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A table of contents for the *Africa Journal of Evangelical Theology* can be found here:

https://biblicalstudies.org.uk/articles_ajet-02.php

Volume 31.1 2012

Africa
Journal
of Evangelical
Theology

- 1 Andrew Wildsmith** *AIDS and Theology: Introduction*
5 Samuel Ngewa *Who is the Neighbour? An Application of Luke 10:30-37 to the HIV and AIDS Crisis*
11 Diane Stinton *"Into Africa": Contextual Research Methods for Theology and HIV and AIDS in Africa*
25 Priscilla Adoyo *Sexual Issues, HIV/AIDS, and the Role of the Church*
33 J. Nkansah-Obrempong *Theology and HIV and AIDS*
43 Mary Getui/E. Odongi *Gender Issues in Relation to HIV and AIDS*
49 Peter Okaalet *The Church and AIDS in Africa: Towards a Spiritual Answer*
61 John Chaplin *Some New Perspectives and Advances on HIV and AIDS Prevention and Treatment*
67 Keith Ferdinando *Evil and AIDS: An African Perspective*
85 Rich Harrell/Committee *Theological Perspective on HIV and AIDS: Summary Statements*
87 Resources and Books

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Sexual Issues, HIV/AIDS, and the Role of the Church

by Priscilla Adoyo

Introduction

The issue of sex is a matter that has always been shrouded in mystery. One of my earliest memories in this regard is receiving a very hard slap from my mother one day for making a certain noise in my mouth using my lower lip and tongue. She did not bother to explain why I deserved such wrath from her and I was left totally baffled by her action. My mother was not the kind of person you asked questions of when she was angry. I have never, to this day, tried to make the same sound again. It was not until many years later (and I mean many!), that I came to understand that this is the sound produced by two people (or should I say a man and woman) having sex.

Talking about sex is not something that comes easily to most people. I always blamed parents for not educating their children on sexual matters until I took on my sister's two grandchildren to raise after they lost their father at the ages of five and seven. When the older one was eight years old, she came home from school after a lesson on the Christmas story and asked me, "What is a virgin?" I promptly said, "A virgin is ..." and I could not continue. I suddenly realized that I had never discussed issues of sex with her and the lesson would need more time than a simple answer. The house help, who was listening, burst into laughter. I told my granddaughter that I would explain later and never really got back to her. So, how different was I from my mother?

In considering this topic for this paper, I have tried to put the issues into different categories in order to help us think more clearly about the part we can play as individuals and as the church of Christ. What issues related to sex do we need to look at as we fight the scourge of HIV/AIDS? What factors have hindered our success in reducing the spread of the disease? Due to the many factors involved, I will only briefly touch on the following topics: vulnerable groups, the cultural factors contributing to the spread of the disease, violence against women, social and economic factors, and the role of the church.

The main purpose of this is to help generate some discussion since we all are aware of these issues - we just would rather not talk about them!

Vulnerable Groups

1. Adolescents

The largest group of individuals at risk of contracting HIV/AIDS is adolescents and young adults. In one survey done in Kenya in 1990, 26% of young women aged 15-24 had sex by their fifteenth birthday, and 64% of those who were 18 or older said they had sex by their eighteenth birthday. Fewer boys than girls stayed virgins through their teens, with 39% of young men reporting having lost their virginity by the time they turned 15, and almost three-fourths (73%) were no longer virgins when they turned 18.

In a 2003 study 1,751 secondary school girls aged 12 to 19 years were consulted by means of a self-administered questionnaire. Of these young women, 416 (23.8%) reported that they were sexually experienced at the time of the study. 4.1% of the sexually experienced girls had started sex below the age of 10 years, and some of those had been raped. The low and middle class private schools in the city centre had a higher incidence of sexually experienced girls. The same was observed in those girls staying away from their parents. The majority of the sexually experienced girls had started coitus within one to two years of starting their period or having a boyfriend. Some of these girls may have been forced to indulge in sex by men or boys or by circumstances. Lack of factual knowledge and parental guidance, and lust for material gains are some of the factors the girls felt may be responsible for the upsurge in adolescent sexual behaviour.¹

According to Michael Kelly, young girls often provide sex to pay for clothing and other personal needs. Others do it just as an experiment. Kelly identifies school related circumstances that aggravate the risk to students becoming infected as follows:²

- The early sexual activity of a substantial proportion of those attending school
- Schools serving children of widely divergent ages
- Sexual harassment on the way to and from school
- Sexual harassment and pressure by fellow students and teachers
- Unsupervised boarding or other school accommodation arrangements
- Pressure to conform to the perceived expectations and practices of peers and colleagues
- Failure of adult society to set appropriate standards and expectations
- Double societal standards for the sexual behaviour of males and females
- Transactional sex, whereby sex is traded for material, financial, or academic favours from individuals who control valued resources
- School or college as the locus for coerced sex
- Reluctance of adults to acknowledge these factors and to provide guidance and support for the children.

Young men have their own set of challenges. Peers dictate to them what it means to be a man. "To be a real man, one must drink, one must experiment with sex, one must have many sexual partners, one must take risks no matter what the consequences, one must be able to show a list of conquests and the longer the list, the more masculine and macho the person is supposed to be. There is the terribly wrong belief that a boy or young man who is a virgin,

¹ V.M. Lema, "Determinants of sexuality among adolescent school girls in Kenya", *East Africa Medical Journal* (1990) Vol. 67, Issue 3, pp. 191-200. See www.ncbi.nlm.nih.gov

² Michael J. Kelly, "The Response of the Educational System to the Needs of Orphans and Children Affected by HIV/AIDS" in *A Generation at Risk: The Global Impact of HIV/AIDS on Orphans and Vulnerable Children*, John Williamson, Geoff Foster, Carol Levine, eds. New York: Cambridge University Press, 2005. p. 68 ff.

never having had sexual intercourse, must be weak and sissy.”³ Ironically, when looking for a wife, these same young men expect to find one who has never had sexual intercourse.

2. Married Men and Women

Much in the African culture contributes greatly to the spread of HIV/AIDS in marriage situations. Culture expects and tolerates a man's unfaithfulness. Women are counseled before marriage to expect it and never to talk about it in public or never to talk about any form of domestic violence in public. When the woman cannot satisfy her husband's needs, he is entitled to find a younger one with 'hot' blood. This was not just the situation in the days of our grandparents. It is still happening today in the 21st Century. Studies have shown the spread of HIV/AIDS to be more prominent in married couples between the ages of 40 and 50 and above, when sexual dissatisfaction for men and menopause for women sets in.

Then there is the well-known cleansing ceremony for widows practiced among the Luo in Kenya. Here the woman whose husband has died is unclean and cannot remarry until after she has been cleansed through sexual intercourse with her brother-in-law or her late husband's close relative. Woe unto the parties involved if the husband died of HIV/AIDS.

3. Commercial Sex Workers

The risk of sexual transmission of HIV is increased by the presence of other sexually transmitted infections (STI). Since commercial sex workers are likely to have some form of STI, the chances that they will easily become infected with HIV are higher. And many sex workers in Kenya today are married people which makes matters even more complicated.

4. Homosexuals

Homosexuals are a well-known vulnerable group so nothing more needs to be said here for the purpose of this paper.

Cultural Factors Contributing to the Spread of HIV and AIDS

Cultural norms are often a good guide in many societies, but culture is also very ambivalent. Many Christians in Africa today still hold their traditional beliefs alongside their Christian doctrine. Even the majority of those who abandon traditional religious practices are still influenced by their cultural, family and community values.

Culture has played a major role in making sure that one knows what is acceptable and what is not. Generally, there have been good indications that many African peoples have been proud of their traditional moral behaviour. Many African cultures ensured that young girls kept their virginity until

³ Michael J. Kelly, *Education: For an Africa Without AIDS*, Nairobi: Paulines Publications Africa, 2008, p. 211.

marriage. Growing up, I was made aware of the fact that if a lady got married and she was not a virgin, all the relatives would get to know about it and this would bring shame to her family. In the Luhya culture, teenage girls of the same age group had one sleeping place where an elderly woman gave lessons on modes of behaviour and specifically sexual behaviour.

Men likewise were taught how to prepare for adult life during initiation and how to relate to the opposite sex. Although we can argue today that some of what was taught was not beneficial to the female of the species, there was in general a moral fibre running through the society. However, until initiation, much of what was taught in these initiation schools for both boys and girls was shrouded in mystery. Issues of sex were not talked about in public. This culture of silence is still largely the same today, minus the structures to give instruction to young people. Some of the social structures to train young adults went away with the coming of Christianity and modernity and no effective replacement has been developed in African societies as a whole. Often, the young people are left to glean what they can through the television and other social media, but this has very little, if any, Christian moral emphasis. Schools in Kenya have improved greatly in focusing on a curriculum that provides sex education, but this does not seem to have substantially curbed the spread of HIV/AIDS. A number of churches too have developed programmes to provide initiation rites to young people and this is to be commended.

According to Agrippa Khathide,

"The challenge to break the silence about human sexuality needs to be faced if we are to succeed in talking about HIV/AIDS. Perhaps the best place to break that silence is in the home. Parents must feel free to talk openly about sex to their children and allow them to ask questions. Most parents have abdicated their responsibility to give sex education to their children in the hope that school teachers and the mass media will fill the void. Nothing on earth can substitute for parental guidance."⁴

There is a lot of truth in this and yet my personal observation as a single woman has been that married couples have a more difficult time talking about sexual issues than the unmarried (especially in the presence of the unmarried) for reasons that might have some cultural undertones. At the same time, when singles are too vocal on the subject they are looked at with a lot of suspicion. This is made even more difficult in Christian circles. "How does she know all this? Why does she want to know about sexual matters?" I appreciate having been asked to participate in this conference but I also have a feeling that whoever put forward my name for this topic was not aware that I was a single woman. And I must say I had my own reservations about presenting the subject. This is a simple reality that we cannot run away from. If we do not

⁴Agrippa G. Khathide, "Teaching and Talking about Sexuality: A Means of Combating HIV/AIDS" in *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Programmes*. Musa W. Dube, ed. WCC Publications, Geneva 2003, p. 3.

begin to set an example as the church, whom will we have to blame when things get out of hand, as they already have? The need for the church to break the silence around human sexuality is long overdue. The church has a responsibility to liberate her people from the fear and shame of talking about sex. And maybe that should start with our theological institutions with the training of our pastors and Christian leaders.

Violence Against Women and HIV and AIDS

In 2001, two million girls between the ages of 5 and 15 were victims of sexual trafficking. Violence against women has been identified as one of the strongest cofactors in HIV infection. Moreover, HIV positive women face greater discrimination than men infected with the virus, often resulting in isolation, violence and rejection. Inequitable gender relations in many cultures often limit women's ability to negotiate safer sex with their partners, including the use of condoms. "If more women and girls had the 'right to abstain' - that is, to decide when and with whom they have sex, to negotiate condom use, to live free from violence, and to earn incomes adequate to feed their families - they would have a real chance of being able to protect themselves from HIV infection."⁵

Social and Economic Factors and HIV and AIDS

Social, cultural and economic factors can exacerbate the pandemic and create barriers to HIV prevention. These factors include:

- Taboos surrounding sexuality - for example, women and girls in some cultural settings are not supposed to discuss issues associated with sexuality
- Lack of knowledge about sexuality, pregnancy and prevention of sexually transmitted diseases in adolescents
- General denial of the society at large that adolescents are sexually active before marriage
- In some cases, poverty drives women to have sex for money. Sex in this sense is not bound up with ideas of romanticism but is viewed more objectively.

Due to these factors, all of which play a part in contributing to the patterns of sexual behaviour, it becomes rather difficult to approach the problem based only on abstinence.

The Role of the Church in an AGE of HIV and AIDS

The initial outbreak of HIV/AIDS in 1981 in the homosexual community in the United States made it a story about sexuality and religion because the majority of American Christians at that time believed that the Bible forbade homosexuality. By 1983, an emergent medical/moral frame for the disease

⁵ UNFPA, *Engaging Faith Based Organizations in HIV Prevention: A Training Manual for Program Managers*. p. 8. <http://www.unfpa.org/public/global/pid/398>

made religion, and particularly Christianity, an integral part of the story in three main areas: AIDS as a punishment for immorality, as a pastoral challenge for denominations, and as a spiritual trial for the afflicted. As time went on, the church was accused of not showing the love of Christ to HIV/AIDS victims. The argument put forward was that since sexual activity was not the only source of transmission, all infected persons should not be treated with the suspicion that they had indulged in sinful behaviour. This in some ways was easier for the church to handle because now, pastors could talk about HIV/AIDS without having to mention the sexual part of it. While there is some truth to this, studies have categorized percentages of HIV infections by transmission route as follows:⁶

- Blood transfusion: 3–5%
- Parent-to-child transmission: 5–10%
- Sexual intercourse: 70–80%
- Injecting drug use: 5–10%
- Health care (injuries): <0.01%

Unfortunately, the church does not seem to be able to tackle the issue of sexuality effectively because as Khathide has observed, most people are confused and inconsistent when it comes to sex. Khathide goes on to say, “Perhaps the reason the church finds it difficult to handle sex and sexuality-related issues is because we have considered sex as belonging to a domain outside the sovereignty of God. Though we may find it hard to admit, it is true that human beings, including the church, regard sex as belonging to the Devil - something that is associated with darkness, evil and wickedness. The church seems to be comfortable with the fact that sex education is the responsibility of governments, schools and NGO’s. Thus, sex remains a taboo for the church. Even our African cultures have contributed to the present state of affairs.”⁷

Khathide calls this the “demonizing of sex” and argues that with this kind of mentality it is very difficult to fight against HIV/AIDS since no one wants to be associated with evil and wickedness. He calls for a theologically sensitive anthropology that does not stigmatize abstinence and faithfulness. The church also has to reaffirm sexual equality in a culture where a man is not said to be committing adultery when he is extra-maritally involved, giving him the freedom to move around and hurt others. Khathide concludes that talking about sex need not lead to sexual corruption, rather, “it should be viewed as a mechanism for airing thoughts and feelings in the hope of creating an environment in which people can express their sexual feelings without experiencing guilt.”⁸

⁶ UNFPA, *Engaging Faith Based Organizations in HIV Prevention*, p. 7.

⁷ Khathide, “Teaching and Talking about Sexuality”, p. 5.

⁸ Khathide, “Teaching and Talking about Sexuality”, p. 8.

Patricia Bruce observes that apart from the Roman Catholic Church's consistent call for abstinence, there have been attempts by other Christian groups to promote abstinence such as the recent campaign called "True Love Waits". A group of youths from the Catholic Diocese of Nakuru, Kenya have also formed a group known as the "Virgins Only Club" supported by the UN Fund For Population Activities. There are obviously some negatives to this kind of exclusive club because it does not help those who are already infected, but it is a step forward in the prevention campaign.

Various AIDS awareness campaigns have generally emphasized safe sex while only mentioning abstinence. There has been an underlying assumption that promoting virginity or abstinence would simply be too unpopular and doomed to failure. However, Bruce points out that in places like Uganda where HIV prevalence dropped from 21% in 1991 to 6% in 2001, what made the difference had been real behaviour change and social support for abstinence and faithfulness.⁹

Is there something that the church is not doing? Have we sufficiently grappled with the issue of sexuality and HIV/AIDS to bring about significant change? These questions remain for the Church in Africa to contemplate.

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