

Church's Role in Prevention, Care and Management of HIV and AIDS in Western Kenya: Case of Vihiga and Busia Districts

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Abstract

The mandate of this essay is two-fold. First, it pays attention to the role of the Church in the care of persons living with HIV and AIDS and the affected. Secondly, it examines the efforts of the Church in prevention and management of HIV and AIDS in Western Kenya. The strategies used by the Church in achieving these two facets therefore forms the basis of the discussion. The viability of these approaches has been discoursed analytically as a basis for providing suggestions that might inform the church leaders and members to rethink the strategies relevant in responding to HIV and AIDS. The discussions are framed under the concept of holistic care and development for humanity. Primary data is sourced from two purposively sampled districts: Vihiga and Busia in Western Kenya. 52 randomly sampled churches provide the sample size from which examples were drawn. As a way forward, given the numerous challenges that the churches face while responding to HIV within communities, we advocate for an integrated approach where churches can borrow strategies that work best from their counterparts.

Introduction

In his book "Breaking the silence on HIV and AIDS in Africa", Byamugisha (2000), from surveys done in Uganda about people's sexuality, acknowledges that "there is much more sexual activity happening in our families and communities than we are often

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prepared to accept.” The spread of HIV must therefore be high. HIV and AIDS has drastic implications for a country’s economic life in general and it affects the most productive section of the population. It also has an impact upon the country’s education and security sectors as it knocks out key personnel in these sectors (Khamalwa, 2006:83). The control of HIV and AIDS is greatly challenged by a variety of issues, some of which include moral challenges as well as cultural factors. It has therefore been the endeavour of different sectors to contribute towards reduction of the spread of HIV. We show that the Church as a community and institution have the vantage position of reaching the infected and affected at the community’s grassroots level. It is in a position to devise models for care, prevention, and management of HIV and AIDS. In partnership with other stakeholders, the Church can enhance an integrated approach to combat the pandemic. We use the term Church to mean universal Christian institution, and in this sense borrow examples from different Christian churches and groups to extrapolate the (ir)relevance of the institution in the response to HIV. This essay consequently explores the prevention, care, and management mechanisms used by the Church in enhancing viable control to the spread of HIV and AIDS. Though most of the examples of the Church’s response to the pandemic are drawn from the Catholic Church, other Pentecostal churches that proved to be engaged in responses to HIV are also highlighted.

An Overview of the Guiding Concept

The role of the Church in responding to HIV remains at the centre stage. A collaborative study carried out by the Uganda Christian AIDS Network (UCAN) and Pan African Christian AIDS Network (PANACET) in 2013 shows that the Church and other faith based organizations are in the lead in helping families cope with HIV and AIDS by providing care and support to the sick, the widowed, orphan and vulnerable children. The Church is also promoting constructive behaviour change as they join in the campaigns towards zero infections. The research however hastes to point out that the Church and other faith-based organizations need support and equipping in order for their efforts to effectively and sufficiently reach significant population of the affected and infected.

There are a number of institutions and bodies that are involved in empowering churches and theological institutions in responses to the HIV and AIDS pandemic in Africa. One such institution is the Ecumenical HIV and AIDS in Africa (EHAIA). Chitando (2008:103) explains:

The Ecumenical HIV and AIDs initiative in Africa (EHAIA) brings “different skills and assets of different partners together” to confront the HIV pandemic. EHAIA brings together the African churches, ecumenical organizations, northern churches and agencies, and the World Council of Churches (WCC). Having been set up in 2002, its major goal is to ensure the emergence of “HIV competent churches” in Africa. This has meant empowering African churches to be actively involved in prevention, care and support programmes... Through its project coordinator, regional coordinators and theology consultants, EHAIA has mobilized churches and theological institutions to provide leadership in the response to the pandemic.

The Church's social action is believed to be built upon the Biblical concept of holistic development which derives its meaning from the teachings and lifestyle of Jesus Christ (Kamanzi, 2007:17). When it comes to HIV and AIDS, the Church can be said to be concerned with the lives of people living with HIV, hence, 'the response of churches must be everywhere in Africa, a declaration of commitment to saving humanity' (African Jesuit AIDS Network, 2005:12). This discussion is based on the idea that the Church is not just concerned with humanity's spiritual life but also their physical and material welfare. The Biblical principle of salvation is holistic, all embracing and a gift of healing and liberation for the whole creation (Matthew 25:42-46; and Isaiah 58:6-7). There is therefore a need for churches to deepen theological reflections around HIV and AIDS and expand the religious ethos of compassion and solidarity, keeping human rights and dignity at the centre; rejecting stigma and discrimination of persons living with HIV (PLWH); and addressing the growing impact of the epidemic on women and children so often fuelled by gender inequality and lack of social justice (African Jesuit AIDS Network, 2005:13; Russell, 1990:121).

The Study Area

The primary data for this essay is sourced from field survey in Busia and Vihiga Districts² of Western Kenya from which broad studies were carried out on Church and Development/Social change between August 2003 and December 2006. The research was done in Community Health Care Centres, churches and hospitals. This discussion is strengthened by examples from 52 randomly sampled churches in both Busia and Vihiga districts of Western Kenya to illustrate how the churches are involved in the care, prevention and management of HIV and AIDS. To gather data, we used unstructured questionnaires, interview guides and focus group discussions. The data generated was mainly qualitative. The District Development Plans of both Vihiga and Busia districts indicate that HIV and AIDS is one of the key challenges to development. More than 50% of bed occupancy in the district hospitals and other health facilities in the two districts are by patients suffering from HIV-related infections (Ministry of Finance & Planning, 2002-2008:19). In both districts, there are more females than males infected in the younger age groups.

HIV and AIDS Statistics

An estimated 6.2% of Kenyan adults between the ages 15 and 49 were living with HIV as of December 2011. In total, in a population of about 40 million, 1.6 million Kenyans are living with the virus (NASCOP, 2012). There is considerable geographic variability in the burden of HIV in Kenya. Provincial HIV prevalence ranges from a high of 13.9% in Nyanza Province to a low of 0.9% in North Eastern Province – a more than 15-fold variation (Kenya National Bureau of Statistics, 2010). Nyanza Province alone accounts for one in four HIV-infected people in Kenya. This region is located in what is generally referred to as Western Kenya presently, and it presently leads in the prevalence rates.

² Before the current Counties, at the time when this study was carried out, Kenya was divided into eight provinces that were further sub-divided into districts. Vihiga and Busia districts were in Western province.

Despite the strategic plans that have been put in place to provide a sound policy and institutional framework for a multi-sectoral response to HIV and AIDS, the evaluation of the various plans (2000-2005, 2006-2010) still shows minimum decrease of HIV prevalence rates. This conclusion was partly drawn after examining the HIV and AIDS prevalence statistics in Vihiga district. An oral interview with the District AIDS and STD Coordinator (DASCO)³ revealed that the HIV prevalence was still very high though there was a noted slight reduction since 2001, the prevalence was 12% and the 2005 prevalence was 9%. In 2011, the prevalence is 6.2%. However, the national prevalence conceals the geographical specific challenges and as shown in the statistics, certain geographical areas are more affected. It is from this background that the efforts of the Church which has a holistic concern to redeem humanity are needed.

A Contextual Understanding of “The Church as a Community”

The term Church has been used theologically in the context of this work to refer to the universal body of Christ. This body is presupposed to take care of those living with the AIDS virus as well as the affected-including orphans, caretakers and widows/widowers. Hence, *“because we are one Church with universal interests, we need to find out what it means to open our hearts, to be concerned for humans everywhere in the world, and as Christians, to meet human needs”*(Nicolson, 1996:79-80). Russell (1990:142) corroborates this view and shows that the true Church should be a church in which the word is truly preached and sacraments administered. It should be a Church where healing and forgiving is maintained. The Gospel in this Church is seen in the perspective of HIV and AIDS, and Christians manifest God in the social action - love to those living and those affected by HIV.

Why the Church should have Special Concern for the People living with HIV – some theological considerations

The Church is probably one of the most trusted institutions with regard to helping the poor. It could be argued that the church is in many cases near the people who are marginalized and thus know their pains as well. It seeks to bring reconciliation between God and humanity and to meet human needs, recognizing the inseparable physical and spiritual nature of humankind (U.S Agency for International Development; 1996:130). HIV confronts Christians in various churches with many difficult questions. For instance, how should churches respond to their own members who are living with or affected by HIV and AIDS? Should churches promote non-faith based messages to limit the spread of HIV? How should resources for care, prevention and basic research for sustainable management be distributed? How can conditions which favour the spread of HIV be corrected? What is the individual responsibility of Christians in this area?

Wherever the image of God is promoted, the Church should be present to enhance the effort (Howlands, 2001:279). In approaching the challenge of HIV, Christians are motivated by urgent imperatives passionately felt: to show Christ's love for neighbour, to save lives, to work for reconciliation, to see that justice is done (WCC, 2002:47). These motivations are highly triggered by the social responses of fear, denial, stigma and discrimination of people living with HIV. Followers of Christ ought to imitate Jesus'

³ Oral Interview with Jael Olubero, the coordinator of HIV and STDs in Vihiga district, on 24/11/2005.

example by interacting with people living with HIV and embracing the vulnerable and contingent members of our society (Nicolson, 1996:79-80). Jesus calls the church to be moved with pity for those who are suffering and rejected on account of HIV and AIDS; to reach people living with HIV, orphans, widows and the affected. HIV and AIDS has in many instances been viewed with shame in the family and society at large and in this way has led to the neglect of the infected and the affected people. The Church therefore holds enormous influence over the cultural norms that guide individual and community behaviour and that affects how information about HIV is interpreted (UNAIDS, 2002:11-2). By sharing in the multiple pains of people with HIV and AIDS in their physical and mental distress, in their social exclusion and personal depression - while striving to overcome those pains as far as possible, Christians are helping to transform sheer human tragedy into possibility of new life and love (Bujo & Czerny, 2007:45). The Church is called upon to administer service to people in their cultural contexts and in their present life milieus. Church members, priests, deacons, lay leaders and concerned organizations should heed this call and contextualize the gospel to have a greater influence in response to HIV and AIDS challenges (Slattery, 2004:110).

Church's Strategy for Care, Prevention and Management of HIV & AIDS

The manner in which the churches and their members respond to people living with HIV is an indication of the degree of seriousness with which they follow Biblical notion of love. Jesus' response was that of love and compassion and open-arms: a response that is demanded of God's people. It is a command expressly given by Jesus to his followers. The Church's approach should consequently be a concern for the infected, neglected and the affected in the community. Based on our findings, the churches in Vihiga and Busia districts have subsequently applied the following approaches in an endeavour to contain the spread of HIV, as well as take care of people living with HIV.

Use of Church Small Interest Groups (CSIGs)

Small interest groups are clusters of church members with a binding interest which helps them draw their objectives and work towards the achievement of those objectives. In the care, prevention, and management of HIV and AIDS, members of CSIGs are held together by the belief that their undivided effort can work best not only for the infected and affected members of the Church but also the community at large. Our survey revealed that these groups, among others, include youth clusters, women groupings, men groups, and Home Bible Classes (HBCs) and /or small Christian communities.

Youth Clusters

In Busia District, the study found out that, AIDS awareness programmes have been initiated through the Catholic Youth Movement (CYM), a movement found in all parishes. The aim is to train youth leaders who can in turn reach their own peers and become their own advocates on sex education on HIV and AIDS. Adolescents face sizeable risks with regard to promiscuous and unprotected sexual activity. These include HIV and AIDS, STDs and unwanted pregnancies (Aylward and Onyancha, 1998:93). UNAIDS estimates that up to 60% of all new infections of HIV are among those between the ages 15 and 24 and this age set is no different in Kenya (NAS COP, 2011). This means that many HIV and AIDS patients above the age 24 contracted HIV when

they were within above age group (PANUS AIDS, 1996:1). The church youth groups are therefore essential in the church's commitment in the responses to end this pandemic.

Through organized workshops and seminars, the youth are trained and counseled to become more responsible for their behaviour, life and health and for the people infected and affected by HIV and AIDS. Lessons on how to care for the people living with HIV and AIDS are given during these seminars and workshops. Through these, the youth are sensitized on the dangers of engaging in risky sexual behaviour that may expose them to HIV infections. Some of these groups carry out HIV and AIDS campaigns for awareness. An example in Vihiga District is the *Agape youth group*. This group consists of thirteen active members mainly from Church of God-Kima. Two members were from Word of Faith Church and Friends Church respectively. The area around Kima and Vihiga is rocky. This youth group seemingly uses the conspicuous rocks to do graffiti that communicates HIV and AIDS messages that are educative to both the young and the old. They use both Swahili (national language) and Lunyore (local language) to reach out to a wide audience. It was however noted that there is need for professional personnel in the training of the youth to carry out effective campaigns. The survey revealed that some of the campaign awareness methods used by the untrained youths have encouraged stigmatization and discrimination of people living with HIV. Some of the graffiti messages showed lack of sensitization on the language to use in educating people on HIV. For instance "Ukimwi ni kifo", Swahili for HIV and AIDS is death, which do not auger well with sensitization on HIV care and prevention.

Women Consortiums

Unlike men, women spend much of their time looking after relatives or family members living with HIV. This care includes nursing them, washing their clothes, cooking and accompanying the patients to the hospital among other things. From such a backdrop, women in the churches have formed various organizations which among other things provide relief to the infected and affected in societies. Some of these organizations provide food, clothing and other basic necessities to families and people living with HIV (Aylward and Onyanha, 1998:121). Our study show that the Catholic Church in its initiative of empowering women on care and prevention of HIV and AIDS, has reinforced women capacity in domains of education and training in matters related to HIV and AIDS through various Catholic Women Associations (CWAs) formed in every parish.

At Butula Parish in Busia District, the sensitization of women in dealing with the challenges related to HIV have led to the formation of unions within the CWAs. An example is the Hope Mothers Union that takes care of orphans in the community. With a total of 22 women, the group has established an orphanage that takes care of 93 orphans. They make contributions every month to feed the children and ensure that they attend school. They have also been organizing and conducting fundraising to help with the children's fees. The CWA organize and run awareness courses on HIV and AIDS which brings contact between groups in the different parishes to help and strengthen the affected and infected. Through these organizations, seminars and workshops are organized to discourage women on some cultural practices that may expose them to HIV infection. For example levirate and widow inheritance practices, which are prevalent in the area, have been discouraged through these associations. Peninah⁴ observed that sensitization is created on the dangers of these practices. In the 52 churches randomly

⁴ Oral Interview with Peninah (pseudonym) on 4/4/2005 at Mundika Parish in Busia district.

sampled in the two districts, statistics showed that 48 of them had women groups that dealt with various development issues as well as informal education on various life issues including HIV and AIDS.

Field data showed that churches are using women groups to enhance campaigns against HIV and AIDS. Florence, the HIV Director at the Church of God at Emmabwi in Vihiga coordinates HIV campaigns to help incorporate the HIV infected women into the wider community. This means that there is a lot of capacity building and sensitization that encourages people to accept those infected without any form of stigmatization.⁵ Jane, a member and partner of CoG Child Care Centre in Majengo - Vihiga, that has been established by the same church attested to the unity of women and observed that there is much that the community members can do, through the help of the church, to take care of those infected and those affected by HIV.⁶

Care for Widows and Orphans as a Healing Strategy

Leaders in different churches noted that most of the widows are HIV positive. The churches since the year 2002 started educating the members openly about HIV and AIDS. Some of the widows, through the help of other church members, have started a ministry for the destitute and orphaned children. The leadership of Emuhaya Redeemed Gospel Church in Vihiga district noted that they were taking care of 60 orphans, who though not residents at the orphanage, are given food and medical attention as well as fee subsidies. The senior pastor explained that they do not have any donor support but entirely depended on the generosity of the church members who conducted '*harambees*'-Swahili for fundraising, to help the orphans. The pastor also explained that the members would donate food (mainly maize and beans) and clothes for the orphans. The children would also receive spiritual counseling from the senior pastor, his assistant and church counselors.⁷

Churches have trained personnel to take care of those living with HIV and the orphans as well. The pastor in charge of the Maragoli ACK deanery, that has seven parishes, remarked that the deanery has six orphanages. These centres were pioneered by the church, which later sort for help from donors. The pastor noted that the church recruits the needy from the community then attaches the orphans to donors who send in their help either in cash or kind (goods).⁸ The Egyptian missionary at the Miyekhe Coptic Church said that the church takes care of more than 250 orphans in its nine branches in Vihiga. These are total orphans whose relatives are not able to cater for. The orphans become members of the Coptic church and are fed regularly. They are also educated at the primary school level and those that excel are sponsored fully for their secondary education.⁹

Men groups

Research findings showed that men were passive parties in the formation of development groups and were less involved in the HIV and AIDS campaigns. In the few churches that had men's groups like Butula Catholic Church, Mbale Deliverance Church

⁵ Oral interview with Florence (pseudonym) at Emmabwi Church of God on 03/2/2006.

⁶ Oral interview with Jane (pseudonym) at Emmabwi on 03/2/2006.

⁷ Oral interview with the senior pastor of Emuhaya Redeemed Gospel Church at the church premises on 13 February 2006.

⁸ Oral interview with the Rev. Pastor in-charge of the Maragoli ACK deanery on 18/6/2006.

⁹ Oral interview with an Egyptian missionary at the Coptic church in Miyekhe on 19/5/2006.

and PAG in Nyang'ori, the membership of these groups was very low and consequently very little or no significant activities were in place. This poses a challenge to the men and the male-dominated church leadership. They need to strengthen men's groups or form non-gender based groups especially designed to fight HIV since it affects all people indiscriminately.

Home Bible Classes (HBCs) as Small healing Communities

Home Bible Classes are small groups for both men and women that are formed at the community level by members of similar Christian denominations for purposes of bible readings, spiritual sharing and prayer meetings. They are believed to be a basis of uniting members of the same locality. The groups meet at least once a week to pray. 95% of the churches visited attested to having these prayer groups. This practice strengthens their spiritual and moral lives. This is a step towards containing the spread of HIV and also towards fighting other vices in society. Religious education is further emphasized during clubs and sports where the youth are able to share information on the dangers of HIV and AIDS. These activities are meant to keep the youth busy and engage them in alternative ways of socializing.¹⁰ This goes further to hinder social behaviour that encourage the spread of HIV. HBCs have been used by the Church as healing communities in which members are encouraged to visit and pray with the infected and encourage them on the importance of attending spiritual meetings.

Specific to the Roman Catholic churches are small Christian communities (SCCs). These are communities used for Christians' interpersonal relationships and a sense of communal belonging for the members. The priests in charge of the Chamakanga Catholic Church in Vihiga and Butula Parish in Busia observed that SCCs make it easy for priests to understand the real needs of specific individuals in the community, through the leadership of the SCCs. Giving an example of Chamakanga, the priest in charge indicated that there are over 3000 Catholic members in the church, though some members were not quite active.¹¹ The church had therefore divided the population into eleven SCCs to facilitate interpersonal communication and sharing. During some group discussions held with two of the SCCs at the church premises, the members indicated that women were the most active in these groups. They also enumerated the advantages of the communities-especially for the women: they were running income generating projects among the members, they would meet two times in a week and pray together, they were able to take care of the needs of the vulnerable within the groups. Through the SCCs, those living with HIV or affected (widows and orphans) would get help from the members, and where necessary the very needy cases referred to the priests for help.¹²

Morality as a Preventive Measure

Moral education is transmitted through films, videos, pamphlets and posters to educate the masses. Various churches have held workshops where resource persons, mostly professionals, Church ministers and people living with HIV gather to share information and experiences. HIV and AIDS education and counseling is given to all the attendants of the organized seminars using Biblical principles, which encourages marital sex and discourages pre-marital and extra-marital sex. The churches maintain that sexual union in

¹⁰ Oral interview with Titus (pseudonym) on 5/11/2006 at Kima Church of God.

¹¹ Oral interview with the priest in charge of the Chamakanga Catholic Church in 08/9/2006.

¹² Focus group discussions held with two SCCs at Chamakanga Catholic Church on 08/9/2006.

marriage was uniquely designed by God for exclusive enjoyment. This explains why adultery, incest, prostitution and fornication were forbidden as depicted in Leviticus, 19:21; 20:10; and 1 Corinthians 5 and 6. The condemnation should be enhanced by action-oriented duties (Dortzbach, 1996:16; Shisanya, 2001:60). The seminars organized by the churches also provide moral teachings that discourage vices such as prostitution, drug abuse and irresponsible sex which may expose people to HIV infections.

Sharing Christian love and compassion is also encouraged in accordance with Jesus' teachings on love and compassion for suffering neighbours. The various churches encourage people living with HIV to visit voluntary counseling and testing (VCT) centres for advice and to receive antiretroviral therapy (ART). In Busia's Redeemed Gospel Church, among other churches, the leaders have openly talked about HIV and AIDS, and educated people on the importance of VCTs and ART. We learned that in Vihiga District people living with HIV are using all kinds of visible strategies and messages to warn people about the risks of irresponsible sexual behaviours. Most of the rocks and trees have inscribed messages on the seriousness of the scourge. These messages are placed strategically on roads where most people are able to read. They are presented in Swahili, and local languages for many people to be reached. Some of the messages includes: "*jikinge wmenyewe and unao wapenda*"-protect yourself and those that you love, "*jua hali yako*"-know your status, "*tumia mpira*"-use a condom, among others. Besides the messages on warnings about the risks of irresponsible sexual behaviours, there are also messages encouraging people to avoid stigmatizing and discriminating people living with HIV.

Healing through Ministerial Care and Counseling

Part of the concern for the church in the prevention and management of HIV and AIDS is to give pastoral care, especially counseling services to people living with HIV (Tinkansiimire 2005:166-7). As Tinkansiimire notes, this encourages people living with HIV to have a positive attitude towards oneself and others too. The counseling strengthens the people living with HIV and gives them a hope for positive living. Guidance and counseling empowers people psychologically and socially, so that the afflicted can lead a normal life and the social impact of the disease can be alleviated (Shorter and Onyancha, 1998:83). The churches have embarked on pastoral counseling offered by individual counselors or group counselors. This is taking place both in the churches and at people's homes. Examples of churches where we recorded counseling services include: Church of God at Kima, Ebusiekwe Redeemed Gospel, PAG and Friends churches in Vihiga; and, Mundika and Butula Catholic churches in Busia. The Church counselors make appointments with individuals who are infected or affected to have one-on-one or group sessions of counseling. The group counseling mostly happens with those who have publicly declared their positive status and are ready to form groups for material, spiritual and moral support that are identified by church leaders and church members. The churches have also taken the initiative to empower some volunteers with counseling skills and knowledge to enable them reach out to both the affected and infected. Those undertaking counseling programmes from the churches understood it to be a way of providing information, support in identifying and resolving issues of integration, care of social needs and psychological support.

Apart from the guidance and counseling to ensure that those living with HIV accept their conditions, the church has been helping the patients acquire Anti-retroviral drugs.

They introduce them to hospitals that supply such drugs. A priest at Mundika Parish in Busia explained that one of the sure ways that the church was ensuring that those living with HIV got medical attention, was to work with the government and NGOs that would provide qualified personnel to provide the services needed. Guidance and counseling is also ensured on other areas that affect human sexuality.¹³ The Roman Catholic, exemplified by the Butula and Mundika Catholic churches in Busia, are known to be against the use of artificial methods of family planning. They however give guidance in family life education on how to use natural family planning.

The Role of the Church in Capacity Building for HIV and AIDS Management

Capacity building is the process of enabling people to be aware of the capabilities within their access by use of the locally available resources. It is the way in which people are sensitized to affect their capabilities. The churches in their campaigns are strengthening the capacity of the infected and the affected by creating an effective communication network, facilitating the exchange of ideas and experiences, mobilizing existing resources for effective response, devising common policies and intervention strategies. Through these awareness programmes, seminars are held regularly to empower communities to give quality care to HIV cases in a sustainable manner and to increase their awareness of HIV and AIDS management. An example is the Coptic Church in Luanda - Vihiga, which operates a nursing home clinic that has a VCT component. This facility has enhanced training and sensitization of the community members. It provides VCT services free-of-charge and collaborates with the government to ensure that anti-retroviral drugs are accessible to those living with HIV.

The Catholic Church in Busia District for example, has embarked on campaigns by the different church groups/organizations at all social levels, starting from the Small Christian Communities (SCCs) extending to the diocesan level. Sensitization and awareness is further enhanced among community based health care workers who come from various SCCs. These volunteers are later trained with necessary skills and knowledge on counseling. They become instrumental in assisting the church in dealing with the growing number of people living with HIV. Their role is to identify both the infected and affected at the grass root level. The identified group of people are therefore counseled and provided with the relevant skills and education on coping mechanisms. Through this form of capacity building, they are made aware of their potential to manage their conditions. The limitation of the campaigns though is the stigma that is still within the communities, lack of exposure by those carrying out the campaigns, and poor planning that does not engage all the stakeholders, including other churches.

The Church as a Partnering Community in the Prevention of HIV and AIDS

Churches have partnered with community initiative programmes that receive donor funding so as to counteract this challenge and discharge their services to the community. One of these organizations is Christian Health Association of Kenya (CHAK), which helps the churches to hold numerous training workshops on AIDS awareness. The Norwegian Church Aid (NCA) has developed the "Partnership in Community" approach for community education and training, using communities themselves to design HIV

¹³ Oral interview with a priest at Mundika Catholic Church on 23/3/2006.

programmes. The NCA's approach is a bottom-up initiative. They learn from the communities about the realities of those living with, or affected by HIV, and transform the lessons into action by involving communities to come up with solutions. One of the examples cited by the Pentecostal Assemblies of God Church at Nyang'ori is the method through which NCA reaches out to those who have been discriminated against because they are infected.¹⁴ They approach the church leaders, who, through the church members are able to identify the root causes of discrimination and as those who are related to the discriminated to reach out to them and connect them with the Church and in the end the NCA. They are then attached to health centres near them for health care and treatment.

Our study established that within Busia District, the Catholic Church is working hand in hand with two NGOs: the Rural Education Economic Programme (REEP) and The Aids Orphans Rehabilitation and Support Organization (TAORASO) to combat the spread of HIV. In Vihiga district, the churches are working hand in hand with AMREF, AMKENI (Swahili word for wake up), Engender Health (EH) and World Vision Kenya (WVK). These NGOs have been giving financial support to enhance organization of seminars.¹⁵

The Church has also partnered with Community Initiative programmes established by various individuals and organizations as well as to take care of the immediate needs of the community members. An example of these efforts was noted in Vihiga District at the Church of God in Kima, Emuhaya Division, and the Friends Church at Kaimosi, Tiriki East Division. Whereas the Church of God has partnered with Kima Integrated Community Initiative, The Friends Church has been collaborating with Rural Service Programme (RSP), which in itself is a church initiative funded by donor organizations to benefit the community at large.

Home Based Health Care, as care and support given to patients at the grassroots level without essentially attending health centers, is done by home based health care workers who are mostly trained community volunteers. Government community nurses or public health workers train volunteers on how to take care of patients at local levels. The NGOs have also sponsored the churches/community to purchase home-based health care kits to attend to people living with HIV. Most orphans are supported through the partnership of churches and faith based NGOs. Examples of those cited in this endeavour are, Compassion International, Christophel Blinden Mission, Friends in Germany and Bread for the World. Compassion International supports 85% of all Community Development Centres (CDCs) in Vihiga district.¹⁶

Inter-denominational Unity as an HIV and AIDS Alleviation Mechanism

Through networking and collaboration, various church groups have been able to implement strategies that can help alleviate or manage HIV and AIDS; dispatch information in regard to sourcing for funds; training community based workers as counselors; produce HIV and AIDS information material and pamphlets; disseminate information to community members; access health care centres; show love and compassion for the people living with HIV as one community and educate people on behaviour change. This has indeed been a milestone as it has contributed to cut across

¹⁴ Interviews with pastor in charge of P.A.G, Nyang'ori in Vihiga district on 17/12/05.

¹⁵ Oral interview with the Priest in charge of Mundika Parish, Busia district on 12/3/06.

¹⁶ Oral interview with Joshua (pseudonym) at Church of God in Kima, Vihiga on 21/8/06.

denominational boundaries in prevention and management of HIV and AIDS. However, there are churches that have separated themselves from such form of unity with a sole reason of protecting their doctrines.

Weaknesses of the Church's HIV and AIDS Preventive and Management Measures

Despite the noted and commendable efforts of the Church in the response to HIV and AIDS scourge, there are areas that the Church needs re-awakening so as to strengthen its approaches. The research showed that the churches in Busia and Vihiga districts cannot reach to all the infected and affected. There are pockets of the community that reported not seeing any transformation with regard to HIV and AIDS. This was mainly attributed to challenges of poverty. A number of church leaders explained that they could not be able to reach all those in need of material, medical and psychological support. They also noted that the churches entirely relied on members' and donor support and the help they received was limited to enable them take care of all the needs of community members living with, as well as those affected by HIV.¹⁷

Some churches have responded negatively to people living with HIV out of self-righteousness kindled by fear. There are cases whereby the churches have refused to administer matrimonial sacraments unless the would-be couple goes for an HIV test to prove their "purity" and declare it publicly. This makes the Church, which is supposed to protect its faithfuls, lose its trust and mandate. Besides this form of harassments, there are cases where churches have discriminated against widows living with HIV from taking part in church activities, and children living with HIV in Sunday schools.

It is obvious that some of the church leaders' actions have led to loss of trust of the church members in the church and church leadership. Immorality and irresponsibility have time and again been leveled against some church leaders. Once this trust is abused, broken and betrayed, immorality is bound to spread among the church members. The churches that are able to deliver promises within their means to those living with HIV have been able to retain their credibility. This view came up from the group discussions held with different church groups including youth, women, and men. Their argument was that it is better to promise little and provide it than set ambitious goals that the churches cannot meet in as far as reaching out to those living with HIV. The church members detest leaders in the churches who seemed to care more about their material wellbeing at the expense of the sick and vulnerable in the community.

The use of condoms for HIV prevention was an issue that was displayed as still very controversial in the churches during the research. The argument, especially from the Catholic churches in both Busia and Vihiga districts is that sex should just be a preserve of married couple and that advocating for condom is a way of encouraging immorality, as well as artificial family planning, which the Roman Catholic Church remains strongly opposed to.¹⁸ Literature that corroborates this view indicates that the churches advise against the use of condoms because it increases immorality especially among the youth and unfaithful partners (Williams, Ng'ang'a and Ngugi, 2005). In the nine interviews held with nine different Roman Catholic priests in the two districts, only one priest was quick

¹⁷ Oral interviews held with several church leaders in Busia and Vihiga between 24/5/2006 to 4/8/2006.

¹⁸ Oral interviews with various Roman Catholic priests in both Vihiga and Busia on the position of the Church with regard to the use of condoms for HIV prevention.

to indicate that there were times he had been forced to choose the “lesser evil” rather than obstinately condemn the use of condoms and the disapproval costs someone’s life. He leniently advocated for the use of condoms when one cannot avoid the temptation. Though the mainstream Protestant churches may presumably have no doctrinal objections to the use of condoms at least for the married couples, they are opposed to the promotion of condom usage among the young and the unmarried. Generally, the churches have discouraged the use of condoms and this contradicts and derails the efforts of other concerned bodies. Despite such a measure, the churches are unable to completely enforce the choice of abstinence as a tool to control HIV.

In an effort to carry out HIV and AIDS awareness campaigns and sensitization, the church’s small interest groups have unknowingly used methods and messages that encourage stigmatization and discrimination of people living with HIV. Such methods include use of placards and posters with human skeleton and skull drawn on them. Such messages in as much as they warn people of the dangers ahead, they may be interpreted to mean HIV and AIDS is a death sentence, which should not be the case. As Pattison (1990:28) explains, the Church should do good to people, learn from them and build them up, not make people who are already having a bad time feel worse.

Inter-denominational and inter-faith collaboration has been a challenge in different religious groups. The church leaders interviewed on this issue noted that it is not easy to have churches collaborate on social and development issues whereas they scramble for member to join their different churches. To a great extent, the lack of such collaboration can be blamed on the church leadership in an effort to protect doctrinal stands and loss of membership. Though such collaboration can result in realization of positive contribution in the prevention of HIV and support of those infected, there were no realizations towards this endeavor in the study area. This consequently has an effect in the response to HIV and AIDS since the cooperation is minimal.

With these weaknesses and challenges, we suggest a form of integration of all viable approaches towards the curbing of HIV and AIDS as a way of providing variety of choices to the users. The different churches, even with the dilemma of collaborations in response to the HIV pandemic, could borrow from each other’s efforts and integrate as many approaches as possible in their social service work of helping those living with HIV. There is the need to use professionally trained personnel who can provide informed choices to those infected or affected. We reckon the challenge of the government in ensuring availability of CHWs and distributing them equally so as to benefit the very affected communities. However, if more efforts geared towards church-government partnerships, then capacity building at the local level will be built to ensure the services and help delivered from the community level meets the standards required in responding to HIV. In the same vein, there is need to advocate for justice and human rights, women’s empowerment, training of counselors and creation of ‘safe places’ where people living with HIV can share their stories and testimonies. Along with this is the need for the churches to empower men to get involved in HIV and AIDS awareness campaigns and other HIV church-social related activities. Similarly, the Church leaders should build trust and confidence among their members. This will ensure a strong spiritual hold among the members, reducing instances of immorality that greatly contribute to the spread of HIV and AIDS. Church leadership should be quick to provide education on alleviation measures in case abstinence is not observed.

Church leadership should explore the possibilities of ecumenism and dialogue in health issues that cut across the community, irrespective of one's denomination. In so doing, challenges of drug abuse, commercial sex activity, child prostitution, as well as the root causes of destitute social conditions such as poverty, all of which favour the spread of HIV and AIDS should be dealt with. Participatory action research, which involves all the stakeholders propagating the mechanisms to curb the spread of the virus, should be well executed. This will enable the stakeholders analyze the issues and problems raised by HIV and develop actions which foster prevention and care.

Conclusion

The study was anchored on the biblical interpretation on the holistic concept of human development. This principle depicts the word of God as an all embracing and a gift of healing and liberation for the whole creation. The spiritual nourishment and hope giving which are important facets mostly neglected by the secular bodies, have been a relevant contribution of the Church and consequently a holistic approach. Of major concern to the discussion has been the approaches used by the different churches to curb the spread of HIV and AIDS in Vihiga and Busia districts.

From the discussion, it is evident that the churches have employed various tools in their effort to help the HIV and AIDS infected and affected people in the society. Among other strategies the churches have used women and youth groups, community volunteers, awareness campaigns, as well as capacity building to positively improve lives of people living with HIV and the affected by educating the community at large. The major challenge of the Church in an effort to respond to HIV and AIDS has been financial constraints and lack of qualified personnel. However, the churches have tried to partner with different organs, for example, the government, community initiatives, NGOs and CBOs so as to curb the spread of HIV and AIDS. In such partnerships, the Church has been a very important organ in mobilizing the community for capacity building. However, the survey realizes the need for grassroots ecumenism, not with an aim of sorting out doctrinal issues, but mainly to address health issues that cut across all boundaries, including denominational boundaries. This will be a milestone in helping the younger churches, which are limited in their capabilities to mobilize significant community groups for campaigns and capacity building. The study also realizes the need for integration of all viable methods of responding to and preventing the spread of HIV. Of great importance is participatory action research for propagation of relevant mechanisms in the response to HIV. With concerted efforts of ensuring and enhancing these approaches, greater change will be realized through a decrease in the prevalence rates-both at national and district levels.

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