

Effect of Levels of Awareness and Impact of HIV/AIDS among Christians in Meru South Sub County, Kenya

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Abstract: There is a general assumption that awareness of HIV/AIDS among the youth is high. However, the rate at which the youth in churches fall out due to unwanted pregnancies and infections confirm that young people are neither abstaining nor engaging in safe sex. This study investigated the impact of HIV/AIDS awareness on the sexual behavior among youth in selected churches in Meru South Sub County, Kenya. The study established that the youth have a lot of knowledge about HIV/AIDS. However, various external influences interfere with their change of sexual behavior. The study found that among the major factors that encourage sexual activity among the youth are sexual programme aired through the mass media, parental negligence, religious programmes that are irrelevant and do not address needs of the youth adequately, peer pressure and the internet. The study recommends that churches should demystify the impact of HIV/AIDS in the church since the church is an extension of the society and therefore a social institution.

Keywords: HIV/AIDS, Meru South Sub County, Kenya, parental negligence, religious programmes.

INTRODUCTION

During the last few decades, the AIDS pandemic has brought enormous and intricate burden upon the lives of many people throughout the world. Since the first cases of AIDS were identified in 1981, millions of people have lost their lives. An estimated 34 million people were living with HIV/AIDS at the end of 2010 [1]. Although HIV/AIDS is prevalent across the world, Africa, especially sub-Saharan region has been reputed to be the worst affected. It is estimated that 1.9 million people were living with HIV/AIDS in Kenya at the end of 2010 [1]. According to UNAIDS, 2011 Meru South Sub County has about 4,078 people living with HIV/AIDS at the end of 2010. In response to the current AIDS crisis, attempts have been by the government, NGO's and the private sector to provide healing to the broken people by providing care to persons living with HIV/AIDS (PLWHA) and by bringing awareness to the pandemic [2]. These secular efforts have however been insufficient of themselves and therefore the need for other stakeholders becomes urgent.

According to Parry [3] churches in Africa are responsible for significant education and health care. Their role in promoting social and moral norms and their involvement at some of the significant moments as life: birth, sickness, marriage and death, give them an unparalleled advantage over other sections in the community. The major contribution of the church is her

role of being a community of healing and compassion. This is biblical and not an option [4].

Unfortunately, in the face of this devastating pandemic, churches throughout the world do not seem to be well prepared to make compassionate and relevant response to crisis of HIV and AIDS. Some Christians still respond moralistically while others react with rigid stance on issues pertaining to HIV/AIDS. The WCC [4], further contends that although there are some who have responded in solidarity with those who suffer and face discrimination, they often do not know how to provide adequate and efficient pastoral care.

Many criticisms have been directed at the churches because of the way the church responds to HIV/AIDS. The church has been accused of having an hands off attitude, promoting stigmatization, and discrimination based on fear, ignorance and prejudice. This is seen as pronouncing harsh moral judgments on those infected [3].

It is estimated that at least 15 million people in the world were in need of antiretroviral therapy in 2010. As of the end of 2012, 6.6 million people had access to antiretroviral therapy in low and middle income countries in the world according to a WHO (2012) report. Although ARVs have tried to reduce the impact of HIV and AIDS in the world the impact of the disease

remains dire and more stakeholders need to remain on board proactively to deal with the disease. Consequently the church is called upon to adopt harmonized, persistent and appropriate responses so as to become a healing and compassionate community towards PLWHA. Many churches have made efforts to promote AIDS awareness programmes in the communities within which they operate. This includes providing facts on AIDs, how it is spread, and the various forms of high risk behavior and life skills necessary for life style change. According to Shorter and Onyancha [5] awareness campaigns in churches is faced with the major challenge that sexuality and sexual activity in churches is looked at from the moralistic point of view. Most churches therefore envisage sexual abstinence and chaste life for unmarried and married people respectively.

Awareness programmes also include the call to show compassion to people living with HIV/AIDs and their families. Emphasis on love for neighbor helps in reducing stigmatization and discrimination against people living with AIDs. AIDs awareness education is therefore a powerful means of teaching Christian the relevance of forgiveness. AIDs awareness teaches care which ranges from shelter, clothing, food and medical facilities.

Education campaigns promote awareness of condom use. However, the promotion of use of condoms to prevent spread of HIV is not uniform in all churches. The Roman Catholic Church has strict stance against artificial contraception. Condom use is therefore regarded wrong although information on available option is not provided. Although other protestant churches do not explicitly condemn condom use, it is assured that it is not for unmarried people. All churches however seem to be in agreement that teaching people to use condoms is encouraging negative behaviour.

STATEMENT OF THE PROBLEM

HIV/AIDs are killer diseases which should be a concern to all members of society. Experience has shown that the most effective strategy to avoid HIV/AIDs is positive behavior change. Many churches have recognized this role and in an effort to achieve this have incorporated certain teaching of HIV/AIDs within their pastoral programmes. Despite this, cases of young people being infected, teenage pregnancies, membership lapses have been on upward trend meaning that many people are exposed to contracting HIV/AIDs. This study sought to find out the level of HIV/AIDs awareness in selected churches in Meru south sub county, Kenya.

OBJECTIVES OF THE STUDY

The study was guided by the following objectives:

- i. To assess the level of HIV awareness among the youth groups in churches.
- ii. To assess the impact of HIV/AIDs awareness on behavior of youth in selected churches in Meru South Sub County.

LIMITATIONS OF THE STUDY

The study experienced the following limitations:

- i. Sex and sexuality are normally sensitive, secretive and personal since the information gathering required personal interview, hence, responses may have been biased due to intentional misreporting.
- ii. Most churches used for data gathering lacked proper records on HIV/AIDs. This was due to poor recording keeping or accurate information in terms of reasons that let to youth leaving churches for sex related reasons.

METHODOLOGY

The study used descriptive survey design. This was appropriate because descriptive surveys gather data at a particular point in time with the intention of describing the nature of existing conditions or identifying standards against which existing conditions can be compared, or determining the relationships that exist between specific events. Surveys are also good for measuring large populations. According to Kathuri & Pals, [6], surveys assess attitudes, beliefs, and opinions about events, individuals or procedures. Accordingly, this study fitted within the provisions of descriptive survey design because the researcher collected data and reported without manipulating the variables.

The District was chosen because it is accessible and no similar studies have been carried out in the area. The ideal setting for any study according to Singleton [7] should be easily accessible to the researcher and should permit instant rapport with the informants. Meru South Sub County borders Embu West to the South, Tharaka to the East, Maara to the North and Mount Kenya forest to the west. Compared to other districts, Meru South has higher numbers of HIV/AIDs cases.

The target and accessible population constituted of pastors, youth leaders and youth group members. The target population consequently consisted of 6455 youth groups' members, 153 pastors, 153 youth's leaders. Youth group members are basically in adolescent stage and are comprised of sexually active group in the society making them vulnerable to HIV/AIDs while pastors are conversant with youth's sexuality and problems related to it due to their training on pastoral guidance and counseling.

According to Kathuri and Pals [6] a population of 6,761 requires a sample of 364 individuals. To take care of attrition 400 subjects were selected. Ten churches were selected using stratified random sampling technique. A proportionate number of churches were selected from each of the protestant, evangelical, catholic and indigenous churches. Forty youth members were selected from each of the sampled churches making a total of 400 youth members. One pastor was purposively selected from each of the sampled churches. Four youth leaders were purposively selected.

Therefore a sample size of 408 comprised the sample. The data for this research was collected using questionnaires and observation schedule. There were three sets of questionnaires, one for pastors, the second for youth leaders and the third of youth members. Questionnaires were selected on the strength that they are standardized, highly structured in design and compatible with the design. During visits to sampled churches the researcher made observations on the sampled churches and paid particular attention to socio-economic activities and catchment area of the church.

The purpose of making personal observation was to obtain additional collaborative data which enhanced the data gathered through questionnaires. The researcher made use of independent experts in the area of religion and education in establishment of instrument validity. In testing the reliability of the instrument, the Spearman's Rank Order Correlation Coefficient (r) was used and a Correlation of 0.869 for pastors' questionnaires 0.834 for youth leaders and 0.792 for youth members was obtained. Instruments were considered reliable. The data got was both quantitative and qualitative and was analyzed using the statistical Package for Social Sciences (SPSS) version 11.5, a popular software programme for social and behavioral sciences. Descriptive statistics was used in analyzing data.

DEMOGRAPHIC DATA OF RESPONDENTS

The study sought information on the age for the respondents. Age was particularly important among the youth because it will be able to translate into the stage that the youth are in, like adolescence, middle adolescence or late adolescence as these contribute to sexual activity[8]. This is shown in the table 1.

Table 1: Distribution of Youth by Age.

Age	Male	Female	Total	%
13 – 15	10	12	22	5.8
16 – 18	157	140	297	78.6
19 – 20	24	20	44	11.6
Above 20	10	5	15	4.0
Total	201	177	378	100.0

Variation in respondents' ages ranged between thirteen to over twenty years with a majority (78.6%) of the youth being between 16 -18 years. This means that majority of the respondents were in the middle adolescence. There were few cases (15.6%) of respondents up the age bracket of 19 to 20 and over 20 years among the youth. The study sought information on level of HIV/AIDs awareness. To achieve this, the section was divided in to: sources of information, the person with whom they prefer to discuss HIV/AIDs,

and their knowledge of the symptoms, mode of transmission and preventive measures.

An item sought information on the first source of information in HIV/AIDs. This information was essential in the study because the researcher was interested in testing its influence on the youth's knowledge on HIV. The distribution of the respondents by first source of information is indicated in Table 2.

Table 2: Information of Respondents by first Source of Information.

Source	Frequency	Percentage
Mass media	250	66.1
Friends	26	6.9
Pastors	62	7.0
Parents	30	7.9
Health workers	10	2.6
Others	0	0.0
Total	378	100.0

Results in table 2 indicated that 66.1% of the youth got their first information on HIV/AIDs from the media. This shows that the media has played an active

role in the dissemination of HIV/AIDs information. That shows that, more than half of the youth got their first information on HIV/AIDs from the media. Out of

the total youth respondents, 27% revealed that they got their first information on HIV/AIDs from Pastors. This depicts too that Pastors play an important role in passing important information to the youth although 17% is low considering how much the influential role Pastors play on the youth. From the table, it is also clear that parents, who would be expected to be a main source of HIV/AIDs information to their children as

they grow up with them, are very passive. Only 7.9% of the youth got information on HIV/AIDs for the first time from their parents.

RESULTS OF THE STUDY

An item sought to find out the extent to which the sources of information serve as the source. Table 3 summarizes this.

Table 3: Extent of sources of HIV/AIDs information

Source	Very Great %	Great %	Little %	Very Little %	No Extent %
Mass media	54.0	21.2	10.8	10.1	2.4
Friends	19.6	47.6	14.8	15.4	2.6
Pastor	7.3	36.0	13.2	11.4	2.1
Parents	22.0	20.9	25.0	20.0	11.9
Others	10.0	11.9	26.2	27.0	24.6

The findings as indicated from table 3 established that there is a lot of information on HIV/AIDs from the mass media. This is because 54% of the youth reported that the extent to which the mass media serves as a source of information on HIV/AIDs for them is very great while 21.2% reported great extent. Only 2.4% reported the mass media as giving no information for them which is almost insignificant. This means that the kind of information that the mass media will give is very vital and therefore should be controlled or counteracted. Agencies dealing with the youth can use the media to teach on sex, sexuality and HIV/AIDs. From the data, friends or peers serve as another important source of information on HIV. This is because 19.6% and 46.6% reported that friends had played a big role to a very great and great extent in giving this information respectively. Only 2.6% said friends gave any information. Friends as a source of information cannot therefore be ignored.

According to the findings, Pastors also seem to be an important source of information on HIV/AIDs. The only worry is that while the mass media had 54% of the youth reporting that it had a very great extent contributed in giving information on HIV, the pastors had only 37.3%. This is worrying because Pastors are supposed to be role models and custodians of morality.

As far as parents as source of information is concerned, only 42.9% reported getting significant amount of information while another 57.15 is reported having either very little or no information from their parents. Of the 10 pastors in the sample 75% said that parents have neglected their responsibility of advising their children and having left it wholly to other agencies like teachers. While the youth have given the mass media as a source of important information on HIV/AIDs the Pastors felt that the mass media is a source of programmes that encourage the youth to engage in risky sexual behavior. A bigger number of pastors (85%) felt that the mass media encourages the youth into risky sexual behavior.

The study sought information on person the youth preferred to discuss HIV/AIDs with. This information was important since the adolescence is quite sensitive in discussing sexual and sexuality. Therefore the person with whom they prefer to discuss sex related issues plays a major role in their socialization process. Table 4 shows the distribution of the respondents by the person with whom they prefer to discuss HIV/AIDs.

Table 4: Person preferred to Discuss HIV/AIDs with.

Preference	Frequency	Percentage
Parents	50	13.2
Peers	278	73.6
Teachers	34	9.0
Pastors	10	2.6
Health workers	6	1.6
Total	378	100

The data reveals that 73.6% of the respondents preferred to discuss HIV/AIDs with their peers. This is

because during adolescence period, the peer group takes an important role in the socialization process. More

importantly, they teach one another about sexuality, thus sharing attitudes and values about sexual relate issues. The table also reflects that of the 378 youth, only 13.2% prefer to discuss with parents. This shows that the parents are losing their primacy role as socializing agents.

Majority of the youth are aware of the ways through which HIV/AIDs can be transmitted. Despite the high level of knowledge the youth have on the various HIV/AIDs issues, there are still some who lack important information concerning the disease. For example, 70% of the youth contend that a person can be infected with HIV/AIDs and not even know it but 30% of the youth lack this knowledge which might lead to

the assumption that anyone claiming to be healthy is HIV/AIDs free. This can easily lead to risky sexual behavior. A relative percentage (27.4%) reported that it is not true that the risk of contracting HIV/AIDs increases due to presence of other sexually transmitted diseases. In addition 46.2% of the youth agreed that one can get infected with HIV/AIDs by sharing a swimming pool with someone infected. Another 31.8% agreed that one can tell someone infected by HIV/AIDs by just looking at them. These findings concur with UNICEF [9] that misconceptions are sill widespread despite the high level of awareness. On why they think that knowledge has not assisted the youth change of sexual behavior, the pastors gave the following reasons in table-5.

Table 5: Why HIV/AIDs Knowledge has not changed youth sexual behavior

Reasons	Frequency	Percentage
Sexual films on the increase	10	100
Pornographic magazines	09	90
Drug abuse	09	90
Culture of impunity	06	65
Accessibility of internet	08	85
Peer pressure	09	9

Pastors sampled gave sexual related movies as one of the measures that make the youth not stop in indulging in sexual activity even when they have a lot of knowledge on HIV/AIDs. Another reason given by 90% of the Pastors is the use of pornographic magazines and another 90% gave drug abuse as a factor encouraging sexual activity among the youth. Peer pressure was also cited buy 90% of the pastors and accessibility of interned was given by 85% of the pastors.

IMPACT ON HIV/AIDs ON SEXUAL BEHAVIOUR

The second objective of this study was to find out what impact HIV/AIDs awareness had on the youth sexual behavior. In general the study revealed that apart from a few misconceptions, the youth demonstrated a lot of knowledge in HIV/AIDs related issues. However, there is not significant relationship between this knowledge and change of behavior as shown in table 6.

Table 6: Extent to which HIV/AIDs knowledge changes sexual behavior

Extent	Frequency	Percentage
Very greatly	33	8.7
Greatly	6	22.8
Little	167	44.2
Very little	80	21.2
Not at all	12	3.1
Total	378	100.0

From Table 6, majority of the youth (44%) felt that the much knowledge they have on HIV/AIDs has little impact on their behavior. Another 21.2% reported that the effect of the knowledge is very little. While another 31.1% reports that the knowledge has no effect at all.

The study sought to find out whether HIV/AIDs tailored church programmes has brought about change of behavior among the youth. The study revealed that AIDs is rarely mentioned in the churches,

hence that youth who require to be reminded about it from the moralistic point of view hardly hear about it in the church. This concurs with the earlier data that only a few youth indicated that their main source of information on AIDs is the church.

CONCLUSION

The study established that majority of the youth (66.1%) got their first information on HIV from the media while 17% indicated to have got their first information on HIV/AIDs form the pastors while 7.9%

from the parents. On the extent to which various sources serve as source of information, mass media comes out the first with 54% followed by friends at 46.6%.

The study established that there is little effect on the sexual behavior of the youth despite that fact that they demonstrated a lot of knowledge about the disease. This is confirmed by 44.2% the youth indicating the effect is little and 21.2% indicating very little relationship between church youth membership and sexual activity. Based on the finding of the study, it can be concluded that youth in churches have a significant lever of knowledge of HIV/AIDS, its transmission risk factor and risk reduction methods.

However in spite of this knowledge, majority of them are involved in risky sexual behavior because the Pastors are less emphatic or passive in dealing in HIV/AIDS in the churches. This is made more complicated because whereas the church many condemn such things as pre – and extra marital sexual affairs, the mass media and especially the television portrays sex acts as good. Pornographic magazines and the internet encourage irresponsible sexual behavior.

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