Greek philosopher (429-347 B.C). Plato conception of the human body was utterly negative (Bynum, 2004). In Platonic thoughts, the soul was immortal, incorruptible and an intellectual principle that transcended the body. The soul never housed physical characteristics of race and sex among others, as the body did. Plato conceived the body as a prison that disrupted the soul's proper functioning.^{xix} The Greeks saw the world in dualities of the body and soul. The soul was understood to be hierarchically superior to the body. On the issue of sexuality, Plato taught that one should seek to avoid contact with bodily pleasures as part of the soul's attempt to avoid being grounded in the body. The soul's true nature was believed to be founded in its divine origins and should therefore be "intellective and immune to passion as the Divine" (Carrol, 1994). As a result, the Greek culture disassociated itself from sexual pleasure, since it was deemed evil in itself (Keane, 1977).

During the sixteenth century, Martin Luther begged to differ, arguing that both the body and the soul were created by God. According to Martin Luther, the body was God's good creation and it revealed His glory. He saw the body always in vital connection with the spirit/soul (Williams, 1999). Luther's theology on the body founded on his theologizing on creation in the book of Genesis,^{xx} of which the body is part of God's good creation and as attested in the first sentence of the Apostles' Creed (Mattox, 2003). It is an affirmation of a sound belief in

the almighty God, who is the creator of heaven and earth. Luther asserted that, denouncing the body as evil equals to negating the good creation of God, who is good just as what He had created.

Luther's concept of the unity of the body and soul created in oneness implied that sexual pleasure could be justified, since all what God made was good. The realization that God created both the soul and the body, made Luther denounce and criticize celibate and ascetic life. He deplored celibate life as the highest good, with an argument that, even sexual/erotic desire which was seen as evil by the early church fathers, resided in the realm of the soul which was spiritual (Bainton, 1950, Brecht,1985). For Luther, God who is also the author of marriage created both the erotic desire and the desire for ascetic life; and all resided in the realm of the soul and acted upon by the body.

Martin Luther affirmed marriage as a sacrament though not second to celibacy, since according to him both were vocations. Reading from St. Augustine, Luther taught that, marriage was the sole-sanctioned outlet of sex drive, a means by which the sin of lust could be counteracted. To Luther, marriage is the covenant of fidelity by which husband and wife bind themselves to one another. He held that it is through marriage that the duty of procreation, which is the end and the chief purpose, could be fulfilled (Brecht, 1990). It is important to note that Luther did not demean the other ends of sexual act. Thus, sex for pleasure was still in accordance with the unitive purposes of marriage.

Lutheran ideas influenced, John Calvin who was to carry on with the reformation. According to Packer (1992), puritan ideals of Calvinism as learnt

from Luther and the Bible informs the A.I.C position on human sexuality. Puritanism was a protestant movement in England in the seventeenth century, whose sole mission was to purify the Church of England of the remnants of Roman Catholic ideologies (Durston & Eales, 1996). The puritans held on to a spirit of moral and religious intensity, which guided their whole way of life. It was their utmost belief that, holiness can only be achieved by maintaining a covenantal relationship with God- A God who had out of His own volition chosen to reveal salvation to humanity. The message of salvation was to be attained through preaching necessitated by the power of the Holy Spirit acting as the energizing instrument (Spurr, 1998). The puritans emphasized on preaching of the word drawn from the Scripture and every day real life experiences. John Spurr (1998: 5) puts in perspective the essence of puritanism.

It grows out of the individual's conviction that they have been personally saved by God, elected to salvation by a merciful God for no merit of their own; and that, as a consequence of this election, they must lead a life of visible piety, must be a member of a church modeled on the pattern of the New Testament, and must work to make their community and nation a model Christian society.

The essence of puritanism is purely theological. It is following this theological rigidity of the puritans that made scholars claim that they frowned on sexual pleasure (Flaven, 2012; Judge, 2011). On the contrary, the puritans insisted so strongly on sexual character of marriage (Bremer & Webster, 2006; Hall, 2004; Miller & Thomas, 2001). The puritans were categorical when sexual relations interfered with religion. They held that man's chief being and end was to glorify God. Nothing worldly could diminish this end or even hinder it (Morgan, 1942).

It is important to note that, the puritans were different from ascetics in that, they never prevented the enjoyment of worldly delights so long as they were subordinate to God. According to Morgan (Ibid) the puritans however, detested sexual intercourse outside marriage. They were so strict on it to an extent of passing laws to punish adultery with death and fornication with public whipping.

Unfaithfulness in any sexual relation is the major cause of HIV transmission. It not only fails to glorify God, but has also disrupted the stability of the society as well as the well-being of the human persons. Majority of the HIV infections are occurring in marriages, an institution that should uphold fidelity.

The puritans were united in depending upon scriptures as their highest source of spiritual guidance and sustenance of life (Carden, 1980; Armstrong, 1984). They were committed to biblical teaching, which they strongly believed was the inspired word of God. According to Thomas Watson (1957:101), the puritans call was that ‘think in every line you read ... [in the Bible]...that God is speaking to you.’ God as the author of the Bible and so the puritans reasoned that the biblical authority was therefore absolute. The followers were urged to ‘love, reverence, read, study, obey and stick close to the scriptures’ (Baxter 1830:115). The scriptural adherence of the puritans even in moral matters is evident in Calvinist theology, founded by John Calvin, who was also a puritan.

John Calvin (1509-1564) is the greatest of all Protestant reformers, who had committed himself to conquer the whole world with Christianity (Bible) (Abridged & Lee, 2003). The theology of Calvinism is primarily on the doctrines of election, perseverance and sovereignty (Shellrude, 2008).^{xxi} The

doctrine of sovereignty expounds on the concept that everything that happens does so because God has choreographed it that way (Peterson & Williams, 2010). The reliance on the sovereignty of God and His voice in the scripture is the foundation of Calvinist theology (Puckett, 1995). In the words of John Leith (1971:329), 'Calvin's theology can be properly described primarily as a commentary upon scripture as a whole and secondarily as commentary upon the way the church had read scripture in its theology and creeds.' The importance of scripture for Calvin is the foundation of the church of God (Lane, 1999). Thus, Calvin's theology of sexuality has its basis on the Scripture, whose teaching on sexuality is normative. Consequently, chastity and fidelity are values that Calvinists embrace. They are therefore opposed to premarital and extramarital sex.

Marriage for Calvin was a 'good and a holy ordinance from God.' (McNeill, 1950: 3). Even though he acknowledged procreation and faithfulness as important ends in marriage, he denounced the Catholic notion of marriage as a sacrament (Ibid). He argued that, since it is required that a sacrament should be a work of God and also an outward ceremony appointed by God to confirm a promise, then marriage could never be a sacrament since it was acted upon and officiated by men (Pringle, 1955).^{xxii} Like Luther, Calvin denounced the CC requirement of celibacy for priests. He accredited sex as a natural biological drive that cannot be quenched. He argued that it is normative for people to marry citing St. Paul's advice in 1st Corinthians 7:9 – it is better to marry than to burn with lust. For Calvin, failure to marry is the highest disobedience to one's calling.

If his [a man's] power to tame lust fails him, let him recognize that the Lord has imposed the necessity of marriage upon him (Johnson, 2009).

On the issue of divorce, Calvin insisted that marriage is an indissoluble bond, and that spouses once connected by it no longer have the freedom to change their mind. He however taught that, if an unbeliever wished to divorce a spouse because of religion, the believer was no longer under any marital obligation since “the unbelieving partner makes a divorce with God himself” (Ibid). To Calvin, divorce can be allowed in cases of adultery as taught by Jesus in the Synoptic gospels. Calvin notes that human beings were created for relationships of companion, friendship and intimacy. Thus, God has blessed the relationship of marriage to a “helper suited for us” hence rejecting any sexual union outside of marriage (Johnson, 2009: 82). Calvin interpreted the Old Testament's death penalty for adultery (Lev 20:10) as upholding punishment, which according to him should act as an alternative to divorce. Although Calvin was conservative in his teaching on divorce, he allowed it on four grounds. These include impotence, adultery [extramarital affairs], extreme religious incompatibility and abandonment (Ecclesiastical Ordinances, 1561:139). Calvin also provided for annulment of marriage where one of the spouses could not perform the conjugal act because of some physical infirmity (Snuth, 1990).

The theology of Calvin influenced John Knox (1510-1572). John Knox was the Scottish reformer and founder of Presbyterianism in Scotland (Frankforter, 1987; Kirk, 1979). Knox studied under John Calvin in Geneva before returning to his homeland in 1559 where he founded Presbyterianism through the Scottish

reformation (Magnusson, 2000; Whytock, 1999). The Scot reformers yearned for a church that was independent of the state. This brought about the idea of democracy where by a presbyter/ elder, was elected by the local congregation to serve as their representative to the session. During his tenure the hierarchical church government of the time was abolished. This was towards a reform in the moral fabric of the church and nation, where the nation took upon itself the mandate of punishing immoral actions (Goodare, 2010). The idea of the state punishing immoral acts did not linger on well with the reformers. It was the duty of the presbyters (in the church) to ensure that the process of exercising discipline was adhered to (Ibid). The reformers held on to the Calvinist doctrine of pure desire for God's glory, the good of the soul and the prevention of the ongoing spread of sin. They therefore felt that it was the duty of the ecclesiastical government to draw a church order stipulating how governance and discipline was to be ensured for the wellbeing of the church.

Throughout the religious persecutions of the seventeenth century in Scotland, Some Scots immigrated to North America. Where they settled in eastern Pennsylvania, but later 'they were thinly scattered from Nova Scotia to South Carolina, and far into the interior (Illick, 1976). They brought with them their Presbyterianism in America. In the words of Illick (1976:121) 'the Ulster Presbyterian Church in Pennsylvania governed not only spiritual life but also communal life of her adherents. They were conservative, a pristine Calvinism, characterized by an emphasis on individual discipline... [that was] maintained by group surveillance.' Even though John Knox did not offer a teaching on

sexuality, his theological reliance on his mentor Calvin, offers a strong ground to claim of undisputed adherence to Calvinist ideas on sexuality by the Presbyterians. For instance, Knox himself remarried after the death of his first wife,^{xxiii} following the teaching of his mentor on remarriage in cases of adultery, death, and abandonment.

This Presbyterian faith would later influence Peter Cameron Scot, the founder of the A.I.M. As a young boy, Peter Scot migrated from Scotland in 1885 together with his parents and settled in Philadelphia (Muller, 1955). This was approximately the same time when the Scot-Irish migration was taking place from Scotland to Pennsylvania, America (Frizen, 1993: 9). His parents while in Philadelphia, joined West Park Presbyterian Church. Thus Scott grew up in this church (Ibid). While there, in 1889, Scott experienced a spiritual call to be a missionary in Africa (Morad, 1997). In preparation, Scott enrolled into a missionary college but he could not stay there for long given his strong zeal to evangelize (Richardson, 1968).

He and his brother John Scott sailed to Africa, arriving first to the mouth of Congo river. Due to the harsh environmental and climatic conditions in Africa, his brother John had a malaria attack and eventually died after a few months. It did not take long before Peter was taken ill to United Kingdom for specialized treatment (Ibid). After he recuperated, Scott went back to the United States to raise funds that would enable him fulfil his mission of evangelizing the Africans. According to Morad (1997), Scott approached the Presbyterian Church for funds, unfortunately, they did not have the resources to support him. He never

gave up, but moved on to join another group of mission enthusiasts who had formed the Philadelphia Missionary Council (PMC) in 1895. The A.I.M was one of the Missions that formed PMC.

In 1895, Scott and other missionaries came to Mombasa and made their first destination in their second attempt (Frew, 2006). According to Porter (1977:27), A.I.M. was founded on five principles. First, it was to be an ecumenical mission, meaning that they would accept all Christian missionaries from any evangelical denomination and collaborate with them. Second, A.I.M was to be an evangelistic mission that emphasized methods of direct evangelism, promoting commerce or civilization. Third, A.I.M. would also be a lay mission, seeking to mobilize the vast body of pious, Christian laymen who did not have the opportunity for theological education. Fourth, it would be a Faith Mission that relied upon God alone through prayer for its finances, rather than upon human fund raising techniques. Finally, A.I.M would be a field-governed mission, run by the missionaries themselves rather than by a committee in the homeland. The AIM missionaries were greatly influenced by Puritan theology. The belief in the divine providence by God alone, who redeems His own by grace alone, attests the depth of the influence (Gecaga, 2004).

The missionaries immersed themselves into the work of evangelization. Through evangelization, they encouraged the people to embrace individual salvation. After several people were converted to Christianity, then the missionaries would start a church within that particular locality (Shaw, 1996). The missionaries emphasized the importance of individual salvation, which is understood as the

main theme of Biblical doctrine. This doctrine is based on the redemptive acts revealed by God in the scriptures. According to Herbert (2004:25), a person was considered ‘a full member after having publicly declared his/her experience of salvation and vow to live according to the dictates of Holy scriptures.’ The declaration according to Herbert (Ibid) was a statement of faith. The statement read, ‘I/we believe that salvation is by grace and is God’s free gift to all those who believe in Jesus Christ; and it is received by faith in the redeeming blood of Jesus Christ (Herbert, 2004:7).’

The influence of Calvin’s theology was evident among the A.I.M missionaries. For Calvin, the foundation of the church of God had to be founded on Scripture. Thus, the A.I.M teaching on human sexuality flows from the Scripture that chastity and purity are virtues worth pursuing before marriage and that sex was only viable within the confines of marriage between one man and one woman (1Corinthians 7:2; 6: 9-18; 1 Thessalonians 4:3).

Even though, human sexuality was not so much of a major evangelical issue to A.I.M missionaries, the cultural practices touching on sexuality that were not in accordance with the Bible stirred their reaction. For instance, the missionaries detested female circumcision. They perceived the practice as not only brutal and oppressive but also medically undesirable (Joshua, 2009). Further, polygamy and rampant cases of adultery forced the missionaries to have a “seat of shame” to serve as a punishment for such immoral acts (Drew, 2006; Sandgren, 1999). ‘A seat of shame’ as the name implies, imparted shame on the doer of the immoral acts, which included female circumcision, polygamy, adultery and

incest (Ibid). The missionaries did not understand the belief value that the Africans attached to these practices. As a result the A.I.M missionaries reserved a 'seat of shame' for those who committed immoral actions near the altar. Every time they had meetings, the one responsible for the act was made to seat in front of the congregation for all to see. Hence the name 'seat of shame.' This implied that the A.I.M missionaries followed the biblical teaching on human sexuality. They upheld monogamy and fidelity in marriage.

Some of these practices that were forbidden by the bible like polygamy and adultery were culturally embedded and upheld in the African culture. According to Joshua (2009), African men took pride in marrying many wives as a sign of authority and wealth. In the process of looking for a suitable second or third wife, adultery was a means towards a desired end. The Africans could not fathom the reasons for being inflicted with the pain of shame while living their normal lives.

It was therefore the work of the missionaries to make their doctrine of *Sola Scriptura* relevant and practical to the indigenous people of Africa. Out of the fear of being ashamed, the African natives accepted Christianity only as a public statement, but continued to hold onto their cultural beliefs and practices as a 'suppressed religion' (Herbert, 2004). The paradox lay in the depth and practice of the missionary teachings and the traditional beliefs that African people held. The African people embraced missionaries' religion out of fear but practised their cultural beliefs in suppression.

The suppression did not take long before the Africans protested the invasion and influence of missionaries in their culture (Joshua, 2009). This suppressed

expression of one's beliefs is according to Herbert (Ibid), the true religion, since it dictates the practice of life conduct of the individual. As Buthelezi (2011) asserts, Christians who accept religion as a public charade resort to their inner values, which may contradict what is taught. In this case, the inner values emanate from the African beliefs but not from Christian/ missionary teaching. The Africans thus, kept their true inner religion at heart and under suppression while the imposed missionary religion was practised outwardly without internalizing its precepts, which is detrimental to the processes of ethical decision-making. For purposes of this study, it is clear that public declaration of salvation does not imply practice of the dictates of Christianity on sexual issues. Majority of the Christians in this study professed salvation, but the study established that they still engaged in immoral behaviour. Subjective internalization of moral values of abstinence and fidelity is of utmost importance in arriving at a moral choice to practise them.

In order to continue with their work of evangelization, the missionaries were forced to learn the culture of the African people for total integration of the gospel. Even though the move was positive, the Africans insisted on having their own leadership. The missionaries and the Africans held meetings on how to hand over leadership and ministerial roles to the Africans. According to Somba (1985), the missionaries trained pastors and established schools in preparation to relinquish their leadership roles. Thereafter a cold relationship existed between the Africans and the missionaries. In 1943, Africans came together and proposed a name: Africa Inland Church to denote a church run by the Africans in a quest

to replace Africa Inland Mission. In 1952, the first A.I.C constitution on leadership was drafted, though the leadership of the church was still under the missionaries (Somba, 1985; Africa Inland Church Constitution, 2008). However, the Africans did not relent in their quest and in 1971 A.I.C became an independent church in line with the 1952 constitution (Africa Inland Church Constitution, 2008). The A.I.M missionaries' relinquished leadership and pastoral/pulpit roles to the already trained pastors though A.I.M and A.I.C still partnered in other areas of service.

In the revised constitution of A.I.C (2013: 33-34)^{xxiv}, the church documents her stance on sexuality issues, that is on marriage and divorce. On marriage,

A.I.C-Kenya considers marriage to be a union between man and woman and abhors same sex marriage. Africa Inland Church - Kenya requires that Christians marry only Christians and that they should have their marriage solemnized in the church.....A Christian parent shall not force his daughter or son to marry a person not in love with or of his/her choice (Africa Inland Church – Kenya By-Laws, 2013: 33-34).

In line with the Scripture, the A.I.C advocates for heterosexual marriages (one man and one woman) where both are Christians. Their marriage should be conducted in church where the spouses consent out of love to marry each other. However, understandable this clause may be, the meaning of the word “Christian” calls for clarification. The word ‘Christian’ can carry two meanings. It can refer to a person who professes faith and belief in the death and resurrection of Jesus Christ and or a person who is born of Christian parents. Thus, the A.I.C does not distinctly clarify which of the two meanings is alluded to in their definition.

On polygamy, the constitution notes that “an adherent who marries another wife shall be counseled with a view to his forfeiting that other woman, and shall be placed under church discipline” (Ibid: 35). The Calvinistic concept of communal discipline is depicted here, though we are not given the type of discipline one had to serve besides forfeiting the woman.

On her teaching on divorce, the A.I.C – Kenya By-laws (2013:35) states that:

Africa Inland Church-Kenya submits to the Word of God which says that God hates divorce and that from the beginning there was no divorce (Malachi 2:15-16, Matthew 19:4-8, Mark 10: 1-12). It is therefore the responsibility of the church to reconcile any couple that has difficulties living together. If all efforts by the church to reconcile them fail: - the church shall have no partnership with that dissenting couple. If they wish to remain married, they should reconcile and live together as before.

The indissolubility of marriage is upheld in A.I.C as outlined in the Scripture, although the teaching of Jesus and the Calvinists permits divorce in case of adultery. This is not stipulated in the A.I.C constitution. The complete condemnation of divorce by the A.I.C constitution, whose teaching flows from *Sola Scriptura*, falls short of its biblical interpretation. Jesus in Matthew 19:8 is interpreted to allow for divorce in case of immorality.

In cases of failed reconciliation, an uncharacteristic clause from a church whose doctrine is embedded on salvation by grace is utterly misplaced... “(The church shall have no partnership with that dissenting couple).” A practical church should embrace the daily life experiences of her adherents. Christ died for all, consequently, the responsibility of the church to embrace all despite their challenges. Sexual relations are emotion-oriented not normative oriented, hence,

by no means will normative directives of faithfulness promise the much-needed covenantal characteristic.

The A.I.C – Kenya By-laws offers no teaching on some of the obvious concerns in a marriage institution as recorded in the Bible. They include the ends of marriage, re-marriage in case of adultery or death of a spouse. It also makes no reference to premarital / extramarital sex despite the Scripture being clear on the said behaviour. As a church that has her foundation in Calvinism-Knox's Presbyterianism, the Scriptures should offer direction. However, the study established that there was minimal or no adherence at all to the biblical teaching on sexuality by the A.I.C adherents.

A.I.C's lack of official, documented and unanimous pronouncements on issues of human sexuality and other current moral challenges questions her teaching to her adherents. The failure to have an integrated, documented teaching on sexuality, and subsequent lack of teaching on the same exposes her adherents to the risk of contracting HIV and AIDS. This is because the adherents lack concrete guidance on the norms that they can attach values that govern their sexual sexual behaviour.

In the same vein, the church's stance on contraceptive use is not officially documented. A historical inference since reformation will shed light to this issue. Martin Luther and John Calvin, the fathers of reformation had rejected any form of contraception terming it as intrinsically evil following their exegetical analysis of Genesis 38. Luther likened contraceptive use to a form of sodomy and an injustice to one's spouse, while Calvin referred to it as a form of homicide (Tuskey, 2005).^{xxv} Since then, the Protestants condemned and shunned

contraceptive use as unbiblical, because it interfered with procreation. It was not until 1930 when the Anglican Lambeth Conference stated otherwise. Resolution 15 on Life and Witness of the Christian Community - Marriage and Sex stated that, 'where there is a clearly felt moral obligation to avoid parenthood, a couple could resort to contraception so long as they did so in the light of Christian principles (Lambeth Conference Archives, 1930, Resolution 15; Rice, 1998:47).'

However, according to Leeuwen (2001), the historical Biblical stance on contraception has changed over time. Its use is no longer regarded as a moral issue but the major concern is on whether its use has an aborting/ abortifacient effect (Nuechterlein, 1999). Many Protestants were receptive to this pronouncement. In fact modern Protestants upon reading Luther's theology of the body, which upholds the unitive pleasures of marriage claim that contraceptive use was for the good of marriage (Rachel, 2004; Hess et al., 1990). They argued that sexual activity in marriage beside procreation was also meant for pleasure and bonding purposes (Tuskey, 2006). Thus, when procreation is not intended, then contraceptives can be used to achieve the intended purpose. The A.I.C constitution records no teaching on contraceptive use, a fact that explains why majority of the A.I.C adherents use contraceptives. The church's reliance on the Scripture calls for adherence to the theological exposition on the goods and ends of marriage theologically or ethically. According to Hollinger (2013:690-1) 'contraception can be utilized in light of the stewardship role that God has granted to human beings, with the responsibility to subdue it.' To 'subdue' can mean 'assurance of sustenance.' Sustaining God's creation is

humanity's sole responsibility. In this, human beings are co-creators with God. Thus, while exercising his conjugal right and enjoying this divine gift, the human person has to appreciate the multiple ends of marriage, which are inferred in the Bible. These multiple ends include consummation of marriage (Gen 2:24); procreation (Gen 1:28); love (Song of Songs 2:3-6) and pleasure (Prov 5: 18-19). Once the sexual act is ongoing, all these ends are achievable, but it is not guaranteed that procreation has to take place.

In any case, there is no point of restricting procreation to refer solely to babies. Attaining pleasure, cementing love and consummating a marriage brings forth something new, that keeps it going, even though not tangible. Hence, in agreement with Ramsy (1965:100), "any act of sexual intercourse is an act of love. It is also an act of procreation. Whether or not an existing relation between the man and the woman is actually nourished and strengthened by their sexual intercourse, the act itself is an act of love, which has its power. Whether or not a child is engendered, the act is in itself procreative."

The theological shift in understanding the procreative meaning and ends of sexual act can be used to provide a rational teaching on human sexuality, especially on contraceptive use (condom use). The biblical teaching on sexuality has been interpreted under patriarchal mindset, which is repressive to the body. What God willed, is without error and so we should be apt to listen to his word even at the most controversial hour as we seek to understand His relational dimension with the human person.

Thus, the A.I.C teaching on sexuality and especially on pre-marital and extra marital sex is implied in the Bible, though not documented officially in her

constitution. Through inference, the A.I.C shuns pre-marital and extramarital sex. She is however, liberal on contraceptive use, a fact that can help human persons choose to practise healthy sexual behaviour. The inference on A.I.C teaching on sexuality lays the foundation in this study. That is to investigate her adherents' perceptions on the teaching with regard to their sexual behaviour in curbing the spread of HIV.

The Protestant theological shift of understanding the procreative aspect of sexual act within the confines of marriage as that of bringing forth new life, to another dimension is laudable. The sexual act in marriage, besides bringing forth new life (child), also expresses newness in experiencing total love and pleasure. This unitive end of sex in marriage permits contraceptive use, like condoms among others, for a generation of a godly society. A Godly society that is called upon to uphold, sustain and subdue creation. Begetting children that a family can bring forth comfortably goes in line with this teaching of sustenance. A healthy family that is guided by the value of fidelity will exercise responsible parenthood. This not only involves teaching their offspring the value of chastity but also planning for contraceptive use within their intimate life.

The church norms are evaluated in the process of ethical decision-making as discussed by Kohlberg (1976). The Kohlberg's model (1976) of cognitive moral development highlights the necessity of norms in ethical decision-making. The CC norms on abstinence, fidelity and no condom use are according to Kohlberg of utmost importance in the process of ethical decision-making. For instance, among the conventional group (lowest level), people judge the morality of an action by comparing it to the societal expectations, norms and laws where

obedience is expected. If the norm is abstinence till marriage, then one has to conform to the letter.

Kohlberg also viewed morality as primary function of reason and cognition (Ibid). The people within the post-conventional level (higher) evaluate the norms over and against the utility and the outcome of the action chosen as well as the impact it will have in their lives. The norm of fidelity in marriage is adhered to, since it adds value to marriage by safeguarding the couple from STIs as well as HIV. Hence, following Kohlberg's theory of cognitive moral development, the post-conventional group goes beyond mere obedience of the norms, which the church expects that that which adds value to their lives. This study goes beyond the strict adherence of norms towards a value laden Christian sexuality for both the married and the unmarried.

The Catholic deontological ethic that emphasizes on duties, obligations and responsibilities of others as well as the inherent rightness or wrongness of an action itself stands challenged by the resolves that the Christian moral agents are arriving at (Hunt, 1997). According to Sullivan (1989:133), 'the only incentive to act on the motive of duty,' as called upon in deontology, 'is the reverence or respect people feel for the moral norm/law.' According to Kohlberg's theory (1976), deontological ethics is only applicable within the conventional group, who act on conformity. The subjective choice depicted within the post conventional group tends to act either for or contrary to the norms of abstinence and fidelity depending on the value that one attaches to the norm under evaluation.

The decision to evaluate the known norm, like fidelity in marriage, on what is of value to the moral agent over and against the expected end of conformity on church norms is crucial for this study. The search for identity (self) amongst the wider group is identifiable through behaviour. Symbolic interactionist theory (Blumer, 1969), which focuses on the processes of learning the beliefs, norms and traditions of a given society promotes socialization and human action. It is through acting that an identity/self is created (Jones et al, 2013). Thus, the interaction that an individual will have within the sub-societies and the wider society will impact either positively or negatively on the choice of action.

Social identity theory (Tajfel & Turner, 1986) denotes that social behaviour cannot be explained in isolated processes but within a social setting. In support of this argument is Smith (1989) who retorts that human behavior cannot be understood in isolation from the broader social context within which it originates. The moral choices that people arrive at, whether regarding their daily acting or touching on health depends on norms, values and the worldviews that people have. It also depends on the resources that are available to them in that given context. Since human behaviour is not determined purely by baseless instincts, but by a mixture of socially organized institutions and assumptions, this study endeavored an understanding of these influences. These church sexual norms regulate behaviour before, during and after marriage. This occurs within and is influenced by other social conditions in which people live (See, Figure 1, Figure 5.1).

Symbolic interactions contribute greatly to unearthing social identity that exhibits self-concept (Noel et al, 1995) and self-worth (Cotterell, 1996). Thus,

through learning the processes of social interaction among Christians, expectations of conformity to abstinence and fidelity as key teachings on sexual behaviour are quite high. This is done in line with the desire of the self to maintain a good social reputation that not only conforms but also builds a self, who is of worth of respect and value. This alludes to the fact that, most Christians may or may not readily conform to the church normative teachings even when they are perceived to be of positive impact.

2.2.2 Christians' perceptions of ABC strategy of HIV prevention

Religiosity is one of the psychosocial determinants of health (Kagimu et al, 2011). According to Koenig (1999), religion affects health by promoting healthy practices, which enhance social support and offer comfort in distressing situations. In this era of HIV, people are expected to attune themselves to practices of abstinence, fidelity and condom use. Adherence to these directives would stop high-risk behaviour that can lead to HIV infection. Positive perception of safe directives that touch directly on the life of the human person have high chances of being adhered to, than when they are presented as normative directives to behaviour.

According to Smith (2003), religion influences people's behaviour in a positive and a constructive way. This is achieved through three major ways, by following a) the moral order where religion promotes specific moral directives such as abstinence and fidelity; b), by exercising the learnt competencies, where by religion provides the moral agent with coping skills such as self- control and finally by respecting the c) social-organizational ties, where religion provides

the social networks for supporting the moral agent like those of the parents and church leaders among others. The environment that religion creates for the adherent is not only that of conformity but also of experiencing the relationship of God with the adherent in this world. Stark and Grabher (1996:164) clarify the need to conform by affirming that ‘what counts is not only whether a particular person is religious, but whether this religiosity is, or is not, ratified by the social environment.’

Thus, Smith’s theory of religious effects steers the study to the understanding that Christians will choose to abstain from sex until marriage and exercise fidelity in marriage since these are the constructive moral directives, hence reducing the spread of HIV.

In what follows, we evaluate Christian’s perceptions of the ABC elements of HIV prevention. Looking at the ABC components, we argue that internalization of the ABC directives should exhibit a positive perception and hence effect in the subject’s behavioural choices, with regard to their sexuality. Practically, this suggests that, having a positive perception of abstinence, fidelity and condom use, while prioritizing and internalizing their value within ones’ being would influence human persons’ moral actions positively.

However, several studies have shown that there exists a gap between perception and reported sexual behaviour (James et al., 2004; Lema et al., 2008; Sebon, 2001; Thembi, 2000). Positive perception about safer methods of HIV prevention does not always translate to their use (Aral & Douglas, 2007). Further, Aral and Douglas (2007:40) note that, “knowledge alone about risky

behaviour and HIV transmission is not always enough.” Lack of knowledge of risks involved and awareness of the dangers involved in reckless sexual behaviour are significant obstacles in changing sexual behaviour (Tuju, 1996). Tuju (Ibid) found out that goals and values individuals attached to their actions motivated human behaviour. The values aimed at in every moral action according to Schwartz (2006) are always good, though not in themselves but to the individual self. This suggests that, the human person has a duty of evaluating the goodness/evilness of his/her goals before engaging in a moral act. The resulting effect of the human persons’ moral act is informed by the positive perceptions that he/she holds and has internalized overtime.

Positive perception about HIV prevention methods is considered an important step in behaviour change. For this reason, human persons generate personal norms by evaluating the possible consequences of the moral act one ought to perform over their value priorities. For instance, if a young adult has a positive perception of abstinence, even when presented with a situation where the bodily urges call for sexual intimacy, the internalized value of abstinence will take precedence over the action. The young adult in fulfilling the body desires, may choose to abstain or even opt for a safer method in undertaking a moral act, like using a condom to meet his/her goals. UNAIDS (2005) report reveals that countries that had significant reduction of new HIV infections had invested heavily in AIDS education and awareness initiatives. Studies attest to the fact that once young people are exposed to appropriate sex education, they tend to delay sex or use condom (UNAIDS, 2005). This argument directs this study

towards the conceptual gap between failure of internalizing the moral values emanating from the structured norms and mere obedience of the norms.

Research on the knowledge of HIV and AIDS risks and prevention strategies among the youth has shown that they change their behaviour in ways that reduce their vulnerability (Douthwaite & Sareoun, 2006; Wodi, 2005). For instance, according to Stoneburner and Low-Bear (2004) target education to the youth on abstinence in both Uganda and Taiwan, resulted in delayed sexual debut and increased condom use. This saw the reduction of HIV prevalence amongst the youth in both countries (Globe, 2003; Kamali et al., 2003; Magnani et al., 2002; Fylkesnes et al., 2001; UNICEF, 2007). Kenya has also reported notable changes in sexual behaviour, where the rate of condom use has increased significantly. The average age of sexual debut declined (NASCOP, 2009).

There has been a consensus on the importance of abstinence and fidelity in sexual relations for purposes of preventing HIV infection. Abstinence is a religious practice that is directed to the adolescents and youth respectively, who are defined as unmarried people. The Bible condemns sexual immorality (Galatians 5:19-21; 1 Corinthians 6:18-20; 1 Thessalonians 4:3-5). Even though the Bible does not make an explicit reference to pre-marital sex, sex before or outside marriage is condemned. Chastity and virginity are religious values held with high regard not only in religious circles but also in the society (Genesis 24:16; Leviticus 21:14; Luke 1:27).

Pulerwitz et al (2009) conducted a study on the knowledge of ABC strategy amongst flower farm workers in Naivasha, Kenya. The study showed that

majority had heard of the ABC strategy in the context of HIV prevention. However, the adults had a better understanding of what the ABC initials stood for than the youth. Half of the respondents demonstrated adequate knowledge of the meaning of abstinence. However, knowledge regarding being faithful and condom use in relation to their practise was inadequate especially among women and young girls. Majority of the women and young girls reported a predetermined belief that married people were faithful to each other and therefore there was no need to use condoms. This suggests a socialized gender orientation where women and girls are supposed to be culturally submissive to their elders and men (Oduyoye, 1993; Ayanga, 2008; Musa, 2006).

Different studies however have established that girls and women have greater knowledge and positive perception of prevention methods of HIV than their male counterparts (Ambasa-Shisanya, 2007; Koffi & Kawahara, 2008). This results from the frequent interaction with health care providers. The studies further revealed that the females were more exposed culturally to the ills related to sexual relations than men. This is a fact that cultivates positive perception among women. However, with the existence of the gender disparities between men and women as permeated by religion, culture and patriarchy the acquisition of positive perception that would translate to practice is far-fetched (Dube, 2002; Dube & Kanyoro, 2004; Hinga, 2008; Kanyoro, 2001; James, 2004). Patriarchal regimes dominate women in all spheres of human life, including sexuality. Men are seen as superior than women implying that even women cannot discuss the

issues of sexuality with men, who are expected to guard the cultural dictates of the society.

Ndegwa et al., (2012) conducted a study in Kiambu County among students on the factors that influenced behaviour change on HIV prevention. The study revealed that behaviour change impacted positively on HIV prevention since majority of the ways that the virus was transmitted emanated from individuals choices of action. Nonetheless, much had to be done to motivate the youth to uphold the value of upright moral behavior. This could be done through the provision of sex education. Ndegwa et al., (Ibid) noted that despite having knowledge and a positive perception on HIV and AIDS prevention measures, the students did not refrain from engaging in risky sexual behaviour (Ibid, 323).

The personal choice of doing what goes contrary to the religious and societal expectations denotes a construction or a search of an identity/self that adds value to the moral agent. The choice of the youth to engage in premarital sex because his/her peers are doing it, explains the effects of social interaction. The quest to fit in the sub-group of those who are engaging in premarital sex explains the search for an identity/self that is valued both by the person and the peers.

Thus, the search for identity is not without focus. One searches for a self that is approved within the social setting that he/she finds him/herself in. The social characteristic of human person relates them to many sub-groups that exhibit different social-organizational ties. Some of the sub-groups include the media, school, religion and government, among other sub-groups (Fig 1:1). The need to conform and fit in all the sub-groups affects the behaviour of a moral agent.

Since in all these sub-groups, the moral agent forms an identity of self that conforms into all.

According to Tajfel and Turner (1979), identity is formed through social cognition processes. The moral agent cultivates a perception of the moral directives and the social ties in place within the sub-group in relation to that which is expected of him/her. Thus, a person's identity is formed in interaction with and in reference to other people in different sub-groups. Given these many identity shaping influences acting on persons, moral agents are positioned to embody multiple social identities (Markus, 1977). However, a particular identity will change under influence according to its centrality with the total set of identities that constitute the self and that, which adds value and worth to the moral agent (Bergman, 2004; Weaver & Agle, 2002). This aspect brings the self and his/her role in decision-making in line with what is not only religiously internalized but also that which is of value to him/her.

Within the marriage institution, the church teaches and upholds fidelity in monogamous marriage. All of the major religions in the world forbid extramarital sex for married persons, meaning that both religion and religiosity influence the sexual behaviour of married adults positively. Many Christians uphold monogamous marriage with confident assurance of their protection and totality of love from their spouses. The Christians vow to personal fidelity to one's partner until death. Nevertheless, several studies have reported defiance from the norm of fidelity in marriage. In fact, as early as 1992, United Nations (UN) named marriage as an HIV and AIDS risk factor especially in Sub-Saharan

Africa. This is attested by the high proportion of new infections occurring within marriages, whether from one spouse or from extramarital relations (Bongaarts, 2007; Clark 2004).

According to Shorter and Onyancha (1998), there are many risks in any intimate relationship including Christian marriages. They noted that marriage is dangerous for women since most men are unfaithful (Ibid, 116). In 2001, UNDP and UNAIDS conducted another study on the transmission of HIV amongst couples. The study indicated that eighty percent of all HIV infected married women contracted the virus from their partners.

Several scholars have blamed patriarchal, cultural setting and gender repression as the major causes of infidelity in marriage. The superiority of men has led to the dominance of women, where women are expected to obey and submit to their husbands even when they are unfaithful (Emonyi, 2006; Burke, 2007; Makau, 2009; Nzambi, 2003, Ogan, 2007; Wanyenze et al, 2010).

Statistically, men engage more in sex with someone other than their spouses during marriage than women (Greeley, 1994; Feldman & Cauffman, 2000). This according to Wiederman and Hurd (1999) is because men are socialized differently than women, on what constitutes acceptable sexual activity. For men, having multiple sexual partners is acceptable because they are regarded as polygamous in nature (Wiederman, 1997). Women are socialized to obey men and nurture their families in order to retain their husbands' name.

These are signs of cultural constructions of masculinity, which depicts the inequality of spouses in marriage (Townes, 2006). Men are depicted to be more superior and powerful than women, not only physically but also in decision-making and this is evident in most the patriarchally ordered African societies. Once a woman is married, she becomes a sexual commodity of the husband, hence limiting her agency in any sexual intimacy conversation (Browning, 2011). In most cultures men engage in extramarital relations comfortably since they know that their wives cannot challenge their behaviour.

Other reasons that men give for engaging in sexual infidelity include boredom because of having sex with only one woman (wife). Also cited is geographical distance is another reason. Men tend to live away from their wives due to work related responsibilities. In these circumstances, they engage in extramarital affairs, since men cannot stay without having sex (Chirwa, 1997; Epstein, 2001; Wolffers et al., 2002). Further, Rosco et al., (1988) conducted a study on why men were promiscuous than women. They observed that men naturally like experimentation and/or variety in issues relating to sex. They noted that men spend their leisure time discussing women and sex. Through these open discussions, men learn new ideas from their fellow men, and this influences their sexual patterns and behavior towards their wives. They further note that, in cases where men differ with each other, the disagreement is settled through sexual revenge. In this case, the offended person opts to revenge by having sex with the other person's wife (Ibid). So revenge adds to the many reasons cited as to why men engage in extramarital relations.

Whereas women are known to stick to their marriage partners than their male counterparts, the trend is changing (Seigle, 1991). The empowerment and liberation of women has had positive and negative effects on their lives, and infidelity has been one of the consequences. According to (White, 2002), the ability of women to access education and employment has empowered them. Women through education are aware of their rights and are financially stable. Even though the financial and time freedom has emancipated women from some repressive situations/regimes, it has thrashed them into immorality.

Literature has emerged to document increasing number of women engaging in extramarital sex (Hatano & Shimazaki, 1997; Kameyama, 2004; Misago, 2004). Owing to their witty nature, women engage and manage their extramarital liaisons wisely, in a way that their spouses cannot detect (Ieda, 2001; Arikawa, 2002). Women engage in sex with other partners beside their spouse due to lack of sexual satisfaction, lack of communication and understanding in marriage, failed companionship and lack of commitment among other reasons (Seigle, 1991).

Even though, it is too early to argue that equality and full moral agency in terms of gender is attained in Africa, a thoughtful reflection on the few liberated women is insightful. The idea of women misusing the freedom that has come along with education and economic stability poses a threat in ethical decision making. Consequently, when freedom is not censored and practised in goodwill, then it can pose an individualistic threat in spearheading HIV transmission. This implies that beyond the realms of repression and internalizations of values of not

only fidelity but also freedom and equality, health is paramount. Uptake of behaviour in line with the moral choices that an individual chooses affects his/her health. The choice to involve oneself in extramarital relation since the spouse will not detect, is not only a misuse of freedom but also an abuse on rationality.

Despite all the reasons given for engaging in extramarital affairs, majority of the men and women who are in marriage, still believe that it is always wrong for a married person to have sex with someone else other than the spouse because of the risk of contracting HIV infection (Smith, 1994). Despite the Perception of the divine expectations and value of fidelity in marriage, the practice of the same is lacking. This study was premised on a conviction that Christian marriages uphold fidelity. However, the study in agreement with Kelly (2008) established that Christian marriage being portrayed as a safe haven in this era of HIV is threatened by the pandemic. The challenge revolved around the practice of fidelity within marriage which was found to be far fetched. There is in deed a positive perception that fidelity can prevent the transmission of HIV though challenges on its reliance loom.

Even though majority of religious groups have accrued a broad consensus on abstinence and fidelity, the first two elements of ABC strategy, the C element of condom use is different. The official Catholic position on condom use is clear. The CC forbids their use, since they alter the procreative end of the sexual act. In spite of this, majority of Christians attest to the effectiveness of condom use in preventing the transmission of HIV infection. As Trinitapoli and Weinreb (2012) point out, the official position of a church or a religious group on

condoms is rarely depicted by the adherents' attitude towards the same. It is guided by the values the human person prioritizes towards achieving their goals. The values may be hinged on norms, health and or risks anticipated by the subjects, of which the church teaching may or may not have a great impact in the decision arrived at. This is because the choice to use or not to use a condom is subjective/personal. In the CC, condom use has been referred to as the 'lesser evil' when associated with promoting life (Cardinal Carlo Maria Martini, 2006). In Lancet editorial (2006), three quarters of Catholic priests in United Kingdom agreed that it was morally acceptable to promote condom use amongst the sexually active persons. This was due to the realization that, people engaged more in sexual intimacy for pleasure and with multiple partners, which is risky in the era of HIV and AIDS pandemic. It is therefore prudent to choose to use condoms in order to preserve life.

The CC unwavering support for a culture of life as taught by Pope John Paul II in *Evangelium Vitae /The Gospel of Life* (1995)^{xxvi} can be read positively, with regard to safeguarding human life. Even though John Paul II denounced contraception, abortion and other ills that threatened human life, his choice of words in *Evangelium Vitae / The Gospel of Life* no. 2 and no. 6 portray hope and promise especially in the era of HIV pandemic. He wrote,

To all the members of the church, the people of life and for life, I make this most urgent appeal, that together we may offer this world of ours new signs of hope, and work to ensure that justice and solidarity will increase, and that a new culture of human life will be affirmed, for the building of an authentic civilization of truth and love...in our present social context marked by a dramatic struggle between the culture of life and the culture of death, there is need to develop a deep critical sense

capable of discerning true values and authentic needs (EV, 1995: no. 2 and 6).

Pope John Paul II's call to people to embrace a culture of life over that of death, implies the embrace of condom use as one of the ways of deterring procurement of abortion and contracting HIV.

The call to embrace a 'culture of life', may have guided Pope Benedict XVI's sentiments on condom use for HIV prevention. In Pope Benedict XVI's famous interview with German journalist Peter Seewald, which is documented in his book *Light of the World* (2010),^{xxvii} the Pope reaffirmed the CC's conviction that the spread of HIV and AIDS could only be overcome by what he called "humanization of sexuality" and not the distribution or use of condoms. Humanization of sex made reference to the interaction of the ideal and real life experiences that invites the individual to not only take full responsibility of his/her sexual choices but also the well-being of others. Even though, Pope Benedict chose to hold on to the CC teaching on contraceptive use, his exposition betrays the stance. The Pope noted the existence of high-risk population in matters of sexual acts. His exposition read:

There may be a basis in the case of some individuals, as perhaps when a male prostitute uses a condom, where this can be a first step in the direction of a moralization, a first assumption of responsibility, on the way toward recovering an awareness that not everything is allowed and that one cannot do whatever one wants. But it is not really the way to deal with the evil of HIV infection. That can really lie only in a humanization of sexuality (Benedict XVI, 2010:119).

The Pope's argument on humanization of sexuality can be interpreted to mean concern for the other, when one foresees the negative consequences of the act

ought to choose the morally upright action. The clause, “first step in the direction of moralization, a first assumption of responsibility” depicts a rational process of ethical decision making, hence morality of the event chosen. The transmission of HIV infection results from moral choices that an individual makes. The moral choice to engage in risky sexual behaviour is arrived after the rational being evaluates his/her intentions/motives in line with the life situation that one finds oneself in.

The Pope appreciates the moral responsibility of a human person in moral decision-making. The subjective moral choice that is arrived at by a human person to use or not to use a condom, is a long moral process that considers multiple factors, many of which may (or may not) have anything to do with religion. For instance, many people believe that condom use is effective in protecting them or their relations from STIs including HIV. Thus the choice in this case is arrived at when a risk is foreseeable and when they value their relations. The CC’s negative stance on condom use in order to safe guard God’s will for sex (openness to procreation) is challenged in two ways. First, being open to procreation requires an aspect of responsibility in raising a manageable family, which is also a God given duty. Secondly, it presents human persons with a God who is selfish and detached from their day to day practical lives. The attempt to reconcile these two standpoints is of utmost importance.

The Pope’s statement could be read to mean welcoming condom use in the CC. On the contrary, Robert L. Fatiggi in his article, *The Pope, Condoms and the “Banalization of Sexuality”- Sorting through the Questions* (2010), notes that the Holy Father did not allow condom use, but he stated that ‘it is not really the

way to deal with the evil of HIV infection.’ He further cited the Pope stating that ‘the church does not regard condom use as a real or moral situation’ (Ibid, 5). They both allude to the concept of outright obedience to the church teachings. Both fail to understand that any act that is done by a conscious, knowledgeable and free human person is a moral act that deserves a moral evaluation.

Whereas the stance of the CC on condom use seems to hinge on the historical infallibility of the church teaching, that sex should be open to procreation hence no condom use. The change in time and the challenge of HIV infection calls for an urgent attention to work on a possible paradigm shift from a rule-based ethic to a casuist focused ethic. This is a fact that some of the protestant churches have realized, and are appealing for condom use. The words of Tilewa Johnson, an Anglican bishop puts the appeal into perspective,

We are aware that we live in a world where not everybody is holy and for some people abstinence or one partner is not a viable proposition, therefore the only sensible and responsible line of action is a use of condoms (Colombat, 2005:3)

The moral segment of choosing to use a condom is echoed in the above statement. The mainstream Christian groups endorse the use of condoms as the lesser of two evils, contracting /infecting somebody else with HIV and engaging in pre/extra marital affairs. Badri (2007:5) notes that since ‘no society can succeed in completely stopping its people from engaging in sex outside marriage, condom use becomes the lesser of the two evils, preserving life and losing it.’ This stance may sound unchristian. However, in Protestant circles the sufficiency of God’s grace to purge out sin and persuade people to salvation gives hope to the church leaders. Practically, for the Protestant churches it is

better to minister to sinners than having to manage the upkeep of orphans. Further, human beings are pilgrims in this world envisioning an eschatological realization of the kingdom of God at a later date, which is made possible only by the grace of God.

Though there exist a notable consensus on the Christians' positive perception of the elements of ABC strategy of HIV prevention and their subsequent effectiveness in curbing the spread of new HIV infections, their practice is questionable. A positive perception does not always translate into internalization and practice of the known norms. Thus, positive perception of abstinence, fidelity and condom-use as preventive directives is not a guarantee that the moral agent will be inclined to adhere to them.

An ethical evaluation by self over and against the norms in line with what is of value is expected within and above the post-conventional level of Kohlberg's theory of moral development (1976). The evaluations having been learnt from the societal socialization, depicts interrelationships between the self, the society and God. The self therefore in his/her totality inclines his/her being and actions to relationships. His/her personal agency though based on his/her values evaluated either from or against the absolute norms, do not wish to harm the interrelationships not at the point of action. So, the subject would choose to uphold fidelity for purposes of preventing their marriage partner and the children from suffering. As a result, the action undertaken fulfils a valuable need to the subject in a good and right way.

2.2.3 Practice of ABC Strategy of HIV Prevention among Christians

The ABC strategy of HIV prevention focuses on offering prioritized directives on what a person/Christian should do to change or even maintain their behaviour. This is done with the aim of avoiding or reducing the risk of being infected with STIs, including HIV. The ABC elements, abstinence, fidelity and condom use, are behavioural choices that an individual Christian should make for his or her safety. There is a general agreement that the only way to directly impact on the heterosexual transmission of HIV is through change in sexual behavior (Low-Beer & Stoneburner, 2004). In the ABC strategy of HIV prevention, abstinence and fidelity are borrowed from Christian sexual morality.

The proponents of ABC strategy work with the assumption that, after the acquisition of a positive perception on safe sex behaviour, people will always make rational choices that will prevent them from contracting HIV (Fishbien, 2000; Shoveller & Johnson, 2006; Mimiaga et al, 2009). These according to Fishbien (2000), are assumptions, which are ‘unarticulated and or unexamined’ especially about the levels of agency and control that is expected of people. Thus, in agreement with Walakira (2010), there has been a shift in approaches to HIV prevention, from entirely conventional to those that target social structures and collective behavioural practices that shape sexual experiences.

ABC strategy of HIV prevention has been and continues to exert powerful internal as well as external forces in the ethical choices people make regarding their sexuality (Cohen, 2003; Cohen, 2008; Murphy et al, 2006). This is because the directives present the moral agent with valuable choices that impact on the

quality of his/her life and that of the immediate relations. Behavioural approaches emphasize on the role of the individual and their peer influence in sexual decision-making (Campbell & Cornish, 2010; Karim et al, 2009; Walakira, 2010). Sexual intimacy is categorized as a subjective private affair that can only be discussed and shared between peer groups, excluding the society. However, there has been an acknowledgement of the role of the society as a whole in shaping sexual behaviour of an individual (Walakira, 2010). Scholars concur that human actions are currently designed to tackle wider societal changes through collective approaches, where the expectations of the society are weighed over and against utility (Campbell & Cornish, 2010; Karim et al, 2009).

In the following section we examine the practice of abstinence, be faithful and condom use among Christians as measures of preventing HIV infection.

2.2.3.1 Christian's Practice of Abstinence

In Kenya, just as in other countries, getting accurate and reliable information about Christians sexual behaviour is challenging. This is because sexual intimacy is crowded with secrecy and privacy. Further, the understanding of what abstinence is and what it means raises problems. Studies on abstinence in general are presented with such difficulty. From the dictionary, several words are used to mean abstinence. Words like 'chastity', 'moderation', 'refrain from', 'avoidance', and 'celibacy' are used to explain the meaning of abstinence (Chapman, 1977:990). The word is loaded with religious and moral meanings which further complicate its understanding. The religious meaning of abstinence as presented in the Bible implies the act of refraining from sexual intercourse

and delaying sexual initiation until marriage (1Corinthians:7). Besides the moral meanings bring about dichotomies of primary and secondary abstinence.

Primary abstinence takes up the religious meaning; that is, refraining from sexual initiation and hence activity until marriage. While, secondary abstinence is used to describe the choice to refrain from sexual activity following sexual debut (Bradley, Sales, Elifson, & DiClemente, 2012). This is understood as the condition where the youth who have been sexually active in the past choose to stop having sexual intercourse in order to recover their 'secondary virginity'. Even though secondary abstinence may be positive for purposes of preventing transmission of HIV, the religious understanding of not having sexual intercourse until marriage is pursued in this work.

According to Trinitapoli and Weinreb (2012), abstinence is the most effective and safest choice to avoid any sexual infection (Chiao, 2007; Koffi & Kawahara, 2008). Abstinence is a religious teaching whereby all the major monotheistic religions which include Judaism, Christianity and Islam have embraced it as a cornerstone of combating the AIDS epidemic, particularly among unmarried youth. Thus, promoting sexual abstinence and delayed initiation of sex among never married Christian youth is important in HIV prevention (Cheluget et al., 2006; Kirugi et al., 2006). In Christian circles the practice of abstinence calls for a choice to obey God's word unwaveringly until marriage.

Despite the prominence of promotion of abstinence in HIV prevention, there is little scholarly work concerning its reception and internalization within the church. Most studies dwell on risk avoidance through delayed first sexual debut

among the youth (Genuis & Genuis, 2005; KAIS, 2012 ; Browning, 2011 ; Stoneburner & Low-Ber, 2004). Following this, the abstinence only intervention has been overly criticized by Winskell (2011) for giving inaccurate information by portraying sex in a negative way. One of the unintended consequences include the idea that early sexual debut increase risk of contracting STIs and HIV. This is because first sexual debut mostly occur in unplanned time, and hence no protection is used (Winskell, 2011).

According to Keane (1977), there is a danger of presenting a non-pragmatic argument on sexual activity to the unmarried. An argument that premarital sex has the possibility of causing great harm, and for this reason is should be limited to the married. It should be noted that in this era of HIV pandemic, sexual activity is also causing a harm to the married. There is therefore a need to look at sex positively and from the perspective of the unmarried. Nelson (1978: 118) asserts:

There is another way of looking at sexual love. [It] is to observe the values which emerge from it. Such love is self-liberating, it expresses one's own authentic selfhood, and thus releases further potential for growth...It expresses as truthfully and as candidly as possible the meaning of the relationship which exists between the partners. It is faithful; such love expresses the uniqueness of the relationship, yet without crippling possessiveness. Sexual love is socially responsible, nurturing the fabric of the larger community to which the lovers belong. It is life-serving. Always this means the transmission of the power of newness of life from one lover to the other; sometimes it also means the procreation of children. Sexual love is joyous; it is exuberant in its appreciation of love's mystery and life's gift.

From the above exposition, marital self-giving love wills no evil. Even though ill consequences may result out of it, a pragmatic argument of sexual activity, which is value based, seems to take ground in the lives of the unmarried. There

is therefore a misconception between sexual love and responsible sexual love both for the unmarried and married, internalized as a sexual value.

According to Kinsey (1948), abstinence was believed to lead to psychologically unhealthy sexual repression. Kinsey (Ibid) argued that pre-marital sex strengthened future marriage and deepened love of the two people. He argued that when people love each other and engage in pre-marital sex, the chances of divorcing are minimized since it implies they have embraced each other satisfactorily. However, there is no evidence and correlation between pre-marital sex and marital stability (Dush et al., 2003; Heaton, 2002).

The value based pragmatic argument on sexual activity and moralization of the subject's freedom of choice arose with the western liberal Christian ethicists in the nineteenth century. These ethicists regarded sex as a basic right that no one had a right to restrict (Miller, 1989).^{xxviii} This liberal Christian view of sex as a basic right, may be said to have influenced the morality of the youth. Jemmott et al., (2010) have criticized the moralistic tone of relying on the subject's freedom and the right to choose the best behaviour that suits him/her. They have argued that this moralistic tone risks cropping up of unintended consequences, like acquiring or even transmitting HIV and AIDS among the youth. However, the choices that the youth are making, refer to their own values and freedom of choice. In fact, engaging in sex is seen by some youth as a resource, which can be used to earn a living (Masanjala, 2007). Conditions such as poverty, homelessness, political strife and dislocation forces the youth to engage in sexual

intercourse in exchange for money or support for basic needs (Ibid; Barker & Fontes, 1996).

Although people agree that abstinence is the most effective and the only certain way to avoid HIV transmission, the youth find it difficult to practice it (Koffi & Kahawara, 2008; Marolong, 2004; Sabone et al., 2007). Due to the youths' fast physical and psychological growth, it becomes difficult for them to control their sexual urges (Guiella & Madise, 2008). Simon (1985:265) puts the difficulty in perspective,

...the sexual impulses of adolescence are intense and demand some outlet. Adolescents are physically mature and yet, in the structure of our society, they are certainly not psychologically mature. They are not able to support themselves. They cannot marry if that would be their wish. As a matter of fact, for most adolescents "being grown up" seems a hundred years away. The prolongation of the period before they are viewed as socially able to function on an adult level increases the pressure felt by many adolescents. For some, sex becomes a temporary palliative. It serves to make them feel more grown up. For many others, sex remains an isolated function in which they are technically proficient but without the accompanying sense of emotional involvement. Others find it difficult, in spite of the recent modification of some of society's attitudes, to function without a sense of guilt. This is a real problem facing many adolescents because the sense of pressure and the need for some discharge is quite real.

However, the psychological and biological development of the human being is not ground to permit pre-marital sex. Flaman (1999:8) warns that pre-marital sexual relations violate the dignity and integrity of those involved and are counterproductive with respect to integral human fulfillment.' In fact, the sexual urges are positive signs on the faithfulness of God in growing human persons into responsible adulthood. Sexual attraction and the capability to execute the sexual act in intimacy is a Godly gift that is made possible by His goodness.

Further, human sexuality cannot be reduced into a purely biological function, where the human person is seen as a pleasure machine. Such according to Kosnik et al., (1977:164) is a 'radical separation of sexuality from its deeper intrapersonal and interpersonal meaning' which is dehumanizing and depersonalizing not only to the individual involved but also the society at large.

A study among flower farm workers in Naivasha and Nakuru – Kenya (Pulerwitz et al., 2006:21) reported that although abstinence was socially valued, it was unattainable since 'men could not leave without sex'^{xxix}. Although no reasons were given by the respondents, scientific research attests to high levels of abstinence among women. A case in point is Chiao (2007) who notes that abstinence levels were higher among female youth than among the male ones. This is further confirmed by the KAIS report of 2012 (NAS COP, 2014). The survey reported that quite a number of unmarried youth by the age of fifteen years had had sex at least once. The survey noted that 11.9 per cent of women and 20.2 per cent of men had a sexual encounter at age 15. This is a clear indication that the practice of abstinence is low among the unmarried youth, especially men.

The high abstinence level among the female youth is associated with their religiosity (Opayemi, 2011 ; Barkan, 2006 ; Kagimu et al., 2013). Religiosity makes it easy for them to conform to the religious norms since women are said to be more aware of the wonder of life as they experience their maternal duty of bringing forth new life. They are known to embrace the wonder in a spiritual way without being compelled to reduce it to a biological function (Beit-Hallahmi

& Argyle, 1997; Walter & Davie, 1998). Beit-Hallahmi and Argyle (1997) concluded that there were higher levels of religious involvement in spiritual issues such as prayer, choir and Bible study among women compared to men. They suggested that these gender differentials based on religiosity may be a reflection of a greater opportunity among women than men for religious activity, or perhaps of differences in personality and socialization for both genders (Ibid). Moral reasoning and evaluation in as much as they are subjective, are based on institutional guidelines. As Nieuwenhuis (2010) asserts, moral reasoning is an individual or collective reasoning about what morally one ought to do and that the choices arrived at should be based on our personal and socially constructed values, assumptions and beliefs. Henceforth, sexual behaviour is learnt during socialization through the processes of social interactions. According to Dunne et al., (2000), sexuality, which influences our behaviour, is constructed through interaction between the individual and the social structures. It is through these interactions that social norms, values and beliefs regarding sexual behaviour are passed on to the individual. In adhering to these norms, social identities as well as identities of self are formed in the process (Tarrant et al., 2001). These social identities and identities of self that conform to each group within the sub-groups' norms' in the wider society, define our moral behaviour. This brings about moral standards, which denote the habits of conduct regarding what may constitute appropriate human behaviour (Lusenga, 2010).

The need to conform to moral standards and societal norms is of utmost importance in forming one's identity. However, aspects of freedom and choice

which characterize autonomy and relatedness challenge human beings in ethical decision making. The human person is lost in the ability to balance freedom, in situations where one has to form an identity that the sub-group desires vis-a vis the socially expected identity.

According to Kohlberg's theory (1976), the youth are lost in the betwixt of being neither an adolescent nor a young adult and between obedience to the norms and personal valued choice. This situation presents the parents, church leaders, teachers and the government with the best opportunity of shaping young peoples' group moral values as well as subjective behavior. This is because these socialization agents are experientially conversant with valued life (Tarrant et al., 2001; Leclerc-Madlala, 2003; Kaler, 2004).

Steven Tracy (2006) records other reasons for abstaining from sexual activities until marriage. He notes;

Abstinence before marriage enhances personal and marital health; ...increases the likelihood of being respected and treated with dignity; ...helps one develop self-control and character necessary for a healthy marriage and for life in general;..it guarantees that one will not have to deal with an unplanned pregnancy [and lastly] it eliminates the threat of contracting STDs (62-68).

Tracy's outline of the benefits of abstaining from sexual activities is laudable. However, knowing the benefits of a particular norm does not guarantee adherence to the said norm. The high prevalence rates of sexual intercourse among the youth and the subsequent rise in new HIV infections attest to this. There is a dire need to go beyond benefits of abstinence to the importance and salient positive values that the youth attach to the norm, as a preventive

behaviour. According to MacPhail and Campbell, (2001) young people reproduce and develop counter-normative strategies, where they resist or transform sexual stereotypes and norms in order to fit in the many sub-groups that they find themselves in.

This means that, within each sub-group, an identity of self is constructed, amounting to many identities depending on the sub-groups that the self belongs to. The challenge however, is on the number of identities that can be constructed given the many sub-groups in existence in the wider society. Nonetheless, this plurality of selves/ identities of self is a suitable concept, since we live in different contexts and environments that are of value to us and that expect our conformism (Martin & Sugarman, 2001; Neimeyer, 1998). We are all born without guilt, blame, and or prejudice but as we grow up our parents, friends, teachers and other people whom we trust socialize us. These people help shape our expectations, values and uptake of norms. According to Jansen (2001:1), ‘all these people from the religious institutions, school, media, friends, social customs and practices among others form the ‘social curriculum’.

The social curriculum consciously and unconsciously reinforces ones behaviour and identity. This identity is understood to be personal, embodied, internalized and reflecting on self’s personal consciousness as a human being (Payne, 2006). The concept of identity captures how one defines oneself to self and to others because the self has to conform in every sub-group that one finds oneself in (Lasky, 2005). Thus, how a human being or an individual conceives of their identity has a significant influence on the way in which they act in specific moral situations (Jones, 1973).

Subsequently, the moral decision arrived at depicts differing moral outcomes. As Rossano (2010:174) points out, ‘morals are inherently unstable because they are considered to evolve.’ This concept is expounded by Jansen (2009: 11-16) with an argument that, the process of socialization, goes hand in hand with the ‘politics of displacement’. The politics of displacement argues that what is socialized at an early age is enjoyable but with the changes in time, we no longer can or are allowed to enjoy the same (Ibid) either because it adds no more value to one’s self or its learnt benefits are not conceivable at a later time. This according to Potgieter (2011), creates a sense of disconnect that arouses negative emotions such as self-hatred, stress, guilt and anger among others. This leaves the subject with a choice to either do nothing (which is impossible), continue to promote the *status quo* or decide to raise his/her consciousness and start questioning and reframing the *status quo* (Francis, 2010; Harro, 2000, Pogieter, 2011). For instance, the value of abstinence as taught amongst teenagers is internalized with a lot of weight, since their contact is solely on their parents and or church leaders who are looked upto as the authority. However, as they approach young adulthood, abstinence may lose its value depending on the environmental influences, especially peer pressure and or media influence.

The sentiments echoed are in line with Kohlberg’s arguments on the individuals within the conventional and post-conventional levels of cognitive moral development. At young age (conventional level) conformity to the societal norms and expectations is high; where as in the post conventional level, evaluation of the norms with respect to that which is of value to the self is chosen.

Thus, morals depicted from the resultant ethical evaluations can never be consistent. As Nieuwenhuis (2010:5) holds, 'they have to be re-discovered, re-invented and re-defined by each generation as they search for a way to make their living together more just, fair, ethical and equitable.' This is because the influences affecting them are not isolated but are embedded in the social systems in which the sexual behaviour is manifested. Thus, as Crotty (1998:8) states 'all truth, or meaning comes into existence in and out of our engagement with the realities in our world.' We are who we are by virtue of interacting with our worlds. HIV and AIDS is a reality within our world, and the manner with which Christians will interact within a world that is permeated with the pandemic will define who they are in reality. Thus, our identity of self is shaped by none other than our interactions. Crotty (1998:42) puts the concept into this perspective:

All knowledge and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and transmitted with an essentially social context.

There is need therefore to appreciate that perception and practice of peoples' sexual behaviour are not purely objective or subjective but are created in human social interactions through the processes of socialization and interactions (Greenwood, 1994; Tajfel & Turner, 1979). Hirst and Wolley (1982:23) noted that;

We learn about ourselves - what we experience, what we call that experience, what we think and feel about that experience - through the ways others respond to and communicate with us. Even the deepest sensations, such as so-called altered states of mind, are social matters.

This highlights the concept of ontology. In the social world, ontology means the 'kinds of things that exist' (Dieronitou, 2014:4); it's the nature of the 'knowable' or of 'reality' (Lincoln & Guba, 1985:37). In other words it is the study of being (Crotty, 1998:10). Ontological assumptions concern themselves with the complexity of human making sense of reality as different situations emerge in the society (Kaplan & Maxwell, 1994). It seeks to understand whether reality is objective and external to human beings or it is subjective and created by one's own consciousness.

Since ontology is concerned with the nature of being and the subsequent interactions between the social structures and individuals, Bryman (2001:16) distinguishes two ontological positions: 'objectivism and constructionism.' Objectivism refers to the fact that 'social phenomena and their meanings have an existence that is independent of the social actors (individuals)' (Ibid: 17). This means that the structures within the social world, such as religion and its teaching on sexuality (abstinence and faithfulness), are not influenced by human but by other social forces. The teaching of abstinence and fidelity, are however God-given prescriptions on human sexual life.

Constructionist position believes that 'people have an active role in constructing reality and social structures (making choices); and that these social phenomena are in constant state of flux as people and their society change' (Ibid: 18). Even though it may seem possible to 'discern two distinct belief systems,' there is no clear dichotomy in practice since, social structures are created by people and exist for people (Silverman, 2001). This implies that reality is constructed in both

subjective epistemology and ontological belief. Thus, the use of both epistemology and ontology makes this become objective, predictable, controllable and measurable, since it is evident that human beings can and do influence the social world they live in, and that the concepts within the society are socially constructed.

Following the above concept, one ought to acknowledge that perception about abstinence before marriage and faithfulness in marriage, as preventive measures to HIV is objective. It can thus be internalized and practised at the same time. This perception is important in decision-making. This is because the preventive concept has a meaning that can be deciphered by the people and the society for their good. It does not just have an objective meaning that is not influenced by people or even the changes on the society (e.g. media, secularization, etc.).

The preventive concept that is deciphered becomes a truth value and is hence embraced. This goes back to an ontological argument that holds that, there is an external social reality, which has a direct impact on individuals. The rules that govern this social reality can be discovered. Thus, as Miles and Huberman (1994:4-5) would conclude, individuals within the society are important actors who can change the social structures for the better.

Thus, due to the interplay of symbolic interactions and identities of self, regarding youth's sexual behaviour, the value of abstinence and of practicing it are prone to change both in content and during the processes of socialization. This is so because the youth interacts with others who disregard abstinence, he/she may be lured to such behaviour due to peer pressure. This will permeate

naturally to identity formation of self that conforms to that sub-group. Once the ‘politics of displacement’ affects the processes of socialization and ethical valuing, the practice of abstinence stands challenged.

2.2.3.2 Christians’ Practice of Fidelity (Be faithful)

The ‘B’ element in the ABC strategy of HIV prevention stands for ‘be faithful’. Christian sexual morality normatively upholds the value and practice of fidelity in marriage. Thus, the ‘be faithful’ element in ABC affects those that are married. The Christian community holds fidelity and being married in the church as fundamental values in the society. Trust and fidelity to ones lifelong partner, constitute the most effective method of preventing HIV and other STIs. Having been instituted by God, marital fidelity is central to mortal joy, eternal life and even godhood (Fletcher, 1993). It is the foundation for a Christian sexual morality in marriage. It is based on a theology of absolute and equal fidelity between the couple, who are brought together by unconditional love, which is Christ-like. This love is as a result of a natural affection planted in a man and a woman by the eternal Spirit of God, to love unconditionally and to share one’s deepest self in the process of creation. It is this creation out of love which brings forth eternal joy and life as the character of God. This implication of godhood in eternal creative power out of love makes all existence possible and free from vulnerabilities.

However, different studies question the viability of fidelity as a HIV preventive measure, given the rising number of infections among married persons (NASCO, 2014). Nevertheless, there is no question on the effectiveness of

abstaining until marriage and subsequent mutual fidelity to one's spouse as a HIV preventive measure. So a challenge looms on the adherence to marital fidelity. Shelton et al (2004) commenting on the effective and yet challenged fidelity stated; 'it seems obvious... [that practice of fidelity can prevent the spread of HIV infection], but there would be no global AIDS pandemic were it not for multiple sexual partnerships.' Fidelity as a norm may be valued, but many people might nuance its meaning. 'Fidelity' in most cases is used interchangeably with 'monogamy' and also to mean 'being faithful' which is problematic. Plummer (2012) highlights the problems of using 'fidelity' and 'monogamy' interchangeably. He states:

Monogamy is a condition or a practice of having only one sexual partner for a given period of time, whereas sexual fidelity implies a loyalty or obligation to a partner not to have other, non-agreed upon partners...someone can have a monogamous relationship due to circumstances rather than a sense of loyalty or obligation (Ibid: 300).

From the foregoing, monogamy and fidelity need each other. A monogamous relationship where only one sexual partner is engaged for a period requires fidelity: an obligation not to have other partner/s. Christian marriage advocates for life-long monogamous relationships, where the virtue of fidelity should be practised. This is the best model of understanding the 'B' element in the ABC strategy of HIV prevention.

Fidelity is also used synonymously with 'be faithful'. Different studies report that people interpret 'being faithful/ faithfulness' to one partner to mean respect, discretion and or trust. This is not necessarily meant to refer to sexual exclusivity but to all relationships (Baumgartner et al, 2010; Kenyon et al, 2010; Leclerc-Madlala, 2009; Lillie et al, 2009). The 'be faithful' clause fits in the ABC of HIV

prevention since it is not restricted to life-long married partners but it also opens to other relationships as well. According to Cohen (2004:1), 'being faithful ranges from absolute mutual monogamy, inside or outside of marriage to simply having fewer sexual partners, especially concurrent sexual partners.' Sexual reduction is an important component in preventing heterosexual transmission of HIV, but it is non-existent in Christian morality of sexuality. Hence, this study inclines on the meaning of 'fidelity' instead of 'being faithful' since it exclusively deals with a particular set of people, Christians.

Thus, the conventional understanding of 'be faithful' as used in health/medical fields, to be synonymous with fidelity is misplaced. Christian sexual morality teaches the virtue of fidelity in marriage, which depicts an obligation to have one life-long partner. Even though other studies emphasize on the 'be faithful' directive initialized as the 'B' clause, this study inclines towards a Christian sexual morality where the 'B' clause is replaced with the Christian understanding of 'fidelity', hence AFC (Abstinence, Fidelity and Condom use). It is understandable to use 'be faithful' in conventional circles, since there is an awareness of non-Christians engaging in high risk sexual behaviour. For clarity, Christian sexual morality upholds fidelity to one's spouse, a value that cannot only repossess the glory of 'ABC' strategy of HIV prevention as a behavioural intervention, but that can also reduce the spread of HIV among Christians, once conceptualized as AFC.

The understanding of the two words, 'be faithful' and 'fidelity' have far reaching implications on marriage, as far as HIV transmission is concerned. Since they are not synonymous as explained earlier, their implications to marriage and HIV

will be discussed separately. Further, their implications on marriage are categorized in line with their area of practice that is 'be faithful' under secular world mannerisms and 'fidelity' in Christian morality.

Marriage has been classified as HIV and AIDS high risk factor (Browning, 2011; UNAIDS, 2010). According to Kaiser et al (2011), the married or cohabiting couples are a population at high risk of HIV transmission and acquisition in Kenya. Studies reported high heterosexual transmission of HIV within marriage or cohabitation (Dunkle et al, 2008).

Mens' unfaithfulness and involvement in extramarital affairs has contributed to the HIV increase among married couples (Smith, 2007). Differences in societal and economic power relations between husbands and wives have been blamed for the highly risky sexual behaviour that transmit HIV infection (Dunkle et al, 2008; Halperin & Epstein, 2007; Gupta et al., 2010; Parikh & Whiteside, 2007; Sweetman, 2008; UNAIDS, 2008). According to Parikh (2007:1198), extramarital relations are high among African men due to patriarchal powers vested on them by the society. Shisanya (2002) among other scholars attributes women vulnerability of HIV to patriarchy, gender constructs and poverty among other factors (Reid, 1999; Kenyon et al, 1998; Cohen & Trussel, 1996; Cholla-Ayayo & Schwarz, 1991). Women are expected by the society to be submissive to their husbands, even in sexual matters. The problem of definition alludes to 'being faithful' amounting to silence even when the woman is aware that the husband has had multiple relations.

In the whole of Sub-Saharan Africa Kenya included, multiple partnerships for men is tolerated, while women's infidelity is highly punished (Caldwell et al,

1999; Mbiti, 1969). According to Shisanya (2002), women are even blamed for their husbands' infidelity that they either do not treat their men well or they do not satisfy them sexually. In agreement with Browning (2011), patriarchy is to blame for all that women go through especially in Sub-Saharan Africa. Women are meant to be receptive to all men's evil behaviour in the name of respect and submission. Thus, if patriarchy is not interrogated, women will forever have little control over their bodies (Ibid: 147). This implies that with women are the recipients of all STIs since they cannot question their husbands' sexual behaviour.

Owing to patriarchy vested social constructions, HIV is not a risk factor to women only but to all who embrace concurrent sexual partnerships. It is time people realized that HIV does not respect the ill sociocultural beliefs and practices that may define a 'good woman'. In most African cultures, a 'good woman' is the one who is ignorant of sex and passive in sexual encounters, while a 'real man' is the one who is sexually experienced and with several partners (Akwaru, Madise, & Hinde, 2003). The 'several partners' include the undermined women. This forms a sexual web, which hastens the spread of HIV infection.

Extramarital relations are socially constructed and nurtured, in that these relations take place within the society, where its members know the marriage status of the culprits but choose to act out of ignorance. Unfaithfulness is hinged on maintaining increased secrecy and discretion about extramarital relationships where the man is not caught, a concept that is referred to as 'safe infidelity' (Parihk, 2007; Phinney, 2008). The main aim is not to avoid HIV infection but

to avoid public scorn and domestic conflict whereby the risk in this case is not directly biomedical but social risk.

The fear of public scorn and domestic conflict implies that the societal value of faithfulness in marriage is still valid. Men and women who engage in extramarital affairs while maintaining high levels of secrecy should realize that HIV risk is real. Having multiple sexual partners increases the risk of HIV and STIs (Shelton et al, 2004; Stoneburner & Low-Ber, 2004a; Wilson, 2004). These behavioural patterns of extramarital affairs are inherently dangerous because ‘as soon as one person in a network of concurrent relationship contracts HIV, everyone else in the network is placed at risk, both the married and the unmarried (Halperin et al, 2004: 1914). This creates a vicious cycle of HIV infections and transmissions, since the unmarried persons engage in sexual relations with married men and women for economic support (transactional sex) among other reasons.

Scientists have confused the religious men with their arguments of searching for a ‘comprehensive practical method’ of curbing HIV. They have made them believe that scientifically, abstinence and fidelity in monogamous marriage are unpractical and even impossible under the influence of modernity. Recent studies have made people believe that marriage is risky (Asamoah-odei, 1996; Nyindo, 2005; Patterson & London, 2002; Sunmola, 2002; Volk & Koopman, 2001).^{xxx}

However, in agreement with Green and Herling (2008: 24) the central fact that has emerged from all the recent studies on the prevention of HIV pandemic is that ‘what the churches are called to do by their theology turns out to be what

works best in AIDS prevention.’ The promotion of premarital abstinence and monogamous marriage, where marital fidelity is nurtured, is the effective way for HIV prevention. This argument can be grounded in two ways. First, is through the pure understanding of God’s ordinance, where total self-giving of a man and woman in love, brings forth life and sustenance of the sanctity of marriage. The second argument flows from the first, that through the mutual self-giving, the fruit of life springs forth giving us an intrinsic and inherent value that is inalienable. A life that is a reflection of God’s good work of God, where His image and likeness is mounted in worship, to a life that is pure and eternal.

Plummer (2012:319) grounds the above arguments with his assertion that ‘monogamy is most protective when it is mutual between two uninfected partners.’ Mutuality implies ‘a commitment to heterosexual marriages and hence sexual relationship which is said to be ‘a moral necessity for coitus’ (Farley, 2008: 224).’ Brown and Amatea (2000:40) expound on the component of commitment.

...The commitment component refers to the short-term decision to label our attitude towards another as love and also the long-term decision to try to maintain that love into the foreseeable future. Thus, the commitment involves cognitive acts rather than emotions and may include conscious intention and will power.

However, when commitment is pegged on ‘coitus’, then it is valued more for the sake of family make-up than for the sake of the individual’s well being. Subjective commitment towards that which is of value opens an opportunity for a much needed internalization of the mutual dimension of a relationship. In the words of Korsgaard (2003:84) ‘being a valuer is realized only when one is exposed to values and when s/he says that those values give life meaning.’ Thus,

if mutuality and commitment are internalized then practice will flow directly from the moral actions and choices of the human person, since ‘the value of values comes from valuers...we are the source of value and it is what makes us worthy of moral consideration, hence action (Ibid: 85).’ It is this concept of seeking out the values embedded in the norms that this study argues for.

The human person being the source of value, ought to be understood as a relation. The social identities formed are not attained in isolation but within a relational context. The relational component does not find its origin within man but from God Himself. The World Council of Churches (WCC) work on ecclesiology and ethics (WCC, 1976) revisited the concept of being created in the image of God. They asserted that ‘to reflect on the image of God involves living that relationship of mutuality and love (Ibid).’ This means our relational component has its origin in God Himself. Our humanity is created in and for relationships and love. The same sentiments are grounded by De Grunchy et al., (1997:237) that, ‘If God is essentially relational, then all beings share in the same relation, there is a relational content built into the nature of being. To be is to exist in relation to other beings.’ This concept disqualifies the concept of a God who is seen as a supernatural monitor expecting total obedience (Gervais & Norerizayan (2011)^{xxxix}). Since marriage is borne out of the Godly equally willed relations between one man and one woman.

According to Oduyoye (Ibid), equating men with Christ represses the status of women even further because men are perceived to be ‘holy’ and authoritative demanding outright obedience. Christians are therefore socialized to believe that

there is an established hierarchy with God at the top, followed by Christ, men and women holding the last position. This paradigm of submission is dangerous to Christian marriage if the couples are not willing to sacrifice themselves for the sake of the union. The Godly male headship depicted the duty of responsibility but not autocracy. However, the fall of our human nature disrupted this divine structure. The reading of the Bible following this degenerative hermeneutic threatens not only the wellbeing of the married woman but also the entire institution of marriage. The understanding of love as self-sacrifice according to Goldstein (1960) then becomes a burden to the wife who has to be submissive and receptive always. In the era of HIV and AIDS, Christian wives sacrifice themselves too much to a point of contracting HIV infection, in case their husbands were unfaithful.

Christian marriage is founded on mutual love and submission (Marshall, 2004). The mutual love and submission alluded here is likened to the model of Christ's love for the church. It is a model that calls for equality and submission to the will of Christ, for men and women, husbands and wives. This equality is alluded to in their respective wellness and dignity. Self-sacrifice in the agency of submission as expressed in the model of Christ's love for the church is for all, both men and women in equality. Thus, the value of fidelity within this context of Christ's love for the church is both sacrificial and full of commitment to each other.

Nevertheless, the dehumanizing and HIV prone society will still hold if human person's constructs of inequalities are held onto and purported to be God-given hence unchanging. Coll (1994:82) expresses the consequences rightly:

When the systems operative in a culture are demeaning and dehumanizing, a vicious cycle is set in motion in which women and men are prevented from developing their full humanity to which they are called. At the same time, fractured humanity is incapable of creating a society that is truly human.

The silence of the church in advocating for equity between men and women does not do justice to the fight against HIV transmission. Equal self-sacrifice in love emanating from both men and women and unbiased understanding of the model of Christ's love for the church will go a long way in upholding fidelity in Christian marriages, for a humane society. The internalization of the values of mutual commitment and sacrifice in the exercise of fidelity within marriage cannot only reduce the spread of HIV but also reinstate the Godly character of Christian marriages.

2.2.3.3 Christians' View on the Use of Condoms

The 'C' element in ABC strategy of HIV prevention stands for condom use, acting as an alternative choice to those who cannot abstain and those who can not remain faithful to their partner. According to Nelson (1979: 14) 'the church is also very much a human community composed of sexual human beings.' He goes on to explain that while sexuality includes sex, which touches on the biological organs, it also goes beyond the biological need which is oriented towards procreation and pleasure (ibid:17). The church can therefore not isolate herself from the discussion of condom use, with relation to HIV infection.

Reliable statistics on Christians' condom use is non existing for both the CC and A.I.C. This is because there exists considerable disagreement about the desirability and acceptability of condoms across religious traditions (Trinitapoli

& Weinreb, 2012). However, as a HIV preventive tool, some denominations have a soft stance of opting to allow its use as a lesser evil among the high risk population (Lancet Editorial, 2006).

According to Kenya Population and Housing Census (KPHC, 2009), Kenya's highest proportion consists of Christians at 83 per cent. Protestants account for 53 per cent, Catholics 20 per cent, while the remaining 10 per cent represent the charismatic groups. In this study the Christians' use of condoms is implied as is presented in the Kenya AIDS Indicator Survey (KAIS), 2012 (NASCO, 2014), since majority of the participants in KAIS can be said to be Christians. The report noted that 'condom use at first sexual encounter was higher among women and men whose age of sexual debut was 15 years or more than those whose sexual debut was less than 15 years of age' (Ibid:80). This is an indication that the group under study which was people within the age bracket of 19-49 years are also using condoms. Consistent condom use, (which denotes using condom every time the respondent had sexual intercourse with any partner), was four times higher among men at 27.1 per cent than among women at 7.1 per cent (Ibid: 89). The report called for more efforts in encouraging correct and consistent condom use for high-risk groups and casual sex workers (Ibid: 95). This is because condom use is effective in preventing the transmission of STDs, STIs and HIV.

Given that the report outlined that teenagers were engaging in sex at an early age and the subsequent call for condom use, controversies arose. The controversies surrounded the call to encourage teenagers to use condom consistently and

correctly. In his speech during the launch of the report, the Kenyan Health Minister termed the move as a “radical measure that will introduce children to radical ways of life.”^{xxxii} The CC and secondary school heads echoed the minister’s sentiments but vehemently condemned early introduction of condoms to the children. The Minister pointed out categorically that the Kenyan government was unwilling to effect the offer, since it would have long-term negative effect on the students. He, however called for the introduction of sex education in schools as an alternative that would help curb the spread of HIV among the targeted group.

From the above sentiments, it is evident that not only the church but also the civil authorities oppose young people’s use of condoms. Thus, these internalized religious beliefs do not always correlate well with HIV protective behaviour. Thus, their stance on condom use can be a significant source of negative perceptions about HIV and their use (Adebisi & Asuzu, 2009; Agha et al., 2006; Njau et al., 2006).

The CC shuns condom use while the A.I.C bases her theology of sexuality on the Bible, then it is inferred that the Bible teaches abstinence for the unmarried. Sex education entails much more than teaching abstinence (Koffi & Kawahara, 2008). It includes inculcation of sexual health knowledge, which touches on puberty, reproduction, birth control, abstinence, sexual orientations, sexual coercion and abuse among others. Further, sex education includes provision of life skills, which are effective in helping the youth reduce their risk of STI/HIV infection and unplanned pregnancies. Life skills that would help the youth

develop a positive self-image, which is important in integrating sexuality information in right decision-making. Thus, all stakeholders including the parents, guardians, schools and the church are awakened to the need of providing sex education.

According to Frappier et al (2008) and Gecaga (2004), parents and guardians are the primary source of guidance for young people concerning sexual behaviour and values. Many young people look to their parents as a valuable source of sexuality information. As for Dailard (2001) majority of the parents and guardians recognize that the schools should play a key role in the sexual health education of their children, since they spend more time with young adults compared with the parents. Thus, a notable gap exists between the young people and their socialization agents regarding sexual education.

Garner (2000) argued that since most churches oppose condom use, they should therefore emphasize on sexual behaviour change. He, however, noted that the success of the church rested on the embrace of an indoctrination method of teaching that leads to internalization. According to Ryan *et al* (1993:586), internalization 'refers to the process through which an individual transforms a formerly externally prescribed regulation or value to an internal one... where one takes on the value or regulation as one's own.' He further gives two forms of religious internalization, which vary in their relative subjective autonomy.

The first is the 'introjection internalization,' which is a partial internalization of beliefs. It is characterized by approval of the beliefs by the self and others based on societal pressures (Ibid). In this, a Christian chooses to obey and practice

abstinence or fidelity because of the church's teaching and also because of the parents and /or society's insistence. Second is 'identification internalization,' which represents adoption of beliefs as personal values and this is characterized by greater personal volition (Ibid). The Christians in this case, take up the norms of abstinence and fidelity as valuable to themselves and practice them without any pressure. This means that their practices are personally chosen as guided by the internalized values.

Smith's theory of religious effects (Smith 2003) puts the value argument to perspective. According to Smith (Ibid), religion is a factor that fosters desirable outcomes in physical health. The moral directives, role models and spiritual experiences, which are key components in Smith's theory, promote particular normative ideas of what the subject terms as good and bad, right and wrong, worthy and unworthy. This differentiation guides human consciousness in making choices and hence, action. The moral directives internalized by young adults and the values gathered from the role models guide their life choices and facilitate engagement in appropriate conduct. The relational aspect of human persons is evident in looking up to the role models. However, it is entirely the responsibility of the subject to evaluate the moral directives and gauge the values within the role model before acting.

The action chosen represents a mental representation of our own selves, that is, who we are and what we stand for. This sense of self is necessitated by the perception that our lives should have a purpose and a meaning that goes beyond time, our own self-interest and existence (Reading, 2004). The perceived choice

of using a condom in order to avoid contracting HIV infection, opens up to a future life that is good and worth living together with our relations. The perceived advantage is therefore not selfishly chosen but it is relational in nature, and it includes our spouses, children and the wider society. Thus as Reading (2004: 32) observes that;

This represents...the ultimate differentiation of self, taking responsibility for one's own actions, rather than blaming others for what happens. Becoming a mature and self-actualized person is in fact, based on taking ownership of one's own beliefs and behaviour. Although this type of authenticity allows individuals to take credit for what they accomplish, it also requires them to own up to their shortcomings, no matter how disconcerting this may be.

The self-actualization and maturity is therefore not only on owning what is good but also what is not pleasing at all, like contracting HIV. This self-actualization convokes an aspect of our self as an entity based on time and space, which is a notion of our own uniqueness. Meaning that, our sense of self provides a feeling of coherence between our past, present and our expected future in the moral decisions that we make about who we are, where we have been and what we anticipate doing. Thus, the human person would opt to use a condom in order to prevent oneself from contracting HIV or from transmitting the same to his/her relations.

Even though Smith's (2003) spiritual experiences denote mysterious occurrences like miracles, this study makes reference to the inspiration of choice out of the self-reflection and the connection to the learned moral directives and role models. This grants a mental representation in three dimensions, namely; time, space and relation bound. The mental representation of the self breeds the best

environment for a more realistic basis for self-actualization and for predicting how best to achieve one's goals. Thus, a Christian who chooses to use a condom because of the perceived benefits, does so in the context of values. The religious norms, the societal expectation and the value of the relations are considered in the process of moral decision making towards self-actualization. The self-actualization is always geared towards that which is good, right, worth and valuable. This study established that majority of the respondents used condoms against the church teaching in order to protect themselves against HIV and deter its transmission to one's relations.

2.2.4 Barriers to Successful Implementation of ABC Strategy among Christians

The ABC strategy has been successful in slowing the rate of HIV infection in some countries, (Uganda, Taiwan) though several barriers hinder its success (Shelton et al., 2004). ABC strategy of HIV prevention has been challenged by low adherence to the practice of its directives which are abstinence for the unmarried young adults, fidelity in marriage and condom use. However, positive perception of the strategy does not always translate into its practice, even among Christians. The presence of people living with HIV and the increasing number of orphaned children in the church is a challenge to Christian sexual morality.

This section discusses the barriers to successful implementation of the ABC strategy among Christians.

2.2.4.1 Sex as a Taboo

In most African societies, speaking about sex in public is a taboo^{xxxiii} (Paterson, 2001). According to Asaah (2006), in African cultures, some issues are set aside and protected by a taboo. He points out that ‘taboo subjects in Africa include frightful phenomena such as death, abnormalities such as madness and incest and sacred issues such as sex (Ibid: 498)’. The vast majority of human cultures and religions in Africa today are still uncomfortable dealing with topics relating to sexual pleasures (Bockle & Pohier 1976; Macy, 2003; Raming, 2003). The Africans notion of equating sex to a taboo has contributed indirectly to the transmission of HIV.

In the African setting sex is a topic held with high sacrality and sensitivity. Kayode (1986:51) noted that, in traditional Africa

It is certainly not easy to talk about sex. This is probably because it is not customary to do so. Most African parents never talk about sex in relation to their children. As far as they are concerned this is a realm considered completely a taboo.

The prohibition of talking about sex surrounds the African sexual ethics. Sex is viewed as a private and secretive affair that can never be discussed or carried out in day light (Ayantayo, 2002). Ayantayo (Ibid) opines that sex should be done privately so that children are not exposed to the sexual matter at the wrong time. The taboo subject crowds the sexual discussion with a code of conduct in terms of time and the manner in which one may enter into a sexual relationship (Ansah, 1989). In that any deviance to the code is highly detested.

The attitudes of sacrality, sensitivity and secrecy surrounding sex have shaped cultures which do not talk about it. According to Wight et al (2006), a cross-generational and cross-gender discussion about sex is prohibited in African cultures. Consequently, parents may not talk to their children/youth about sex however inquisitive they may be. They are therefore left to learn about it on their own. The media has 'glorified' sexual intimacy without laying the boundaries on age and its viable context, which is marriage. The young people as a result engage in unprotected sex, a fact that contributes to HIV transmission.

Further, sexual pleasure for women is considered as a taboo (Diallo, 2004; James, 2004). In the African setting, men can never discuss the subject of sex with their women/wives, since it is man's responsibility to initiate sex. According to James (2004) women who seem to know too much about sex or experience a lot of sexual pleasure are thought to be immoral. Women are thus subjected to receptive situations of unfaithful husbands by the traditional African ethic, which increases their chances of contracting HIV.

The view of sex as a taboo has, thus challenged positive transfers of sexual norms and the socialization processes (Hervieu-Léger, 1998). The processes of socialization, especially of transferring the sexual norms are either non-existent or have deviated from the value-laden norms expected by the society (Jaccard & Dittus, 1991).^{xxxiv}

2.2.4.2 Secularism

Secularism from a sociological concept refers to the processes of the decline in adherence of religious beliefs and subsequent behaviour of people turning away from God and religious teaching (Taylor, 2007)^{xxxv}. According to Martin (2011), the sociological concept of secularism denotes the marginalization of religion and the decrease of its capability in the society, giving rise to belief in rationalism, pluralism and relativism (Bauman, 1998). It is important to note that, one does not have to be religious to be moral. However, religion sanctions behaviour. In the face of secularization, whatever people think is right/good to them is adhered to despite the positive perception of foundational religious beliefs. The good is therefore not universal but it is subjectively arrived at, hence a rise of several goods in relation to the many moral agents, societies and moral actions in question. In the words of Vorster (2012:1), secularism does not have a uniform character and can differ from place to place and within the various Christian traditions.

Due to secularism, people have changed their behaviour as well as their way of perceiving things, since they do not refer to any guiding norm but to what excites them. According to Clark (2004), secularism and social media have influenced people to an extent of eroding their sense of guilt, even when their conscience judges their personality. Christians' culture has been rendered unpredictable by relativistic and personalistic stances. Christians opt to do what one thinks is right but not what is taught or thought to be right. This has destabilized the once revered institutional norms and increased levels of immorality among other

effects (Blair et al., 1997; Magnuson, 2007). Abstinence and fidelity norms have received a demeaning understanding, not only by the populace but also by the scholars in the face of secularism.

For instance, Farley (2006:36) disputes the biblical teaching on pre-marital sex. He claims that ‘there is no explicit scriptural legislation against premarital sex’. She further notes that, when it comes to justice in relation to human sexuality, the biblical witness is blurred... (Ibid, 185). Chilstrom and Erdahl (2001: 39) trivialize abstinence with an argument that, when one ends up in marriage without ever having sex (virgin), the emotional baggage and nervousness is too much to bear, since one is less experienced in the act. Gudolf (1994) would laud this with an argument that sex before marriage helps sustain life through its ability to bond members of the opposite sex.^{xxxvi} This secular thinking hinders the adherence to abstinence, intiving the unmarried to pre-marital sex, which is a risky behaviour in the era of AIDS pandemic.

Such a challenge to the religious norm of abstinence does more harm than good regardless of what hermeneutics are used in reading the Bible. There may be no explicit wording of ‘premarital sex’ in the Bible but purity and chastity are upheld values that Christians can infer to so as to forbid sex before marriage. This secular understanding of valuing sex before marriage as having a bonding ability hinges more on individual primacy which is informed by secularism’s relativistic views. This relativistic view according to D’Emilio and Freedman (1988) presents a commercialized sexuality or pre-ceremonial sex, which goes contrary to the biblical teaching of sex as mutually self-giving of each other in

love. Commercialized sexuality/pre-ceremonial sex refers to 'sexual relations, which are expected to provide personal identity and individual happiness (Ibid: 25).

This notwithstanding De Vries (2010) in secular and modern cultures and societies, religion is highly perceived as 'optional'. As a result, in Christian relations/ marriages abstinence and fidelity do not carry the relevance they once did. Promiscuity among Christians is common since many people are embracing the modern lifestyle, which are individualistic. Individualism has given rise to other post-marital values such as fight for gender equality, personal fulfillment and self-pleasure seeking which disrupts the order of religious marriages (Thornton & De-Marco, 2001).

According to Taylor (2007) the secular age has introduced a different interpretation of transcendent norms of abstinence and fidelity as one among many other choices aiming at subjective happiness. This led to hedonism (Sarpong, 2013). Hedonism is a pleasure-based principle that emphasizes on self-satisfaction. The pleasure seeking principle works as the driving force in the human person's life, especially in moral decision-making on sexual encounters. Christians will choose to have a sexual encounter with another Christian, not for the mutual ends expected to be met within sexual encounter (consummation of marriage, procreation and other unitive purposes - expression of love and pleasure), but for selfish gains. Secularism that has grounded relativism as the basis of moral evaluation among Christians upholds hedonism at the expense of mutuality and commitment in sexual relations. Hedonism as Althaus-Reid

(2004:93) notes is ‘detrimental to mutual sexual relations, since it aims at selfish desire for pleasure but not the will to serve the other with one’s own body.’ This is despite the positive perception of the church norms and the risks involved especially of contracting HIV and other STIs.

James Nelson (1978:117) asserts that Christian love involves commitment to the other, the willingness to risk and entrust oneself to the other.’ Such love is self-liberating, expressing one’s own authentic selfhood to the other. It is thus, other enriching and other-centered. Christian sexual love is evaluated on the observed values that emerge from it. It does not speak in terms of self but of a mutual relation of love between two people. The concern for the other calls for commitment in a mutual relationship. However, lack of it amounts to selfishness and distorted sexual relations. In the advent of secularism, Christians might have internalized relativism, which is I-centered, in their moral decision making on sexual matters. They have engaged in pre-marital sex and extramarital sex in search for happiness. This goes contrary to the other-centered value of Christian sexual love. The resulting effect may explain the reason why there has been a radical shift among the married Christians from exercising traditional Christian values on marriage and adopting selfish bred valued morality which has fueled the spread of HIV infections.

2.2.4.3 Media

It has been suggested that the mass media can potentially influence peoples’ behaviour. Television, music, movies, magazines, social media, the internet and other kinds of media are powerful sex educators for young people (Brown et al., 2008; Dalton et al., 2003). However, much of the sexual content that young

people are listening to or watching do not serve to help them (Pardun et al., 2005). According to Muir et al (2012), the kinds of sexual content that people interact with every day typically portray early-unprotected sexual behaviour as normative, glamorous and risk free. Most of the soap operas portray several sexual scenes, which rarely occur inside a loving, long-term relationship. Further, within these sexual scenes aired no potentially negative outcomes or implications suggesting contraceptive use, such as condoms, are discussed or depicted (Romer et al, 2009). This, Hervieu-Léger (1998), argues is due to the many global points of reference such as rupture of memory and a relative reorganization of values.^{xxxvii}

As a result, the media presents the young people with new problems and prioritization of values, since it offers contradicting clues as to which sexual behaviour are appropriate, respectful and safe. According to Romer et al (2008), young people learn about sexual behaviour norms and expectations from different sources, such as friends, parents, religious leaders and from schools. Evidently, in our current environment the media have replaced these mentors. The media have negatively permeated all the contexts that influence sexual Perception and behaviour.

People today have unmatched access to pornographic material through the internet and other new media technologies. This challenges the moral behaviour of the human person since as Zillmann and Bryant (1982), assert media has an activating arousal effect on sexual behaviour as well as on aggression. Exposure to sexual content in the media may lure viewers as well as sensitize them into

sexualized attitudes and behaviour (Jo & Berkewitz, 1994). The consequence of it is obvious. People may be tempted to indulge themselves in risky sexual encounters, thus challenging the values of purity and chastity.

Following Bandura's (1994) social learning theory, when we see behaviour that is rewarded in the media, we tend to imitate and may eventually adopt it as our own. This is dangerous especially if the rewarded media behaviour is immoral. The information learned from the media provides the people with learning opportunities that alter their beliefs, attitudes and behaviour. The repeated exposure to sexual media content increases the speed with which they recognize sexist words and as a result, behave in the stipulated manner (Huesmann, 2005). Symbolic interactionist theory (Blumer, 1969), expounds on the influence learnt competencies have on human persons' behaviour (Figure 1.1)

Symbolic interactionist theory (Ibid) places the human person, the Christians in a social setting. The society consists of other sub-societies with which we are forced to attend to by virtue of our social nature. Each sub-society such as family, church, culture, religion, school, government and media among others have their own norms which affect our ethical decision-making processes. Religious norms dictate to Christians that they have to abstain until marriage and be faithful in marriage. However, the media portrays abstinence and fidelity as a weakness. It is at this point that the young adult, (who is in the post-conventional level, the highest level of maturity) should evaluate what is learned from what adds value to oneself. By doing this, the young Christian reflects on the church teaching on abstinence until marriage, which is expected to be adhered to. However, within

Kohlberg's post-conventional level, abstinence is not adhered to out of fear of punishment, but because it adds value to the life of the young Christian. Thus, media has a great impact in sexual decision making processes of Christians. The glorified sexual acts might influence Christians negatively, where abstinence and fidelity norms are not adhered to, leading to rampant spread of HIV.

Even though accessible media channels have liberated the youth from dependence on rather silent or shy parents, religious leaders and teachers for sexual information, the experience from the media is detrimental to their well-being. The youth may not have the ability to determine the quality of the information or the safety of the aired experience. Advertisements and most soap operas on mass media are forms of persuasive communication that listeners should embrace after a rigorous ethical process of evaluation. If the youth are challenged in making an informed decision, then the media will drift them to risky sexual behaviour that will affect their health.

For instance, the media has over emphasized sexualized images of fair and slender women as super and beautiful. Advertisements emphasize on appearance of ideal thin and fair images of women, thus encouraging women and girls to seek solutions through the media, to improve their appearance (Kilbourne, 1999). These ideal female images are used in order to sell a product or a service (Rodgers et al., 2009; Park et al., 2011).

The nude slender bodies in the media necessitate comparison that is detrimental to one's self-esteem. This comparison has negative effects such as feelings of anxiety, depression and dissatisfaction with self. As a result women indulge

themselves into nasty and risky behaviour in order to conform (Halliwell & Dittmar, 2004). Thus, the media emphasizes an ideal female body without a personality, a body that becomes a clear representation of a comparison target for audiences (Tiggemann & McGill, 2004). This leads to self-objectification, which has a direct connection to sexual objectification. As a result, the woman evaluates her own body based on the external physical appearances instead of the internal virtue character traits (Fredrickson & Roberts, 1997). Most women are thus, pushed to commercial sex which plunges them into HIV and AIDS manace.

Even though some media challenges the ethical decision making processes of Christians with regard to sexuality, there is a positive side to it. Positive adverts, such as the ‘*Chill*’ (abstain) slogan depicting abstinence can influence their moral decisions positively.

2.2.4.4 Socio-Cultural Challenges

Socio-cultural challenges denote culture bound traditional practices that discriminate and subordinate women in the society. Women in the whole world face discrimination and subordination in the society (Aderinto, 2001). This subordination is however, more pronounced in the countries of the south, especially in Africa and Asia (Kazi, 1995; Kumar 1993). According to Ezeh and Gage (1998), the discrimination of women is traceable in the home due to patriarchy, which creates rigid gender roles as permeated by culture^{xxxviii}. Njogu and Mazrui (2013) define culture as the total sum of a people’s way of life that includes norms and values of a society. The norms and values are practiced

within the people's religion, politics, economics, technology, food habits, medicine, rules of marriage, the performing arts, laws among others. It should however be noted that, 'culture is not static but it changes as human needs change. Culture is constantly being created and recreated (Ayanga, 2008:37).'

African women have for a long time been suppressed by oppressive cultural traditions that have been fueled by the interplay between patriarchy and gender inequalities. According to Ostebo (2013) cultural norms on sexuality are gendered^{xxxix}. This means that, the socially constructed roles affect the way people believe and act, think and feel depending on their sex (Mahalik et al, 2005). Patriarchy is the subordination and dominance of women by men, especially on the field of sexuality. Traditionally, men are portrayed as powerful, while women are subjugated, even within the church circles. Women, are therefore subjected to socio-cultural norms and practices that demean their personality. Several studies have correlated women subordination with their vulnerability of health; more so on contracting HIV and AIDS (Armstrong, 1998; Heise et al, 1994; Njovana & Watts, 1996; Tuladhar, 1997; Udegbe, 1995). The vulnerability of women along patriarchal, cultural and the gender dimensions exposes them to health hazards.

The following cultural and traditional practices challenge the adherence of ABC's of HIV prevention. They include polygamy; payment of dowry; wife inheritance and sexual cleansing; female circumcision and dry sex.

i. Polygamy

Polygamy is a state of marriage to many spouses at the same time. The patriarchal nature of African societies allows polygamous marriages. Men are allowed to marry many wives as a sign of respect and wealth (Chitando, 2009). According to Cadwell (2002), men keep multiple partners since they hold a belief that they are biologically programmed to need sexual intercourse with many women. This culture of extramarital relationships creates a web of sex networks, which increases the risk of HIV infection in marriage (Whiteside, 2006).

In reference to the patriarchy style of leadership, women have no negotiating power with regard to using HIV preventive measures (Dunkel et al, 2008; Markosyan et al, 2007; Simbayi et al., 2008). This is because culturally, women are believed to be inferior to men, and they should thus submit to the demands of the man. This is explained by women's unsuccessful attempts to negotiate for condom use before a sexual encounter.

Further, in the African setting, men are socially believed to be the initiators of sexual act (Afshar, 1998; Anfred, 2004; Nasidai et al, 2011; Parikh, 2007; Rubin, 1997). Flowing from this argument is that, even the decision to use or not to use a condom is a man's duty. In the study of Prata et al (2005), males were reported to be significantly less likely than females to feel embarrassed about buying condoms. Females either shy off from buying condoms or have been inculcated to believe that it is a man's responsibility. Even though men have the responsibility of initiating sex and buying condoms for protection, they shun

their use. Lillie and Pulerwits (2009) reported that African men shun condom use because they claimed that they reduce sexual pleasure beside being ‘unaffrican.’ The insistence on bodily contact and the practice of having multiple partners enhances the transmission of infections from one partner to others (Kraut-Becher & Aral, 2003; Pilcher et al., 2004; Patel et al., 2013).

Kenya AIDS Indicator Survey (KAIS) II reported high HIV prevalence among those in marriages and stable relationships (NASCOPI, 2014). This is in spite of Population Service International (PSI) running a campaign deemed ‘*Wacha mpango wa kando- Epuka ukimwi* (Stop concurrent sexual relationship – Avoid HIV infection).’ In fact, in Kenya AIDS Indicator Survey (KAIS) II (NASCOPI, 2014) HIV prevalence was reported to be high among those in marriages and in stable relationships, despite running a campaign. ^{x1} The campaign was run in Kenyan media houses since 2009 with an aim of highlighting the risks associated with sexual net works. Marube (2011) conducted a study on the effectiveness of the anti-exramarital campaign in persuading people to change their behaviour. He also sought to establish the attitude of extra marital affairs among the married couples. Marube (Ibid) reported that most people felt that the *Mpango wa Kando* campaign did not have much impact on changing people’s behaviour. This is because the campaign tagline ‘*Fanya hesabu*’ (Count the cost) relied more on socio-economic loses incurred by men who run extra-marital affairs. The emphasis was therefore placed more on the money lost during these transactions, rather than on the risk involved in concurrent sexual relationships.

Biased arguments on extramarital affairs emanate from selfishness and gendered upbringing that aggravates the issue. Scholars have continued to blame the cultural contexts for supporting men's extra marital sexual activities with no foreseeable solution at hand. Important to note is that, in the era of HIV pandemic, both genders are at risk of HIV. Even though the vulnerability of women is emphasized in scholarship, it does not imply that men are not at risk. In fact, the vulnerability of one gender affects greatly on the other, since sexual life is relational. Thus, concurrent sexual relations pose a great HIV risk to both men and women through practising infidelity in marriages.

ii. Payment of Dowry

The payment of dowry is a socio-cultural practice that challenges the practice of ABC strategy of HIV prevention. In most African cultures, dowry is paid to the family of the woman as a token of appreciation. However, the token contributes to the vulnerability of women to HIV. In the words of Bujo (2009: 128), 'dowry today has become a commercial matter' which has far-reaching implications. Bujo (Ibid) asserts that husbands resort to using their wives as objects, simply because they have 'bought' them for their use. As a result, their bodies become their husband's commodities of use, a fact that increases their vulnerability to HIV infection. This challenges the negotiation power of the woman on condom use.

The commercialization of dowry has also led to early and forced marriages. Girls are valued, not in terms of their integrity and dignity, but in terms of the wealth they bring as bride-price to their families. As a result, child marriages, where a

young girl is married off to an older man way before the marriage is consummated, are rampant especially in northern Kenya. This practice puts young girls at greater risk of contracting HIV, since they are married off to grown men who are sexually experienced and probably with multiple partners. Mabala (2006) notes that, these practices are problematic for young women because there is no consent given to either the institution of marriage or to the marriage partner. In such situations abstinence is unrealistic because of sexual coercion and reduced choice in their sexual lives especially in cases of forced early marriages.

Several studies have reported a greater risk of contracting HIV in situations where violent sexual behaviour take place (Herbst et al., 2008; Egan & Haddad, 2007; Hammar, 2008). Women being the subordinated group, experience sexual behaviour such as early sexual activity involving coercion, rape and sexual abuse, which make them vulnerable to HIV pandemic (Rosenthal & Levy, 2010).

iii. Wife inheritance and Sexual Cleansing

In some cultures, especially in western Kenya, widow inheritance and traditional sexual cleansing put women at risk of HIV and AIDS (Kimani, 2004). Widow inheritance/levirate marriage is a scenario where a man 'inherits' the wife of his dead brother for purposes of continuing the family lineage. Wife inheritance is a threat to the health of both the inherited wife and the brother of the deceased, in the sense that if the husband died of HIV, then the brother may contract the virus, or if the brother of the dead spouse has HIV, he can easily transmit to his sister-in-law.

According to Kimani (Ibid: 408) traditional 'sexual cleansing' is usually done before the wife is inherited. Sexual cleansing entails a must engagement in sexual intercourse without a condom with a 'cleanser'. The 'cleanser' is usually a male person who is not related to the deceased husband. Sexual cleansing is performed following a belief that the wife of the deceased carries with her the spirit of death acquired from the husband (Perry et al., 2014). The 'cleanser' is therefore believed to take the spirit of death away from the family. Sexual cleansing must be performed before inheritance. Sexual cleansing is a risky sexual behaviour since no preventive measures like condom are used during the ritual cleansing because it is believed that the semen of the cleanser necessitates the cleansing to take place.

Studies have shown that women are more vulnerable to HIV infection through seminal fluids deposited to the large surface area of their vaginal mucosa (Leclerc-Madlala, 2008; Kimani et al., 2004). This large surface area hosts infected seminal fluids that make women susceptible not only to the trauma during sexual activity, but also to higher risk of HIV and AIDS infection. In these situations, the ABC directives of fidelity in marriage and condom use are challenged.

iv. Female Circumcision

Another cultural practice that dehumanizes young girls is female circumcision. According to James (2004:5), female circumcision 'poses a great danger to the initiates if any are HIV positive.' Brady (1999) and Shisanya (2002) assert that the initiation procedure is never conducted in sterile environments and with

sterile tools. Shisanya (Ibid: 48) notes that the old women who perform the procedure use the same blade to initiate several girls, putting them at the risk of contacting HIV. Further, Wangila (2007) affirms that, after circumcision, the scar constitutes of a rigid tissue, which tears off every time during sexual intercourse. This tearing makes women and young girls more susceptible to HIV and other STIs.

In addition to the crude and unsterilized tools used for circumcising girls, the communal and ritual sex performed during the initiation ceremony endangers their health. John Mbiti (1969), in explaining the ritual dimension of sex, refers to the Akamba community, who practice sex during their circumcision rituals. The ritual sex took place for seven days. According to Mbiti (Ibid: 124-125), ritual sex took place between two group sets. First group set was between the man and the woman who performed circumcision on the boys and the girls; While the second, was between the parents of the initiates. The parents of the initiates were supposed to have ritual sex on the third and the seventh day of the initiation period.

Boys and girls were also expected to perform 'symbolic sexual acts' during the initiation ceremonies (Ibid: 125). Mbiti (1969:124) asserts that 'each boy was given a special stick, which he had to retain, and on the seventh day, an evening dance for the initiates would take place.' With these special sticks, the boys were expected to perform symbolic sexual acts upon the girls.

Even though it is not clear which symbolic sexual acts Mbiti (ibid) is referring to, the allusion of a 'dance' between boys and girls after initiation to adulthood

presupposes sexual encounters. The symbolic sexual acts served as an indication that they are now grown-ups and can engage in sex. As a result, teenagers are initiated to sexual practices early, and this challenges abstinence. Centre for disease control (CDC) has proven male circumcision as an effective way of lessening the chances of contracting HIV (NASCO, 2014). However, it is important to note that there is no known health benefit or even preventive value of female circumcision. Thus, in concurring with WHO (2008) and Mwaura (2008) argues female genital mutilation is a practice that violates the basic rights of women.

Female genital mutilation has been recognized as discrimination based on sex because it is rooted in gender inequalities and power imbalances, between men and women and inhibits women's full and equal enjoyment of their human rights. It is a form of violence against girls and women, with physical and psychological consequences. Female genital mutilation deprives girls and women from making an independent decision about an intervention that has lasting effect on their bodies and infringes on their autonomy and control over their lives (WHO, 2008:10)

v. Dry Sex

An additional traditional practice that increases vaginal tearing is dry sex. Dry sex is a practice of women drying their vagina in order to please their male sexual partners (Shisanya, 2004). African men are known to celebrate dry sex, as explained by Shisanya (Ibid). 'Men find dry sex more pleasurable' even though it is detrimental to the health of their women. Dry sex is painful for the women since it causes bruises and vaginal tearing, thus increasing the chances of contracting HIV. According to Shisanya (2004), this is another form of

subordination of women, where men's pleasure is valued over woman's well-being.

Further, Runganga et al., (1992) note that, condoms break easily due to increased dry friction. This exposes women to STDs. Dry sex also challenges the ABC directive of condom use, which deters the transmission of STIs and HIV infections.

2.2.4.5 Socio-Economic Challenges

Socio-economic vulnerabilities hinder the practice of ABC directives of HIV prevention. Multi-dimensional economic challenges enhance the spread of HIV infections amongst both sexes. They include poverty, labour and migration as well as alcoholism and drug abuse.

i) Poverty

Poverty is a state of lack or the inability to meet the life's basic needs which are food, shelter, clothing health care and education McGuire (2010). In an attempt to satisfy the needs, both men and women engage into immoral acts, which are high-risk behaviour to HIV infection (Mwangi, 2009). Davidoff et al (2011) conducted a study in Kisumu, Kenya on the link between poverty and unsafe sexual behaviour. They reported that socio-economic status at the individual level is an important measure of condom-use. This is because the affluent and educated persons may opt to use condoms compared to the poor and illiterate. However, this correlation has been overlooked for along time. Individual

economic level plays a crucial role in negotiations over the highest level of condom usage (Ibid: 1282).

In the face of poverty, the chances of girls abstaining and women remaining faithful to their husbands are almost impossible. Women's low level of income correlated with low level or inconsistent condom use and it put them at a greater risk of unsafe sex. According to Jackson (2002:110) inconsistent condom use by women may be due to financial constraints or the unavailability of female condom.

According to Phiri and Nadar (2006), women's lack of resources is associated with economic powerlessness and unequal distribution of power which is enhanced by gender inequalities. In the African culture, women were not allowed to own property or inherit land (Karuhanga-Beharo, 2003; Kwesiga,1998; Namuli, 2005; Strickland, 2004; UNAIDS, 2009; World Bank, 1993).^{xli} Land ownership makes a person able to produce food, shelter and water for daily sustenance (Browning, 2011). African women thus rely on their male counterparts for their provision despite majority of them being farmers (Gecaga, 2004). The inabilities of women and girls to provide for themselves and their children forces them to rely on men, who may offer economic help in exchange for sex.

According to Robinson and Yeh (2009:1) 'exchanging sex for money, goods, or services is a way of life for many poor women in developing countries.' Most women and young girls engage in one-off sexual intercourse with a willing partner for money without necessarily having any personal relation. This type of

informal sex is known as casual sex. Commercial and transactional sex are formal sexual relations, where the women take sexual intercourse as their way of earning their livelihood. Most of the women in this category are called commercial sex workers. Both informal and formal commercial sex have long been reported as critical in the spread of the HIV and AIDS epidemic (Hawken et al., 2002; Hudson, 1996; Jewkes et al, 2012; Robinson & Yeh, 2009; Stoebenau et al., 2011; UNAIDS, 2002). Thus, the practice of abstinence and fidelity is challenged by lack of cash.

Parikh (2007) asserts that, poverty drives women to transactional sex in their attempts to fend for their families. Transactional sex involves “exchange of sex for money, favours, or gifts” (KDHS 2008-09, 190). Most poor women also introduce their daughters’ into the vice so that they can support the poor family. Some women permit their girls to stay out late at night provided they bring monetary support. This not only challenges the girls’ practice of abstinence but also the parents’ competence as socialization agents. Therefore, many young girls thus, indulge in sexual activities involving older men or vice versa to acquire money for their basic needs as well as to help their mothers cater for the families’ upkeep. This sexual exchange based on age is referred to as transgenerational sexuality. Parikh (2007:1199) puts the scenario into perspective,

Relationships with wealthier (frequently married) men provide young women temporary social and economic security, facilitating sexual networking (situation which a cluster of people have had sexual contact with the same person or people and hence are potentially exposed to illnesses from their partners’ other

partners) and increasing HIV risk for young women, husbands, and wives.

Desperate, lonely and poor, women seize the opportunity in promise of better lives and job opportunities. According to Bales (2006), economic change in the developing nations has nurtured corruption and violence as well as break down of social norms. This has impoverished the people and has made them desperate resulting to people struggling to live up to the set economic standards. This situation leads to immoral behaviour, which not only hasten the spread of HIV pandemic but also distorts the Godly value of sex.

ii) Migration

Migration can be defined as a movement from one place to another. Two types of migration: labour migrations and forced migration increase the transmission of HIV and AIDS. Firstly is the rural-urban migration of men in search for employment. This type of migration adds to the vulnerability of all with regard to sex networking. It not only disrupts marital and family ties but it also fosters an increase in the number of female-headed households (UNAIDS, 1999). Most of these women are poor and lonely; and as a result are compelled to seek for other sources of income and sexual satisfaction, putting themselves at the risk of HIV (Heise & Elias, 1995; George & Jaswal, 1995). In their attempts to balance the demands of family and economic survival, transactional sex becomes a rational option for making ends meet.

Economic interests as well as existing cultural and religious power structures have fueled massive rural-urban migration. The dominant notion of husbands

(men) as the sole provider of the family has provided an environment for transmission of HIV infection. The danger comes into play when urban migration is coupled with multiple sex partners, as a result of spouses living apart. According to Shisana et al, (2004:13) ‘being separated from family increases the risk of HIV infection, as those left behind, as well as those who have migrated are more likely to seek other sexual partners, who may be infected with HIV.’ This is a fact that challenges the practice of fidelity in marriage. This study established that labour migration contributed to concurrent sexual relationships that exposed them to the risk of contracting the virus.

The second form of migration that steers the transmission of HIV is forced migration. Forced migration has been fueled by globalization.^{xliii} Bales (2006), argues that globalization disseminates, practices and values as well as technology and other human products throughout the global community, over a process that involves a functional integration of dispersed economic activities. Due to the global linkages and interconnections, cordial and business relationships are created across the globe. Since relationships have to be nurtured in order to thrive, interdependence between the parties/states is realized. From a business perspective, globalization thus, fosters interdependence between states for commerce and facilitates the transfer of commodities (Brewer, 2004). As a result, the disadvantaged people are seized by predators and are transported to other nations for economic gains.

According to Polakoff (2007), economic globalization has created a ‘fourth world’, which according to him is populated by the homeless, desperate and

impoverished persons who are socially excluded. In explaining the 'fourth world', he refers to human trafficking of young women and children as a new form of slavery. Human trafficking is a lucrative business, which is thriving due to the advent of globalization. Since globalization fosters transfer of goods and services between nations/states, cheap labour and goods found in the developing nations, have played a major role in objectifying and exploiting humans for economic ends (Brewer, 2004). Human trafficking has contributed greatly to the transmission of HIV pandemic, since women, young girls and men are forced into sex for money, which puts them at the risk of HIV infection.

Ryan and Hall (2001) observed that, women and young girls are trafficked^{xliii} forcefully to other nations for sex trade. Sex trade involves selling off young girls and women to wealthy empires who either indulge them in sex for money (prostitution) or shoot pornographic films using the girls for entertainment. This 'lucrative business' is usually done through abductions or fake promises of a better life afterwards (Paret et al., 1997; Vanessa, 2007). Most nations have been silent in addressing the vulnerability of women in sex trade. Consideration is neither given to their rights as persons of dignity nor is their health a major concern to their abductors. Since prostitution and pornography are known to be lucrative ventures (Belser, 2005). The young girls and women trafficked for purposes of sexual exploitation suffer from extreme physical, psychological, emotional as well as sexual abuses. This not only stripes them of their inherent dignity but it also exposes them to STIs and HIV.

Both types of migration, (labour and forced) contribute to changes in subject's valuing systems of the social norms and hence, their behaviour. The behaviour exhibited under conditions of duress, for instance, are in most cases regrettable and risky. According to Goldenberg *et al*, (2010), migrations contribute to formation of different unions, which are at times anti-social and risky to ones well-being. Continued practice of such behaviour disorients their mind convincing the subject that, the behaviour exhibited are the right ones.

Further, commercialization of sex distorts its Godly value. The mutual self-giving of one another in love is blurred by the economic value that has been bestowed on sex by the sex industry. Abstinence, fidelity and condom use are untenable in an environment where sex is well paid for, when a condom is not used. In this regard, any sexual activity, whether voluntary or involuntary with multiple partners poses a risk to ones' well-being.

The realization and internalization of the inherent value/worth that human persons are bestowed with by their Creator is a concept that this study reawakens. Christians as well as the entire populace need to realize that their bodies and lives have an intrinsic worth that cannot be replaced by any monetary value. This realization and hence internalization will influence their processes of ethical decision making on matters relating to their sexuality in a positive way.

iii) Alcoholism and Drug Abuse

Alcoholism^{xliv} and drug abuse facilitate the transmission of HIV(USAID, 1999). Most studies link high-risk sexual behaviour, which transmit HIV to alcoholism and drug abuse (Bryant, 2006; Bingham et al., 2010; Pandrea et al., 2010). It is

evident that alcohol and drug-use have a direct impact on risky sexual behaviour, mostly by impairing our ethical decision making mechanisms. It is therefore challenging to employ behavioural interventions to HIV prevention to persons who take drugs and alcohol (Karel et al., 2010). Kalichman et al., (2008) suggests that risk reduction behavioural interventions are only effective for persons who do not drink heavily. The ABC strategy of HIV prevention is viable since majority of Christians do not take much alcohol.

The intake of alcohol and drug abuse are the main deterrents of sexual behaviour change, since their use affects the brain, which is central to behavioural moral decision-making (Rosenbloom et al., 2010). Human persons use their rationality to make a moral choice on what they ought to do and ought to avoid depending on what is of value to them. However, if the functioning of the brain and or of the mind is compromised, then the resulting effect might endanger the health as well as the behaviour of the individual. Human behaviour is normally regulated by the societal norms *vis a vis* subjective valuing but under the influence of drugs and alcohol, there is a tendency to ignore these societal expectations and subsequent norms.

According to Bonnie and O'Connel (2004), alcohol use interferes with optimal brain functioning. Use of alcohol impairs neurological development causing people to encounter memory lapses as well as slowing the process that sends neural impulses (Ibid). Onkware (2008: 204) notes that alcohol produces a sense of 'bravado' and has been used intentionally to support the performance of "daring" acts such as 'sexual tourism'. This is because alcohol is known to cause

transitory mental and mood changes, such as momentary pleasure and boldness (Ibid). These transient pleasures and boldness facilitate risky sexual behaviour that expose people to HIV.

Under the influence of alcohol, people lose control of themselves and end up having unprotected sex. Alcohol use and risky sexual behaviour go hand in hand, especially in commercial sex encounters (Penkower et al., 1991; Stein et al., 2001; Stein et al., 2005). Since alcohol is used as a means of relaxation, recreation and socializing the change of moods attained after its consumption facilitates communication techniques of approaching the opposite sex. In such circumstances, higher-risk sex that is, without using condoms and with casual and multiple partners is prevalent (Harrison et al 2005:261).

A number of studies have demonstrated that in deed alcohol and drug abuse enhance the transmission of HIV to human persons on a variety of levels. According to Bryant et al., (2010) acute alcohol use increases the likelihood of risky sexual behaviour which include having unprotected sex, casual sex with multiple partners. In a study conducted in Kenya, Mackenzie and Kiragu (2007) reported that consumers of alcohol were four times more likely to have multiple sexual partners than non-drinkers. Alcohol use and sexual risky behaviour are prevalent in settings such as night clubs, bars, dark houses, highway eating motels and other places. According to Chersich and Rees (2010), these settings are often the same places where most sex workers meet their clients resulting into formation of sexual networks thus fostering the spread of the virus. Casual and commercialized sex is dominant in such settings where alcohol is served

since this is where trading of sex for drinks or cash is prevalent (Kalichman, 2007). Parker and Connolly (2008) note that alcohol contributed to casual sex and acted as disincentive for condom-use. This is because the impaired mental ability is not in a position to negotiate a protective measure during a sexual encounter. Thus, alcohol use challenges abstinence for the unmarried and fidelity for the married, ushering them to the risk of contracting HIV.

Further, Stockman et al., (2013) reported that alcohol was a tool of sexual coercion, which increased the number of multiple sexual partners especially women. Men under the influence of alcohol easily coerce women into sex, leaving no room to negotiate about condom-use. Alcohol use is associated with masculinity, since in most cultures; men have more social liberties with respect to its use. Still in most societies, people are socialized to the Perception that alcohol is for men and not for women. Women who take alcohol are looked down upon in the society. The societies accommodate promiscuous behaviour from men where as for the woman promiscuity is shunned. This is a fact that threatens the healthy structures of a family set up. Even though most societies shun alcohol use for women, some still use it to the disadvantage of the families and their well-being.

Sexual promiscuity among the young people is often associated with alcohol and drug use. Molla et al., (2008:9), notes that ‘young adults who used alcohol and chewed *khat* were more likely to engage in premarital and extramarital sex.’ Risk taking is common and expected among young people (Chick & Reyna, 2012; Schantz, 2012). Von Diemen et al., (2008) notes that young people engage in

high risk sexual behaviour under the influence of alcohol due to excitement. Rebellion can also push them into alcohol consumption because, at that age, they feel rejected by the society and they think that they are not bound by the societal rules (Ibid). Other factors which can lead to alcohol abuse are: low self-esteem, peer pressure and feelings of social isolation, all these contribute to the young people joining harmful experimentation groups of alcohol and drug use.

According to Pandrea et al., (2010) needle sharing among people who inject drugs (PWID) was rampant because of drug influence. The inability to conceptualize the risk that they put themselves in, as well as the transient pleasure and excitement motivates needle sharing. Sharing of needles with infected persons accelerates the spread of HIV. United Nations Office on Drugs and Crime (2006:1) note that ‘the intersection of unsafe injecting drug-use and unsafe sexual practice is a significant factor in the increased risk for HIV infection on drug injecting [persons].

Influence and coercion among PWID to their peers to engage in risky sexual behaviour transmit HIV. Dutta et al (2012), reported that the global epidemics of HIV among PWID in 2012 were significant. Worldwide, 15.9 million PWID are infected with HIV. Women and young girls are prone to rape in instances where they are ‘high’ with the drugs. This not only increases their chances of contracting HIV but also transmitting it, since in most cases, they contract it without their Perception. The inability to make an informed decision due to the influence of either alcohol or drugs threatens the well-being of human persons. Under the influence of alcohol and drugs, the safe practices of abstinence,

fidelity and condom use cannot be adhered to or negotiated, due to diminished rational abilities.

The study situates the need for a clear conscience and consciousness in making behavioural choices. The subjective moral choices that human persons make on matters regarding their sexuality calls for sobriety in order to evade contracting HIV.

2.2.4.6 Religious Barriers

Religious leaders hold an influential position in campaigning against the spread of HIV. The churches have a unique moral and ethical role of guiding the adherents (Erickson, 2011; Parry, 2003, UNAIDS, 2009; WCC, 2001). The churches and religious leaders have indisputable strengths that can influence the behaviour of the adherents. The church leaders hold a prominent position in the society and a credibility of goodness, which can be emulated as an intervention from the Spread of HIV (Tiendrebeogo & Buyckx, 2004). Further, the church and religious leaders are grounded in communities where daily life is experienced and finds meaning (Erickson, 2011).

According to Parry (2003), the church as a faith-based organization is close to the local people and they deal with values, spiritual questions, sexuality, moral and ethical questions that guide their day-to-day lives. Rappaport (1999) asserts that religion is a primary regulator of human behaviour and is thus capable of controlling impulses toward short-term individual gain in the interests of the long-term collective good. Following the argument of Rappaport (Ibid), religion has a central place in the intervention of HIV and AIDS. Several studies have

emphasized on the functionality of religion in influencing people's sexual behaviour (Pal et al., 2008; Odimegwu, 2005; O'Toole et al., 2007; Otolok-Tanga et al., 2007; Viana et al., 2007; Warenus et al., 2007). However, there is little or no studies carried out on the likely effects of doctrinal teachings on sexual behaviour of people. Over time, religion has challenged the practice of ABC's of HIV prevention in several ways.

According to Paterson (2003), speaking publicly about sexual matters in the church is difficult. Throughout the church history, the body and the soul were understood in dualities (Hamilton & Cairns, 1978). The body was thought of as 'bad' and the spirit as 'good' (Bynum, 2004). This dualism understood the body that is used in sexual expression as a constitution of evil. For instance, St. Augustine during the third and fourth century viewed human sexuality in a repressive way. He equated sex to shame, which attends to all sexual intercourse (Teske et al, 2000). This marked the separation between sexuality and spirituality. The influence of this form of dualistic thinking explains why the church leaders find it difficult to talk about sexuality issues (Khathide, 2003). Further, in most African cultures, speaking about sex is a taboo, a fact that has found its way into the churches and to the minds of the religious leaders (Paterson 2003). Several studies have reported that the difficulty of religious leaders in addressing human sexuality as one of the major obstacles to their committed involvement in HIV prevention (Messer, 2004; Patterson, 2010; Paterson, 2003; Ryan, 2007; Trinitapoli & Weinreb, 2012).

Lewis (2005:13) notes that ‘fundamental conceptions of the world are shaped by particular ideas, beliefs and values that are held by and drive actors’ into action. Religious beliefs and ideas have a potential to be an influential determinant of sexual preferences and action. However, if the information is not disseminated, the situation denies the moral agents the opportunity of knowing the expectations of the society. In that, if the youth are not taught that they should uphold abstinence, fidelity and the values of chastity and trust, then it will not form a foundation of analysis in the process of ethical decision-making. Ideas and values are central to ethical process of decision-making. The moral agents use them for particular purposes, such as to give meaning to their life, or obedience to a normative direction, to offer direction to thinking and action, as well as to display ones’ identity.

The church leaders’ negative attitude to sexuality influenced their approach to the first cases of HIV and AIDS, a fact that fueled the spread of the pandemic. According to Browning (2011) and Paterson (2003), in the early days of HIV and AIDS, Christian churches stigmatized people who were infected with the HIV pandemic. Those infected with HIV were stigmatized as cursed sinners since it was perceived that they practised immoral sexual behaviour (Kurgat, 2008; Van Deutekom, 2007). HIV and AIDS was then known to be solely sexually transmitted so those who contracted it were labeled as promiscuous and sinners (Feresu & Smith, 2013; Fraim 2012; Mwamwenda, 2013). In most of the African countries, religious institutions held that morality and moral authority was important in sustaining social cohesion. The institutions believed that, there

existed a link between sexual transgression and that HIV and AIDS was as punishment resulting from the sin of immorality (Dete, 2012; Du Toit, 2012; Mwamwenda, 2013; Mbonu et al., 2009). Kolpelman (2012) held that God punished people infected with HIV in order to castigate, encourage virtue, warn and rehabilitate them.

In agreement Hartwig et al., (2006) concur that the church and religious leaders in Sub-Saharan Africa hinder interventions and prevention as well as mitigatory stigma procedures. The isolation, silence, low self-esteem and feeling of unworthiness are sentiments that cannot foster positive approach to HIV. This is because self esteem enhances self gratification which is sustained by continuous uptake of moral behaviour. Higher self esteem has been linked to positive attitudes about abstinence, fidelity and condom use (Salazar et al., 2005). As a result, such feelings can out of revenge, provoke the infected to spread the HIV further. According to Paterson (2003), stigmatization leads to a culture of silence and denial about the disease: the infected will not disclose their status for fear of rejection and stigmatization. Hence, silence and denial means that the infected will neither go for testing nor choose to use any prevention due to fear of raising suspicion that could lead to stigma.

Religion as it is grounded in societal cultures legitimizes gender inequalities, which are detrimental to the sexual agency of women (Erickson, 2011; Fuller, 2008). Religion has for a long time been dominated by male. Thus, women's lack of leadership roles in religious institutions highlights religious alignment with gender inequalities. The sidelining of women on religious grounds increases

their vulnerability to HIV. Patriarchal masculinities that uphold male superiority are a great challenge to HIV intervention and prevention (Chitando, 2008).

Chitando (Ibid) asserts that patriarchal structures within Christianity can be traced from the Bible, which is in itself patriarchal. The biblical language and metaphors employed have been used to legitimize male domination. For instance, the idea of Adam (man/male) being created first, relegates Eve (woman/female) to a second-class creature and an afterthought, for the service of man. The metaphors used which refer to God- as our father in heaven, Jesus Christ as the Son of God and as the Son of man depicts the domination of men over women in Christianity (Boyd, 1999; Boyd et al., 1996; Ruether, 1983).

It is this patriarchal attitude that has informed people's attitudes towards human sexuality, where men dominate. Men have been socialized even within religion to dominate in sexual relationships. Browning (2011) notes that marriage threatens the survival of the community, since through patriarchy, it has become a risk factor for HIV. The misinterpreted and already socialized concepts of male headship in the family and submission of women to their husbands as presented in the Bible attests to this risk in the era of HIV. Masenya (2003) puts the risk into perspective with her assertion that:

The view that the headship of men is viewed as God ordained assigns all authority and power to control of men. This includes the control of women's bodies. The understanding that a wife must be subject to her husband in everything would thus also be understood to entail that she must always be willing to avail her body for her husband's sexual gratification (Masenya, Ibid: 119).

It can therefore be argued that the socialization of the degenerative concept on the headship of men and submission of women as taught in Christianity is a threat to the sexual well-being of women. The focus of sexual activity within marriage revolves around male pleasure and satisfaction without equal consideration of woman's pleasure. This situation presents use of power over the powerless, as women are left with no option but to comply with the demands of her husband on her own body (Dube, 2003). This limits the women's ability to negotiate safe sex hence increasing their vulnerability to HIV. Gudorf (1994) blames it on patriarchy with an argument that so long as it exists women will not have full agency concerning their bodies.

Church leaders have continued to encourage patriarchal practices within marriages even though they threaten the well-being of women. The church upholds her teaching on indissolubility of marriage, even when the institution is not safe (Bujo, 2009). In most instances when women choose to leave their marriages, usually it is because of an unbearable pain which is beyond perseverance. It is psychologically and emotionally painful to stay with an adulterous man in the era of HIV, just because the church teaches that only 'death should do you part'. However, as Browning (2011: 296) argues, church leaders notwithstanding often send women back to their abusive marriages without knowing the dangers inherent in such relationships. Reliance on the church doctrine of indissolubility of marriage, even when it is not working is risky in the era of HIV pandemic. When divorce is not a moral option, then marriage presents women with an excessive burden of HIV infections when their relations become unsafe.

For instance, marriage ills such as wife battering and marital rape threaten the life of women. They expose women to situations where safe sex cannot be negotiated. Wife battering revolves around the concept of power and the powerless as outlined by Dube (2003) who notes that ‘women who have been constructed as powerless cannot insist on safer sex. They can hardly refuse, abstain nor does faithfulness to their partners help (Ibid: 88).’ Since their husbands are in power, and have been taught to submit, then they take all the blows as a sign of respect to their husbands and the church teaching.

Moyo (2004) attests to the power dimension on sexuality in Christian marriage with an assertion that, ‘sexuality is about power for those who determine the what, when, where and how of sex, be it be socio-economic and/or religio-cultural. In heterosexual relationships, those who have the power are men (Ibid: 73). Men use this power to perpetuate violence against women, which is in this case a ‘demonstration of who is in power (Phiri et al, 2003:14).’ This is a concept that heightens the spread of HIV. Since as Labecaz (1990:11) points out, ‘if sexual contact between people is ethically problematic when one has more power than the other, then all heterosexual sexual contact is ethically problematic in a sexist society.’

Flowing from the power differential is marital rape. It poses risk to HIV due to forced sex, which is usually rough. The risk is intensified when sex is forced. Rough sex causes vaginal tearing which increases the likelihood of contracting the HIV infection. The religious teaching of wives submission to their husbands (Ephesians 5:22-23) and the concept of being ‘one’ after a church wedding,

compromises the criminalization of marital rape. Following these religious teachings, different scholars have sidelined the criminality of marital rape. Hale (1736:629), a chief justice in England declared that ‘the husband cannot be guilty of rape committed by himself upon his lawful wife, for by their mutual matrimonial consent and contract, the wife hath given up herself in this kind unto her husband which she cannot retract.’ Further, Mahoney and Williams (1998:12) argue that, ‘what happens between husband and wife in the bedroom is a private matter,’ and cannot be open to public scrutiny. The church therefore holding on to her teaching can be said to encourage perseverance and silence even when one’s life is in danger, a fact that creates a conducive environment for contracting HIV.

Thus, the religious construct of male masculinity and sexuality as fostered in patriarchy threatens the attempts of mitigating against HIV and AIDS. As a result, several scholars have called for deconstruction, change and reconstruction of these dominating patriarchal structures towards gender justice (Chitando & Chigorama 2013; Phiri & Gathogo, 2010; Moyo, 2004; Phiri, 2005; Phiri & Nadar, 2006; Teka, 2008; Togarasei, 2010). As demonstrated, patriarchal structures demean women and expose them to vulnerabilities. It is in fact the ultimate and worst manifestation of gender inequality. The negativity of patriarchal ideology is alluded by Mwaura (2001:175) referring to it as a ‘sin.’ Further, Maimela (1975:31) calls it an ‘idolatrous god’ since it goes against the central Christian message of faith; the dignity of life for all humanity.

The negative patriarchal ideology has permeated through the church teachings on abstinence, fidelity and condom use as a strategy of HIV prevention. Browning (2009) noted that, the faith based initiatives to HIV prevention focused on abstinence and fidelity using biblical concepts of purity and sin without addressing the culturally patriarchal obstacles. As noted earlier, the church leaders find it difficult to teach about sexual issues. In most cases, the church leaders assume that the young adults know that they are supposed to abstain until marriage. Out of embarrassment, most church leaders ignore the subject.

When abstinence is taught, the reasons given are pegged on two major principles. First, abstinence is good because it is the will of God and second, is a promise of a healthy marriage. These two reasons are problematic in the era of HIV pandemic. First, the will of God flows from the biblical scripture in both the Old and the New Testaments. 'Sex before marriage is morally wrong because God prohibits it' and it is punishable in hell (Tracy, 2006:71). Sex is a powerful act that should be experienced only within a marital relationship (Ibid). Thus, the young adults are presented with a God who monitors their sexual life, demanding unwavering commitment and loyalty with a promise of eternal life (Gervais & Norenzayan, 2012a).

The presentation of a supernatural monitor on human persons' lives is not a guarantee to loyalty. In fact, through the HIV statistics presented there are many cases of teenage pregnancies. This is a proof that the concept of a 'monitoring God' is not a deterrent to pre-marital sex. There is a need of conceivable importance/value of abstaining apart from the far-fetched ones given (enjoying

the gift of sex in marriage and fulfilling the will of God). Further, these teleological goals of either burning in hell or being a member in the eternal kingdom may/may not form the foundations of ethical decision-making regarding young people's sexual behaviour. The polarity between the present and the not-yet realization of the Kingdom of God and the concept of salvation by God's grace challenges the probability of awaiting the realization of God's goodness which appears to be far-fetched. As a result, the young people engage in premarital sex thus risking contracting HIV.

The second reason for abstaining is for purposes of experiencing God-ordained sex in a marital union. According to Tracy (2006), sex is a gift from God for married persons. Tracy (2006:62) states that,

Sex is most meaningful and healthy in a relationship in which a couple has made a vow of lifelong commitment to each other. This provides the safest and most intimate setting for sex, for only in marriage is sex experienced in a relationship in which all of life is shared together.

Employing the religious paradigm of safe sex in marriage is a threat to human persons in a time of HIV and AIDS. The practice of abstinence being hinged on a promise for a health marriage, presumes utmost practice of fidelity. According to Browning (2011), marriage is presented as a safe place for sex where there is no need of thinking about protection. Yet there are times in marriage, when one needs to use protection, especially when one suspects his/her partner of being unfaithful.

Moreover, Tracy (2006) alludes that all sex occurring in marriage is 'health and blessed.' However, due to patriarchal differences, marital rape, forced sex,

sexual abuse and wife battering all occur within marriage. It is clear that the encounter is not the most 'safe and intimate as Tracy (2006) seems to argue.

Even though the arguments of Tracy (2006) are challenged, they are valid in a world where marriage is founded on gender equality. Sex is fulfilling, blessed and intimate within marriage only if both parties respect each other's dignity in mutual love. It is at this point that relationality will attain meaning and prevent the HIV pandemic within marriage. The realization of gender equality and a reconstruction of patriarchal regimes will go a long way in transforming fidelity into a 'servant virtue' (Browning, 2011: 84). Servant virtue implies an essential moral characteristic/trait/value of an individual who can mingle with all people regardless of class. Such form of servant fidelity takes care of both husband and wife; and all parties, since infidelity does not hurt women only but harms men, children and the entire society.

Smith's theory (2003) rightly holds that religion promotes healthy outcomes in the lives of human persons/Christians. In the face of the HIV pandemic, a Christian youth choosing to adhere to the religious norm of abstinence evades the virus and is assured of respect in the society. In the same way, if married people remained faithful to their monogamous partners, the risk of contracting HIV would be non-existent. However, as demonstrated, religious teachings compounded with other factors, such as patriarchy and gender inequality are detrimental to Christian's well-being. Thus, the interrelation of the four theories, which places value on the interrelational concept of the Self, both in acting and in personality, presents the Christian with an opportunity to choose to do the

right thing. The right thing in this case may go contrary to the teaching of the church, but it adds value to the well-being of the subject. For instance, a wife will not submit to sexual encounter with her husband who she suspects of having extramarital affairs, but she may choose to leave the relationship for her own good. This again goes against the church teaching on divorce, but it safeguards the woman from contracting HIV.

There exists ambivalence in perceptions about condom use among church leaders. This is fueled by their respective church's stance on condom use. The internalization of this prohibition and subsequent socialization of the same to the church adherents facilitates the spread of the HI virus among Christians who engage in high risk behaviour. Their failure to negotiate with the real life experiences of the adherents challenges their dissemination of humane approaches to curbing the spread of HIV puts their adherents at risk.

Benedict XVI (2010) came close to considering the real life experiences of HIV homosexuals with regard to condom use as a preventive measure. Even though the Pope argued that, condoms do not provide a perfect solution to HIV, he was of the opinion that they were a 'first step in the direction of moralization (Ibid).' Using condoms as a means of taking responsibility for ones actions coupled with the ethics of care that is, choosing not to infect one's partner is a temporary measure that can protect people from HIV. This was a laudable step, though the Catholic stance on condom use remains unchanged.

Protestants allow condom use as a contraceptive, but the Pastors shy away from sharing this information with their adherents, since the subject connects directly

to the topic of sex which is shunned. Thus, the Christian reception of condom use as a contraceptive and subsequent silence on its effect in preventing HIV does not help them. Majority of the church leaders arguing from the Scripture hold that, God never taught anything about condom use and that they are not hundred per cent (100 %) effective in preventing HIV (Erickson, 2011). Religious leaders argue that condom use encourages immorality and promiscuity among the adherents (Browning, 2011; Niehaus, 2002). Such ambivalent statements concerning condom use by the church leaders compromises the efforts towards HIV prevention.

As Trinitapoli and Weinreb (2012) observed, the resistance of church leaders to either use or preach about condom use, may be based on the cultural perceptions permeated in patriarchy. According to Amanze (2007), the negative perceptions of condom use by the church leaders is influenced by the African culture and not by Christian sexual ethics. African culture praises the virility of men, which is attested through 'child production'. Children were a sign of wealth that accrued societal respect (Chitando, 2008; Dover, 2005; Magesa, 2005). Christian sexual ethics upholds a relational mutuality founded on equal love. As such, it would be open to dignified discussions revolving around care for each other, fidelity and responsible child bearing, a fact that would prompt condom use.

Thus, as Browning (2011:291) asserts, 'by disallowing condoms for either prevention of STDs and /or family planning, churches reinforce patriarchy where women's lived experiences are unimportant.' The lived experiences within Christian marriages are not solely for women, but for men and children, the first

hand participants in the society. The day-to-day sexual lives of all (women, men and children) affect on each other's well-being and that of the wider society. Following this concept of shared-lived experiences, there is an awakening that even though condoms are not perfect within the religious circles to prevent HIV, their life-giving ability is a moral option in this era of the pandemic.

Further, the church and the religious leaders have lost the credibility that the populace had upon them. The behaviour that they exhibit contradicts societal expectations and the God they represent. Religious leaders are called to lead morally upright lives, be holy as God is Holy. However, most scholars globally agree that the CC's contemporary sexual abuse scandal is a reality (Berry, 1992, 2000; Bruni & Burkett, 2002; Frawley-O'Dea & Goldner, 2007). Diocesan priests and brothers are known to commit these heinous acts, since they are close to the community and perform most of the religious rituals for them (Berry, 1992; Kafka, 2004). The close relationship and trust that is bestowed upon the diocesan priest/brother in most instances fuels the misconduct.

The priest according to Gartner (2007:169) is an 'idealized numinous figure' within the society, 'representing God and all the energies associated with God in the religious tradition.' This according to Gartner (Ibid: 178) is a duty that 'requires emotional strength, maturity, self-Perception, tolerance of great ambiguity, and most important the ability to hold boundaries.' However, the priests and the laity concentrate on the 'idealized figure' of the priest as a representative of God and forget that he is fully human. This idealized figure is construed as 'above' the 'realm of the ordinary folk (Ibid).' Yet, as Lothstein

(2004:168) argues, they are ‘overworked, overburdened, lonely, isolated and socially stigmatized’...factors that may lead to sexually inappropriate behaviour stemming from ‘unexpressed depression, loneliness, hunger and anger.’ Sexual activities occurring within the confines of a ‘holy’ ground with a celibate priest depicts an idealized scenario that one cannot be infected with HIV. This is because people hold misconceived ideas that they do not engage in sexual intercourse.

The ill behaviour of the Catholic priests has been blamed on the CC’s culture of clericalism, the historical teaching that adores celibate life and represses heterosexuality (Doyle, 2007; Jordan, 2007; Richards, 2007; Walker, 2007). According to Doyle (2007:166), Clericalism is ‘grounded in the erroneous belief that clerics form elite class and because of their powers s sacramental ministers, they are superior than the laity.’ Russel Shaw (1993) explains the danger of clericalism. He notes that

The clericalism mindset does fundamentally distort, disrupt, and poison the Christian lives of members of the church, clergy and the laity alike, and weakens the church in her mission to the world. Clericalism is not the cause of every problem in the church, but it causes many and is a factor in many more. Time and again...it plays a role in the debilitating controversies that today afflict the Catholic community.

As a result, the Catholic priests see themselves as ‘men set apart by God (Hoge, 2002:27)’, hence holy and deserving respect. Unfortunately, the same mindset is passed on to the laity and is internalized with great enthusiasm and intensity. This blindfolds them especially when the priests commit immoral acts on either their children or wives. The silence that engulfed the CC on her priests’ sexual scandals is an evidence that clericalism is alive in the Catholic hierarchy. Thus

the chances of priests contracting HIV, transmitting it to unsuspecting victims and even dying of the same may take a while before it is known to the world. This is a form of stigma that slows the efforts of mitigating HIV and AIDS in the church.

On the effects of the internalization of Catholic priests as men set apart by God, Goldner (2007:29-30) asserts that,

Too many catholic parents, teachers, housekeepers, and rectory neighbors saw signs of sexual abuse, heard rumors of terrible acts, had uneasy feelings about certain priests and their adolescent 'friends' but [they] said nothing.

Thus, the high regard with which the Catholic priests are held deters pursuance of the immoral acts that they commit. Moreover, the historical teaching of the CC has idealized celibacy over heterosexual sexuality. According to Walker (2007), the idealization of celibacy emanates from the CC's rigid hierarchical, misogynistic and sexual pessimism. Sex is viewed as evil compared to celibate life, where one represses one's desires for the sake of God's service. The hierarchy of the CC still frames celibacy as essential for authentic priesthood (Pope John Paul II, 2002). The CC continues to teach that celibacy is necessary for the church's mission because the priest cleric must be removed from all sexual distractions and be totally dedicated to God's service (Doyle, 2007).

However, priests are engaging in sexual issues, such as homosexuality, child sexual abuse also known as pedophilia. In addition, a large numbers of priests live in a state of concubinage. This is a fact that the church has strategically turned a blind eye to (Walker, 2007; Richards, 2007, Jordan, 2007). All these

behaviour are detrimental in the face of HIV pandemic. The hierarchical and patriarchal structures imminent in the CC have created fear surrounding heterosexual sexuality. This is a fact that Walker (2007: 225) says is a 'reflection of misogyny, a deeper phobic dread and hatred of women and femininity.'

The untamed sexual desires of the priests who are idealized as holy and the Catholic rule that upholds celibate life are contradicted by the reported practices. This is not to hold that the sexual transgressions of the Catholic priests are worse than those committed in other denominations but they fascinate the laity and non-catholic observers. This is because they are in violation of both the catholic clergy's public commitment to celibacy and the CC's promulgation of restrictive sexual moral code. Both instances challenge the adherence to the value of abstinence and chastity, which are vital to HIV prevention.

It is not the Catholic priests' adherence to celibate life that distorts the credibility of the church leaders. In fact celibacy is not the risk factor that can lure priests to sexual abuse. In any case even married pastors have been reported to engage in sexual activities with other persons who are not their spouses such as young unmarried women, other people's wives as well as prostitutes. For instance in May 15, 2013 a California youth pastor was caught having a sexual encounter with a prostitute.^{xlv} The Kenyan media has reported cases of pastors caught with other men's wives having sexual relations. On 17 October 2010, K24, a Kenyan television station, featured a pastor who was caught in adultery^{xlvi}. Even though the pastor from A.I.C and other protestant churches are allowed to marry, the value of fidelity remains challenged. This not only exposes the pastor as

immoral, but also endangers the lives of many to HIV. The pastor and his mistresses create a sexual network, which can fuel alarming spread of HIV among the congregants.

The role of religion in shaping and changing human behaviour is pervasive. It does not however guarantee behaviour change needed for HIV prevention. This is because every individual has subjective dispositions and differences on the teachings emanating from their religious institutions. The powers of religious institutional control pose challenges to HIV prevention, since what is taught is not adhered to. Further, those who teach the religious directives of sexuality do not serve as role models. As a result, human rationality and relationality based on value is critical in moral evaluations. Nevertheless, this does not underrate the role of religion in the HIV and AIDS intervention, but it is not a control measure to HIV and AIDS as the secular groups may think. Nussbaum (2005:231), presents this dilemma objectively. She states that the Christian churches and secular groups were wrong in their assumption that, 'society's ills can be diagnosed by scholars, such as theologians and solutions be imposed by institutions such as churches, that hold power over their members and; that since human beings are basically rational beings, they will do what is reasonable, if they have adequate information.' However, worldviews shape the conceptions of real life and the values perceived out of these contextualized worldviews guide the moral agent/Christian into moral action. As a result, religion becomes one of the many influencers of moral action, such as culture, media, and school among others.

2.3 Conclusion

The literature reviewed explored the following themes: theologies of sexuality in the CC and A.I.C; Christians' perceptions of the ABC strategy of HIV prevention; Christians' practice of ABC strategy of HIV prevention and the barriers to successful implementation of ABC directives.

It has been clearly shown that both churches have a theology of sexuality though; the CC's theology of sexuality was well documented and publicized than that of the A.I.C. The Christians' perceptions of their respective church teaching on sexuality has developed through out history. These perceptions influenced their moral decision making both positively and negatively, with regard to their behavior.

Positive perceptions of the ABC as a preventive strategy to HIV was evident throughout the literature. There was ample perception of abstinence, fidelity and condom use as safer methods in HIV prevention. It was however found that, positive perceptions of these directives did not always translate to their practice. The uptake of human behaviour does not follow purely on the objective (norms) or subjective (values) grounding. They are also influenced by the human social interactions through the processes of socialization and interactions. Thus, due to the interplay of symbolic interactions and identities of self, regarding sexual behaviour the human person ought to be understood as a relation. The social identities formed are not attained in isolation but within a relational context. The values of abstinence, fidelity and condom use are thus prone to change both in its content and during the processes of socialization. This implies that, the

practice carried out will not always amount to total adherence to the church teaching on sexuality.

Several barriers challenged the practice of the ABC strategy of HIV prevention. They include the perception of sex as a taboo, secularism, exposure to sexual content in the media, socio-cultural barriers, socio-economic vulnerabilities and religious barriers.

The interplay of the four theories, which include, social identity theory, symbolic interactionist, Kohlberg's theory of moral development and Smith's theory of religious effects, have contributed in the understanding that human behaviour does not take place in a vacuum. Nevertheless, they involve a rational and a relational human person, who values personal identity/self within each life situation and in interrelationships with all the sub-groups. All these relations (parents, teachers, church leaders, religion, media, civil authorities etc.) influence the Self in ethical decision-making. It therefore solely rests on the self to choose to do what is right and of worth to him/her even amidst the influences.

^v For more on the philosophies see, Feiner, S. (2011). *The Origins of Jewish Secularization in Eighteenth-Century Europe*. University of Pennsylvania Press.

^{vi} One of the notable voices in the discussion about the duality of body and soul is the Greek philosopher Plato [429-347 B.C]. Plato's dualism conceived of the human body negatively. According to him, the soul was everything: an immortal, incorruptible, intellectual, principle that pre-existed the body and which transcended the body passing after the death of the body into other bodies. This process came to be known as metempsychosis. To Plato, the soul did not possess physical characteristics as sex or race, rather the soul is incorporeal, immortal and transcendent.

^{vii} The metaphysical school of Plato and Pythagoras understood the universe to be composed of both material and non-material realities. Plato's "Forms" were the metaphysical essences that were superior to the corporeal and material substances. The body was seen as the corporeal and material substance that was ordered and directed by the immaterial soul. The soul was understood to be contained/trapped within the body. This hierarchy of superior metaphysical essences over the inferior material counterparts or dualism has played a bigger role in defining sexuality.

^{viii} Translations of St. Augustine treatises can be found in marriage and virginity, Vol 1/9 of the Works of St. Augustine: A Translation for the 21st Century, ed. John E. Rotelle, trans. Ray Kearhey (Hyde Park, New York: New City Press, 1988).

^{ix} U. Ranke-Heinemann in the Eunuchs for the Kingdom of Heaven. Women, Sexuality and the CC (New York: Doubleday, 1990), describe St. Augustine as “man who fused Christianity together with hatred of sex and pleasure into a systematic unity.” 75. This is a concept that has led to a misinterpretation of St. Augustine’s works on sexuality, though I say with a lot of cautiousness.

^xThis particular translation is done in a word to word basis hence modern to the theological world. Augustinus 2003b], *De bono coniugali*, in Brooten B J 2003. Nature, law, and custom in Augustine’s On the good of marriage, in Matthews, S et al (eds), *Walk in the ways of wisdom: Essays in honor of Elisabeth Schussler Fiorenza*, 181-193. Harrisburg, PA: Trinity Press International. (A Continuum imprint.)

^{xi} Selections from *Gaudium et spes* and *Familiaris consortio* are available in *Sexuality, Marriage, and Family: Readings in the Catholic Tradition*, ed. Paulinus Ikechukwu Odozor, (Notre Dame: University of Notre Dame, 2001). This useful volume collects from two to five important articles each under the headings of “Human Sexuality,” “Scripture and Marriage,” “Marriage and Family in Christian History,” “Marriage and Family in the Teaching of the Church,” “Marriage in Current Theology,” “Divorce and Remarriage,” and “Contraception.”

^{xii} Pope Leo XIII in response wrote an encyclical in 1880 *Arcanum Divinae Sapientiae*, the very first encyclical to touch on marriage. He also wrote another encyclical in 1896 *Satis Cognitum* affirming the superiority of the Church as a society; “God indeed even made the Church a society far more perfect than any other. For the end for which the Church exists is as much higher than the end of other societies as diving force is above nature, as immortal blessings are above the transitory things of earth. Therefore the Church is a society divine in its origin, supernatural in its end and in the means proximately adopted to the attainment of that end; but it is a human community inasmuch as it is composed of men. For this reason we find it called in Holy Writ by names indication a perfect society. It is spoken of as the house of God the city placed upon a mountain to which all nations must come.”

^{xiii} Lambeth Conference Archives 1930, resolution 15 reads “where there is a clearly felt moral obligation to limit or avoid parenthood, the method must be decided on Christian principles. The primary and obvious method is complete abstinence from intercourse (as far as may be necessary) in a life of discipline and self-control lived in the power of the Holy Spirit. Nevertheless, in those cases where there is such a clearly-felt moral obligation to limit or avoid parenthood, and where there is a morally sound reason for avoiding complete abstinence, the conference agrees that other methods may be used, provided that this is done in the light of the same Christian principles. The Conference, records its strong condemnation of the use of any methods of conception control from motives of selfishness, luxury, or mere convenience.”

^{xiv} See, Paul VI, *Populorum Progressio*, 1967, available from http://www.vatican.va/holy_father/paul_vi/encyclicals/documents/hf_p-vi_enc_26031967_populorum_en.html (accessed 14 May 2014). References to *Populorum Progressio* (hereafter PP) are made in reference to the consecutive numbering of the text.

^{xv} See, John Paul II, Apostolic Exhortation “*Familiaris Consortio*”, 1981, available from http://www.vatican.va/holy_father/john_paul_ii/apost_exhortations/documents/hf_jp-ii_exh_19811122_familiaris-consortio_en.html (accessed 14 May 2014).

^{xvi} The ‘Spousal meaning of the body’ is explained in Karol Wojtyla’s work *Love and Responsibility* (San Francisco: Ignatius Press, 1981) 46. The spousal meaning of the body is the unspectacular observation that the male body was made for the female body and vice versa. The reflection on the character of the human body leads precisely to the innate human vocation to

gift and communion. It is a spousal meaning of the body since the distinctive mark of marriage is the exclusive gift of self- husband and wife. Hence, marriage becomes a paradigm of self-giving. This paradigm rests on the Godly premise of creation. Concisely, this is nothing other than the concept of natural law- a reflection on the way that human persons were created in nature that we get to know how God wants us to behave.

^{xvii} This assertion came in 2012, in the year and address of Pope Benedict XVI to the Roman Curia. It is usually an annual address, which is the most important of all papal statements. This is reported by the Vatican information service under “Family, Dialogue, new evangelization: Central Themes of Benedict XVI, address to the Roman Curia.” December 21, 2012).

^{xviii} The illustration of the place of women in marriage according to Luther exegetically grounded through his analysis of the story of Mary and Martha in the synoptic gospels. In M. Wiesner, “Luther and Women: The Death of Two Marys”, in *Feminist Theology: A Reader*, ed. A. Loades (1990), 123-34; Birthpangs, 65, this exposition is well analyzed. He was keen to observe that Martha represents the obedient wife, busy at home but Mary her sister devoted to Christ's teaching or Mary the Virgin Mother of Christ, are representations of ideal women.

^{xix} A Dominican priest Meister Eckhart expounded on the concept of the body being a prison of the soul in one of his works; Meister Eckhart, *A modern translation*, trans. Raymond B. Blakney (New York: Harper and Brothers, 1941) 123. From his fourth sermon entitled, ‘eternal birth.’ In this work he states that, “the body is too strong for the spirit and so there is always a struggle between them—an eternal conflict. The body is bold and brave here, for it is at home and the world helps it. The earth is its fatherland and all its kindred are on its side: food, drink, and comforts are all against the spirit. Here the spirit is alien. Its race and kin are all in heaven. It has many friends there. To assist the spirit in its distress, to weaken the flesh for its part in this struggle so that it cannot conquer the spirit, penances are put upon the flesh like a bridle to curb it, so that the spirit may control it.

^{xx} Luther’s discussions on creation following the book of Genesis can be found in: Mickey L. Mattox, *Defender of the Most Holy Matriarchs: Martin Luther’s Interpretation of the Women of Genesis in the Enarrationes in Genesis, 1535-1545* (Leiden: Brill, 2003), Appendix I, 259-264.

^{xxi} The theology of Calvinism was clearly outlined in the great Synod of Dordt of A.D. 1618-1619 which is the most famous international meeting of Protestant Church Delegates ever held. Dordt drew up the enduring “Five Points of Calvinism” alias the famous “Decrees of Dordt.” In those “Five Points of Calvinism” — summarized by the acronym ‘**T.U.L.I.P.**’ — Dordt decreed that man’s salvation is not of man but of God alone. For ‘**T.U.L.I.P.**’ teaches: the **T**otal depravity of fallen men; the **U**nconditional election of the believers by God the Father; the **L**imited or effective atonement performed by the Lord Jesus Christ; the **I**resistible grace by which the Holy Spirit saves; and the **P**erseverance of the saints unto salvation by the power of the Almighty Triune God working on them and for them and in them and through them. See, Bible, D. D., Abridged, D., & Lee, F. N. (2003). *Of Calvinism* : Lamb Trimmers, USA.

^{xxii} Calvin, being an exegete, he scorned the Roman Catholic basis for sacramentalizing marriage by translating the word “mystery” in Ephesians 5:32 as “sacrament”. He concluded that, either the Catholics were deceived by the meaning of the original Latin word or they were just ignorant of the Greek language. See, *Commentaries on the Epistles of Paul to the Galatians and Ephesians* (trans. Wm. Pringle; Grand Rapids: Eerdmans, 1955) 325.

^{xxiii} John Knox was twice married. He left behind a widow and five children. His two sons, Nathaniel and Eleazar were the children of his first wife, Mrs. Margery Bowes. His other three children were daughters by his second wife, Margaret Stewart. See, McCrie, Thomas (1850), *Life of John Knox* (New ed.), Edinburgh: William Blackwood and Sons

^{xxiv} A.I.C and A.I.C –Kenya are synonymous in this sequel.

^{xxv} Martin Luther had likened contraceptive use to Onanism making reference to Genesis 38. See, Charles D. Provan, *The Bible and Birth Control 63-93* (1989); Luther's Works, Lectures on Genesis 38-44 at 20-21 (Jaroslav Pelikan ed., 1965). Specifically, Luther wrote with regard to the story of Onan in Genesis 38:10: He wrote, "Onan must have been a malicious and incorrigible scoundrel. This is a most disgraceful sin. It is far more atrocious than incest and adultery. We call it unchastity, yes, a Sodomitic sin. For Onan goes in to her; that is, he lies with her and copulates, and when it comes to the point of insemination, spills the semen, lest the woman conceive. Surely at such a time the order of nature established by God in procreation should be followed." Quoting John Calvin's, Commentary on Genesis 38:8-10; Provan (1965) notes that "the voluntary spilling of semen outside of intercourse is a monstrous thing. Deliberately to withdraw from coitus in order that semen may fall on the ground is doubly monstrous. For this is to extinguish the hope of the race and to kill before he is born the hoped-for offspring. This impiety is especially condemned, now by the Spirit through Moses' mouth, that Onan, as it were, by a violent abortion, no less cruelly than filthily cast upon the ground the offspring of his brother, torn from the maternal womb. Besides, in this way he tried, as far as he was able, to wipe out a part of the human race. If any woman ejects a foetus [sic] from her womb by drugs, it is reckoned a crime incapable of expiation and deservedly Onan incurred upon himself the same kind of punishment, infecting the earth by his semen, in order that Tamar might not conceive a future human being as an inhabitant of the earth.

^{xxvi} Pope John Paul II wrote his eleventh encyclical, *Evangelium Vitae/The Gospel of Life*, in 1995. The main aim of John Paul II, was to oppose rampant practices that are destructive to human life. The attacks of human life mentioned in the document include contraception, sterilization, abortion, artificial procreation, the production, manipulation and destruction of human embryos and euthanasia.

^{xxvii} This is an excerpt on the issue of condom use highlighted in Benedict XVI book, *Light of the World: The Pope, the Church and the Signs of the Times*, which records an interview between him and a German journalist Dr. Peter Seewald. The remark was a collection of what the pontiff had said while on his way to Africa in March, 2009; that 'the spread of AIDS could only be overcome by "a humanization of sexuality" not the distribution of condoms.'

^{xxviii} See, Douglas J. Miller (1989). 'Sexual Activity as a Basic Human Right.' *American Baptist Quarterly* (8) 84-93.

^{xxix} In Pulerwitz et al (2006:21) a respondent is quoted answering a Focus Group Discussion question on men's ability to practice abstinence. He notes, "This cannot work. Abstinence cannot work for both men and women. More for men. If you are a man you cannot live without doing sex."

^{xxx} In the year 1992, United Nations through UNAIDS was the first organ to note that marriage was a risk factor in HIV and AIDS. See also, Avert.org, 'Women, HIV and AIDS,' <http://www.avert.org/women-hiv-aids.htm> (accessed June, 30, 2014).

^{xxxi} The 'supernatural monitoring hypothesis was derived by Gervais and Norenzayan (2011), describing a state where believers describe God as a strategic social agent who perceives human thoughts and actions. Thinking about God in these terms makes believers feel as if their behaviour are being monitored for the promised divine punishment and or reward.

^{xxxii} See, James Macharia's Speech as Kenya's Health minister at the Launch of KAIS Report 2014 on 25 June, 2014.

^{xxxiii} Mercy Aduyoye (1984) defines a taboo as an action or speech which is prohibited by and within a particular cultural group. See, Aduyoye (1984), "Church's Mission in Contemporary times,' *Bulletin de Theologie Africaene*, 6(112), 259-272.

^{xxxiv} More reasons for failed sexual communication between adolescents and parents include embarrassment, uncomfortable environment and lack of time among others. See, Jaccard and Dittus, 1991.

^{xxxv} Secularism depicts three predicaments, namely juridical/constitutional, secularity and a sociological concept. According to Volster (2012:1), juridical/constitutional secularism refers to the separation of the Church and state in the development of modern democracies. Taylor (2007:20) defines secularity secularism as a concept that consists of new conditions of beliefs, which shape new experiences through which search and questioning about moral and spiritual living by all human persons must proceed. He further defined the sociological concept as the process of the decline of religious belief and people turning away from God and the Church (Ibid: 2). The three concepts are intriguing to understand, however the sociological and secularity concepts will be implied in this work.

^{xxxvi} She argues that sexual love is able to bind humans together strongly, more strongly than other shared activities (1994:129).

^{xxxvii} In the words of Hervieu- Léger, “Transmission has always been critical, but becomes almost impossible in the late modern world where the crisis of transmission correspond to global overhaul of collective references, to rupture of memory and to a reorganization of values, all of which questions the very foundations of the social bond (Hervieu-Léger 1998: 214).

^{xxxviii} Geertz (1973:44-45) defines culture as a set of control mechanisms, plans, recipes, rules, instruments for governing behaviour, which begins with the assumption that human though is basically both social and public; and that its natural habitat is in the house yard, the market place and in the town square.

^{xxxix} According to Njogu and Mazrui (2013:2), gender is a social construct which asserts that the expectations, capabilities and responsibilities of men and women are not always biologically determined. The gender roles assigned to men and women are significantly defined – structurally and culturally – in ways which create, reinforce, and perpetuate relationships of male dominance and female subordination. Through the process of socialization within the family, in educational institutions and other social spheres, boys and girls are conditioned to behave in certain ways and to play different roles in society. They are encouraged to conform to established cultural norms by being rewarded or punished for their behaviour. At times, the places women occupy in society are essentialized through claims of innate predispositions. This conditioning and stereotyping could easily have the effect of questioning the capability of girls and women to perform certain tasks. Repeated regularly, it may solidify and become difficult to uproot from the mental frames of people.

^{xl} ‘*Wacha Mpango wa Kando, Epuka Ukimwi*’ was a non-commercial advert run in Kenyan media by Population Service International (PSI) advocating for marital faithfulness.

^{xli} All these scholars point to the negative cultural norm of forbidding women to own land. Challenging the norm, they argue that land and housing are important assets, which are immovable. Ownership of, access to, and control over immovable property are fundamental determinants of secure livelihoods. They provide a secure place to live a site for economic and social activity as well as collateral for credit, which acts as a boost to economic welfare. See, Strickland, R. (2004). *To Have and to Hold: Women’s Property and Inheritance Rights in the Context of HIV and AIDs in Sub-Sahara Africa.*

^{xlii} According to McGrew (1990) globalization ‘constitutes the multiplicity of linkages and interconnections that transcend the nation/state (and by implication the societies) which make up the modern world system. It defines a process through which events, decisions and activities in

one part of the world can come to have a significant consequence for individuals and communities in quite distant parts of the globe.’

^{xliii} Martin and Miller (2000). In “Smuggling and Trafficking: A Conference Report.” *International Migration Review* 34 (3):969-975; defines ‘trafficking in persons as the recruitment, transportation, transfer, harboring, or receipt of persons either by threat or use of abduction, force, fraud, deception or coercion, or by the giving or receiving of unlawful payments or benefits to achieve the consent of a person having the control over another person for the purpose of exploitation’

^{xliv} Goode (1989) defines alcoholism as a disease that includes alcohol craving and confirmed drinking despite repeated alcohol-related problems such as losing a job, social disorder including unbecoming behaviour, which may include casual sexual intercourse. It is a truism that many individuals cannot be trusted to make prudent or responsible decisions regarding drug taking such as alcohol.

^{xlv} See Youtube Clip on, www.youtube.com/watch?v=1wMV9ejuJvE.

^{xlvi} See Youtube Clip on, www.youtube.com/watch?v=4QNVCTIrhjY.

CHAPTER THREE

3.0 RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

The purpose of this study was to investigate the perceptions and practice of ABC strategy of HIV prevention, as informed by the CC and A.I.C teachings on sexual morality, among Christians aged 19-49 years in Thika East Sub-county (TES). This Chapter outlines the methodology of the study.

The chapter describes the research design, site of the study, study population, target population, sample size and sampling techniques, research instruments, data collection procedures, management and analysis. In order to investigate the perceptions and practice of ABC of HIV prevention amongst the Christians in the CC and A.I.C, mixed methods, that is qualitative and quantitative methods were employed.

3.2 Research Design

Research design can be described as the structure of the research and an overall scheme for obtaining answers to questions being studied and handling challenges encountered during the research (Robson, 2002; Polit & Hungler, 1999). This underlines the importance and power of the study design as the architecture of the research.

The study followed a cross-sectional descriptive design, employing both quantitative and qualitative approaches. A cross-sectional study involved the

analysis of data collected from a representative subset of the population, at one specific point in time. The data collected in this study reflected the Christians' perceptions and practice of ABC strategy of HIV prevention in TES during the period of the data collection. The purpose of descriptive design was to provide the opportunity to identify the factors influencing the phenomenon of interest (Burns & Grove, 1999); in this case the factors associated with perceptions and practice of ABC strategy of HIV prevention among Christians in TES.

Qualitative data were collected using Focus Groups Discussions and individual interview schedules. The collected qualitative data supplemented the quantitative data which could otherwise not have elicited in-depth information from the participants. Indeed, qualitative interviewing was flexible, responding to the direction in which interviewees took the interview and perhaps adjusting the emphases in the research as a result of significant issues that emerged.

Quantitative data collection methods included administration of open and closed ended structured questionnaire. This data collection method quantified the problem by way of generating numerical data, which provided frequencies and descriptive summary statistics.

3.3 Site of the Study

The study was conducted in Thika East Sub-county of Kiambu County, Kenya (See, Appendix A.10.3). Kiambu County is a leading commercial centre located in the former Central Province, close to Kenya's capital, Nairobi (Kenya Information Guide, 2015). Its capital is Kiambu and its largest town is Thika. Thika lies on the A2 road 40 kilometres North-East of Nairobi. According to

Thika District Plan 2005-2010 the area has an urban population of approximately 674,868 people. The high population in the urban centre can be attributed to the proximity of the County to Nairobi. This is because most of the residents work in Nairobi and reside in the county. Further, the population structure of the sub-county indicates a fairly balanced sex ratio, with the overall male: female for the sub-county being 1:1 (KPHC, 2012).

Thika is popular for the pineapple plantations and a number of heavy industrial activities (Ibid). The town has witnessed tremendous growth due to the explosive real estate businesses in the county (Ibid) as well as to its metropolitan status and presence of higher institutions of learning. Thus, the industrial development in Thika attracts more labour force, increasing propensity of new HIV infections.

The HIV prevalence among women aged 15-49 years increased from 4.3% in 2007 (NASCO, 2009) to 5.6% in 2015 (NASCO, 2016) in the County. KAIS report showed a continued increase of new HIV infections in Kiambu County from 2,931 in 2013 to 4273 in 2015. In 2015, Kiambu County contributed to 6.0% of the total new infections in Kenya (Ibid).

There has been an increase in HIV infection trends in Thika Sub-county because of the increased number of sex workers, drug injecting persons, men having sex with men, engaging in unprotected sex among other causes (Lewis et al, 2009; Kilonzo et al, 2008; Wambaya et al, 2014; Morris & Ferguson, 2006). Hence the evidence for the need of this study. Further, TES is predominantly Christian a factor that is expected to depict a slow rate of HIV infections owing to the Christian teaching on sexual morality.

3.4 Study Population

The study population included Christians aged 19-49 years. TES houses mainline, Pententecostal as well charismatic churches. The study concentrated only on the mainline churches because they have documented theology of sexuality.

The mainline Churches in TES include the CC, Anglican Church, Africa Inland Church, Presbyterian Church of East Africa, Methodist and Baptist Churches. Among the mainline Churches, however, the CC and A.I.C. are the most dominant in TES compared to the Presbyterian Church of East Africa and Anglican Church of Kenya. The dominance here was measured in terms of geographical spread and inclusivity of the majority of the Kenyan communities living in TES as shown in the Table 3.1.

Table 3.1: Cluster of the the Mainstream Churches and the population (number of adults) enrolled in the churches. The number in parenthesis indicate the number of churches within each cluster (Source: Researcher, 2014)

A. Catholic Churches (10)		B. A.I.C Churches (8)	
St. Theresa	114	A.I.C Fourteen Falls	92
St. Lukes Magogoni	138	A.I.C Magogoni	81
Christ the King Ngoliba	127	A.I.C Happy Valley	135
Immaculate Heart of Mary Kilimabongo	133	A.I.C Barracks	53
St. Joseph Mukasa	279	A.I.C Gatuanyanga	47
Gatuanyanga Catholic	146	A.I.C Kiganjo	102
Assumpta Catholic	118	A.I.C Umoja	67
St. Mattias Mulumba	370	A.I.C Makongeni	329
Komo Catholic	131		
St. Maria Magdalene Munyu	254		
C. Presbyterian Church of East Africa (3)		D. Anglica Church of Kenya (3)	
P.C.E.A Makongeni	358	A.C.K. St. Johns	284
P.C.E.A Happy Valley	247	A.C.K. Makongeni	367
P.C.E.A Salama	106	A.C.K. Magogoni	119
E. Methodist Churches (2)		G. Baptist Church (1)	
Makongeni Methodist Church	234	Makongeni Baptist	145
Happy Valley Methodist Church	123		

Source: Researcher, 2015.

3.5 Target Population

This study targeted Christians, both males and females, within the age bracket of 19 - 49 years in CC and A.I.C in TES. Due to ethical considerations, this study targeted this age group since it lies within the reproductive age bracket and,

hence conversant with decision-making processes regarding their sexual behaviour. Despite being the majority age group in TES, they also depict minimum knowledge of their respective church teaching on sexual morality. As adults, they can give consent in the process of data collection.

The targeted population comprised the total membership strength of the six churches selected for the study. This was 1,116 individuals, as distributed in Table 3.2.

Table 3.2. Target population of the study participants from the six Churches by sex (Source: Researcher, 2014)

Strata (Denom-ination)	Cluster (Church)	Population size		
		Male	Female	Total
CC	St. Luke's Magogoni	55	83	138
	St. Joseph Mukasa	119	160	279
	St Mattias Mulumba	146	224	370
Africa Inland Church (A.I.C)	Fourteen Fall	39	53	92
	Kiganjo	42	60	102
	Happy Valley	56	79	135
Total		457	659	1,116

3.6 Sampling Technique and Sample Size Determination

The research employed cluster sampling, which is based first on the random selection of certain A.I.C and CC, from which the sample can be taken. Then convenience sampling was used to draw the actual respondents from the potential subjects in each randomly selected church. The sample of this study comprised

of CC and A.I.C members, male and female, married and unmarried between the ages of 19-49 years.

3.6.1 Sampling Technique

As the study used mixed methods, different sampling procedures were used for various participants. The study employed two-stage stratified cluster sampling, where in the first stage six out of eighteen clusters were selected using simple random sampling, that is, three CC and three A.I.C. To randomly select three (3) CC, the names of each of the eligible CC were written on a piece of paper and all pieces of paper put in a box. After shaking the box, 3 slips of paper were drawn one at a time. The same process was repeated for the selection of three (3) A.I.C. The six churches selected included: three CC; namely St. Luke's Magogoni CC, St. Joseph Mukasa and St. Mattias Mulumba, and three A.I.Cs; the Churches included Fourteen Falls A.I.C, Happy Valley A.I.C, and Kiganjo A.I.C (See, Appendix A.10.3).

In the second stage, convenience sampling was used to select the study subjects proportional to the population size. The questionnaire was administered to the members attending church during the time of data collection. The questionnaire for male and females had blue and red mark, respectively. For each gender a respective colour marked questionnaires were systematically administered until the desired sample size was achieved. Convenience sampling method was used to draw the actual respondents from the potential subjects in each randomly selected church. The respondents, male and female received their questionnaires as they went in the church. The resulting sample sizes are shown in Table 3.3.

3.6.2 Sample Size Determination

The following formula by Cochran (1997) was used to determine the sample

size: $n = \frac{Z^2 pq}{d^2}$. Where:

- **Z** is the 95 per cent confidence level of standard normal, equal to 1.96;
- **p** is the proportion in the target population estimated to have Perception and practice of ABC strategy, assumed to be 50 per cent since this would provide the maximum sample size;
- **q = (1-p)** is the compliment of the population proportion;
- **d** is the degree of precision, set to 5 per cent.
- **r = 1.05** adjusts for 5 per cent non-respondents rate

Thus, the required sample size was

$$n = \frac{rZ^2 p(1-p)}{d^2} = 1.05 \times 1.96^2 \times 0.5 \times (1-0.5) / 0.05^2 = 404 .$$

The sample size for each church was obtained by allotting the sample size formula, where a total of 404 samples were shared proportionately to the population size of the church. The resulting sample sizes are shown in Table 3.3.

Table 3.3. Target sample of the study participants from the six Churches by sex (Source: Researcher, 2014)

Strata (Denomination)	Cluster (Church)	Sample Size		
		Male	Female	Total
CC	St. Luke's Magogoni	20	30	50
	St. Joseph Mukasa	43	58	101
	St. Mattias Mulumba	56	78	134
A.I.C	Fourteen Fall	14	19	33
	Kiganjo	15	22	37
	Happy Valley	20	29	49
Total		168	236	404

The actual samples achieved after administering the questionnaire are displayed in Table 3.4. Overall, the samples realized was 95% of the total sample size, which was sufficient for any meaningful analysis. The difference of five per cent (5%) was either due to selected participants' denial or withdrawal from the study.

Table 3.4. Distribution of the realized samples across the six Churches (Source: Researcher, 2014)

Strata (Denomination)	Cluster (Church)	Realized Samples			Desired Samples (B)	Samples achieved (A)/(B)
		Male	Female	Total (A)		
CC	St. Luke's Magogoni	19	29	48	50	96%
	St. Joseph Mukasa	38	51	89	101	88%
	St. Mattias Mulumba	55	78	133	134	99%
A.I.C	Fourteen Fall	14	19	33	33	100%
	Kiganjo	15	22	37	37	100%
	Happy Valley	20	28	48	49	98%
Total		161	227	388	404	95%

3.6.3 Selection of Participants for In-depth interview Schedules

Interview schedule participants were sampled using convenience sampling technique. The church leaders, priests and pastors, who were present at the church service/mass on the days that the researcher visited the churches, were used. Five interviews were conducted, seeking out information on their church's teaching/ doctrine on sexuality and interventions to HIV prevention among other themes. Three interviews were conducted among the three pastors from the three sampled A.I.C and two from two priests from St. Lukes Magogoni and St. Mattias Mulumba CC. Of all the six churches sampled, the priest/pastor in-charge was legible and hence sampled for the interview. Of the three CC sampled, two CC, that is, St. Joseph Mukasa and St. Mattias Mulumba lay within the same parish. Thus, the priest in-charge of the two CC was interviewed. This meant that only five interviews were held instead of the anticipated six.

All interviews were conducted one-on-one using open-ended questions. Although the Researcher used an interview guide (See Appendices A6), the questions were not presented in the same order. The researcher also sought to have an interactive session with each interviewee on their respective church teaching on sexuality and modes of teaching the same to the adherents.

3.6.4 Selection of the Focus Group Discussion Participants

Four focus group discussions were conducted, with two groups from St. Joseph Mukasa CC and two groups from A.I.C Happy Valley, male and female. The two churches geographically lie in the middle of TES, hence depicting neither a rural nor an urban setting. It is therefore assumed that such a group would give

unbiased information on perceptions and practice of ABC strategy of HIV prevention.

Purposive sampling was used to select the potential study participants for the FGD among the unmarried youth between that age of 19-24 years. The unmarried and school-going (college and university level) youth have demythologized the concept of talking about sex, which the older generation shy away from. Due to their exposure to the media among other factors the unmarried are more open to discussions concerning sexual issues than the older generation. However, to avoid biases associated with purposive sampling techniques (Mason, 2002), simple random sampling was used to select the actual respondents from the ensemble of the potential subjects.

3.6.5 Inclusion and Exclusion criteria

3.6.5.1 Inclusion Criteria

The study included all the members of the six selected churches in the age bracket of 19-49 years and residing in TES during the study period. It also included those who consented.

3.6.5.2 Exclusion Criteria

The study excluded members of the six selected churches outside the age bracket of 19-49 years; and those who were not willing to consent or participate in the study.

3.7 Study Variables

In this section, the study variables are described including the independent and dependent variables.

3.7.1 Independent Variables

Independent variables are derived from the socio-demographic and behavioural characteristics of the study population. They are also known as the explanatory variables since they influence the research outcomes of interest (Park, 2003).

The list of independent variables is shown in Table 3.5 below.

Table 3.5: List of independent variables

Variable	Description
Sex	Sex of participant, either male or female
Age	Age in years: This was categorized into three age groups 19-24, 25-34 and 35-49. Any other re-categorization is possible since age was recorded in a continuous time scale.
Education level	The highest level of education reached, either Primary, Secondary, College or University
Regular income	Yes or No regular income
Ever married	Yes or No ever been married
Age when first married	Age in years when the study participant was first married. This dichotomized as less than 18 years, 18 years and above

Variable	Description
Type of marital union	This categorized as Civil, Customary/Traditional
Marital status:	This categorized as Single, Widowed, Divorced, Separated, Married
Leaving together with partner	Dichotomized as Yes if leaving together or No if not leaving together
Age at sexual debut	This is grouped as below 14, 15-19, 20 and above
Condom use at debut	Used of condom (Yes) or not (No) at sexual debut
Intention first sex	Intention to wait until you gets married to have sex for the first time. Yes or No
Regular attendance	Do you attend Church service/mass regularly: Yes or No
Church teaching about sexuality	Does your Church teach about sexuality: Yes or No
Frequency of Church teaching about sexuality	Frequency of Church teaching about sexuality: Monthly, Quarterly, Yearly, Never
Church condom use support	Does your Church support of condom use: Yes or No
Church premarital sex teaching	Does your Church teach about premarital sex: Yes or No
Church extramarital sex teaching	Does your Church teach about extramarital sex: Yes or No

3.7.2 Dependent Variables

Dependent variables are the measurable outcome variables describing the perceptions and practice of the ABC strategy of HIV prevention, and are directly influenced by the independent variables (Ibid). These constitute HIV prevention behavioural outcomes amongst the study population such as abstinence, faithfulness and condom use. The dependent variables are also known as the response variables. In this study, the dependent variables were binary (Yes/No). The dependent variables were derived from abstinence from sex, faithfulness and condom use.

3.8 Research Instruments

This study employed the following research instruments: Structured Questionnaires, In-depth Interview Schedule and Focus Group Discussions (FGDs) guide. The data collection tools were developed in line with the objectives of the study. The tools were developed after a thorough review of literature on the theology of sexuality of the CC and A.I.C, socio-economic and religious determinants of choosing to practice healthy sexual behaviour as well as the challenges faced in their practice.

In addition, rigorous piloting of the tools was conducted in order to test their validity. New issues and challenges that emerged from the pilot study results were used to improve on the tools and to ensure their consistency, clarity and simplicity to the respondents. Sensitive questions were eliminated from the tools and others reframed to ensure validity of the data collected.

3.8.1 Questionnaires

A pre-tested structured questionnaire was administered for quantitative data collection (See, appendix A.6). The questionnaire had both closed and open-ended questions. It was administered by the researcher with the help of assistants. To ensure the quality of data collection, research assistants were trained prior to the exercise. A randomly selected sample of 404 church members aged 19-49 years were administered with a structured questionnaire to provide in-depth information concerning their Perception and practice of ABC's of HIV prevention. The questionnaire sought information on demographic characteristics of the respondents, sexuality, perception and practice of ABC strategy of HIV prevention as well as the barriers to implementation of this strategy.

3.8.2 Interview Schedules

The study used both structured and informal interview schedules to obtain information from the respondents (See, Appendix A.7). A total of five in-depth interviews were conducted for the church leaders, that is, from two priests and three pastors. An interview guide was used to address overarching research questions as guided by the purpose of the study. The main purpose of the study was to investigate the perceptions and practice of ABCs of HIV prevention among Christians as informed by the church teachings on sexual morality as well as other concepts from the literature.

The focus of the interview was to determine how often and methods with which the church leaders taught their congregations about abstinence, fidelity and

condom use as preventive strategies of HIV. The interviews were conducted in the pastors/priests offices, which were private and comfortable, hence conducive for engaging in an interactive session. With the help of a research assistant, notes were taken throughout the interview session. Even though an interview guide was used, the process allowed the pastors and priests to respond to the questions with flexibility without following any order. This made them free and relaxed in expressing their views on sexual issues.

The researcher read carefully through all the notes taken during the interviews to get a sense of the whole issues raised. The researcher then identified and underlined the main themes relating to the objectives of the study. The themes were then put into major categories, while at the same time identifying sub-themes within the major themes. Relationship between the major themes and sub-themes were then identified and matched, since the sub-themes explained the main themes in detail.

3.8.3 Focus Group Discussion

An FGD guide was developed and used for the qualitative data collection to enrich the information gathered through the quantitative data collection methods (See, Appendix A.8). The FGDs were mainly concerned with issues related to perceptions and practice of the church teaching on sexuality and especially the ABC strategy of HIV prevention. Further, the challenges faced in adhering to the church teaching on sexuality were discussed at length.

The study sought information from four focus groups of forty (40) unmarried youth aged 19-24 years. Focus group participants were selected from two churches (St. Joseph Mukasa CC and A.I.C Happy Valley) of the study area. On the assumption that four focus groups are adequate, we carried out four FGDs. Each discussion had between eight to ten male and female participants, put separately. Since sexuality issues limit the freedom of both genders to speak before each other, all groups were homogeneous for both gender and age. The researcher sought the consent of the participants to record the discussions. The researcher requested them to stay clear from all personal identifiers, like calling out each other's names, during the discussion in order to ensure anonymity.

The discussions took about one and half hours each and were digitally recorded and transcribed in line with the study objectives. During focus group analysis, indicators on perceptions and practice of ABC strategy of HIV prevention were sought. Thus, the main themes included their perceptions of church teaching on sexuality, perceptions of ABC strategy of HIV prevention, practice of ABC strategy as well as the barriers to the practice of ABCs of HIV prevention. The statements isolated from the discussions were aligned according to the research themes for ease in analysis.

3.9 Pilot study

The training of the research assistants went alongside the pretesting of the research tools as part of the data collection procedure. The questionnaires were pre-tested in order to detect inadequacies and unforeseen mistakes and/or problems before embarking on the full-scale fieldwork. The pilot study was

conducted at Makongeni A.I.C which is located in TES, the study area. The questionnaires were administered to twenty one participants who were selected using convenience sampling method. The questionnaire sought information on their perceptions and practice of the ABC strategy of HIV prevention. In addition, two FGDs were conducted for a group of six males and females, who were picked from the same group using the simple random sampling method.

The results from the pilot study showed that some of the questions were not clear while others were indirectly repeated or had the same meaning. Other questions were interpreted wrongly because they were wordy or used very technical language. These issues were sorted out either by rephrasing or re-wording of the questions in order to ensure suitability and clarity. It was also found that 95 % of the Christians' had knowledge about HIV, thus there was no need to include the section on the questionnaire. Consequently, the section was dropped in the main data collection process.

Two-thirds (67%, 14/21) of the 21 participants of the pilot study were females, since they are known to attend church more than men. Majority the participants aged between 25-29 years (38%, 8/21), a third between 19-24 years (33%, 7/21) and the remaining aged 15-19 years (29%, 6/21). The highest numbers of the respondents were single 16/21 (76%) where as 5/21 (24%) were married. Of the total number, only ten per cent reported attending day schools. This led to widening of the age bracket to 19-49 years in order to capture a viable number of the married respondents, who could give more reliable information on the church teaching on sexuality. It was further noted that data collection should be

conducted during the school holiday in order to minimize the participation differential among the young adults.

About two thirds (62%, 13/21) of the respondents had knowledge of their church teaching on sexuality but 80 per cent (17/21) did not understand what it ABC strategy entailed. Clearly, quite a large percentage of the participants had no perception of the ABC strategy of HIV prevention. It was further found that the young adults (19-24 years) were sexually active (33%, 2/6) – of which 5 (83%) were single or never married; and 33% (2/6) had ever used a condom. All the respondents expressed the need of being taught more about sexuality especially in the churches.

3.10 Data Collection Procedures

Preparation for the fieldwork started with the process of seeking ethical clearance from the National Commission for Science Technology and Innovation (NACOSTI) and the Kenyatta University Ethics Review Committee (KU-ERC). The recruitment and training of the six research assistants as well as pilot testing of the instruments was also part of the preparation procedure. Prior to carrying out the study, permission was sought also from the relevant authorities of the participating churches.

Primary data collection was done by the researcher assisted by trained research assistants. This training was both for questionnaire administration and facilitation of the Focus Group Discussions. FGD data were collected during the school's midterm break/ holiday since majority of the unmarried youth aged 19-

24 are either in secondary, college and or university level. Informed consent was sought from the participants who met the inclusion criteria of the study. The consenting process included, giving general information about the study, the risks and benefits associated with the study among other issues (See, Appendix A.5).

The structured questionnaires were administered to the enrolled participants in order to collect data on factors related to perceptions and practice of ABC strategy of HIV prevention. On different occasions five interviews were conducted using a guide. Notes on the proceedings of the interviews were taken in line with the study themes. A total of eight FGDs were held consisting of 4-5 participants each. All the discussions were recorded for ease in transcribing the themes.

The primary data was supplemented by secondary data. Literature was reviewed from books, journals, articles, published and un-published theses, among other resource materials.

3.11 Data Management and Analysis Procedures

Data management plan covers all the processes concerning data collection, encryption for confidentiality purposes and its storage.

3.11.1 Data Management Plan

Quantitative data was collected and an on the spot check of the questionnaires was done in the field for accuracy and completion of the questionnaire. The incomplete questionnaires were isolated from the rest. The complete

questionnaires were cleaned, categorized and coded numerically in preparation for data entry. Data were then entered into MS Excel files.

All qualitative data was transcribed in line with the themes of the study. The transcribed data were then entered and managed using Microsoft Word and inputted into a qualitative data analysis software package, ATLAS.ti version 7, for more in-depth text coding. Data from individual and FGD interviews were reviewed to identify the emerging themes relevant to the topic. To ensure consistency during the analysis, a data dictionary was developed to create universal definitions for each code (1=Yes; 2=No).

The prepared final data set which included demographic and behavioural data from self-administered questionnaire, in-depth interview and FGDs was protected to ensure confidentiality. In other words, confidentiality of all information was upheld at all times; during and after data collection. Consent forms and the questionnaires were filed immediately after completion and then stored in a lockable cabinet with restricted access only to the researcher and the research assistants. All electronic databases were encrypted and protected with password to ensure confidentiality.

3.11.2 Data Analysis Procedures

Quantitative data were analysed with the help of Predictive Analytics Software (PASW) version 21.0. Descriptive statistics was used to analyze the background information of the respondents. The study population was described by summarizing categorical data into frequencies and proportions, and continuous

data into means or medians. These data were also displayed graphically using bar charts, histogram, line graphs and pie charts.

The notes/transcripts from the interviews were read and coded. The researcher listened to the recorded FGDs, took notes which were also coded. Thus, the transcripts taken during the interview and the notes from the recorded FGDs were read and common themes merged. Repeated key words, phrases and or statements formed the transcripts foundation for coding.

The themes that were emphasized on and related to the study were highlighted using coloured markers for ease in comparison and analysis. For instance, emphasis on the central theme of the study, that is, of the church teaching on absolute abstinence until marriage and fidelity in marriage dominated the five interviews conducted. However, conflicting views emerged on the concept of condom use not only as a preventive measure to HIV but also as a great contributor to immoral sexual life.

3.12 Ethical Considerations

As this research entailed the collection and analysis of participants' personal data, all participants and research assistants in this study went through informed consent process, where by a consent form was signed (See, appendix A.5). This implied that a study participant had liberty to withdraw from the study any time. To ensure that confidentiality and anonymity was maintained during data analysis, all participant information and/or any unique identifiers were stripped and replaced with numerical codes.

In the FGDs, all sensitive questions were limited to sexual habits. The FGDs posed only minimal risk to participants. The participants were also reminded not to disclose their own sexual behaviour during the FGDs.

3.12.1 Ethics Approval and Oversight

The proposal to carry out this research was submitted to and approved by the Kenyatta University's Ethical Review Committee (KU-ERC) (see appendix A.9.3), as well as the National Commission for Science, Technology and Innovation (NACOSTI), (see appendix A.9.2). Further, KU-ERC continuously provided ethical oversight for the study.

3.13 Conclusion

The chapter described the research design, the area of the study, study population, target population as well as the sampling method used in selecting the study participants. Mixed methods, that is both qualitative and quantitative, were used. Quantitative data were based on questionnaires, which were administered by the researcher and research assistants to collect the data from 404 study participants, drawn using convenience sampling. The questionnaires had both closed and open-ended questions. Qualitative data were obtained from four homogeneous FGDs and five individual interview schedules.

In the next chapter, analysis and interpretation of the research findings are discussed.

CHAPTER FOUR

4.0 DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 Introduction

This chapter focuses on the analysis and interpretation of data that were collected for this study. According to De Vos et al (1998:203), data analysis entails the breakdown of data into constituent parts in order to obtain answers to the research questions. The purpose of interpreting results of data analysis is to break data into intelligible and interpretable form, hence presenting the meaning and implication of the results.

4.2 Thematic Data Presentation and Analysis

The presentation and analysis of the research findings was done thematically guided by objectives of the study. The major themes emanating from the objectives were Christians' perception of the theology of sexuality, Christians' perception of ABC strategy of HIV prevention, their practice of the ABC's of HIV prevention and barriers to the successful implementation of the ABC strategy. The purpose of this study was to investigate Christians' perceptions and practice of ABC strategy of HIV and AIDS prevention, in TES in Kiambu County.

A total of 404 questionnaires were administered, although only 388 Christians aged 19–49 years. The three hundred and eighty-eight study participants duly completed and returned the questionnaire giving a response rate of 96%.

Descriptive statistics and graphical exploratory techniques were used in the data analysis. The graphical exploration included bar graphs and pie charts.

4.2.1 Socio Demographic Profile of Respondents

In this section, a socio demographic profile of the respondents is presented and explored. This is meant to show the distribution by their age, gender, level of education, level of income and marital status. This information was crucial to the study because it helped the researcher to understand some of the pertinent and related issues on the analysis and interpretation of data. For example, how the marital status relate to the expected choices regarding the respondents sexual behaviour. The respondents of this study were drawn from three CC and three A.I.C congregations in TES.

4.2.1.1 Age

Figure 4.1 shows age distribution of the study participants. Out of the 388 respondents aged between 19 and 49 years, three age groups were created. They included both male and female aged 19-24 years, 25-35 years and 35-49 years. The number of respondents (both male and female) aged 19-24 years were 109 (28.1%), 24-25 years 147 (37.9%) and 35-49 years 132 (34%). The age range of 24-35 years represented the majority of the total respondents 147 (37.9%). However, the variation in numbers was not quite significant; hence, the distribution of the participants by age group was nearly uniform.

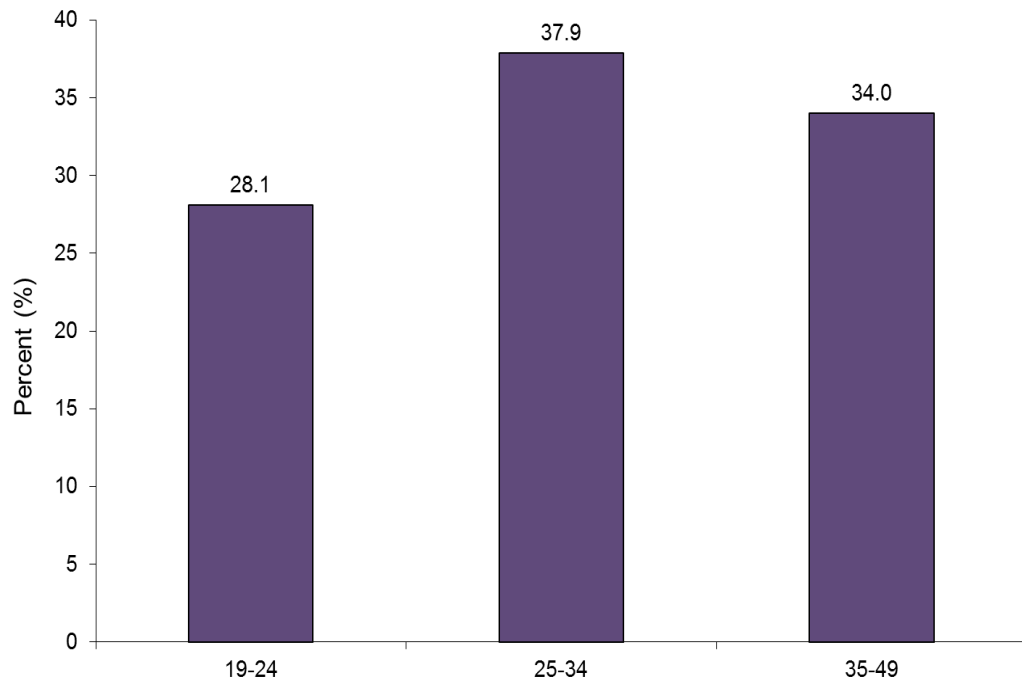


Figure 4.1 Distribution of age of the Respondents

Worldwide, reproductive age group is usually defined as the period of active sexual reproductivity which lies within the 15-49 age bracket. Inclusion of 19 year olds for this study was grounded on the fact that, being at a later adolescent stage, these young adults are past the normal adolescent period of significant physical, cognitive and psychosocial changes. The psychosocial change is characterized by ‘a transition from concrete to abstract thoughts and experimentation, decreased impulse control and increase in risk-taking (Ashoor & Pasternak, 2014:144).’ It is assumed that the 19-year-old respondents are out of the adolescent stage, and can thus make rational moral judgements and choices regarding their sexual behaviour. They can choose to abstain, remain faithful and negotiate condom use, due to their maturity.

4.2.1.2 Gender

The distribution of the respondents by gender is shown in Figure 4.2.

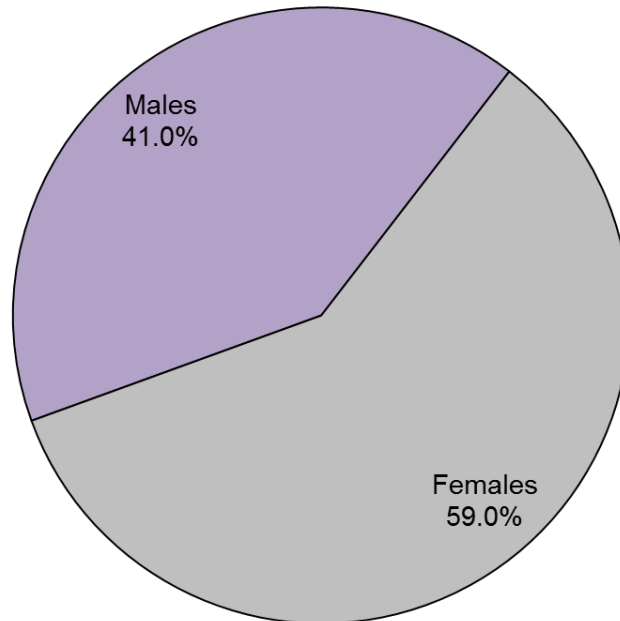


Figure 4.2: Gender of the Respondents

Respondents totaling 287 (59%) were females whilst 161(41%) were males, former, thus being the majority.

Table 4.1 shows the number of males and females in each age group. Of the 161 males, 47 (29.2%) were in the age group of 19-24 years, 58 (36.0%) in the age group 25-34 years and 56 (34.8%) in the age group 35-49 years. Out of the 227 females, 62 (27.3%) were within the 19-24 age group 19-24, 89 (39.2%) 25-34 age group and 56 (34.8%) were in the 35-49 age group. Majority of the respondents, both male and female were in 25-34 age group. Overall, the age distribution appears uniform across gender.

As is the case in this study, there were generally more women than men in the church. According to Miller and Stark (2002), women are more religious than

men, to an extent that being religious constitute submissive and nurturing behaviour attitudes. These qualities make religious acceptance and commitment likely. Since the study was conducted in a church setting, it is probable that more women were expected compared to men.

Table 4.1: Distribution of age by gender

Age Group	Male		Female		Total	
	f	%	f	%	f	%
19-24	47	29.2	62	27.3	109	28.1
25-34	58	36	89	39.2	147	27.9
35-49	56	34.8	76	33.5	132	34
Total	161		227		388	

*f is the frequency

4.2.1.3 Level of Education

Figure 4.3 shows that majority of the respondents 154 (39.7%) had secondary school education. The respondents within the college level followed with a total of 108 respondents (27.8%), 71 respondents (18.3%) with university education and 42 (10.8%) respondents with primary education whereas 13 (3.4%) either represented those with no education at all or those who did not indicate their level of education.

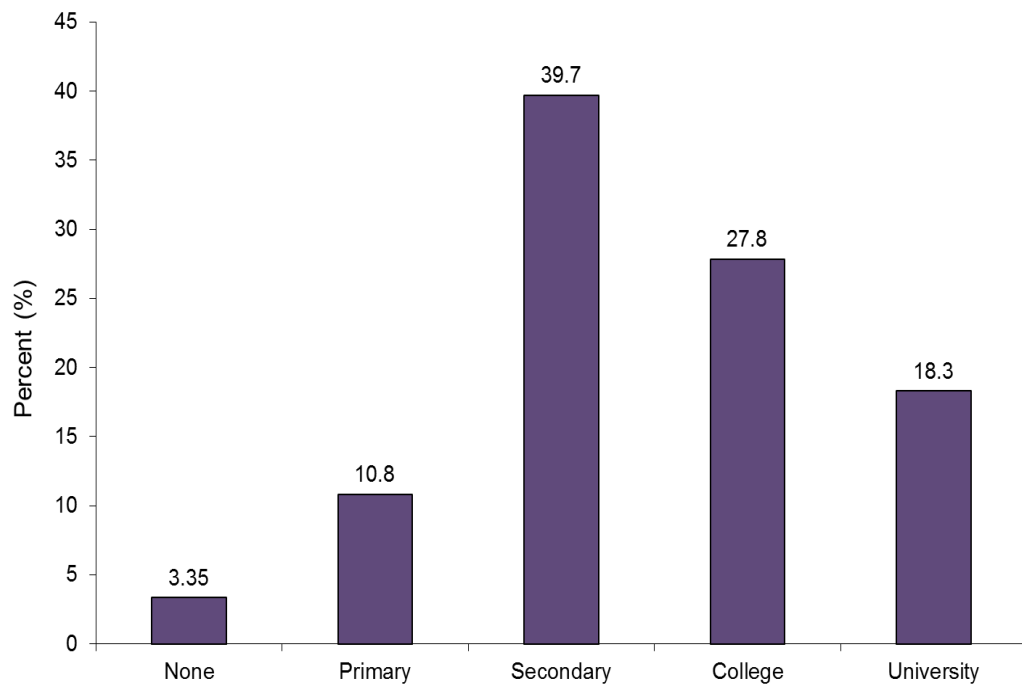


Figure 4.3: Level of Education

There were variations in terms of the level of education within the categories provided. Majority of the respondents had secondary school education. This means that they could read, understand and respond appropriately to the information sought in the questionnaire. Further, by virtue of being in an education system, the respondents had high likelihood of understanding the HIV and AIDS pandemic as well as its preventive measures. This implies that the educated respondents were likely to make moral choices and practice upright sexual behaviour, hence an expectation of low HIV transmission.

4.2.1.4 Level of Income

Figure 4.4 depicts that 158 (42%) respondents earned a regular income, while 215 (58%) respondents did not.

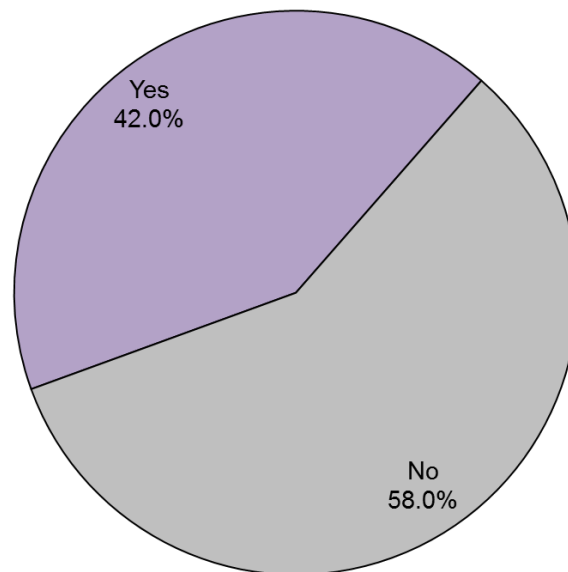


Figure 4.4: The percentage of the Study Participants with an Income

Generation of income is an important determinant in the fight against HIV. HIV and AIDS has been referred to as a 'poverty disease' (WHO, 2001). Economic instability influences the ethical process of decision-making regarding sexual activities. Those who lack income engage themselves in casual and /or commercial sex as a means of generating money for their upkeep. Majority of the respondents in this study were college students. This explains the low percentage 42% of the respondents who earned income. Studies have shown that students engage in transactional and transgenerational sex either to meet their basic needs or for material support (Lillie, T., Pulerwitz, J. & Curbow, B. ,2009). This behaviour puts them at a risk of contracting HIV.

4.2.1.5 Marital Status

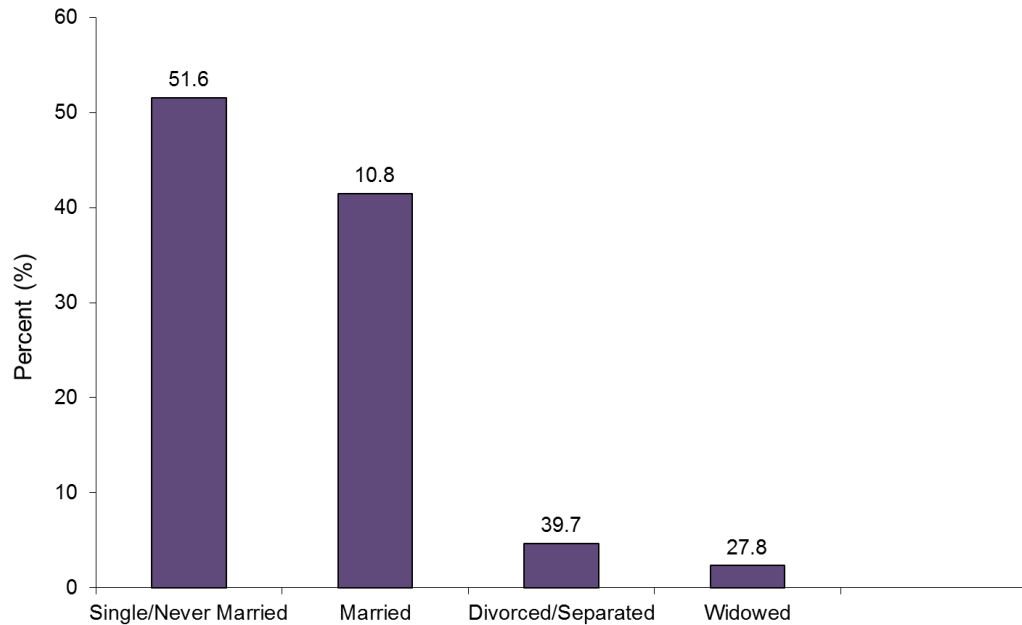


Figure 4.5: Marital Status of the Study Participants

As shown in Figure 4.5 above, 200 (51.6%) respondents were single/never-married, followed by 161 (41.5%) married respondents. Majority of the respondents (61.7 %) from both the CC and A.I.C had their marriage solemnized. This is an indication that they were familiar with the church teaching on sexuality. The separated and widowed respondents represented the lowest percentage (3.7%). Of the total number 361, (93%) of the study participants from both churches, 200 (51.5%) were unmarried and 161 (41.5%) married. This implies that the study results were viable given the key variables under this study which were abstinence, being faithful and condom use. Moreover, given the age of the respondents (19-49 years), moral maturity is implied as presented in the theory of Cognitive Moral Development (Kohlberg, 1976). In line with this theory all the respondents of the study between 19 and 49 years lay within the

conventional and post-conventional stages of moral reasoning. Kohlberg believed that human beings developed psychologically in a progressive manner with regard to age and moral reasoning. Therefore, we would expect responsible sexual moral behavior naturally, leading to low HIV prevalence among these adults.

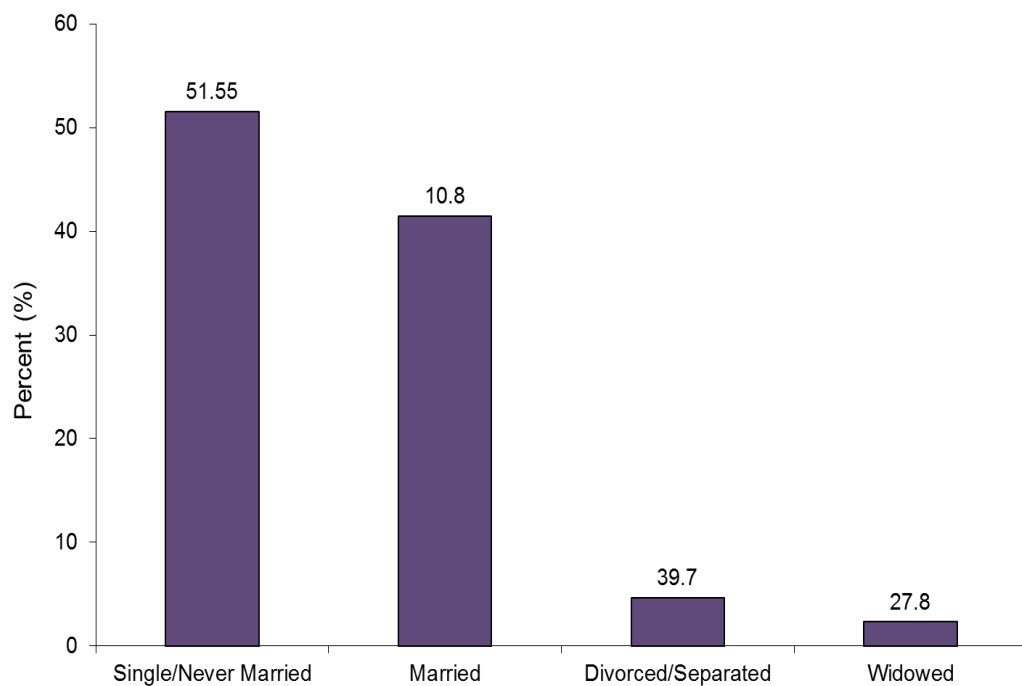


Figure 4.6 Type of marital unions

Types of marital unions among those who were married are shown in Figure 4.6. One hundred and sixteen (61.7%) of the respondents had church union followed by customary/tradition type with 60 (31.9%) of respondents. Civil and other types of marriage unions recorded 9 (4.8%) and 3 (1.6%) respondents respectively. Almost all types of heterosexual marriages ascribe to the virtue of fidelity. However, since the study investigated perceptions and practice of

fidelity among Christians, it is assumed that those who married in a church setting had positive perceptions of church teaching on sexuality. They were therefore expected to religiously practice the value of fidelity compared to other types of marital unions.

As shown in Table 4.2 about 12% of the unmarried respondents who had not solemnized their marriage were living with their partners. Even though the percentage is low compared to the 88% of the single/never-married staying on their own, the 12% living with their partners may be said to be engaging in pre-marital sex, a fact that challenges adherence to the church teaching on abstinence.

Table 4.2: Living together with a Partner

Variable	Single/Never Married		Married		Divorced/ Separated		Widowed		Total
	f	%	f	%	f	%	f	%	
Yes	13	11.9	117	92.1	1	7.8	0	0	131
No	96	88.1	10	7.9	12	92.3	5	100	123
Total	109		127		13		5		254

Ninety two per cent of the married respondents were living with their partners where as eight per cent of the married were not living with their partners. This implied that some married people live separately. Labour migration was the main reason given for separation between married respondents. Both men and women migrate to towns in search of employment. In towns, they engage in sexual relationships that expose them to the risk of contracting HIV and STDs (Pulerwitz et al., 2006). Eight per cent of the divorced/separated respondents lived with partners which suggests re-marriage or a new relationship. Even

though remarriage is accepted in the church in cases of death and adultery, it poses a HIV risk especially in situations where the cause of separation/divorce was based on promiscuity within the first marriage or relating with infected persons.

4.2.2 Socio-behavioural and Demographic Characteristics by

Denomination

The distribution of the respondents' socio-behavioural and demographic characteristics by denomination is shown in Table 4.3. Majority of the study participants in both the CC (36.2%) and A.I.C (41.9%) were in the 25-34 age bracket. The ratio of females to males for the two churches is quite close, with females being 58.2% and 59% respectively. The distribution of the education level was also fairly the same between the two denominations even though A.I.C had the highest population (23.9%) of those with primary education compared to the CC (5.2%). Conversely, the CC had the highest respondents (21.4%) of those with university education compared to A.I.C (11.1%). Of the single respondents (56.1%) were in the CC and 51.5% in the A.I.C. A.I.C had 48.7% of the married respondents compared to 38.4% in the CC.

Table 4.3: Social-behavioural and Demographic Characteristics by Denomination

Variable	CC		A.I.C		Total	
	f	%	f	%	N	%
All	271		117		388	
Age group						
19-24	85	31.4	24	20.5	109	28.1
25-34	98	36.2	49	41.9	147	37.9
35-49	88	32.5	44	37.6	132	34
Sex						
Male	113	41.7	48	41	161	41.5
Female	158	58.3	69	59	227	58.5
Highest level of education						
None	10	3.7	3	2.6	13	3.4
Primary	14	5.2	28	23.9	42	10.8
Secondary	112	41.3	42	35.9	154	39.7
College	77	28.4	31	26.5	108	27.8
University	58	21.4	13	11.1	71	18.3
Earning regular income						
Yes	100	37.7	58	53.7	158	42.4
No	165	62.3	50	46.3	215	57.6
Marital status						
Single/Never Married	152	56.1	48	41	200	51.5
Married	104	38.4	57	48.7	161	41.5
Divorced/Separated	10	3.7	8	6.8	18	4.6
Widowed	5	1.8	4	3.4	9	2.3
Type Marital Union						
Church	76	63.9	40	58	116	61.7
Civil	5	4.2	4	5.8	9	4.8
Customary/Traditional	36	30.3	24	34.8	60	31.9
Other	2	1.7	1	1.4	3	1.6

4.3 Christians' Perceptions of the Church Teaching on Sexuality by

Denomination

In this section, the researcher investigated whether or not respondents' perceptions of their respective church theologies on sexuality influenced their ethical decision-making in sexual behaviour. The percentages of Christians' perceptions of the church teachings on sexuality are displayed in Table 4.4. 78.6% of the respondents in the CC in comparison to A.I.C respondents (73.5%) displayed positive perception of their respective church teaching on sexuality. Overall, about a third of the respondents (31.2%) reported that the church taught on sexuality monthly, and about a quarter (25.5%) reported that it was done annually. The CC monthly percentage of church teaching on sexuality was 32.8% whereas in the A.I.C it was 27.4%. At least 80% of the CC respondents acknowledged being taught about both premarital and extramarital sex, with comparatively lower percent age of 60% of the A.I.C members reporting the same.

The table shows that 78.6% of the respondents in the CC had positive perception of the church teaching on sexuality. The official documentation of the CC teaching on sexuality within the Catechism of the CC and the ordered homilies could explain the higher percentage of CC adherents reporting positive perception. The CC has every Sunday mass homilies documented. The documented homilies assist the Catholic priests in the preparation of their homily in accordance with the provisions of Canon law. This also explains the high

frequency in teaching about sexuality in the CC (80%) compared to 60% of A.I.C followers.

Table 4.4: Distribution of the Church teaching on Sexuality by Denomination

Variable	CC		A.I.C		Total	
	f	%	f	%	N	%
Overall	271		117		388	
Church Teach About Sexuality						
Yes	213	78.6	72	61.5	285	73.5
No	58	21.4	45	38.5	103	26.5
Frequency Church Teaching About Sexuality						
Monthly	89	32.8	32	27.4	121	31.2
Quarterly	56	20.7	26	22.2	82	21.1
Yearly	76	28	23	19.7	99	25.5
Never	50	18.5	36	30.8	86	22.2
Church teaching about premarital sex						
Yes	185	70.1	71	60.7	256	67.2
No	79	29.9	46	39.3	125	32.8
Church teaching about extramarital sex						
Yes	68	70.8	20	62.5	88	68.8
No	28	29.2	12	37.5	40	31.3
Church teaching about abstinence						
Yes	185	68.3	77	65.8	262	67.5
No	86	31.7	40	34.2	126	32.5

In the A.I.C there is no official documentation and programme on what is to be taught. Their doctrine of *sola scriptura* (by scripture alone) forms the foundation

of their teaching. Even though the Bible contains verses that teach on sexuality, especially on abstinence and fidelity, the pastors find it difficult to talk about the subject to a mixed congregation of adults, youth and children. The low percentage in Christians' perception on the church teaching on sexuality among A.I.C respondents could be attributed to lack of teaching or low frequency in teaching on sexuality.

It was however found that the pastors shy off from talking about sexuality. One of the interviewed pastors explained...

'it is not easy to talk about sex to people. I am even finding it difficult to discuss this with you. It is not allowed in public...No. I struggle to do it even in pre-marital counselling. It is not a good topic, not that friendly in the church... (O.I Pastor 2, 21.12.2014).'

It was clear that the socio-cultural barrier of viewing any talk about sex as a taboo and immoral may have affected them.

In the A.I.C , the pastors were challenged to teach sexuality to the entire congregation. Lack of official documentation of the A.I.C teaching on sexuality was another challenge cited by the pastor. Probed on what would make the teaching on sexuality easier, the pastor responded,

'supposing there was a written booklet on these things. It would be easier. You distribute to the church members, they just go and read for themselves. You see, my work would be to answer questions or explaining deeply what the Bible says but not initiating it [the topic about sexuality]... (O.I Pastor 2, 21.12.2014).'

In the FGDs the researcher sought to know what was taught to the church members on sexuality by their respective church leaders. The CC youth reported that, sexuality was taught through topics such as marriage, purity and chastity.

Both groups said that their churches taught about marriage, purity and chastity. Sex was a reserve for the married. The unmarried were expected to observe purity since their bodies were temples of the Holy spirit (1 Corinthians 6:19-20).

Asked on what the church taught on marriage, the participants had this to say; *“what else can a church teach on sexuality, beside marriage being for one man and one woman, who are supposed to be united in a holy matrimony....i guess... in the church”* (Catholic FGD, 7th Dec, 2014). Another participant said that, *‘even weddings conducted in gardens are holy’* a statement that was booed by the participants. The moderator probed the members on what ‘holy’ implied in the context of marriage and one participant had this to say; *‘most Garden weddings are not ‘holy’..they just do it for fame...they already ‘know’ each other...as in, they have had sex many many times’*. Thus, the word holy implied purity before marriage. The insinuation that most garden weddings were not pure, implies that the symbolism of the altar is of importance in solemnizing marriage. This implies a positive perception on monogamous type of marriage and its dictates.

Sex before marriage is prohibited. The Bible upholds chastity and purity, concepts that the participants echoed. One of the participants said that, *‘sex before marriage is a sin...sex is for the married’* (A.I.C FGD, 14th Dec, 2014). On the same, another participant referenced [Hebrews 13:4] by noting that, *‘the Bible says...let the marriage bed be undefiled...because God will judge fornicators.’* It was evident that the participants had a positive perception on what their churches taught on sexuality.

When asked about their church teaching on condom use, the Catholic participants were keen to note the position of their church. “ *Our church [Catholic] does not allow condom use...they insist on natural method of family planning...but its impossible* (Catholic FGD, 7th Dec, 2014). Other group members held the same opinion, though they still claimed that many Catholics use condoms. In fact one participant had this to say, ‘*people use condoms as contraceptives, it depends on what you agree with your partner...what do priests know about sex...they even do not do it...though we are not sure..[laughter]* (Catholic FGD, 7th Dec, 2014). Another respondent retorted that, ‘*it is true, the priests dont talk much about sexuality to us, in fact it is the work of a catechist, who are in most cases shy to teach sexual issues*’(Catholic FGD, 7th Dec, 2014). Another one observed that, *infact, most of these sexuality issues we know them from the catechist, that is in the catechism class but a great deal we learn from friends, internet and school biology classes on the reproductive system topic* (Catholic FGD, 7th Dec, 2014).

The A.I.C focus group noted that their church had no teaching on condom use. One member explained, ‘*our church has no teaching on condom use, but i guess people use it for their own reasons* (A.I.C FGD, 14th Dec, 2014).’ The researcher probed on whether the use was because the church never taught; the following response was given, ‘*hah no, it depends on what people want...may be few children, so they use it as a contraceptive, or they are fearing some STIs...but i have never heard our pastor talk about condom use...so i think it is not forbidden*’ (A.I.C FGD, 14th Dec, 2014). One participant interjected,

'it is difficult for our pastor to teach about condom use..because you know, it is like telling people go and have sex....now what will he then teach on purity and faithfulness? ...youth will have sex with condoms on...so no pregnancy... people will not know whether they had sex...married people will go out and have sex with other people who are not their partners...use condom and no one will know...they cant teach condom use...its like encouraging adultery and fornication, which is a sin
 (A.I.C FGD, 14th Dec, 2014).

All FGDs revealed that Christians had a positive perception of church teaching on sexuality. Monogamy, purity and chastity were key teachings in both FGDs. The CC respondents were conversant with their church stance on condom. The A.I.C respondents held that their pastors could not teach about condom use, since that would encourage fornication and adultery which are condemned in the Bible. They noted that they were not aware of any documentation within protestant denominations that allowed condom use even as a contraceptive.

After observing the ambivalence on perception and what is taught, the researcher sought clarification from the priests and pastors on several issues during the interview. From the interviews the pastors and priests reiterated their respective church's position on abstinence, fidelity and condom use. Both the pastors and the priests referred to the Biblical teaching on abstinence and fidelity (1 Corinthians 7:1-7). However, the teaching on condom use attracted emotional and affirmative discussions especially from the Catholic priests. One priest stated that, *'you (referring to the researcher) know our (CC) stance on condoms. Why do you ask?! You know science has messed up with people's minds. People think they can play God in this, but they cant! We dont allow condom use, for whatever reason No!* (O.I, Priest 1, 19. 12.2014). The conclusive answer from the priest illustrated the deep seated internalization of the church teaching. The

priest left no room for probing, since according to him, the official teaching of the CC was clear. The unease witnessed amongst the priests alludes to the sensitivity and shyness of discussing the topic of sexuality.

From the foregoing discussion, it can be said that the priests and pastors had internalized the church teachings on sexuality more than the youth had, especially on practice. The church holds on to the normative teaching on sexuality and expects adherence of the same from the congregants.

Table 4.5: Themes and sub-themes for priests

Themes	Sub-themes
1.0 Church teaching on sexuality	<ul style="list-style-type: none"> • The Bible and Church tradition forbids fornication, adultery and contraceptive use
1.1 Abstinence	<ul style="list-style-type: none"> • Sex is for the married • For the celibate
1.2 faithfulness	<ul style="list-style-type: none"> • No sex for youth/unmarried
1.3 condom use	<ul style="list-style-type: none"> • No condom use • Encourages immorality • Science has messed with people

The A.I.C pastors were reserved regarding condom use. One of the interviewed pastors noted that: *‘well, those are personal issues, that is between husband and wife. If they agree to use a condom then I do not see where the problem is coming from. We (referring to the church and fellow pastors) have no role to play in people’s sexual lives. Ours is to teach and preach the word of God (O.I, Pastor 2, 21. 12.2014)’*. It was evident that the A.I.C pastors left it to the church members to decide on what to do especially on the issue of condom use. It is thus evident that positive perceptions of the church norms/directives on sexuality may not always translate to their adherence and /or practice.

Table 4.6: Themes and Sub-themes for Pastors Perceptions of Church Teaching

Themes	Sub-themes
1.0 Church teaching on sexuality	<ul style="list-style-type: none"> • The Bible forbids fornication and adultery • A.I.C has no teaching on sexuality besides what is mentioned in the Bible
1.1 Abstinence	<ul style="list-style-type: none"> • Sex is for the married • No sex for youth/unmarried
1.2 Faithfulness	<ul style="list-style-type: none"> • Stick to your marriage partner till death • Adultery is a sin
1.3 Condom use	<ul style="list-style-type: none"> • Not mentioned in the Bible • Can be used as a contraceptive if couples agree

Biblical norms of abstinence and fidelity ought to be adhered to by all Christians. Christian ethics upholds normative decision making paradigm where obedience to the said norms is expected, whereas disobedience on the same is understood to be sinful. Kohlberg's model (1976) of cognitive moral development as used in this study explains the importance of norms in decision-making. According to Kohlberg, morality is primarily a function of reason and cognition. The cognitive faculties evaluate the norm that is given over and against one's fulfilment. In this model, and especially among the conventional group, people judge morality of an action by comparing it to the societal expectations, norms and laws. Where as, in the post-conventional level, the group evaluates the norms, over and against their utility, in relation to their lives. Majority of the respondents (69.8%) reported that the church teaching on sexuality to some degree influenced their processes of decision-making. This is a fact that upholds the role of religion in influencing the moral formation of an individual.

Further, the decision of the individuals under the post-conventional level within Kohlberg's theory of moral development chose to evaluate the known norm over what adds value to the moral agent. The option of evaluating the moral norm over and against the expected end of conformity to what is of value to the individual is crucial for this study. This is because positive perception of the norms does not always translate to conformity. Further, positive perception of norms and their subsequent evaluation form a quest compelling a search for identity (self). This is expounded by symbolic interactionism theory (Blumer, 1969), which focuses on the processes of learning the beliefs, norms and

traditions of a given society. Social interaction theory promotes socialization and human action which is identifiable through behaviour. It is through acting that an identity/self is created (Papadakis et al, 2006). Thus, Christians' positive perception of the church teaching will help them choose abstinence not because it is a norm but because it adds value to their life. Positive perception of the church teaching would inform and influence the ethical decision-making processes of the adherents positively.

4.4 Christians' Perception of ABC as a Strategy of HIV Prevention

The researcher sought information from respondents on whether the ABC's strategy was viable preventive measures to HIV transmission. Table 4.7 displays the Christians' perception of ABC strategy.

Overall, 86.6% of the respondents knew about the ABC strategy of preventing HIV transmission. Majority of the respondents had a positive perception of the ABC directives in HIV prevention for both the CC (87.8%) and A.I.C at 83.8%. The Christians' positive perception about the ABC strategy was also exhibited in both sexes though, slightly more for male (88.2%) than female (85.5%). According to UNICEF (2006), girls and women in general terms know less than men about how HIV is transmitted and prevented. This is due to gender inequality in education. Men have greater education opportunities than women. This may partly explain why women are often vulnerable to HIV than their male counterparts.

Table 4.7: Christians' Perception of ABC (Abstinence, Fidelity, Condom use) on various variables

Variable	Perception of ABC Strategy of HIV				
	Total	Yes		No	
	Number	f	%	f	%
Overall	388	336	86.6	52	13.4
Church Of The Respondent					
CC	271	238	87.8	33	12.2
A.I.C	117	98	83.8	19	16.2
Sex					
Male	161	142	88.2	19	11.8
Female	227	194	85.5	33	14.5
Age group					
19-24	109	98	89.9	11	10.1
25-34	147	129	87.8	18	12.2
35-49	132	109	82.6	23	17.4
Highest Level of Education					
None	13	5	38.5	8	61.5
Primary	42	32	76.2	10	23.8
Secondary	154	133	86.4	21	13.6
College	108	96	88.9	12	11.1
University	71	70	98.6	1	1.4

It was noted that the aged depicted negative perception on the viability of ABC directives in HIV prevention. The older men and women, ages 35-49 displayed a relatively negative perception on the viability of abstinence, fidelity and condom use in HIV prevention. This can be explained by their absence from the educational sector for a long time, compounded by their participation in the churches. The churches face challenges in teaching about HIV and AIDS intervention methods. The Christians' perception of the ABC, increases with

advancements in education. Those who had no educational background at all (38.5%); the primary level (76.2%) and the secondary level (86.4%) depicted a commendable perception on the ABC strategy of HIV prevention. University respondents (98.6%) however, had an outright positive perception on the strategy. It could be argued that being in an educational setting, that has mainstreamed HIV and AIDS in their curricula explains the high percentages of Christians who perceive the ABC strategy of HIV prevention positively (Chitando, 2007; Dube, 2003; Muyangata, 2008).

4.4.1 Christians' Perception of Abstinence as an Effective Strategy of Preventing HIV

The perception of abstinence from sex as an effective strategy of preventing HIV transmission is presented in Table 4.8 as row percentage, by other variables.

Three hundred and forty four respondents (88.7%) perceived abstinence from sex as an effective strategy of preventing HIV transmission. This perception was moderately high for the CC (90.0%) compared to A.I.C (85.5%). Both sexes exhibited a substantial positive perception of abstinence from sex as an effective strategy of preventing HIV transmission. 90.3% of the females exhibited positive perception on abstinence as an effective directive in HIV prevention than their males counterparts (86.3%). This is could be because women are culturally socialized to value virginity until marriage.

The percentage of those who had perceived abstinence as an effective strategy of preventing HIV transmission increased with the educational level (no

education at all 84.6%, primary 85.7%, secondary 89.6% and university 90.1%). The educational sector has borne the burden of stemming out the HIV pandemic among the students. These efforts of eradicating the pandemic within educational institutions explains the positive perception depicted on abstinence. Thus, education institutions are well placed in the fight against HIV and AIDS.

Table 4.8: Christians' perception of abstinence from sex as an effective strategy of preventing HIV

Variable	Perception of Abstinence as HIV preventive strategy				
	Total	Yes		No	
	N	f	%	f	%
Overall	388	344	88.7	44	11.3
Church Of The Respondent					
CC	271	244	90	27	10
A.I.C	117	100	85.5	17	14.5
Sex					
Male	161	139	86.3	22	13.7
Female	227	205	90.3	22	9.7
Age group					
19-24	109	97	89	12	11
25-34	147	128	87.1	19	12.9
35-49	132	119	90.2	13	9.8
Highest Level of Education					
None	13	11	84.6	2	15.4
Primary	42	36	85.7	6	14.3
Secondary	154	138	89.6	16	10.4
College	108	95	88	13	12
University	71	64	90.1	7	9.9

All FGDs depicted a positive perception of abstinence. When asked whether abstaining from sex until marriage could prevent HIV infection, one participant noted that:

'of course, if you do not know any one sexually, and the other party abstains until marriage then there is no way you can get HIV...unless by other means like sharing needles with infected persons...which is of course very rare now...unless you are a drug addict (Catholic FGD, 7th Dec, 2014).

The same sentiments were echoed by the A.I.C participants. Abstaining from sex as a youth was the most effective way of preventing HIV infection. One respondent explained, *'If couples who abstained from sexual intercourse before marriage remained faithful to their life partners, HIV would have no place in their lives...but people are so promiscuous these days...i dont know why'* (A.I.C FGD, 14th Dec, 2014). Thus, adherence to church teaching on abstinence was deemed the most viable way of preventing the transmission of HIV among the unmarried. However, promiscuity was reported to be common. When asked about the effectiveness of abstinence among the married, especially when one's partner is away, the youth observed that:

...It is difficult. No man can abstain for long time. What I know is, every man who works away from home, has a side plate (referring to another woman). The woman can choose to abstain, but a guy cannot. Abstinence cannot work once you are in a relationship (Catholic FGD, 7th Dec, 2014).

Abstinence for the married was reported to be a challenge. Echoing the same sentiments, a youth from the A.I.C referred to 1 corinthians 7:5, which states, *...Do not deprive each other except by mutual consent and for a time, so that you may devote yourselves to prayer. Then come together again so that Satan will*

not tempt you because of your lack of self-control (A.I.C FGD, 14th Dec, 2014). The respondent noted that abstinence among the married was by *'mutual consent, for a short time and for purposes of prayer and fasting.'* *The other issues you are talking about, like job or illness challenge self-control. They encourage the devil to attack marriage* (Ibid).

Abstinence as a church teaching could only work for the unmarried, but not for the married. Mutual agreement that is alluded to by St. Paul in 1 Corinthians 7:5, between a couple that wants to engage in prayer and fasting, though laudable, may be deterred by the patriarchal system that encourages male dominance over a woman's body. The reading of 'mutual agreement' within the Corinthian community can be said to allude to a woman's submission to the will of her husband.

4.4.2 Christians' Perception of Fidelity

Table 4.9 presents Christians' perception of being faithful to one's partner as prevention from HIV infection. The data is expressed in percentages against other variables.

In general, over three quarters of all the respondents knew being-faithful to one's partner can prevent HIV transmission. This positive perception was substantially high among the CC (78.6%) in relation to A.I.C (68.4%). Fidelity to ones marriage partner was reported to be effective in curbing the spread of HIV at

75.5 %. All the pastors and priests interviewed held convincingly on to the biblical teaching on fidelity in marriage.

Table 4.9: Christians' Perception of Fidelity

Variable	Christians' Perception of Fidelity as HIV preventive strategy				
	Total	Yes		No	
	N	f	%	f	%
Overall	388	293	75.5	95	24.5
Church Of The Respondent					
CC	271	213	78.6	58	21.4
A.I.C	117	80	68.4	37	31.6
Sex					
Male	161	123	76.4	38	23.6
Female	227	170	74.9	57	25.1
Age group					
19-24	109	83	76.1	26	23.9
25-34	147	110	74.8	37	25.2
35-49	132	100	75.8	32	24.2
Highest Level of Education					
None	13	8	61.5	5	38.5
Primary	42	31	73.8	11	26.2
Secondary	154	118	76.6	36	23.4
College	108	82	75.9	26	24.1
University	71	54	76.1	17	23.9

The unmarried youth from the FGD held the same view with certainty, though their arguments alluded to marriage as a risk-factor to HIV. A Catholic youth noted, *'being married does not mean that you are safe (from HIV Infection). You are not! married people are having sex with other people, their former boy friends, colleagues, bosses all the time and their partners cannot know. You can*

choose to be faithful but your partner chooses otherwise so...you get AIDS real fast even in marriage (Catholic FGD, 7th Dec, 2014). It was thus clear from the respondents that marriage is not a safe haven as far as HIV and AIDS is concerned. Infidelity was believed to be high within the marriage institutions, since unprotected sex is common in the institution. This is because sex is presented under a guise of love, concern and trust. Within this context having sex with multiple concurrent partners puts couples at risk of contracting HIV infection. This affirms the Kenya AIDS Indicator Survey (KAIS II) report that new HIV infections were high among the married due to cohabitating couples (NASCO, 2014).

4.4.3 Christians' Perception of Condom Use as an Effective way of Preventing HIV Transmission

The perception of condom use in relation to other variables, as HIV preventive strategy is shown in Table 4.10. The results are expressed as row percentages. Evidently, over 70% of the respondents perceived condom use as an effective strategy of preventing HIV transmission. The percentage of Christians who exhibited positive perception of condom use as a preventive measure was relatively high among the A.I.C members (78.6%) compared to CC (69.0%) ones. The high percentage of A.I.C members depicting positive perception of condom use could be due to the non documentation of their sexuality theology or even better their positive effects (contraceptive and preventive). The negative and internalization of CC teaching on condom use explains the low percentage of Catholic members with positive perception on condom use.

Further, the level of education and age were found to be key determinants to condom use. On the one hand, the lower the education level (No education 61.5%, Primary 69.0%, Secondary 73.1% and University 74.6%) the lower the the percentage of christians' depicting a positive perception of condom use. Exposure to educational opportunities that encourage safe sex behaviour explains this scenario.

Table 4.10: Christians' Perception of Condom Use as an Effective way of Preventing HIV Transmission

Variable	Christians' Perception of Condom use as HIV preventive strategy				
	Total	Yes		No	
	N	f	%	f	%
Overall	388	279	71.9	109	28.1
Church Of The Respondent					
CC	271	187	69	84	31
A.I.C	117	92	78.6	25	21.4
Sex					
Male	161	114	70.8	47	29.2
Female	227	165	72.7	62	27.3
Age group					
19-24	109	84	77.1	25	22.9
25-34	147	104	70.7	43	29.3
35-49	132	91	68.9	41	31.1
Highest Level Of Education					
None	13	8	61.5	5	38.5
Primary	42	29	69	13	31
Secondary	154	110	71.4	44	28.6
College	108	79	73.1	29	26.9
University	71	53	74.6	18	25.4

Likewise, the higher the age (19-24 years 77.1%, 25-34 years 70.7% and 35-49 years 68.9%) the lower the percentage of the Christians' depicting a positive perception of condom use. Thus the older the individual, the lower the percentage as far as exhibition of positive perception on condom use. This could be because the church does not teach about condom use.

In the FGDs majority of the participants from both denominations, felt that condoms promoted promiscuity. One participant observed that, '*condom use can prevent transmission of HIV but this is not for Christians, because Christians don't engage in promiscuous behaviour.*' On the question whether Christians either married or unmarried, can use condoms as a preventive strategy for HIV infection, one participant had this to say, '*yea...if one of the partners is not sure of himself/herself, then it is godly to use condom with his/her partner as a show of love and concern for their well-being.*' However, majority were sceptical, arguing that, '*using condom in marriage/relationship is a sign of mistrust...unless you are using it as a contraceptive.*' Trust was a value that all the respondents upheld regarding condom use. The choice to use a condom depicted concern for one's partner's well-being or the well-being of the family.

The FGDs sentiments on condom use were ambivalent. Condom use, just like abstinence and fidelity could prevent the transmission of HIV. However, condom use was thought to be for the promiscuous, and not for Christians. The mutual agreement to use a condom between a couple for purposes of regulating their family size, fits in this context.

The A.I.C pastors alluded to this position when asked their views on condom use. One of the A.I.C pastors explained that, ... *'I personally think it is prudent for a married couple to use condoms to space their children* (O.I. Pastor 1: 24.12.2014).' However, the Catholic priests held on to the teaching of the church on condom use. They argued that sex should be open to procreation at all times. One priest reiterated ... *sex is a gift from God to the married partners for purposes of procreation. When you prevent conception, then that is a sin. The unmarried should not be engaging in sex, so there is no point of talking about condom use for the youth* (O.I. Priest 1: 17.12. 2014). From the foregoing discussion, it is evident that the pastors and the priests held on to their respective church's stance on condom use.

There was a consensus among the respondents that condom use can prevent the transmission of HIV infection, but they had the fear that this would encourage promiscuity. The church leaders held on to their church's position on condom use. The A.I.C pastor observed that it was prudent for couples to use condoms as a contraceptive to regulate their family size.

4.5 Christians' Practice of ABC Strategy of HIV Prevention

Adherence to the prevention directives of ABC, that is abstinence, be faithful and condom use, is applauded as the ultimate behavioural intervention towards curbing heterosexual transmission of HIV (Stoneburner & Low-Ber, 2004). In this section, we sought to examine Christians' practice of the ABC's of HIV prevention.

4.5.1 Practice of Abstinence among the Unmarried Christians

The practice of abstinence among the respondents with single marital status is shown in Table 4.11.

Generally, 73.5% of the respondents were practising abstinence. The CC had the highest proportion of those practising abstinence 75.7% compared to 66.7% in the A.I.C. More females (78.2%) were found to practice abstinence compared to their male counterparts who stood at 66.7%. This could be due to the fact that the women are aware of the consequences of premarital sex. The women bear the burden of unplanned pregnancies, dropping out of school, contracting HIV and AIDS and stigma among others. This explains why young women would choose to abstain from sex.

Table 4.11: Practice of the abstinence among the Unmarried Christians

Variable	Practice of the abstinence among the Unmarried Christians				
	Total	Yes		No	
	N	f	%	f	%
Overall	200	147	73.5	53	26.5
Church Of The Respondent					
CC	152	115	75.7	37	24.3
A.I.C	48	32	66.7	16	33.3
Sex					
Male	81	54	66.7	27	33.3
Female	119	93	78.2	26	21.8
Age group					
19-24	90	64	71.1	26	28.9
25-34	82	61	74.4	21	25.6
35-49	28	22	78.6	6	21.4

There is an association between abstinence and the age bracket, in that, the higher the age group, the higher the practice of abstinence as shown above. Majority (71.1%) of the 19-24 year olds practiced abstinence followed by the respondents within the age bracket of 25-34 years with 74.4%. The mature unmarried Christians aged 34-49 years depicted the highest percentage (78.6%) of practicing abstinence. This could be most probably because the youth within this age bracket being financially stable, have internalized the church teaching on abstinence and can also make responsible sexual choices. Increase in age also depicts moral maturity as explained by Kohlberg's Theory of Cognitive Moral Development. Once moral maturity is attained, even in the presence of external

pressures, the moral subject is keen not change his/her decision. Blasi (1980:35) concurs by positing that,

post conventional persons will resist the pressure to modify their individually acquired principles in the direction of established norms or will refuse to change their morally determined course of action for the sake of public expectation, deference to authorities, and social acceptance.

Thus, the practice of abstinence among the respondents was high, with female respondents adhering to it more than the male counterparts. The age of the respondent was a key factor in determining the practice of abstinence. The mature respondents depicted higher practice than the younger ones. As such, moral maturity is important in making moral choices. The low percentages representing non-adherence to the norm of abstinence explains that it is a value that can curb the spread of HIV pandemic.

It was observed that the Christian youth practiced abstinence because it was the will of God as taught by the church leadership. Thus, the Christian youth chose to obey the church teaching on premarital sex, which is abstinence until marriage. Further, according to Kohlberg's theory of moral development, young people opt to follow rules and moral guidelines for fear of being punished.

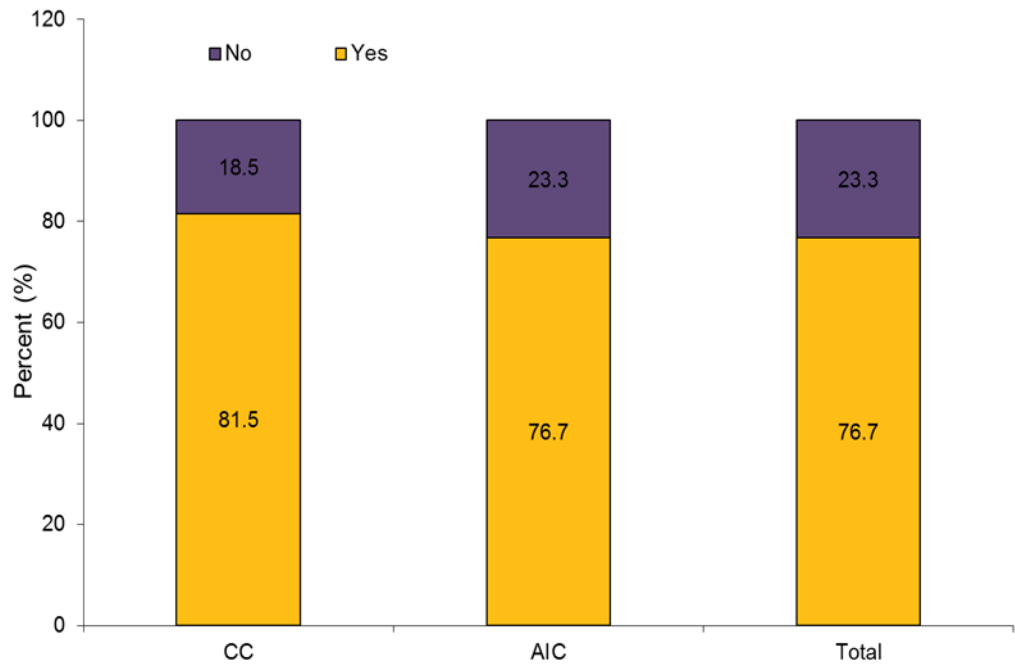


Figure 4.7: Abstinence in Relation to Church Teaching

Majority 80.4% of the unmarried respondents aged 19-24 adhered to abstinence because it was a church teaching. However, this percentage is much lower for A.I.C members (76.7%) in comparison to the CC (81.5%) adherents. The teaching of the virtues of purity and chastity are documented officially in the Catechism of the CC. Further, the enrolment for catechism in the CC starts at 9 years while in A.I.C, it starts at 13 years. As a result, the youth in the CC internalize this teaching for a longer time than the A.I.C ones. Hence, the above results. The results allude to a correlation between the duration of the catechism, documentation of the church teaching on sexual issues and the impact of indoctrination.

The Christian youth adhered to the church teaching on abstinence, with a few reporting sexual debut at 15 years.

Age at first sexual debut is an important indicator on the need to know the appropriate time for commencing sex education for the youth. From this study, it was observed that, 20% of the unmarried Christians within the age bracket of 19-24 years had sex before the age of 15 years. There was no difference observed among youth aged 19 to 24 years reporting sexual debut before the age of 15 years in the CC (20.7%) and A.I.C (18.2%). The results of age at first sexual debut of 15 years in this study was consistent with the estimates from the Kenya AIDS Indicator Survey (KAIS), (NAS COP, 2014). NAS COP (2014:81) reported that, 'at the end of the survey, 11.6% of women and 20.2% of men aged 15 years had had sex at least once.' The overall median age reported in KAIS II (NAS COP, 2014) at first sexual debut is 19 years. This is comparable to the results from the current study.

Participants in both FGDs affirmed that the ABC strategy was important, since it affected everybody. *'In deed sexual issues affect everybody whether saved or not...we all have urges and we are all growing up'* (A.I.C FGD, 14th Dec, 2014). When asked whether or not they could abstain from sex until marriage, mixed reactions were evident from respondents of both denominations. Some Catholic respondents in answering the question on abstinence, stated, *'sex is a basic need, just like food....at our age you cannot live without having sex...dont lie'* (Catholic FGD, 7th Dec, 2014). Majority felt that abstinence was only possible if one was not sexually active. One participant observed that,

Actually every youth would want to abstain from sex but it is not possible...your body keeps on asking for it, and your friends too...in any case everybody is doing it....let me tell you sincerely...once you start it...it

is difficult to stop...you just have to be careful not to be pregnant or even get HIV (Catholic FGD, 7th Dec, 2014).

The same sentiments were shared by members of the A.I.C FGD. One remarked, *... unless one is seriously saved, there is no way a youth can abstain from sex until marriage...no way...don't lie,* (A.I.C FGD, 14th Dec, 2014). The youth affirmed that abstinence was an effective way of preventing HIV transmission. They however, noted that the practice of abstinence was difficult. Several reasons for the claim were highlighted in the FGDs. One participant explained that, *'with the rush of the hormones in our body...its just impossible'* (Catholic FGD, 7th Dec, 2014). Another respondent retorted that *'the Bible is too old-fashioned and does not take into account the changes that have taken place since two thousand years ago...changes like secularization, fashion...you know...media...all that'* (Catholic FGD, 7th Dec, 2014). Others argued that, *its not the Bible but us, we dont get saved seriously, we need revival...we need to follow the word of God'* (A.I.C FGD, 14th Dec, 2014). Some were of the opinion that the Bible needed some re-writing so as to take into account the changes that have taken place in the society. Others argued that the problem is not that the Bible is too old, but it is because they did not take the word of God seriously. From the foregoing arguments, there is ambivalence in adhering to the practice of abstinence among the youth. Data from the FGDs show that premarital sex is common, with majority claiming that, it is a 'basic need' for the youth. Secularization overshadows objectivity and gives way to the dominance of rationality and subjectivity as the ends in the processes of ethical decision making. Dominance of rationality and subjectivity in ethics opens a way to

relativism, where the moral agent leans on his/her desires as the only goods to be pursued. The youth's claim to sex being a 'basic need' contrary to the biblical norm explains the impact of secularization on sexuality.

Exposure to sexualized culture by the media, hormonal changes, pressure from their peers, need for autonomy and desire for independence in adulthood were presented as key deterrents from practicing abstinence. This confirms the declining trend in age at first sexual debut. The biblical teaching on abstinence until marriage was said to be outdated.

The youth are developmentally at a difficult phase of their life. The expectations from the society (parents, religion, school, and media) are in conflict with the youth's choices. The youths' evolving decision making capacity intersect and compete with their concrete thinking processes which lean on self. The self would wish to assume an identity that will improve one's self esteem, which mostly leans on the need to fit in with one's peers. This is risk-taking since, the youth would plunge themselves into sexual relations in search for affirmation and acceptance by their peers. As a result, they end up contracting HIV and AIDS as they choose to fit in with their peers, rather than adhering to societal expectation of abstaining until marriage.

Both the Catholic and A.I.C leaders relied on the Bible for moral guidance. This was demonstrated during the interviews conducted. The priests and pastors held on to the unwavering word of God in responding to the questions raised on abstinence. Probed on whether or not the Bible was outdated and in need of revision, one of the A.I.C pastor's made reference to Hebrews 4:12-13:

For the word of God is living and active and sharper than any two-edged sword, and piercing as far as the division of soul and spirit, of both joints and marrow, and able to judge the thoughts and intentions of the heart. And there is no creature hidden from His sight, but all things are open and laid bare to the eyes of Him with whom we have to do.

The core of the argument was that the word of God is alive. It is never time bound and *'to feel that it is outdated and irrelevant is a sign that the word is speaking to you through the Holy Spirit to change your ways. I think the young generation should embrace the rebuke that they are experiencing in their heart and change their evil ways* (O.I, Pastor 1, 21. 12.2014). According to the Pastor, the Bible hence, religion remains a powerful tool in moral direction for all church members.

4.5.2 Practice of Fidelity among the Married

The Christian teaching on the institution of marriage upholds faithfulness to one's lifelong partner. 'Be faithful' is the second behavioural directive in the ABC strategy of HIV prevention. A commitment to be faithful to one sexual partner in marriage and an embrace of the same by the other partner can prevent the transmission of HIV pandemic. Being faithful to one's marriage partner is a biblical norm that has permeated into the theological teaching of the church on sexuality. It is thus, expected that every Christian within a marriage institution should adhere to the said norm.

Even though majority of the married people agree that fidelity is a way of preventing the transmission of HIV, the prevalence of new HIV infections was high among the married people (NAS COP, 2012, 2014). This study sought

information on fidelity from the married Christians. Table 4.12 presents the results of the proportion practicing fidelity.

Table 4.12: Practice of Fidelity among the Married

Variable	Practice of the fidelity among the married				
	Total	Yes		No	
	N	f	%	f	%
Overall	161	103	64	58	36
Church of The Respondent					
CC	104	68	65.4	36	34.6
A.I.C	57	35	61.4	22	38.6
Sex					
Male	72	45	62.5	27	37.5
Female	89	58	65.2	31	34.8
Age group					
19-24	19	12	63.2	7	36.8
25-34	56	38	67.9	18	32.1
35-49	86	53	61.6	33	38.4

Of the total number of the married respondents, 64% reported being faithful to their partners. The practice of fidelity by the married Christians was slightly

higher in the CC (65.4%) than in A.I.C (61.4%). This is an indication that, the church teaching on fidelity is upheld and practiced by the Christians with some degree of seriousness. Several reasons for adhering to the church teaching on fidelity were cited. These include, obedience to the will of God, attaining the coming Kingdom of God, personal belief that it is good, fear of contracting HIV and other STIs and sexual satisfaction within one's marriage partner.

However, about thirty five per cent (35%) of the married respondents in this study reported having extra-marital relationship. It was found that 37.5 % of men were unfaithful with their spouses while 34.8% of women were unfaithful to their husbands.

Men were found to involve themselves in extra-marital and concurrent sexual relations more than women. This can be explained by the patriarchal systems that encourage dominance of men over women, especially when it comes to decision-making on sexual choices. In addition, men engage in extra-marital relations since they are perceived to be financially independent than women.

Even though the results are consistent with most of the findings in different studies, a difference of 3% in this study is insignificant. The participants cited several reasons leading them to engage in extra-marital affairs. They included boredom in having one sexual partner all through, labour migration and lack of self control. Thus, the chances of both men and women engaging in infidelity is almost equal.

The pastors and the priests were also interviewed on the practice of fidelity. They held that, their responsibility was to teach on fidelity as the will of God in marriage. It was however, upon the couple to choose whether or not to obey the

church teaching. In reference to Proverbs 5:15-23, the men were encouraged to be faithful to their wives, in order to avoid what the pastor termed as ‘premature death.’ Probed on whether or not cases of unfaithfulness among couples was reported to them, one priest retorted,... *‘several..., during confessions these are some of the issues we deal with. I just tell them to forgive...you know marriage is for life and again we are not supposed to discuss what is confessed ...rarely will they come for marital counselling (O.I. Priest 1: 17. 12. 2014).* Similar sentiments were echoed by the pastor, that none of the married couple request for marital counselling... *‘they either pretend its not happening or they just sort it their way...but reporting it no no no (O.I, Pastor 1, 21.12. 2014).* It is evident that even the married Christians shy away from going to their pastor/priest over issues of unfaithfulness.

Thus, the discrepancies within the Christian’s marriage institution, that is between the guiding norm (fidelity) and the practice reported (unfaithfulness) point to a challenge in terms of adherence to the church teaching. The scenario is expounded by Kohlberg’s Theory of Cognitive Development. He categorizes adults in marriage within the last level , that is , the post conventional level, where the autonomy of the individual takes precedence. The individual is at liberty to choose what is of value to him/her being. As a result, evaluations over and against the internalized convictions are expected depending on what gives life meaning/value. The married Christians, even though aware of the norm of fidelity, chose to be unfaithful to their spouses.

This is explained by the fact that the choice to be faithful in marriage was followed by reasons that flowed first from the norm of fidelity. First, fidelity in marriage presents the will of God for the marriage institution, hence had to be obeyed. Second, obedience to the word of God accords one the right to attain the Kingdom of God. The married respondents related their obedience to a hopeful and friendly eternal life. Thirdly, the fear of contracting HIV and STDs encouraged the respondents to adhere to the norm of fidelity. Lastly, satisfaction within one's marriage in terms of love and conjugal rights necessitated faithfulness. All these motivating factors to adhere to the norm of fidelity are however, subjective convictions that the individual has to evaluate and come up with their choice. It is these subjective convictions that may lead individuals to be unfaithful to their spouses. Thus, the evaluation of the norms over and against that which adds meaning and value to an individual's life is a subjective claim.

This subjectivity is intangible, only existing in the mental faculties of the human person. The perception of the norm, and its subsequent practice or adherence calls for a process of ethical evaluation, where the choice of the moral agent takes priority. Since norms affects the inner being of the person, it is therefore important in guiding the behavioural ordering of the individual and the society at large.

4.5.3 Christians Practice of Condom Use

Condom use is the third directive in the ABC strategy of HIV prevention. It is, however, discouraged within some religious circles. A case in point is Catholic teachings. The leaders in the CC argue that it inhibits procreation and encourages

promiscuity (Mill & Anarfi, 2002). The researcher examined whether or not Christians use condoms. Table 4.13 presents results of condom use in relation to other variables.

Table 4.13: Condom use among the Study Participants

Variable	Condom use among all				
	Total	Yes		No	
	N	f	%	f	%
Overall	272	135	49.6	137	50.4
Church Of The Respondent					
CC	185	88	47.6	97	52.4
A.I.C	87	47	54	40	46
Sex					
Male	112	60	53.6	52	46.4
Female	160	75	46.9	85	53.1
Age group					
19-24	83	36	43.4	47	56.6
25-34	103	50	48.5	53	51.5
35-49	86	49	57	37	43

Overall, about 50% of the study participants had ever used a condom. In A.I.C 54% of her members reported using condoms compared to the CC adherents at 47.6%. The high percentage among the A.I.C adherents could be explained by the fact that the church is not inimical to condom use. It is important to note that the percentage of the Catholic members who reported use of condoms (47.6 %) is significant given the CC stern stance on their use. Catholic members using condoms thus defied their church teaching on the same and opted for what added value to their lives. This is an implication that doctrine does not always meet

with people's contextual realities. It could be prudent to use condoms for purposes of regulating the size of one's family and as a protective measure in the era of HIV pandemic. These are challenges that people live and battle with in the real world.

More men (53.6%) than women (46.9%) used condoms. Men have access to information and are aware of the risks of contracting STIs and the necessary preventive measures (Tarkang, 2014). Further, the rate of condom use increased with age. Respondents within the age bracket of 19-24 years reported a percentage of 43.4, followed by the respondents within 23-34 with 48.5%. The older respondents, 35-49 years scored highest (57%). Older men and women would make an informed decision of using a condom in order to prevent infections. Other motivating factors for condom use included avoidance of stigma, where fellow Christians associate one with sin in case one contracts HIV and AIDS. The size of the family was also cited. Owing to economic challenges of bringing forth a family, men took it as their sole responsibility to regulate the size of their family.

From the FGDs the youth noted that, due to the increasing prevalence of HIV infections, condom use was unavoidable. As pointed out earlier, the use of condom is banned in the CC and so the researcher would expect adherence to this teaching. However, most of the youth from this church reported using condom. A participant explained, *'for youth condom use is unavoidable...we usually have several girl friends....its good to be sure'* (Catholic FGD, 7th Dec, 2014). The researcher asked whether the church teaching played a role in the

participant's decision to use a condom or not. The respondent had this to say, *'our church [Catholic] is for celibates, they don't know the dangers involved.'* Thus, it can be deduced from the statements that the CC teachings on sexuality are not in touch with people's life experiences.

Most of the A.I.C respondents associated condom use with mistrust and promiscuity. One FGD member noted that, *'asking me to wear a condom and I am your boyfriend means that you don't trust me'* (A.I.C FGD, 14th Dec, 2014). Those who used condoms had not embraced salvation and were therefore deemed promiscuous. Several participants shared the view that, *'if someone uses condoms, it means that he/she has several partners and he/she is not sure of them'* (A.I.C FGD, 14th Dec, 2014). From the FGDs, it was evident that the unmarried Christians used condoms, alluding to their engagement in premarital sex. Even though this issue goes beyond the objectives of the study, it is still viable given the important issue under study, HIV and AIDS prevention.

Majority of the unmarried youth observed that condoms were good for preventing the transmission of HIV though almost the same number felt that, *'during special days like birthdays, bash, parties condom should not be used to ensure maximum pleasure and appreciation of the other'* (A.I.C FGD, 14th Dec, 2014). This assertion alludes to inconsistent and incorrect use of condom, a fact that would explain the high prevalence of new HIV infections among the unmarried. Even though condom use was of importance among the youth, mixed reactions and feeling surrounded the circumstances of their use. The

ambivalence of the Christian youth on when and the implications of using condom challenges its effectiveness in preventing them from HIV and AIDS.

The Catholic priests avoided the questions relating to condom use. The two priests who were interviewed were categorical that the CC does not allow condom use. Even though the A.I.C has no teaching on condom use, the pastors indicated that, the decision to use them rested on the couple. Asked whether the unmarried youth can use condoms, the pastor stated categorically that, '*the youth are not supposed to engage themselves in premarital sex. Sex before marriage is a sin. They should know that their bodies are the temple of the Holy spirit* (O.I, Pastor 2, 21. 12.2014). When asked whether they can teach about condom use during the church service/mass, the pastors and the priests observed that it was impossible. The priests/pastors argued that, it would be encouraging people to commit sin. This according to them is contrary to their faith.

Even though the CC's position on condom use was clear, most of her adherents reported using condoms as a contraceptive. It is evident that though condom use is though by church leaders to lead to promiscuity, it was reported to be a necessary evil. This is because it prevents the transmission of HIV and AIDS.

Despite what the church teaches on sexuality, the decisions arrived at especially on sexual matters rely on subjective valuing and not on obedience to church norms, for instance, no condom use. The subjective choice to use a condom as demonstrated by the participants of this study was contrary to the church teaching. This calls for a critical analysis of the place of religion in the process of ethical decision making. The choice to use condoms by both the married and

the unmarried respondents was dependent on the value that its use added to their life. The Christians chose to use condom in order to protect themselves from STDs and HIV and AIDS as well as to regulate the number of children. To achieve this, the respondents had to use condoms for purposes of maintaining good health and manageable families. Thus, the respondents did not object the use of condoms since it added some worth to their lives. This concurs with Yim et al (1993) argument that, condom use rates are positively related to expected benefits foreseen upon their use. In this study, the primary benefit from condom use is hinged on the expected value of life gained, such as avoiding HIV infection and regulating one's family size.

As already observed condom use deviates from the church teaching. However, the choice to use it by the moral agent has a religious bearing. This is founded on the theological consideration that we are social beings who have a moral duty to protect and enhance the well-being of the other (Kellenberger, 2005). The argument is rightly outlined by Smith (2003; 19-20) in his assertion that,

There is something particularly religious in religion, which is not reducible to non-religious explanations and that these religious elements can exert 'casual' influence in forming cultural practices and motivating action.

The responsibility of Christians opting for condom use without any sense of guilt or feelings of committing a sin, depicts the casual influence in their practice. Their choice to use a condom cannot be reduced to a non-religious explanation such as as encouraging promiscuity or classifying the user to be non-religious.

From the foregoing discussion, it was evident that positive perception of the church teachings on sexuality does not always translate into adherence. This does not imply that religion has no role to play in the process of ethical decision-making. Religion has been positioned as a key determinant in influencing individuals' behavior as revealed from the data. According to Smith (2003), religion influences people's behaviour in a positive and a constructive way. This is achieved through three major ways, by following: the moral order where religion promotes specific moral directives such as abstinence and fidelity; exercising the learnt competencies; where by religion provides the moral agent with coping skills, such as self- control, and finally by respecting the socio-organizational ties, where religion provides the social networks for supporting the moral agent like those of the teachers, parents and church leaders among others.

The environment that religion creates for the adherent is that of outright conformity. The Christians are expected to adhere to the church norms and guidelines without interrogating them. However, the percentages of deviation from the church teaching questions the expected conformity. Stark (1996:164) clarifies the need to conform by affirming that 'what counts is not only whether a particular person is religious, but whether this religiousness is, or is not, ratified by the social environment.' The formal approval of norms by the social environment bases its evaluation not on the religious norms only, but also on the value that one's behaviour adds to his/her relations. For instance, the choice to use a condom by a couple may be ratified by the society if they want to manage

the size of their family, or if either of them is infected by STDs or HIV. Protecting the other from HIV infections and having a manageable family is of value. The value or worth that a human person associated the norm with was a point of reference in the processes of ethical decision making rather than the taught and known norm/directive.

It was evident from this study that the Christian deontological ethic that emphasizes on duties, obligations and responsibilities of others as well as the inherent rightness or wrongness of an action itself stands challenged. The challenge emanates from the resolve that the Christian moral agents are arriving at, in terms of what is of value to them (Hunt, 1997). According to Sullivan (1989:133), ‘the only incentive to act on the motive of duty,’ as called upon in deontology, ‘is the reverence or respect people feel for the moral norm/law.’ It was, however, noted that the subjective choice arrived at by the moral agents acted contrary to the norms of abstinence, fidelity and condom use. They embraced what was of value to their lives within different life situations.

4.6 Barriers to Successful Implementation of ABC strategy of HIV

Prevention

This section presents the barriers to the successful practice of ABC strategy.

More than half (57.5%) of the CC respondents and 44.7% of the A.I.C faced challenges in practicing ABC directives as shown in Table 4.13. More of the A.I.C respondents 38.6%, 36.5% and 32.2%, 26.8% in the CC faced challenges in being faithful and in condom-use respectively. The researcher sought the

challenges encountered in practicing each directive. The barriers are presented under each directive in ABC strategy, that is, on abstinence, being faithful and condom use, discussed in the following sections.

Table 4.14: Challenged Respondents in Percentages

Variable	CC		A.I.C		Total	
	f	%	f	%	N	%
Do you experience challenges in practicing abstaining from sex?						
Yes	126	57.5	42	44.7	168	53.7
No	93	42.5	52	55.3	145	46.3
Do you experience challenges in being faithful to your partner?						
Yes	65	32.2	34	38.6	99	34.1
No	137	67.8	54	61.4	191	65.9
Do you experience challenges in using condom?						
Yes	38	26.8	27	36.5	65	30.1
No	104	73.2	47	63.5	151	69.9

4.6.1 Barriers to the practice of abstinence

Table A1.1 (See, Appendix A.1) presented data on barriers to the practice of abstinence among the participants. The practice of abstinence was deemed challenging by the respondents. From the data gathered, unmarried young adults blamed their inability to abstain to their developmental stage. Statements from the questionnaire alluding to emotional and psychosocial bodily changes include, ‘*it’s not easy to abstain from sex as a youth, [since] hormones are active, with full desire for sex*’. Others noted that, ‘*at my age, all the organs are fully*

grown, at times I'm horny and wonder what to do...I just go for it.' Some respondents wondered whether or not God could do anything to their sexual urges, resulting from the developmental changes, since it is a challenge to the youth. One respondent noted that, ... *'you know God promises the fruit of self control in the New Testament, why could He not give it out freely to the youth who are growing and going through these challenges of lust which He even calls sin [laughter]?'* This is a clear indication that the practice of abstinence was a challenge to the unmarried youth within their sexual relationships. The biological developmental stage was cited as one of the major barriers to abstinence among the youth.

Peer pressure was another barrier cited by the youth. One FGD participant noted that, *'sometimes one may choose to abstain but then your friends talk you into it. You will not have the power to refuse because they will start calling you names (Catholic FGD, 7th Dec, 2014).* Another one retorted that, *people will think that you are abnormal and old-fashioned if you say you dont have sex regularly (Catholic FGD, 7th Dec, 2014).* The A.I.C participants held the same sentiments. One FGD participant argued that, *'you cannot have a boyfriend and fail to have sex...it is the only way to show him that you are serious with the relationship. Others will leave you if you dont... at our age you cannot stay without a boyfriend (A.I.C FGD, 14th Dec, 2014).*

Exposure to the sexualized culture by the media was identified as an important factor. Pressure from the televisions, radios, mobile phones and social media drive the youth to premarital sex. From the FGD data, the media received a

sizeable blame for luring the youth into pre-marital sex. One of the FGD participants observed that,

...you know, media has contributed greatly to the youth's engagements in sexual issues...from the T.V, all soap operas aired are on love relationships which end up in sex; in the radio...almost all morning drives/talks are on sexual issues...mobile phones...contribute greatly in sexting (sexual chat) even the social media...pornographic images are exchanged. What do you do... you join the wagon (A.I.C FGD, 14th Dec, 2014).

Another participant from the CC FGD explained that,...*'The media airs half dressed girls and alot of sexual scenes which motivate us.....mostly men to go for it [laughter] (Catholic FGD, 7th Dec, 2014).* Lately, the images that pervade the media are increasingly more explicit in airing sexual content. This being the closest medium of interaction, the youth tend to internalize the concept of sex being a casual encounter.

The exposure to the media as well as the freedom that the young people have by virtue of being in school/college/university is detrimental to their sexual lives. One of the Catholic priests blamed modernization and secularization for premarital sex. He noted, ...*'well. I won't say it's the media entirely, No! blame it [premarital sex] on modernization and secularization. You know technology has brought new/modern things in the society that take people away from God. What do you expect...immoral behaviour (O.I. Priest 1: 17.12. 2014).'* The decline in religiosity led to immoral behaviour, since the young people followed their rationality in moral decision making.

One of the pastors blamed the dressing code of the girls as sexually tempting, especially for men. He undelined that, ...*'the way the girls dress these days, you*

just know what they want ...sex. boys cannot see a naked body and fail to do something. They may not rape them but they will talk them into it and they wont refuse since that's what they were looking for (O.I, Pastor 1, 21. 12.2014). The pastors held that the youth influence each other negatively, especially those that are not Christians. Another pastor observed, *'you know it is not like the youth cannot abstain, they can, but the rest who do not come to church tell the others it is a good experience. You see... they get into it* (O.I, Pastor 2, 21. 12.2014). From these responses, it is clear that peer pressure plays a major role in influencing the youth into pre-marital sex.

Social Identity theory of Tajfel and Turner (1979) and Symbolic Interactionist theory of Blumer (1969) explain why the youth would choose to engage in pre-marital sex. These two theories as used in this study explain the tension that the youth battle with in decision making. The desire to conform to the in-group expectations takes priority. In reference to the discussion at hand, the youth will choose to engage in pre-marital sex to be in tandem with their peers, in the quest of forming a self/identity that is approved in the in-group.

According to Keniston (1971:8-9), the period of young people 19-35 years is one 'continued role experimentation between adolescence and young adulthood.' It is a time of 'tension between self and society' and 'refusal of socialization.' Arnett (2000: 470) and Turner (1969) refer to it as a betwixt and between stage of emerging adulthood, where one is neither an adolescent nor is he/she a young adult. The stage is characterized by a 'relative independence from social roles and from normative expectations,' they are volitional years of life.' The subject

displays individualistic qualities of character (Arnett, 1998) and accepts responsibility for self. This self makes independent decisions that are of value to his/her life (Arnett, 1997; Green et al., 1997; Scheer et al., 1996). The youth will therefore not choose to obey the norms, but will engage in an act that will help them find their identity or conform to their group of association.

The unmarried youth experience a time marred by the desire to search for their identity. After leaving their parent's control for school, college and or professional work, they start leading an autonomous life. They use this autonomy in making decisions and executing them into actions. According to Arnett (2000), it is a time of 'identity explorations in areas of love, work and worldviews.' The 'out of nest syndrome' that engulfs them is complex due to the modern day life, where they are influenced by multiple worldviews.

Even though it is a period characterized by homogeneity, where little is normative among the Christian youth, the expectations of the social authorities still play a crucial role in decision-making. The youth will still refer back to the societal norms and pretend to be upright in the eyes of the social authorities, such as the parents, religious leaders, and teachers. At this period, all the youth have a feeling of freedom and independence to do all that they want, like engaging in pre-marital sex. They will however, be careful not to conceive out of wedlock for fear of the societal expectations. In fact, when the researcher asked whether or not their parents knew they engaged in sex, one participant answered, '*my parents just think that I do not do it [sex], and that is good...because if they knew I did, it would be issues* (A.I.C FGD, 14th Dec, 2014)'.

Thus, the respect for the parents and other social authorities expectations imply that, they still have a role to play in guiding the youth on sexual issues. The youth's fear and the fall back to the social authorities in decision-making, means that their valuing system, though autonomous, is influenced by the social norms (no sex before marriage) vis a vis what is of value to them (fitting in their in-group). In their volatile stage of wanting to balance adherence to the societal norms and their autonomy in decision-making presents the parents, teachers and church leaders with an opportunity to guide them in moral behaviour.

This study has established that the unmarried Christian youth's practice of abstinence was challenged by among other factors developmental body changes, peer pressure, media, and secularization. Though placed in a tense arena of expected conformity and subjective search for identity, the Christian youth still recognized and respected the role and authority of the socialization agents in inculcating moral values.

4.6.2 Barriers to successful practice of fidelity

Table A1.2 (See, Appendix A.1) presented data on barriers to the practice of fidelity among the married. 64% of the married respondents reported practicing fidelity, whereas 36% had difficulties in its practice. The married Christians who were challenged in the practice of fidelity were slightly higher in A.I.C at 38.6% than in the CC at 34.6%. Several arguments explain the difference noted between the A.I.C and CC married Christians' adherence to fidelity.

The A.I.C has no official teaching on condom use. The choice to use or not to use condoms is a subjective choice among the A.I.C adherents. The idea that one can use a condom to prevent unwanted pregnancies spurs open issues of infidelity. The Christians perceive condoms to be merely for the people who engage in extramarital relations, hence cannot be associated with Christians. Further, the wedding vow of sticking to one's partner for life, may condition one partner to misuse the trust endowed on him/her by his/her partner if the church allowed condom use.

Several barriers challenged the practice of fidelity. Migration due to work demands, revenge and poverty. Labour migration, separated couples for longer periods of time. This creates a desire for sex that pressures one to engage in sexual relations with other people. The unmarried youth in the FGDs reiterated similar barriers. One of the participants noted that, '*long distant relationships dont work. You can not rely on chatting alone, you feel like you want to have sex, you just go out and get one. Not out of love as such but just to ease up* (A.I.C FGD, 14th Dec, 2014).' Another one explained that, '*men cannot live without having sex...is just the way they are wired. So when they are away working, they get tempted to do it...just for fun. You know, that why we have mipango ya kando (side relationships)...its not like they dont love their wives, but it is a trendy thing to do, it is like every man is having a side plate (another woman beside the wife)* (Catholic FGD, 7th Dec, 2014). Long distance relationships encouraged multiple sexual relationships that are a risk in the spread of HIV.

Revenge was also reported to be a challenge to fidelity. Some female spouses choose to settle their differences emanating from extra-marital relations by revenging. This causes lack of trust between the partners, a fact that pushes them into concurrent relationships. From the discussion, it was evident that men were implicated more on issues of infidelity than the women. Probed on whether or not married women had other relations, one participant remarked, *'women still have other relationships, but it is men who start them. Majority of the women in other relationships do it to gain something, either money or favor at work...they are no like men who just have sex with other women for fun* (A.I.C FGD, 14th Dec, 2014).

From this study, it can be argued that women are pushed into extra-marital relationships by socio-economic factors which emanate from their socio-cultural orientations. Culturally, women are socialized to be dependent on men. The women therefore, exchange their bodies for money and other favors.

The culture of non-commitment in marital relationships was the major concern in the practice of fidelity as reported by the interviewed priests and pastors. The commitment expected within the marriage institution according to one of the priests has eroded with time. He noted, *'these days you solemnize a holy wedding and within a span of two months, those people have separated, citing mistrust...one just wonders...after going through all the counselling sessions...commitment is key in marriage...these days....* (O.I. Priest 1: 17.12. 2014). Further, the church leaders blamed the Government of Kenya (GOK) for passing a marriage bill that threatened the monogamous nature of this institution.

One of the priests interviewed explained, *'a government that allows a man to have several wives provided one seeks consent from the first wife is in itself a threat to family life. The government should protect the society morals not destroying them...'*(O.I. Priest 2: 19.12. 2014). It can therefore be argued from this study that, a legislation that devalues monogamy and marital faithfulness is a threat to the fight against the HIV pandemic.

The A.I.C pastors reported that ignorance and disobedience to the biblical norms were the major barriers to the practice of fidelity. Making reference to Proverbs 5:15-18,

Drink waters out of thine own cistern, and running waters out of thine own well. Let thy fountains be dispersed abroad, and rivers of waters in the streets. Let them be only thine own, and not strangers' with thee. Let thy fountain be blessed: and rejoice with the wife of thy youth...

From this passage, the pastor explained, *'one's wife is likened to a cistern where her husband should take water. The man/husband should not let her wife serve many people, only he should rejoice in the wife of his youth and not rejoicing in other women'* (O.I, Pastor 2, 21. 12.2014). The Bible exemplifies though in proverbial language that a man should only quench his sexual thirst with his wife and not with strangers.

Even though the pastor's concern is on the practice of fidelity, between husband and wife, one cannot ignore the patriarchal language in the text alluding to men's control over women. Note the phrases, *'man/husband should not let her wife serve many people'* and *'only he should rejoice in the wife of his youth'*. Nothing is said of a woman taking charge of her own husband's extramarital relations.

According to the pastor, the choice to ignore this teaching and hence disobey was a major barrier to the practice of fidelity among the married.

It was evident from the study that the practice of fidelity was a challenge to the married. Labour migration, revenge, womens' dependence on men, culture of non-commitment as well as ignorance and disobedience of the word of God were cited to be the main barriers.

4.6.3 Barriers to successful condom use among Christians

Christians reported several challenges that they faced in using condoms. Table A1.3 (See, Appendix A.1) shows data on the barriers to condom use among the study participants. The negative stance of the churches on condom use and their subsequent Perception of relating condom use to promiscuity is a major challenge. The CC forbids the use of condom, either as a contraceptive or as a protection from contracting HIV and other STIs. Most of the respondents reported failing to use condoms because the church is against the practice.

Further, unavailability of the female condom was cited as another challenge. Majority of the participants had never seen a female condom. One participant asked, '*...How do they look like, where can we find them, how are they used ? [laughter] (A.I.C FGD, 14th Dec, 2014).*' Another retorted, '*...hey stop laughing and explain how they look like, if you have seen one...we cannot use it because we have never seen it (A.I.C FGD, 14th Dec, 2014).*' Most of the FGD participants had only seen a male-condom which is readily available in shops.

The participants reported being incompetent while using of condoms. The Christians were not sure whether or not they were using it correctly. Some reported fears of wearing it wrongly or tearing it before use.

In the FGD's, discomfort was reported to hinder condom use. One of the FGD participants exclaimed, '*condoms hurt...they cause bruises....in the end you don't enjoy anything...they are painful... better without* (A.I.C FGD, 14th Dec, 2014).' Physical pain and irritation was a barrier in condom use. Such a Perception, would not only challenge the use of condoms but also increase the spread of HIV and AIDS.

Most FGD participants argued that condom use hindered full experience of sexual pleasure. One participant explained, '*condoms hinder you from experiencing total pleasure....it is like eating a sweet with the wrapper on* (Catholic FGD, 7th Dec, 2014).' Some of the participants reported sexual dissatisfaction while using condoms. This explains why men would not allow their wives to use or even negotiate for safer sexual practices. Thus, women indulge in risky sexual relations without protection for fear of being rejected by their partners during sex. Subsequently, they are exposed to the risk of contracting HIV.

The media demonizes condom use. One of the participants explained that, '*...the media runs advertisements for different types of condoms. But they usually indicate they are only used by people who cheat on their spouses...you see, you are automatically a sinner, a cheating spouse...*(A.I.C FGD, 14th Dec, 2014)'.

Thus condom use is associated with sinners and people who engage in extra-

marital relations. It is seen as protection from STIs and HIV or for use with one's spouse.

When asked on whether or not they would still use condoms despite the church's negative stance on it, one respondent replied, '*we have to be sensitive to the infections and HIV and AIDS...condoms prevent these diseases...its not the church that will get HIV but us... so if we do not use because the church say so... we are the stupid one* (Catholic FGD, 7th Dec, 2014). Probed on whether they would experience a sense of guilt for using condoms against the dictate of the church, the participant stated that, '*how do you feel guilty when you are protecting yourself from dying? Sin is not using condom but having sexual intercourse before marriage* (Catholic FGD, 7th Dec, 2014).' Thus, the respondents expressed neither a sense of guilt nor experiences of sin for using the condoms.

This implies that individual Christians have their non theological interpretation of the directive of condom use, which is life-oriented. According to Tuju (1996) goals and values that individuals attached to their actions motivate human behaviour. The values aimed at in every moral action are always good, though not in themselves but to the individual self (Schwartz , 2006). This implies that, the human person has a duty of evaluating the goodness/evilness of one's goals before engaging in a moral act. Thus, the resulting effect of the human persons' moral act is not informed solely by the positive perception of the norms that one has accumulated over time but also by the values emanating from the norms that the person has internalized.

The arguments above indicate that the Christians would choose to go against the teaching of the church if there is another choice that adds value to their life. The CC Christians, for example used condoms against their church teaching on the same. No feelings of guilt were reported since condom use enhanced their life by protecting them from STIs and HIV and AIDS. It also enabled them to manage the size of their family.

In the era of HIV and AIDS pandemic, people are expected to embrace practices that safeguard their health. Positive perceptions of safe directives that add value directly to the life of the human person have high chances of being adhered to, than when they are presented as normative directives to behaviour. This is because, individuals will always evaluate obedience to norms over and against the value that they will add to their lives.

According to Kohlberg's theory of Cognitive Moral Development, an ethical evaluation by self over and against the norms is expected within people in the post-conventional level. Such people will always lean on what is of value to them. The evaluations are learnt from the societal socializers (parents, religious leaders, and teachers), a fact that depicts interrelationships between the self, the society and God in shaping moral behaviour.

The self therefore in his/her totality inclines his/her being and acting to the interrelationships between the society, self and God. Even though his/her personal agency is based on subjective values evaluated either for or against the absolute norms, the self is careful not to distort the interrelationship. The action undertaken fulfils a valuable need to the subject in a good and right way. For

instance, the choice to use a condom is not arrived at, in obedience to the church teaching, but upon assessing the value of protection from infections that it offers. Thus, the decision arrived at denotes a shift from the conventional (of conformity) to the post-conventional (utility) level of moral evaluation. This means that, we should not expect total conformity to the laid down norms that are meant to guide human behavior. There is therefore a need to be open to valued choices given the interplay between the self and with his/her interrelations (God and society).

This study observed that several barriers hinder the Christians' practice of condom use. The following barriers were cited: the negative stance of the church on condom use, unavailability of female condom, incompetence and discomfort in their use. The media was cited to demonize use of condoms by associating it with promiscuous behavior.

Overall, the study established that positive perception of abstinence, fidelity and condom use did not always translate to practice. Christians were found to make an ethical evaluation based on what added value to their lives. Even though, religiosity is one of the psychosocial determinants of health (Kagimu et al, 2011), shunning condom use contradicts the church in the fight against HIV and AIDS. According to Koenig (2008), religion affects health by promoting healthy practices, which enhance social support and offer comfort in distressing situations. Thus, a re-thinking of the church teaching on condom use in the era of the pandemic would go along way in curbing the spread HIV and AIDS.

4.7 Conclusion

This chapter presented data collected from questionnaires, in-depth interviews and FGDs. The overall themes were identified and linked to each data collection tool. The investigation focused on participants' perceptions and practice of ABC strategy of HIV prevention. The barriers to successful practice of the ABC strategy were sought.

Over sixty nine per cent (69.8%) of all the respondents depicted a positive perception of their respective church teaching on sexuality. Official documentation of the church teaching was found to not only influence the perception of Christians but also their processes of ethical decision making.

Further, Christians' perception on the ABC directives as behaviours that can prevent transmission of HIV was sought. High percentages of participants exhibited positive perception of abstinence, fidelity and condom use as effective measures to HIV prevention. The practice of the directives was considerably high though it was found to be challenging.

Several barriers challenged each directive of HIV prevention, that is, abstinence, being faithful and condom use. The unmarried youth identified developmental body changes, exposure to sexualized culture by the media and peer influence as major deterrents. The socialization agents (parents, teachers and religious leaders) were reported to shy off from talking about the topic of sexuality. This is because sex is still perceived as a private subject. The married respondents cited long distance relationship due to labour migration as straining their practice of fidelity. In addition, revenge, boredom of having sexual intimacy with one partner, lack of trust among spouses and the new trend of extra-marital affairs

challenged Christians' practice of fidelity. The practice of condom use was disdained by unavailability of the female condom, negative stance of the church on their use, incompetence and physical discomfort. The media was cited to demonize use of condoms by associating it with promiscuous behavior. Further, women could not negotiate for condom use within a Christian marriage.

From the interaction of the theories used, the choice to adhere to the ABC directives, even though dependent on several factors, was purely a subjective/personal decision.

CHAPTER FIVE

5.0 SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter summarizes the major findings of the study. The main objective of this study was to investigate the perceptions and practice of the ABC strategy of HIV prevention among Christians aged 19-49 years, in the CC and A.I.C, in TES. The study was guided by four objectives. They included investigating whether or not the CC and A.I.C theologies of abstinence and fidelity influence the sexual behaviour of Christians; to evaluate the Christians perception of the ABC strategy of HIV prevention; establish their practice of ABC strategy of HIV prevention, as well as exploring the barriers to successful implementation of the ABC strategy among the Christians.

A summary of the findings and conclusion are presented in the following section.

5.2 Summary and Conclusion

The first objective was to investigate whether or not the CC and A.I.C theologies of abstinence and fidelity influence Christians' moral decision-making of engaging or not engaging in premarital or extramarital sex. Christians' perceptions of their respective church teaching on sexuality was sought. It was found that Christians' had a positive perception of their church teaching on sexuality. Official documentation of the church teaching on sexuality in the CC and long period of seven years of catechetical training was cited as contributing

towards the perception of the church teaching. From the above inference, it is evident that there is a correlation between official documentation of the church teaching and the period of interaction on the Christians' perceptions of the church teachings. The longer the catechetical training and subsequent use of documented church teachings the higher the percentage of Christian's positive perception. There is therefore a need for investing more time on catechetical training and official documentation of the church teaching on sexuality, especially in the A.I.C.

The second objective was to evaluate the Christians' perception of the ABC as a strategy of HIV prevention. Christians' perception of ABC strategy was replicated in both churches. It was found that majority of the respondents knew that abstinence, fidelity and condom use were effective directives of HIV prevention. The Christians lauded correct and consistent use of condom in preventing the transmission of the virus. Information on the ABC strategy was reported to have been acquired from the school environment, media, church setting and from the parents. It is revealed that, even though the parents were cited to be the most trusted socialization agents on sexuality matters, they were not playing this role. It was evident that the teachers and the media were active agents of socialization. Therefore, these agents ought to be equipped with positive, accurate and reliable information on sexuality.

The third objective sought to establish the practice of ABC strategy of HIV prevention that is, abstinence, fidelity and condom use. Data from the fieldwork demonstrated that the unmarried young adults abstained from sex because the

church taught values of purity and chastity. The fear of contracting HIV and AIDS as well as other STIs was reported to have encouraged the practice of abstinence. Similarly, the married Christian respondents' practised fidelity. Obedience to the biblical teaching of observing faithfulness within marriage, the desire to inherit God's promised kingdom, personal belief that fidelity is good and of value, fear of contracting HIV and other STIs and contentment within one's marital relationship were cited as motivating factors for practicing fidelity. Smith's theory of religious effects explains the Christians' choice to conform to the church teaching on abstinence and fidelity since, these behaviours protect them from contracting HIV.

It was also noted that despite the negative stance of the church on condom use, this study has established that Christians use them. The respondents argued that condom use prevented one from contracting STIs and/ or HIV and AIDS. They also enabled couples to regulate the size of their families. Though aware of the church teaching, the respondents acted in accordance with their subjective values. The concept of practicing that which adds value and worth to the Christian life was evident throughout the study. The study notes a change in expected conformity to the church's normative directives on sexuality to the subject's preferred valued choices. It was apparent from the study that the respondents opted for the personally satisfying and socially constructive lives while making choices in matters of sexuality, as described in the social identity and symbolic interactionism theories. For this reason, the study demonstrates the importance of understanding the 'self' while tackling sexual behavior. The self

does not stand or live in isolation, but he/she is surrounded by several groups that influence his/her behavior (See, Figure 5.1).

Objective four explored the barriers that hindered Christians from practicing the ABC strategy of HIV prevention. Data from the fieldwork demonstrated that several barriers hinder the practice of each of the ABC directives.

The unmarried Christian respondents reported that their biological developmental stage, peer pressure, the view of sex as a taboo subject amongst the key socialization agents, saturated uncensored sexual content in the media challenged their practice of abstinence. As a result, the youth adopt, reinforce and practice the exhibited content. This exposes them to the risk of contracting HIV and also changes the youths' beliefs on issues of sexuality. Thus, the emerging constructs that are being internalized ought to be counteracted by censoring the sexual content aired through the media.

For the married respondents, separation from one's spouse due to economic reasons demands was a major barrier to the practice of fidelity. The married respondents reported being bored of staying with one sexual partner for longer time due to the contemporary social contexts that are always changing. Reports from the media on the increase of multiple concurrent relationships have altered the once held societal beliefs. This is in spite of Christians holding on to the normative teaching of monogamous marriage. Subjectivity in moral decision-making was prioritized contrary to the church norms on sexuality in line with the social identity theory and their moral maturity as demonstrated in Kohlbergs

theory. This is a factor that alludes to a changed social environment that does not embrace the discipline of normative sexual ethic.

The negative stance of the church on condom use was a major barrier to its use by Christians. Further, men reported that condoms prevented them from experiencing full sexual pleasure. The unavailability of the female condom was another challenge. Women's inability to discuss sexual issues with men, competence and fear of being rejected by one's spouse/sexual partner made it difficult for women to negotiate for condom use. Those who used condoms were perceived as sinners and promiscuous, since the church prohibits its use. The church's failure to embrace condom use, in the era of HIV pandemic is a challenge to people's well being.

The foregoing discussion has highlighted key factors emanating from the study. Firstly, the increase in new HIV infections due to heterosexual relations that do not conform to the Biblical normative directive implies that, sexual intimacy is more of a subjective issue as it is a socially constructed topic. Secondly, life situations/circumstances within social environments are prone to change due to advancements in technology and media among others, hence these are affecting the Christians ethical processes of moral decision making.

Thirdly, the behavioural, psychological and biological perspectives with regard to the subjective practice of sexual behaviour, especially in the era of HIV calls for responsibility and accountability of one's moral actions and outcomes. The individual can choose to responsibly practice abstinence for his/her own good while caring about the well-being of others. This strategy implies that, if all

individuals chose what is morally right, then the spread of HIV would be controlled. Finally, the choice to obey the will of God on sexuality (abstinence and fidelity) with the sole aim of inheriting the promised kingdom entails a life lived through faith and hope. It is a projection for the finality and fulfillment of God's promises in Christians lives. This projection can be conceptualized only within a framework of now and not yet epitome.

In the past, Christian sexual ethics has insisted on normative conformity, a fact that has been challenged by the advent of HIV and AIDS pandemic. This study has shown the controversy over positive perceptions of the church teaching on sexuality and the subsequent practice of the same. Perceptions of safe sex behavior does not always translate to their practice. Further, sexuality as a topic that was highly revered by the key socialization agents as a private and secret topic is in the public domain through the media. The exposure to a sexualized media environment has altered the perceptions held not only by the church but also by the wider society. Thus, the increased new HIV infections, the change in times and public intrusion into the sex subject confronts us with a responsibility of contextualizing Christian sexual ethic. We must understand that sex is a contextual, momentous, subjective as well as a relational event. Thus, its moral guidance ought to be premised within this framework.

5.3 Contextualizing Christian Sexual Ethic

The behavioural choices of abstinence, fidelity and condom use are effective in HIV prevention. Nonetheless, the study established a challenge in presenting these behavioural choices as norms to be adhered to. These normative biblical

directives of abstinence until marriage and fidelity in marriage, which every Christian is expected to adhere to, are meant to protect them from contracting HIV.

However, the study observed that some Christians are not influenced by the Biblical/church teaching in their ethical-decision making. The study revealed that some Christians made ethical decisions based on what added value to their lives. Christians, for instance chose to use condoms against the dictates of the church. This is because using condoms protected them from STDs and helped them in regulating their family size. Despite what the church teaches on sexuality, the decisions arrived at especially on sexual matters were confounded by personal values, which are subjective.

Christian sexual behavior occurs within relationships. The human persons are neither detached from themselves nor from what surrounds them. They are always in a web of relations and with God who is at the center of Christian sexual ethics. In these interrelationships, Christians affirm the call to a destiny of friendship and ultimate communion with God and with all persons even in the face of the HIV pandemic. Farley (2006:242) puts the interrelationships in perspective with his assertion that,

...Christians affirm beliefs in the role of human persons as agents in cooperation with the ongoing creative activity of God; the importance of not only the individual but the community; the responsibilities of human persons to promote the health and wellbeing of one another;...Christians believe in love that like the love of Jesus Christ, are stronger than death and in the possibility that tragedy is not the last word in the meaning of human lives.

This assertion expounds on the sacramental nature of sexuality that affirms human person's concern for self, for the other and for God.

The interrelated influence on the sexual behaviour of a Christian calls for a paradigm shift from a rule-based ethic to a more valued indoctrination that appreciates casuist-focused ethic, that is, fixated on specific circumstances. Rule-based ethic focuses on conformity to the divine commands; it is obedience to the laid down rules on moral behavior where as casuist-focused ethic calls upon Christians to be responsible decision-makers within differing specific contexts. This is because morals evolve over time. The evolution of morals is not based on applied foundational principles, but rather on an inter-relational causation, that is, a community reaching agreement about how best to fulfil shared moral ideals to suit the circumstances. Thus, the community's experiences of life and moral values become foundational in deliberations and aspirations of a moral agent.

The relational component between the Christian moral agents and God should not be the premise necessitating sexual upright behaviour. The inter-relation is not only vertical (with relation to God) but also horizontal, that is, in relation with other human beings in their point of moral action. The choice to act uprightly adds value not only to 'self' but also to the relations. For instance, opting for abstinence in the era of HIV, protects the moral agent from contracting and transmitting the virus to his/her relations as well as a hopeful assurance of inheriting the promised Kingdom (Colossians 1: 11-12; Hebrews 6:11-15). The biblical texts attest to the implied assurance of hope that is attained through a

persevering effort to lead a holy life. It is a Godly promise that has an eternal purpose, a promise of blessedness that God has made to believers.

The Christians should thus perceive God as a relational Being, whose existence gives each person's life hope and meaning. It brings a realization that the indwelling and relational presence of God's Spirit in us makes growth and development possible. Hence, the new contextual Christian sexual ethic point of departure should be on the interrelational web, both on the horizontal (fellow human beings) and vertical (with God) relationships. This will happen when the moral agent (Christian) perceives himself/herself as a being, whose nature is determined by God's grace, which implies a zeal for growth, development and transformation of all (See, Figure 5.1).

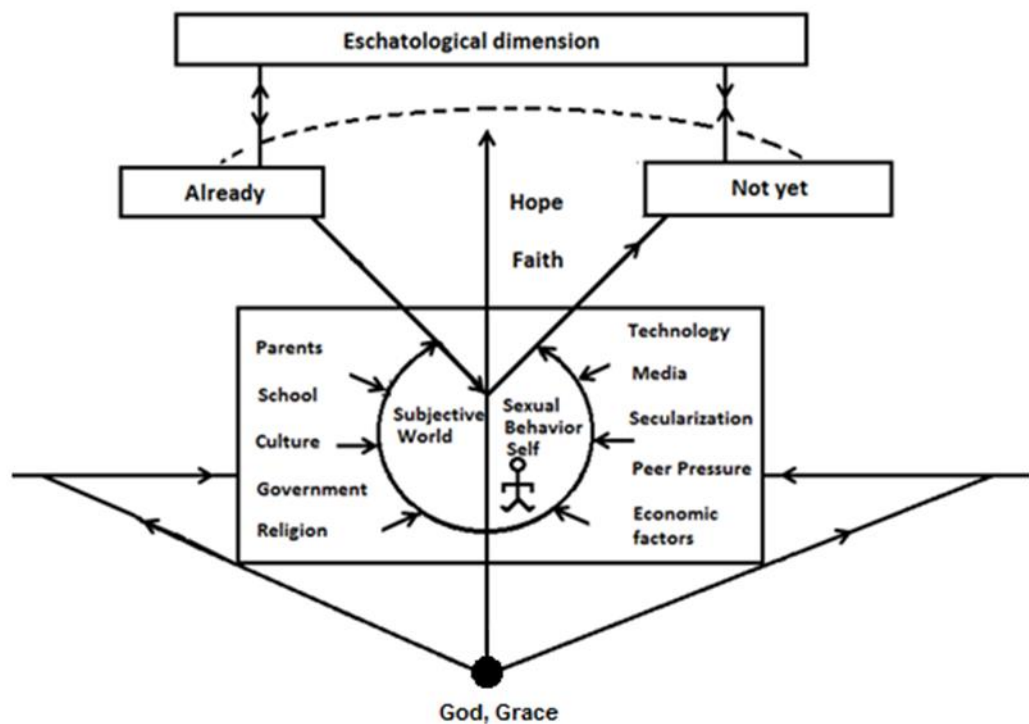


Figure 5.1: Interrelational influences – Contextual Christian sexual ethic

This conceptual understanding invites us to rethink the place of the self in the interrelationship web while making ethical evaluations and decisions. The rethinking of the primacy of the self was made possible by intertwining the four theories employed in this study. The theories included Kohlberg's theory of Cognitive Moral Development, Social Identity Theory, Symbolic Interactionism Theory and Smith's Theory of Religious Effects.

Since Christian ethics bases itself on adherence to the Bible, Christian tradition and societal expectations, following Kohlberg's theory of Cognitive Moral Development, the respondents whose processes of decision-making were influenced positively lay within the conventional group. The people within the conventional level judge morality of an action by evaluating it over and against the societal expectations, norms and laws. The end result is usually conformity to the societal expectations. However, the respondents of this study lay within the post-conventional level that evaluates the societal norms over and against the value/worth they impact on their lives. Thus, non-conformity to the social expectations and religious norms was expected.

The evaluations denote a shift from conventional (of conformity) to the post-conventional (utility) level of moral evaluation. The respondents' ability to evaluate the known normative church directives over and against what adds value to their lives in practice, situates religion in the role of informing the ethical processes of decision making. Religion thus, attains two roles, that of forming the moral behaviour of young Christians within the conventional level and

below; and that of informing the processes of ethical decision-making among those in the post-conventional levels of cognitive moral development as stipulated by Kohlberg. In this case it implies that, the church teaching may influence behaviour positively, but it might be defied in case the subjective values are prioritized. For instance, the CC prohibits condom use. However, the study found that some of the Catholic adherents were using them for a worth course. Condoms are of value since they can be used both as contraceptives and preventive measures in the transmission of STIs such as HIV. Thus, positive perception of ABC directives as having a preventive value means that the moral agent/Christian will be inclined to adhere to them, since they depict a health related worth/value. It is within these specific contexts that adherence to the universal norms, 'no condom use', is overridden by and through the value of life experiences.

The presence of barriers hindering the practice of ABC strategy as reported in this study affirms the need to understand the 'self' in his/her relatedness. What the self valued within the wider society was as a result of interactions. The sub societies, such as culture, government, school, religion and media among others influence a person's behaviour either positively or negatively. As the symbolic interactionist and social identity theories affirmed, the behaviour of the 'self' is knowable only through the processes of interpersonal and inter-group social interactions. The behaviour exhibited, the beliefs and attitudes held are influenced and formed through the macro-environmental pressures, of which religion/church doctrine, is just a part. The influence from media and peer

pressure among other factors within the wider society attest to this assertion. This means that ethical environments within which the moral agents find themselves are always changing, and these changes impact and/or influence the ethical processes of moral decision-making.

Thus, at a certain stage in life (19-49 years), the moral decisions taken by these respondents are influenced and evaluated within a particular situation and circumstance. The evaluations are done over and against the individual values and motivations and the societal learned norms and expectations. Conformity to the norms at this stage is not guaranteed. This situates the argument that human persons who are moral agents 'evolve' cognitively, thus exhibiting differing behaviour from the expected.

Following the preceding discussion, three aspects are important in understanding the need of contextualizing Christian sexual ethics especially in the era of HIV and AIDS pandemic. This is because HIV transmission is based on moral decisions, made by a responsible self, with a social network of relationships.

These aspects include:

- Change in social constructs
- Rethinking personal responsibility
- Pursuance of eschatological hope

5.3.1 Change in Social Constructs

Social construct is a mechanism or phenomenon created and developed by a society through its cultural and or social practice. It entails perceptions, attitudes,

values and norms that govern social practice. In reference to this study, the understanding of sexuality would be impossible if looked at from the context of the society as a whole. This is because sexuality involves not just the sexual act itself, or what defines us as men and women, but it also involves human persons' physical development, sexual perceptions, attitudes, values and behavior (Fishbein & Ajzen, 2011).

All these aspects of sexuality reside in the human person. They are also regulated and controlled by culture, family, religion, school, media and life experiences, among other social institutions. These social institutions have set norms governing sexuality such as adherence to abstinence, fidelity in marriage, sex being a taboo subject and parents being the key socialization agents. It should be understood that everything that explains, interdicts and gives meaning to sex is socially constructed (Mkabili & Mose, 2015). As it was established from this study, adherence to the norms of abstinence and fidelity was challenged. The media has almost replaced the role of parents as socializing agents in youth's sexuality. This has led to a change in the beliefs once held concerning sexual morality.

Further, sex, its manifestation as well as its actors (men and women) find their meaning in the society. However, these meanings change over time, since change is the only reality about social constructs (Ibid). Given that social constructs change, the way in which sexuality is constructed is always evolving. For instance, discussions about sexuality are no longer revered as was in the past.

The change affects all sub-groups meanings, attitudes, ideas, perceptions and experiences. The impact of change is felt in all the social institutions such as the family, religion, government and school, among others. Regarding this study, one of the sub-groups that experienced change with regard to sexuality issues is the family institution.

The media is reported to have virtually replaced the most important socializing institutions of the family. This implies that even the values and attitudes towards sex have also changed. The subject of sex, which was once discussed in closed settings and under guided space, has found way into 'public and unrestricted spaces' (Ibid). The privacy and the regard which sex was held have been trivialized by the media. Since media influences and reinforces human behavior, the young adults tune into the form of media which reinforces what they value.

The changing symbolic constructs amongst the socializing agents demand a fresh look at the traditional belief that sex is a private subject. With the media discussing openly about sex, changing attitudes on sex and sexuality are emerging that need to be embraced. Mkabili and Mose (2015:248) assert that, 'it will be futile to imagine that sex education in Kenya today should be done the same way and by the same institutions that used to do it in the early seventies.'

Hence, a change in social constructs calls for readjustments, if people are to make upright sexual moral decisions in the era of HIV and AIDS. The adverse effect of HIV and AIDS amongst households leaves the social institutions with hardly any choice to openly discuss sex within this context. As Masters et al. (1995:3) emphasize, 'acquiring accurate information about sexuality can help

prevent sexual problems, and it can enable us to educate our children better about sex.’ This would also enable us to deal more effectively with certain types of problems that occur in our lives, including infertility, STDs and HIV among others.

In spite of the normative guidelines on sexual behavior, the changing social construct calls for a contextualized Christian sexual ethic. The change in ethical environment and valuing belief systems influence the processes of moral decision-making. This is because grandparents who were once the key socializing agents have been replaced by the media. The media has in turn thrust the taboo subject into the open and public space for discussion. Further, the impact of HIV and AIDS on the social institutions (church, family, school and government) demands a public concern on uprightness of people’s sexual behaviour. The study therefore suggests that the moral person should embrace the changing constructs and contexts with regard to what is of value to self and to the society.

5.3.2 Rethinking personal responsibility

The ABC directives of abstinence, fidelity and condom use call for personal choice to adherence. The biblical normative ethic calls for absolute obedience to the given norms. However, personal responsibility in an interrelational society and the changing social constructs deserve much more than mere obedience.

The issue of heterosexual relations being the leading cause of new HIV infections is a complex and multi-faceted phenomenon. Further, the campaign

for ABC strategy of HIV prevention has added a new dimension to the complexity. This is because, the ABC directives are subjective moral behaviours that a human person chooses to undertake. Attempting to address or impose these normative claims without looking at the society within which the human person is situated would be a futile exercise. It would also be erroneous to ignore the values of those individuals who are making decisions that will shape their lives.

This section argued for the primacy of the human person and his/her valued agency in moral decision making. This is based on the personal responsibility and accountability of one's actions in matters of sexuality. Personal responsibility entails the willingness to learn, accept and internalize the moral standards set by the society and their subsequent effort to establish individual behaviour by those given standards. Accountability explains the ability to bear the consequences of the moral outcomes of the actions undertaken by the moral agent. By being responsible and accountable, the moral person will be in a position to make responsible moral choices regarding not only his/her sexuality but also that of the relations hence, curbing the spread of HIV.

Social institutions affirm the moral agency and choices of the individual in acting. They also expect conformity of their set normative social standards. This is a contradicting claim because, to affirm the reality of human agency and choice in acting, paints a scenario where the individual is free to choose what he/she wants to do. Thus, in affirming the agency of human persons, social institutions should allow human persons to make choices that add value to their lives, since the values emanate from the set social standards. Thus, a need arises

to encourage a type of personal responsibility that goes beyond mere conformity to the norms. A personal responsibility that embraces self awareness and mindfulness of his/her interrelations within the wider society. The concern for the society and its well-being affirms that social responsibility is a component of personal responsibility. Put differently, the society cannot enjoy wellbeing if individuals can not take responsibility and account for their actions.

Personal responsibility does not entail self sufficiency, but the ability to bear the consequences of one's moral actions. In this case, we do not make reference to the unfavourable outcomes only, like acquiring HIV, but it goes beyond to include being responsible with the decisions and behaviour that lead to those consequences such as engaging in pre/extra marital sex. Further, it is not self-centred but other oriented. It is inherently expected that the well-being of the relations is factored in the process of moral evaluation. This is because personal responsibility means understanding the long term consequences of one's choices and behaviour both for self and for the other.

In this light, we can argue that choosing abstinence or fidelity is not a decision made out of fear of contracting HIV. It means embracing a lifestyle that is committed to the wellbeing of self, and to others in the entire society. Doctrines impart Christian values in their subjectivity, their assimilation and internalization of the same leading to practice that calls for a personal evaluation depending on what is of value for all. This is because human sexuality and hence personal sexual behaviour is always fundamentally and essentially a personal choice with regard to the norms and the moral values upheld. Hence, a sound

contextualized Christian sexual ethic should emphasize on the responsibility of the human person in every sexual engagement, encouraging people to be conscious of whatever decision they make. This exercise is only made possible through the virtue of love (Fletcher, 1966). The virtue of love centres on concern for God and for one's neighbour. Thus in acting within contextualized Christian sexual ethic, human persons need to commit themselves to a vision of love and sexuality that fosters greater hope in and for the future. It is a future that has been promised by God, hence with an eternal, unchanging purpose of attaining eternal goodness and peace.

5.3.3 Pursuance Eschatological Hope

In this study, it was observed that Christians practised abstinence and fidelity in obedience, both as a preventive measure and as directive that would enable them fulfill the will of God. Living in accordance with the will of God is for Christians a prerequisite for inheriting the kingdom of God. This future oriented and purpose driven ethical processes point to a hope that appears far-fetched but real. The hope of inheriting the kingdom of God is determined by one's adherence to a unique moral order.

The unique moral order is set by God and written in the hearts of every human person. Witte (2007) argues that the moral order is guided by the intuitive power of differentiating between good/evil, right and wrong (conscience). The functioning of the conscience is backed by the creational gifts that God has endowed all humankind with, which is, rationality and free will (Ibid). Thus, human persons have a God-given power of differentiating good from evil, and

right from wrong. Voster (2015) further adds that the moral quality of the Kingdom of God is summarized by love in its widest sense. This means that, it includes love of and for God, for self and for fellow human beings.

Thus, the central and theoretical argument in the pursuance of the eschatological hope is based on envisioning the Kingdom of God which is attained through leading an upright moral life. The reign of God over Christians' moral behaviour has present and future realities. As a present reality, it finds its concrete expression in obeying the teaching of Jesus Christ. In reference to this study, Christians ought to obey the norms of abstinence until marriage and fidelity in marriage. Its future reality is only based on hope that the human person will inherit the Kingdom of God after a persevering effort to lead a holy life. This component of pursuing the eschatological hope of inheriting the kingdom of God presents a real struggle in acting morally. The struggle to abstain until marriage and upholding fidelity in marriage for it adds value not only to ones earthly life, but also gives hope for the coming Kingdom. It should however not be understood to present an ethics that will seek to control people by fear of divine punishment or guilt, but rather as a base of equipping individuals to make responsible decisions and live gracefully even in the midst of failure and ambiguity.

Finally, the eschatological aspect reminds the followers of Jesus Christ (Christians) the concept of their pilgrim nature as it is attested in *Lumen Gentium* (The Dogmatic Constitution on the Church) (Chap 7). It is a concept that explains the struggle to lead an upright moral life. The concept attunes our values and

goals to an eschatological realization that is made possible through the subjective moral choices undertaken. There is a need to realize that all the other choices and/or goals made in this world are interim and must be judged and evaluated according to whether they are in service to the primary goal, which is being part of the envisioned Kingdom. We may not create a perfect world, today or tomorrow, free from HIV as a result of human sexual weaknesses. However, attempts have to be made so as to decipher the value of hoping to be part of the Kingdom of God. The promised value of seeing the brilliance of God's glory would steer Christians in making moral choices guided by the steady light of truth and love, which is God.

Thus, the behavioural interventions informed by religious values of abstinence and fidelity demand a responsible situational Christian sexual ethic that turns the self into a spiritual capital. Spiritual capital entails inner awareness which is important for human moral development. The internalization of the sexual values and the struggle to be part of the Kingdom of God as the highest value will guide the responsible person in spiritualized indoctrination, as a way of addressing the issues of HIV in our world.

The idea of responsible spiritual self opens space for valued decisions regarding sexual behaviour that safeguard our lives from the HIV pandemic. The understanding that sexual behavior is entirely a subjective decision though premised within the social expectations calls for an embrace of a responsible spiritual self, a self who is not only aware of his/her wellbeing but also that of others and God. It also holds to the greatest potential for leading valued life now

and for the future, since it calls on human persons/Christians to be responsible in life. This can be attained upon realizing that we are pilgrims in this world though we envision an inheritance in the coming Kingdom which is based on merit. Even for non-Christians, pursuance of eternal goodness calls for strive either in attainment of certain liberation or rebirth into a better life. Leading an HIV and AIDS free life, calls for perseverance and struggle between subjective choices, societal expectations and the desire to inherit the promised Kingdom which we all look forward to (See, Figure 5.1).

5.4 Recommendations

From the findings of this study, the following recommendations are made:

- From the study findings, it was established that official documentation of the church teaching on sexuality influences Christians' perceptions and practice of sexual behavior. This study recommends official documentation of the church teaching on sexuality in the A.I.C. This will not only to ensure positive perception but also a detailed clarity given the complexity of sexual moral issues in the contemporary world.
- The study established that the respondents had a positive perception of the ABC strategy of HIV prevention. However, majority of the respondents reported acquiring the information from the media, teachers and not from parents and church leaders as the first socialization agents. The study recommends that the media to be utilized positively for socialization. The media influences and reinforces human person's

behavior, it therefore has a considerable potential in conveying messages about responsible sexual behavior.

- It was observed in this study that positive perception of the sexual norms may not always translate into their practice. It is therefore important that church leaders, parents, teachers and the media focus on inculcation of values and life skills that will guide people in moral decision making. Educating people on their sexuality is important especially on the promotion of “safe” or “safer sex practices”. This is because to change people’s attitude on sexuality and modify their sexual behaviour, there is need for much more than declaration of doctrine.
- Further, the study established that exposure to non regulated sexualized media environment negatively influenced the Christians’ beliefs concerning upright sexual behaviour. At times media portrays sex as a valueless commodity that can be exchanged at will. Thus, the GoK through the Communication Authority should monitor and control the sexual content aired by the media and ensure that it only disseminates Christian universally agreed sexual values
- The study established that the CC adherents were using condoms, against their church teaching. Thus, a positive pronouncement by the churches on condom use would go a long way in ensuring their use. An official declaration and documentation allowing condom use among the adherents would encourage their correct and consistent use and hence enhance life. This would in return slow the spread of HIV among the adherents.

- Overall, the study recommends an improved and comprehensive sexual health approach in inculcating sexual values can impact positively in the lives of persons and not a rule-based ethic. A comprehensive sexuality that not only teaches about abstinence as the best method for avoiding HIV, STIs and unintended pregnancy, but also teaches about contraception and condom use; interpersonal and communication skills. These multi-approaches would equip the people with skills of exploring their own values, goals and options in matters relating to their sexuality. Each institution must be forced to shift their methodology of inculcating values in order to accommodate the changing trends and technologies that require young people to make informed and responsible decisions.

5.5 Suggestions for Further Research

Further research could be carried out to establish the modes of developing church-based programmes of inculcating value laden doctrines that can help in moral decision making. The A.I.C theologians ought to pursue a theology of sexuality and document it as is a key mainline church. Christian ethicists should conduct and focus on contextualized Christian sexual ethic in order to help understand the interrelational concept of God, self and society. Such an endeavor might analyze the intensity and the effectiveness of the moral actions taken especially in the era of HIV. A research on the strategies of counteracting the barriers to successful practice of ABC strategy of HIV prevention is of utmost importance. The study of religion is important in moral behavior. However, its approach from the academic circles is challenged when religious studies depict

the study of religion from the 'outside', while theology is presented as a study of religion from the 'inside'. Philosophers and theologians need to research on the integration of the two distinct but related disciplines which is significant especially on matters relating to ethics.

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APPENDICES

A.1 Narrative of the Barriers to the Successful Practice of ABC

Table A1.1: Barriers to the successful practice of Abstinence

Theme	Narrative of the barriers to the successful practice of abstinence
Temptations	<p><i>'Temptations to have sex because I'm still a youth'</i></p> <p><i>'Temptation due to influence by others'</i></p>
Peer pressure	<p><i>'Your friends laugh at you and see you as naive.'</i></p> <p><i>'The pressure when people talk how good it was.'</i></p> <p><i>'People see me as abnormal and old fashioned when I talk of abstaining'</i></p> <p><i>'Peer influence and pressure that one will keep his man only with sex''</i></p> <p><i>'I find it difficult to socialize with age mates who love sex with</i></p> <p><i>friends telling me that I am foolish'</i></p>
Passion for sex	<p><i>'It is tough because one is fighting with the flesh and also criticism from friends'</i></p> <p><i>'Because, sometimes I get in need of sex and I get difficulty to hold on anymore.'</i></p> <p><i>'At times I'm horny and wonder what to do'</i></p> <p><i>'It's not easy to abstain from sex as a youth, hormones are active, with full desire for sex'</i></p>

Theme	Narrative of the barriers to the successful practice of abstinence
Pressure from Television and social media	<p><i>'I often see sexual scenes in the TV and feel I cannot abstain.'</i></p> <p><i>'the sexual graphics in internet makes it difficult for me not to think of sex'</i></p> <p><i>'my friends in social media talk about sex, am pressured to do it'</i></p>

Table A1.2: Barriers to the successful practice of faithfulness

Theme	Narrative of the barriers to the successful practice of faithfulness
Distant from each other/ relationships	<p><i>'when we are away from each other temptations arise'</i></p> <p><i>'sometimes my husband is not in the country'</i></p> <p><i>'when used to sex and your partner is away you get tempted'</i></p>
Sexual pressure	<p><i>'We kiss many frogs, so practice makes perfect.'</i></p> <p><i>'The urge to sample from what you are used to'</i></p>
Lack of Trust	<p><i>You always think your partner is moving out.</i></p> <p><i>Due to the fact that people are not trusting each other</i></p>
Temptation	<p><i>'Temptations due to beautiful girls everywhere'</i></p> <p><i>'Temptation to try more partners.'</i></p> <p><i>'Other men can be attracted to you.'</i></p> <p><i>'Lust of flesh and if you're not practicing Christianity'</i></p>
'Mpango wa kando' (Side relationship)	<p><i>Stories 'za mipango ya kando'(side relationships) are so many that you cannot think that your husband is a saint</i></p> <p><i>'I keep my other partner to meet my financial needs'</i></p> <p><i>'I cannot eat 'ugali' every day, I must have side plate'; meaning being bored in having sexual intercourse with the same person all through, hence need for a change.</i></p>

Table A1.3: Barriers to the successful use of condom

Theme	Barriers to the successful use of condom
Sexual dissatisfaction	<p><i>'Use of condoms does not give sexual satisfaction'</i></p> <p><i>'Unsatisfactory and not enjoyable as when not used'</i></p> <p><i>'Lack of enjoyment and contact. It's not sweet'</i></p>
Discomfort	<p><i>'I find condom uncomfortable and not tidy'</i></p> <p><i>'They are not comfortable and painful'</i></p> <p><i>'I find it unhygienic. It is not comfortable. I usually feel the irritation,</i></p>
Rejection of the Condom by partner	<p><i>'The partner may refuse to use it and I insist,</i></p> <p><i>'Sometimes the partner refuses to use condom and have no choice'</i></p> <p><i>'Rejection of condom use by sexual partner'</i></p> <p><i>'My guy may not want it'</i></p>
Infection	<p><i>'Because a condom doesn't give total guarantee about getting uninfected'</i></p> <p><i>'A condom can burst'</i></p> <p><i>'Not so safe hence ungodly'</i></p>
Utility	<p><i>'I don't know how to put it'</i></p> <p><i>'I do not trust my male partner, he may not use it properly'</i></p> <p><i>'I have never used it and am afraid I may not know how to use it'</i></p>

Theme	Barriers to the successful use of condom
TV/Media	<p><i>'I have read from the media that condom are not effective and may often burst'</i></p> <p><i>'I have seen in the TV a case of condom burst'</i></p> <p><i>'I read in the internet that some condom may be laced with virus'</i></p>

Table A1.4 Themes and sub-themes for pastors

Themes	Sub-themes
1.0 ABC strategy of HIV prevention 1.1 Abstinence 1.2 Faithfulness 1.3 Condom-use	<ul style="list-style-type: none"> • Upright behaviour will control spread of HIV • Being born again/saved seriously will keep HIV away • No sex until marriage so no HIV in youth • If you married negative, you will be negative forever if you stick to your life partner • If not sure of yourself then agree to use it. • If one has an infection use condom to prevent transmission
2.0 Methods used in teaching about ABC 2.1 youth forums 2.2 couple seminar	<ul style="list-style-type: none"> • Preaching in Youth Rallies • Marriage Counselling
Challenges to practicing ABC a. Disobedience b. Secular life c. Government policy	<ul style="list-style-type: none"> • People cannot be saved seriously • Hypocrisy • Modernity • Fashion/Poor dressing • Internet • Sexual movies/soaps in television • Marriage bill- several wives • Separation/divorce

Table A1.5: Themes and sub-themes for priest

Themes	Sub-themes
1.0 ABC strategy of HIV prevention 1.1 Abstinence 1.2 Faithfulness	<ul style="list-style-type: none"> • Upright behaviour will control spread of HIV • No sex until marriage • Fidelity in marriage
2.0 Methods used in teaching about ABC 2.1 Catechism 2.2 youth forums 2.3 couple seminar Speaking in Forums	<ul style="list-style-type: none"> • from baptism to confirmation, the teens are taught the importance of chastity and purity in life • courtship preparations • brochures
3.0 Challenges to practicing ABC 3.1 Disobedience 3.2 Ignorance 3.3 Poverty 3.4 Secular life 3.5 Government policy	<ul style="list-style-type: none"> • Abandoning teachings of the Church in favor of the world • I don't care attitude • Socio-economic challenges • Sex for money • Love for money • Modernity • Abandoning culture/tradition • Gender studies • Drug abuse/alcoholism • Fashion/Poor dressing • Internet • Sexual movies/soaps in television • Marriage bill- several wives • Separation/divorce

A.2: Study's Timeline – Gantt chart

	Sep-Dec 2012	Jan-April 2013	May-Aug 2013	Sep-Dec 2013	Jan-April 2014	May-Aug 2014	Sep-Dec 2014	Jan-April 2015	May-Aug 2015	Sep-Dec 2015	Jan-June 2016	July-Dec 2016	Jan-July 2017
Concept paper defense													
Allocation of supervisors and Proposal development													
Submission of the proposal for review, correction of the reviewed proposal													
Oral defense at the department level													
Proposal Correction and Submission to Graduate school/ Ethical Review committee													
Data collection and coding													
Data analysis													
Writing and submission of Chapters 1& 2													
Writing and submission of chapter 3 & 4													
Dissemination of research findings													
Final Report													
Thesis Defense and Graduation													

A.3: The Budget for the Study

ITEM	UNIT	UNIT COST	TOTAL
Laptop	1	57,000	57,000
HP Laser Printer	1	20,000	20,000
Cartridge	8	8,000	64,000
Paper rims	20	500	10,000
Photocopying	10 copies proposal/draft thesis	300	3,000
Internet	30 months x 1000 monthly	1,000	30,000
Radio recorder	2	6,000	12,000
Recording tapes	24	150	3,600
flash disks/drives	2	2,000	4,000
Back-up CDS	10	50	500
Stationary work: binding of proposal and Thesis	7 copies proposal	300	2,100
	6 copies Thesis (hard cover)	3,000	18,000
Field Assistant	3 people for 12 days	600	21,600
Travelling Cost	5 litres petrol in a day (urban) for 15 days	120	9,000
	8 litres petrol in a day (rural) for 6 days	120	5,760
Dissemination of Findings two days workshop	2 days	25,000	50,000
Contingencies	15% of Total		46,584
TOTAL			Kshs. 357,114

A.4: Research Assistant Confidentiality Agreement

My name is Telesia Kathini Musili, a PhD student in the Department of Philosophy and Religious Studies at Kenyatta University. You are invited to assist in my research entitled: Christians' Perceptions and Practice of 'ABC' Strategy in the Context of New HIV Infections in Kiambu County – Kenya. The purpose of this research is to investigate the perceptions and practice of ABC strategy of HIV prevention amongst Christians in Catholic and A.I.C Churches in TES. Kenyatta University's Ethical Review Committee has approved this study, and thereby providing protection from litigation.

As a research assistant, you agree to:

1. Keep all the research information confidential by not discussing or sharing the research information in any form or format with anyone other than the researcher;
2. Keep all research information in any form or format secure while it is in your possession;
3. Return all research information in any form or format to the researcher when you have completed the research tasks;
4. After consulting with the researcher, erase or destroy all research information in any form or format regarding this research that is not returnable to the researcher.

Research Assistant:

Name _____ Signature _____ Date _____

A.5: Informed Consent Letter

Dear Participant,

My name is Telesia Kathini Musili, a PhD student in the Department of Philosophy and Religious studies at Kenyatta University. You are invited to participate in a research study entitled: Christians' Perceptions and Practice of 'ABC' Strategy in the Context of New HIV Infections in Kiambu County – Kenya. The purpose of this research is to investigate the perceptions and practice of ABC strategy of HIV prevention amongst Christians aged 19-49 in Catholic and A.I.C Churches TES, as served by the Christian sexual morality. Kenyatta University's Ethical Review Committee has approved this study, and thus any information given will be used for the purposes of this study only.

The following research instruments, namely structured questionnaire and interview schedules was developed to ask you a few questions regarding perceptions and practice of ABC strategy of HIV prevention. It is our hope that this information will improve the practice of ABC strategy of HIV prevention, hence slowing the rate of new HIV infection. There are no identified risks from participating in this research. Information collected in this study will be handled with confidential. We therefore encourage free and voluntary participation.

By signing this consent form, I confirm that I have read and understood the information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I voluntarily agree to take part in this study.

Signature of participant or parent (if participant is minor) _____

Date _____

A.6: Questionnaire

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
SECTION 1: BACKGROUND INFORMATION			
➤ INTERVIEWER SAY: “The first set of questions is about your life in general. Afterwards, we will move on to other topics.”			
101	RECORD THE SEX OF THE RESPONDENT	MALE.....1 FEMALE.....2	
102	In what month and year were you born? DON'T KNOW RECORD '88'	MONTH: <input type="text"/> <input type="text"/> YEAR: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 IF NEEDED	AGE IN COMPLETED YEARS: <input type="text"/> <input type="text"/>	
104	What is the highest level of school you completed: primary, secondary or higher?	PRIMARY.....1 SECONDARY.....2 COLLEGE (MIDDLE LEVEL, CERTIFICATE OR DIPLOMA).....3 UNIVERSITY4	

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP		
105a	Do earn a regular income?	YES.....1 NO.....2	→106		
105b	If YES in 105a above then from what source?	_____ _____			
106	RECORD THE CHURCH OF THE RESPONDENT	ROMAN CATHOLIC.....1 AFRICA INLAND CHURCH (A.I.C).....2			
107	Have you <u>ever</u> been married?	YES.....1 NO.....2	→201		
108	How old were you when you first married?	AGE IN YEARS: <table border="1" data-bbox="995 1267 1139 1339"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
109	What is the type of your marital union?	CHURCH1 CIVIL.....2 CUSTOMARY/TRADITIONAL.....3 OTHER (SPECIFY)_____			

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
110	Are you currently single, widowed, divorced, separated, or married	SINGLE1 WIDOWED.....2 DIVORCED.....3 SEPARATED.....4 MARRIED5 OTHER (SPECIFY)_____	
111a	Are you leaving together with your partner?	YES.....1 → NO.....2	201
111b	If NO in 111a above then explain why?	_____ _____	

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP		
SECTION 2: SEXUAL ACTIVITY AND CHURCH TEACHING ON SEXUALITY					
<p>➤ INTERVIEWER SAY: “Now there will be some questions about your sexual activity and your Church teaching on sexuality. Let me assure you again that your answers are completely confidential and will not be told to anyone. Can we begin?”</p>					
201	Have you ever had sexual intercourse?	YES.....1 NO2 → 204			
202	How old were you when you had sexual intercourse for the very first time?	AGE IN YEARS: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>			
203a	The first time you had sexual intercourse did you use a condom?	YES.....1 NO.....2			
203b	Give reasons for your answer in 203a above.	_____ _____			
204a	Do you intend to wait until you get married to have sex for the first time?	YES.....1 NO.....2			
204b	Give reasons for your answer in 204a above.	_____ _____			

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
205a	Do you attend Church services regularly?	YES.....1 NO.....2	
205b	Give reasons for your answer in 205a above.	_____ _____	
206a	Does your Church teach about sexuality?	YES.....1 NO.....2	
206b	Give reasons for your answer in 206a above.	_____ _____	
207	How often does your Church teach about sexuality?	MONTHLY.....1 QUARTERY.....2 YEARLY.....3 NEVER.....4	
208a	Does your Church support condom use?	YES.....1 NO.....2	
208b	Give reasons for your answer in 208a above.	_____ _____	
209a	Does your Church teach about premarital sex?	YES.....1 NO.....2	

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
209b	Give reasons for your answer in 209a above.	<hr/> <hr/>	
QUESTION 210 APPLIES ONLY TO RESPONDENT <u>25 YEARS OF AGE AND ABOVE</u>			
210a	Does your Church teach about extramarital sex?	YES.....1 NO.....2	
210b	Give reasons for your answer in 210a above.	<hr/> <hr/>	

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
SECTION 3: PERCEPTION OF HIV AND ABC STRATEGY OF HIV PREVENTION			
➤ INTERVIEWER SAY: “Now I would like to ask you some questions about your perceptions on HIV AND AIDS and ABC strategy of HIV prevention.”			
NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
301	Have you ever heard of an infection called HIV, the virus that causes AIDS?	YES.....1 NO.....2	
302	If a man/woman has HIV, does his/her partner always have HIV?	YES.....1 NO.....2	
303	Is it possible for a healthy-looking person to have HIV?	YES.....1 NO.....2	
304a	Do you perceive that your chances of getting HIV are no risk at all, small, moderate or great?	NO RISK AT ALL.....1 SMALL.....2 MODERATE.....3 GREAT.....4	

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
304b	Give reasons for your answer in 304a above.	<hr/> <hr/>	
305	Is there anything a person can do to avoid getting AIDS or the Virus that causes AIDS?	YES.....1 NO.....2 DON'T KNOW.....8	} → 308
306	What can a person do to avoid being infected with HIV?	ABSTAIN FROM SEX.....1 USE CONDOMS.....2 STAY FAITHFUL TO ONE PARTNER.....3 LIMIT NUMBER OF SEX PARTNERS.....4 AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS.....5 AVOID SEX WITH HOMOSEXUALS.....6 AVOID SEX WITH DRUG USERS.....7 OTHER (SPECIFY) _____	
307a	Can people reduce their chances of getting the AIDS virus by not having sex at all?	YES.....1 NO.....2 DON'T KNOW.....8	

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
307b	Give reasons for your answer in 307a above.	<hr/> <hr/>	
308a	Can you stick to your married partner only?	YES.....1 NO.....2	
308b	Give reasons for your answer in 308a above.	<hr/> <hr/>	
309	Can people protect themselves from the HIV by having one uninfected faithful sex partner?	YES.....1 NO.....2 DON'T KNOW.....8	
310	Can people protect themselves from the HIV virus by using a condom correctly every time they have sex?	YES.....1 NO.....2 DON'T KNOW.....8	
311	Have you ever heard of Abstinence, Being faithful and Condom use strategy of HIV prevention?	YES.....1 NO.....2	

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
312	How did you know of Abstinence, Being faithful and Condom use strategy of HIV prevention?	RADIO.....1 TELEVISION.....2 NEWSPAPER/MAGAZINE.....3 CHURCH.....4 SCHOOL.....5 HEALTH WORKER.....6 THROUGH A FRIEND.....7 PARENTS.....8 OTHER (SPECIFY) _____	

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
SECTION 4: PRACTICE OF ABC STRATEGY OF HIV PREVENTION			
➤ INTERVIEWER SAY: “Now I would like to ask you some questions about your practice of ABC strategy of HIV prevention.”			
QUESTION 401 TO 405 APPLIES TO YOUTH (AGE BELOW <u>25</u> YEARS OF AGE) RESPONDENTS			
401	Are you practicing abstinence from sex?	YES.....1 NO.....2 →	404
402a	Do you intend to practice abstinence until you are out of school or you are married?	YES.....1 NO.....2	
402b	Give reasons for your answer in 402a above.	_____ _____	
403a	Does your practice of abstinence follow from your Church teaching?	YES.....1 NO.....2	
403b	Give reasons for your answer in 403a above.	_____ _____	

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
404a	Did you think practice of abstinence incudes not practicing in any kind of the three kinds of sex: oral, vaginal and anal	YES.....1 NO.....2	
404b	Give reasons for your answer in 404a above.	_____	
405a	Do you feel that people who practice abstinence are different from those who do not?	YES.....1 NO.....2	
405b	Give reasons for your answer in 405a above.	_____ _____	
QUESTION 406 TO 411 APPLIES TO ALL RESPONDENTS			
406a	Faithfulness is a difficult virtue to practice in a sexual relation	YES.....1 NO.....2	
406b	Give reasons for your answer in 406a above.	_____ _____	

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
407a	It is boring to have the same sexual partner for a long time	YES.....1 NO.....2	
407b	Give reasons for your answer in 407a above.	_____ _____	
408	Have you ever used a condom	YES.....1 NO.....2 →	410
409a	Have you consistently used condom every time you have sexual intercourse with your partner	YES.....1 NO.....2	
409b	Give reasons for your answer in 409a above.	_____ _____	
410a	Does your Church support condom use	YES.....1 NO.....2	
410b	Give reasons for your answer in 410a above.	_____ _____	

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
411	What is your opinion on condom use?	<hr/> <hr/>	
412a	Do you experience challenges in practicing abstaining from sex?	YES.....1 NO.....2	
412b	If YES in 412a above then which Challenges do you face?	<hr/> <hr/>	
413a	Do you experience challenges in being faithful to your partner?	YES.....1 NO.....2	
413b	If YES in 413a above then which Challenges to do you face?	<hr/> <hr/>	
414a	Do you experience challenges in using condom?	YES.....1 NO.....2	
414b	If YES in 414a above then which Challenges to do you face?	<hr/> <hr/>	

**A.7: Interview Guiding Questions for Priests and Pastors on Perceptions
and Practice of ABC Strategy of HIV Prevention**

INSTRUCTIONS: *Please feel free to fully and in-depth answer all questions presented to you by the facilitator. All will be confidential and no personal identification information will be collected.*

- a) What do you understand by Abstinence, Being faithful and Condom use strategy of HIV prevention?
- b) Do you teach about abstinence in your Church? What approaches do you use? How frequent do you teach this? Do your youth practice abstinence?
- c) How often do you teach about fidelity in the Church? Do you have forum on issues of marriage? What challenges do you face if any?
- d) Is abstinence and fidelity important in HIV prevention? Why does Church often emphasize abstinence and fidelity and not consider condom use an equally valid choice? Why is the Church opposed to condom use?
- e) Are condoms effective against HIV AND AIDS, yes or no? Give reasons for each.
- f) Do you think providing information about condoms can lead to earlier or increased sexual activity among the youth, yes or no? Give reasons.
- g) What barriers do you think prevent Christians from abstaining and being faithful?

Thank you

**A.8: Focus Group Discussion Questions to Respondents Aged 19-24 Years
on Perception and Practice of ABC Strategy of HIV Prevention**

INSTRUCTIONS: *Please feel free to discuss all the questions presented to you by the facilitator. Any information recorded will be confidential, be keen not to mention your name for anonymity purposes.*

Part 1.

- a) Do you have programmes in your Church teaching about HIV and AIDS, yes or no? If yes, then which ones?
- b) Is there anything that the Church is doing to reduce the spread of HI Virus, yes or no? If yes, then what?
- c) Can we prevent the HI virus from spreading, yes or no? If yes, then give reasons?

Part 2.

- a) What is your view on ways to prevent infection with HIV AND AIDS?
- b) Can the youth live without having sexual intercourse, yes or no? Give reasons.
- c) Is it possible for you to abstain until marriage, yes or no? Give reasons.
- d) Is it possible for you to be faithful to your sexual partner, yes or no? Give reasons.
- e) What do you think about condom use, yes or no? Give reasons.
- f) When planning to have sexual intercourse, do you think of using a condom, yes or no? Give reasons.
- g) Would you request your friend to use a condom in an anticipated sexual contact, yes or no? Give reasons.

Part 3.

- a) Do you think that the Church is doing enough to combat the spread of HIV virus?
- b) What is your opinion on the biblical teaching of Abstinence until marriage and Faithfulness in marriage?
- c) Is one likely to think of the biblical teachings when he/she is about to engage in sexual intercourse?
- d) What are some of the barriers that prevent you from practising the abstinence, being faithful and condom use strategy?
- e) Which strategies do you think could be employed to counter the above barriers?

Thank you

A.9: Permits and Research authorization

A.9.1. Research authorization from Graduate School



KENYATTA UNIVERSITY
GRADUATE SCHOOL

E-mail: dean-graduate@ku.ac.ke

Website: www.ku.ac.ke

P.O. Box 43844, 00100
NAIROBI, KENYA
Tel. 8710901 Ext. 57530

Our Ref: C82/24697/2011

DATE: 26th June, 2014

The Permanent Secretary,
Ministry of Higher Education, Science & Technology,
P.O. Box 30040,
NAIROBI

Dear Sir/Madam,

RE: RESEARCH AUTHORIZATION TELESIA KATHINI MUSILI- REG. NO. C82/24697/2011

I write to introduce Ms. Telesia Kathini Musili who is a Postgraduate Student of this University. She is registered for Ph.D degree programme in the Department of Philosophy and Religious Studies.

Ms. Musili intends to conduct research for a Ph.D proposal entitled, "Knowledge and Practice of "ABC" Strategy of HIV Prevention among Christians in the Catholic and African Inland Churches in Thika East District, Kiambu County-Kenya."

Any assistance given will be highly appreciated.

Yours faithfully,

MRS. LUCY N. MBAABU
FOR: DEAN, GRADUATE SCHOOL

A.9.2. Research authorization from National Commission for Science, Technology and Innovation



NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone: +254-20-2213471,
2241349, 310571, 2219420
Fax: +254-20-318245, 318249
Email: secretary@nacosti.go.ke
Website: www.nacosti.go.ke
When replying please quote

9th Floor, Utalii House
Uhuru Highway
P.O. Box 30623-00100
NAIROBI-KENYA

Ref. No.

Date:

20th August, 2014

NACOSTI/P/14/3534/2848

Telesia Kathini Musili
Kenyatta University
P.O. Box 43844-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on "*Knowledge and practice of "ABC" strategy of HIV prevention among Christians in the Catholic and African Inland Churches in Thika East District, Kiambu County-Kenya,*" I am pleased to inform you that you have been authorized to undertake research in **Kiambu County** for a period ending **11th January, 2016**.

You are advised to report to **the County Commissioner and the County Director of Education, Kiambu County** before embarking on the research project.


On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.


SAID HUSSEIN
FOR: SECRETARY/CEO

Copy to:

The County Commissioner
The County Director of Education
Kiambu County.

A.9.3. Research authorization Kenyatta University Ethics Review Committee



**KENYATTA UNIVERSITY
ETHICS REVIEW COMMITTEE**

Email: chairman_kuerc@ku.ac.ke
secretary_kuerc@ku.ac.ke
ercku2008@gmail.com
 Website: www.ku.ac.ke

P. O. Box 43844 - 00100 Nairobi
 Tel: 8710901/12
 Fax: 8711242/8711575

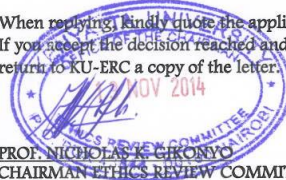
Our Ref: **KU/R/COMM/51/385** Date: **13th November, 2014**

Telesia Kathini Musili
 Kenyatta University,
 P.O Box 43844, Nairobi.

Dear Kathini,
APPLICATION NUMBER PKU/239/1 215- "KNOWLEDGE AND PRACTICE OF PREVENTION STRATEGIES TO HIV INFECTION AMONG CHRISTIANS IN THIKA EAST DISTRICT, KIAMBU COUNTY, KENYA", VERSION 2.

1. **IDENTIFICATION OF PROTOCOL**
 The application before the committee is with a research topic, **Knowledge and practice of prevention strategies to HIV infection among Christians in Thika East District, Kiambu County, Kenya", version 2**, received on 13th November, 2014..
2. **APPLICANT**
 Telesia Kathini Musili
3. **SITE**
 Thika East District, Kenya.
4. **DECISION**
 The committee has considered the research protocol in accordance with the Kenyatta University Research Policy (section 7.2.1.3) and the Kenyatta University Ethics Review Committee Guidelines **AND APPROVED that the research may proceed for a period of ONE year from 13th November, 2014.**
5. **ADVICE/CONDITIONS**
 - i. Progress reports are submitted to the KU-ERC every six months and a full report is submitted at the end of the study.
 - ii. Serious and unexpected adverse events related to the conduct of the study are reported to this board immediately they occur.
 - iii. Notify the Kenyatta University Ethics Committee of any amendments to the protocol.
 - iv. Submit an electronic copy of the protocol to KUERC.

When replying, kindly quote the application number above.
 If you accept the decision reached and advice and conditions given please sign in the space provided below and return to KU-ERC a copy of the letter.



PROF. NICHOLAS K. GIKOMBO
 CHAIRMAN ETHICS REVIEW COMMITTEE

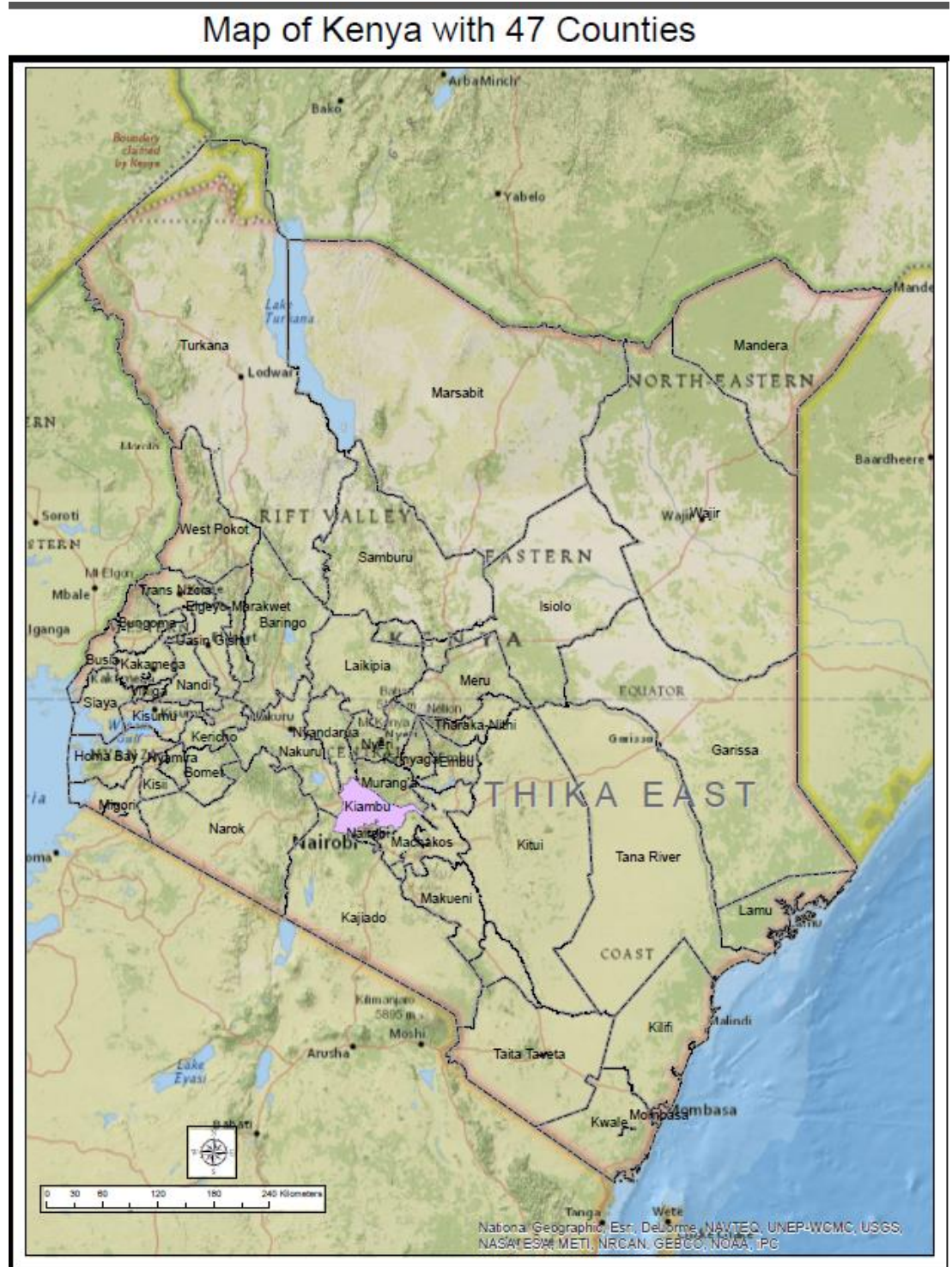
I, TELESIA KATHINI MUSILI accept the advice given and will fulfill the conditions therein.

Signature: [Signature] Dated this day of 13 NOV 2014.

cc. Vice-Chancellor

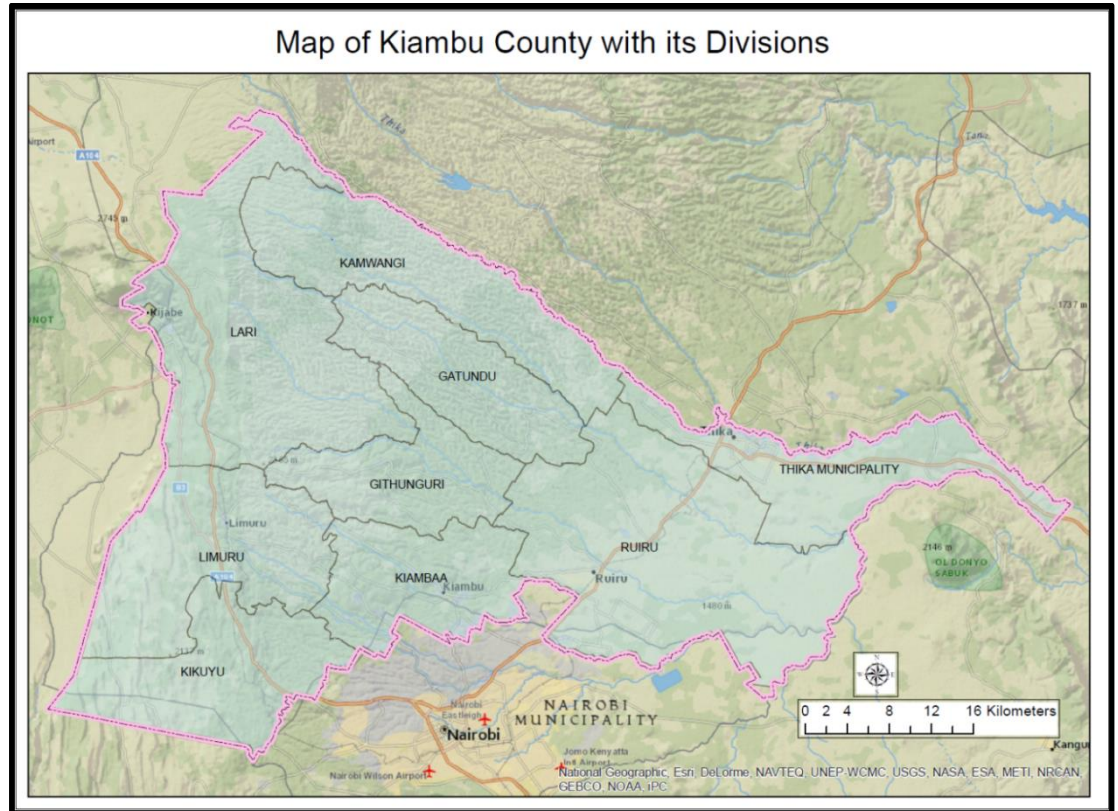
A.10: Maps

A.10.1: Map of the Kenya Showing the 47 Counties

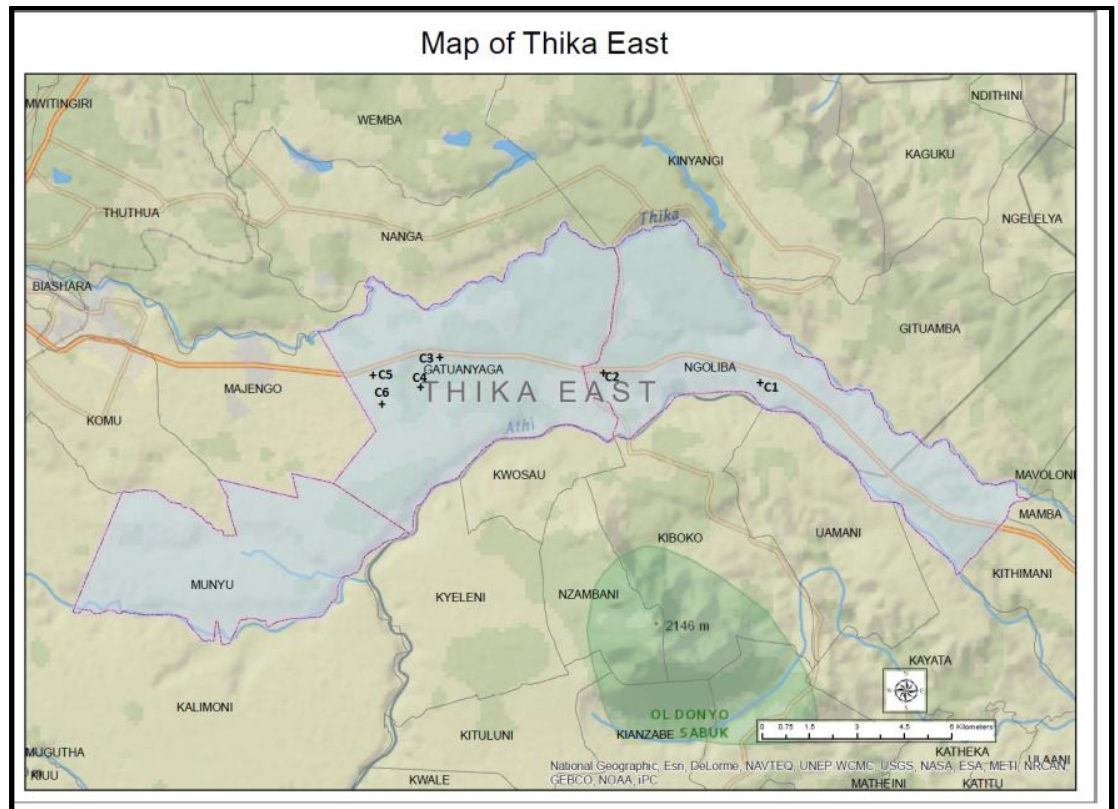


Source: Shapefiles from <http://www.arcgis.com/home/search.html>, 2014

A.10.2: Map of the Kiambu County Showing its Sub-counties



A.10.3: Map of the Study Area: Map of Thika East Sub-county



Source: Shapefiles from <http://www.arcgis.com/home/search.html>, 2014

KEY

- + indicate Church
- C1 Magogoni CC
- C2 Fourteen Fall Africa Inland Church
- C3 Happy Valley Africa Inland Church
- C4 St. Joseph Mukasa CC
- C5 St. Mattias Mulumba CC
- C6 Kiganjo Africa Inland Church