

**THE ROLE OF THE REDEEMED GOSPEL CHURCH IN THE FIGHT AGAINST  
HIV AND AIDS IN KATANGI DIVISION OF MACHAKOS COUNTY, KENYA**

MUTAVA MUNYAO BENSON

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## DECLARATION AND RECOMMENDATION

### Declaration

This thesis is my original work and has not been presented to any other University for the award of Diploma, Degree or any other award.

Signature.....

Date.....

Benson Munyao Mutava.

AM/14/2123/08

### Recommendation

This thesis has been submitted with our approval as University supervisors.

Signature.....

Date .....

Dr. Boaz Karioki Onyancha

Department of Philosophy, History and Religious Studies

Egerton University

Signature .....

Date .....

Dr. Joshia O. Osamba

Department of Humanities and Languages

Karatina University

## **DEDICATION**

To you mum and dad for the toil and tiredness borne to see me through school and life. To my wife Ann for filling the gap of life with enduring love. To my children Mercy, Josiah, Nathaniel and Abigail, may your dreams of success come true. My other family members who have contributed in my life.

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## **ABSTRACT**

In contemporary Kenya, social and economic instability have been aggravated by the changes in life patterns both in rural and urban areas. One of the contemporary issues which has led to increased social and economic instability is the spread and effects of Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) pandemic. There are several studies on HIV and AIDS but most of these have a medical bias. There are few studies on the role of the Church in the fight against HIV and AIDS. This study endeavoured to investigate the role of the Church in the fight against HIV and AIDS in Katangi Division of Machakos County in Kenya. The purpose of the study was to examine the role of the RGC in the fight against HIV and AIDS in the Division. The objectives of the study were: to establish the contribution of the RGC in the fight against HIV and AIDS, to assess the RGC's teachings about HIV and AIDS and to evaluate the effectiveness of the RGC in the fight against HIV and AIDS. The RGC was relevant in this study due to its strong belief in faith healing and also its active involvement in development projects in Katangi Division. Qualitative and quantitative research methods were used for data collection. Questionnaires and interview schedules were used respectively. The qualitative data was analysed through discussion and critical analyses while the quantitative data analysed through descriptive statistics. Data presentation was done through frequencies and percentages. The Statistical Package for Social Sciences (SPSS) was used for data analyses. The findings of the study revealed that the RGC played a role in the fight against HIV and AIDS in Katangi division. This is evidenced by the programmes established by the Church to alleviate suffering brought about by HIV and AIDS. The study recommends that Religious organisations are in a better position to deal with the challenges posed by HIV and AIDS and other social maladies.

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## **LIST OF ABBREVIATIONS AND ACRONYMS**

|               |  |
|---------------|--|
| <b>AIDS</b>   | : Acquired Immune Deficiency Syndrome                            |
| <b>NASCOP</b> | : National AIDS & STI control Programme`                         |
| <b>UNAIDS</b> | : United Nations Programme for HIV and AIDS                      |
| <b>HIV</b>    | : Human Immune Virus   |
| <b>UNESCO</b> | : United Nation Educational Scientific and Cultural Organization |
| <b>VCT</b>    | : Voluntary Counseling and Testing                               |
| <b>NGO</b>    | : Non-governmental Organization                                  |
| <b>NACC</b>   | : National AIDS Control Council                                  |
| <b>ART</b>    | : Antiretroviral Therapy   |
| <b>STI</b>    | : Sexually Transmitted Infection                                 |
| <b>RGC</b>    | : Redeemed Gospel Church   |
| <b>PLWA</b>   | People Living With HIV/AIDS                                      |

# CHAPTER ONE

## INTRODUCTION

### **1.1. Background to the study**

HIV and AIDS is a reality worldwide and especially in the developing world and is significantly affecting development work in many countries. The global HIV and AIDS pandemic is one of the greatest humanitarian crises of modern times (Garland 2003). UNAIDS (2004) a report on the Global AIDS epidemic shows that there is an estimate of 35.9- 44.3 million adults and children living with HIV and AIDS. Of this number, 25.8 million people infected with HIV and AIDS live in the Sub-Saharan Africa; this is about 60% of the people living with HIV and AIDS globally. This is very worrying because only 10% of the World population lives in Sub-Saharan Africa.

HIV and AIDS was first recognised in Kenya in 1984. Since then there has been increased cases of infection and transmission despite the numerous efforts to combat the scourge. Due to the epidemic, the life expectancy in Kenya has dropped from 60 years to 45.5 years. (Legal Resource Foundation, 2004).UNAIDS Report on Global AIDS Epidemic (2010) states that 1.45 million people are living with HIV and AIDS in Kenya. NASCOP (2010) reports that among 1.45 million Kenyans living with AIDS, 438,000 adults are estimated to be in need of antiretroviral therapy compared with 117,000 children. The number of PLWA is estimated to have increased from about 1.4 million in 2009 to 1.6 million in 2013. Women constitute about 57% of the PLWA, while men account for 43%. About 80% to 90% of the PLWA are adults. (<http://www.unaids.org/sites>). AIDS tends to cluster in families killing adults and leaving their children orphaned and sick.

The suffering and death resulting from HIV and AIDS stands in stark contrast to Gods intentions for abundant life. This un- preceded pandemic thus confronts Kenya with a complex crisis of profound proportions including medical, scientific and logistical challenges. It also raises for the Christian Church a series of theological and moral challenges. HIV and AIDS has been compared to leprosy in the Bible. Having leprosy implied, and continues to connote, evil and both spiritual and physical un-cleanliness. Lepers were not cured, they were cleansed. (<http://jbq.jewishbible.org/jbq-past-issues/>). In the Old Testament, the society linked individual behaviour with the acquisition of a specific disease and this closely parallels our society's response to the AIDS phenomenon. For instance, Exodus 4:6-7 Moses sister

Miriam and king Uzziah (2 chronicles 26: 19-21) were infected of leprosy as a result of their behaviour. Jewish law forbade touching lepers, (leviticus5: 3) and quarantined lepers from regular society. (Leviticus 13; 45-46). Some Christians today would fear to touch a Christian brother or sister who through blood transfusion, past lifestyles, or spouse infidelity was HIV positive. Jewish teachers regarded leprosy as akin to death just as HIV and AIDS is seen as a licence to death.(Numbers 12.12). Jesus Christ comes not only healing the lepers but also touching them. (Mathew 8; 2-3). This phenomenon calls for diversity of strategies that could be applied to ensure the prevention and management of HIV and AIDS.

The fight against HIV and AIDS has faced several major constraints such as slow change of sexual behaviour, resources limitations, poverty, and large number of people developing AIDS rapidly and lack of clear policy framework to guide the implementing agencies (Legal Resource Foundation, 2004). Despite the impact of HIV and AIDS in social, health, economic and spiritual life, the Christian Church has minimumly responded to the crisis. There have been “sins of commission” in that the church has often been responsible for communicating negative social and cultural attitudes, alienating and stigmatising those infected and affected by HIV and AIDS (Adeyemo, 2006:667).

In Katangi Division, little has been documented on the role of the Church in the fight against HIV and AIDS. Katangi is one of the most affected divisions of Machakos County by HIV and AIDS. The researcher’s attention to the division as an area of study was drawn by recurrent deaths in the division. He observed a case of two young couples dying as a result of HIV and AIDS related ailment and their children orphaned at tender age. He further observed that out of five burials conducted almost every month; two cases are as a result of HIV related ailments. As such the RGC church in the division has been moved to come up with strategies to intervene and lessen suffering brought about by HIV and AIDS pandemic. It is against this background that the study focused on examining the RGC’s participation in the fight against HIV and AIDS.

The RGC which is the focus of the study was founded in 1974 by Arthur Kitonga. It is a fast growing Church with many branches in Kenya, Tanzania and South Africa. It has its headquarters in Nairobi in the slums of Mathare valley. The Church focuses on ministering to the spiritual, physical and psychological needs of the followers. Its holistic gospel aims at

meeting basic needs such as food, shelter, clothing, education and some means to earn income. The Church is a leader in this kind of ministry among the Evangelical Churches in Kenya. ([www.redeemedgospel.org](http://www.redeemedgospel.org)). The Church believes in holistic deliverance and development of person's body, soul and mind. HIV and AIDS has increasingly become core issue among the Redeemed Gospel Church development projects. The church also embraces faith healing in her teaching and also prayer for healing the infected. In Katangi Division the RGC opened its doors in 1995 and has expanded with over 20 branches with approximately 2,000 members. The RGC Church in Katangi Division touched by myriad social challenges, it actively involved itself to development projects aimed at lessening human suffering since 1997 to 2014. Such projects include HIV and AIDS interventions, food security, pastoral empowerment among others yet very little is documented on what the church is doing hence this study comes in to fill the gap.

### **1.2 Statement of the problem**

A lot of studies have been done on HIV and AIDS since the advent of HIV and AIDS. However, most of these works have been medically oriented, tracking down the prevalence and epidemiology of the pandemic since the 1990s such as (Keraka 2009, Hopponen 2005). However, there are few studies on the role of the RGC Church in the fight against HIV and AIDS. This study intended to collect relevant data in the Redeemed Gospel Church in Katangi division and bridge this gap in knowledge.

### **1.3 Purpose of the study**

The purpose of the study was to investigate the role of the Redeemed Gospel Church in the fight against HIV and AIDS in Katangi Division of Machakos County.

### **1.4. Objectives of the study**

The study was guided by the following specific objectives:

- (i) To examine the role of the Redeemed Gospel Church in the fight against HIV and AIDS in Katangi division.
- (ii) To assess the Redeemed Gospel Church's general teachings on HIV and AIDS.
- (iii) To evaluate the effectiveness of the Redeemed Gospel Church in the fight against HIV and AIDS in Katangi division.

### **1.5. Research questions**

The study was guided by the following research questions

- (i) How is the Redeemed Gospel Church involved in the fight against HIV and AIDS pandemic in Katangi division?
- (ii) What are the RGC's teachings about HIV and AIDS?
- (iii) How effective has the Redeemed Gospel Church been in the fight against HIV and AIDS in Katangi division?

### **1.6. Justification of the study**

HIV and AIDS affects all aspects of life negatively: social, spiritual, psychological and economical life of people. Most of the studies done on HIV and AIDS are medically oriented hence creating a need for a study with religious orientation. The Church has a divine mandate to continue with the caring and healing ministry of Jesus. The church related AIDS programmes can succeed because churches are important points of entry into the community since 80 % of the Kenyan population claim to be Christians hence a guaranteed opportunity to reach a large audience ([www.ms.org.au.country/africa/Kenya](http://www.ms.org.au.country/africa/Kenya)). Religious leaders are in a unique position of being able to alter the course of the epidemic since when they speak their followers will “religiously” listen and follow them. Hence the need to analyse the situation in Katangi Division with a view of making suggestions on its management. Reducing human suffering and promoting human welfare is a core duty of the church. The study sought to investigate ways by which the Church can reduce the suffering brought about by HIV and AIDS pandemic since the previous studies in the area have not focused on what the church is doing in the fight against pandemic

The RGC was relevant to this study based on the fact that it is involved in welfare projects in the area and more so projects related to the fight against HIV and AIDS. All these Church programmes help in lessening human suffering which is in line with the teachings of Jesus. RGC also actively embraces the doctrine of faith healing. In addition the Church membership comprises largely of the youth and the middle aged people who are mostly vulnerable to HIV and AIDS.

The study provided data on the place of the Church in the fight against HIV and AIDS and the findings may be beneficial to many people such as –

- i. The clergy and other religious leaders in their fight against HIV and AIDS.
- ii. The church members and church leaders may employ the study's recommendations to  
Come up with programmes to facilitate HIV and AIDS awareness and counseling  
programmes.
- iii. The government and N.G.Os may find the material from this study useful in their fight  
against HIV and AIDS.
- iv. The participants in the study may benefit since it will work as a way of creating awareness  
and sensitisation on HIV and AIDS.
- v. RGC church will benefit since the findings will act as a basis for a forum to enlighten the  
public of the risks of keeping quiet about HIV and AIDS.
- vii. The study findings can be used by future scholars as reference materials.

### **1.7. Scope and Limitations of the study**

The study was based in Katangi Division of Machakos County which is a rural setting. Many families in the division live in poverty, harsh climatic environment, economic hardships and the HIV and AIDS scourge challenges. In addition the Division has poor infrastructure with poor roads which are impassable during rainy seasons. The study confined itself to the issues of church involvement in the fight against HIV and AIDS in only one division in Yatta district. The study targeted only fifteen Redeemed Gospel Churches that is three from each of the five locations in the divisions. In addition, the study was limited to only the RGC and AIDS in an area with diverse churches. The study focused on issues of AIDS in relation to the church. HIV and AIDS is a health problem which people fear talking about. To overcome this challenge the researcher sought the consent of the respondents to involve them in the study. The researcher further explained the purpose of the research and promised to keep the information obtained with a lot of confidentiality and keep the respondents in a state of anonymity. Consequently obtaining relevant information for the study was challenging. This problem was addressed by intensive examination of secondary data.



## **1.8. Definition of terms**

**Church:** A group of Christians who have their own beliefs and forms of worship

**County:** A large area that includes several towns and their surrounding country side and forms a unit of local government

**Deficiency:** Means a situation of shortage of something. People living with AIDS have a shortage of the blood cells that fight disease

**HIV:** Is the virus that leads to AIDS.

**Living positively:** A mental attitude and physical plan that helps people with HIV or AIDS live longer, better lives

**Mainstreaming:** Means that an organisation will address the cause and effects of HIV in effective and sustained manner both through their usual work and within their workplace.

**Opportunistic Infections:** Disease which takes advantage of weakened immune response as a consequences of HIV infection.

**Pandemic:** A term used in reference to an epidemic in which the number of individuals affected is very high and over a large area

**Prejudice:** to 'pre-judge'; to have negative feelings or ideas about an individual or group of people before knowing or trying to find out the truth about them

**Sero-positive:** Refers to testing positive for the HIV and AIDS virus

**Stigmatisation:** Means to treat in a way that makes them feel that they are very bad or unimportant

**Syndrome:** A group of signs and symptoms of a sickness that, when they appear, indicate that the illness is present

**UNAIDS:** Joint United Nations Programme on HIV/AIDS. UNAIDS supports and strengthens the HIV/AIDS-related work of its nine co-sponsoring United Nations agencies

**Vulnerable:** Refers to structural factors, such a poverty, discrimination or hostile laws, which can make an individual to be in a weakened position to defend oneself against the risks of contracting HIV

## CHAPTER TWO

### LITERATURE REVIEW AND THEORETICAL FRAMEWORK

#### 2.1 Introduction

This section critically reviews the work done by other scholars on HIV and AIDS in general and specifically Church involvement in the matters of HIV and AIDS pandemic. The aim is to confirm the knowledge gaps to be filled by the present study. In addition, the chapter also discusses the theoretical framework.

#### 2.2 HIV and AIDS and the Church

Shorter (1998) holds that the origin of the virus is unknown although Kenya's first AIDS case was identified in 1984. He observes that HIV and AIDS is having an effect on the entire economy of the country. Economic growth is strained because of the epidemic. The loss of young adults in the most productive years of their lives affects economic output. He further notes that AIDS causes loss of three fifths of a person's productive life. AIDS is prevalent among the elite, among the better educated and among the most highly paid. This entails loss of skilled manpower and of a means to improve the economy. As a result, the general production is hampered due to scarcity of labour force which at one point the government invested a lot of resources in form of training.

According to Shorter (Ibid), the Church is in a unique position to make huge contributions on HIV and AIDS pandemic. As such, it should be mainstreamed in all the activities of the church in Kenya. Shorter further points out that there is frequent prejudice such as the argument that people living with HIV should be subjected to legal controls or quarantined in order to stop the spread of the pandemic. He further acknowledges that some forms of discrimination against people living with AIDS do exist in Kenya and this adds burden of suffering to those affected. Since the beginning of HIV and AIDS epidemic, almost 25 years ago stigma has been a barrier to HIV and AIDS prevention and care. Although Shorter acknowledges the Church's unique position in the fight against HIV and AIDS, he has not given specific roles for Church in the fight against HIV and AIDS. In addition, he does not point out how the Church will use its position in the fight against HIV and AIDS. This was a core task of the study.

Kilbourn (1998) describes AIDS as a poverty seeking missile. He further asserts that HIV infection not only thrives in improvised environments, the disease is itself a potent cause of

poverty. Households in which family members have been affected and have higher expenditures due to costs of seeking medical care and reduced incomes associated with loss of affected breadwinner's earnings when the breadwinner dies. The family resources are further depleted as a result of funeral expenses and property removal by relatives of the deceased. Consequently, the AIDS epidemic contributes to increasing poverty among survivors indirectly affected by HIV infection. In addition, Kilburn observes that AIDS epidemic increases the vulnerability of children to sexual exploitation in many different ways. Instead of seeing reductions in HIV transmission, the AIDS epidemic lead to poverty perpetuated by a vicious cycle of orphanhood, poverty and increased vulnerability.

Furthermore Kilbourn (Ibid) contends that several forms of HIV related stigmatisation and discrimination have been witnessed in the family and community settings where they take the forms of physical violence, blaming, and gossip, avoiding contact and even denial of traditional burial. Moreover, in institutional setting and national level there is evidence of discrimination. The next most inexorable form of discrimination against people living with AIDS is institutionalised retribution. This can go from mere avoidance to refusal of medical treatment, imprisonment, ostracisation and physical assault against high risk groups such as gay people, commercial sex workers and intravenous drug users. Although Kilburn has described social and economic effects of HIV and AIDS, he has left out the spiritual effects and the church's participation in the fight against HIV and AIDS. This has created the need to conduct a comprehensive study on the church, HIV and AIDS.

Dube (2003) contends that HIV and AIDS is an epidemic among other social epidemics of injustice. HIV and AIDS epidemic affects all aspects of human life; cultural, spiritual, economic, political, social and psychological. He further holds that since the advent of HIV and AIDS, the Church has showed some reluctance to get involved in the debate about the epidemic and the fight against it. HIV and AIDS has been considered as God's punishment for the immoral corruption of humankind which is a judgmental attitude. At the same time, Dube points out that HIV and AIDS need to be integrated into biblical studies and theological programmes in general. The methods adopted should contribute towards prevention, provision of quality care, elimination of the stigma of HIV and AIDS and discrimination as well as minimising its impacts. A viable HIV and AIDS curriculum for the theological education must seriously engage both the educator and the learner in the hard discussion of theological, ideological, economic and cultural traditions and dogmas that shape the way.

Dube further asserts that an HIV and AIDS curriculum in theological education must have practical, measurable and identifiable ends. For this to occur effectively, HIV and AIDS pedagogy must be linked to communities of faith. Basic to the introduction of HIV and AIDS issues in theological education is the existence and significance of the Church and other faith communities in African societies. Many of the actions and measurable objectives of HIV and AIDS curricula in theological education must be situated and inserted into the lives of actual Christian churches and the community.

On the HIV and AIDS impacts, Dube asserts that it negates life as a whole, brings suffering, fear and hopelessness. In addition, it intensifies poverty and attacks the least privileged. The virus attacks and destroys the human body by infecting it and eventually killing it. In a desperate attempt to protect those affected and help others, medical resources that could be used to cure and heal other disease has been stretched to the limit and exhausted. HIV and AIDS adversely affect people's economic performance due to increased absenteeism by employees who are ill and stay at home to recover, those who look after the sick or attend funerals. Bereaved families incur heavy funeral expenses. Although Dube emphasises on the need to integrate HIV and AIDS in theological curriculum, he does not give specific areas of integration. Dube does not also highlight the role of the Church in formulating the HIV curriculum and its implementation. Therefore this study comes in to highlight the role of the Church in the fight against AIDS.

Garland (2003) argues that in the 1980s AIDS first appeared as a real danger to the health, development and survival of millions of individuals, families and communities throughout the world. Scientists affirm that the HIV and AIDS virus had existed for many years before 1980. Today it continues to cause destruction worse than all the past human calamities. Since then, more and more people all over the world have contracted the virus. The AIDS virus kills in slow motion claiming one life after another while spreading greatly and secretly to more and more victims. Despite the efforts of many worldwide organisations and much scientific research no cure is in sight and no useful vaccine has been found. In addition Garland (ibid) contends that the Christian Church in Africa is in a unique position to address most of the aspects of the HIV and AIDS pandemic. The Church has extensive reach and its influence filters through most African communities. The Church has a massive yet often untapped, potential to successfully reverse the course of the pandemic. Much of HIV infections in Kenya occur through heterosexual intercourse hence there is need for change of

sexual behaviour. HIV infects people in one hand and affects those that interact with the infected persons from day to day. Garland further asserts that AIDS is steadily breaking down the health, economic and social structures of countries throughout Sub-Saharan Africa. Although the Church has come up with programmes to fight against the HIV and AIDS pandemic, stigmatisation and discrimination still abound within the Church which seriously slows down and sometimes reverse progress towards preventive and controlling HIV and AIDS. Garland acknowledges the Church's key position to address most of the aspects of the HIV and AIDS but has not pointed out the role of the church in the fight against HIV and AIDS is concerned. This becomes a viable area for the present study.

Hopponen (2005) a point out that in Africa HIV is transmitted mainly through sexual intercourse (87%) parent to child (10%) blood product (2%) and skin piercing instruments (1%). By the end of 2005 there were 40.3 million people living with HIV in the world (Unaids, 2005). There were 4.9 million new HIV infections and 3.1 million deaths due to AIDS. Sub-Saharan Africa has 10% of the world's population but is home to more than 60% of all people living with HIV. In Kenya, the scenario is not any different. HIV and AIDS has its toll on the Kenyan population since it was first diagnosed in 1984. Furthermore, Happonen gives general information on HIV and AIDS, but he does not show the role played by the Church in the issues of HIV hence leaving room for further investigation thus this study comes in to address that gap.

According to Sina Newsletter (2009), HIV and AIDS is an urgent housing and human settlement issue especially among women and children living in poverty and suffering from poor housing conditions in urban slums. The link between poverty and HIV and AIDS prevalence is well established. Inadequate shelter increases the vulnerability of the urban poor to HIV and AIDS. The immense human settlement challenges in urban slums, overcrowding, severe insecurity, inadequate water sanitation and basic services are intensified by the impact of HIV and AIDS. Moreover high population densities, overcrowding and poor housing conditions increase risk of opportunistic infections. Inadequate water and sanitation increases the disease burden and poses challenges providing home based care. This further leads to extra stress on the individuals and social economic life. However, Sina Newsletter only points out the impacts of HIV and AIDS but fails to highlight on the possible solutions to the problem. The present study endeavoured to investigate the role of the Church in seeking solution to the problem of HIV and AIDS.

UNICEF (2008) reports that at the school and community levels the predominant aspect of stigma and shame further alienates vulnerable children from the educational systems. With the raising cumulative deaths from AIDS, vulnerability among orphans, vulnerable children, widows and the elderly is becoming increasingly apparent exacerbated by high general poverty levels. According to the NASCOP (2010) report, HIV and AIDS has major economic and social impact on individual, communities and society as a whole. In Kenya AIDS threatens personal and national well being by negatively affecting health lifespan and productive capacity of the individual and severely constraining the accumulation of human capital and its transference between generations. Both NASCOP and UNICEF give a general view of HIV and AIDS especially its spread and impacts. The present study examines the subject of HIV and AIDS with specific concern on the role of the Church in HIV and AIDS management.

Gunyali (2005) contends that people who are infected are viewed as immoral or promiscuous which makes them feel rejected. Although churches are promoting awareness at the grassroots level there is need to address discrimination in the structure of Kenya's social and economic institutions. He further points out that HIV and AIDS has devastating effects on the individual, the family, community and nation as a whole hence it becomes a concern to all humanity today.

Aawrd (2004) states that over 75% of Kenyans claim to be Christians hence the Church has a major role to play in influencing the youth to positive sexual behaviour. Aawrd further observes that Kenyan women are more susceptible to HIV than their male counterparts due to prevailing male dominance and female subordination especially in sexual encounters. As such the Church has a role to empower both men and women to transgress the socio-cultural bounds on gender and emphasize gender mutuality and complementary so as to alleviate the suffering of women perpetuated through HIV and AIDS. Although Aawrd acknowledges the role of the Church in the fight against HIV and AIDS, it does not highlight how the Church undertakes the task.

A lot has been written on HIV and AIDS, its causes, its impacts, ways of prevention and management but there are very few studies of what the Church has done in the fight against the scourge, hence the need for this study.

### **2.3 Theoretical framework**

The study was guided by three theories which were complementally. These are Maslow's hierarchy of needs, Rogers person centred theory and Skinner's reinforcement theory (Maslow, 1970). Maslow's hierarchy of needs theory was instrumental in explaining the causes and transmission of HIV and AIDS while Rogers and Skinner's theories guided in ways of prevention and management of HIV and AIDS. These theories give a psychological view of religion, emphasising its usefulness in meeting needs of human kind.

Maslow's theory of hierarchy of needs holds that each individual is born with instinctive needs that make them to grow, develop and fulfill their potentialities (Maslow 1970). The hierarchy of needs is the arrangement of the innate needs from strongest to the weakest that activates and directs behaviour. According to Maslow (1970), the behaviour individuals use to satisfy their needs are learnt and therefore are subject to variation from one person to another. This relates well with the mission of Jesus Christ which is about meeting the needs of the people. Jesus ministry on earth was holistic; he was concerned with meeting the physical needs by provision of food and healing even before attending spiritual needs of the people. (Mark 6: 32-44), Luke 4; 18- 25).The basic needs at the bottom must be at least partially satisfied before the higher needs in the hierarchy become influential. Maslow further argues that human beings innate nature is basically good, decent and kind. However, he does not deny the existence of evil. For Maslow, wickedness is not an inherent part of human nature but result of inappropriate environment.

Humanity in an attempt to satisfy the physiological needs such as sex, some unfortunately end up contracting HIV and AIDS. For instance, orphaned children may compromise their morality in the attempt to meet the basic physiological needs while Maslow's hierarchy of needs theory was instrumental in explaining the causes and transmission of HIV and AIDS, it however failed to highlight how HIV and AIDS can be prevented and managed. This created the need for another theory to complement it.

Rogers (1959) person-centered theory was also instrumental in this study. This theory views individuals as having the ability to change and improve their personality, present feelings and emotions. For the fight against HIV and AIDS to be won, there is need for advocacy for behaviour change. Rogers believes that humans are rational beings ruled by conscious perception of themselves and experiential world. Because of this emphasis on the conscious

and the present, Rogers contends that personality can only be understood from the person's own view point based on his or her subject life experiences. Furthermore, Rogers argues that individuals have innate hovering motivation, an inborn tendency to activate to develop their abilities and potential from strictly biological to the most sophisticated psychological aspects of their beings. For a person to actualize, it is possible for learning or no learning or unlearning behaviour to occur. Rogers thus holds that behaviour change is possible; hence it can be advocated as a major strategy to prevent the spread of HIV and AIDS in the society.

Rogers (1959) also points out the importance of experiential world in the life of a person. He was concerned with the environment or situation in which individuals operate that is the frame of reference or concepts that influence them. People are exposed to countless sources of stimulation every day, some trial and some rewarding: How individuals experience and react to this multifaceted environment is the reality which may not coincide with objective reality. Rogers further discusses unconditional positive regards. This is an approval granted regardless of a person's behavior. For instance, when people living with AIDS are rewarded by the community with affection, approval and love. This view is in line with the biblical teaching of God's love which is unconditional. He loves humanity even after the disobedience right from creation. (Genesis 3:1- 3, John 3:16). Therefore when PLWH are loved, they are cheerful and generate positive self regard hence begins to reward themselves. Rogers person centred theory is silent on behaviour control in relation to HIV infection hence creates need for the application of B.F Skinner's theory to supplement it.

Another theory which is integrated in this study is Skinner's theory of reinforcement. For Skinner (1969) all behaviour can be controlled by its consequences. Skinner believed that a human being could be trained to perform virtually any act by the influence of behaviour. The basic tenet of Skinner's approach is that behaviour is controlled and modified by variables, extended to the organisms (Schultz, 1994). Skinner further contends that there is nothing inside the individual for example no process or other internal activity that determine behaviour. A desirable behaviour can only be realised through the individual's ability to exert control over the variables that determine their behaviour. Therefore behaviour change which is a weapon in the fight against HIV and AIDS can be realised by individuals simply removing themselves from an external variable that urges them to engage in a risk situation as far as HIV is concerned. Such a change of behaviour can be achieved through the spiritual transformation brought about by being born again as taught in the Christian faith. This view



is in line with the words of Jesus after healing the man at the pool of Bethesda “sin no more” an implication that his sickness was as a result of sinful choices.(John 5:1-15). The three theories integrated in this study greatly assisted in understanding and analysing the causes, anssmission, prevention and management of HIV and AIDS.

## 2.4 Conceptual framework

The figure below shows some of the factors that may promote the spread of HIV and AIDS and the effects of the disease. There are various intervening variables that have effect on both the spread and the impacts of HIV and AIDS. The independent variables include the modes of infection. If a person gets exposed to any of the modes of infection he or she stands a high chance of getting infection. HIV and AIDS is the dependent variable while Church intervention forms intervening variable.

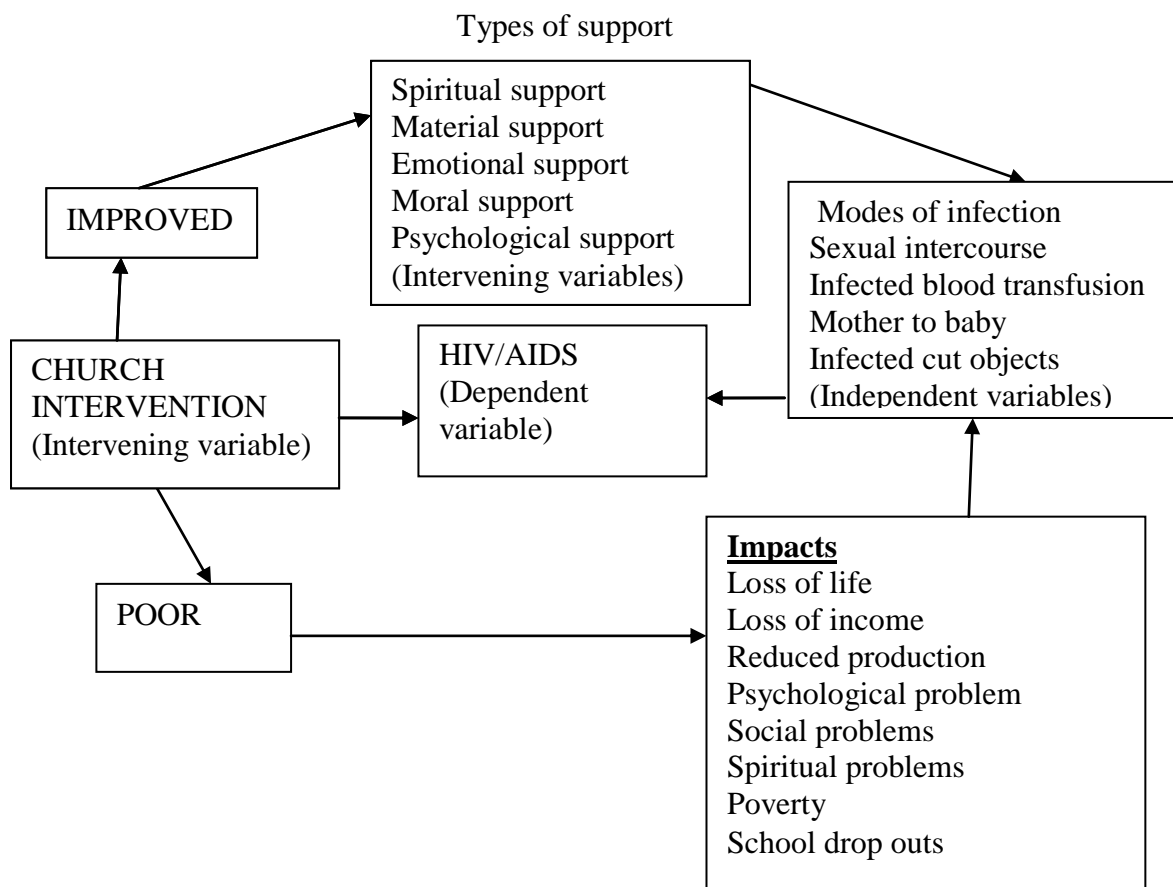


Fig. 2.1 Conceptual framework of the study

## **2.5 Summary Conclusion**

This chapter has reviewed literature on HIV and AIDS and the Church involvement in the fight against HIV and AIDS. This was important because it has helped in identifying the knowledge gaps to be filled in the study. In addition, the section aimed at providing an insight into the theoretical framework in understanding the role of the church in the fight against HIV and AIDS in a developing country such as Kenya. Furthermore a conceptual framework was adopted. While this chapter identified the gaps of knowledge, the next chapter highlights the methods adopted in the research to bridge the knowledge gaps identified in chapter two.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **Introduction**

The aim of this chapter is to explain the methodology used in this study. This chapter discusses the research design, the study area, target population, sampling and sample size, research instruments, methods of data collection and data analysis. Towards the end of the chapter, there is a discussion of ethical considerations.

#### **3. 2 Research design**

The study employed qualitative and quantitative research methods. Qualitative research method involved use of in- depth interviews and quantitative method used questionnaires to generate data. The use of qualitative method was appropriate for this study because it helped to facilitate gathering of personal experiences and sentiments from people affected and infected with HIV and AIDS. Quantitative approach made it possible to gather information from many people within short time.

#### **3.3 The study area**

The study was carried out in Katangi Division of Yatta District in Machakos county of Kenya. The division has five locations and a total population of 59,619 people (Machakos District Plan, 2005-2010). Yatta District borders Ndithini district, Masinga District to the north, Matungulu and Mwala to the west, Yathui district to the south and Lower Yatta district to the east. The division has poor infrastructure especially roads which are impassable during rainy season. The area is semi arid which mostly receives little rainfall. As such, drought is a common phenomenon in the area. Most of the local people engage in subsistence farming. Poverty is widespread in the division, a situation which has been aggravated by increasing cases of HIV and AIDS.

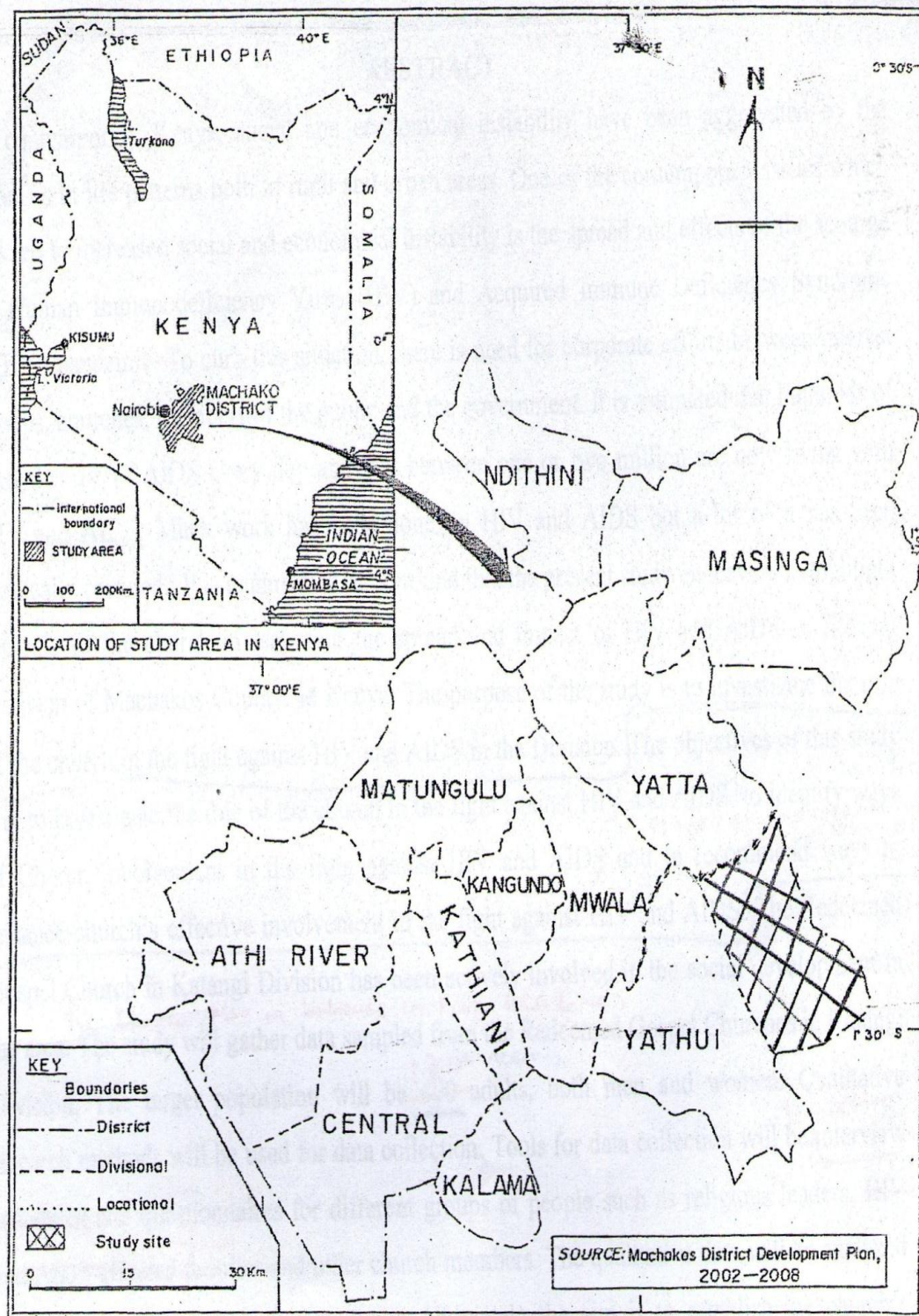


Figure 3.1: Map showing Katangi Division in Machakos County

### 3.4 Target population

Katangi division has 20 Redeemed Gospel Church branches. These churches have average membership of approximately 100 members each, which translates to a total church population of over 2,000 members. The respondents were selected from members of Redeemed Gospel Church. They included adults and youths both male and female, healthy people and people living with HIV and AIDS. The respondent's age ranged from 18 to 60 years. 10 church leaders were interviewed. The target population of the church members was 2000 RGC Church members.

**Table 1: Selected Target Church members population for the study**

| S/N   | Church Name   | Total Number of Members |
|-------|---------------|-------------------------|
| 1     | Ikombe RGC    | 220                     |
| 2     | Kinyaata RGC  | 150                     |
| 3     | Katangi RGC   | 260                     |
| 4     | Ngangani RGC  | 200                     |
| 5     | Kikesa RGC    | 70                      |
| 6     | Kionyweni RGC | 140                     |
| 7     | Mbembani RGC  | 160                     |
| 8     | Kilaatu RGC   | 100                     |
| 9     | Mathingau RGC | 100                     |
| 10    | Munyiiki RGC  | 120                     |
| 11    | Kalukuni RGC  | 110                     |
| 12    | Kitheuni RGC  | 80                      |
| 13    | Kyasioni RGC  | 100                     |
| 14    | Kithito RGC   | 60                      |
| 15    | Maiuni RGC    | 130                     |
| Total |               | 2000                    |

Source: RGC Local Church Assembly office - 2013

### 3.5 Sampling techniques and sample size

Purposive sampling technique was used to select specific churches and the leaders who were chosen for interviews. The researcher selected church leaders from different Church branches

who were believed to be knowledgeable on the topic of study. The leaders were picked since they represent many people and also their service to those infected and affected was important. These were chosen to narrow down on a particular kind of respondents who were believed to be knowledgeable about the Church operations and also issues of HIV and AIDS. The study was conducted in 15 purposely selected churches. Simple random sampling technique was used to select 10 % of the total 2000 Church members which gave 200 as the sample size. The research focused on both 100 adults that is 50 males, 50 females and 100 youths: 50 males and 50 females comprising church leaders and ordinary members. They provided data on AIDS pandemic and the Church`s response. 200 respondents were considered to be representative of the views of the whole division. This made it possible to select information rich cases for in-depth analysis of some aspects of the Church and HIV and AIDS. The target group cut across all groups that form the Church membership. These were the youth, church leaders the clergy both male and females.

### **3.6 Research techniques**

Two research instruments were used to collect data for the study. These were closed and open-ended questionnaires which were randomly filled and in-depth interviews for Church leaders who were purposely selected from the selected churches. In-depth interviews gave the respondents a chance to give unrestricted answers to the questions posed to them. The discussion was expected to bring out the opinions, thoughts and sentiments of church leaders on the problem of HIV and AIDS. Those interviewed were identified through purposive sampling. In-depth interviews involved church leaders. In-depth interviews acted as a follow up to the questionnaires that were given to the church leaders and ordinary church members. The questionnaire took into account the ability of the respondents to read and write. This technique helped to bridge the challenge of distance and the difficulty of meeting the respondents in face to face interview since only a few selected church leaders were interviewed. The questionnaires targeted adults, both males and females. The questionnaires were distributed to the target groups. The researcher used research assistant to read and fill the questionnaires for the illiterate respondents. Furthermore, the researcher conducted in-depth interview to ten Church leaders.

### **3.7 Validity and reliability of the instruments**

Validity is the degree to which the results obtained from the analysis of the data actually represent the phenomena under study (Mugenda and Mugenda, 2003). To enhance the validity

of the questionnaire and the in-depth interview, a pre-test was conducted with five church leaders and ten church members from Katangi division representing a population similar to the targeted. According to Borg and Gall (1989), content validity of a research instrument is improved through expert judgment. The researcher assessed the clarity of the instrument items used in measuring the variables they were intended to through a pilot study. Some question items which failed were disregarded, others modified and new test items added. Reliability of the research instruments was assessed by the researcher by administering the same instruments twice to the same group of people. Validation was also done with the help of supervisors who visited the field.

### **3.8 Data Collection Procedure**

The researcher sought and obtained permission from the Office of the President, authorising him to collect data from the Redeemed Gospel Churches in Katangi division. He obtained another letter from the Graduate School of Egerton University. The researcher proceeded to visit the selected churches to establish rapport and seek permission from the respective church leaders to collect data from their churches. The purpose of the study was explained to the respondents. Confidentiality was observed and assured to the respondents since the topic of study was a sensitive issue. The questionnaires were administered to the respondents by the researcher. Thereafter an interview schedule was used with the Church leaders after explaining to them the purpose of the study. The questionnaires were collected for data analysis, conclusion and recommendation on the study.

### **3.9 Data Analysis and Presentation**

In this study, quantitative and qualitative data required different forms of analysis. According to Maxwell (1998), the main categorising strategy in qualitative data analysis is coding while Marshall and Rossman (1989) view it as the search for general statements about relationships among categories of data. All the questionnaires and in-depth interview data obtained from the field were assembled. Using the study objectives and research questions as guidelines, all the data collected through questionnaires and interview schedules were systematically organised in a manner that facilitated analysis. The data was analysed using discussion, critical analysis and descriptive tools of analysis. Frequencies and percentages were used and the presentations were done using graphs as a summary. The computer programme, the Statistical Package for Social Sciences (SPSS) version 16 for windows was used to assist in

data analysis. Analysis of data was important in explaining the variables of the study. The data from the interview schedules for the church leaders was also analysed using discussion and data from the questionnaires analysed through descriptive statistics. On the basis of these findings the researcher was able to make conclusion, suggestions and recommendations for future action and research.

### **3.10 Unit of Analysis**

The units of analysis were all the members of the RGC in the division. The division has five locations with 20 Redeemed Gospel Church branches. The subjects of the study were drawn from fifteen selected churches.

### **3.11 Ethical Considerations**

The researcher tried to be as ethical as possible since issues of HIV and AIDS are very sensitive. The information collected was treated with as much confidentiality as possible and was not used for any other purposes other than research work. Participants were given the assurance that their identity would be anonymous in order to uphold privacy so as to avoid any possible negative repercussions. Therefore, they were asked not to write any of their names on the Questionnaire. The participants were assured that all information obtained from them was confidential because it was only to be handled by the researcher and such information was only be used for the intended purpose. The questionnaires were personally administered by the researcher. The names of leaders and photographs used in this study were used with permission from the people concerned after explaining the purpose of the study.

### **3.12 Distribution and Returns of Questionnaires**

Two hundred (200) questionnaires distributed to informants out of which 150 questionnaires were given to the Church members and 50 to the Church leaders. The study also conducted a total of 10 interviews with RGC leaders in the Division. Response rate however was 67% for Church members and 100 % for the Church leaders. The results clearly indicates that an average of 33 % of the respondents were either not willing or they were shy to give information on their position regarding the role of the Church in the fight against HIV and AIDS. This could be attributed to the fact that matters on HIV and AIDS is very sensitive.

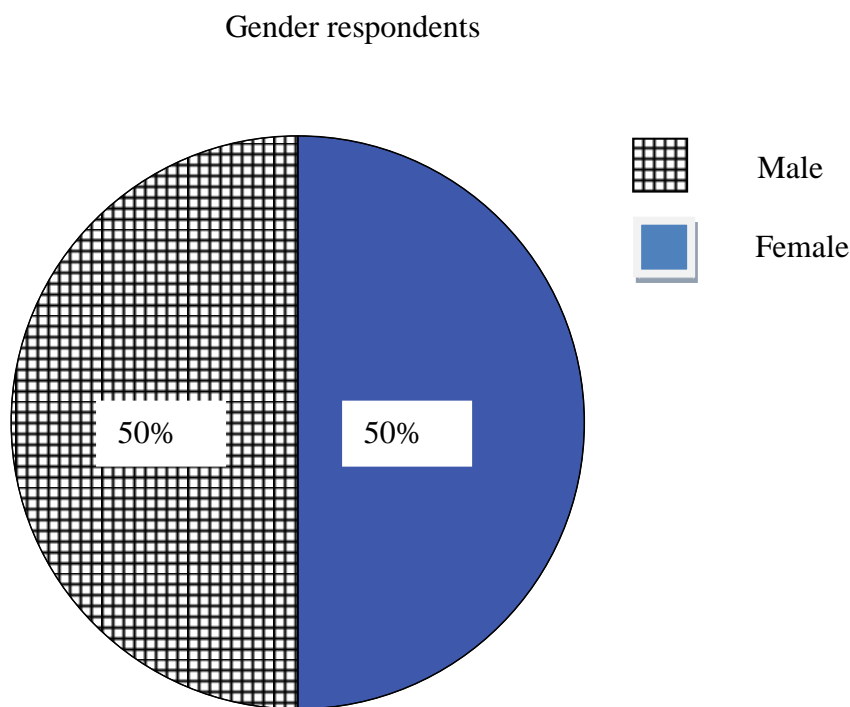


### 3.13 Demographic Information about the Respondents

This section discusses demographic characteristics of the respondents in this study. This was based on sex, age, marital status, status in the church and level of education of both church leaders and members.

#### a) Gender

The response in regard to gender as shown in Figure 3.2 shows that 25 (50%) of the Church leaders were male while 25 (50%) were female. Similar representation was revealed among the Church members 50 (50%) males and 50 (50%) female). This results shows that there was an equal representation of respondents with regards to gender.



**Figure 3. 2 Representation of respondent in terms of gender**

#### b) Age

The findings in Table 2 below reveal that majority 14 (28%) of Church leaders who participated in the study were between the ages of 31-35 year 11 (22 %) of them were below the age of 25 years while a similar percentage 11 (22 %) of them were between the ages of 46-50 years. 6 (12 %) were between the ages 36-40 years. However, a considerable number of the respondents were between 31-35 years and 46-50 years. Those above 50 years were only represented by 4 (8 %). For the members, majority 25 (25%) of them were below the age of 25 years. 20 (20%) of them were 26-30 years, 15 (15%) of them were 31-35 years while 10 (10%) of them were between 36-40 years. Those between the ages 46-50 years were

represented by 15 (15%) while those who were 51 years and above were represented by 15 (15%).

**Table 2 Ages of the respondents**

| Age          | Church Members |            | Church leaders |            |
|--------------|----------------|------------|----------------|------------|
|              | Frequency      | Percentage | Frequency      | Percentage |
| 25 and below | 25             | 25         | 11             | 22         |
| 26-30        | 20             | 20         | 4              | 8          |
| 31-35        | 15             | 15         | 14             | 28         |
| 36-40        | 10             | 10         | 6              | 12         |
| 46-50        | 15             | 15         | 11             | 22         |
| 51 and above | 15             | 15         | 4              | 8          |
| Total        | 100            | 100        | 50             | 100        |

Going by this result there were more young people who participated in the study among the church members as compared to church elders of whom majority were above 30 years.

**c) Marital status**

Church leaders who participated in the study were either married 39 (78%) or single 11(22%). For the members, majority 55 (55%) of them were married, 35 (35%) of them were single while those widowed and divorced were represented by 5 ( 5% ) each.

**Table 3 Marital status of the respondents**

| Age      | Church Members |            | Church leaders |            |
|----------|----------------|------------|----------------|------------|
|          | Frequency      | Percentage | Frequency      | Percentage |
| Single   | 35             | 35         | 11             | 22         |
| Married  | 55             | 55         | 39             | 78         |
| Widowed  | 5              | 5          | -              | -          |
| Divorced | 5              | 5          | -              | -          |
| Total    | 100            | 100        | 50             | 100        |

**d) Level of education**

Table 4 revealed that majority 25 (50%) of Church leaders who participated in the study had college education, 18 (36%) of them had a university education while only 7 (14%) had secondary education. For the members, majority 40 (40%) of them had college education, 15 (15%) of them had university education, 35 (35%) had attained secondary education while only 10 (10%) of them reported to have only attained primary education.

**Table 4 Level of education of the respondents**

| Age        | Church Members |            | Church leaders |            |
|------------|----------------|------------|----------------|------------|
|            | Frequency      | Percentage | Frequency      | Percentage |
| University | 15             | 15.0       | 18             | 36         |
| College    | 40             | 40.0       | 25             | 50         |
| Secondary  | 35             | 35.0       | 7              | 14         |
| Primary    | 10             | 10.0       | -              | -          |
| Total      | 100            | 100        | 50             | 100        |

Based on table 4 above it is clear that majority of the respondents in this study had attained basic education. This made the respondents more reliable in giving the required information for the study.

### **3.14 Summary Conclusion**

This chapter has outlined the research methodology adopted in the study. The methodology links the literature reviewed of the HIV and AIDS and the Church, the theoretical framework and the research questions as well as the objectives of the study. Several methods were used to collect data at various stages of the study. Chapter four presents the findings of the study.

## CHAPTER FOUR

### STUDY FINDINGS AND DISCUSSION

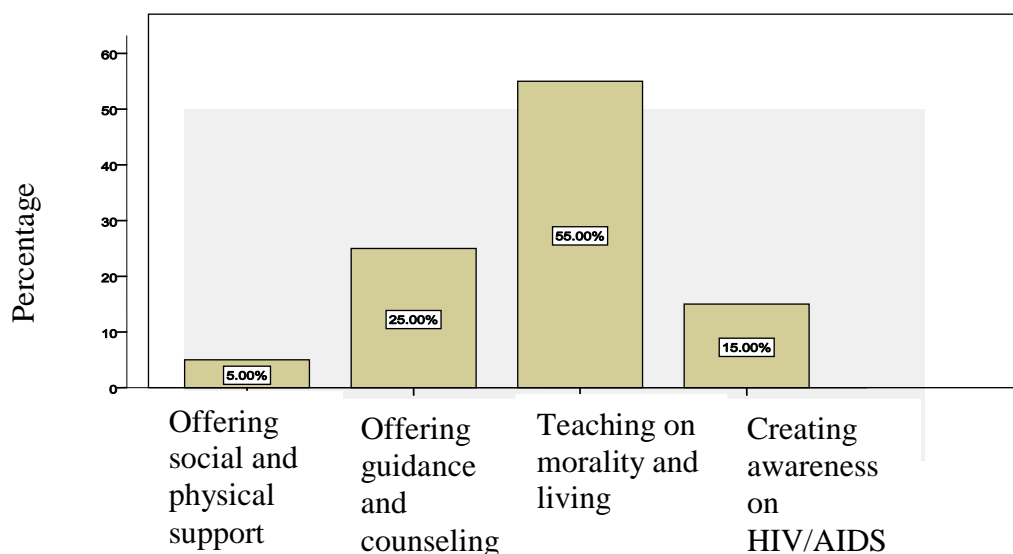
#### 4.1 Introduction

This chapter presents the findings of the study and discussion. The main purpose of the study was to examine the role of the RGC in the fight against HIV and AIDS in Katangi Division in Machakos County. The findings of the study are presented based on the three objectives of the study and are presented qualitatively using descriptive analysis and discussion and quantitatively using tables of frequencies, charts and percentages. The statistics were calculated and analysed using SPSS computer program.

#### 4.2 The Role of the Redeemed Gospel Church in the Fight against HIV and AIDS

The first objective of the study was: to examine the role of the Redeemed Gospel Church in the fight against HIV and AIDS in Katangi division and the relevant research question was: How does the local church influence people to make right choices in relation to HIV and AIDS? The responses to this question are represented in the figure below.

How does the local church influence people to make right choices in relation to HIV and AIDS?



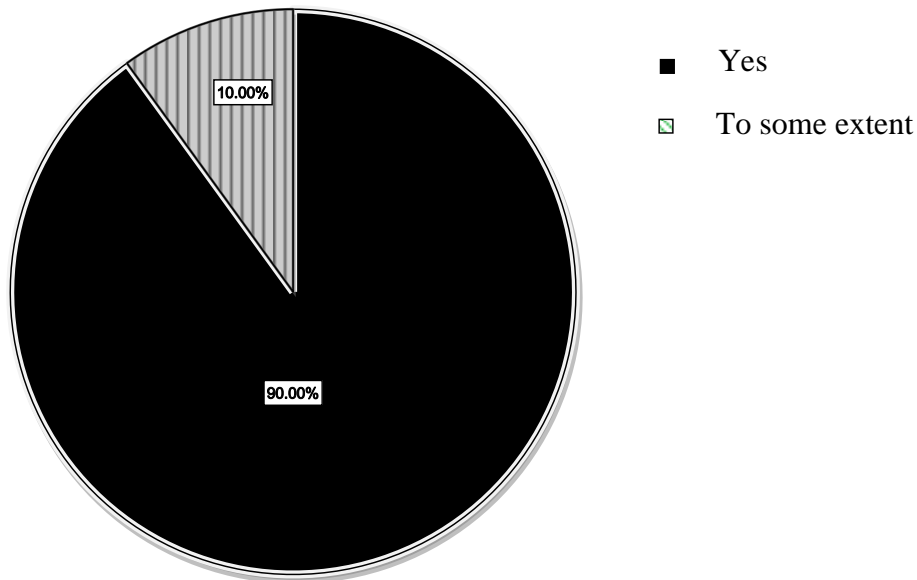
**Figure 4.1 showing the responses on how RGC Church can help people make right choices**

To examine the contribution of the RGC in the fight against HIV and AIDS in Katangi division, the study analysed the Church leaders and members responses on key activities and initiatives of the Church which have been used as indicators of the Church's involvement in the fight against HIV and AIDS. The researcher asked the members to state how the local Church help in making people make right choices in life. As shown in Figure 4.1 above, 55% of the respondents stated that the Church has been playing a key role in teaching on morality and the need of living a responsible life. On the other hand, 25% of the informants stated that the Church efforts in offering guidance and counseling were important in making people make right choices. 15% of the respondents reported that the Church is playing an important role in creating awareness on HIV and AIDS while 5% of them mentioned that offering moral, social and physical supports by the Church has been instrumental in helping people make right choices in life.

The findings from figure 4.1 above indicate that the Church is instrumental in making people make right choices in life particularly by teaching on morality and how one can lead a responsible life. This role played by the Church cannot be ignored in the fight against HIV and AIDS as most transmission of the virus is through premarital and extramarital sexual relation (Hopponen 2005). A Church leader, Pastor Mukwati (OI) confirmed that "the Church plays a major role in helping people make the right decisions in life. He says, the Church in its moral teaching frequently appeals for moral living among its members." This has been possible through teaching the tenets of Christian ethics.

To further examine this matter, the researcher inquired from the respondents whether the Church has any influence on people's moral life. The responses were presented in the figure 4.2 below.

Does church teaching have any influence on people's moral life?



**Figure 4.2 Showing Church members' response on whether or not church teachings have any influence on people's moral life**

As shown in Figure 4.2 above, majority 90 (90 %) of the respondents reported that Church teachings have a significant influence on people's moral life. On the same issue nevertheless, 10% said it is not a guarantee that Church teachings will ultimately influence people's moral life. The supporters of this argument maintain that the Church's teachings have on many occasions succeeded in changing people's behaviour and character in hope of eternal life. They also cited the fact that biblical teachings greatly condemned immorality which is the main cause of the spread of HIV and AIDS: "Let marriage be held in honour among all and let the marriage bed be undefiled for God will judge the sexually immoral and adulterous" (Hebrews13: 4).

The findings above demonstrate that the Church's principal role of insisting on morality is arguably a key tool that the Church can use in the fight against HIV and AIDS. This is because the Church has the platform to address value-based lifestyle choices relating to sex and sexuality. If the Church is to play a role in preventing AIDS, it must be actively involved in teaching the Biblical view of the place of sex in the family and society (Garland 2003).

On the factors leading to spread of HIV and AIDS, the relevant research question was: what are some of the factors that lead to spread of HIV and AIDS? Table 5 below presents the responses to question above.

**Table 5 Showing Church Members response on factors leading to the spread of HIV and AIDS**

| factors                          | Frequency | Percent |
|----------------------------------|-----------|---------|
| Valid Premarital sexual relation | 25        | 25.0    |
| Extra marital sexual relation    | 30        | 30.0    |
| Drug and alcoholism              | 25        | 25.0    |
| Contraception                    | 20        | 20.0    |
| Total                            | 100       | 100.0   |

On answering the question, on some of the factors leading to the spread of HIV and AIDS in the division, as shown in Table 5 above, majority of the respondents pointed out that extra marital sexual relation was a key avenue for the spread of HIV and AIDS, 25 (25%) of them believed pre-marital sex is a factor leading to the spread of HIV and AIDS in the division while 30 (30%) argued that extra- marital sex is the key factor for the spread of AIDS. Another 25 (25%) contended that drug and alcoholism is a major contributor to the spread of HIV and AIDS while 20 (20%) of them believed the use of hormonal contraceptives greatly encourage the spread of HIV and AIDS in the division. Pastor Mwangangi (OI), a Church leader attested that the use of hormonal contraceptives (family planning method) have contributed to the spread of the HIV infection since people engage in unprotected sexual relations without fear of getting pregnancy. This has resulted to increased new infections and re -infections in the society.

Based on these results it is worth noting that extra-marital sex, premarital sex, and drug and alcoholism account for 80% in the spread of HIV and AIDS. It can be argued from these results that immoral practices are a major challenge in the fight against HIV and AIDS. The efforts to preach the need of morality and living a responsible life can greatly reduce the



spread of the pandemic. Pastor Kingoo (OI) affirmed that the Church’s emphasis on morality is justified by the threat posed by immoral practices in the fight against HIV and AIDS.

To establish if there existed any relationship between use of contraceptive and the spread of HIV and AIDS, the relevant question was: is there relationship between the use of contraceptives and HIV and AIDs? Responses to the research question were presented in the table 6 below.

**Table 6 Showing Church leaders response on whether there is a relationship between the use of contraceptives and HIV and AIDs**

|           | Frequency | Percent |
|-----------|-----------|---------|
| Valid Yes | 46        | 92      |
| No        | 4         | 8       |
| Total     | 50        | 100.0   |

As shown in Table 6 above, majority 46 (92%) of the Church leaders believed there is certainly a relationship between hormonal contraceptives and HIV and AIDS while only 4 (8%) of them believed there is no relationship. The existence of a relationship was attributed to the argument that the use of contraceptives takes away the fear of pregnancy and in the process encourages people to engage in more premarital and extra marital sex. As such contraceptives were viewed by many respondents as a way to promote immoral sexual behaviour among people. However, the use of contraceptive was advocated only for couples.

It can be argued from the findings that the Church does not support the use of contraceptives in the fight against HIV and AIDS. This raises a controversy on the methods used to fight HIV and AIDS between the Church and other organisations. The campaign of having protected sex (use of condoms) is not advocated by the Church. This view is firmly supported by Pope Benedict XVI, (2010) who citing the case of prostitution, said it was "first step" towards morality for the prostitute to use the condom in order to diminish the risk posed to another person but this does not reduce the evil connected with his or her immoral activity. The Pope points out that the use of a condom with the intention of reducing the risk of infection can be a first step in a movement towards a different way, a more humane way of living sexuality. An action which is objectively evil, even if a lesser evil, can never be

allowed. The Pope did not say that prostitution with the use of a condom can be chosen as a lesser evil. ([http://www.vatican.va / roman curia/pontifical](http://www.vatican.va/roman_curia/pontifical)). The use of condoms to prevent disease is a controversial issue, with Catholic theologians arguing for both sides. While dissenting theologians exist, the Church continues to teach that contraceptives of all forms are intrinsically evil.

A common position of the Catholic Church leaders is that officially permitting condom use as a method of preventing disease could be interpreted as permitting pre-marital sex which degrades and debases sex. The Church is concerned that promotion of condom use will lead to irresponsible, risky sexual behaviour such as promiscuity and prostitution. Both individuals and governments could come to rely on condoms as the primary line of defense rather than emphasising the need for “ partner fidelity.” This difference in perception may have prompted lack of collaboration between the Church and other organisations concerned with the fight against HIV and AIDS. Mwanzia (OI), an overseer of RGC says, “the condom is used among couples that may be HIV positive to prevent re-infection of the virus”.

It was important for the study to establish whether the church leaders know the people living with HIV and AIDS in their Church. The relevant question was: Does your church have members living with HIV and AIDS? Responses to the above research question were presented in the table 7 below.

**Table 7 Showing Church leaders response on whether or not there are some members of the Church living with HIV and AIDS**

|           | Frequency | Percent |
|-----------|-----------|---------|
| Valid Yes | 46        | 92      |
| No        | 4         | 8       |
| Total     | 50        | 100.0   |

According to the findings, as represented in Table 7 above 46 (92%) of respondents admitted that there were some members in their Church living with HIV and AIDS. 4 (8 %) of them however, said there were no members of their church living with HIV and AIDS. The awareness by the church leaders that there are people living with HIV and AIDS within their

congregation was positive move towards the management of the pandemic. With this awareness church leaders are able to equip their members with information and support to enable them live positively as far as HIV is concerned. This further indicates that churches bear the burden of members living with HIV and AIDS within its membership. This may compel the Church to establish ways of helping members living with HIV and AIDS. Reverend Mwanzia (OI) an Overseer of the RGC contented that the Church can no longer live on denial, HIV and AIDS is right in the Church. This was evident since members of the Christian congregation have died of AIDS and others are infected. Therefore the Church must get involved in mitigating HIV and AIDS impact as a mandate given to the Church from God. James 1:27 “True religion that pleases God is to take care on Orphans and widows in their hour of need.”

Another relevant question was; what could your church do to help those living with HIV and AIDS? Response to this question was presented in the table 8 below.

**Table 8 Showing response by church leaders on what their Church is doing to help those persons living with HIV/AIDS**

|  | Frequency | Percent |
|--|-----------|---------|
| Valid Teaching the importance of morality in the society   | 10        | 20      |
| Offering guidance and counseling service                   | 18        | 36      |
| Creating awareness on the realities of HIV/AIDS            | 4         | 8       |
| Offering moral, psychological, social and physical support | 18        | 36      |
| Total  | 50        | 100.0   |

Table 8 above reveals that 18 ((36%) of the church leaders reported that the Church is active in offering guidance and counseling to those living with HIV and AIDS. On the other hand, 10 (20%) of the respondents said that the Church takes the role of teaching the importance of

morality in the society with people living with HIV and AIDS. Another 18 (36%) of respondents said that the Church is offering those affected by HIV and AIDS with moral, psychological, social and physical support while a considerable number 4 (8%) of them reported that the Church is actively creating awareness on realities of HIV and AIDS.

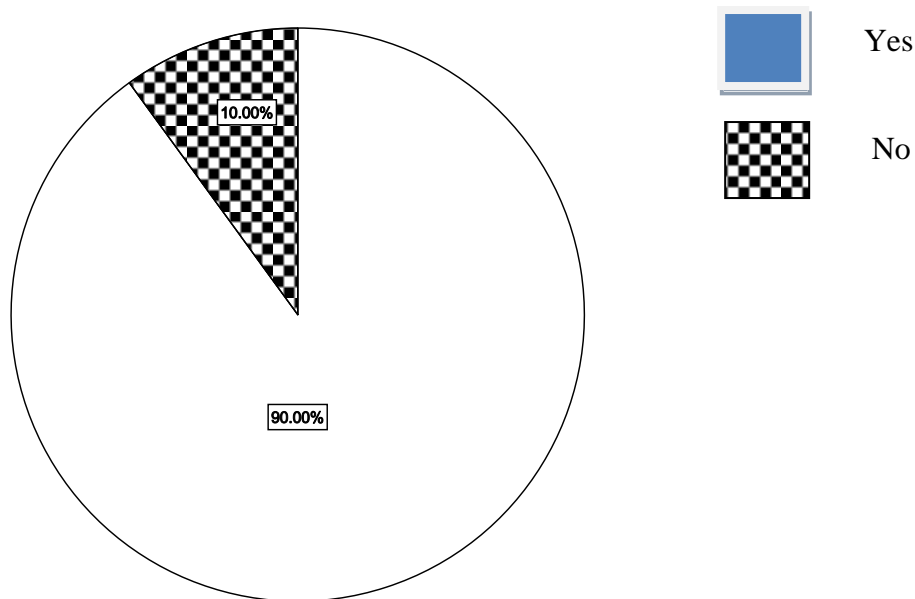
The findings from Table 8 above indicate that the church is doing a lot as far as HIV is concerned. Teaching the importance of moral values in the society is a sure way to reduce new infection in the society. Guidance and counseling will help those people living with HIV and AIDS to accept their situation and be in a better position to live positively. Creating awareness as far as HIV is concerned has opened people's eyes on the realities of HIV/AIDS. On accepting this reality, the church is able to assist people infected and affected within their congregation to go on with life despite the challenge posed by HIV and AIDS. The Church's role of offering moral, psychological, social and physical support helped to reduce stigmatisation that comes along with HIV and AIDS pandemic.

This discussion is a clear indication that the Church is particularly concerned with people living with HIV and AIDS and is actively offering as much help as they could. The Church is particularly more involved in offering guidance and counseling. More so the Church is actively involved in offering moral, psychological and physical support.

#### **4.2.1 The Church's other initiatives in the fight against HIV and AIDS**

The Church has been in the forefront in teaching morality in the society, offering guidance and counseling creation of awareness and offering psychological and physical support to the people living with HIV and AIDS. The Church's involvement in the fight against HIV and AIDS is evident in the study. According to this analysis, however the extent of the Church involvement has not been fully established to this point. This section has analysed how far the Church has gone in the fight against HIV and AIDS. In order to establish this, the researcher asked this relevant question; do you think it is in order for the church to establish a VCT health facility within its premises? The response to this question was presented in the figure 4.4 below.

Do you think it is in order for the church to establish a VCT health facility?



**Figure 4.3 Showing church member's response on whether or not it is right for the church to establish a VCT health facility**

The findings from fig.4.3 above indicate that a big number of respondents 90 (90%) had no problem with the Church establishing a VCT facility while only a few of them 10 (10%) opposed the idea. Kingoo (OI) supported the idea and stated that establishment of a VCT health facility by the Church will give an opportunity not only to the church members to know their status but also help them live positively. Knowing one's status the respondent believed it will be the first step towards the fight against the virus. He also argued that the Church's role in guidance and counseling will be strengthened more if people knew their HIV status. Mwonga (OI) held the view that the Church need to prepare people to accept the result of their testing before thinking of establishing a VCT. This was necessitated by the fact that HIV is a very sensitive issue and people need to be prepared to accept the reality of the pandemic. These findings are fundamental in addressing the Church's role in fighting HIV and AIDS. As suggested by these results the Church can increase its direct involvement in the fight against HIV and AIDS virus by establishing VCT facilities within their churches and encouraging members to get to know their status. When people know their status they are bound to live a careful life based on their status and also receive early treatment and perhaps live longer.

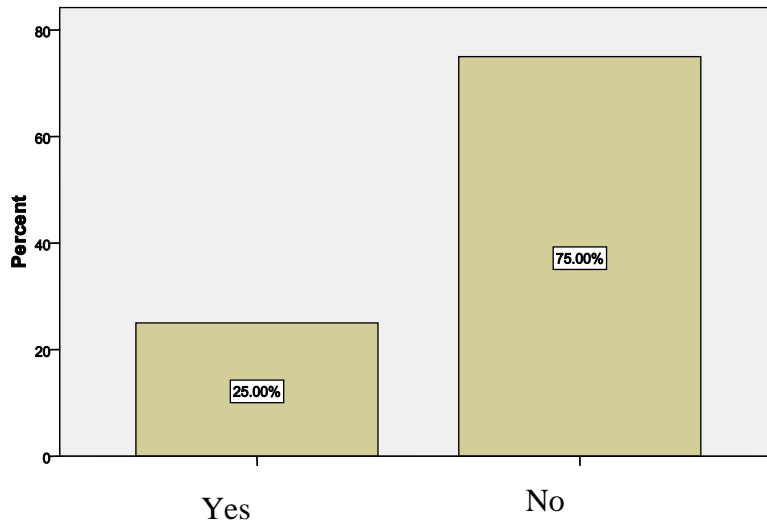
Another relevant question was; is there need for a person to know his or her HIV health status? Responses to this question were presented in the table 9 below.

**Table 9 Showing church member’s response on whether or not there is need for a person to know his/her HIV health status.**

|           | Frequency | Percent |
|-----------|-----------|---------|
| Valid Yes | 90        | 90.0    |
| No        | 10        | 10.0    |
| Total     | 100       | 100.0   |

On answering the question whether there is need or not for a person to know his or her health status, 90 (90% ) of the respondents affirmed there is need of knowing ones HIV status, Only 10 (10%) had different opinion. These findings are critical to the Church’s efforts in fighting HIV and AIDS. It can be argued from these results that the Church has an opportunity emphasis to the people on the importance of knowing their status in order to step up the fight against the virus. These will particularly help the Church in its other instrumental roles of guiding and counseling, and also offering moral support. By taking this initiative of encouraging people to know their status and establishing VCT facilities in its premises, the Church will be in a position of helping those infected and affected. At the same time encouraging those not affected to uphold their morality to prevent any chances of them contracting the virus. Kamau (OI) supported the importance of person’s knowing their status by saying that it will enable the individual to restructure his/her life and start living positively. The argument was also based on the individual’s need to plan their lives after knowing their status through for instance changing lifestyle, concentrating on balanced diet and taking ARVs. Another relevant question to meet this objective was: Is HIV testing popular among Christians? Response to this question was presented in the figure below.

### Is HIV testing popular among Christians?



**Figure 4.4 Showing members' response on whether HIV testing is popular among the Christians.**

Figure 4.4 above shows that majority of the respondents reported that HIV testing is not popular among Christians while 25% of them nevertheless, felt that it is popular. Those who said it is not popular added that Christians perceive HIV and AIDS as a disease that does not belong to Christians. Its lack of popularity was also attributed to fear of the unknown and having no idea of what to do if they find themselves HIV positive. Some respondents revealed that there is a widespread fear and prejudice towards persons who are HIV positive. People are often reluctant to be tested for HIV and AIDS for fear that if they discover they are HIV positive, they are kicked out of their homes and excluded from Church congregations because of the fear of AIDS and the prejudice against infected persons. According to Pastor Mwangangi (OI), religious leaders have not fully understood the complicated nature of HIV and AIDS. In some cases religious leaders have admitted to have actually contributed to the spread of the disease and the stigma around it by denying its existence, by trying to hide it or by judging those infected. This has adversely influenced testing for HIV among the people. He further adds that when people feel threatened or ashamed by HIV and AIDS, efforts at prevention and care becomes more difficult hence driving the epidemic further underground.

This result indicate that the Church is not utilising all the opportunities within its reach to fight HIV and AIDS. The Church will not be successful if it does not involve itself more in key factors such as conducting awareness campaign on people to know their status.

Another relevant question was; how can the local church help members to know their status? Responses to this question are presented in the table 10 below.

**Table 10 Showing members response on how the local Church can help members to know their status**

|                        | Frequency | Percent |
|------------------------|-----------|---------|
| Valid Pay for HIV test | 5         | 5.0     |
| Set up Church VCT      | 95        | 95.0    |
| Total                  | 100       | 100.0   |

The findings from table 10 above reveals that majority of the respondents 95 (95%) of them proposed that the Church should set up VCT while only 5 (5%) of them proposed that the Church to pay for members HIV test. This result reveals that setting up a VCT centre within the church premises may encourage church members to find out their HIV status.

#### **4.2.2 The Church's charity assistance to people living with HIV and AIDS**

It was important for the study to determine the Church's charitable activities aimed at helping those affected and infected by HIV and AIDS. The relevant research question for the study was; what are the ways in which Church help the families of those who die from AIDS related ailments? Responses to the research question above are presented in table 11 below.



**Table 11 Showing Church leaders response on ways in which Church help the families of those who dies from AIDS related ailments**

|  | Frequency | Percent |
|--|-----------|---------|
| Valid Assist in burial process             | 14        | 28      |
| Offer moral support                        | 14        | 28      |
| Offer financial support                    | 11        | 22      |
| Having time and mourning with the bereaved | 11        | 22      |
| Total                                      | 50        | 100.0   |

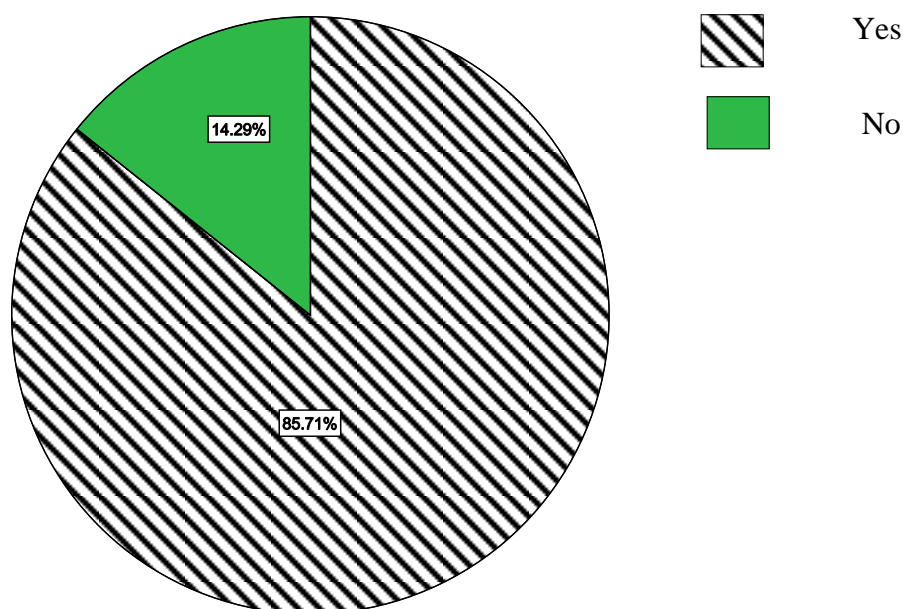
The study established as indicated in Table 11 above that 14 (28%) of the respondents said the Church assist in burial process, while 14 (28%) said that the Church offer emotional and spiritual support to those affected. On the other hand, 11 (22%) of the respondents stated that the Church offer financial support to the families of those who die from AIDS while a similar percentage 11 (22%) of the informants said the Church create time and mourns with the bereaved families. These results indicate that the Church plays a big role in helping those families whose members die from HIV related ailments. The Church assists in various forms such as assisting in burial process, offering financial and moral support and also creating time and mourning with the bereaved families.

The respondents argued that compassion is a channel of God's grace and need to be availed to one who is hurting. Compassion is shown in gentleness, kindness, acceptance, and love. Pastoral care that lacks compassion is not helpful. Compassion is the way of Jesus. Such a view is supported by the scripture: *John 3:16-18; John 10:27-29; Romans 8:35-39; I John 4:7, 8*. God is love. God's love is extended to all people. It has no end and is unconditional and nothing can separate humankind from the love of God that is in Jesus. Human beings love for God is demonstrated by loyalty to Jesus and love for one another. HIV often makes people feel separated from others, families, friends, partners, even God. The Scriptures states

that nothing can separate humankind from God's love. (Romans 8:37-39). In the midst of the challenges of HIV and AIDS, people can be assured that God still loves them. Therefore the need to express this love to people infected and affected with HIV.

The study further examined the Church's role in caring for the orphans. The relevant research question was : Is your local church already caring for the orphans? Response to this question was presented in the figure 4.5 below.

Is your local church already caring for the orphans?



**Figure 4.5 Showing response of members on whether their church is already caring for orphans**

Majority 86 (86%) confirmed that the Church is already caring for orphans while only a small number 14 (14%) of them said that their Church is not taking care of any orphan. From the above results it is clear that the Church is already playing a significant role in helping the individuals who are infected and those affected by the adversity of HIV and AIDS.

The study was also keen to establish in what ways the local Church should take care of the orphans. The relevant research question was; In which ways should the local church care for orphans? Response for the above question was presented in the table below.

**Table 12 Showing church leaders’ response in which ways should local church care for orphans?**

|                               | Frequency | Percent |
|-------------------------------|-----------|---------|
| Valid Ensuring good health    | 11        | 22      |
| Access to education           | 7         | 14      |
| Access to basic Accommodation | 32        | 64      |
| Total                         | 50        | 100.0   |

According to Table 12, the study shows that 11(22%0 of the church leaders suggested that the Church should ensure good health of the orphaned children, 7 (14)% suggested that the church should ensure the orphans get access to education while 32 (64%) of respondents stated that the Church should at least ensure the orphan get access to basic accomodation.

These results clearly demonstrated that the church leaders believed that the Church should assume the full reponsibility of taking care of the orphans by ensuring they are in good health get access to good education and entitled to basic accomodation needs.This opinion was further supported by Mutinda (OI) pastor/farmer who praised the RGC innitiatives of helping the opharns. For him the Church’s efforts to sponsor orphans to access education and basic needs was a worthy course.

**4.2.3 Discussions**

In answering research question one: in what ways the Church fight against HIV and AIDS pandemic, the study has revealed that the Church is actively disseminating information on HIV and AIDS. The neccesity to actively inform the members on the realities of HIV and AIDS as established in the study can be attributed to local people’s perception on the pandemic. The pandemic is surrounded by many myths and beliefs. This is evident by the negative branded names attached to the disease. In order to succeed in fighting HIV and AIDS at the local level, the Church is actively educating people on what really HIV and AIDS is. As noted in the study there are mixed reactions on whether to take HIV as a health issue or as a moral issue. The study clearly shows that the Church is putting efforts to change people’s perception on HIV and AIDS from negativity to a more postive and a realistic perception.

A majority of the respondents admitted that their Church is offering education on HIV and AIDS and also teachings on the same. This is the first step the Church is taking. Similarly the Church's activities to prevent the spread of the disease were noted. The study reveals that the Church has adopted preventive measures in regard to HIV and AIDS. Examination of the Church's role in helping members make right choices in life shows that majority of the respondents affirming that the Church has been key in teaching on morality and the need to live a responsible life beside offering guidance and counseling. This is surely the Church's strategy to change people's behaviours. Success in changing people's behaviours can ultimately play a major role in the prevention of the pandemic since the results in the study show that sexual immorality is the key contributing factors to HIV and AIDS spread. This was clearly supported by 90% of the respondents admitting that church teachings have influence on moral life. Beside establishing ways to stop the spread of HIV and AIDS, the Church had a challenge of dealing with those infected and affected. The study established that a majority of the respondents pointed out that the Church is playing a major role in offering guidance and counseling to those affected and infected by HIV and AIDS. In addition, the Church is offering moral, psychological, social and physical support to those affected.

The study further examined the Church's welfare role in the society with regard to people affected by HIV and AIDS. It was revealed that the Church was actively reducing the burden of the pandemic in the society through involvement in charitable activities. The results indicate the Church helps families of those who die from AIDS in burial process, offering moral support, financial support and being there to mourn with them. A majority of the respondents also reported that their local churches are caring for orphans by ensuring good health, access to education and access to basic accommodation. Reverend Mwonga (OI), a senior pastor with the RGC confirms that the Church actively participates in mourning with bereaved family and also participates in preparation and also in ministering in the burial services of people who have died of AIDS.

In addition, Ndeto (OI) a coordinator of the RGC projects stated that the Church has a programme to assist the orphans by empowering the orphans' guardians through goats and poultry keeping projects. He further confirms that the Church sponsors orphans for basic education.

### 4.3. The general teachings of the Church on HIV and AIDS

The second objective of the study was ; to establish the general teaching of the Church on HIV and AIDS. The relevant research question was: What are the local terms used in relation to HIV and AIDS in the local community? Response to the above question was presented in table 13 below.

**Table 13 Showing Local names used in relation to HIV /AIDS**

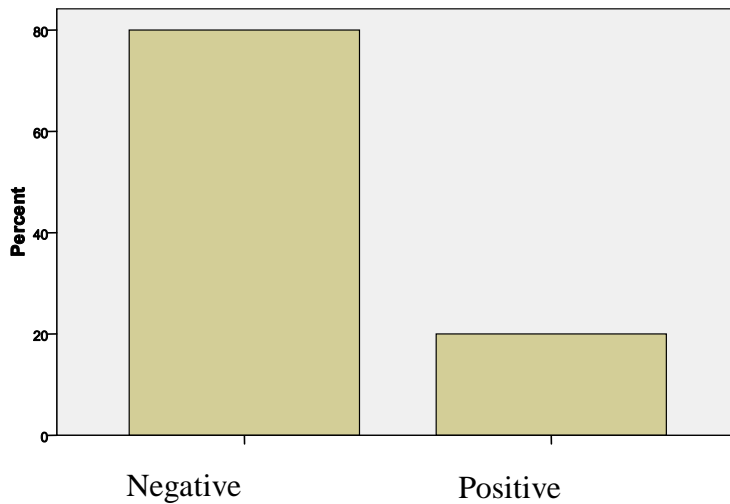
| Name                                      | Church members frequency | Percentage |
|---|--------------------------|------------|
| <i>Muthelo</i> (finisher)                 | 40                       | 40         |
| <i>Ndetema</i> (malaria)                  | 10                       | 10         |
| <i>Kathia mbola</i> (grinding slow)       | 20                       | 20         |
| <i>Mwasuvya mbola</i> (curving gradually) | 15                       | 15         |
| <i>Kasuvye</i> (curved)                   | 15                       | 15         |
| Total                                     | 100                      | 100%       |

The findings demonstrated that people at Katangi division had different perceptions of what constitute HIV and AIDS. This is majorly contributed to the myths surrounding the pandemic. According to the local people in the division HIV and AIDS have been given various names such as *Muthelo* (finisher), *Ndetema* (malaria), *Kathia mbola* (grinding slow), *Mwasuvya mbola* (curving gradually) and *Kasuvye* (curved). All these terms portray a negative connotation of the pandemic. It was evident that the people associated the pandemic with witchcraft, punishment from God, a curse or a disease of immoral people. This is a general view both within the Church and the local community in general.

The study put to test the implications of terms such as *Muthelo* (finisher), *Ndetema* (malaria), *Kathia mbola* (grinding slow), *Mwasuvya mbola* (curving gradually) and *Kasuvye* (curved), used to describe HIV and

AIDS.

Do the local terms for HIV give negative or positive connotation to HIV/AIDS?



**Figure 4.7 Showing response on the meaning of local names given to HIV and AIDS**

As indicated in Figure 4.7, 80 ( 80% ) of the respondents to this question reported that the branded names given to HIV and AIDS implies how negative people perceive the situation. Only a small percentage 20 (20 %) of respondents had other views on the subject. Such branding on HIV and AIDS by the people in the study area is draw back in the fight against the pandemic since the names have a negative connotation. As a result this adds to the stigma already associated with HIV and AIDS. This makes people shy off in finding out their HIV status and as a result leading to the spread of the infection and re- infection.

Based on this result it is evident that the people in the area of study have no clear information of what HIV and AIDS is. This can particularly become an obstacle in the fight against the pandemic. The ignorance and myths surrounding HIV and AIDS can only accelerate its spread. As such, for any organisation or Church which claims to be involved in the fight against the pandemic must make initiative of clearly educating people what HIV and AIDS is.

The study sought to find out the local peoples' views on whether HIV and AIDS is a health issue or a moral issue. The responses were presented in the table below.

**Table 14 Showing response on whether or not church members think it is important to view HIV and AIDS as a health issues rather than a moral issue only.**

|           | Frequency | Percent |
|-----------|-----------|---------|
| Valid Yes | 65        | 65.0    |
| No        | 35        | 35.0    |
| Total     | 100       | 100.0   |

As shown in Table 14 majority 65 (65%) of the respondents suggested that HIV and AIDS would rather be viewed as a health issue while 35(35%) of them suggested that it should be taken as a moral issue. The respondents who supported the view that HIV be viewed as a moral issues argued that most infections results from immoral living. Therefore the spread can be controlled through change of behaviour. This view is also held by Map International (1986) which asserts that HIV and AIDS is not only a physical problem for medical personnel to handle but also a spiritual, social and moral issue which Christian leaders, pastors and lay people must be involved. The Church can be very instrumental based on her traditional understanding and practice of great moral values and virtues. Those who said it should be viewed as a health issue argued that HIV and AIDS is not only spread through sex but also through other means. There was also an argument that HIV and AIDS just like any other disease affects an individual both physically and psychologically.

According to the result above, it is clear that majority of church members would prefer HIV and AIDS being viewed as a health issue. However, a few of them would advocate for it to be treated as a moral issue. The danger of treating HIV and AIDS as a moral issue will bring about stigmatisation to people living with HIV and AIDS. Bearing in mind the Church’s role in changing people’s way of thinking and perception, it is important to analyse how the Church is changing people perception on the pandemic.

In order to establish whether the Church educates people on HIV and AIDS, the researcher asked the church members whether or not their local Church offers teaching on HIV and AIDS. The responses were presented in the table below.

**Table 15 Showing response by church members on whether or not their church teach people on HIV/AIDS**

|           | Frequency | Percent |
|-----------|-----------|---------|
| Valid Yes | 80        | 80.0    |
| No        | 15        | 15.0    |
|           | 5         | 5.0     |
| Total     | 100       | 100.0   |

As shown in Table 15 above majority 80 (80%) of the respondents reported that their Church does educate them on HIV and AIDS. However, a considerable number 20 (20%) of the informants said the church does not. The results indicate that the Church has recognised its important role in fighting HIV and AIDS and making efforts to offer HIV and AIDS education to their members.

Furthermore, the study inquired from church leaders whether the Church teaches on HIV and AIDS.

**Table 16 Showing church leaders response on whether or not the Church teach on HIV/AIDS**

|           | Frequency | Percent |
|-----------|-----------|---------|
| Valid Yes | 39        | 78      |
| No        | 11        | 22      |
| Total     | 50        | 100.0   |

Table 16, shows that 39 (78%) of the church leaders said their church teach on HIV and AIDS while only 11 (22%) of them said they do not. Those who said the Church teach on HIV and AIDS affirmed that the Church was instrumental in teaching abstinence and faithfulness. Pastor Mwangangi (OI) Says “The church is a foundation of bringing communities together and has a message as far as HIV is concerned.” This message of sexual responsibility is entirely consistent with the Church’s teaching that sex within a



lifelong committed relationship is most fulfilling and leads to the greatest health and happiness.

The Church has played a strong role in speaking out against unhealthy sexual lifestyle and making it clear that sexual responsibility, which means above all abstinence and fidelity by men and women, is a key part of promoting human dignity and the health and happiness of individuals. This view was affirmed by Kamau, a Church elder (OI), who said the Church's teachings have stressed on the value and dignity of every person. In the context of the AIDS epidemic, the Church needs to affirm healthy relationships rooted in trust, honesty and respect. HIV and AIDS touches upon the issues of sexuality and sexual orientation, substance abuse and addictions, often in a context of poverty. Hence the Church needs to remind HIV-infected persons of their grave moral responsibility not to expose the virus to others. All church members are advised to respect the dignity of others, both in their personal feelings and interactions and in the structures of society.

Furthermore the Church needs to embrace the teachings of the bible as far as HIV is concerned so as to be in line with the words of Jesus when he stated: “Then the King will say to those on His right hand, ‘Come, you blessed of my Father, inherit the kingdom prepared for you from the foundation of the world; for I was hungry and you gave me food; I was thirsty and you gave me drink; I was naked and you clothed me; I was sick and you visited me; I was in prison and you came to me’ ” (Matthew 25:34, 35).

On HIV management, Kamau (OI) a church elder affirmed that as a follower of Jesus, the Church teaches on caring for the sick so as to lessen the global spread of HIV and AIDS and the serious suffering that marks this disease. To reduce stigmatisation pastor Mwonga (OI) says, “Church statements about HIV and AIDS should always affirm the love and compassion of God. Jesus has revealed a God who loves all unconditionally, God who forgives sinful actions. God is not vengeful. God respects human freedom, calling people to love and responsibility, but not interfering even with destructive choices. HIV and AIDS is a human illness not a punishment from God. HIV and AIDS causes great suffering and death. And so the Church teachings address this sober reality, helping people to stand before the mystery of suffering and to realize that even in times of HIV God’s tender mercies can be experienced”.

Elizabeth, (OI) a church elder confirmed that their Church is offering education on HIV and AIDS to its member's .She said this is the first step the Church is taking in its fight against HIV and AIDS. She further revealed that the RGC has adopted preventive measures such as abstinence, faithfulness in marriage and also use of condoms in marriages where one partner is HIV positive. Similarly Mulinge (1997) has contended that there is the understanding that religious perspectives on practices related to HIV and AIDS could have a bearing on prevention and control. This is possible because most religions have a stand on the issues of premarital and extramarital sex, abortion, contraceptives and polygamy in keeping with beliefs. These in turn have a bearing on the management of the HIV and AIDS pandemic.

Kamau, a RGC elder (OI), affirmed that the Church has been very instrumental in teaching on morality and the need to live a responsible life besides offering guidance and counseling. This has been useful in helping people make the right choices in life. They further stated that in their churches there are some programmes in collaboration with NACADA which teach the youths on dangers of drugs and HIV and AIDS. It was evident that the Church did this through organised seminars and also in regular sermons. Those who said the Church does not teach on HIV and AIDS argued that the Church lacks skills and resources to successfully support such teaching. Others argued that the church leaders fear or ignore to talk about HIV and AIDS. Some respondents contended that some church leaders perceived the HIV and AIDS as a disease of immoral people who are not found in their congregation.

The above findings demonstrate that the Church is in the forefront in disseminating information on HIV and AIDS. In its efforts of creating awareness the Church is playing a major role in educating the local people on HIV and AIDS issues. Despite the Church efforts to spread information on HIV, there is need for the Church to embark on more systematic analysis of the scriptural teaching and its development and application in order to understand and respond effectively to the fight against the scourge. The Church's divine strategy to fight HIV and AIDS should be based on Jesus mission of liberation of humanity (Isaiah 61: 1-3). Liberation theology as a whole and its insights are valuable to all involved with the struggle to overcome the threat of HIV and AIDS. The Church's effective role in disseminating information on the virus can be attributed to their capability to bring together a congregation without much preparation and with minimal expenses. According to Pastor Mwangangi (OI), the Church needs to understand and embrace its core mission of demonstrating the love of

God in the world with the purpose of affecting behaviour change and improving the quality of life. As a result the RGC in Katangi has realised this need and thus started a HIV training programme for its pastors at Ngangani RGC grounds. Mwangangi, contends that this initiative was important for enlightening some of the church leaders who perceived HIV as a disease for the immoral. The training is also necessary to equip the church leaders to better handle the HIV management in the division.

#### **4.3.1 Discussions**

Objective two was to assess the Redeemed Gospel Church teachings on HIV and AIDS generally. The relevant question was; what are RGC teachings about HIV and AIDS? Looking at research question two: on the church's teachings about HIV and AIDS the study established that the Church bases its teaching on the bible and especially the life of Jesus which stresses the dignity of every person. It further teaches on caring for the sick, God's love, compassion and forgiveness and that HIV and AIDS is not God's punishment. The Church has set programmes aimed at propagating these teachings in the fight against the HIV pandemic. 100% of church leaders reported that they advocate for compulsory counseling and testing in their Church. Ndeto (OI), Senior Coordinator in the RGC projects contends that many religious leaders may feel unprepared to talk about issues such as sexuality, prostitution and HIV. On the other hand, others believe that getting infected with HIV is punishment for sinful behaviour hence the need for a training of the Church leaders on the management of HIV and AIDS since some of them are not knowledgeable on the HIV and AIDS crises. As such, RGC has come up with a HIV training programme for the Church leaders. This indicates that the Church is in the forefront in ensuring formation of family units free from AIDS.

#### **4.4. The Effectiveness of the Redeemed Gospel Church in the fight against HIV and AIDS in Katangi Division**

The third objective of the study was to evaluate the effectiveness of RGC in the fight against HIV and AIDS. The relevant question was; what could your church do that is not doing now to help people with HIV and AIDS? The response to the research question above was presented by Table 17 below.

**Table 17 Showing church leaders response on what the Church should do that is not doing now to help people with HIV/AIDS**

|  | Frequency | Percent |
|--|-----------|---------|
| Valid Make efforts to establish mobile VCTs                          | 7         | 14      |
| Ensuring those affected access ARVs                                  | 11        | 22      |
| Collaborating with government organs and NGOs concerns with HIV/AIDS | 17        | 34      |
| Intensifying campaign on awareness                                   | 11        | 22      |
| Emphasizing on knowing the status by the public                      | 4         | 8       |
| Total  | 50        | 100.0   |

Table 17 shows that majority 17 (34%) of the respondents were of the view that it will be important for the Church to collaborate with government organs and NGOs concerned with HIV and AIDS. On the other hand, 11(22%) of the respondents suggested that the Church should ensure those affected access ARVs. Another 11 (22%) of the respondents felt that the Church should intensify campaigns on awareness. However, 7 (14%) contended that the Church should make efforts to establish mobile VCT in its premises. Only 4 (8%) of the respondents were of the view that the Church should emphasis on people knowing their status.

These findings indicate that the Church cannot win the fight against HIV and AIDS if it does not collaborate with the government and NGOs concerned with HIV and AIDS. Although the RGC has made some efforts to lessen the suffering of people in Katangi as far as HIV and AIDS is concerned, there are still some limitations that hinder its success. Such limitations include inadequate finances and qualified personnel to handle HIV related issues. Ndeto (OI)

a coordinator with RGC development projects confirmed that the RGC has not been able to meet the basic needs for the HIV orphans, supply for Arvs and no adequate trained personnel to handle the pandemic. It can be argued from these results that the Church is lacking resources necessary to fight the pandemic. As such, collaborating with government organs and NGOs can put the Church in a better position in the fight against HIV and AIDS pandemic.

To further meet objective 3 on effectiveness of the church in the fight against HIV and AIDS. The relevant research question was: Are there aspects on HIV and AIDs not yet addressed by the church? The response to the question was presented in the table below.

**Table 18 Showing church leaders response on whether or not there are aspects on HIV and AIDs not yet addressed by the church**

|           | Frequency | Percent |
|-----------|-----------|---------|
| Valid Yes | 46        | 92      |
| No        | 4         | 8       |
| Total     | 50        | 100.0   |

As shown in Table 18 above, it was established that 46 (92% )of the respondents admitted that there were some aspects on HIV and AIDS which the local church was not able to address while only a small number 4 (8%) of them said there were no unmet needs. Table 18 indicate that there are aspects affecting people living with HIV and AIDS which are yet to be addressed by the Redeemed Gospel churches. The Church has not been able to meet all the social and physical needs for the affected and the infected in Katangi division. The main challenges have been the Church’s lack of financial resources and skilled personnel in relation to HIV and AIDS.As such this has limited the effectiveness of the church in the fight against HIV and AIDS.

It was evident that the Church has not been able to meet all the needs of people living with HIV and AIDS. Daudi (OI) a pastor with RGC mentioned that the Church’s capability in terms of resources to meet all the needs of people infected and affected by HIV and AIDS is limited. The Church is not well equipped in providing high education of the orphaned children. It was also noted that there were no well established programmes that could

effectively deal with HIV and AIDS in the Church. The church's capability to attain individual attention to the infected (ensuring they access balanced diet and ARVs) was found to be limited. The Church's effort was also reported to be lacking in terms of motivating those affected to come out and help in the fight and also its competence to minimise stigmatisation and discrimination was doubted. People living with HIV and AIDS are still looked with contempt. Nzile (OI) a chief at Ikombe location of Katangi division affirmed that stigmatisation and discrimination still hinder the RGC efforts in fighting HIV and AIDS. He reported that at least every week he handles a case of people ridiculing some of the people living with HIV in the location.

#### **4.4.1 The Biblical and theological basis of intervention in the fight against HIV**

##### **and AIDS**

To further evaluate the effectiveness of RGC in the fight against HIV and AIDS, the study sought to establish the Biblical and theological basis for the intervention in the fight against HIV and AIDS. In doing this, the study investigated some of the critical Biblical and theological perspectives on HIV and AIDS spread and its adversity among those affected. The Church comprises of the followers of Jesus Christ and therefore Christian church can do much to bring Christ life and hope to the community by getting involved in HIV and AIDS ministries. The Lord Jesus Christ makes a powerful declaration of his mission on earth in John 10:10: "I have come so that they may have life and have it abundantly." This is what he came to do and called upon his disciples to continue doing even after his ascension. "As the Father sent me, so I send you." The Church has a calling from its master, to lead humanity throughout the world to live abundant lives in Christ. "Then the King will say to those on His right hand, 'Come, you blessed of my Father, inherit the kingdom prepared for you from the foundation of the world; for I was hungry and you gave me food; I was thirsty and you gave me drink; I was a stranger and you took me in; I was naked and you clothed me; I was sick and you visited me; I was in prison and you came to me' " (Matthew 25:3). This is a sure calling for Church to faithfully assist those infected and affected by HIV and AIDS.

Pastor Mwanzia, (OI) a senior pastor, when asked to comment the Biblical and theological basis of intervention said, the church as the body of Christ is a community of healing and compassion. Christ's earthly ministry was characterized by healing all diseases unconditionally (Mark 1:29-34), forgiving sins (John 8:1-12; Luke 7:36-49, 15:11-32), breaking the stigma associated with leprosy by touching lepers and restoring their physical

and social health (Mark 1:40-45; Luke 17:11-19), denouncing self-righteousness among believers (Luke 18:9-14), taking sides with the poor and marginalized (Matt. 9:10-13; Luke 18:1-8), prophetically denouncing oppressive social structures (Luke 4:16-22) and triumphantly defeating the power of death through his resurrection: Therefore the biblical teaching, the gospel of Christ and church traditions provide adequate frameworks for the Church to intervene and serve God's people in the HIV and AIDS crises period. Indeed, the Church needs to be close to the sick, the dying, the dead, the bereaved, the orphaned and widowed, offering love and hope as Christ did. This is further reinforced by the teaching that Jesus came that all may have life and have it in fullness (John 10:10). Also the Church - sharing in the mission of Christ in a time of HIV and AIDS is captured in Luke 4:18-19: The Spirit of the Lord is upon me, because He has anointed me to bring good news to the poor... to proclaim release to the captives and recovery of sight to the blind, to let the oppressed go free, to proclaim the year of the Lord's favour.

The Church as body of Christ is mandated to carry out this mission to the whole world (Mark 16:15; Mt 28:19-20). The RGC social teaching affirms human life as a mystery, sacred and social. The Church thus recognizes the value of preserving human life that rests in the recognition of the highest dignity of humanity that is, humanity as having been created in the image of God and having become son and daughter of God in Christ through baptism (Gen.1:26-27; Gal 3:28). Human life is social in the sense that it is participated life in fellowship, togetherness mutual and reciprocal relation in which everyone is his/her brother/sister's keeper cf. Gen.4:9). In other words, believers as responsible and accountable stewards of God's grace are challenged to protect human life and especially when it's most vulnerable - and in this case, from life-threatening effects of HIV and AIDS. The Church's response to the mission of God in a situation of HIV and AIDS is also stressed by the Great Commandment to: Love the Lord your God with all your heart and with all your strength, and with your entire mind; and your neighbour as yourself" (Lk.10:27-28). Thus, the Christian God is the God of love. In the God-human-cosmos relationality, and facing HIV and AIDS, the Church is challenged to creative agape love that ultimately orients people to divine love (Pope Benedict XV, 2005:6-7).

In the book of Luke there is a divine call to love your neighbour as explained in the parable of the Good Samaritan. Liberation theologians pick up this understanding of neighbour as the person in need. In a situation of the HIV and AIDS pandemic, creative love challenges people

further to go searching for the suffering and marginalised – to show compassion towards the “other”. Christian men and women are challenged to make choices that protect and affirm life.

In addition, HIV and AIDS pandemic has brought a lot of suffering to humanity. The problem of suffering has never ceased to puzzle human beings. The biblical Book of Job provides a valuable and moving exploration yet leaves the final answer to the mystery of the creator God. Reverend Mwanzia, (OI) an overseer with the RGC at Katangi division, asserts that the Church’s obligation to intervene is based on the works of compassion performed by Jesus Christ the lord of the Christian church. Jesus spent his ministry relieving the suffering of the sick, the hungry and the bereaved. At the Synagogue in Nazareth, Jesus adopted Isaiah 61:1-3 as his mission charter. Jesus outlined this for his disciples as a pattern of response which continues to guide and inspire the church today.

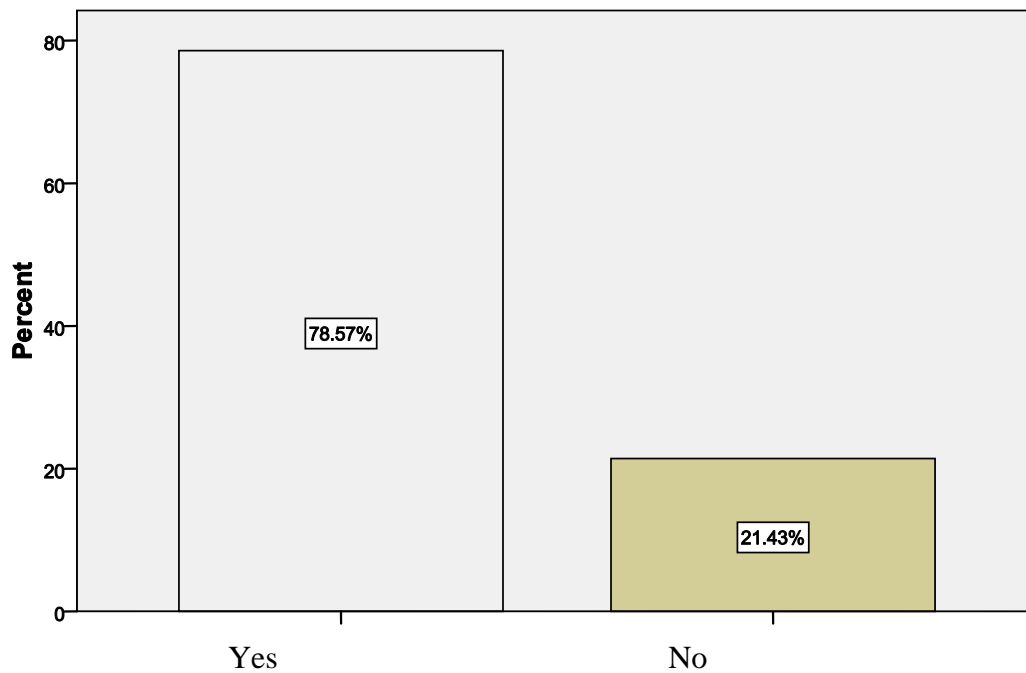
The Gospels provides accounts of healing at different levels from simple fever, leprosy, demon possession, to forgiveness of sins forms the basis for the Christian commitment to caring for the sick. The Church’s response to HIV and AIDS should be guided by conviction that God cares about the sick people- he loves people who are HIV positive. A study of the scripture reveals a God who is passionate about the sick, the widow, the orphan and the poor. (Exodus 23:22-26) The global HIV and AIDS pandemic is the Church’s greatest opportunity to serve the hurting like Jesus did to show Gods love Christians should be the hands and feet of Jesus. Therefore the Church involvement in mitigating HIV and AIDS impact is a mandate given to the Church from God. James 1:27 “True religion that pleases God is to take care on Orphans and widows in their hour of need.”

#### **4.4.2 The Church’s tools for intervention**

The Church’s tools for intervention in the fight against HIV and AIDS were examined. The relevant research question was: Does the church you serve have a programme teaching on HIV and AIDS? The response was presented in the figure below.



Does the church you serve have a programme teaching on HIV /AIDs?



**Figure4.8 Showing the church leaders response on whether or not the churches they serve have a programme teaching on HIV and AIDS**

As Figure 4.8 indicates, a big number (78.6%) of the Church leaders reported that their churches had a programme teaching on HIV and AIDS. 21% of them however, stated that they don't have programme teaching HIV and AIDS in their churches. The programmes as reported by the respondents are modeled to give hope to the affected and infected. Most of the programmes are meant for the youth to create awareness on HIV and AIDS and the need for behaviour Change. It is generally agreed that behaviour change is probably the only sure solution to addressing the HIV and AIDS crisis. The Church, being a strong advocate for high moral principles, is the best vehicle to effectively address this. The role of Churches in mitigating the spread and impact of the HIV and AIDS pandemic is therefore very crucial.

These results are clear indication that majority of RGC in Katangi division have integrated HIV and AIDS teaching programmes in their activities. This was evidenced by several HIV related posters displayed in most of the RGC notes boards. It can be argued from the results that the church is playing a major role in disseminating HIV and AIDS information to their

members. Ndeto, a RGC projects coordinator (OI), confirmed that RGC has well developed social programmes and projects within which issues of HIV are addressed. In such forums, the Church address the value based lifestyles choices relating to sex and sexuality.

The study further inquired from the church leaders whether they have a provision of compulsory counseling and testing before marriage. According to the findings, 100% of them reported that compulsory counseling and testing before marriage is important to the couple. They supported their argument by saying that it helps the couples to plan for their future. Rev. Mwanzia (OI), an overseer with the RGC, confirmed that for a wedding to be officiated in their Church, it is a requirement for the bride and the bridegroom to go through HIV test. He further said “As a senior Church leader, have officiated over forty church weddings ceremonies and the couples had to go through a mandatory HIV test before the wedding. It has become a church policy within the RGC church”.

#### **4.4.3 Discussions**

Objective three was to evaluate the effectiveness of RGC in the fight against HIV and AIDS. The relevant question was; how effective has the RGC been in the fight against HIV and AIDS in Katangi division? In response to research question three on how is the RGC effective in the fight against HIV and AIDS, the study found out that Church establishing VCT facility in their premises was a necessity. Majority of the respondents felt that the Church is not making efforts to ensure those infected get access to ARVs and is not collaborating adequately with government organs and NGOs concerned with HIV and AIDS. The Church is limited in resources to adequately take care of those affected and infected by the pandemic. Pastor Kingoo (OI) acknowledges that although the Church has made some steps towards the right direction, it has been faced with some challenges in the fight against HIV due to financial limitation, limited personnel to carry out the work, and inadequate or no skills among the church members to carry out HIV and AIDS work.

#### **4.4.4 Summary conclusion**

This chapter has outlined the findings of the study. On establishing the contribution of the RGC in the fight against HIV and AIDS pandemic, the findings shows that RGC has set up programmes for creating awareness and sensitization on HIV and AIDS in the society, offers guidance and counseling, assist bereaved families and care for orphans. Further RGC has teachings with Biblical and theological basis in regard to HIV and AIDS.

Although RGC has made a lot of efforts in lessening suffering resulting from HIV and AIDS, there are challenges that limit its effectiveness. Such challenges include inadequate funds to finance its programmes, inadequate skilled personnel to handle the pandemic and the deep rooted stigma.

## CHAPTER FIVE

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 Introduction

This chapter contains the summary of the study, conclusions, recommendations and suggestions for further study.

#### 5.2 Summary

The purpose of this study was to investigate the role of the RGC in the fight against HIV and AIDS in Katangi division of Machakos County. The study was based on the following research objectives.

- (i) To examine the role of the Redeemed Gospel Church in the fight against HIV and AIDS in Katangi division.
- (ii) To assess the general teachings of Redeemed Gospel Church on HIV and AIDS.
- (iii) To evaluate the effectiveness of the Redeemed Gospel Church in the fight against HIV and AIDS in Katangi division.

Objective one sought to examine the role of the Redeemed Gospel Church in the fight against HIV and AIDS in Katangi division. The findings were as follows;

- i) The Church has set up programmes to create awareness and sensitisation on HIV and AIDS in the Church and the community in general. Such programmes are done through church teachings, open air crusades, seminars, workshops and community projects.
- ii) The church offers guidance and counseling on issues concerning HIV and AIDS.
- iii) The church offers financial and moral support to the bereaved families.
- iv) The church cares for orphans by providing shelter, education and other basic needs.
- vi) The church provides economic empowerment to the guardians of the orphans through projects such as goat and poultry rearing.

On assessing the contribution of RGC in the fight against HIV and AIDS, the above findings reveal that RGC at Katangi division has made major contribution in the fight against HIV.

Objective two sought to assess the general teachings of Redeemed Gospel Church on HIV and AIDS. The findings were as follows;

- i) HIV and AIDS should not be viewed as God's punishment.
- ii) Church's teachings have stressed on the value and dignity of every person.
- ii) Teaching on abstinence and faithfulness in marriage is important in the fight against HIV and AIDS.

iv) Church teaches on love, compassion and care for people living with HIV and AIDS.

On evaluating the Church teachings about HIV and AIDS it was established that RGC in Katangi division has teachings which have biblical basis as far as HIV and AIDS is concerned. The teachings can be very instrumental in changing the peoples' perspective on HIV hence facilitating the success on the fight against HIV and AIDS in the division.

Objective three sought to evaluate the effectiveness of the Redeemed Gospel Church in the fight against HIV and AIDS in Katangi division. The findings were as follows;

i) RGC has set up programmes in the fight against HIV and AIDS, such as; Awareness and sensitisation programme, Guidance and counseling programmes and programmes for caring for orphans.

ii) RGC has a biblical backing on its fight against HIV and AIDS.

iii) RGC faced challenges in the fight against HIV and AIDS due to resource limitation.

Although RGC has made some major efforts in the fight against HIV and AIDS, the Church's efforts has been challenged by limitation of funds and skilled personnel to deal with HIV and AIDS matters.

### **5.3 Conclusion**

The study was able to relate with Maslow's hierarchy of needs theory, Rogers's person centered theory and Skinners reinforcement theory in analysing the topic. The three theories complimented each other in explaining the cause, prevention and management of HIV and AIDS pandemic. Theoretically the church is keen to meet the basic needs of the people since depriving of the same may exposes people to HIV risk factors. Further the church advocates for change and control of behaviour as a tool to fight HIV and AIDS and all these ideas are advanced in the three used theories.

The first objective was to examine the role of the Redeemed Gospel Church in the fight against HIV and AIDS in Katangi division. Based on the findings, the study concludes that the Church is playing a major role in the fight against HIV and AIDS in the division. In answering the research question (i) how the RGC is involved in the fight against HIV and AIDS pandemic in Katangi division. First the study noted the following. The Church is actively involved in various activities in regard to HIV and AIDS. In dealing with the already

affected and infected by HIV and AIDS virus, the Church is instrumental in offering guidance and counseling, providing moral, psychological and physical support. Secondly, the Church was supporting families whose members die from HIV and AIDS through the burial process and also supporting them financially. Finally the Church was very instrumental in offering charitable assistance especially to orphans. The Church also ensured that orphans got access to basic accommodation, education and good health, as was articulated by the project coordinator. The coordinator affirmed that to execute this function the RGC at Katangi division has initiated a local NGO –Ngangani Acts Community Development (Nacodev). The NGO helps in promoting HIV and AIDS awareness, disseminating information on the realities of HIV and AIDS, caring for the orphans and initiating economic empowerment projects in the area to fight poverty which has been identified as a factor in the spread of HIV and AIDS.

The second objective was to assess the Redeemed Gospel Church's teachings on HIV and AIDS generally. This objective was achieved by answering research question (ii) what are the RGC's teachings about HIV and AIDS? It was established that the Church was active in both prevention of the spread of virus and also in dealing with AIDS as a disease. The study demonstrated that the local people had a negative perception and beliefs' regarding HIV and AIDS. The Church therefore had a major role to play in explaining the truth about the virus in the effort to counter the myths and beliefs surrounding the HIV and AIDS. The Church's role of preaching morality and the need of living a responsible life was noted to be relevant in the fight against HIV and AIDS. This was based on the earlier findings in this study that the key contributing factors to HIV and AIDS infections was immoral behaviour such as premarital, extramarital sexual relations and poverty as well as alcohol and drug abuse. These findings lead to a conclusion that the Church is actively involving itself in the fight against HIV and AIDS at the local settings by teaching on morality and also exposing the Biblical truth concerning HIV hence reducing stigma. The Church bases its efforts in promoting the healing and caring ministry of Jesus Christ on earth. The RGC church is realising its divine mandate in lessening human suffering in Katangi division. This is achieved by the Church creating awareness on HIV and AIDS, establishing of church based programmes aimed at preventing the spread of the virus. The Church is also active in teaching the importance of living a moral life.

The third objective was to evaluate the effectiveness of the Redeemed Gospel Church in the fight against HIV and AIDS in Katangi division. This objective was achieved by answering the research question (iii) how effective has the RGC been in the fight against HIV and AIDS in Katangi division, the study established that the RGC in Katangi division had made great efforts towards the fight against HIV and AIDS. The Church is moving towards the right direction in regard of the fight against HIV and AIDS although the effectiveness has been limited. This is attributed to the Church's limited resources and lack of trained personnel in regard to the fight against the pandemic. The findings also shows that there are still many unmet needs of people living with HIV and AIDS in the division since the Church is overwhelmed and not in a position of meeting all their needs. Some of the things the Church has been unable to meet include ensuring balanced diet and access to ARVs, this is attributed to the Church's lack of resources to perform this tasks. As such, although the Church is a very important tool in the society in terms of information dissemination towards behaviour change, it has been slow in making accessible HIV and AIDS information to members and the society at large.

Redeemed Gospel Church in katangi division has realised some achievements as far as the fight against HIV and AIDS is concerned, but practically there are challenges which the church has not been able to overcome. Such challenges include inadequate financial base, skilled personnel and issues of stigma which are not fully addressed. From these conclusions the study made the following recommendations.

#### **5.4 Recommendations**

Based on the objectives the study recommended the following:

First, the Church should establish VCTs facilities within its premises to enable the Church members and general public to find out their status. Moreover, with regard to persons with HIV and AIDS the Church should ensure their access to ARVs. This can be done in collaboration with ministry of health.

Secondly, the study recommends that the Church should be more active in persuading people to know their HIV status as the first step in their fight against the HIV and AIDS pandemic. This will particularly strengthen their guiding and counseling roles. The Church must concentrate its efforts in educating and informing members of the society about prevention

and management of HIV and AIDS. It further needs to seek understanding and guidance from the Bible regarding the disease, healing, stigma, isolation, guilt, fear, caring, death and dying in order to effectively deal with HIV and AIDS.

Thirdly the Church should collaborate more with government organs and NGOs in the fight against HIV and AIDS. This will put the Church in a better position in terms of resources and skills to enable it effectively fight the pandemic.

Fourthly, the Church needs to train the clergy on dealing with the HIV and AIDS pandemic. Fifthly, the Church should re-examine ministering and pastoral roles and responsibilities to care for the sick, orphans and widows. Finally, the Church should establish welfare committee with a set apart budget within the Church to which will be mandated to take care of families affected or infected by HIV and AIDS.

#### **5.5 Suggestion for further research**

Finally, the researcher having interpreted the research findings carefully, take this opportunity to appreciate the possibility of some limitations to the study. Hence to cater for the inadequacies in the study, the study recommends further studies on the following areas:

- i) Integration of HIV in theological studies.
- ii) Church Ecumenism and the fight against HIV and AIDs.



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Mathew: 25:41-46

Deuturonomy: 10:12-22

Luke: 10:29-37

Exodus: 25:22-26

John 5; 1-15

Mark 6; 32-444

John 3; 16

Genesis 3;1-3

Luke 4; 18-25

Numbers 12:12

Exodus 4:5-5

2 Chronicles 26: 19-21

Mathew 8:2-3

Leviticus 13: 45- 47

## APPENDIX A: QUESTIONNAIRE FOR CHURCH LEADERS

### Preamble

I am Benson Munyao Mutava, a Master of Arts (Religion) student at Egerton University. I am carrying out a field research on the topic 'The Role of the Redeemed Gospel Church in the fight against HIV and AIDS in Katangi Division, Yatta District of Machakos County, Kenya'.

You are kindly requested to be part of this research by responding to the questionnaire provided below. Kindly fill in the questionnaire as objectively as you can. I promise you absolute confidentiality on whatever information you may provide therefore your name should not appear anywhere on this questionnaire. The information provided shall be used strictly for this research. Thank you in advance.

Please answer the questions below.

### Personal Data

1. Gender  Male  Female

2. Age (years)  25 and below

26 - 30

31 - 35

36 - 40

41 - 45

46 - 50

51 - Above

3. Highest educational level

University   College   Secondary   Primary  Others (Specify)

4. Marital status

Single   Married   Widow   Separated   Divorced

5. What leadership position do you hold in your church?

Pastor   Usher   Elder   Youth leader

6. Does the church you serve have a programme teaching on HIV and AIDS?

Yes   If yes give reason

No   If no give reason

7. Is compulsory counseling and testing before marriage important?

Yes   If yes give reason

No   If no give reason

8. Does your church have members living with HIV and AIDS?

Yes

No

9. What is your church doing to help those persons living with HIV and AIDS?

.....  
.....  
.....

10. What could your church do to help those living with HIV and AIDS which it's not doing

now?.....  
.....  
.....

11. State ways your church could help the families of those who die from AIDS related ailments.....

.....  
.....

12. Is your local church already caring for orphans? If yes, how? If no, why?

.....  
.....

13. Are there still unmet needs for people living with HIV and AIDS in your local church? Specify.

.....



## APPENDIX B: QUESTIONNAIRE FOR CHURCH MEMBERS

### Preamble

I am Benson Munyao Mutava, a Master of Arts (Religion) student at Egerton University. I am carrying out a field research on the topic “The Role of the Redeemed Gospel Church in the fight against HIV and AIDS in Katangi Division, Yatta District of Machakos County, Kenya”.

You are kindly requested to be part of this research by responding to the questionnaire provided below. Kindly fill in the questionnaire as objectively as you can. I promise you absolute confidentiality on whatever information you may provide therefore your name should not appear anywhere on this questionnaire. The information provided shall be used strictly for this research. Thank you in advance.

Please answer the questions below.

### Personal Data

1. Gender                      Male                        Female

2. Age (years)                       25 and below                     

26 - 30                     

31 - 35                     

36 - 40                     

41 - 45                     

46 - 50                     

51 - Above                     

### 3. Highest educational level

University      College      Secondary                           Primary                        Others (Specify)

### 4. Marital status

Single                        Married                        Widow                        Separated                        Divorced

### 5. For how long have you been a member of the church?

Less than 5 years                           6 years                        10 years                        Over 20 years





13. What are some of the factors leading to the spread of HIV and AIDS in Katangi Division

- Pre-marital sexual relation
- Extra- marital sexual relation
- Blood transfusion
- Drugs and alcoholism
- Contraception

14. How can the local churches help members to know their HIV status?

Pay for HIV test                                       

Set up Church VCT                                   

15. Does the church's teaching have any influence on people's moral life?

Yes                                   

If Yes, give reason.....

No                                     

If No,give reason.....

To some extent                   

16. What more could the church do in the fight against HIV and AIDS?

.....  
.....

## **APPENDIX C: INTERVIEW GUIDING QUESTIONS**

1. What are some of the factors contributing to the spread of HIV and AIDS in the society
2. How is the church involved in the fight against HIV and AIDS?
3. How does the church teaching influence behavior change in relation to HIV and AIDS?
4. What is the church's basis of intervention in the fight against HIV and AIDS?
5. What are some of the challenges faced by the church in the fight against HIV and AIDS?
6. What is the relationship between contraceptives and the spread of HIV and AIDS?
7. How is your church tackling the problem of faith and AIDS?
8. What are the resources available for the church to use in the fight against HIV and AIDS?
9. What is the theological position of the church in the light of the AIDS pandemic?
10. What is the ethical position of the church in the light of the AIDS pandemic?

## **APPENDIX D: LIST OF SAMPLED REDEEMED GOSPEL CHURCHES**

Katangi Redeemed Gospel Church  
Kinyaata Redeemed Gospel Church  
Ngangani Redeemed Gospel Church  
Kikesa Redeemed Gospel Church  
Kionyweni Redeemed Gospel Church  
Mbembani Redeemed Gospel Church  
Ikombe Redeemed Gospel Church  
Munyiiki Redeemed Gospel Church  
Kilaatu Redeemed Gospel Church  
Kithito Redeemed Gospel Church  
Mathingau Redeemed Gospel Church  
Maiuni Redeemed Gospel Church  
Kyasioni Redeemed Gospel Church  
Kalukuni Redeemed Gospel Church  
Kitheuni Redeemed Gospel Church

**APPENDIX E: NAMES OF KEY RESPONDENTS**

|     | <b>Name</b>         | <b>Age</b> | <b>Where interviewed</b> | <b>Occupation</b>   | <b>Date</b> |
|-----|---------------------|------------|--------------------------|---------------------|-------------|
| 1.  | Silvester Ndeto     | 45         | Katangi RGC              | Project Coordinator | 5/05/2013   |
| 2.  | Rev. Cosmus Mwanzia | 62         | Katangi RGC              | Pastor              | 5/05/2013   |
| 3.  | Paul Mwonga         | 57         | Ngangani RGC             | Pastor              | 5/05/2013   |
| 4.  | Benjamin Mwangangi  | 43         | Ikombe RGC               | Pastor              | 6/06/2013   |
| 5.  | Elizabeth Kamau     | 50         | Ngangani RGC             | Teacher             | 6/06/2013   |
| 6.  | Jackson Mutinda     | 35         | Kitololo RGC             | Pastor              | 8/06/2013   |
| 7.  | Stephen Wambua      | 42         | Mathingau RGC            | Masonry             | 9/06/2013   |
| 8.  | Daniel Kamau        | 38         | Kilatuu RGC              | Teacher             | 9/06/2013   |
| 9.  | Paul Kingoo         | 48         | Munyiiki RGC             | Pastor              | 10/06/2013  |
| 10. | Daudi Mukwati       | 60         | Kikesa RGC               | Pastor              | 10/06/2013  |

**APPENDIX F: PHOTOGRAPHS SHOWING SOME OF THE REDEEMED  
GOSPEL CHURCH ACTIVITIES**



**A Seminar for people living with HIV and AIDS conducted at Ngangani Redeemed Gospel Church**



**Some of the orphans assisted by the Redeemed Gospel Church in Katangi division**



**RGC pastors touring one of their agricultural projects at Ngangani Katangi division**