THE MILLENNIUM DEVELOPMENT GOALS AND THE ROLE OF PARTNERS IN DEVELOPMENT: THE INFLUENCE OF FAITH-BASED ORGANIZATIONS ON HIV/AIDS PREVENTION IN KENYA

By

Dora N. Oduor

Submitted to the

Faculty of the College of Arts and Sciences

of American University

in Partial Fulfillment of

the Requirements for the Degree

of Doctor of Philosophy

In

Sociology

Chair: Salvador Vidal Ortiz

Salvador Vidal-Ortiz, Ph.D.

Susan McDonic, Ph.D.

Abdul Karim Bangura, Ph.D.

Dean of the College of Arts and Sciences

August 26, 2011

Date

2011

American University

Washington, D.C. 20016

THE MILLENNIUM DEVELOPMENT GOALS AND THE ROLE OF PARTNERS IN DEVELOPMENT: THE INFLUENCE OF FAITH-BASED ORGANIZATIONS ON HIV/AIDS PREVENTION IN KENYA

BY

Dora N. Oduor

ABSTRACT

This dissertation uses a qualitative research approach to explore how religion influences HIV prevention policy. This study draws a parallel analysis to the ways in which missionaries used religion to achieve their goals and why the consequence was a process of cultural imperialism. Through the coining of a central term in my dissertation, "Millennial Cultural Imperialism (MNI)," this research shows how the current missionary movement instills elements of the past missionary movement, but it complicates it by its use of religion in policy and implementation to address a social problem. The sample of 14 organizations was generated from the Kenyan National AIDS Control Council database. I conducted in-depth interviews with 27 participants in Nairobi. The following findings support the notion that applying religion to HIV prevention is a process of millennial cultural imperialism.

ABC-D Policy: Implementing Abstinence (A) and Be faithful (B) is a common preference. The perception that Condom use (C) encourages adultery and promiscuity

limit the preference for implementing condom use to planned parenthood, and HIV positive and discordant couples. Engaging in immoral behavior and condom use (which does not guarantee protection from contracting HIV) could be Disastrous (D) and a cause of Death (D). *Feminized Perceptions and Gendering Prevention Policy:* Widows are expected to abstain and younger widows are encouraged to re-marry. Cultural practices such as wife-inheritance is discouraged. Re-marrying will reduce the probability of engaging in deviant behavior. *Popular Culture and Social Media:* Gospel concerts, modern Christian rap music and social activities are socialization strategies and spaces targeting the youth with abstinence messages. *Social Advocacy and Creating Safe Spaces for People Living with HIV/AIDS:* Churches offer socio-economic and emotional/spiritual support services. *Social Control:* Some religious leaders apply religious principles to justify why they exclude people living with HIV/AIDS. *Sexuality and Social Exclusion:* Minority and at risk groups are excluded from equally receiving services due to stigma and discrimination. *Mega Rallies and Commercializing Spirituality: Deliverance, Faith-healing and Prosperity Prayers:* Revivals, crusades and advertisements suggesting that prayer cures HIV/AIDS are influential social forces for people searching for spiritual guidance, meaning and purpose in life.

ACKNOWLEDGMENTS

I would like to thank my dissertation committee. I am especially grateful for my dissertation chair, Dr. Salvador Vidal-Ortiz. This dissertation is as a result of your guidance and patience. I would also like to thank the Department of Sociology, Dr. Gay Young and my professors. Sandy, I thank you for your kindheartedness and cheering words. Dr. Michelle Newton-Francis, you are the beacon that re-kindled my spirit, and I thank you for your support analytical suggestions.

Thank you, Dean Thomas Husted, American University College of Arts Sciences for awarding me the Robyn Mathis Graduate Research Travel Grant. I am indebted to the research participants and Professor Alloys Orago, the Director of the National AIDS Control Council in Kenya.

Thank you, Delores Allenye MD. and family for your kindness and unconditional love. Thank you to Drs. Bob and Adelyne Stovall and my Church family at Crenshaw United Methodist Church in Los Angeles, California. I am grateful to my parents and siblings for their steadfast love and encouragement. I would like to thank the members of SisterMentors and the Director, Dr. Shireen Lewis, for your heartfelt support, constructive discussions and fellowship during my dissertation writing stage.

TABLE OF CONTENTS

LIST OF TABLES

Table

LIST OF ILLUSTRATIONS

Figure

CHAPTER 1

INTRODUCTION

The United Nations established the Millennium Development Goals (MDGs) to alleviate poverty. One of the MDGs (see appendix A, page 211) is to halt the spread of HIV/AIDS (Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome). HIV/AIDS is a development problem in Africa south of the Sahara. The AIDS epidemic has ravaged Africa more than anywhere in the world (Sachs 2005). HIV/AIDS and poverty reinforce one another; poverty exacerbates the spread of HIV/AIDS and HIV/AIDS exacerbates poverty. Although reports show that HIV cases have reduced and more people have access to treatment, Africa south of the Sahara has the highest HIV/AIDS prevalence rates globally. In 2000, after the Declaration of the Millennium Development Goals, the United Nations advised the international community to work in partnership, but cautioned that how these goals are achieved is critical to alleviating poverty. The first phase of the MDGs is to reduce global poverty and reverse the spread of HIV/AIDS by 2015. Combating HIV/AIDS and alleviating poverty is a development challenge, but it is important to note that poverty alleviation is also a human rights challenge in the twenty-first century (United Nations Development Programme 2000). During the AIDS summit held in New York in 2005, the former Secretary General Mr. Kofi Anan noted that the key to poverty alleviation and development is sustaining human development.

Faith-based organizations are prominent partners in development. The beginning of the new millennium marked the prevalence of their growing role in development. As an example, Kenya was "the Mecca for Western missionaries" in the 1970s (Hastings 1979:227 cited in Hearn 2002:32) and recently "… in the new millennium is host to the largest US Protestant missions personnel in Africa" (Hearn 2002:32). These missions are involved in development projects including healthcare services, HIV/AIDS, family planning and food security (Hearn 2002). Thus, as development partners and providers of services, it is necessary to inquire about their role in HIV prevention in Kenya. Partners in development consist of: international development organizations, non-governmental organizations, faith-based organizations and government agencies. The characteristics of faith-based organizations in this study consist of international and national non-governmental organizations, international and national Christian organizations, community based organizations, and community church-based organizations (operating at the local grass-roots level and involved in HIV/AIDS). This research specifically explored how a range of Christian denomination churches provide services to people living with HIV/AIDS and how they implement prevention policy. My dissertation sought to illustrate how religious beliefs influence the goal to reduce the spread of HIV/AIDS.

The findings suggest that faith-based organizations work in partnership to prevent HIV/AIDS. At the macro-level, are organizations that coordinate medication supplies, the government agency National AIDS Control Council supply resources for Voluntary Counseling and Testing Centers and national Christian organizations that

facilitate program interventions and monitor prevention programs nationally. Churches at the grass-roots level are mainly involved in implementing Abstinence, Being faithful and Condom use (ABC) prevention policy. Findings show that religious beliefs influence policy implementation. As I will show, some churches have a preference for implementing abstinence and being faithful. Although churches suggest that implementing condom use encourages sexual activity especially among the youth, they encourage condom use among discordant couples. The findings also show that applying religious beliefs and practices can either have intended consequences or unintended consequences.

Given the rise of churches in the global south, mega Christian revivals, "faith-healing" and "prosperity prayer" rallies have also become common in Kenya. The belief that prayer and lying of hands is a cure for HIV/AIDS has consequences. People living HIV/AIDS feel that they have been "manipulated" because attending faith-healing sections did not cure them from AIDS. The role of faith-based organizations in development offers a variety of opportunities for people living with HIV/AIDS. There are more services and care centers and the growing number of church-based organizations are also prevalent at the grass-roots level.

Problem of Study: Rationale and Significance

Significant changes occurred in development policy where non-state agencies and non-governmental organizations (NGOs), including religious affiliated international organizations such as World Vision International and evangelicals have an important role in development policy. Hearn observes that "the last two decades of development policy

and aid transfers have been characterized by what has been called the New Policy Agenda" (NPA) (Edwards and Hulme 1994, 1995, 1997; Dicklich 1998; Macdonald 1997; Petras 1997 cited in Hearn 2002:33). Hearn (2002) further notes that "the new policy framework is organized around the twin poles of neo-liberalism and liberal democratic theory. Central to the agenda is a reduced role of the state and a greater role for non-state actors. These include non-governmental organizations" but according to Hearn they are invisible (2002:33). Hearn explains the concept of "invisible of NGOs stating that:

> First, within the growing literature on NGOs within development studies, there has been no reference to . . . detailed study in how foreign mission organizations constitute an important element of the growing NGO sector in African countries. . . . Second, within the recent rich literature on the constantly mutating nature of the different forms of Africa Christianity, in particular Pentecostalism and its political implications, the role of missions , let alone their position as NGO actors within the context of the new political economy of development, has not been examined (2002:33).

The purpose of Hearn's article is to engage discourse and inquire about the invisibility of increasing NGOs in Africa and role of missions in a "new political economy." During the World Council of Churches for the United Nations Special General Assembly on HIV/AIDS held in June, 2001, faith-based organizations expressed their interest to work in partnership in order to support "…efforts already undertaken by governments, non-governmental and inter-governmental organizations to alleviate the human suffering caused by this pandemic and to prevent its further spread" (International Review of Missions 2001:473). This marked the beginning of the phenomenon of the current missionary movement (role of faith-based organizations) undertaking the role of development partners preventing HIV/AIDS to alleviate poverty.

The rationale of my study draws from the phenomenon of how missionaries influenced culture through Christianity and expanding missions in Africa. The role and influence of religious organizations on development is not a new phenomenon. Temu (1972) asserts that the motive of evangelization transcended into an ideology: "civilization and/or westernization through Christianization". The intention to evangelize was to westernize the natives. As I will discuss the approaches and ways in which missionaries westernized through Christianization was a process of cultural imperialism. Tiberondwa (1998) gives an example of how missionaries westernized through Christianization. He critically evaluates missionary education in Africa and states that "the very act of providing Western education to the Africans and replacement of certain African cultural institutions by foreign ones is, in itself, an act of cultural imperialism" (vi). There is a gap in research to explore whether the growing role and responsibility of faith-based organizations in development is a process of cultural imperialism. My dissertation is an exploratory case study that examines the ways in which Christian beliefs influence achieving a development goal. This dissertation also attempts to explain why the ways in which religion influences prevention policy is a process of millennial cultural imperialism. Why is the role of faith-based organizations a process of millennial cultural imperialism? Why millennial? The change in the role of faith-based organizations and in particular addressing a global health social problem is different from the purpose of missionaries. The other definitive characteristic is that the changes in Christian denominations such as Pentecostalism and how charismatic churches influence people living with HIV/AIDS will also gradually influence the goal to reduce the spread of HIV. The imperialistic aspect of prevention stems from the expansion of non-

governmental organization in development in the global south and their role in prevention in Africa south of the Sahara.

As I will show, through the coining of a central term in my dissertation, "Millennial Cultural Imperialism (MCI)," the missionary movement in the twenty first century instills comparative elements of the previous missionary movement, but it complicates it by its use of religion in policy and implementation to address a social problem. Sociologically, HIV/AIDS is a social problem because "a significant part of the population perceives it as an undesirable gap between social ideals and social realities and believe can be eliminated" (Robertson and Mckee 1980:4). Montero and Mc Dowell suggest that for a problem to be considered a social problem, it must have at least three criteria: "1) it must be structural or social in origin; 2) it must be a problem of considerable magnitude; and 3) it must lend itself to viable alternatives that society is able to provide solutions" (1986:4).

The influx of missionaries in Africa in the new millennium, their role as implementers of the NPA and collaborative partnerships according to Flower (1991) is the 'new scramble' (Hearn 2002:56). Flower reflects on the motives and impact of missionary presence in Africa during the colonial era. Flower's analogy draws from the Christian missionary movement in Africa and the colonial rule era. Flower implies that missionaries were also a part of the European colonial imperialism (scramble for Africa). That is, while Europe was scrambling for territory for political and economic motives, missionaries were also scrambling for territory to spread Christianity. Missionaries scrambled to expand missions in order to proselytize and increase the number of Christian converts. A wide selection of studies have documented the history of

missionaries in Africa and analyzed their impact (Temu 1972; Gray 1990; Oliver 1996; Gruchy 2000) but, what is the implication of the 'new scramble'? The need for this research is to explore the missionary presence in Africa to analyze how they impact development.

This dissertation attempts to answer the following question: how is the role of partners in development influencing the goal to halt the spread of HIV? Succinctly, and in the case of Kenya specifically (although at times drawing from neighboring countries), the key players in investigating the research questions are: local churches, international and national NGOs, international faith-based organizations and the government. The less relevant to my research, although influential, were international development agencies such as the United States Agency for International Development (USAID) and Catholic Medical Mission Board (CMMB).

The importance of this research is to show that Africa's future developmental prospect to reduce poverty is largely dependent on partnerships, and that we must notice that how faith-based organizations apply religious perspectives in prevention policy will influence accomplishing the MDGs. This research is important for policy makers and development partners in the international community. Findings suggest that the ways in which development partners plan to fulfill the MDGs imply what lies ahead for development in Africa south of the Sahara. It reflects upon the United Nations' Millennium Declaration, which illustrates that realizing human rights is important to up-lifting poverty in Africa. The significance of this dissertation is to sociologically understand how the intersection between religion, culture, human rights and social justice in preventing HIV is a process of millennial cultural imperialism.

Delimitation of Study

This research did not examine all faith-based organizations and partners in development organizations involved in development and HIV/AIDS in Nairobi due to transportation, location of organizations and limited funds. It was based on interviews and site visits in Nairobi in 2007. I supplement transcriptions of interviews and field notes with data from international organizations; at times (whenever relevant) I also used discussions on AIDS media coverage in Kenya.

Background

Kenya colony was known as the British East Africa until 1920. A major reason for Britain's entry in Kenya was commerce and imperialism. "The British Government was also interested in control of territory on the route to India" (Dilley1966:14). Imperialism according to Conklin and Fletcher "is the process by which an expanding state dominates the territory, population, and resources of less powerful states or regions … sometimes this process takes a colonial form including: the imposition of direct military and administrative control and the influx of settlers from the imperialist country (1999:1). In *The Dark Webs: Perspectives on Colonialism in Africa,* Bethell Allan Ogot defines colonialism "as a political and territorial control of a region and its people." He also notes that the three main groups that functioned under the pretext of colonial rule in East Africa were: Colonial administrators, settlers from Europe and India and Christian missionaries (Falola 2005:357-58). The founding president Jomo Kenyatta participated in the Mau Mau liberation struggle that led to Kenya's independence in December 12, 1963. Kenya was a de facto one party state from 1969 to 1982 when the ruling Kenya

African National Union (KANU) became the only legal party. Other political parties have developed such as the multiethnic united opposition group National Rainbow Coalition (NARC) and the Orange Democratic Movement (ODM) (US Central Intelligence Agency 2010:340-41).

History of HIV/AIDS

Kenya's first HIV case was diagnosed in 1985. In 2001, HIV/AIDS adult prevalence was 15%. The estimated number of people living with HIV/AIDS in 2001 was 2.5 million and death caused by HIV/AIDS was approximately 190,000 (US Central Intelligence Agency 2003:288). In 2003, HIV/AIDS adult prevalence was 6.7%. The estimated number of people living with HIV/AIDS in 2003 was 1.2 million and the estimated number of deaths caused by HIV/AIDS was 150,000 (US Central Intelligence Agency 2010:340-41). In 2009, HIV/AIDS prevalence rate among adults was 6.3%. The number of people living with HIV/AIDS in 2009 was approximately 1.5 million and HIV/AIDS deaths were 80,000. The lower prevalence rates and HIV/AIDS deaths are lower because of increasing access to care, medication and programs through the government and development partnerships, donors, international development agencies, non-governmental organizations including the role of faith-based organizations in development.

A Transformation in the Role of Religious Organizations

Desai and Potter discuss changes in development and the importance of religion and faith-based organizations in development. They note that "not only has religion

continued to be important in people's lives and in the political economy of developing countries, but secular development agencies, such as the United Kingdom's Department for International Development, also disburse funds to faith-based NGOs (such as the Catholic Agency for Overseas Development (CAFOD) and Islamic Relief)" (2008:487). These organizations have transformed into transnational religious organizations. In *Globalization and Religious Organizations: Rethinking the Relationship between Church, Culture and Market,* Spickard poses questions (relevant to the current role of faith-based organizations) to explore this transformation stating that "What challenges face religious organizations as they attempt to operate in an increasingly transnational, indeed global religious milieu?" How do they maintain themselves as organizations? How do they attract adherents? And how do they uphold the integrity of their religious message? (2004:48). While the role of religious organizations have changed, Desai and Potter note that "although the contemporary development project is secular, its roots arguably rest in the morals and institutions established by Christian missionaries abroad, as well as philanthropic movement within the evangelical Christianity back home" (2008:487). The continuum of missionary work is visible in post-colonial Kenya "despite efforts by post-independence states to assume responsibility for development work and service delivery, much development continues to be carried out by faith-based organizations of various types" (2008:487). Their role in HIV/AIDS prevention is visible in Africa south of the Sahara in the new millennium.

A problem facing Africa south of the Sahara is HIV/AIDS epidemic. HIV/AIDS is a disease that deteriorates health and is responsible for early death. Life expectancy today in Africa averages 40 years. Peter Okaalet notes that "HIV/AIDS is actually

leading to greater poverty than existed before . . . a stable case of poverty is made worse by the onset of HIV/AIDS and its associated ill effects on individuals, families, communities, and nations" (2001:131). The UNAIDS - World Health Organizations' AIDS epidemic data compiled in 2009 state that Africa south of the Sahara "is the region most affected and is home to 67% of all people living with HIV worldwide and 91% of all new infections among children."[1] The World Bank declared support for the United Nations commitment to HIV/AIDS and development as a means to alleviate poverty by stating that:

> Fighting HIV/AIDS and other contagious disease is one of the eight United Nations Millennium Development Goals, which aim to halve poverty and broadly improve welfare by 2015. Given the dominant impact of HIV/AIDS on development, we recognize that HIV/AIDS must be the center of the development agenda (World Bank 2000).

There is a global understanding of the devastating effects of HIV/AIDS epidemic. The UNAIDS World Health Organization show that Africa south of the Sahara maintains the highest number of people living with HIV. In 2009 the average number of people living with HIV was 22.4 million (20.8 – 24.1 million). By 2009, more than 14 million children were orphaned. The adult HIV prevalence rate was 5.2 percent and an average of 1.4 AIDS related deaths was also the highest globally.[2]

The personal, gendered and socio-economic impacts of HIV related illness and AIDS vary across socio-cultural and economic systems, between rural and urban areas,

---

1. UNAIDS World Health Organization Global Facts and Figures. http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/factsheet/2009/20091124_fs_global_en.pdf. (Retrieved July 20, 2011).

2. ibid.

between social categories and age cohorts. This disease is changing the social structure of families, where children care for their siblings, dying adults or parents. Grandparents, who in most households cannot afford to support their orphaned grandchildren; face the burdens and socio-economic effects of HIV/AIDS epidemic. Therefore, if the global community is committed to halting the spread of HIV, then it is relevant to implement effective policies in order to achieve the MDGs. The effort to halt the spread of HIV through global partnership is underway.

Religious organizations have taken the initiative to provide services and care for the welfare of people who have been infected and affected by HIV/AIDS. Hearn (2002) illustrates how the role of NGOs as partners in international development centers on health policies that promote privatization, population control, and preventing the spread of AIDS in Africa; giving emphasis to Kenya. The purpose of her study is to increase the visibility of the growing role of NGOs in development, health care and policy and social welfare in Africa. Hearn's statement that "how unique this process is to Kenya given its status as a 'Mecca' for Western missionaries, is an important question that needs further research," (Hearn 2002:56) is a valid and relevant question. Given that Africa south of the Sahara is faced with an epidemic, Hearn's question is prompt. It provokes the need for further research on the role and influence of faith-based organizations as development partners in preventing the spread of HIV/AIDS in Africa. The role of NGOs and faith-based organizations as development partners is prevalent; however, to what extent are these institutions accountable is a fair question to ask. Now that they are visible, this research attempts to explore their accountability in prevention and progress to achieving the MDGs. The United Nations concerns for "Africa's downwards spiral with AIDS"

also suggests the need to explore how these institutions are working in partnership to address Africa's plight with AIDS. It is partly the goal of this dissertation to illustrate the complex relation among all these partners.

The primary causes of "Africa's downward spiral with AIDS" are poverty, marginalization, global socio-economic inequalities, and gender (International Review of Missions 2001). The consequences of the AIDS epidemic are multidimensional: anthropological, economic, sociological and political. Fredland notes that these consequences can influence Africa's development prospects "negatively for many years to come" (1998:548). Dr. Peter Piot, the former Executive Director of UNAIDS acknowledged that in the early 2000s, the manifestations of the epidemic was in its early stages 'opening chapters' (Okaalet 2002:278). Since time between infection and manifestation of symptoms is long, the degree of its impact at the time was minimal. However, the gradual development stages will have adverse consequences. Okaalet implies that Africa's capability to manage the exponential HIV cases and the magnitude of adverse effects will be cumbersome; pointing that what the world may expect in the near future will depend on partnership and the "role of faith-based organizations in the fight against HIV and AIDS in Africa" (2002:274). Okaalet states that partnership is fundamental for any large programme to be effective . . . [and] faith-based organizations is key partners in addressing HIV/AIDS issues (276-277). Dr. Piot recognizes the responsibility and accountability that religious institutions hold relative to the future development of Africa. Dr. Piot's comment that, "faith-based organizations . . . have been introduced in a supporting role in these first few chapters in fact will become

integral to the story and may well determine the story's outcome" (Okaalet 2002:278), compliments Garner's question.

Garner's research poses a question "whether religion can play any role in the prevention of AIDS," in South Africa (2002:46). Garner's underlying question to the international community is whether Christianity in particular can be instrumental to a radical modification of behavior in large numbers of South Africans. This question is also applicable to other African countries such as Kenya, where there is growing number of Christian organizations involved in HIV/AIDS projects. Garner asserts that, whereas some churches can potentially help with preventing the spread of AIDS, "it cannot be assumed that Christianity will be positive . . . it may rather be perceived as a liability by those involved in combating the epidemic: by discouraging condom use, opposing sex education, and explaining AIDS as God's judgment on promiscuity…." (Garner 2000:47).

The influx of missions in Africa was obvious at the beginning of the millennium (Hearn 2002). In *The Next Christendom: the Coming of Global Christianity,* Jenkins (2002) shows that global Christianity is approaching southwards which includes the region of Africa. Barrett and Johnson's (2004) projection for missions in the 20th - 21st centuries also show that there will be increasing numbers in service missions by 2025. Given that religious institutions have become prominent partners in development in the 21st century, what will this imply for development, social service provision and the role of religious institutions in development in Africa? Hearn shows that these organizations have become implementers of the New Policy Agenda, giving these institutions more authority in social service provision over the state.

Hearn indicates that Kenya's Ministry of Health is largely under the management of non-governmental organizations and religiously affiliated international organizations such that reference to healthcare is 'the mission sector' (Hearn 2002). This is indicative of the social, economic and political power that non-governmental organizations have gained as partners in development. This is a reflection of a reinforcement of dependency on external donors and governments. Fredland (1998) work *AIDS and Development: An Inverse Correlation,* imply the following questions to partners in development: What are the inevitable outcomes of control from sources external to the continent? What are the interests and priorities of the collaborative efforts between both donor and recipient countries? Fredland observes that:

> As recent efforts have demonstrated, it has been difficult to achieve a globally accepted policy on how governments and other organizations should address AIDS. The African health situation may have been different had there been an aggressive response when the epidemic first became apparent. During its early stages, it was assumed by much of the outside world to be simply an African problem, one which could be ameliorated by generous donors. Alternatively, the spread of AIDS in Africa could have initially been examined not as a regional phenomenon by other nations, but as one with global implications and local variations. Naturally, it has been treated by both donor and recipient countries in terms of their own interests and priorities, with resources having been focused regularly on problems other than AIDS. Left behind are serious medical, political and epidemiological issues. This has affected prospects for an improved quality of life, and has renewed dependence on more developed countries and inter-governmental organizations (IGOs) for essential support (1998:549).

According to Fredland, inter-governmental organizations are the 'new missionaries.' Their expectation for new behavior is an aspect of re-colonization (1998:558). This implies that conflicting perspectives and interests could affect the effective measures to prevent the spread of HIV. In *The Less They Know, the Better: Abstinence-Only*

HIV/AIDS Programs in Uganda, Cohen and Tate (2005) show that due to conflicting cultural and religious values and behavior expectations, social groups such as the gay community are excluded. This questions the commitment of development partners to human rights and social justice in preventing the spread of HIV. Since, missions to Africa are increasing in the new millennium, how will religious institutions impact prevention in Africa?

In table 1, Barrett and Johnson's (2004) "status on global missions" indicate an increasing trend in missions, evangelicals, and Christian organizations. There were a total of 62,000 global mission groups globally at the beginning of the twentieth century. Hearn (2002) shows that by the end of the century, the numbers increased to 320,000 missions.

Table 1. Status on Global Missions, 2004, in Context of 20th and 21st Centuries

	1900	Mid-2004	2025
Global Christianity:			
Evangelicals	71,726,000	242,697,000	355,039,000
Pentecostals/Charismatics/NeoCharismatics	981,000	570,806,000	818,637,000
Christian Organizations:			
Foreign-missions sending agencies	600	4,270	6,000
Christian Workers (clergy, laypersons):			
Aliens (foreign missionaries)	62,000	439,000	550,000

Source: Data adopted from Barrett, David B. and Todd M. Johnson, Annual Statistical Table on Global Mission: 2004. *International Bulletin of Missionary Research (*2004:25).

Johnson and Chung (2004) show a trajectory "tracking global Christianity" and projections for the future expansion of Christianity stating "… that while the trajectory continues to move to the southeast, the Christian churches of the Global South (Africa, Asia, Latin America and Oceania) will likely continue to acquire an increasing

percentage of global Christianity . . . in AD 2100 Southern Christians (2.8 billion) will be well over three times as numerous as Northern Christian (775 million)" (Johnson and Chung 2004:174). What will this path or progression formed by Christian followers mean? Johnson and Chung suggest that the number of followers will influence the number of "churches, priests, pastors, Christian institutions and more potential for missionaries to be sent to out to these regions" (2004:171). How these institutions influence development in Africa is important to development policy and the regions developmental prospects in the new millennium. The implication of global Christianity to development and HIV prevention in Africa south of the Sahara in the twenty-first century is relevant to various disciplines including sociology and development studies,

The 1995, UNICEF report acknowledges that faith-based organizations are capable of playing a significant role in development. The report states that:

> Religion plays a central role, integrating role in social and cultural life in most developing countries . . . there are many more religious leaders than health workers. They are in closer and regular contact with all age groups in society and their voice is highly respected. In traditional communities, religious leaders are often more influential than local government officials or secular community leaders (Cited in Okaalet 2002:275).

This statement supports Hearn's (2002) observation that evangelicals have taken control of services in Kenya as in other African nations. As I indicated earlier, Hearn states that Kenya hosts largest US Protestant missions' personnel in Africa in the new millennium. Thus, it is relevant to explore the purpose of religious organizations in Africa and how religion and religious organizations will influence the goal to halt the spread of HIV.

Religious organizations have gained a greater role, visibility and responsibility in development in developing countries. While the number of missions is also growing and

their role is also growing, religious motive will also grow. The implication of gaining authority in development also means that their evangelism missions will also expand. The new millennium marks the beginning of missionary expansion in Africa. So far, I have illustrated that HIV/AIDS is a development problem in Africa and the role of religious organizations in aid provision. As partners in development, how is religion influencing their role in development?

The purpose of this research is to explore the role of faith-based organizations in development in a new perspective. This research explores the phenomenon the current missionaries to understand how their role as development partners and the ways in which they prevent the spread of HIV is a process of millennial cultural imperialism. I examine their role to determine their influence through a conceptual framework that explores how religion and culture influence prevention policy and implementation. But first, I discuss the methods of study for this research, situating the political implications of my dissertation research with the Kenyan government, as well as the approaches utilized to gather and analyze data.

Methods of Study

In this section I discuss how I collected data and analyzed the data. This section will also indicate how I prepared to enter the field, the types of events and activities I encountered while in the field and the specific group of organizations that participated in my research.

Prelude: Reaching Government Approval before Conducting My Research

Before I began the data collection process I had to apply for permission from the Kenyan government to conduct my research. I went to the Ministry of Education located in Nairobi to apply for a research permit. The application process required two passport size pictures, a valid Kenyan identification card or passport, my status particulars, which in my case was my student identification card, and a copy of an approved research proposal and a fee. The form also indicated that it was a requirement to submit two copies of my dissertation to the Ministry of Education, Science and Technology (see appendix D, page 220). I submitted my application and paid the fee. I was asked to schedule an appointment with the personnel at the Ministry of Education. The purpose of the interview was to explain my research goals and justify how I will conduct my research and protect the (anonymity and well being) of the subjects. When my research permit was authorized I had to sign a form to acknowledge that I received my permit and endorse that I am responsible for sending two copies of my dissertation to the Ministry of Education upon completion.

This extra step was worth taking because my proposal was accepted by the government of Kenya. It was also reassuring that my research is of importance and hope that it will be of good use in understanding how religion is impacting people living with HIV/AIDS and social exclusion of marginalized groups. I noted that upon showing my research permit, my subjects talked about problems with poverty in the Nairobi's slums and in a sense suggesting that I give voice to their concerns about poverty and prevention particularly that programs were funded once and then funds were discontinued. They felt

that they had been neglected and left to struggle to sustain programs. I am aware that this step was also an act of gate keeping and may be perceived as an act of controlling the research goals. In this final analysis however, the extra step benefitted the research as a whole.

Sample Selection and Entering the Field to Conduct Interviews

Purposive sampling was relevant and appropriate for this research. Silverman (2005) states that, purposive sampling allows us to choose a case because it illustrates some features or processes which are of interest to the study. It demands that we think critically about the parameters of the population we are studying and to choose our sample case carefully on that basis. In choosing a sample that will represent a wider population (Silverman 2005:131), we select a sample of particular processes, types, categories, or examples, which are relevant to or appear within the wider universe (Mason 1996:92).

The unit of analysis was the organization (development partners) and the sample was intentionally selected according to the needs of study. Singleton and Straits (2010) state that investigators rely on their judgment to select a unit representative of the population. Patton (2002) states that purposive sampling guide a researcher to select cases with rich information. The sample selection for this study was generated from the National AIDS Control Council's (NACC) database. A research assistant at the NACC research department was a key actor in generating the sample list. The sample size was dependent on proximity of organizations and available resources. Due to limited funds, time, location accessibility and transportation constraints, organizations in Nairobi and

within 70 miles were selected. The sample consisted of 14 organizations: 5 major organizations operating at the national and international level (macro-level/transnational) and 9 community church-based organizations mainly located in the slums of Nairobi; the latter ones were operating at the grassroots level (micro-level). The research assistant introduced me to one his field officers. The field officer was more familiar with the functions of the organizations and was also helpful in selecting organizations that were easily accessible. As a key actor, she called all the organizations to introduce me to the participants and schedule interview appointments.

I initially established rapport with participants when I called to confirm our interview appointments and to get directions to their organization. Before the interviews, I explained the purpose of my research, showed interviewees my research permit, and asked them whether they had any questions or concerns about the research. The interviewees were also informed that they were under no obligation to respond to all questions and were free to leave or stop the interview at their request. I asked for their consent to be interviewed and informed them that their names and organization's name will not be mentioned in the report. I used pseudonyms to protect their anonymity.

I conducted semi-structured interviews with 27 participants in Nairobi between June to September 2007. The interviews were held at the interviewees' offices or church premises. The interviews lasted between one to two hours. I used an interview guide because it ". . . lists the questions or issues that are to be explored in the course of the interview" (Patton 2002:343). The advantage of using an interview guide is that it provides topics or subject areas and a structure for exploring, probing and asking questions, while making sure that " . . . the same basic lines of inquiry are pursued with

each person interviewed" (Patton 2002:343). It was relevant to apply in-depth interviews in order to explore how faith-based organizations prevent HIV. The advantage of using a qualitative research approach is using in-depth interviews and open ended questions. Marvasti notes that "in-depth interviewing is founded on the notion that delving into the subject's 'deeper self' produces more authentic data . . . in-depth interviewers aim to gain access into the hidden perceptions of their subjects" (2004:21). After the first four interviews, I noticed that there were obvious themes and similar responses. I took notes of new questions and topics that emerged during the interviews and during conversations when the participants took me to the slums to see how poverty was impacting their community and what they were doing to address issues that reinforce spreading HIV. Some interviewees provided documents of their organization. These documents were mainly about their organizations' mission statement and goals. I also benefited from visiting some of the schools such as for orphans and vulnerable children, visiting Voluntary Counseling and Testing Centers (VCTs) and attending rallies and gospel concerts where HIV/AIDS prevention skits or drama were performed mainly by the youth as a means to educate the communities about HIV/AIDS. Thus, I examined the types of services they provide and how they provide the services. I was also able connect the theme that was frequently mentioned that abstinence is for the youth to the concert performances by the youth targeting the youth. The majority of organizations gave me documents and literature outlining their organizations involvement with HIV and AIDS.

Analyzing Data

After the interviews, I wrote journal entries and notes about my daily observations and interaction with the interviewees. At the end of the day, I listened to the interviews to make sure that the recording was clear and at the same time wrote memos of themes that were emerging from the data. I transcribed the interviews and jotted themes. This made it easier to refer back to the raw data and categorize the data according to themes and concepts. The data was typed using Microsoft Word. After I transcribed all tapes, I read the data and used open coding to locate themes and concepts. I coded the data by highlighting the excerpts and labeling themes and concepts. I condensed the data into manageable categories and searched for recurring themes. I interpreted the sociological meaning of themes and concepts accordingly to answer the research question.

In the following section, I briefly introduce the concept of cultural imperialism to substantiate how I apply cultural imperialism as a framework to conceptualize how the role of faith-based organization in HIV prevention is a process of millennial cultural imperialism.

Cultural Imperialism Theory

Cultural imperialism theory is applicable across various disciplines. Cultural imperialism literature suggest its usage in explaining and describing phenomenon in areas of anthropology, education, history, international relations, literature, media or communication, sciences and sports. Since its applicability is diverse, different disciplines specify phrases or terminology in reference to cultural imperialism. For example, in media and communications context, reference to cultural imperialism

includes multiple phrases such as 'media imperialism.' Most recent references to cultural imperialism include 'Americanization' or 'cultural globalization' interchangeably. Discourse in cultural imperialism delineates inconsistency in usage, which could misguide the objective of a study. The persisting problematic nature of defining cultural imperialism demands meticulous thought of the researcher to determine and justify appropriate application relevant to the study in question. This study uses a cultural imperialism framework to understand and determine how religious and cultural motives affect policy implementation. Cultural imperialism is also applied comparatively to the ways in which missionaries used religion and culture as a means to achieve their goal.

Cultural imperialism theory emerged in the 1970s. The development of this theory culminated during an era when information and communication flow between nations of the World became prominent, especially the influence of United States media in Latin America (Dunch 2002; White 2000). Media imperialism, with reference to United States dominance on entertainment and cultural images, forms the principle framework of the concept of cultural imperialism (Dunch 2002). Robert Schiller's (1979) definition suggests that:

> The concept of cultural imperialism . . . best describes the sum of the processes by which a society is brought into the modern world system and how its dominating stratum is attracted, pressured, forced, and sometimes bribed into shaping social institutions to correspond to, or even promote, the values and structures of the dominating center of the system. The public media are the foremost example of operating enterprises that are used in the penetrative process. For penetration on a significant scale the media themselves must be captured by the dominating and/or penetrating power. This occurs largely through the commercialization of broadcasting (Schiller [1979] 9-10, cited in White 2000).

Penetration here implies a colonial imperialist advancement through media as an element of cultural imperialism. White (2000) introduces the notion of cultural imperialism by

indicating an array of terms, which show different applications by critical theorists. Literature suggests an array of terms relating to cultural imperialism. "Media imperialism" (Boyd-Barrett 1977); "structural imperialism" (Galtung 1979); "cultural dependency and domination (Link 1984; Mohammadi 1995); "cultural synchronization" (Hamelink 1983); "electronic colonialism" (McPhail 1987); "communication imperialism" (Sui-Nam Lee 1988); and "ideological imperialism", and "economic imperialism" (Mattleart 1994), are common terms used in international communication literature reference to cultural imperialism (Cited in White 2000).

Analytically, cultural imperialism theory is applicable to the new role of religious organizations in order to understand their influence on preventing HIV. Cultural imperialism theory explains and/or describes phenomena. For example Schiller in "Communication and Cultural Domination", (1976) uses the term cultural imperialism to explain and describe how the media as a multinational corporation and generally multinationals of the developed countries dominate developing countries. As an example cultural imperialism in media is visible in American motion pictures or film industry. In *Cultural Imperialism: Essays on the Political Economy of Cultural Domination,* Gemann illustrates that the oligopoly ("Corporate Hollywood") of the seven Hollywood studios known as the "Majors" "dominates the audiovisual landscape in most countries of the world in terms of market shares…Walt Disney Company, Sony Pictures Entertainment Inc., Metro-Goldwyn-Mayer Inc., Paramount Pictures Corporation, Twentieth Century Fox Film Corporation, Universal Studios, and Wayne Brothers" (Hamm and Smandych 2004:25). Ninety per cent of the "Majors" movies and television market dominate screens in Europe, whereas only three per cent of foreign films are shown in America

theaters and television market (Hamm and Smandych 2004:91). This explains the transitive nature or the flow of cultural imperialism, which in many instances is covert and/or subtle. This is true of globalization, which is in disguise a process of cultural imperialism in context to Americanization of the world's political economy. This is a common or dominant feature of cultural imperialism in technology, i.e., the globalization of technology through the Internet. Hamm and Smandych illustrate subversive and more subtle forms of cultural imperialism. "Advertising, "good governance," the "free flow of information," popular culture, …which sound so undoubtedly positive all carry the message that there is no alternative American capitalist mode of social organization" (2004:25).

Nandy illustrates that the first systematic effort at globalizing the world was modern colonialism (Hamm and Smandych 2004:52). The concept of colonialism or process of colonization in respect to cultural imperialism has its origins in "the work of Frantz Fanon (1963) from the perspective of colonized people" (Hamm and Smandych 2004:24). "The colonial theories of civilization missions and social evolutionary hierarchy of cultures had much to do with the discovery of the New World and larger-scale, international trade of humans…" (2004:52). The globalizing effort was mainly to conquer, discover and evangelize. This globalizing process is indicative of the major constructs of cultural imperialism; domination and power.

Hamm and Smandych define the political economy of cultural imperialism to suggest major constructs of cultural imperialism that:

> Cultural imperialism is a by-product - sometimes intended, sometimes unintended, always inevitable of political and economic imperialism. Although they often go together, these two are quite different. Political imperialism is

> exerted through coercion, control over scarce natural resources, and propaganda; economic imperialism comes through control of money, at least in all societies where money counts (2004:24).

That is "control over" is a form of domination, and "control" imply political and economic power. The questions posed by Hamm and Smandych that: 1) "how do the politics and the economy of the colonizer intertwine to shape the institutions, the ideologies, and the social consciousness of the colonized people? and 2) what are the expected consequences of such domination?" (2004:24), are important to the current role of partners in development in HIV prevention. The politics of preventing HIV/AIDS is transparent in the role of development partners. The developing world is dependent on external resources from economically and politically powerful states in the developed world. As this research will show, dependence is at times attached to conditionality and/ or preferences. It can be overt or covertly implied such as in the role of faith-based organizations receiving funding, yet preference is given to religiously informed policies. The forces of power, responsibilities and interdependence within the social system of preventing HIV where states, nations, governments, organizations and individuals are all working to achieve a common goal will have consequences. This research study will highlight the influence of faith-based organizations on HIV/AIDS prevention and the implications of achieving the MDGs.

Dominance is a general characteristic of cultural imperialism. Dominance has several meanings: economic dominance, political dominance, geopolitical and managerial dominance with reference the new role of religious organization in the new millennium. The new millennium also suggests that missions will maintain their dominating role in development given the projection of missions in the new millennium. The increase in

numbers and authoritative roles translate into religious dominance in development in Africa in the new millennium.

What Motivated This Study?

In *The Invisible 'NGO': US Evangelical Missions in Kenya*, Hearn (2002) mentioned that the increasing numbers of missions to Kenya and the global south was intriguing. I interpreted the influx of missions to Africa in the new millennium as the "second coming of missionaries." Since the (cultural motives) "Westernization and/or Civilization" role of the past missionary movement was achieved through (religious motives) "Christianization", how is the role of the current missionary movement influencing the goal to halt the spread of HIV? How is religion influencing the role of Christian faith-based organizations in HIV prevention?

The inquiry about religion and prevention further evolved into: what is the problem with applying religious perspectives in HIV prevention? How is religion affecting HIV prevention? What is absent in HIV prevention policy? These questions were instigated by the case of Uganda which was a success model for HIV prevention in Africa. Uganda was working with development partners and had effectively implemented prevention policy that significantly reduced infection rates. However, applying a religious perspective in HIV prevention was problematic. A Christian religious prevention strategy developed into a human rights and social justice problem. This research attempts to explore in order to explicate and understand: 1) the ways in which faith-based organizations use religion in prevention policy and implementation, and 2) how a religious perspective in prevention is influencing human rights and social

justice. While responding to these questions, this study will also show how the influence of religion on the ways in which faith-based organizations prevent HIV is a process of millennial cultural imperialism. In the following section I demonstrate Uganda's case to show how partners in development (including faith-based organizations) influenced Uganda's success in preventing the spread of HIV. The overall goal is to understand what implications the role of faith-based organizations may have on the United Nations global poverty alleviation agenda. What are the implications of halting the spread of HIV and alleviating poverty, given the projections of the missionary movement in the new millennium?

In late November 2004, suggestions by development partners (donors, international development agencies and faith-based organizations) influenced Uganda into shifting its former successful HIV/AIDS prevention strategy to abstinence-only. A research study by Human Rights shows that abstinence-only is ineffective in preventing HIV/AIDS as Cohen and Tate (2005) note:

> Numerous U.S. funded studies have shown these programs to be ineffective at changing young people's sexual behaviors and to cause potential harm by discouraging the use of contraception. The effect of Uganda's new direction in HIV prevention is thus to replace existing, sound public health strategies with unproven and potentially life-threatening messages, impeding the realization of the human right to information, to the highest attainable standard of health, and to life (Cohen and Tate 2005:1).

Abstinence - only is also problematic because it overlooks the universal right to development – that necessitates providing social services that acknowledge the right to the highest attainable standard of health. In 2000, the United Nations Committee on Economic, Social and Cultural Rights adopted the Right to the Highest Attainable Standard of Health, during the 22nd session held in April 25 through May 12 in Geneva,

Switzerland. The normative content of The Right to the Highest Attainable Standard of Health states that:

> The right to health must be understood as a right to the enjoyment of a variety of facilities, goods, services and conditions necessary for the realization of the highest attainable standard of health . . . health facilities, goods and services must be accessible to all, especially the most vulnerable or marginalized sections of the population, in law and in fact . . . accessibility includes the right to seek, receive and impart information and ideas concerning health issues . . . all health facilities, goods and services must be respectful of medical ethics and culturally appropriate, i.e. respectful of the culture of individuals, minorities, peoples and communities, sensitive to gender (Article 12 of the International Covenant on Economic, Social and Cultural Rights).

The increasing role of development partners in Africa south of the Sahara is a concern, considering that what is critical is how these organizations plan to prevent the spread of HIV. How the government of Uganda is working in partnership with respective organizations in the international community (to achieve development goals), especially halting the spread of HIV/AIDS raised questions as to how faith-based organizations and religion will impact the goal to halt the spread of HIV/AIDS.

Cohen and Tate indicated that in 2001, the government of Uganda implemented a program to expand HIV prevention education. The Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY) program receives funding from United States. PIASCY presents information on “abstinence-until –marriage through assembly messages, classroom activities and youth rallies” (2005:2). PIASCY’s educational materials were prepared in Uganda with the assistance of public health professionals, skillful HIV/AIDS educators, community organizations and faith-based organizations. During the PIASCY development process, the United States Agency for International

Development (USAID) placed a technical adviser at the ministry of education in supervision. Observation by participants shows that:

> Religious groups exercised an effective veto over the inclusion of objective health information. . . . At the insistence of these groups, pre-tested PIASCY materials were withdrawn from circulation and re-released with several explicit images purged and a chapter on 'ethics, moral and cultural values' added. . . . Draft secondary school materials, under revision as of this writing, contain numerous falsehoods about condom (including the claim that they contain microscopic pores that are preamble by HIV pathogens) a caution that premarital sex is against 'religion and norms of all cultures in Uganda' and 'is considered a form of deviance or misconduct' (Cohen and Tate 2005:2).

The implication here is that how faith-based organizations and international organizations plan to achieve development goals inclines more on a religious perspective. I discuss Uganda's abstinence-only HIV/AIDS prevention strategy to show that a human rights perspective in development is lacking in an effort to alleviate poverty and halt the spread of HIV/AIDS in Africa south of the Sahara.

Uganda Shifts to Abstinence-Only Prevention Strategy

Uganda's HIV/AIDS prevention model aspired to reduce HIV/AIDS cases. Uganda took an initiative and effort to implement programs, document explicit educational material on HIV/AIDS, and reach communities to educate people about HIV/AIDS and prevention strategies. Education and literature on HIV/AIDS was easily available to the citizens of Uganda. The media's involvement was also very successful at disseminating information. HIV/AIDS cases significantly decreased from 15 per cent nationally in 1992 to 6 percent in 2002 causing Uganda's HIV/AIDS prevention strategy to be the most successful model in the world (Cohen and Tate 2005).

Uganda's shift to A and B was mainly influenced by Uganda's AIDS Commission. Cohen and Tate state that:

> In November 2004, the Uganda AIDS Commission released a draft 'Abstinence and Being Faithful (AB) policy to guide the implementation of abstinence-until marriage programs throughout the country. Intended as a companion to the country's exiting strategy on the promotion of condoms; the policy in fact undermines condoms as an HIV prevention measure and suggests that promoting condoms alongside abstinence messages would be confusing to the youth. The document contains virtually the same definition of "abstinence education" as in legislation governing abstinence-only programs in the United States, suggesting that Uganda's program will replicate programs that have proven ineffective in numerous U.S. states (2005:2).

Implementation was in progress under the support and supervision of the United States government, which is the largest single donor of HIV/AIDS programs in Uganda. Partnership between the government of Uganda, international development agencies (mainly United States Agency for International Development), and religious organizations were proceeding with implementing Abstinence-Only programs under the endorsement "by some powerful and religious leaders in Uganda" (Cohen and Tate 2005:1). Abstinence-only development policy implementation lacks a rights-based approach to development. According to the United Nations committee on Economic, Social and Cultural Rights:

> A rights-based approach to development integrates the principles and standards of the international human rights system into development policies and projects, defining the objectives of development in terms of legally enforceable entitlements. It thus provides a legal basis for advocacy to ensure that the basic needs of the poor are met, and identifies legal mechanisms for public service accountability. A corollary of a rights-based approach is a focus on ensuring that vulnerable or marginalized groups – women, children, minorities, migrants, and others – benefit from development. These should express safeguards in development instruments to protect against threats to the rights and well being of such groups (Manby 2004:1002).

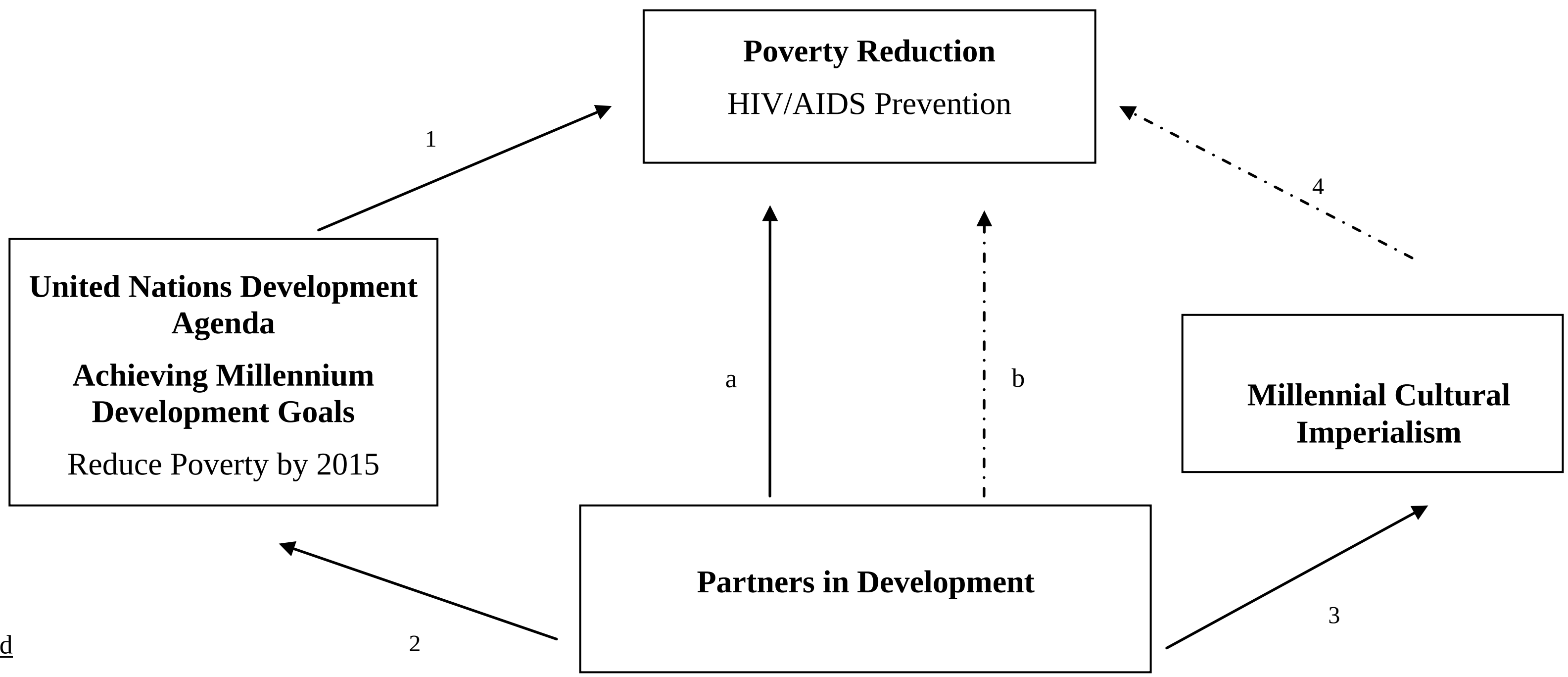
Analytically, a rights based approach to development is missing in Uganda's prevention approach. What is the case in Kenya? Is religion affecting human rights in HIV prevention in Kenya? In the following section, the conceptualize framework (figure 1, page 34) gives an overview of how this study explores these questions.

Conceptual Framework and Organization of Chapters

Arrow 1: Demonstrates that HIV prevention is one of the United Nations goals to alleviate global poverty. A brief background of the Millennium Development Goals will follow the conceptual framework explanation and organization of chapters.

Arrow 2: Chapter 2 Healed but not cured: Spirituality and Prevention. Arrow 2 demonstrates that faith-based organizations are development partners. I asked the following questions to explore their role in development in Kenya: What is the purpose of your organization? What services does your organization provide? This chapter analyzes how religion influences the ways in which faith-based organizations provide social services to people living with HIV/AIDS and how religion influences the social, economic and emotional/spiritual well-being of people living with HIV/AIDS.

Arrow a: The case study of Uganda demonstrates that religion influences prevention policy and implementation (i.e., preference for abstinence-only and being faithful). What is the case in Kenya? Is ABC a prevention strategy? Are there any preferences and are these preferences influenced by religion? I discuss these questions in chapter 3.



<u>Legend</u>

Rights based Approach - · - · - · - ▸

b. Does religion influence policy and human rights?
4. The importance of human rights and social justice in HIV prevention

Figure 1. Conceptual Framework

Arrow 3: Chapter 3 Religious and Cultural Motives in Prevention. This chapter explores how religion is applied in prevention policy and implementation. I asked the following questions to understand the ways in which religion influence a prevention strategy: What are your prevention policies and how are these policies implemented? Does religion influence prevention? I show similarities to the ways in which missionaries used religion to achieve their goal to show why the role of faith-based organizations in prevention is a process of millennial cultural imperialism.

Arrow b: Following from Uganda's case study (Cohen and Tate 2005), arrow b inquires about human rights and social justice in preventing HIV in Kenya. If religion informs prevention policy and implementation and/or preferences, then in what way is religion influencing human rights and social justice in HIV prevention?

Arrow 4: Chapter 4 Human Rights and Social Justice". Are partners in development including human rights in prevention policy and implementation? How are religious and cultural beliefs influencing human rights and social justice? Do faith-based organizations provide services to marginalized and at risk social groups?

Chapter 5: Conclusion. In this chapter, I discuss the implications of millennial cultural imperialism to halting the spread of HIV/AIDS. What are the implications of religion in development? What will the influx of the current missionary movement mean to HIV prevention and development in Africa south of the Sahara in the new millennium?

Background: United Nations Development Agenda

In 2000, The United Nations indicated that poverty eradication is not only a development goal but also a major challenge for human rights in the twenty-first century

(UNDP 2000). The United Nations also declared that the challenge of the new millennium is to up-lift extreme poverty. It established the Millennium Development Goals; setting a time line to halve world poverty by 2015 (UNDP 2004). In the forward of the Millennium Development Goals Report, in June 2005 Kofi Annan "…The year 2005 is crucial in our work to achieve the Goals…instead of setting targets, this time world leaders must decide how to achieve them," because achieving the MDGs is contingent upon the "actions" and "motivations" of partnership in development (United Nations 2005a). Action (implementing effective/practical development policy), and motivations (including a human rights perspective in development policy) is important because, "…strategies based on the protection of human rights are vital for both our moral standing and the practical effectiveness or our actions" (United Nations 2005b). What actions are partners in development taking in order to halt the spread of HIV and reduce poverty? What are their motives? These questions are addressed in the data chapters.

Development and Poverty Alleviation: Realizing the Millennium Development Goals

Meeting the Millennium Development Goals is an essential process toward poverty reduction and development. Poverty proliferation in Africa south of the Sahara is problematic, and the ways to achieving poverty reduction in Africa is a critical development process. The United Nations calls attention to human development as a major aspect to sustaining social and economic progress in all nations. It also puts emphasis on the significance of building "global partnership for development." In the new millennium, faith-based organizations have taken a greater role and responsibility in

development in developing countries. Faith-based organizations work collaboratively with local and home governments and international development agencies in local communities as implementers of the "New Policy Agenda" in development in Africa.

Fighting HIV/AIDS is one of the eight MDGs. Discussing HIV/AIDS in context of development is to show that HIV/AIDS is a major cause of poverty and a threat to Africa's future development. The case of Uganda's Abstinence-Only HIV/AIDS prevention strategy- highlights an ideological perspective in development (rather than human rights perspective in development) which contradicts with the principle of meeting the Millennium Development Goals- basic rights. The MDGs are also basic rights – the rights of each person on the planet to health, education, shelter, and security as pledged in the Universal Declaration of Human Rights and the UN Millennium Declaration.

> The Millennium Development Goals commit the international community to an expanded vision of development, one that vigorously promotes human development as the key to sustaining social and economic progress in all countries, and recognizes the importance of creating a global partnership for development. The goals have been commonly accepted as a framework for measuring development progress.[3]

Poverty is at the top of the world's agenda with prospects to eradicating poverty (United Nations 2005a). Efforts to alleviate poverty are currently under the guidelines of achieving the Millennium Development Goals (MDGs). In September 2000, member states of the United Nations adopted the Millennium Declaration. Under the adoption of the United Nations Millennium Declaration, heads of State and Government reaffirmed

---

3. The Millennium Development Goals. http://ddp-ext.world.bank.org/ext/MDG/homePages.do. (Retrieved July 21, 2011).

their faith in the United Nations and its Charter "as indispensable foundations of a more peaceful, prosperous and just world" (Article 1, paragraph 1). Through reaffirmation, member states committed to the "purposes and principles of the Charter of the United Nations" (Article 1, paragraph 3.) In harmony, they declared to rededicate themselves "to support all efforts …to respect for human rights and fundamental freedoms, respect for the equal rights of all without distinction as to race, sex, language or religion and international cooperation in solving international problems of an economic, social, cultural or humanitarian character" (Article 1, paragraph 4) UN Declaration resolution adopted by general assembly. [4] Millennium Development Goals are guiding principles for implementing the Millennium Declaration. The primary purpose of meeting the MDGs in fulfillment of the Millennium Declaration is to address world poverty. The ways to achieving these goals are of importance. It is imperative that partners in development implement policies that will not only attend to goals, but also aim at meeting the targets by 2015.

Why Preventing HIV/AIDS is Crucial for Poverty Alleviation and Africa's Future

> It is still midmorning in Malawi when we arrive at a small village . . . we have come over dirt roads, passing women and children walking barefoot with water jugs, wood for fuel, and other bundles . . . . In this subsistence maize-growing region of a poor, landlocked country in southern Africa, families cling to life on an unforgiving terrain. This year has been a lot more difficult than usual because the rains have failed. The crops are withering . . .if the village were filled with able-bodied men, who could have built rainwater-collecting units on rooftops and in the fields, the situation would not be so dire. But as we arrive in the village, we

4 Resolution Adopted by the General Assembly, 55/2 United Nations Millennium Declaration. http://www.un.org/millennium/declaration/ares552e.htm (Retrieved July 21, 2011).

> see no able-bodied young men at all. In fact, older women and dozens of children greet us, but there is not a young man or woman in sight. Where, we ask, are the workers? Out in the fields? The aid worker who has led us to the village shakes his head sadly and says no. Nearly all are dead. The village has been devastated by AIDS . . . . (Sachs 2005:44) [5]

People earning less than $1 a day cannot afford basic needs and therefore live in extreme poverty. "They are chronically hungry, unable to get health care, lack safe drinking water and sanitation, cannot afford education for their children, …lack shelter and basic articles of clothing, like shoes" (Sachs 2005:47). Sachs describes extreme poverty as "the poverty that kills." Extreme poverty is a degree of poverty that exists only in developing countries (Sachs 2005:47). Sachs' concept of "poverty that kills" is prevalent in Africa south of the Sahara, where HIV/AIDS is widespread and exacerbates poverty. Health care will be a necessary basic need to help better and save lives in Africa.

Adult mortality rates and child mortality rates are on the rise in Africa. There is an important need for implementing effective measures to preventing HIV/AIDS. "HIV/AIDS poses the greatest threat to human development in the continent. At the current level of Africa's economic development, focusing on primary health care is the only viable strategy for achieving health for all in the foreseeable future" (Cheru 2002:6). Although the number of people living in extreme poverty has decreased from 1.5 billion (1981) to 1.1 billion, one-sixth living in extreme poverty experience the devastation of AIDS, droughts, isolation and civil wars. People living in extreme poverty are trapped in a vicious cycle of deprivation and death (Sachs 2005:47). How faith-based organizations

---

5. Book Excerpt in Time Magazine March 14, 2005. Sachs, Jeffrey D. 2005. End of Poverty: Economic Possibilities for Our Time. New York: Penguin Press.

take action towards poverty alleviation and Africa's development crisis (i.e. improving well-being and quality of life) is germane to social policy in development. What is their development perspective in addressing Africa's HIV/AIDS pandemic and future development prospects? The critical problem for Africa's development is winning the war on HIV/AIDS to extend and sustain life expectancy above 40 years and decrease child and adult mortality. The impact of HIV/AIDS in countries where it is rampant such as in East Africa, South Africa, Botswana and Zambia, AIDS has become the primary cause of death. Adult mortality rates for age groups 15-49 years have increased considerably and life expectancy at birth has declined by 20 years or more (Haacker 2004:44). According to the UNAIDS between the years 2010-2015, HIV/AIDS will cut 17 years of possible decrease in life expectancy to 64 years in nine African countries where the prevalence of adult HIV/AIDS is ten percent or greater (World Bank 2000:12).

The number of people living with HIV/AIDS in Africa is detrimental to its future development prospects. The need for effective HIV/AIDS prevention in Africa is indisputable. AIDS has an incomparable influence on regional development. It destroys the productive and skillful human capital. Morbidity of adults in their prime working age and parenting lives is so alarming that it annihilates the workforce, breaks and impoverishes families (World Bank 2000). Kimalu (2002) explains that health care plays a major role in economic development and that achieving quality health is critical for enhancing human development. High-quality health care is not only a basic right, but also a critical requirement for quick socio-economic development. Kimalu's research illustrates that sustaining quality health care and human development is necessary for

Africa's socio-economic development. The negative causes of the effect of HIV/AIDS on macroeconomic performance are as follows:

> The loss of large numbers of economically active population [working age adult-mortality or human capital]; a generation of unschooled children [an upsurge in AIDS orphans in sub-Saharan Africa], will lack competitive skills in the job market - necessary for production or economic growth; and National cost of treating people living with HIV/AIDS (Cheru 2002:7).

In the case of social problems, if cautionary measures are not implemented to address the HIV/AIDS pandemic in Africa, then poverty will devastate Africa's development prospects and future because the economic and social impact of HIV/AIDS on development are as follows: 1) Increased mortality means that the economy is left with fewer workers, both in total and across different occupations and skill levels; 2) In the longer run, HIV/AIDS affects the accumulation not only of human capital but of physical capital as well (Haacker 2004:41-42); 3) The importance of human health to economic development is that there is a direct relationship between a healthy population and its productivity, necessary for industrialization (Kimalu 2002); and 4) According to Owino and Korrir (1997) "the provision of good health satisfies one of the basic human needs and contributes significantly to towards maintaining and enhancing the productive potential of the nation. Improved health reduces production losses caused by worker illness, permits the use of national resources that had been totally or nearly inaccessible because of disease and increases the enrollment of children in school and improves their ability to learn" (cited in Kimalu 2002:1).

The Importance of Millennium Development Goals

The United Nations acknowledges that human development is the key to development (United Nations 2005a). The United Nations Human Development Index (HDI) measures human development. The indicators for human development are life, health and knowledge. Analytically, human development is the basis for socio-economic development or socio-economic development is dependent on human development. Therefore, it is necessary to sustain human development in order to achieve the Millennium Development Goals. Fukuda-Parr illustrates the importance of Millennium Development Goals to development by stating that:

> The Millennium Development Goals and human development share a common vision, guided by the values of freedom, dignity, solidarity, tolerance, and equity among people and all nations . . . The Millennium Development Goals set standards for the progressive realization of economic and social rights. They are a multidimensional vision that integrates social factors such as education and health, and economic factors such as growth and employment (2004:396).

Fukuda-Parr (2004) states that the Millennium Development Goals "are not just aspirations but provide a framework for accountability; show promise as an effective framework for holding key actors accountable for their commitment to eradicating global poverty in the twenty-first century" (395-400). Making accountability visible is important because it will distinguish whether strategies to prevent HIV/AIDS are effective to achieving the Millennium Development Goals. It will show whether the role of religious organization in development and policy implementation is effective and whether approaching development with a religious perspective is addressing poverty. The following chapter explores how religion influences the purpose and services that community church-based organizations provide.

CHAPTER 2

HEALED BUT NOT CURED: SPIRITUALITY AND PREVENTION

Recent research in the medical discipline shows that there is an increasing interest in studies linking spirituality, healing and health (Matthews and Clark 1998; Levin 2001; Plante and Thoresen 2007; Yuen 2007; Williams and Sternthal 2007; Mitchem and Townes 2008). Health studies suggest that spirituality is a contributing factor to sustaining a patient's well-being and quality of life. Patients and participants report that through spirituality, they cope with their illnesses, thus they maintain a positive outlook about life. Koenig (2000) notes that literature in medicine, social science, and psychology illustrate that there is a positive link between spirituality, religion, and health. Further, Koenig (2002) noted that improvement in health, low mortality rates and a decrease in diseases is a result of support from the community, which also renders meaningfulness in the life of individuals who are religious and/or spiritual.

Religious beliefs and practices such as prayer and belief in healing, faith in God and/or a higher power, submitting life's challenges to God or a higher being and support from a pastor, religious leaders, and the congregation have become significant resources and coping mechanisms for people living with HIV/AIDS. These beliefs and support systems are spiritual ways of searching for meaning and giving meaning to ones purpose in life. In this chapter, the perception of spirituality is conceptualized through the lens of

people living with HIV/AIDS and lens of faith-based organizations. That is, people living with HIV/AIDS search for meaning in their lives and faith-based organizations give meaning to their purpose and involvement with HIV/AIDS. This chapter explores how faith-based organizations support people living with HIV/AIDS to explain the search for meaning and giving meaning in HIV prevention. In my research interviews and fieldwork, I asked two questions to explore the role of faith-based organizations in HIV/AIDS prevention: 1) What is the purpose of your organization? and 2) What types of services does your organization provide? In general, as faith-based organizations, how is religion influencing HIV prevention? I apply Robert Merton's (1968) functionalist analysis framework to understand the consequences of providing services. Merton's framework suggests that the consequences of the functions and patterns in a social system are manifest and latent. Manifest refers to intended consequences and latent refers to unexpected and unintended consequences. While the core purpose of manifest and latent consequences is to distinguish between the positive (manifest) results of achieving a goal and negative (latent) outcome of accomplishing a goal, unexpected or unintended consequences can be positive.

Support services such as micro-entrepreneurship are not only intended to address deviant behavior such as the tendency for widows or single mothers to engage in prostitution or sex work for income, but also to empower women. The manifest consequence of preventing the spread of HIV through socio-economic support services is an empowering process. Women not only become independent but also interact socially and economically in their communities. This engagement and productivity is also a means to establishing a sense of belonging, as well as expanding social networks.

Furthermore, the latent (unintended, unexpected but positive) consequence of interaction, social networking and productivity is a healing process.

Conversely, I also show how the role of faith-based organizations in preventing HIV/AIDS can result in negative consequences. I will show that when people living with HIV/AIDS search for meaning in their lives, they search for comfort and "spiritual guidance" through the church, revivals, rallies, and/or mega-"faith-healing" and "prosperity" prayer services. However, the belief that prayer "heals" and the dualistic meaning given to "healing" that prayer will cure AIDS has negative consequences. The data shows that people living with HIV/AIDS feel that "faith-healing" is a manipulative process and that they were not cured of HIV/AIDS. By applying Robert Merton's latent and manifest concepts, I also show how using religion to achieve a purpose is a process of millennial cultural imperialism. What do the manifest and latent consequences implicate to achieving the millennium development goals?

This chapter is divided into two sections: 1) related literature; and 2) discussion of findings. In the literature, I discuss the link between spirituality, religion and health to contextualize how people living with HIV/AIDS search for meaning in their lives. That is, they search for meaning through religion and spirituality in order to come to terms with their health, both physically and emotionally. The discussion of findings portrays how religion motivates preventing HIV. Some faith-based organizations focus on the emotional/spiritual and social well-being of people living with HIV/AIDS, while others are more focused on the spiritual aspect and religious beliefs relative to HIV/AIDS. Some churches give meaning to biblical teaching and religious beliefs such as "prayer heals" to imply that Jesus healed; as disciples of Jesus, their purpose is to pray for the

sick to cure AIDS. While discussing the findings, I also demonstrate why the purpose of faith-based organizations in HIV prevention, and how they provide services, is a process of millennial cultural imperialism. The findings suggest that through social support services and church participation or religiosity, people living with HIV/AIDS are healed. However, their search for meaning through church communities that believe in praying to cure AIDS has been unpromising. Thus, the experiences for those who search for meaning in practical activities and a higher power have been healed but not cured.

Related Literature

According to Skokan and Bader (2000), the beneficial characteristics of spirituality are threefold. Spirituality brings hope, strength and emotional support to the ill. Additionally, Koenig (1999) suggests that another benefit is "spiritual joy." "Spiritual joy" is "intense happiness" which in essence is a transcendental experience. Spiritual happiness can effectively influence an individual to cope by participating in activities that improve his/her life. Levin (2001) indicates that for over a period of twenty-five years, various studies have consistently presented considerable empirical data suggesting that there is an association between spirituality and healing. He describes how religious affiliation and spirituality can prevent illness and advance health and well-being.

According to Woods (1989), spirituality includes all the ways, beliefs, and attitudes people have regarding developing the human spirit. Spirituality is an experience with essential social characteristics. Each person can gain spirituality by interacting with communities that provide support services to care for the well-being of others. That is,

when a person is involved spiritually in the lives of others through practical and daily contributions, they reciprocate the social experience. In *The Healing Power of Spirituality: How Faith Helps Humans Thrive, Volume 1, Personal Spirituality* (2010), J. Harold Ellens defines spirituality as follows:

> Spirituality is the universal and irrepressible hunger of the human spirit for meaning. This hunger embraces every aspect of our life here on earth and every intuition in our longing for God and a good eternity. Whether a person is a believer in God, an agnostic, or an atheist, he or she, nonetheless, is intensely spiritual . . . the human spirit is illuminated and excited by encounters with the good, the true . . . in our inner spirits, and in connectedness with each other (2010:1-3).

Ellen expounds on Woods' perspective on spirituality to suggest that providing for others, such as through charity or the church's involvement in health and support services for people living with HIV/AIDS is a way of expressing care for the well-being of those in need. It portrays that faith-based organizations give meaning to religious values. For example, a pastor is expected to live by Christian principles as a servant (to be of service) or disciple of Christ in the world. This generally means providing for the needs of others to care for the well-being of humanity, such as for people living with HIV/AIDS. McGrath's (1999) definition of spirituality implies that religion is a driving force for the search for meaning. People search for meaning by practicing the beliefs and values of his/her religion. According to McGrath:

> Spirituality concerns the quest for a fulfilled and authentic religious life, involving the bringing together of the ideas distinctive of that religion and the whole experience of living on the basis of and within the scope of that religion . . . spirituality is the outworking in real life of a person's religious faith - what a person does with what they believe . . . it is about the full apprehension of the reality of God . . . Christian spirituality is reflection on the whole Christian enterprise of achieving and sustaining a relationship with God, which include both public worship and private devotion, and the results of these in an actual Christian life (1999:2).

The implication of spirituality as the search for meaning based on Ellens', Woods' and McGrath's definitions suggest that the basis for searching for meaning stem from serving others by giving or caring for the well-being of others, and practicing religious values and religiosity. As McGrath implies, religiosity is the practice of engaging in worship publicly or privately to sustain a relationship with God. Literature shows that people suffering from chronic illnesses seek optimism, communal and emotional support through religiosity, religion and/or spirituality.

Life threatening diseases such as HIV/AIDS confronts patients with questions of meaning and purpose in life. Patients may rely on religious beliefs to relieve stress, and also to maintain control and hope as a means for meaning and purpose in life (Koenig and Larson 2001). A study on the quality of life of men living with HIV/AIDS shows that in addition to medication, counseling and spiritual support in the community actually decreased death rates (Frame et al. 2005). According to Drobin (1999), spirituality is "the new opiate" for sustaining health. Drobin implies that spirituality is a linking variable between religion and health. Research also concludes that religion and spirituality suppresses depressive symptoms in patients living with HIV/AIDS, and in turn, reduced mortality rates (Yi et al 2004). Further studies have also indicated that HIV/AIDS patients live longer because of spirituality and have a better quality of life (Tsevat et al 1999; Cotton et al 2006; Szaflarski et al 2006). In summary, extensive research in the medical field shows that religion and spirituality play an important role in health. These studies also indicate that patients with chronic illnesses, including people living with HIV/AIDS, find meaning, purpose and value in life through social support

systems where spirituality and/or religion are coping mechanisms through religious beliefs and practices (Hall 1998).

McGuire states that “meaning refers to the interpretation of situations and events in terms of some broader frame of reference” (2002:26). In this research, “the broader frame of reference” is how religion influences HIV prevention. So, how is religion influential in searching for meaning among people living with HIV/AIDS? The search for meaning is implied through the functions of religion - that is, “religion represents an important tie between the individual and the larger social group, both as a basis of association and as an expression of shared meanings” (McGuire 2002:25). McGuire’s question of “how do religious meanings help the individual and the group make ‘sense’ of their lives?” is central to conceptualizing how religion and spirituality influences people living with HIV/AIDS, and understanding the role of faith-based organizations in preventing HIV.

In the first part of the discussion of findings, I discuss searching for meaning from a social perspective to show how people living with HIV/AIDS find a sense of belonging and coping mechanism through faith-based organizations social support services. I also show the manifest consequences of faith-based organizations that provide social services. The second section looks at the spiritual aspect of giving meaning to demonstrate the church’s role in HIV prevention and how religious beliefs influence the spiritual well-being of people living with HIV/AIDS. This section will show that people living with HIV/AIDS search for meaning in a higher power, believing that prayer cures AIDS. This is further explained by Geertz in McGuire that:

> Religion serves a template in establishing meaning. It not only interprets reality but also shapes it. The template of religion 'fits' experiences of everyday life and makes sense of them; in turn, this meaning shapes the experiences themselves and orients the individual's actions (2002:28).

Churches use religion to suggest that "faith-healing" and prayers cure AIDS. Since those suffering from HIV/AIDS know that their illness is a cause of death, spirituality as a search for meaning is a means to get closer to a higher power for strength and comfort. Due to the fact that people living with HIV/AIDS are stigmatized and discriminated against, the search for meaning is to find peace ultimately through a higher power. They search for emotional strength from the sacred because medication cannot provide a state of religious/spiritual experience. It is, in a way, soul-searching to find a balance between that which the human being cannot provide. Spirituality, for many of the people in my research, is the search for emotional balance in dealing with the physically and mentally debilitating challenges associated with being HIV-positive.

In *Religion: the Social Context*, McGuire explains that "religious experience refers to individual's subjective involvement with the sacred . . . people try to communicate it through expression of beliefs and rituals" (2002:18). This research shows that the ritual of praying and laying hands on an individual is an expression of the belief that a person will be cured of their illness. Thus, they will engage in a religious experience expecting to be virus-free. The act of praying and laying hands is a ritual to communicate with the sacred. Some people living with HIV/AIDS search for meaning (religious experience) in "faith-healing" ministries at churches that believe in the "healing power of prayer." This research does not suggest nor dispute that prayer heals or cures, but portrays finding as indicated by key informants. I use McGuire's

explication of religious experience to illustrate the search for meaning through the spiritual realm or higher power as implied below:

> The dynamic potential of religious rituals suggests its link not only with religious belief but also with religious experiences. Religious symbols expressed in beliefs and rituals have real power which can be experienced personally by the individual. Rituals, words, and ceremonies can evoke experiences of awe, mystery, wonder and delight. Religions often emphasize the power of ritual words as exemplified by the seriousness surrounding the pronouncement of the words "this is my body" in Christian communion services or by the expectation of surrounding the exclamation "Heal" in a faith-healing service. Ritual has the potential to produce special religious experiences for the group or individual member (2002:18).

While religious experiences vary between individuals, the question is whether prayer rituals, words, ceremonies and religious experiences result in curing AIDS. Is the search for meaning through a higher power a cure for AIDS? In response to this question, I will show the latent consequences of using religion in HIV prevention in the second section of the discussion of findings.

Discussion of Findings

The first section will discuss the goals of faith-based organizations and the types of services they provide. Key informants suggest that the primary purpose of their organization is evangelism. Key informants also portray that the role of faith-based organizations in the prevention of HIV includes providing services such as Voluntary Counseling and Testing (VCT) services, socio-economic support services through income-generating activities, and social support groups. They also work in partnership to develop and find sustainable, effective ways to prevent the spread of HIV/AIDS through social support to teach people living with HIV/AIDS to become self sufficient and

independent. First, I introduce Merton's manifest and latent concepts to explicate the framework for theoretical analysis in this chapter.

A Functionalist Perspective: Manifest and Latent Consequences of HIV Prevention

The theoretical inference of manifest and latent consequences suggests that the functions of each part in a social system may contribute to favorable or unfavorable consequences. These consequences can either impede or sustain progress to achieving the common purpose of the system. As an example, the manifest and latent consequences of the role of faith-based organizations in HIV prevention can impact the goal to halt the spread of HIV negatively or positively. As referenced previously, manifest functions refer to the intended consequences, while the latent functions are the unintended and unrecognized consequences of a social process. The implication of negative and positive consequences in preventing HIV is that groups and/or individuals in society are affected differently, whereby some may benefit from the consequence while others may benefit less or not at all in comparison to other individuals or groups (Persell 1990). It should also be understood that latent consequences are not always negative, which I briefly mentioned in the introduction and will substantiate further in the discussion of findings. Merton (1968) argues that in some instances, social actions have latent consequences that are more significant than the intended purpose (Applerouth and Edles 2008). This argument is to clarify that while the functionalist perspective suggests that the functions of each part of a social system work interdependently to stabilize the functioning of the whole system, it is not always the case. Some parts of the system can be dysfunctional,

thus affecting the interrelated functioning of the whole system. In summary, Applerouth and Edles provide a clear explanation and the significance of Merton's theory:

> Merton's concept of manifest and latent function greatly enhances the Parsonian notion of society as a system of interrelated parts, not only because it acknowledges that there are multiple functions for any one component, but because it underscores that the various functions within even a single component might not coincide with each other or that they might even conflict. Whereas Parson's conceptualization of society as a system of interrelated parts seemed to imply that all social institutions were inherently functional – otherwise they would not exist – Merton emphasized that different parts of a system might be at odds with each other and, thus, that even functional or beneficial institutions or subsystems can produce dysfunctions or unintended consequences as well (2008:384).

The implications of the interrelated functions of the social system of preventing HIV, and the influence of the interdependence between partnerships, are discussed in the following chapter ("Religious and Cultural motives in Prevention"). The unintended consequences may cause dysfunction. Merton's statement is the underlying rationale of explaining the reason why purpose, the ways of achieving a purpose, and the end results can impede or ease preventing HIV. How then are faith-based organizations achieving their purpose? What services do they provide?

Giving Meaning to Purpose: The Manifest Consequences of Providing Social Services

Naomi is the HIV/AIDS program coordinator at the Zion Community Church's AIDS Ministry and suggests that the goal of their organization is to go beyond the regular religious services. According to Naomi, the purpose of their church is incomplete without attending to the social needs of their community. They have realized that since some churches are condemning people living with HIV/AIDS, they must follow the values and teachings of God's words. Faith-based organizations are responsible for the

balance of providing services to people living with HIV/AIDS through word and deed. Naomi states that her church attends to people living with HIV/AIDS by "preaching the words of Jesus and doing the work of Jesus." She elaborates:

> Naomi: Our vision statement is to be witnesses of Jesus Christ worldwide and our mission is to empower and direct a ministry that transforms society through holistic ministries. Basically, what this means is that our ministry has two approaches: we do the work of Jesus and the other approach is where we preach the words of Jesus. So under the words of Jesus, we are involved with the Church's Ministry, the pastor and ministering the word proclaiming God's word. Under the work of Jesus, we are involved in transformation and development. We are involved in various projects within the surrounding community. So our role in prevention I think really goes back to the Ministry approach. We provide services through a holistic approach . . . the tendency for faith-based groups is that we normally concentrate on the word of God . . . people come to service, we preach the word and we will see them the following Sunday. But because of what we believe in, as a Christian church, Jesus not only taught God's word but He also did the work of churches. So we realize that our preaching is incomplete until we do the work. . . That is actually the reason why we do what we do. We don't just want to minister to people who are sick in spirit and neglect the body that has been ravaged by HIV/AIDS. . . That is how we became involved with HIV/AIDS because this is one area [that] churches don't want to be involved in. Some say 'what do we have to do with you tomorrow? You may not be here. . . '

McGuire better explains Naomi's statement that as Christians and Christian churches, their role goes beyond rituals and sermons. McGuire states that a relationship exists between a community of believers and the strength of its shared meaning system. The unity of the group is expressed and enhanced by its shared meanings. The group's meaning system, in turn, depends on the group as its social base for its continued existence and importance. The idea of the "church" (community of believers) is not merely an organization feature of religions, but expresses a fundamental link between the meaning system and the community that holds it (2002:37).

Based on McGuire's analogy, according to Naomi, the purpose of their organization is incomplete without giving meaning to their religious values, beliefs and

leading a Christian way of life. The function of their church/faith-based organization is not whole without purpose and meaning. That is, the functioning of Zion Community Church is held together through principle and practice which is "preaching the words of Jesus and doing the work of Jesus." Naomi's church gives meaning to biblical teaching. Therefore, meaning given to the purpose of their involvement in HIV prevention is to preach, which is the primary purpose of the church but also be involved in the community's social development by "doing the work of Jesus." As Christians, they have given meaning to the "words of Jesus" to become providers of social services.

The implication of the holistic approach shows how religion influences the role of faith-based organizations in development. The primary motive ("preaching the word") and the secondary motives ("doing the work") both reinforce each other. By serving the community and accepting people living with HIV/AIDS, their congregation is likely to increase. The "Ministry approach" is comparable to how missionaries used religion to achieve their goals. Missionaries established social support systems such as mission schools, hospitals and churches as a means to influence the culture as the way of life to civilize or westernize the communities. Christianity was instrumental in achieving their "Westernization through Christianization" mission in Africa. The same is evident at Zion Community Church where faith-based organizations preach Christianity, but by engaging the community in other social activities, they will influence the lives of people living with HIV/AIDS. Through religiosity, attending church and participating in church activities enables them to become a part of the social support system.

Pastor Francis of Faith Gospel Church also suggests that while their initial purpose was evangelism, they decided to be proactive to attend to issues pertaining to

HIV/AIDS in their community. Like Naomi's church, Pastor Francis' church became involved with HIV/AIDS prevention as a way to provide a holistic approach to address the needs of the community. The mission of their churches is "to peach the word of Jesus and do the work of Jesus."

> Pastor Francis: The initial vision was to mold this community spiritually. We were focusing on spirituality . . . [and] [w]inning them to the Kingdom of God; preaching the gospel, evangelism to disciple our community. . . [and] [a]fter having been here for 5 years, concentrating on the ministry of evangelism and spirituality, we realized that the community has other needs apart from spirituality . . . real life issues including HIV/AIDS. . . For example, when a church member has concerns that do not necessarily relate to spirituality, but to issues pertaining to education, their children want to go to school and they are unable to pay for school fees for their children. So as a church, we decided to get involved with the community's social and economic issues . . . [and] [w]e came up with a strategy. We formed an organization for community development . . . it deals specifically with the social aspect of community affairs.

Pastor Francis' indication that after 5 years they became involved with community development shows that they joined partnerships to become a part of the implementers of the new policy agenda, as a way of implementing development programs which was changing in the new millennium. Hearn (2002) mentioned that evangelicals were becoming administrators and development coordinators. This was the commencement of an era for the 'new missions' with new roles.

After five years, Pastor Francis' church realized that the role of the church was changing. Preaching the word and doing the work had more benefits; churches would now get funding from donors and development agencies or directly through the government as in the case of The U.S. President's Emergency Plan for AIDS Relief (PEPAR's) role in HIV/AIDS which is discussed in the following chapter. Given these new opportunities, the church and community became more engaged in community

development. With the new role and the United Nation's MDGs agenda to alleviate global poverty, the church's perspectives were also transformed. Some churches have become progressive to become advocates for socio-economic reform. Perspectives have changed in a way that churches such as Zion Community Church include people living with HIV/AIDS. Transforming perspectives from a conservative approach of "preaching on Sunday" to progressive approaches has other implications and motives – "winning people to God's Kingdom" through a liberal perspective.

The primary purpose of "winning people to God's Kingdom" may mean that people living with HIV/AIDS join the church by repenting their sins; they are baptized and accept the Lord as their savior in order to come to terms with their HIV status, and gain a sense of belonging in neoliberal church communities that support their needs socially and emotionally. People living with HIV/AIDS search for meaning in neoliberal churches such as at Zion Community Church and Pastor Francis' church; where community development serves their social needs, and the spiritual aspect of "preaching the word" and evangelism serves their religiosity through church attendance and activities. The new role of faith-based organizations in the new millennium is evident in Pastor Francis' church organization. While the church's religious values are to practice what they preach, they preach the word to "win people to the Kingdom of God" and also support them socially by "doing the work of Jesus."

Like Naomi and Pastor Francis in the previous quotes, others that I interviewed – Kenneth, a social worker by profession and an assistant to Bishop James of Mount Sinai Church and Pastor Samuel (Valley Baptist Church), Pastor Joel (Upper Hill Anglican Church), and Karen, a social services coordinator at her organization's HIV/AIDS

program and VCT service center (Agape Seventh Day Adventist Center) – also realize that as Christian organizations, they too have a responsibility to address the social needs of people living with HIV/AIDS. They have an obligation to attend to the spiritual, social and economic needs of people living with HIV/AIDS. Kenneth noted that:

> Kenneth: Our church has key priority areas. We have evangelism under the spiritual arm and we also focus on community development . . . we identified key priority areas. That is, education for vulnerable and orphan children, HIV/AIDS awareness and reduction campaign, prevention campaign through rallies, literature distribution and seminars, and also training for home-based care.

The current missionary movement transformed creatively by expanding social services in communities. Naomi's church joined the new movement through a holistic Ministry approach; Pastor Francis formed a community development organization for social affairs; and Kenneth's organization also became a part of the movement by providing a range of services. The expansion of services, a neoliberal perspective to preach while also doing social work, created a new phase of NGOs. This shows how religion has influenced the goals of the church and how their purpose in community development has changed through the types of services they provide and the approaches utilized in providing services to the community. The manifest consequence of the purpose of faith-based organizations in development is that they are innovative in achieving their goals by establishing HIV/AIDS prevention programs. Pastor Samuel shows that some churches get support from international agencies in order to sustain their purpose.

Like Kenneth, Pastor Samuel indicates the types of services that faith-based organizations provide to the community. Some organizations work in partnership to provide services. They receive resources from international organizations to support the needs of children affected by HIV/AIDS.

> Pastor Samuel: We support orphans and vulnerable children; we work with organizations that assist us with food, and school fees. AMREF (African Medical and Research Foundation) and UNICEF (United Nations international Children's Emergency Fund) is assisting us with school uniforms for orphans. . . . We also have microfinance programs and income-generating activities for both men and women.

While Pastor Samuel's organization works in partnership with international organizations, Karen's organization works in partnership with local organizations to expand community services to people living with HIV/AIDS. Although their program is at its infant stages, Karen notes that they are planning to expand their services:

> Karen: We are still small but we are expanding because we are collaborating with other organizations in the area and we are working with the Adventist Development Relief Agency because they do development work for HIV/AIDS. They would like to support us so that we can be the main organization within the Adventist Church that provides HIV services.

This shows how the social structure of preventing HIV/AIDS extends from the international body to local social networks to achieve a common purpose – sustaining HIV prevention programs. The patterns that are developing in the ways in which faith-based organizations provide services are similar to how missionaries expanded their services to achieve their purpose.

Missionaries were able to expand their services by receiving assistance from their home mission societies. Mission schools mushroomed because education was one of the solid ways that missionaries used to achieve their goals. The colonial government was also supportive in expanding education because they needed local labor to sustain their colonial administration as well as imperialistic motives. Missionaries were also supportive of education because they needed to train teachers and preachers in order to expand their civilizing and Christian-spreading mission. The expansion of services and

acquiring resources to sustain their mission, and the ways that they achieved their purpose, was a process of cultural imperialism. The same pattern is prevalent in the role of faith-based organizations, and as development partners, they are able to achieve their purpose by "preaching the word of Jesus and doing the work of Jesus." The provision of social services and the ways in which faith-based organizations achieve their purpose is a process of millennial cultural imperialism. The manifest consequences are the range of services that faith-based organizations provide and the latent consequence is the role of the current missionary movement in the new millennium, which is a subtle process of millennial cultural imperialism.

Pastor Joel's church, became involved with HIV/AIDS and prevention because of social problems in his community. Income inequality, illiteracy, scarce jobs, and high unemployment rates are social problems that can contribute to the spread of HIV. Women who have little or no means of income may end up engaging in commercial sex work to earn a steady income. Faith-based organizations have taken a neoliberal initiative stance with a religious motive to work with women who engage in prostitution to provide for services as Pastor Joel notes:

> Pastor Joel: Our purpose is to reach as many people as possible in this community. We are a community-based church and we want to stop the spread of HIV. As you have seen, this is a low income area and there are people involved in prostitution. So we became involved as a church and we want to reach them as long as we evangelize our church. . . . We have two centers – a VCT center which is part of the Baptist AIDS Response Awareness and Compassionate International organization – which helps with the feeding program. We provide food to those that are HIV-positive. . . We also have a spiritual role . . . after testing; those who are positive who need counseling. We have counselors. Our Pastor and church members visit them. The women's group volunteers to help with home-based care. . . The spiritual part is very important because we have to encourage them that being HIV-positive is not the end of the world.

Pastor Joel's church is also taking the "preach the word and do the work of Jesus" approach in their development role. Partnership in preventing the spread of HIV/AIDS is an important component for implementing a holistic prevention approach. Faith-based organizations are involved in their communities through awareness and education programs. They also receive services by partnering with international organizations that assist with feeding programs for people living with HIV/AIDS.

The mentality of serving those who engage in behaviors that are morally unacceptable to the church is evangelization through social services. Although Pastor Joel suggests that his organization reaches out to the community through evangelism, his organization is also involved with the social aspect and well-being of people living with HIV/AIDS. Providing services such as home-based care services, visitation and counseling are relevant spiritual aspects of coping mechanisms for people living with HIV/AIDS. While people living with HIV/AIDS find comfort through the church's response to their social, as well as spiritual needs, using religion to provide services in order to fulfill their development roles in HIV prevention is a process of millennial cultural imperialism.

Gabriel, who is HIV-positive, suggests that the responsibility of the church is to attend to the spiritual as well as the physical well-being of people living with HIV/AIDS. Gabriel has benefited from Pastor Francis' faith-based community services. He suggests that the balance between the word and work of churches has affected him positively. This shows the manifest consequences of "preaching the words of Jesus and doing the work of Jesus."

> Gabriel: Religious groups have affected people living with HIV/AIDS spiritually through support groups, feeding programs. The other thing that the churches have done to help people is [to offer] strength, spiritual strength through sharing the word of God . . . the bible gives hope to those that are hopeless. . . [and] [i]t also gives them hope that God accepts them as they are . . .

Gabriel's quote explains the impact of religion on the lives of people living with HIV/AIDS. His statement suggests that religion is a set of beliefs that connect the individual to a community and in turn, it gives them a sense of being or purpose that transcends the individual and the mundane. In this way, people reassure themselves through collective belief that life is more than a series of events that ends in death, but part of something eternal, something important, something that assures the individual a place in this world, and in some larger scheme of being (Lundskow 2008:6).

Gabriel also implies that the characteristic of a sense of belonging is a place where he can fellowship and benefit from the social networks that develop into a community. The benefits of social service impact quality of life. Gabriel expresses how his spiritual experience through the church's teachings and acceptance of people living with HIV/AIDS gives his life meaning and purpose to live despite being HIV-positive. These support groups are also subtle ways of building a community and congregation. We see the similarities between service-feeding programs and preaching. As Naomi indicated, the role of church normally is to preach the word, but they often exclude the physical participation or activities to sustain well-being. The provision of social services manifest into millennial cultural imperialism.

In his book *Timeless Healing: The Power and Biology of Belief,* Benson illustrates the positive impact of the social aspect of the functions of religion linking the benefits of religion to health.

> The fellowship offered to people in their religious communities is equally restorative. According to Dr. Levin, the history of epidemiology studies suggests that the social support, sense of belonging, and convivial fellowship engendered by religion "serve to buffer the adverse effects of stress and anger, perhaps via psychoneruroimmunologic pathways." He speculates that religious involvement 'may trigger a multifactorial sequence of biological processes leading to better health' . . . religion does represent an important source of socializing for many, and in a study reported in the *American Journal of Epidemiology* of nearly seven thousand men and women between [the] ages of thirty and sixty-nine . . . researchers found that social isolation has pervasive health consequences (1996:179-180).

The link between religion and health is beneficial to the well-being of people living with HIV/AIDS. In his interview, Gabriel spelled out how religiosity and his search for meaning had become a source for strength emotionally and coming to terms with his health status. But while the churches may have motives to minister to the spirit and body, studies show that religion, spirituality and social support are important components for sustaining the well-being of people living with HIV/AIDS.

Ruth, the assistant program coordinator at Zion Community Church, demonstrates that the purpose of their organization is to provide spiritual support as well as social support, but more importantly, their goal is to empower people living with HIV/AIDS. The manifest consequence of providing services to people living with HIV/AIDS is empowerment and self-efficiency, as Ruth notes below:

> Ruth: We know that people in our support groups have medication; they have access to medical services. They have access to psychological support through counseling at our VCT. But, what they really need is the social and economic support. . . I would like to explain that in terms of income generation, donors have come from outside and they realize that people in the slums need money. [Therefore], [h]ow do they help? They give them money. Over time, people in the slums have developed a dependency syndrome which has been prompted in our slums by donors and NGOs. . . When you stop and think about it, you ask yourself, 'how have these people been helped?' The donor agency is only in the country for five years and after five years, their term is over, they pack . . . [and] [t]hey leave the people in the slum areas worse-off. People in the slums have

> developed a routine. They know that on Monday 'I will go to the center to get some flour for the kids,' then on Tuesday, 'I will go to another center and I will get something.' They are used to getting free things. So we have come in as a church to change their mentality. We have really struggled because while we would like to give free food, clothes and funds when we are able, we decided that [this] mentality had to stop. . . We tell them that we are not an NGO and we are not interested in what you will eat today. We are interested in your future. What we are trying to say, and our prayer is that our project in this church will be locally sustainable and the best way is to actually empower people. We had a session where we actually tried [to teach this]. We helped them to define for themselves the difference between being empowered, and being helped and being given. They said 'nikusaidiwa upate kujisumamiya kujisaidia,' which means being empowered, is being helped to stand on your own.

Ruth shows that while the current missionary movement may have changed the role of the church from being conservative to liberal or being more involved in the practical aspect of the well-being of people living with HIV/AIDS, there are repercussions. While the manifest consequences of faith-based organizations working with partners and international development agencies to provide social services to people living with HIV/AIDS is prevalent in the developing world, faith-based organizations have become the new medium for extending the third world's dependency on the first world. Ruth foresees that partnerships may be promising in the short-term, but given the changing dynamics of development agencies and inconsistencies in sustainable programs, it is problematic. The fact that international development agencies are versatile in supporting projects, and "after 5 years and they move on to another agenda" shows that development does not manifest within 2–5 years. Rather, it is an ongoing sustainable process. Ruth concludes that Africa's prospective goals to advance in development will need more analytical thought in order to establish sustainable programs that will address HIV/AIDS in the near future. Ruth's church is vigilant about the possible impact that the

"dependency syndrome" may have in the future. Preventing the spread of HIV/AIDS includes medical services as well as social and economic services.

While Kenya is dependent on the international community for medication and other resources, some faith-based organizations like Zion Community Church are attempting to teach people living with HIV/AIDS to be self-reliant and depend on sustainable programs. Through support groups, people living with HIV/AIDS have become interdependent amongst themselves as opposed to depending on free resources. The theme of preventing HIV/AIDS as a development prospect is empowerment and self sufficiency. The manifest consequence is that women can now provide for their families and have also developed a sense of community through the social support networking at Zion Community Church. Sophie, who is a member and an advocate for social justice at Zion Community Church, attests to the positive latent consequences of her church's AIDS ministry:

> Sophie: And through that, we have seen many miracles [and] we have seen people getting healed psychologically. We have seen people who are bedridden getting healed physically [and] we are seeing people getting healed socially – people who would be in denial in their houses and [who] [previously] would just want to block themselves from coming to the public wanting now to come to church and get involved in the social activities. So we are telling people that God expects us to work, not to be idle and depend on begging . . . people living with HIV/AIDS can do things for themselves. It is biblical to give knowledge because the bible says that we perish because of a lack of knowledge and sometimes people need business ideas, and support . . . we have seen results in our support groups.

Sophie suggests that the latent consequence of providing services to people living with HIV/AIDS is healing. People are physically and socially healed because they have been empowered to participate in their community by interacting at the church. They are physically and emotionally/spiritually healed because they have become self sufficient.

The latent consequence of empowerment, self reliance, and social networking is a healing process.

Naomi also suggests that they have been able to empower people living with HIV/AIDS through international support and partnership with a Belgian organization. Zion Community Church is committed to "doing the work of Jesus" through collaborative training programs as a means to teach people to become self-reliant. Their approach in preventing the spread of HIV/AIDS is to help people living with HIV/AIDS in finding a purpose in life through empowerment and learning by doing. Their goal is to develop a culture of sustainability, creativity and interdependence with local support while also limiting dependence on free and external resources. The latent consequence of "preaching the words of Jesus and doing the work of Jesus" is to empower people living with HIV/AIDS as a means to heal spiritually, as Naomi suggests in the following quote:

> Naomi: Our HIV/AIDS program actually falls under a project named PACE, which is Practical AIDS Care and Education. The objective of this project is to provide Christian support through care and compassion to those people who have been infected or affected by HIV/AIDS. . . We provide pastoral care, biblical counseling, we have tons of bible study events, prayer, and we also provide a forum for group support. We began with one group in 2003 and now [in 2007] have four groups averaging 10 people . . . when people meet during the support group sessions; they have an opportunity to support each other. It becomes therapeutic because they share their stories. The other objective is that through the support groups, it is possible for people to engage in small income-generating activities and at the moment, they are involved in bead work – they [make] the red ribbon [which is] the symbol for AIDS. We also have basket weaving and all manner of African arts and craft. They sell their crafts and are able to make a little money to place food on the table. The other aspect is education . . . we are trying to educate people to understand HIV/AIDS and at the same time, create awareness within the church and the community around us. We just concluded a treatment and literacy training in collaboration with MSF Belgium Médecins Sans Frontières/Doctors without Borders, which has been really helpful and successful. It is basically a training program that is aimed at people who are HIV-positive. They discuss HIV/AIDS myths and facts, issues to do with medication and how [they] can adhere to medication to live a longer life. Also [discusses] [are] ways

> of positive living and issues relating to advocacy. It was a very transforming experience and we are really hoping that we could be doing that with every new support group. Apparently, many people are coming to us and asking if they could be a part of our support groups. We are saying yes – certainly yes – you can be a part of us . . . [and] [w]e have realized that the first thing we need to do for them is to give them an opportunity to train in collaboration with MFS because it's very liberating.

It is evident that the role of faith-based organizations in HIV prevention is prevalent given the diversity in the types of services that they provide and the ways in which they provide the services. Zion Community Church's empowerment and economic development approach is taken seriously to eliminate depending on free resources from donors and international development agencies as well as private or individual donors. Zion Community Church has given meaning to the purpose of their organization's partnership in preventing HIV – education, economic development and empowerment. People living with HIV/AIDS searching for meaning in their lives have joined Zion Community Church's social support system. The manifest consequence of empowering people living with HIV/AIDS is that their congregation is growing.

The role of religion in HIV prevention is to covertly "win" people searching for meaning and purpose in life to the "Kingdom of God" and in doing so, it engages in a process of millennial cultural imperialism. According to Naomi's logic, people living with HIV/AIDS value life because they now have a purpose in life by networking, becoming productive through arts and crafts, and by selling their products, they are economically dependent on the global village or world market. The globalization of the AIDS ribbon has political as well as economic dependency implications. These arts and crafts are distributed world-wide under the economic development, politically correct fair-trade marketing lingo, yet people living with HIV/AIDS may not get the fair value

share of their labor and products. While being productive has positive outcomes as Naomi notes, it does not eliminate dependency.

Ruth iterates that empowering people living with HIV/AIDS is also a means for social networking. It builds a community where people living with HIV/AIDS are able to find hope and purpose in life. Some take responsibility of empowerment by becoming community support group leaders. This shows that the role of the church in collaborating training services and teaching values such as self sufficiency has a positive impact on people living with HIV/AIDS. For Ruth, it is a healing process:

> Ruth: They are empowered through the treatment literacy training and are able to advocate for people living with HIV/AIDS within the community. They choose leaders from different areas to lead support groups within the slums and this makes life easier for them because they manage group activities.

Ruth shows that the impact that Zion Community Church has in their community, the idea to" preach the words of Jesus and doing the work of Jesus" has extended to become a recruiting and training process for expanding services. This is a pattern comparable to how missionaries expanded their services and territories to achieve their purpose. Zion Community Church is a model of the phenomenon of the current missionary movement.

This section demonstrated that while the primary purpose of faith-based organizations is evangelism, most churches realize that accommodating the needs of people living with HIV/AIDS is a value. By fulfilling their development roles, faith-based organizations have enlarged their congregations to achieve their primary motives by winning people to the Kingdom of God. Similarly, we find through these narratives that there is much work to be done in undoing the bias against people living with HIV/AIDS and people profiled as 'at-risk,' specifically, the churches that have taken

responsibility to participate in partnerships to prevent the spread of HIV/AIDS by relaying a message to churches and organizations that condemn people living with HIV/AIDS. At the same time, these churches draw symbolic lines between permissible and forbidden behavior (as with the example of prostitution).

On a more "recipient of service" level, we can see that in their search for meaning, people living with HIV/AIDS have found meaning in their support groups and have become more involved in their communities. They have learned that dependency on free resources could in the long term become a disadvantage. Sustainability and empowerment are manifest consequences of partnerships in providing services to people living with HIV/AIDS. This section also showed that the intended consequences of providing services were achieved through religious motives. Through "preaching the words of Jesus and doing the work of Jesus," faith-based organizations have managed to enlarge services in communities, which have in turn attracted a growth in membership. While providing services can be empowering, the search for meaning can in some instances become hopeless. The following section will demonstrate the latent consequences of "searching for meaning to find purpose in life" (Matthews and Clark 1998). This section will demonstrate that people living with HIV/AIDS seeking comfort to cope with their illness through prayer are sometimes coerced to believe that they have been cured. Unlike this section where I discussed the manifest elements, in the next section I turn to the latent consequences of blindly believing in prayer as a cure model of traditional religions.

Searching for Meaning in a Higher Power:
The Latent Consequences of Faith-healing

Matthews and Clark (1998) notion of "searching for meaning to find purpose" in life is, according to Sophie, confusing. It is confusing because pastors apply a dualistic meaning to healing. They use the bible to justify that if Jesus healed then they can cure HIV through prayer. Some churches are more focused on the religious motives. They believe that prayers cure HIV/AIDS. The data suggests that some churches "manipulate" people living with HIV/AIDS. While people living with HIV/AIDS seek emotional support, some have died believing that they have been cured through prayers and some have given money and their belongings believing that if they give to the church they will receive and they will be blessed and cured. The unexpected consequences of prayer are hopelessness and death. The implication of using the words of Jesus to say that they cure HIV is unfavorable to halting the spread of HIV.

> Sophie: One of the reasons why I advocate through the church is because of my experiences as a person living with HIV/AIDS. Pastors are manipulative. . . Under several occasions, a pastor would lay his hands on me and say that I am healed . . . [but] [t]here is confusion between the medical and the faith-based . . . and many people living with HIV/AIDS have died while we have clinics, services and medication available. . . . The pastors told them to throw their drugs away because they are healed. So the issue between faith and drugs is still a very big challenge. . . I went to a church where people were bringing the sick from all over the country. You had to be there by 8:00 in the morning because the church would be full. I went there because of desperation. I was taking [tuberculosis] TB medication, but I was very sick and I was looking for spiritual support and prayers. . . I call it manipulation because I was among the people who were taken in for prayer. The pastor would preach and those who were sick would be told that 'you are now going for prayers' . . . so you run and proclaim before the church that 'I have AIDS' and then the pastor would pray and you run again. . . I saw many people who were in their advanced TB stages, people who needed to be taken to the hospital, not to the church . . .

The difference between “doing the work of Jesus and preaching the words of Jesus” is interpreted differently at other churches. Some churches tend to focus more on fulfilling the spiritual/religious belief of “faith-healing.” They concentrate on preaching the words of Jesus believing that if Jesus healed, then they are obligated to fulfill biblical teachings to pray for those that are searching for meaning in a higher power.

Matthews and Clark (1998) also note that the search for meaning is generally during times of illness and disability. The search for meaning is seeking answers to questions so that we may find comfort through our faith in God, a higher power. Therefore, people living with HIV/AIDS search for answers through prayers. Sophie states that she was looking for prayer and spiritual guidance. In her search for spiritual guidance as a way for coping, Sophie understood the meaning of her illness in her life through her prayer for healing experiences. Through her prayer experiences (searching for meaning), she found that the purpose of her illness was to teach pastors that people living with HIV/AIDS are human beings. Her message is that condemning and excluding people living with HIV/AIDS and manipulating them to believe that they have been cured will not prevent the spread of HIV.

Philip is a Reverend at Riverside Methodist Church and the HIV/AIDS project director. To the contrary, Philip’s message supports Sophie’s by iterating that controlling people living with HIV/AIDS to believe that they are virus-free is unethical.

> Philip: Some people rely on the church . . . they go to churches for healing. You find that some people throw their medicine [out] believing that ‘now I am healed.’ They don’t use the ARVs . . . [and] [l]ater after a few months, that person's immune system is affected . . . the virus becomes non-receptive to the drugs. We have come across so many cases . . . [and][w]e have buried many who stopped taking their medication. . . They say that 'I have gone for prayers and now I have been healed' . . .

Philip too is concerned about the consequences of prayers and the implication of the dualistic meaning of healing. Philip suggests that if churches and faith-based organizations continue to fulfill their healing ministry, then preventing the spread of HIV through prayer and healing will eventually impede progress to reduce the spread of HIV. Like Sophie, Philip argues that Jesus can heal through medication because people living with HIV/AIDS have strength - like Sophie - to participate physically in their community. On the other hand, Sophie has found purpose in her search for meaning. She indicates that God healed her through ARVs (anti-retrovirals). Her purpose is to speak through experience that laying hands did not cure her. Therefore, people with access to medication should also believe in taking mediation. Gabriel suggested that people find hope in the church and comfort in prayer. Although the church gives hope, life can become meaningless when people who believe that they have been cured get ill and die and their peers see this.

> Sophie: I believe personally as an advocate and as a person living with HIV/AIDS, I tell them that God is dynamic and he has many ways of healing when you read the Bible. Jesus used many methods of healing . . . [and] [a]s a religious leader, I don't think I just need to base my efforts on laying my hands. God may not use my hands to heal, but He may choose a doctor in a hospital. So I think pastors need to come back to the world and learn what is in the world because what is in the world today is that God has used ARVs to heal people living with HIV/AIDS.

Through Sophie's search for meaning in life, she found purpose in her life to become an advocate for social justice and a counselor at Zion Community Church's VCT. Her life experience in dealing and coping with HIV speaks to clarify that while some churches may have good intentions, the results may not be favorable to people living with HIV/AIDS.

Similarly, Jezebel, a senior director at an international faith-based organization, explains that good intentions sometimes result into latent unethical consequences. Coercing people living with HIV/AIDS to tithe and to believe that they have been cured through prayer is unprincipled. According to Jezebel, praying for healing is the commercialization of spirituality.

> Jezebel: We have people who have also commercialized HIV and AIDS . . . if you want to be healed, plant this seed in the house of God. If you have a Toyota, bring the Toyota to Christ and Christ will heal you. It has been so commercialized such that when they are advertising their crusade, they will say that those with AIDS will be healed. Almost everybody in Africa is suspecting themselves. So, they are guaranteed a whole lot of participation. . . These gatherings draw mass numbers of people expecting to be cured . . . they begin the crusade service with offerings . . .you are expected to give depending on the seriousness of your need. Give an offering equivalent to what you are asking for . . . People have taken loans to tithe to be cured of AIDS. . . If you believe that God loves you as you are in spite of your HIV infection, then you are healed but you are still infected . . . So religion has done damage because it has brought false hope.

Jezebel shows that using the words of Jesus to do the work of Jesus is a business. She is familiar with churches that are more interested in money than in comforting the sick to cope with illness. While the bible says "give and you shall receive, ask and it shall be given unto you, what you sow is what you will harvest," [6] churches that ask the sick or those who need prosperity blessings use the bible to justify that they are following God's words. However, Jezebel states that the latent result of praying to cure HIV/AIDS brings "false hope" to those searching for meaning to find a purpose in life. Also, although Benson notes that "traditional religion has always encouraged believers to help others, to be altruistic, to tithe and to spread the good word, [and] in the process of sharing wealth,

---

6. Bible Verse Luke 6:38 in the New International Version Bible. http://bible.cc/luke/6-38.htm. (Retrieved July 30, 2011).

believers also garner better health" (1996:181) using people that are searching for meaning and comfort in life because they have been blindsided to believe that pray cures AIDS is deceitful.

> Jezebel: I have a lady who went and confided to her pastor because she was HIV-positive. Her husband died of AIDS and she was told 'don't worry, we will pray for you.' They prayed for 9 hours laying hands and speaking in tongues . . . [and] [s]he was told '[that] from now on, you are free of AIDS.' She went to a VCT to be tested and she was still positive. Her pastor had asked her write her testimony, but she said that she could not because she was still positive. She went back to inform her pastor . . . the pastor said 'but we prayed for you, we did not tell you to go for the test, ours is final.' She said 'but the bible says that even Jesus when he healed told people to go to the leaders to verify that you have been healed.' I said that the only way for AIDS [to be diagnosed] is to go to the VCT. She was told 'we do not waste prayers so believe it, you are healed and you have to give a testimony.' She did not testify . . . she was ex-communicated from the church. Now, my question when it comes to that is [whether] that [is] the church of Christ or that the church of money, because all they want is people who'll come and contribute, but when you have a problem, speak our language or else you are not ours. So the church has done a lot of good, but also some damage here and there.

Jezebel gives an example of the latent consequences of the search for meaning for people living with HIV/AIDS. They seek emotional comfort and support from the church but are instead coerced into complying with the beliefs of the church. The lady referenced in Jezebel's quote suggests that using prayer and then coercion to testify that she has been cured is "false hope" in the search for meaning. The pastor's insistence that "ours is final" regarding her test results show that the church and pastors are using religion to coerce people to believe that prayer cures HIV.

Sophie's illustration demonstrates that pastors are manipulative. Jezebel also demonstrates that the religious motives and praying for people living with HIV/AIDS are means for social control. Sophie shows that pastors are manipulative to suggest that praying for healing cures HIV. Religion and spirituality cannot be measured because

praying to cure HIV is a transcendental experience. The pastor's response that their word is final suggests that they believe using the words of Jesus to cure HIV is beyond reasonable doubt. Testing to check whether one is virus-free is comparable to testing God's power, and according to such pastors, God's word is "final" and God's word cures. However, Sophie is clearly concerned that while Jesus healed, pastors need to draw the line between ethics and religious motives. Sophie states that pastors need to "come back to the world," they need to look at the impact of prayer physically and not spiritually. Sophie expresses her concern that while pastors may have good intentions that prayer cures, the fact that people with HIV have been excluded from church activities and have died shows that religious motives in preventing HIV can have unfavorable consequences.

Conclusion

Sophie has learned through her experiences to challenge the religious motives of faith-based organizations. Her experiences and observations suggest that praying to cure HIV has latent consequences; people believe that they are cured, but they die. While some churches try to control people living with HIV/AIDS into believing that prayer cures HIV, some faith-based organizations show that the search for meaning to find purpose in life commences with healing. People living with HIV/AIDS have been healed through socio-economic activities, participating in support groups, social networking, education about HIV/AIDS awareness, and positive ways of living to prolong life through better healthcare and access to services and medication.

While some faith-based organizations and churches may mean well by praying for the sick, the opinion that prayer cures HIV has latent consequences. The role of faith-

based organizations in preventing HIV can impede the goal to reduce the spread of HIV. People who believe that they have been cured can unintentionally spread the virus. The belief that prayer cures HIV/AIDS has misguided the search for meaning to find purpose in life. The dualistic meaning of healing and curing is also problematic. Although the bible indicates that Jesus healed, it does not necessarily suggest that healing is a means for a cure. Using the word "healing" interchangeably with the word "cure" is to justify the purpose of "faith-healing" ministries. This chapter implies that healing is a coping mechanism for HIV people. They are socially included in the community where they interact. Healing is a participatory process that is emotionally uplifting. The manifest consequence of providing services to people living with HIV/AIDS is empowerment. Empowering people living with HIV/AIDS is a healing process. Thus, people living with HIV/AIDS have been healed, but not cured. Coercing people living with HIV/AIDS to testify that they have been cured raises ethical and human rights concerns about the role of faith-based organizations in achieving the MDGs

CHAPTER 3

PREVENTION:RELIGIOUS AND CULTURAL MOTIVES

By drawing a parallel analysis between the previous missionary movement and what I refer to as the missionary movement in the millennium, this chapter explores why the involvement of religious organizations in HIV/AIDS prevention is a process of millennial cultural imperialism. As stated in the introduction, I use the concept of cultural imperialism as a framework to demonstrate that in applying Abstinence, Be faithful, and Condom use (ABC) as a prevention policy, and using religious values and beliefs to justify implementing ABC, the role of faith-based organizations as development partners in achieving the goal to halt the spread of HIV becomes a process of millennial cultural imperialism.

In comparison to the current missionary movement, the motive of the past missionary movement was to westernize through Christianization. While religion was an instrumental means to westernization, the social organization and collaboration between mission societies and the imperial government were also strategic to expanding the mission enterprise. Home mission societies supported mission work overseas by providing funding and sending missionaries to accomplish their purpose. The idea to westernize through Christianity and the ways in which missionaries achieved their goal was a process of cultural imperialism. Quotations from the interviews will reveal that faith-based organizations use similar strategies to prevent the spread of HIV.

The government of Kenya receives funding from the international community including the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Kenya's National AIDS Control Council (NACC) works in partnership with the international community by coordinating with faith-based organizations to implement ABC. Faith-based organizations have more preference for implementing abstinence until marriage and being faithful, but are averse to implementing condom use. Through a functionalist perspective, the underlying reason is that religion motivates prevention strategy; values, beliefs and norms justify implementation perspectives.

This chapter is divided into two sections: a review section and discussion of findings. The first part of the review section discusses prevention partnership. I discuss past missionary work and cultural imperialism to contextualize how current partnership and prevention is a process of millennial cultural imperialism. In the discussion of findings, I explore how religion and culture influence HIV prevention policy and implementation to explain why prevention partnership is a process of millennial cultural imperialism.

Related Literature

The United States Presidential Emergency Plan for AIDS Relief (PEPFAR) was launched in 2003 under President Bush's administration. Rodney and colleagues (2010) point out that the United States is the only country that has ever allocated the most funds to fight a single disease - HIV/AIDS. PEPFAR's 5 year plan suggested a comprehensive strategy to support prevention programs in 15 countries -- of which Kenya is amongst the

12 African countries selected to implement the plan. The plan's inclination was on faith-based initiatives because it emphasized programs implementing abstinence as a prevention strategy. In 2003, PEPFAR allotted 15 percent of HIV prevention funds for abstinence-until marriage programs. These funds were directed to faith-based organizations, consequently advancing the religious motives of faith-based organizations which focus on implementing abstinence based prevention policy (Prince, Denis and Dijk 2009).

PEPFAR's focus on abstinence-only has instigated debate across the development community working in partnership to prevent HIV/AIDS. Whereas organizations such as the World Health Organization, Global Fund and UNAIDS center on safer preventative methods such as condom use and explicit sex education, PEPFAR's inclination for more funding to support abstinence was criticized. Dilger (2009) notes that, although funding from PEPFAR played a leading role in making antiretroviral treatment accessible in Africa, PEPFAR's interventions were mainly focused on abstinence based programs. In 2006, funding strategies emphasized abstinence or be-faithful by using a discourse of "risk elimination" versus "risk reduction." PEPFAR explicitly emphasized "risk elimination" as its principal goal. It supported "risk-reduction" strategies, such as use of condoms or the reduction in numbers of sexual partners, only as long as these efforts did not contradict or compete with the primary goal of risk elimination. Secondly, the operational plan explicitly broke down the ABC strategy and linked each component to specific populations. Thus, while abstinence promotion became the preferred method for programs addressing youth populations, be-

faithful programs were designed primarily for married couples or older people in monogamous sexual relationships (Dilger 2009:96).

Epstein (2005, 2007) illustrates that not only did PEPFAR's initiatives under President Bush give faith-based organizations the opportunity to participate in HIV/AIDS prevention programs, but also presented an opportunity for them to evangelize since the preference for funding was centered along abstinence based programs. She points that the dominance of born-again Christian agendas and persistence on abstinence programs with reference to Uganda's push for funding to implement abstinence until marriage programs is an exemplary case of the colonization of AIDS policies. While funding is a necessary resource for sustaining the global agenda to halt the spread of HIV, and a plan to achieve this goal is as important, partnerships with different prevention agendas, is a test to the progress toward achieving the Millennium Development Goals (MDGs).

The role of religion in development and the provision of social services by religious institutions is not a new phenomenon in Africa. The comparison to the current religious institutions (FBOs) is mainly funding to support development programs and a collaborative effort through an international community syndicate of NGOs, development agencies, and the local government working in partnership. Friedman (1996) notes the long-term role of Christian humanitarian and charitable organizations in Africa have been sustained by evangelizing in schools, hospitals, and clinics. The majority of initial schools and hospitals in Africa were established and managed by missionaries, but after independence, mission schools and hospitals were nationalized.

The new millennium marked the resurgence of the missionary movement but as FBOs and NGOs development partners. In Hearn's (2002) research on "*The Invisible NGO: US Evangelical Missions in Kenya,"* a response to Kendall's (1978) "*The End of an Era: Africa and the Missionary*," Hearn argues that the new millennium marks the growth of NGOs working as development partners involved in programs such as in health care "controlling the spread of HIV and AIDS" (34). The new millennium marks not the end to the missionary era in Africa (Hearn 2002), but the beginning of a new phenomenon --- the visibility of the "millennial missionary movement."

The Missionary Movement and the Process of Cultural Imperialism

There is a plethora of literature documenting the history of the missionary enterprise in Africa, the ways in which they spread Christianity and why civilization through evangelism was a process of cultural imperialism. Therefore, the related literature I cite will selectively illustrate the ways in which the missionary movement used Christianity as an instrument for civilizing/westernizing mission work to contextualize the phenomenon of the missionary movement in the new millennium and explain how the role of faith-based organizations in HIV prevention is a process of millennial cultural imperialism.

Proselytization and adhering to Christian doctrine was an instrumental force that westernized the African populace. Christianity influenced the way of life in communities that were inhabited by missionaries. For example, conversion to Christianity would require individuals to conform to Christian religious beliefs, attend Church and mission

school and learn English. Conversion to Christianity through baptism would mean giving up ones native name to accept an English Christian name. Traditional customs such as polygamy and rites of passage were discouraged.

Education was a solid system for transmitting culture. According to Tiberondwa, "the very act of providing Western education to the Africans and the replacement of certain African cultural institutions by foreign ones is, in itself, an act of cultural imperialism" (1998:vi). He continues:

> As part of their evangelization venture, the European missionaries also taught their followers the art of reading, writing, simple arithmetic, technical work like carpentry and simple rules of hygiene. They also started formal schools that received favorable responses from many parts of the country. The people who went to the churches and the church schools were so many that the European missionaries decided to recruit the better of the African followers to teach the little that they knew in these churches and schools. The Baganda, who came in contact with the European missionaries earlier than the other tribes, assisted the missionaries in spreading Western education and Christianity in the country (Tiberondwa 1998:vi).

Teachers who were converts in turn became agents of socialization. As an example, training teachers in mission schools to teach Christian education was a means to advance the establishment of more mission schools, teacher training schools, to eventually increase the number of converts (Temu 1972; Strayer 1978; Tiberondwa 1998). The influence of external actors (missionaries) on internal actors and their roles and statutes suggests that social organization was instrumental to westernizing through Christianity to advance the cultural imperialism agenda.

The transitive nature of cultural imperialism in some instances begins externally, penetrating and extending internally through social structure and networking within

institutions. Missions' civilizing effort was possible through collaborating with colonial administrators during the European colonial imperialism era. The colonial government supported the expansion of evangelism. Land allocation to missions contributed to the expansion of mission territories in Africa leading to the establishment of social structures with more mission stations, mission schools and churches. Through partnership and funding, these establishments gradually developed into the expansion of empire and missionary enterprise (Porter 2004; Darch 2009; Wamagatta 2009).

Partnership with the colonial government and funding were major components for sustaining the missionary movement. Porter (2004) explicates that the missionary work and expansion was made possible by assistance from the British imperialist government, and funding from the respective home mission societies was also instrumental to sustaining the mission movement. The missions' effort to expand was not always easy because they were at times faced with resistance from the local governments or opponent interest groups. Therefore, missions turned to the imperial government for assistance and protection. For example, the Christian Missionary Society (CMS) and the Methodists in Sierra Leone sought assistance from the British imperial government to succeed with their expansion motive outside the Sierra Leone colony.

Funding and increasing manpower were also integral to sustaining the missionary motives. The missions' home societies were also actively involved in maintaining the missionary enterprise overseas by increasing funding and recruiting missionaries for overseas missions. Porter (2004) indicates that the CMS was committed to boosting its missionary enterprise overseas by sending more missionaries. For example, "After a

feeble start … the number workers sent out by the Society jumped to seven in 1815 and remained at a yearly average of ten from 1820-1830" (2004:91). In addition, CMS's annual income tripled overnight from £3046 in 1813 to £10,793 in 1814; gradually maximizing to £54,010 in 1829. Similarly, the London Mission Society had an income five times that of the CMS in 1813, and its funding also increased. The Wesleyan missions were more competitive whereby their income doubled in the 1820s to approximately £40, 000 per year and increased twice as much in the 1830s. The common goal for an increase in funding and members was "the conversion of the heathen everywhere to Christianity" (2004:89-92).

Porter points that the civilizing and Christianizing mission was not as easy as the missionaries had anticipated. Missionaries had to adjust their perceptions and practices in order to develop circumstances that would help fulfill their goals. Some missions for example, had to create a legal and political framework for evangelism.
According to Bishop Richard Watson, the missionary enterprise was not experienced enough to operate on its own so it improved its potential by working in partnership with the government Bishop Watson was unconvinced that the missionary work would succeed without assistance from the government " . . . Civilization under the government auspices he felt would bring Christianity in its trains" (2004:93). The international associations and domestic networking in the missionary movement introduced a system of interdependence that gradually revitalized the imperialists' interest in commerce and empire while also expanding the missionary enterprise and goal to civilizing mission. Bishop Richard Watson asserted that:

> If people would but realize it, far from missions depending on empire, the reverse was the case, 'While our missionaries, beyond borders of the colony of the Cape of Good Hope, are everywhere scattering the seeds of civilization, social order and happiness, they are by the most unexceptional means, extending British interests, British influence and British empire. Wherever the missionary places his standard among a savage tribe, their prejudices against the colonial government give way; their dependence upon the colony is increased by the creation of artificial wants; confidence is restored; intercourse with the colony is established; industry, trade and agriculture spring up; and every genuine convert among them made to the Christian religion becomes the ally and friend of the colonial government (Porter 2004:116).

Missionaries travelled across territories in Africa to achieve their evangelizing mission in Africa. Their ambition to spread Christianity would lead to the missionary enterprise and territory expansion. Although missionaries were in some instances dependent on the imperialist government, the imperialists were also dependent on missionaries. When missionaries were successful in settling in communities, they were not only territorializing evangelization-civilization communities, but also laying grounds for the colonial imperialists. Hence, missionaries were agents of colonialism; missionary presence was an incitement for political and economic domination. Further, territorializing of missions and interdependence benefited the expansion of colonial empires and missionary enterprises. While the interaction between the missionary enterprise and the imperial government was reciprocal and given that organizations from the developed world are working collaboratively with the developing world through faith-based initiatives to prevent HIV, to what extent are their goals as development partners similar to the past missionary work in Africa? How is the role of faith-based organizations in HIV/AIDS a process of millennial cultural imperialism?

Discussion of Findings

The purpose of the related literature in the previous section was to contextualize PEPFAR's role in the global partnership to address the HIV/AIDS crisis in the context of the current missionary movement. Similarly, the literature on missionary work in this section compares the ways in which the preceding missionary movement and the present missionary movement is a process of millennial cultural imperialism. The discussion of findings section is organized as follows: first, the social structure of preventing HIV to illustrate that partnership between PEPFAR, NACC and FBOs is a collaborative effort to halt the spread of HIV and, second the social organization of preventing HIV to explicate how objective components (status and roles) and subjective components (values, belief and norms) of a social structure, when applied to preventing HIV is a subtle process of millennial cultural imperialism.

The Social Structure of Preventing HIV

Like Emile Durkheim, the functionalist perspective focuses on the social system as a whole. Functionalism is a sociological approach that analyzes the role (or function) of each part (or structure) in a social system. The functionalist perspective inquires how social systems operate and the social consequences that the systems produce. A social system is any interdependent set of structural and cultural elements that can be thought of as a unit or whole. The parts range from systems such as communities, societies, organizations and groups to status that people occupy. The components that make up a social system range from small size to large and can also be of simple or complex

characteristics (Boguslaw 1965; Giddens 1984; Parsons 1951). For example, the position of partners supporting HIV prevention (PEPFAR as a donor) is a part of the social system. Another part of the social system can be a large organization such as the United Nations. The United Nations is complex because it encompasses a large number of diverse divisions with various levels that are all interconnected.

According to Durkheim, society cannot function without unity and cohesion (Morrison 2006). Society is a system consisting of different parts, each of which plays a role, performs a function, or makes a contribution. Society is sui generis "a thing in its own particular kind"; social facts "social patterns that are external to individuals … such as customs and social values" (Anderson and Taylor 2005:14). They add:

> Functionalism conceptualizes society as more than the sum of its component parts. Each part is "functional" for society – that is, contributes to the stability of the whole. The different parts are primarily the institutions of society, each of which is organized to fulfill different needs, and each of which has particular consequences for the form and shape of society. The parts are each dependent on one another. As an institution, the economy supplies a framework for the production and distribution of goods and services. Religion as an institution advocates a set of beliefs, which has proved to be one of the greatest sources of stability within societies. Together, these institutions form society (Anderson and Taylor 2005:18).

Human society is a system of social interaction that includes a way of life (culture – norms, beliefs, and values) and social organization (how order is established in social groups). Ferrante defines social interaction as "everyday events in which at least two or more people communicate and respond through language and symbolic gestures to affect one another's behavior and thinking" (1995:186). Social interaction is possible through roles, statuses, groups and social institutions. In this research, the different institutions

are development partners; community church- based organizations, faith-based organizations, international development agencies, and government agencies.

The following section explores the social structure and relationship between organizations preventing HIV to understand how one part in the system is related to other parts in the system. What is their purpose and how do they achieve that purpose? In this study, the purpose of forming a partnership is to achieve a common goal through shared responsibilities and shared perspectives. To explain how faith-based organizations work in partnership to prevent HIV and the consequences of preventing HIV, the following questions will guide the discussion of findings: How is one part of the system related to other parts of the system? What is its position in the operation of the system? What consequences evolve from the relationships (interdependence) and the functions of the system? In what ways are these consequences contributing to or interfering with the function of the system and the realization of cultural values on which the system is based?

The functionalist perspective suggests that, in order for a system to function (to achieve a common goal) it has to be held together. Social order is the way in which a system operates interdependently within the system. Thus, social order is the social cohesiveness (the interdependence) through which a system is held together. In the context to this research, the system is held together by the responsibilities or functions of each part to achieve a common goal (to prevent the spread of HIV) and the strategy to achieve its purpose. As previously noted, PEPFAR is the funding organization, NACC is the coordinating organization and the faith-based organizations (community church-based

organizations) are the implementers of ABC. The interdependence through shared responsibilities and perspectives holds the social system. The consensus to apply ABC as a plan to prevent the spread of HIV is a shared idea – perspective that holds the system together.

In any given social system there is a structure. Social structure is the organized pattern of social relationships and social institutions that jointly form society (Anderson and Taylor 2005). Social structure is the way in which a society is organized into predictable relationships. Predictable relationships are examined through statuses, social roles, groups, social networks and social institutions (Schaefer 2004:64). Structure explains the interdependence in a social system through shared responsibilities and perspectives. Relationships and distribution of power are fundamental characteristics for analyzing the structure of a social system. Relationships connect various parts of the system to one another; forming a system as a whole. The relationships that connect the parts also have structural characteristics (Blau 1975; Coser 1975; Merton 1968).

The relationship in the structure of preventing HIV is formed through partnership between PEPFAR, the NACC and FBOs. Partnership is enhanced by the functions and the social cohesiveness between the funders, coordinators and implementers. The distribution of power can be determined by the resources and roles of each part of the social system. PEPFAR's ability to allocate funds for programs illustrates its economic power. The NACC's power lies in its role to nationally supervise and coordinate prevention programs. The faith-based organization's power lies in their ability to

influence prevention policy and implementation by applying religious values and beliefs to justify implementing ABC.

In the following section, excerpts from qualitative interviews will guide analyzing how relationships and distribution of power influence prevention strategy. This section will also discuss the influential role of partnering with external actors and how cultural and religious motives impact prevention policy and implementation.

Partnerships in Preventing HIV

Stephen is the director of a faith- based organization that works closely with the government and the international community. The characteristic that differentiates it from faith-based organizations operating at the micro-level is that it functions at the national level. Grass-roots faith-based organizations (community church-based organizations) function locally at the micro-level. Stephen's description of his organization's responsibilities illustrates the depth in which the social structure, social organization and social interaction are key elements that support the operational structure of the social system.

> Stephen: Our organization has been playing the role of advocacy, engaging the government and engaging the donor partners participating in policy formulation. If there are policies that the government wants to introduce, the Minister of Health will always try to make sure that our organization and sister organization sit in the committee discussing those policies because we are representing a major constituency in this country. So we participate in policy advocacy, policy formulation, implementation and ensuring that services are ongoing. We are trying to use the same monitoring tools that the government is using for quality health like the Kenya Quality Model for quality assurance in hospitals ensuring that hospitals are complying and meeting their minimum required standards. Our organization is one of the sites implementing the Kenya Quality Model tool.

The multilayered characteristics of the social system of preventing HIV, demonstrate that interaction with other parts of the system develops relationships that also link micro-level operations with the international community. For example, funding from international organizations sustain HIV/AIDS training services and implementation programs. Stephen further illustrates during our interview, that the functions and social organization of preventing HIV are primarily supported by PEPFAR and the Global Fund and organizations such as CMMB (Catholic Medical Mission Board), CRS (Catholic Relief Services), and Elizabeth Glaser are secondary organizations (that receive funds from PEPFAR). These organizations coordinate with the government and a faith-based organization, such as Stephen's, to help implement prevention programs. He suggests that in order for the social system to operate, partnership is fundamental.

> Stephen: We have a very strong PMCT program (Prevention from Mother to Child Treatment) that is doing well throughout the country . . . a week ago I was out in the field visiting the sites and seeing what they are doing. We are also working with APHIA 2 (AIDS Population and Health Integrated Assistance). The US has been doing a lot providing support for health programs in Kenya through the USAID . . . they have been supporting and now they have shifted their health support in Kenya to what we are calling APHIA 2. This is a program where they have established a consortium of several organizations working together in every province in the country … they are working on HIV, reproductive health and strengthening the Ministry of Health in that province as well as faith-based organizations working there in both the treatment and care of HIV patients PMCT VCT (Voluntary Counseling and Testing Centers) and all areas of reproductive health.

The distribution of responsibilities and resources are also pertinent to strategizing efficient ways for preventing HIV. Prevention strategy without resources can debilitate the operation of a system. PEPFAR has been the principal actor for sustaining the work of organizations involved with HIV/AIDS programs such as PMCT. It is also through

PEPFAR that other organizations with specific specialties or association with prevention programs are able to reach more people by offering a diversified support system for prevention programs.

Lucas is a program coordinator at Stephen's organization. He emphasizes the importance of interdependence and distribution of resources by listing his organization's capacity to provide services nationally to various hospitals in the country, including mission hospitals that were established by the preceding missionaries.

> Lucas: Our organization has received a lot of good support from donor partners. One of the partners working with us in PMCT is the Elizabeth Glaser Pediatric AIDS Foundation. It is an American body which solicits funding from private funding but I know that they have been able to access PEPFAR funds from the US government. Another body that has been supporting our organization in PMCT is the Catholic Medical Mission Board (CMMB). It is a Catholic body that has also sourced for funding from PEPFAR as well as their own funding. CMMB has helped us in 20 sites and the Elizabeth Glaser has supported us in about 50 facilities. Besides PMCT, we support facilities that have VCTs. Recently, we were supported by Global Funds to do comprehensive HIV/AIDS treatment and care and through it we were able to reach and strengthen 11 of our mission hospitals throughout the country. We pick the main hospitals and in the process we are able to train on treatment and care. We train the health workers to be able to provide quality care . . . we are also working with another project called AIDS Relief. AIDS Relief has been able to source for funding from PEPFAR, and AIDS Relief has been working closely with the Catholic Relief Services (CRS)

In order for the system to function as a whole, interdependence through support and resources from internal and external organizations is necessary. PEPFAR is the dominant source of funding. Resources are allocated indirectly through various organizations that focus on specific responsibilities and functions. As an example, funding from Elizabeth Glaser is distributed to HIV/AIDS programs for children. The diversification of services and distribution of resources shows that interdependence in the system and partnership in

preventing HIV is largely dependent on the external sources – the international community and the specific functions of each part stabilize the social system to achieve a common goal- prevent HIV. The interdependence, through relationships, responsibilities and distribution of resources to accomplish a shared goal is comparable to how missionaries were able to achieve their goals during the colonial era. Missions received funds from their home mission societies in order to sustain their evangelizing goals and civilizing purpose. The social system of Westernization through Christianization was achievable through different roles and specific functions that held, stabilized, and sustained the missionary movement. The consequence of the functions, roles, and shared purpose to Civilize through Christianity was process of cultural imperialism. Thus, the relationships, responsibilities and distribution of resources to prevent HIV are fundamentals of the process of millennial cultural imperialism.

Like Stephen and Lucas, Vivian is also a director at one of the larger faith-based organization groups. Her organization is responsible for coordinating with international donors and other faith-based organization to support HIV/AIDS programs in Africa. She shares her appreciation for donors because HIV/AIDS in Africa is not only a health problem but also a socio-economic problem. Therefore, partnership is pertinent to sustaining HIV/AIDS programs.

> Vivian: If I look at, for example, Bread for the World, when these programs started, Bread for the World gave the largest amount of money because they had that passion for Africa and others like the Norwegian Christian Aid. . . . So, many of them came in to help with planning. We also report face to face to them because they have representatives in the international conference group . . . .

The dependence on the generous contribution of funding from the international community is revealing of neoliberalism, the influx and growing responsibility of NGOs and FBOs in development in the new millennium. While funding is an important component for preventing HIV, the "passion for Africa" suggests that the role of partners in development is a continuum of the preceding zealous missionary movement and Kenya's dependence on faith-based and external resources depict a continuum of the process of cultural imperialism.

Oliver is a program director at an international non-governmental organization. His organization receives medication through PEPFAR and works with World Vision, (which is also an international faith-based organization) to distribute medication. His organization illustrates that networking and roles between actors support the functions and interdependence within the system.

> Oliver: In terms of provision, medicine is one of the Ps. We talked about providing medicine, preventing diseases, and promoting community health development. . . . But when talking about providing medicine, we work through an intermediary. World Vision, for example, has what they call Area Development Programs (ADPs) in each of the countries where they work. In Kenya, they have maybe about 25, maybe 50 in Uganda and maybe 30 in Tanzania. Some of those ADPs may need medication and so since World Vision is not a medicine organization it comes to us. Last year alone we obtained about 46, 4 liter containers to distribute to all ADPs that needed medicine. So we have been in partnership with World Vision. …World Vision has a partner in countries that then takes this medicine and delivers it to grassroots. We do not always have the benefit of getting to know who is really at the grassroots except if it is under our organization's management whereby we have our own people who are going to the target community. But in this case, we remain at that level where now our partner is World Vision so we know the task of World Vision, we know the people they work with, so that is how it goes.

Most of the participating organizations (community church-based organizations) at the micro level (grass-roots) indicated that they received support from the government especially through the supervision of the Kenyan National AIDS Control Council and larger faith-based organizations operating at the national and international level. The government supplies the Voluntary Counseling and Testing Centers (VCT) with materials such as medication, HIV testing kits and condoms. The majority of churches involved with HIV/AIDS had VCTs within their premises. The churches that did not have VCTs were affiliated with clinics within their communities whereby, they concentrated on the spiritual aspect and socio-economic support services (as the previous chapter shows) while the medical aspect was handled by the clinics.

Each part in the system is not only connected by responsibilities but also through shared perspectives. The effectiveness of a social system is dependent upon cooperation whereby common rules, views, roles, values and beliefs regulate the process of achieving a goal. Cooperation through shared perspectives is culture. Culture is developed through ideas, values and norms. PEPFAR, NACC and FBOs have developed a culture, a shared idea to prevent HIV through ABC policy. The implementers at the micro-level (community church-based organization -churches involved with prevention at the grassroots) of the social structure apply religious perspectives to justify implementing ABC policy.

Shared Perspectives: Implementing ABC
as a Collective Consciousness

The following section illustrates that implementing ABC is the standard prevention strategy. The excerpts that follow are the voices of directors working in partnerships with faith-based groups nationally and internationally. Their responsibilities and roles influence their participation and contribution toward policy formulation and implementation. Faith-based organizations have a preference for implementing abstinence and being faithful because these policies speak to conforming to Christian principles – a morally acceptable way of life.

Daniel supports the fact that abstinence is the best preventative method because it is a religious value and a morally acceptable way of life. His support for implementing abstinence is covertly politically inclined; due to the fact that the government of Kenya is obligated to follow PEPFAR's prevention plans. As the director of one of the major faith-based organizations, Daniel participates in HIV policy formulation with the government and the international community (external actors).

> Daniel: When you are looking at HIV prevention, one of the strategies that has now been advocated for and the church has been very much at home with is abstinence. You know, abstinence is still a policy and strategy that even health workers would advocate. . . . Of course it is the best policy that can work because it doesn't involve other things it's just abstaining from sex and the church finds that to be very easy to implement because it is in tandem with their faith and it works very well in the furtherance of what the church stands for. I think that of late the US government has supported abstinence initiatives in Kenya even in Uganda and there are strategies that have been receiving a lot of support in the country and even the issue of faithfulness in the family is another strategy that the Ministry of Health has advocated for and the church finds it very easy to support because it also falls within what the church preaches. . . .

The church's preference for abstinence is emphasized because it is a moral value. Abstinence is a religiously informed policy that also supports society's expectations. The church is also in favor of abstinence because it supports living by Christian principles- that is, the commandment "Thou shall not commit adultery." As a social institution, the church's function in the social structure of preventing HIV is to transmit culture. The church is also an agent of cultural imperialism because it has adopted an ideological strategy (ABC) initiated by external actors and internalized implementing abstinence. The wide spread support by the US government is similar to the ways in which missionaries were able to expand their evangelizing missions.

The US government's economic power and distribution of resources sustains the operation of abstinence programs expansively throughout Kenya as well as in other countries like Uganda. This illustrates the functionalist perspective where relationships and interdependence between the Kenyan government, faith-based organizations and external actors have been established to achieve a common goal - prevent the spread of HIV. The nature of the interdependence and relationships in preventing HIV is also comparable to the ways in which missionaries worked with the colonial imperialist to achieve their evangelizing motives and empire expansion respectively.

Rudy is also in agreement with the government's shared perspective to use ABC as the standard strategy. He is convinced that religion is an effective means to communicating values, norms and how society is expected to behave. Religion is a fundamental cultural element for sustaining morals in society.

> Rudy: The only thing that can help is for a person to be faithful to one partner . . . we will not have infections if they do not continue going out and being promiscuous . . . if you have one partner then maintain that partner. One of the things that we wanted to prescribe is the best methods that were favorable to religious institutions. We will not advocate for something that is conflicting with some faiths and if something is in conflict with a particular faith then we would rather advocate for and use what is strength in what is advocated. . . . If one wants to encourage promiscuity then it is a conflict with Christian ideology. Faith-based and partners are able to ascribe to policies emphasized by the National Strategic Plan, international organizations and development organizations that also helped to ascribe to the ABC plan. One of the strategies that the National AIDS Control Council's strategic plan has emphasized as a prevention aspect is ABC and if we are all supporting the strategic plan and also implementing then we have to ascribe to what is really being done

Rudy illustrates that being faithful is a religious value that is strongly advocated by the majority of religious organizations. Given that Christianity is the dominant religion in Kenya, the more reason for Rudy to support being faithful as a prevention strategy because it is a "Christian ideology", and a means toward a principle and moral way of life. As a program coordinator of a larger faith-based organization managing prevention programs in low income areas, Rudy exemplifies his support for working in partnership with the international community by advocating for an ABC strategy that is recognized as a standard approach within partnerships in the international community. Partnership in development is a means for building relationships. Partnership creates space within the social structure of preventing HIV for faith-based organizations such as Rudy's to covertly undertake their evangelizing mission. As was discussed in the previous chapter (Spirituality and HIV Prevention), the primary purpose of faith-based organizations is to fulfill their religious motives – evangelism.

Rudy's statement that "One of the things that we wanted to prescribe is the best methods that were favorable to the religious institutions" expresses a collective consciousness in HIV prevention strategy – ABC. Durkheim introduced the concept of collective consciousness to illustrate a shared or common idea. "…Collective consciousness refers to the general structure of shared understandings, norms, and beliefs" (Ritzer 2010:190). Since the goal to halt the spread of HIV is through global partnership, the international community is participating in a complex system of exchange with one another in order to achieve the Millennium Development Goals. This exchange and unity in society is what Durkheim refers to as organic solidarity – modern society is like a giant organism that depends on the independent contributions of each component for the smooth functioning of the overall system. Rudy's statement that "Faith-based organizations and partners are able to ascribe to policies emphasized by the National Strategic Plan, international organizations and development organizations that also helped to ascribe to the ABC plan… and if we are all supporting the strategic plan and we are also implementing then we have to ascribe to what is really being done" depicts that partnership in preventing HIV is a society driven by a collective consciousness and organic solidarity.

To Rudy, values and norms are better instilled through religious beliefs and since faith-based organizations have assumed a significant role in HIV/AIDS by collaborating with the government and the international community, they have a voice and authority in preventing HIV. Rudy is iterating that shared values makes it easier for society to understand what is expected of them. Shared values also enable organizations to

facilitate and cooperate easily to achieve a common purpose. As Shibutani (1986) attests that values are "unquestioned, self-justifying premises that account for much of the consistency in responses to recurrent situations among those who share a culture" (68), faith-based organizations exhibit their shared values to justify their preferences and premises for implementing abstinence and fidelity focused prevention approaches.

Advocating for ABC is as political an approach as it embodies religious and cultural motives. Faith-based organizations are conforming to ideological perspectives initiated by external actors because of their dependence on the international community. This includes donors, religiously affiliated organizations and international development organizations. These organizations are dependent on the international community for funding not only for the purpose of cooperating as partners in development, but also to indirectly support sustaining their covert religious motives. The dependence on donors is parallel to how the past missionary movement was dependent on their home mission societies for funding and missionaries to sustain missionary work. The establishment of infrastructure, mission schools and hospitals were elements of transmitting material culture and the education system was an element of transmitting English language (non-material), including mission churches; converts and teachers were agents of transmitting culture.

These cultural transmitting patterns are similar to those applied by partners. Faith-based organizations are agents of transmitting culture – advocating for ABC prevention strategy and managing prevention programs by providing services such as in VCTs. The relationships that have been established between external actors and internal

actors, and commitment to prevent HIV sustains political ties between developing countries including Kenya which is one of twelve African countries implementing PEPFAR's strategic plan. These partnerships in development (particularly preventing HIV which is a global pandemic) exemplify elements of neocolonialism in the 21st century. Given that HIV is global, it sets a geo-political space; inviting donors, FBOs, and NGOs to fulfill their "Christianization" through partnership in preventing HIV policy implementation.

Adam, whose interview I will share shortly, illustrates expectations and values that guide policy implementation. Although some churches have a preference for implementing policy based on their religious beliefs, some churches are more liberal than others. Some conform to abstinence and justify that condom use is acceptable for planned parenthood or for protection if one partner is HIV positive (discordant couples). However, the shared perspectives conclude that the voice of the church is more authoritative toward policy formulation and policy implementation. According to Adam, the preference is to implement abstinence until marriage and being faithful thereafter. The shared perspectives and responsibilities help organize the partnership in preventing HIV. Thus, religion is a cultural element that informs prevention policy and implementation.

> Adam: I've worked with many churches in policy formulation . . . but, I have seen a bit of softening regarding condom use. They may say, if you are going to use condoms within the family, maybe because we are dealing with discordant couples then, it is okay. Other than that, they have maintained the traditional position of what the Pope says. But, there is the unofficial position at the grassroots level . . . I have talked with Catholics . . . they use condoms. So I feel there's a bit of disconnect between the official position and practice at the

> grassroots. . . . Religion is influencing policy [because], the voice of the church and the voice of the faith-based organization influence policy in technical working groups and in policy formulation . . . Kenya is a secular state, but for business to be transacted effectively, the voice of the church is always recognized . . . it has been very much at the center of the policy formulation.

Adam's statement that "I feel there's a bit of disconnect between the official position and practice at the grassroots", expresses his concerns about the possible consequences between reality and ideology in implementing HIV prevention policy. Where does society draw the line between the practicality of preventing the spread of HIV and using religious ideological perspectives? Although the Catholic Church is known for discrediting condom use, in *"Light of the World: The Pope, the Church and the Signs of the Times,"* Pope Benedict XVI suggests that condom use is permissible for male prostitutes (Benedict et al. 2010). The controversy and implication that condom use is associated with immorality is certainly misguided and problematic in halting the spread of HIV. Since faith-based organization are the implementers of prevention policy, if condom use is permissible to a select group or after the fact (as an example, in the case of discordant couples where one is HIV positive), then those who do not know their status can easily spread HIV. I observed while in the field that most VCTs (Voluntary Counseling and Testing Centers) did not have many clients. People are hesitant to be seen at VCTs because of the conspicuous VCT signs and the associated stigma and discrimination. Therefore, people who are HIV positive could unknowingly spread the virus. The religious perspective of faith-based organizations implementing condom use implies that the church is authorizing immorality; that promoting condom use promotes

promiscuity. However, most church organizations concurred that condom use is for planned parenthood.

Giving the church a voice in the HIV prevention campaign can be disadvantageous because it also gives them space and authority to push for their primary purpose (religious motives). The church is very comfortable implementing abstinence and being faithful over pragmatic ways to address prevention. Although the participation of faith-based organizations is relevant to holding the system as a whole together through organic solidarity by promoting exchange and unity in society, the ways in which it influences prevention could destabilize the system. It could jeopardize achieving a common goal. Faith-based implementers of ABC are prone to emphasize A and B while rationalizing religious perspectives on C. Dependence on the independent contributions of each component could destabilize the smooth functioning of the overall system. This shows how religion is used as a means for social control. Social control is a concept that refers to the ways in which people's thoughts, feelings, appearance, and behavior are regulated in a social system (further discussed in the following section-social organization).

Adam's statement that "Kenya is a secular state but for business to be transacted effectively, the voice of the church is always recognized" implies that although church and state are separate structures with different roles and functions, the two work interdependently. The government as an institution serves as a framework for the political functioning of the social system – coordinating, sustaining relationships with external actors, supervising responsibilities within the social system. Likewise, religion

can also serve as an institution which has proven to be one of the greatest sources of stability within societies (Anderson and Taylor 2005:18). Adam states that the church and faith-based organizations play a dominant role in HIV prevention policy formulation. This suggests that the role of the Church – faith-based organizations in HIV prevention is also key to Kenya's progress towards achieving the MDG to reverse the spread of HIV by 2015. In addition, the "church is recognized" because faith-based organizations have assumed a significant role in the provision of social services in Kenya (Hearn 2002). Analytically, the voice of the church and the role of faith-based organizations in HIV prevention suggest that the faith-based organizations are agents of millennial cultural imperialism.

This section highlighted the functioning of society through the functionalist sociological perspective to understand that the means to achieve the MDG goal to halt the spread of HIV is through partnership and interdependence. It also highlighted that to achieve a common goal requires cultural elements that hold the system together including responsibilities, the distribution of resources and power, and shared perspectives.

Social Organization of Preventing HIV

The previous section described the social structure of a social system to demonstrate how parts of the social system function and relate to one another to prevent HIV. It illustrated that organizations develop rules, ideas, values, and norms to achieve goals (in this case, ABC prevention policy). The following section focuses on social organization and prevention strategy. How is religion influencing policy

implementation? How are the objective components (status and roles) and the subjective components (values, belief and norms) of a social structure applied to prevent HIV?

According to Durkheim's functionalist perspective, religion is a fundamental foundation of a social structure or organization. Religion is also the basis for forming unity in society in order to sustain an ethical way of life in community (Miller 1996). In this section I will discuss how faith-based organizations use religion to justify implementing ABC prevention policy. Religion is the basis for practicing living by ethical standards. Religion is an instrumental concept for sustaining a moral way of life and justifying implementing ABC in the community. For example, implementing abstinence and being faithful prevention policy resonates with Christian values and norms. However, the belief that HIV is contracted through sex and the value that sexual activity out of marriage is immoral explains why some organizations are reluctant to implement condom use. In this way, the social structure that is being maintained has problematic implications for HIV prevention.

The functioning of a system and ways to achieve its goals are dependent upon rules and ways implemented to maintain those rules. The preferable prevention rules according to faith-based religious perspectives are abstinence until marriage and being faithful upon marriage. To abide by these rules, the youth are expected to abstain as well as those under single status and spouses are expected to be faithful. Social control is a way to ensure that people abide by these expectations, values and norms. Social control is feasible through social organization.

Social organization is a concept applied to describe how order is established in social groups. It specifically describes "the order that brings regularity and predictability to human behavior that is present at every level of interaction, from the smallest groups to the whole society" (Anderson and Taylor 2005:96). For example a pastor's status in the system exemplifies an authoritative position in the community. The pastor can use his role (the duties and responsibilities attached to his status) and authority to regulate people's behavior in the community to add to the higher authority of those who believe that he speaks for God. Charon (1998) suggests that culture develops when groups, formal organizations, communities, and societies formulate a useful set of ideas, values, and rules for problem solving and goals attainment. Culture is a way of life, shared ways of thinking, believing and behavior. As a way of life, culture includes values, customs, beliefs and norms as guidelines for sustaining a moral society. Therefore, culture informs appropriate or inappropriate behaviors.

Values, Norms and ABC Policy Implementation

Values are cultural ideals that determine or distinguish what faith-based organizations consider as moral or immoral, good behavior or bad behavior or whether allowing condom use is appropriate or unacceptable. The perspective that sex is for married couples and sex before and outside of marriage is immoral is an example of a value. It is a religious value guided by mores; the commandment "Thou shall not commit adultery." Norms are rules of conduct that guide people's behavior in specific situations. Norms express real culture; it is practiced on a daily basis (Lindsey and Beach 2003:46).

Organizations develop expectations to convey values. Sociologists use the term norms to describe these expectations that organizations develop. Expectations are rules of behavior that are developed over groups values. Faith-based organization's general rules of behavior are: sex is for married couples and spouses are expected to be faithful. The youth and widows are expected to abstain until marriage..

This section explores the ways in which faith-based organizations apply beliefs, values and norms to justify implementing abstinence, be faithful, and condom use (ABC). The interviews reveal that religion influences HIV prevention policy implementation. Abstinence messages mainly target the youth and being faithful target married couples. Most churches were not enthusiastic about condom use. Religious principles influence implementing abstinence, being faithful and condom use policies. The objective of abstinence and being faithful messages is to emphasize refraining from sexual/risky and immoral behavior. However, most churches oppose condom use because condoms are associated with sexual activity and promiscuity. They are hesitant to implement condom use because it conflicts with the religious values.

Each group in the social structure develops culture. Religious organizations at the micro-level of the social structure (community church-based organizations functioning at a local grassroots level) are the implementers of ABC. The following section portrays participants' religious perspectives and preferences for implementing abstinence until marriage and being faithful. Whereas some key informants were judgmental to implementing condom use, others expressed that as development partners and as registered stakeholders with the government's HIV prevention agency (NACC), they

were obligated to distribute condoms. Implementing ABC is a standard strategy to achieve a common goal; alleviate global poverty by halting the spread of HIV. Thus, it is necessary to implement all policies.

Religious Perspectives and Prevention Policy Implementation

NACC coordinates condom use implementation. Faith-based organizations registered as stakeholders with the NACC receive resources from the government for sustaining HIV prevention and programs and provision of services. The government supply condoms to faith-based organizations associated with VCTs. Since these organizations are the implementers of ABC, they are also responsible for implementing condom use policy and distributing condoms. The following excerpts demonstrate key informants' perspectives and preferences for implementing abstinence, being faithful and condom use.

> Ruth: Our church organization is like a resource center for the government because we collect materials from the National AIDS Contracting Program (NASCOP) and distribute pamphlets. . . . . We also talk about the condom issue . . . in our church they do not want condoms but there is a section on condoms especially for married couples and family planning . . . what we encourage is abstinence for young people and the unmarried are also encouraged to abstain but . . . [there] [a]re some unmarried people who cannot abstain. So for that reason, they are encouraged to use condoms because they can get infected not only with HIV but also (STIs) Sexually Transmitted Infections. The government supply condoms. So they can come to our Voluntary Counseling and Testing Center for free condoms.

Ruth is among the key informants that expressed that as stakeholders they are held accountable for distributing relevant information and distributing condoms. They are partners in development and implementers of ABC. Condom use is a more pragmatic

preventative method, but most participants were more content with implementing abstinence and being faithful. Pastor Steven talks of targeting abstinence and being faithful messages to target groups. The youth are expected to abstain.

> Pastor Steven: We encourage faithfulness to spouses. Our focus on faithfulness is mostly on marriage because the youth should abstain until they get married . . . we'll give them that license when we are wedding them. For spouses, whatever happens be faithful . . .[w]e have never heard of somebody dying because they are faithful .. .they will not die by avoiding sexual activity . . . even when they are working outside, away from their family . . . .

The license that the pastor is referring to is informed by religious principles. The religious belief is that they are expected to abstain while unmarried. The pastor is implying the belief that couples can only engage in sex after the pastor's blessing. The wedding is a sacred ritual that binds spouses to be faithful. They are both expected to conform to religious principles. By accepting the marriage license, spouses commit to abide by the commandment "Thou shall not commit adultery." Pastor Steve implies that some migrant workers commit adultery and can possibly get infected. Key informants indicated that some churches require a certificate for HIV test. These churches can only wed couples that are both HIV negative. One of the goals listed under the mission to prevent the spread of HIV, stated that all couples are required to be tested. Pastor Stephen's organization works closely with a clinic in a neighboring community. He sends couples to this clinic and the clinic sends him a confidential certificate of the test results.

Married couples can also acquire HIV; married couples commit adultery. I am not suggesting that HIV is acquired only through sex. I previously stated that faith-based

organizations generally associate HIV/AIDS with immoral behavior and sex. Implementing abstinence and being faithful is a religious motive and preference. For those who are married but unfaithful and cannot honor their marriage license, and whereas some churches would hope for behavior change, controlling behavior such as extramarital affairs is beyond the control of churches.

> Gabriel: Behavior change is also for married people because according to statistics, HIV infection rate is now higher among married couples because they are having extra marital affairs so people are being encouraged to be faithful to their spouses . . . if they are not faithful, then they should use a condom.

Gabriel rationalizes that religious beliefs, motives and preferences are not as effective as some faith-based organizations believe. Implementing AB and C is a more practical approach. Gabriel suggests that HIV is prevalent among married couples and admits that couples commit adultery. Faith-based organizations must also change their perspectives to include condom use. Changing people's behavior is not simple but, changing their perspective to practice safer sex by educating them and providing free condoms is practical.

These perspectives illustrate that preventing HIV is not as easy as it may seem even though abstinence and being faithful resonate with religious beliefs and values of faith-based organizations. The preferences and differences in prevention strategy however, are in some instances favorable towards preventing the spread of HIV and in some instances pose a threat to achieving a common goal (the MDGs to halt the spread of HIV). How then are faith-based organizations preventing HIV? Some churches use socialization as a means for social control to instill values and norms, others are against

traditional practices such a wife-inheritance and polygamy, while others socially construct culture as a means to justify religious perspectives toward implementing policy.

Agents of Socialization and Ways of Transmitting Culture

> Society socializes the human with rules and ideas that it imposes as standards for self-control. In its creation of these human traits and in the socialization of rules and ideas that become internalized in the individual, society exercises its control over the human being: it influences thinking (Charon 1998:128).

The principle of socialization theory is that we think or act in a particular way because we have been trained to act in that manner. We also learn these behaviors from what we hear and see or from what we are told are good behavior or bad behavior. We learn our behavior from interacting with others or what we see from others. We learn to model our behavior from their behavior. From a sociological perspective, a role is an expectation and behavior to fulfill a person's status such as gender roles or a teacher's role, or a pastor's role.

Socialization is a process whereby individuals gradually grow in societal roles and learn to conform or abide by the expectations intended for their roles. Sociologically, roles and socialization theory set a foundation for individuals to behave in ways controlled by the expectations of others. For example, nuns are socialized by living in a convent and devoting their lives to religious principles. They live daily following the principles of their religion such that they internalize these practices because, "successful socialization will result in individuals who form a social identity that creates commitment

to specific norms and world-views, for example, religious world-views" (Furseth and Repstad 2006:114).

Agents of socialization and ways of transmitting culture come in various forms such as through interaction in school with friends, peers, interacting with youth in church, youth activities, interacting with families and also through social institutions. Culture is transmitted through tangible and intangible material. As an example, youth activities and interaction with the youth during a bible study at a church is an intangible way of socialization. The church building where activities are held is a tangible way of transmitting culture.

A social institution (or institution) is a recognized structural system of social behavior with a recognized purpose. A social institution is an establishment of systems that organize particular functions in society. The characteristics that enable social institutions to function and meet the specific needs of society are norms, values and behaviors. As an example, "religion is a social institution that organizes sacred beliefs" (Anderson and Taylor 2005:10-11). This section will demonstrate that roles, status, media and popular culture, and conforming to values and social control are socialization methods. Faith-based organizations are recognized institutions working as development partners to prevent the spread of HIV. Religion is a social institution used as means for socialization. Faith-based organizations use religious beliefs, values, norms and behavior expectations to socialize individuals. Role models, pastors, youth leaders are agents of socialization.

Pastor Francis demonstrates that religion is a means for socialization and policy implementation. The youth are taught Christian values and socialized to live by religious principles; to abide by mores and are expected to abstain.

> Pastor Francis: Religion I think influences prevention and helps with fighting the spread of HIV . . . as a faith-based organization we teach people Christian values, biblical values . . . [therefore] [w]e don't encourage young people to get involved in sexual acts until they are married. We train them, we teach them that it is not acceptable, and they know. Brother Moses is a young man and he knows what we stand for . . . we discourage, unless he does it underground . . . but we are against it we encourage them to abstain; wait until they are married . . . .

Brother Moses is the youth's chairperson at his church and a high school student. He is familiar with what it means to live by Christian principles because he is also actively participating in his church's youth ministry. The pastor expresses his expectations of Brother Moses when he says that "he knows what we stand for … that we discourage" because Brother Moses has been socialized to live by Christian values and because of his role as a youth leader he has become an agent of socialization.

Roles, Status and Roles Models

As previously stated, a role is the expectations and behavior to fulfill a person's status such as gender roles or a teacher's role, or a pastor's role. To fulfill his role, Brother Moses reiterates strategies of targeting the youth while also justifying that abstinence is a Christian value that the youth who participate in the Christian Unions are expected to abide by. Brother Moses is an agent of socialization because, when we interact we become socialized and see and do things based on our groups perspectives within which we interact and these ways of thinking in turn guide us in performing our

roles and portraying our thoughts. Pastor Francis is Brother Moses' role model. Pastor Francis expects Brother Moses to abide by the Christian dogma and exemplify Christian values to the youth and the community. Brother Moses is a role model for the youth. Pastor Francis' statement that "Brother Moses is a young man and he knows what we stand for . . . we discourage, unless he does it underground . . ." insinuates that Brother Moses is a role model for the youth.

> Brother Moses: As a church, we have activities such as evangelism . . . we extend evangelism . . . [and] [a]ctivities up to the school level . . . we form Christian Unions at schools to teach young people about Christianity and Christian values . . . young people grow up knowing Christian values. They know that sex out of wedlock is not encouraged. Basically, they grow up knowing the core values. [Therefore] [i]ndulging in them becomes difficult; they grow up practicing Christianity . . . we organize debates among young people to discuss issues concerning AIDS . . . [and] [m]ost of the young people have the answers . . . .

Christian Unions are social institutions and ways for transmitting culture (ideas, values, beliefs, norms). Brother Moses shares about his peers growing up "knowing these things, practicing Christianity" to imply that as children are raised they learn from what they are told is bad behavior or unacceptable behavior. They internalize these values and grow up knowing what is expected of them; they become socialized. As the youth leader at his church, his role and interaction with the youth is a process of transmitting culture. The Christian Union is not only a space for interaction but also a platform for consistent debates that are intended to socialize and instill values such as abstinence for the youth.

Christian Union is a common religious student organization in high schools. It is an organization where students gather to fellowship and share the word of God. It is

comparable to holding an informal church service at a gathering in a school setting. Most of the students are "saved" meaning that they are committed to living by Christian principles. Brother Moses' reference that, establishing Christian Unions to extend evangelism through debates is to demonstrate that Christian Union is a social institution that provides space for socialization. Debating is an intangible way of transmitting culture and an effective way of evangelizing and communicating ideas. Christian Union provides space for debating; where regular interaction is a means for socializing and learning through shared values, beliefs and norms. Social interaction is a way of transmitting culture. Sociologically, continual interaction gradually develops into a social pattern that becomes influential over their behavior (Charon 1998).

Some students join the Christian Union at these gatherings. It is expected of those who join to also honor the principles of the Bible because they are now "saved". They have been converted into committing to change their worldly way of life and begin a Christian life. Evangelism was a similar approach used by missionaries to convert the natives to Christianity. It was for example, the basis for recruiting teachers who gradually became agents of socialization. The Christian Union serves a parallel purpose to convert the youth and socialize them to live by religious values. This commitment and conversion is a subtle process of evangelizing and targeting the youth to implement abstinence policy. Youth outreach programs at churches or in schools are comparable to how mission schools were used as centers for teaching Christianity and targeting the youth. Missionary school teachers were converts who in turn became socialization agents. Price (2008) indicates that conversion was at the center of missionary work and it

was the most promising approach to spreading Christianity and recruiting followers. Brother Moses' role reflects that he is not only a faithful follower and a recruiter, advocating for implementing abstinence among the youth , but also socialized "to form a social identity that creates commitment to specific norms and world-views, for example, religious world-views" (Furseth and Repstad 2006:114).

The purpose of Christian Unions and organizing debates among the youth to discuss HIV/AIDS is to implement abstinence prevention policy through evangelism. How faith-based organizations implement HIV prevention policy and the impact of policy implementation is comparable to how missionaries achieved their goals and the impact of the ways in which missionaries achieved their goals. Missionaries' achieved their purpose through education, mission schools and churches and the ways in which they accomplished their goal was a process of cultural imperialism. Pastor Francis and Brother Moses suggest that socialization is an implementation strategy, and implementing prevention policy through socialization is a process of millennial cultural imperialism. Christian Unions, spaces, debating and interaction are elements of millennium cultural imperialism. Roles and status are intangible ways of transmitting culture. The purpose of missionaries' civilization/ westernization through Christianization was a religious and cultural motive. Similarly, the purpose of faith-based organizations' development partnerships to alleviate global poverty through HIV prevention is a religious and cultural motive.

Media and Popular Culture

Brother Moses uses media and popular culture as a way to appeal to the youth and communicate abstinence messages.

> Brother Moses: Unsaved youth attend this school and these kids normally go hanging out and partying and it is at these functions that the youth indulge in more harmful activities that expose them to HIV. So as a Christian church, we organize some functions in the church that keep the youth off the harmful partying and clubbing. Like yesterday at the gospel concert where the youth gather and listen to gospel music. They dance to modern rap gospel music where there is no alcohol and no drugs . . . [and] [t]hey also listen to the preaching. So you find that the youth are not clubbing and hanging out where they are exposed risky behavior . . . .

Popular culture and social media are social communication forces. In other words, the church is changing its socialization approaches with the changes through time. Globalization, technology and popular culture are instrumental communication mediums that have influenced the church's perspectives toward implementing abstinence. Some churches have come to terms with popular culture and changed their conventional approaches to contemporary methods to socialize the youth. They reach out to the youth through concerts and modern rap gospel music. Concerts are intangible spaces and intangible means to transmit culture. Listening to preaching and modern gospel rap music at a gospel concert is an intangible way of transmitting culture. The Christian Union's contemporary socialization approach creates religious entertainment spaces for youth activities. Creating youth religious entertainment spaces explains the influence of popular culture and social media on faith-based organizations socialization process. Thus, creating youth religious entertainment spaces is not only a religious and cultural motive, but also a process of millennial cultural imperialism. .

Technology in the 21st century and globalization of social media has become a powerful tool for transmitting popular culture. Like Pastor Francis and Brother Moses, Ruth is also supportive of implementing abstinence for the youth. However, the media's portrayal of celebrities that the youth relate to is interfering with the church's effort to teach the youth about adultery and risky behavior.

> Ruth: It is not easy to train especially the youth about behavior change because the youth get a lot of information from the media and their peers and especially through these musicians they look up to like they say "Prezo ana Yake" (Kiswahili translation "Prezo has his"). I mean that's having the condoms in your pocket so you can have sex [as if] it is okay . . . so trying to encourage the youth to abstain has not been easy. Prezo is one of the local musicians and young people look up to him, his life style, things like that. The advertisement is all about the TRUST condom. . . . So if such a musician has his condom wherever he goes, he encourages young people to carry their condoms wherever they go. So it's an "in thing" it's something fashionable to have, but we encourage the youth to abstain.

The media's portrayal of Prezo is to encourage the use of safe preventative methods. Given that we learn from what we see from others, Prezo is a role model. Ruth is implying that the youth identify with Prezo as their role model, and the youth have been influenced by Prezo's lifestyle (popular culture) - because "it's an 'in thing' and fashionable" to live like a celebrity. The youth are familiar with Prezo and keep up with his lifestyle through social networking (such as through the internet –face book), popular culture and the media (audio and visual advertisements; television, radio, the internet, magazines, and news papers). The social media is a conscious global movement for transmitting culture. Ruth is skeptical about abstinence until marriage policy targeting the youth. She is uncertain because preaching behavior change does not necessarily

guarantee that the youth will abide by Christian principles and moral behavior expectations.

Gabriel also implied that behavior change among adults is also not easy. Gabriel compromised to implement condom use although most churches perceive condom use as a way of authorizing immoral behavior. Unlike Ruth and Gabriel, Daniel is convinced that implementing abstinence is straightforward. Although implementing abstinence may resonate with the morals and religious principles according to Daniel "because it is in tandem with their faith and it works very well in the furtherance of what the church stands for", the preference to implement abstinence and being faithful is primarily a religious motive.

Brother Moses and Prezo are both role models for the youth and agents of socialization. However, their target messages to the youth are antagonistic. One preaches abstinence until marriage, while the other campaigns for condom use. While Brother Moses is preaching about abstinence to the youth, Prezo's lifestyle is contradicting with Brother Moses' socialization role, but it is those who look up to Prezo that Brother Moses is also interested in; those who "go partying and hanging out." He notes that "…as a Christian church, we organize some functions in the church that keep the youth off the harmful partying and clubbing." However, the extent to which Brother Moses' socialization role and approach is influential is questionable compared to the global dominant influential role of the social media in transmitting culture.

Whereas Ruth is uncertain about implementing abstinence and frustrated with the influence of popular culture and the social media on the youth's behavior, Brother Moses

and Pastor Jacob act in response to use popular culture as a means for socialization. According to Pastor Jacob, "throwing a party" is a "youth friendly activity" and a socialization strategy to preach and implement abstinence.

> Pastor Jacob: We do advocacy and mobilization as a strategy and, for example, when we meet with the youth we hold educational discussions about preventing HIV. We inform neighboring churches to preach to the youth by accommodating them with youth friendly activities in order to get as many youth as possible . . . [and] [w]hile they enjoy themselves during the youth friendly activities, we hold educational discussions. We always have a party for them once a month. When we throw a party, they invite their friends. In the process we are able to reach out to the youth . . . [and] [w]e are also able to ground them spiritually and psychologically. Also, we encourage them in choosing a career.

Pastor Jacob has a shared idea with churches in his community to involve the youth in activities in order to implement abstinence. Pastor Jacob and Brother Moses apply similar socialization approaches to implement abstinence; interactive activities and popular culture. Educational discussions about HIV prevention at Brother Moses' community are held during Christian Union gatherings through debates. Youth friendly activities at Brother Moses church and community are held during gospel concerts. Youth friendly activities and inviting friends to attend parties is a mobilization method "to get as many youth as possible" as stated by Pastor Jacob. Social interaction during youth friendly activities and mobilization are ways of transmitting culture.

Pastor Jacob's community is cognizant of the value of education as a means to a better living standard. Education is also a means to keep the youth from engaging in risky behavior. Pastor Jacob is attempting to stop teen school dropout, teen pregnancy and HIV among the youth, which is a persistent problem especially in the low income communities. Therefore, by helping them to choose a career, the church is instilling the

value of education as a foundation for living a better life as opposed to being idle and possibly engaging in risky behavior. They not only teach values and norms but also ground the youth spiritually by persistently engaging them in youth friendly activities. Continuous interaction with their peers and regular church attendance is a socialization strategy, which according to Charon (1998) is a social pattern that influences their behavior.

The implication of Pastor Jacob's statement that the youth become spirituality grounded is to indicate that with frequent church attendance and interaction; the youth develop repetitive social patterns and grow up embracing religious values. They internalize values and live by the norms and society's moral expectations. Pastor Jacob demonstrates that the church socializes the youth through religious principles, norms, and values to impose standards for self-discipline to address social problems. The church and society exercise control over the youth to influence their thinking. They internalize that abstinence is self control to avoid teen pregnancy and school dropout. According to the church, building a career for a better living standard begins with abiding by the religious values and norms; targeting the youth to implement abstinence.

Youth friendly activities and recruiting youth are ways of transmitting culture. The community church members that share the idea to entertain the youth while also preaching abstinence are agents of socialization. Socializing the youth to implement abstinence as a means to address social problems is a process of millennial cultural imperialism.

Conforming to Values and Social Control

Kenneth, on the other hand illustrates the social problems in his community and how his church is tackling teen pregnancy and HIV prevention among the youth. Kenneth portrays that while socialization and conforming to values is as important to preventing the spread of HIV, implementing condom use and sex education is also relevant.

> Teenage pregnancy was very common around here. Most of the teenagers were actually ignorant about HIV . . . we ask them, if you go to that extent to have sex, is your partner safe, has he been tested . . . [and]][i]f you are not sure do you use preventative method? . . . As Baptists we are usually not very strict, people can use prevention if they are married. . . . We have a youth program – "True Love Waits" . . . if you are actually in love and it is true, you wait. That's how we target the youth and it is working very well.

Whereas condom use is not discouraged, the church has a preference for implementing abstinence because the youth HIV prevention program "True Love Waits" implies that the youth must (wait) abstain until marriage. His statement that "Baptists are usually not very strict, people can use prevention if they are married" is covertly implying that while condom use is acceptable for family planning among married couples, abstinence until marriage is a prevention priority for the youth. "True Love Waits" is an abstinence-based youth program that has successfully socialized the youth to conform to the principles, values and expectations of the church because "it is working very well" according to Kenneth. Conforming to the value of "waiting" also suggests that the youth have been "spiritually grounded" to believe in and embrace the value of abstaining until marriage.

Phoebe covertly depicts that while some churches discuss sex education, safe sex practices and prevention approaches, there is no room for negotiation nor discussing sex

and condom use among the youth at her church. The church expects the youth to conform to values and norms; abstinence until marriage.

> When we talk about abstinence we don't encourage our children to use contraceptives . . . . [If] [w]e encourage, it is like giving them a license to do it . . . So, what we do, we tell them, to abstain . . . . You are Christians, so show the value of being a Christian. I know that they are aware that it is for married couple . . . .

Phoebe is a devout church member at Balm in Gilead Church and a primary school teacher in her community. Phoebe demonstrates that the roles attached to her (teacher) status give her an advantage of an authoritative role. She indicates that the children are obedient because the children are socialized to respect their teachers and learn from the values they are taught. Phoebe expresses her expectation of youth's behavior stating that [if] "You are a Christian show the value of being a Christian" is iterated by Brother Moses' statement "…young people grow up knowing Christian values. They know that sex out of wedlock is not encouraged. Basically, they grow up knowing the core values." They grow up knowing the values because the church regulates their behavior. The children know to differentiate between what is good behavior and what is bad behavior because "socialization is actually the primary source of conforming and obedient behavior" (Schaefer 2004:91).

Unlike Kenneth, Phoebe suggests that at her church's organization negotiating to implement condom use or teach safe sex education is not an option. The youth recognize that sex is for married couples thus they must abstain. Socializing the youth through social control is a process of millennial cultural imperialism.

Conforming to Values and Salvation as a Means for Social Control

Pastor Jeremiah also iterates that the school is not only an important place for socializing the children to live by the church's expectations but is also a place where differences between cultural practices and religious values can be resolved.

> Pastor Jeremiah: Once the children are in school it is very easy to teach them life issues about HIV/AIDS. Education delays marriage because when they are not in school it is very easy for girls to get married at an early age so we support and encourage girls to stay in school. We are empowering them in one way to raise their standard of living and fighting HIV/AIDS at the same time.

The rational according to pastor Jeremiah is that abstinence is a means for empowering girls. By conforming to the values of the church, girls embrace abstinence as a means for earning an education. The perception of obedience and abstinence is not to coerce culture but to fight for girls' educational rights and vulnerability to be forced into marriage before adulthood. Pastor Jeremiah's church is concerned with the marginalization of girls' education, which is a prevalent problem in most developing countries. Pastor Jeremiah demonstrates that although socialization is the core basis for conforming and obedience, the consequence of implementing abstinence and instilling values has positive implications for the youth. Pastor Jacob's community is focused on socialization to implement abstinence and spiritually ground the youth to address teen pregnancy and school dropout. Similarly, by supporting girls' education, Pastor Jeremiah's community is also committed to implementing abstinence as a means to stop teen pregnancy and reduce the number of girls dropping out of school.

Reverend David, on the other hand, is more concerned about conforming to the values of the church by way of changing one's life style in order to live by Christian principles. Since the perception that HIV is contracted through sex or immoral behavior, salvation is therefore a means for deliverance from sin.

> Reverend David: Other people will stress whatever they feel like, but as a faith-based organization, we stress about bringing the Lord into their lives or them accepting Christ as their personal savior . . . that is why we are Christians . . . [and] [a]s faith-based, not only our church. Honestly, what is the core of a faith-based organization? . . . That is a big area and it has been determined to do better in reducing HIV/AIDS from the children to the parents and the widows and widowers. Our policy on sex education is abstinence, you abstain obviously that is the only way you can prevent HIV. We also say that be faithful if you are married. Stay with one partner. We also teach people not to keep going with many partners but of course it goes on . . . [and] [t]here is also bible teaching that makes them behave because once they have become Christians and accept the Lord as their personal savior, they find that it is very easy to deal with that.
>
> Dora: Deal with?
>
> Reverend David: HIV/AIDS, abstinence and staying with one partner. That has been very easy.

Revered David's statement that "we stress about bringing the Lord into their lives" shows that the primary purpose of faith-based organizations is evangelism. The religious and cultural motive of faith-based organizations is to change people's ways of lives, thoughts and beliefs. When people accept the Lord as their personal savior, they pledge to abide by living the Christian way of life. Salvation is socialization through social control because they have been converted to live their lives in a new perspective - obedience and submission to the church's expectations. Reverend David's assertion that the primary purpose of faith-based organizations (evangelism) and salvation "is a big area and it has been determined to do better in reducing HIV/AIDS" is his way of justifying that religion

and conforming to living by Biblical principles is an effective prevention approach. Religion is a means that guides society's compliance to an ethical lifestyle.

Reverend David's religious perspective about abstinence prevention policy is in accord with Daniel's perspective claiming that "Of course it is the best policy that can work because it doesn't involve other things it's just abstaining from sex and the church finds that to be very easy even to implement because it is in tandem with their faith and it works very well in the furtherance of what the church stands for…" Both demonstrate the as development partners in preventing HIV, the primary motive of faith-based organizations is evangelism. Reverend David illustrates that salvation is a promise to obey values, beliefs and norms. It is an affirmation to the church that people who are saved will abstain from engaging in adultery. Salvation is a means to social control and socialize society's standard of self-control. Missionaries spread Christianity through evangelism. Missionaries were able to convert society's belief systems to Christianity through salvation. Therefore, preventing HIV through evangelism and salvation is a process of millennial cultural imperialism.

Whereas Reverend David's affirmation that salvation is the most effective approach to implementing prevention policy, Joy illustrates that her church's involvement with preventing HIV is not to condemn or judge people's behavior but, rather, by teaching about HIV prevention and issuing free condoms to the community, they are fulfilling their obligation and partnership to implement ABC prevention policy. As a faith-based organization, religion and values inform policy implementation.

> Joy: When we go for prevention we first talk about VCT testing and counseling and then we talk about abstinence. As a church we stress about abstinence. We also allow the use of condoms and being faithful for those who are married and also allow use of condoms for those who are either infected or discordant or whoever is struggling with abstinence because, as a church, we don't have the means of following up people's behavior . . . we give the proper information from the VCT as it is, we also offer condoms to whoever needs them through the VCT. We have that option at our church, because we believe that people are created by God with free will to make informed decisions after they know the truth. After all, it is them who will have to choose the truth and the truth can only set them free if they believe in it . . . [and] [s]o we have no struggles with condoms and all that . . . We only tell them about the risks and what the Bible says about adultery, but we do not condemn them. We want them to grow in the Lord.

Unlike Reverend David's assertiveness that salvation is deliverance from sin, Joy articulates her perspective about salvation as "the truth will set them free if they believe in it." What Joy is referring to is that people are conscious of their behavior and it is therefore up to them to decide what is risky behavior and good behavior. Ruth was skeptical about youth behavior change, given the influence of celebrity and social media. Gabriel was also unconvinced about the effectiveness of the church's emphasis on behavior change and preference for implementing abstinence and being faithful. Joy, Ruth and Gabriel suggest that behavior change is dependent on self consciousness and self-discipline. Joy is content with her Church's decision to implement condom use because they teach about values and those who seek salvation conform to the Christian way of life. Joy's implication that salvation is the truth that sets people free.

In this section, the data illustrated that socialization is an influential way of implementing prevention policy. Key informants expressed preferences for abstinence-based programs especially for the youth. Using social interaction, roles, role models, status, popular culture, social media, social networking and shared perspectives (values,

norms, and beliefs) are effective ways of transmitting culture. These cultural elements (non-material and material) are ways of transmitting culture and similar to the ways in which missionaries were able to sustain and expand their mission enterprise and achieve their goals. The following section discusses the ways in which faith-based organizations create ideas to implement prevention policy.

Implementing Abstinence and Be faithful: Why Condom use is a Choice for Death

Faith-based organizations are more enthusiastic about implementing abstinence and being faithful, although condom use is also a prevention policy; religious beliefs and morals dictate why faith-based organizations do not feel guilty for not giving more emphasis on condom use.

> Pastor Francis: When it comes to C, that one is debatable especially as the church is concerned. We don't want to tell people openly that they can use condoms and contraceptives because the moment you do that you are preaching to them that it is okay to engage in sexual activities. So normally to be safe we emphasize abstinence and being faithful and if you do not follow these then death is inevitable. Death is the D part; disaster is waiting for you.

Some churches have constructed ideas to justify why they oppose condom use. Pastor Francis supports the belief that condom use encourages promiscuous behavior. He emphasizes the value of abstinence and faithfulness, but denounces condom use. Unlike Joy who suggests that people have the "free will to make informed decisions…to choose the truth…" pastor Francis' reality is informed by mores; the seventh commandment in the book Exodus chapter twenty verse fourteen "Thou shall not commit adultery." Pastor Francis adds D (death) to A BC prevention policy. He introduces a new meaning to

justify why the church has a preference for implementing abstinence and being faithful as opposed to giving people an option to use condoms. Pastor Francis introduces D to maintain a culture that has been established under religious principles; abstinence and being faithful is conforming to a Christian way of life.

Pastor Francis is following the religious belief that HIV is associated with immoral sexual behavior and the religious perspective that implementing condom use is authorizing immorality and committing adultery. Therefore, when one engages in immorality they will acquire HIV because they have sinned. According to Pastor Francis, being HIV positive is a disaster. It is a disaster by choice because failure to conform to living a Christian way of life is a cause of death. The new meaning is informed by the book of Romans chapter six verse twenty three states that "For the wages of sin is death; but the gift of God is eternal life through Jesus Christ our Lord." Those who engage in immorality and commit adultery have sinned and the consequence of sinning is death.

> Pastor Francis: The D part is that you change your behavior, applying abstinence, being faithful and then there is condom use which is debatable in most churches, not only in our church. . . . People feel that if the church advocates for condom use you will be encouraging people to get involved into sexual activities . . . . So, you either abstain or be faithful to your spouse, and the youth, we stress abstinence and then we talk of condom use. It is not reliable . . . because whatever you may be trying to prevent may not be prevented . . . [it] becomes a disaster. . . . The government declared HIV/AIDS as a national disaster. The only way to get away from this disaster is A and B but C is not reliable.

He constructs an idea to exemplify that condom use encourages risky behavior which could mean being infected with HIV which gradually develops into AIDS (a disaster) awaiting death. Sociologically, Father Francis constructs reality to explain how

culture is created and maintained. His message to society is that A and B is safe but C is a choice for Death. Although condom use is the safer and practical prevention strategy, some church organizations have a preference for implementing abstinence and being faithful. Churches that conform to shared religious perspectives "to be safe" construct ideas that are maintained by "what the church believes is true, moral and important" (Bradshaw et al. 2001:132). The church believes in living like Christ. Abiding by the principles of the bible is fundamental to living by the Church's expectations. The Ten Commandments are important to the church because they are rules and shared perspectives that guide values and norms. The Ten Commandments are mores. Therefore, "Thou Shall Not Commit Adultery" is a more that guides a norm. Mores are a set of norms that define what is considered moral or immoral, acceptable or unacceptable, virtuous or sinful behavior. Norms are rules of conduct that guide people's behavior. The idea that abstinence is for youth is a norm and the idea that sex is for married couples is a value. Mores justify faith-based preferences for implementing abstinence and being faithful prevention policy and the regulation imposed through these FBOs also applies differently to men and women, as the following will illustrate.

Gendering Prevention Policy: Feminized Perceptions

This section will discuss how implementing prevention policy is gendered. While the general implication for implementing abstinence prevention policy is to target the youth, faith-based organizations expect widows to abstain. They have constructed reality to extend abstinence for widows. Faith-based organizations are against cultural and

traditions practices such as wife inheritance. The conflict between religious perspectives and traditional customs suggest that wife inheritance is not a Christian way of life. Missionaries were against traditional cultural practices that were non-Christian such as wife inheritance and polygamy. Therefore, widows are expected to refrain from wife inheritance, abstain if single or re-marry. However, some widows who cannot afford to care for their families engage in sex work or prostitution. Some faith-based organizations suggest that instead of engaging in promiscuous behavior widows should mingle with widowers. This shows that the church constructs ideas to maintain its religious and cultural motives. The ideas speak to widows feminized perception, maintains religious beliefs and behavior expectations. They construct ideas to maintain that widows abstain or re-marry according to the Christian principles to avoid traditional wife inheritance practices and also engaging in deviant behavior. Their perceptions are feminized; widows must conform to norms and religious principles. Religion is used to control women's behavior and implement abstinence prevention policy. Applying religious perspectives to implement prevention policy and constructing feminized perceptions to control the behavior of widows is gendering prevention policy. Gendering prevention policy through feminized perceptions is a process of millennial cultural imperialism.

Widows, Abstinence and Cultural Matters

Pastor Aaron also supports implementing abstinence, but he is more concerned about unmarried women, particularly widows.

> Pastor Aaron: Those who are widows we encourage them to decide: you either get married if you are younger, which the Bible encourages, so younger widows who

> feel they should get married should go ahead and get married, but if they cannot or they don't think they need to get married then they abstain. We do not expect a widow to tell us that they have given birth to another child we will ask her how and you did not tell us that you have gotten married. So we teach them Christian values and even evangelism … when we go out there and encourage people to turn to God turn to Christianity in one way indirectly we are fighting HIV/AIDS.

Pastor Aaron's implication that widows who do not re-marry must commit to abstinence is informed by mores. Pastor Aaron articulates that "we do not expect a widow to come and tell us that they have given birth to another child we will ask her how and you did not tell us that you have gotten married" suggests the Church's expect society to conform to Christian values and norms. Pastor Aaron's expectation that widows should inform the church if they choose to re-marry is a subtle coercive way of controlling people's behavior. Evangelism is also a means to influencing people to "turn to God" and change their behavior by "turning to Christianity." The implication is that widows who do not re-marry engage in risky behavior. Therefore, turning to God and Christianity is an assurance that they will abstain. Analytically, Pastor Aaron's social construction of reality about implementing prevention policy is what I refer to as feminized perceptions in preventing HIV. Abstinence for widows is a feminized perception. Although, Christian values inform prevention policy, suggesting that widows abstain and turn to God is also indicative of attempting to prevent spreading HIV because the widows may have been infected with the HIV virus.

Karen's concerns about widows points to the tensions between religious values and cultural matters in preventing HIV. Her perception is feminized because she constructs an idea for preventing HIV among widows.

> Karen: There is this thing about widow inheritance, it is being discouraged. Instead of inheriting widows, widows are being encouraged to mingle with widowers then maybe they will get married instead of having sex with many partners. . . . Although this is not a common practice, but it is also not very explicit it's very implicit because we are a faith-based and people do not want to be seen doing cultural things but they do it. So the only thing that we can do is go around it and talk to people instead of stopping them . . . .

Karen's perspective suggests a preventative approach amongst widows and widowers. Her thought points to the fact that there are many who are possibly infected and have lost their spouses however, it should not deter them from getting married. Karen's idea that widows can mingle with widowers supports Pastor Aaron's suggestion that the bible allows widows to re-marry. According to Karen it is okay for widows and widowers to get married rather than widows engaging in sexual activities that could be a cause for spreading the virus. However, whether the socially constructed idea to encourage widows and widowers to mingle is an ethical way of life and preventing the spread HIV is questionable. While Karen's suggestion that widows should mingle with widowers offer as an implication that it will control spreading the virus; her focus on widows (women) is a feminized perception. Karen's statement that "maybe they get married instead of having sex with many partners" implies a socially constructed idea that widows (and or single mothers) are more likely to engage in prostitution as a means to support themselves and their children. While men (including widowers) too can engage in prostitution, it is an internalized perception that culturally prostitution is a woman's institution. Although the perception may hold true in some communities, Karen is more concerned about the women, and her feminized perception resonates with Pastor Aaron's; widows should re-marry.

Whereas Pastor Aaron does not justify where exactly there is a verse about widows re-marrying, he is implicitly using a biblical principle to imply that Christian values do not support cultural customs or traditional practices such as wife inheritance and polygamy. Consequently, the only way for widows is the Christian way and that is to re-marry. The pastor is replacing a traditional custom with a religious belief - way of life. This is similar to the ways in which missionaries introduced Christianity as the civilized way of life; "civilization through Christianization" was a process of cultural imperialism. Pastor Aaron's socially constructed idea and way of implementing abstinence as a prevention policy is a process of millennial cultural imperialism.

Karen's statement that "we are a faith-based and people do not want to be seen doing cultural things" explains that although the church is aware that wife inheritance is a cultural practice, her church's organization encourages widows and widowers to mingle in an effort to inhibit the practice. Missionaries did not approve of cultural practices such as wife inheritance. Strayer states that missionaries criticized cultural practices concerning the family structure pertinent to women. Practices that were condemned included sexual morality, polygamy and inheriting wives whereby a male relative from the husband's family, normally the brother would take the widow thus becoming his wife (1978:79-80). Karen's thought complements Strayer's indicating similarities between the civilizing missions and the prevention mission of faith-based organization as a continuum of the cultural imperialism.

Reverend Joshua is also against wife inheritance. His concern about wife-inheritance is not only to address spreading HIV, but also to address the socio-economic

problems facing widows. While Pastor Aaron's idea suggests that widows who are younger should re-marry or else they abstain, Revered Joshua is concerned that widows who re-marry (which could also mean that they are inherited) cause further problems.

> Reverend Joshua: We are educating them … [and] [a]re moving from the old culture to the new culture. We are moving away from the old lifestyle of our fathers and grand fathers …we do not encourage wife inheritance as a church and as an organization. They should not practice wife inheritance because when they have more children it becomes a financial burden and they will not manage to survive. So we say if you have five children and your husband is dead we advice them not to have more children . . . .

The implication of the social construction of reality that younger widows should re-marry is that younger women are more likely to procreate. Reverend Joshua is against re-marrying (or wife-inheritance) because, although wife inheritance fulfills the gender roles of the husband as the provider for her children, younger widows are more likely to have more children, which could cause more socio-economic problems. Reverend Joshua is pointing to the fact that while these families live in the slums, are poor and have limited income, having more children will cause further financial restriction.

Deviance: Risky Behavior Not By Choice

Deviance theory inquires why some people conform to social rules and expectations and why others do not conform. The causes of deviant behavior can be explained by the social relationships and the social areas in which they live and work. Sociological theories are important in understanding social problems such as HIV/AIDS and commercial sex work or prostitution and how these problems can be addressed. Thus, specifying the causes of deviant behavior theories reveal how an aspect of the

society or the environment in which they live and work influences the behavior of individuals or groups or communities. The theories can also suggest how changes in the causes influencing deviant behavior can change deviant behavior.

In 2008 the United Nations AIDS programme report indicates that the number of women living with HIV/AIDS is approximately twelve million compared to approximately eight million men. Furthermore, "the effect of the epidemic on women is exacerbated by women's social roles and their biological vulnerability to the infection" (Rodney et al. 2010:67). The causes of deviant behavior are social problems such as gender roles, feminization of poverty and feminization of AIDS. The social problems that encompass HIV/AIDS affect women.

Women resort to engaging in deviant behavior because of social and economic constraints. Pastor Robert shows that the women resolve to risky behavior because of social problems.

> Pastor Robert: In this community, most women come from rural areas to the city, Nairobi to look for employment . . . [but] [w]hen they get to the city they realize that there are no factories . . . where they can work . . . They end up in sexual work because of poverty in the slums [and] [t]hey may continue doing this business . . . [so] [w]e encourage them to use condoms. The Ministry of Health provides us with free condoms so we go to the hotels and bars and dump the condoms. However, it is not good to use condoms, but we encourage them to use it because of the scourge.

Pastor Robert is pointing out that HIV/AIDS and lack of jobs is a social problem can best be defined by looking at the term in its two parts: the problem and what makes it social. For a problem or anything else to be social; it must involve social systems and/or people participating in them in some way. This would include problems that are caused by

underlying social conditions or produce consequences that affect social systems. Lack of jobs, illiteracy and risky behavior (prostitution or sex work) are, to some, social problems. The pastor indicates that the women travel to the city in search of better opportunities but due to lack of jobs they work in bars as prostitutes. The perception that women (prostitutes) need condoms is feminized. Both men and women need condoms to use safer sex prevention methods. Distributing condoms to prostitutes at bars and hotels is a strategy to implement condom use.

Reverend Joshua indicates that social problems exacerbated by the consequences of HIV/AIDS force women to engage in risky behavior. The consequence of losing a sole provider for the family is an unbearable burden for some women.

> Reverend Joshua: Poverty is one of the catalysts for spreading HIV/AIDS . . . [but] life has to go on for a widow who is aware that her husband died of HIV/AIDS. . . . A man who doesn't know the widow's status offers to give her money to feed her children and pay rent, she will not deny because so has no other means or money to start an income generating business so she gives in . . . her husband was the sole bread winner and he is gone . . . so the temptation of giving in becomes high . . . [and] if the widow goes with this man, she will infect the man. . . . The widow spreads HIV not because she intends to . . . .

Since the connotation of acquiring HIV is sin, sex, and promiscuity, the church is averse to formulate and implement prevention policy that includes prostitution. Targeting the commercial sex workers community was seldom mentioned in the interviews. However, a few community church-based organizations that talked about prostitution expressed conflicting perspectives in dealing with prostitution and commercial sex workers. One church organization was planning to get funding to reach out to "those people" (commercial sex workers), "the twilight" (prostitution) a subject matter that is habitually

overlooked by the church. Policy at The Living Word Church, as Bishop Jonah suggests, is formulated on a need basis:

> Bishop Johan: One thing that determines our policy is the need in our community. . . . We keep changing our policy depending on our targets . . . we have a mobile VCT for community outreach [and]when somebody comes and tells us that we need to go and reach out to those people then in that case we can help . . . . There is a crisis which is not addressed . . . [and] [t]hat crisis is what we call the twilight. The people who work at night. . . . we don't see them at the VCT during the day. So we are thinking of getting funding to place a tent and use our mobile VCT . . . the VCT is prime …we are using the VCT as the entry point.

The meaning or implication of "the need" is that Bishop Jonah is acknowledging that prostitution is a prevalent problem in his community. Since prostitution is associated with moral conduct, and sex, the church is hesitant to directly address prostitution and HIV prevention. The hesitation is noted by the Bishop when he says that "the VCT is prime …we are using the VCT as the entry point." Bishop Johan is implying that his organization is not addressing prostitution, but because the issue was brought to their attention, they will locate funds to provide services at night through their mobile VCT.

Bishop Johan is emphasizing the divergent or conflicting views which inhibit the church to fully support prevention irrespective of the social status and the labeling that is attached to the behavior of women who are in need of income. Although this is a group that is not readily accepted by the church, Bishop Jonah suggests that getting around a policy that will lessen the rift that religious beliefs create and sustains towards prevention is apparently problematic. This predicament not only poses an ethical question but also, questions the human rights approach in HIV prevention policy and implementation.

This section demonstrated that faith-based organizations construct reality to support prevention policy implementation. Targeting widows to implement abstinence is a religious and cultural motive. Key informants suggested that abstinence is for the youth and being faithful is for married couples but, the case of widows is unique. Based on an assumption that widows are not youth and unmarried, the church has constructed an idea to implement abstinence policy. The "best" applicable rational policy is abstinence since it complies with living by religious principles – a Christian way of life. The conflicting perspectives between cultural practices and religious beliefs have introduced new ideas to implementing prevention policy. The prevention policy preference for widows is to abstain or re-marry, but follow religious doctrine to re-marry. Widows that have no means to support themselves possibly will engage in prostitution. Hence, the option for widows is to mingle with widowers. While preference for implementing prevention policy is mainly abstinence and being faithful, some faith-based organizations distribute condoms to prostitutes to fulfill their partnership commitment to prevent the spread of HIV.

Conclusion

This chapter discussed partnership in preventing HIV/AIDS to understand how religion and the role of faith-based organizations is influencing progress toward achieving a common goal- the Millennium Development Goal to reverse the spread of HIV by 2015. The social structure of preventing HIV was discussed through a functionalist perspective to show that preventing HIV is an interdependent process. The

functions, responsibilities and relationships within the social system maintain the interdependence to achieve a common goal through a shared perspective. The shared perspective is to implement ABC prevention policy to halt the spread of HIV. The ways in which partners implemented ABC was compared to past missionary cultural and religious motives. Using religious beliefs, values, norm and expectations as a means for socialization was similar to the process of cultural imperialism. The preference for implementing A and B as opposed to C shows that the primary motive of faith-based organizations in preventing HIV is religious and cultural.

Since the Church and faith-based organizations have a dominant voice and role in preventing HIV, policy implementation is informed by religious beliefs. The preference for implementing abstinence and being faithful is unrealistic because controlling human behavior and adolescence in particular is challenging. While some church organizations concur to implementing condom use with emphases on planned parenthood and discordant couples, religious perspectives insinuate that implementing condom use is tolerance for immorality. Given that condom use is a more practical preventative measure and if religious ideological perspectives dictate policy formulation and implementation, then religion as an institution is a cause for destabilizing the interdependent functioning within global HIV prevention social system (The United Nations- Millennium Development Goals). Religious leaders and key informants suggest that abstinence is the best and easier policy to implement.

This chapter demonstrated that the church and faith-based organizations have assumed an important role in HIV prevention as partners in development. The voice of

the church is powerful and clearly suggests that religion influences policy formulation and implementation. However, to what extent is religion in development impacting the goal to reverse and halt the spread of HIV? How is the role of faith-based organizations affecting progress to achieving the United Nations global poverty alleviation agenda? The following chapter (Human Rights and Social Justice) explores how applying religion in prevention policy formulation and implementation is influencing the effort to reverse and halt the spread of HIV.

CHAPTER 4

HUMAN RIGHTS AND SOCIAL JUSTICE

This chapter will show that dominant social institutions use their authoritative position in the social system to exclude powerless minority social groups. While religious motives can negatively impact preventing HIV, some faith-based organizations apply religious values to implement HIV prevention policies that include marginalized social groups. A human rights perspective suggest that as development partners with faith-based organizations, the government and other agencies have committed to achieving the MDGs (Millennium Development Goals); they have a duty and obligation to halt the spread of HIV.

Religious and cultural motives influence the ways in which faith-based organizations formulate and implement HIV prevention policy. Religious perspectives, shared beliefs, norms and expectations form society's intolerance for marginalized groups and deviant behavior. Intolerance for marginalized groups stems from the church's socialized perceptions and internalized cultural expectations that commercial sex work and homosexuality are immoral behaviors that deviate from norms. The consequence of stigma and discrimination against people living with HIV /AIDS is social exclusion and inequality to treatment and social support.

The Universal Declaration of Human Rights Article 3 suggests that "everyone has the right to life, liberty and security of person." HIV prevention is a right to life. As development partners in HIV prevention, faith-based organizations bear a duty to fulfill the right to life. The goal of HIV prevention policy and implementation is to prolong the lives of HIV-positive persons, reduce HIV infection and halt the spread of HIV. This chapter attempts to respond to the following questions: 1) Is the participation of faith-based organizations in HIV prevention taking into consideration the right to development? 2) What is lacking in the development agenda? 3) How are faith-based organizations accommodating marginalized groups such as homosexual and commercial sex workers? This chapter attempts to understand how social justice and the human rights framework in policy and implementation can impact the goal to halt the spread of HIV.

Related Literature

According to the United Nations Development Program (UNDP), human rights and human development share a common vision and common purpose "to secure freedom, well-being and dignity of all people everywhere" (2000:2). Human rights and human development are both about securing basic freedoms. Human rights suggest that all people have claims to social arrangements that protect them from the worst abuses and deprivations – and that secure the freedom for a life of dignity (UNDP 2000:2). Similarly, human development is a process of enhancing human capabilities. It is a process of broadening people's choices by expanding human functionings and

capabilities. There are three primary capabilities at every stage of human development: 1) the capabilities to lead a long and healthy life; 2) to be knowledgeable; and 3) to have access to the resources relevant for maintaining better living standards. The functionings of a person are the important things that a person can achieve (such as being well nourished, living long and taking part in the life of a community). The capability of a person represents an assortment of functionings the person can achieve, and through this perspective, human development is freedom (UNDP 2000:2-4).

Why are human rights important to preventing HIV? It is because including a human rights framework in HIV/AIDS policy formulation and implementation can add value to the United Nations Millennium Development Goals. Human rights provide an ethical approach and standard of social justice to the purpose of human development as defined by the United Nations Development Program (2000). A human rights perspective will focus on deprived and excluded populations particularly because of stigma and discrimination. A human rights approach will suggest the need for information, space and a voice for all persons, including minority marginalized groups, as an essential instrument to halting the spread of HIV and achieving the MDGs. Faith-based organizations, governments and international organizations are all responsible partners in preventing HIV. Therefore, in the new millennium, as partners in development, all these agents will need to follow expectations of achieving development goals as the UNDP suggests:

> The Universal Declaration of Human Rights was adopted . . . acknowledging human rights as a global responsibility. . . The 21st century's growing global

> interdependence signals a new era. Complex political and economic interactions, coupled with the rise of powerful new actors, open new opportunities. . . Individuals, governments, non-governmental organizations (NGOs), corporations, policymakers, [and] multilateral organizations all have a role in transforming the potential of global resources and the promise of technology, know-how and networking into social arrangements that truly promote fundamental freedoms everywhere, rather than just pay lip service to them (2000:1).

As I have discussed earlier in the dissertation, the role of faith-based organizations in HIV prevention is fundamental to achieving MDGs. Given that human rights are a universal responsibility, and that the Church in Kenya has an authoritative status in prevention policy formulation and implementation, how faith-based organizations accommodate human-rights in HIV prevention will impact progress toward achieving the MDGs.

A blueprint for action needed at the national and global level to realize social, economic, and political objectives for human development was agreed upon during the world conferences of the 1990s. Human development approaches, according to Amartya Sen's and Martha Nussbaum's concept of a capability approach to human development is essential for developmental prospects in Africa, and particularly the case of HIV/AIDS prevention efforts. The significance of this approach is that it was "developed in relation to questions of global justice and ethics" (Smith and Anker 2005:31). The capability approach gives essence to human rights in that:

> Amaryta Sen developed the capability approach originally out of a Marxist-influenced perspective. His concern, to put the human being back at the core of development policies that have come to treat economic growth as an end in itself resonated with the concerns of Martha Nussbaum, who sought to bring Aristotelian notions of human flourishing to the debate on human development. Together, they developed a theory that was geared towards assessing the real human impact of development policies with a view to establishing a framework

> from within which policymakers and people in developing countries themselves could bring about the necessary shift focus that would allow for real human development to occur (Smith and Anker 2005:31).

The essence of their theory suggests that a human rights framework in development will accommodate the well-being and universal rights of people living with HIV/AIDS. In *On the Theory and Practice of the Right to Development* (2002) Sen emphasizes that a human development approach becomes a process of development when expansion of well-being equates with the expansion of "substantial freedom" that identify with expansions of capabilities of individuals to lead the kind of life that they value or have motives to value (Sengupta 2002:851). Sen determines that the fundamental goal of development is to strengthen human choices and the human capabilities to undertake activities which are valuable to people. Sen argues that it is imperative for development policy implementation to devote to enhancing people's capabilities through improved nutrition, better health, literacy, training, and civil and political rights (Jolly et al. 2004:179). Sen speaks assertively of the need to rethink on the ways in which development objectives are achievable, and more importantly re-evaluating implementing an ABC prevention model. Smith and Anker summarize that "Sen's theory can be seen as a framework for thought in assessments to standards of living and quality of life measurements, whereas Nussbaum uses capabilities to provide a central constitutional principle that citizens can demand from their governments" (2005:32).

In *No Time to Lose: Getting more from HIV Prevention*, Ruiz and Institute of Medicine (U.S.) Committee on HIV Prevention Strategies in the United States highlight that a strategic vision for HIV prevention is needed that will "change how prevention

resources are allocated and how activities are prioritized and conducted . . . [and] reduce or eliminate social barriers to HIV prevention" (Ruiz 2001:4). Of six elements mentioned, two are crucial for realizing this vision. This vision calls upon the international community to: "direct prevention services to HIV-infected persons who often have been excluded from prevention activities, and integrate prevention activities into the clinical settings in order to reach people at high risk of becoming infected," and "strive to overcome social barriers and to remove policy barriers that impede HIV prevention" (Ruiz 2001:4). How then can we understand how to provide services that are inclusive to overcome social barriers? The following section suggests that human rights to a human development framework are necessary to halt the spread of HIV.

Human Rights and Human Development

"Any society committed to improving the lives of its people must also be committed to full and equal rights for all" (UNDP 2000:2).

> Human rights represent claims on other people or institutions. This aspect of human rights adds a dimension to the human development approach, namely that others have duties to facilitate and enhance human development. It also brings with it the notion of accountability of the international community and governments for achievement of human development goals (Jolly et al. 2004:176). Rights also lend moral legitimacy and the principle of social justice to the objectives of human development. The rights perspective helps shift the priority to the most deprived and excluded, especially to deprivations because of discrimination (UNDP 2000:2).

Mary Robinson, the former director for The United Nations High Commission for Human Rights, emphasized to the international community that the ultimate goal for human rights is to achieve all rights – civil, cultural, economic, political and social. For

every person in the world is a reminder that rights are important to achieving development goals. Honoring human rights is important to sustaining partners' commitment to achieving the Millennium Development Goals. Halting the spread of HIV is a development goal. The United Nations adopted the Declaration on the Right to Development in December 1986. The Declaration on the Right to Development: Article 1 states that: The right to development is "an inalienable human right by virtue of which every human person and all peoples are entitled to participate in, contribute to, enjoy economic, social, cultural and political development, in which all human rights and fundamental freedoms can be fully realized" (Sengupta 2002:846).

Having a right means to have a claim on something of value on other people, institutions, a state, or the international community, who in reciprocity have the duty of providing or assisting to provide that something of value (Sengupta 2002:843). In his book *Development as Freedom,* Sen (1999) asserts that "rights are entitlements that require in this view correlated duties. If person A has a right to some X, then there has to be some agency, say B that has a duty to provide A with X" (1999:231). As Sen suggests, marginalized groups (A) have rights to (X), and HIV/AIDS services including healthcare services, socio-economic support, and information. Given that faith-based organizations (agency B) are collaborating with HIV and AIDS programs in partnership with the government and the international community (i.e., donors, international development agencies, NGOs), faith-based organizations have a duty to provide marginalized groups (A) with (X); equally, including marginalized groups in HIV and

AIDS programs. Thus, the importance of preventing the spread of HIV will mean including marginalized groups.

Mary Robinson's *Advancing Economic, Social, and Cultural Rights: The Way Forward* (2004) calls for a global commitment to human rights in development stating that:

> The challenge now for Human Rights Watch and all of us in the human rights community is to redouble our efforts to move the Economic, Social and Cultural rights (ESC) agenda forward together. We will need both to identify new opportunities as governments and international organizations integrate human rights in their policies and to work more effectively with new partners, including development organizations, foundations, progressive business leaders, faith-based groups, and grassroots movements aimed at empowering the poor. ESC rights can become both a powerful moral call to action and a powerful legal tool for addressing today's most urgent global problems (2004:872).

If partners in development commit to recognizing and honoring the right to development, then implementing effective prevention policies to halt the spread of HIV will be promising to achieving the Millennium Development Goals. Robinson initiates an important dialogue suggesting the need for development partners to incorporate a human rights framework to achieving development goals. Robinson's article accentuates that a human rights effort has played an important role in finding the most effective ways to promote and protect social, economic and cultural rights. It has reinforced steps at the international level to redefine and implement economic, social and cultural rights. Robinson's argument emphasizes how civil society actors and non-governmental organizations (NGOs) "can most effectively influence states and third party actors to progressively implement their economic, social and cultural (ESC) rights obligations" (Robinson 2004:866).

Robinson reminds the international community that approaching development with a human rights lens is critical in the 21st century. Robinson's work indirectly accentuates the importance of human rights. She speaks to the larger global community urging the need for policy implementation at par with human rights standards. She emphasizes that in the process of pushing for accountability and implementing ESC rights, thoughts on how ESC rights can address poverty and HIV/AIDS is important. Continuing this dialogue is important, especially at a time when a measure to address global challenges such as the HIV/AIDS pandemic in the developing world is controversial. The work of Human Rights Watch and the human rights community should continue with hopes that partners working to help people living with HIV/AIDS will recognize and respect the right to development by implementing ESC rights. If religious doctrine continues to dictate measures for HIV prevention, then the goal to halt the spread of HIV is uncertain. It is imperative that in any effort to reduce poverty, advancing economic, social and cultural rights should guide progress towards development. Robinson's dialogue is timely and relevant to the missionary movement in the new millennium. Analytically, Robinson's discussion poses important questions to the international community.

It is essential for partners in development to consider that in order to achieve the MDGs, the United Nations declared that whether it is through finances, religion or human rights, partners' willingness to implement effective measures to prevent HIV are paramount. External actors need to rethink on values, beliefs and morals while

implementing social policy. Partners in development should all think about the significance of implementing a rights-based approach in development. As Manby (2004) notes in *The African Union, NEPAD, and Human Rights: The Missing Agenda* that:

> A key component of a rights-based approach to development is the idea that poverty means more than people lacking income. It also means that they lack control over their lives. Accordingly, development initiatives should have a high degree of participation, including from representatives of affected communities, civil society, minorities, indigenous peoples, women, and other groups likely to be overlooked with traditional forms of consultations. Development should be based on inclusive processes, rather than external conceived "quick fixes" and imported technical models (2004:1003).

Like Robinson, Manby is also iterating to the international community that they should realize that development should not be centered on economic growth (i.e., Gross Domestic Product or GDP), but as Sen and Nussbaum have suggested, it should center on the human being and a human rights framework considerate of political and ethical policy. The framework according to Robinson should encompass economic, social and cultural rights.

Human Rights: The Link to Development

The Millennium Declaration specifies the relevance of human rights in development. Under the article on development and poverty eradication, the Millennium Declaration states that:

> We will spare no effort to free our fellow men, women and children from the abject and dehumanizing conditions of extreme poverty, to which more than a billion of them are currently subjected. We are committed to making the right to development a reality for everyone and to freeing the entire human race from want (Article III, paragraph 11).

The proposition of "making the right to development a reality for everyone…" necessitates applying a human rights vision to HIV prevention policy and implementation in principle and practice. Faith-based organizations need to formulate and implement HIV prevention policies that are inclusive. The UNDP (2000) suggests that protection and fulfilling human rights are essential for implementing effective prevention policies. The UNDP also states that violating human rights is a primary source of spreading HIV/AIDS. Hence, implementing ineffective policies that ignore basic rights can impede progress toward achieving development goals. Prevention efforts will be unsuccessful in countries that neglect health, and where people are denied sufficient education and access to relevant information about HIV/AIDS risks. In an attempt to understand the ways in which faith-based organizations address human rights in development, the following section explores how policy and implementation influences HIV prevention.

Discussion of Findings

The discussion of findings section demonstrates that religious motives can negatively and positively influence HIV prevention. The first section discusses how stigma and discrimination influence HIV/AIDS prevention. While some faith-based organizations exclude people living with HIV/AIDS from participating and receiving support services, others honor human rights and "create spaces" to accommodate people living with HIV/AIDS. The second section discusses how faith-based organizations respond to HIV/AIDS and sexuality within the marginalized social groups. It suggests

that social inclusion, human rights and social justice for equality is an effective way to halting the spread of HIV/AIDS.

Discrimination and Stigma

Discrimination is an overt process of unequal treatment of members of social groups because of their association in that group. Members of groups or categories in society are denied their privileges, power, legal rights, equal protection of law, and other societal benefits that are available to members of other groups (Hughes and Kroehler 2002:215-17). Erving Goffman's definition of stigma describes the labels society uses to devalue members of a particular social group (Goffman 1963). Anderson and Taylor define social stigma as "an attribute that is socially devalued and discredited. Some stigmas result in people being labeled deviant. . . Stigmatized individuals are measured against a presumed norm and may be labeled, stereotyped, and discriminated against" (2005:162-3).

Deviance is behavior that violates the standard of conduct or expectations of a group or society. Sociologists define deviance as behavior that is recognized as violating expected rules and norms. Deviance "refers to modes of action that do not conform to the dominant norms or values in social groups or society" (Appelrouth and Edles 2008:384). Deviance is more than simple non-conformity; it is behavior that departs significantly from social expectations. Conformity, on the other hand, may be defined as behavior and appearances that follow and maintain the standards of a group. All groups employ methods of social control – the methods used to teach, persuade, or force their

members to conform and not to deviate from shared norms and expectations (Ferrante 1995:266; Wickman 1991:85). Social control is the method or technique that society uses to socialize people into accepting social norms. Social control refers to the techniques and strategies for preventing deviant human behavior (Schaefer 2004:87).

This section will discuss how stigma and discrimination in the church is affecting the effort to reduce the spread of HIV. It will show that some community church-based organizations fail to implement prevention policy because of the belief that HIV/AIDS is acquired through immoral behavior. Religious leaders use the bible and the pulpit to justify that HIV/AIDS is a sinner's disease. Therefore, they condemn people living with HIV/AIDS and exclude them from participating in social support services.

Rebecca is a senior director at a non-governmental organization working in partnership with a consortium of community-based organizations, including faith-based organizations. Rebecca is concerned that stigma and discrimination, particularly in the church, is impeding the effort to reduce the spread of HIV. She implies that although funding and resources from PEPFAR and other partners have made treatment more accessible, prevention is primarily obligatory to reduce new infection cases.

> Rebecca: We should really stress on prevention because, people are more focused on treatment . . . [we] [s]hould align prevention and treatment. Otherwise, if we dwell on treatment and forget prevention then we will not close the gap. HIV is spreading because there is a lot of stigma and discrimination. We need to close the gap with targeted messages talking about prevention and issues dealing with stigma and discrimination. But, unless stigma and discrimination is attended to, we are not going to deal with the issues of preventing the spread of HIV. . . . Attitudes in our churches must change so that we do not stigmatize and blame the sick. HIV is like any other disease. . . . There is a lot of stigma and discrimination even in the workplace. When people know that you are HIV-positive, they look at

> you on a different level. So we are suggesting that there is a law that needs to address stigma and discrimination.

Morisky, Jacob, Nsubuga and Hite state that stigma compromises human rights. The characteristics of AIDS-based stigma are stereotyping, labeling and differences between 'us' and 'them' (2006:52). These characteristics draw boundaries to distance 'us' from 'them' and distancing 'us' from 'them' results in stigmatization. Bongmba (2007) notes that while HIV/AIDS is spreading, conflicting perspectives and controversies about preventing HIV/AIDS continue in the church in Africa. Stigma and discrimination is prevalent in the church because society and religious leaders believe that HIV/AIDS is contracted through immoral behavior. Individuals are socialized to believe that people living with HIV/AIDS have engaged in deviant behavior. They supposedly have violated norms and expectations of living a moral life and therefore have committed sin. Thus, they are labeled sinners. HIV/AIDS is perceived as a sinner's disease. Some churches and faith-based organizations devalue people living with HIV/AIDS. As sinners, they are excluded from accessing services and participating in the church. Consequently, the church's conflicting perceptions attached to HIV/AIDS not only contribute to stigmatizing and discriminating against people living with HIV/AIDS, but also impede progress to closing the HIV infection gap. Rebecca's concern is addressed by Morisky et al., when they say that:

> We need to promote antidiscrimination laws at community, national and international levels. The various international human rights treaties, conventions, and covenants that many countries have signed, as well as HIV/AIDS resolutions passed by the United Nations Human Rights Commission, should be more effectively disseminated in order to create awareness, influence change, and inform the general public about the law reforms processes (2006:54).

Whereas the voice of the church in Kenya is authoritative in policy formulation and implementation, a human rights framework to formulate laws that protect the rights of people living with HIV/AIDS is obligatory. Rebecca's statement that "we need to close the gap by targeted messages" implies that in order to reduce the spread of HIV, prevention policy and implementation must include people living with HIV/AIDS and at-risk marginalized social groups. In this research, references to at-risk marginalized social groups are commercial sex workers and homosexuals; other groups often stigmatized through HIV/AIDS are intravenous drug users and 'promiscuous' heterosexual people. Targeting at-risk marginalized groups with information about access to services and safer sex practices is important to preventing the spread of HIV. These groups are marginalized and neglected by society and faith-based organizations because of the labels society uses to devalue members of the Gay Lesbian, Bisexual and Transgender (GLBT) community and commercial sex workers. They are identified by their sexuality and labeled by their behavior; to society, they are a social group associated with immorality. Labeling marginalized social groups puts them at a higher risk of HIV infection and spreading HIV because they are excluded from access to services.

A study of men who have sex with men (MSM) in Africa south of the Sahara shows that high rates of HIV infection persist within this social group. This social group is largely neglected from HIV prevention programs (Smith et al. 2009). Rebecca is referring to targeting marginalized at-risk groups and implementing inclusive and practical prevention policies. The previous chapter portrayed that faith-based

organizations have a preference for implementing abstinence and being faithful because it resonates with their religious beliefs and principles. Abstinence messages target the youth and being faithful messages target married couples. Implementing condom use implies targeting at-risk marginalized groups. Therefore, faith-based organizations are reluctant to implement condom use messages targeting at-risk marginalized social groups. The perception that condom use influences immoral behavior suggests that messages targeting commercial sex workers and MSM will condone immorality and leniency toward sexuality.

HIV/AIDS prevention is about saving and prolonging human life. It is also about knowledge and disseminating information about HIV/AIDS, safer sex practices, effective preventative methods and access to services and resources necessary for a decent standard of living. The elements of human development are living a long and healthy life, knowledge and a decent standard of life. Therefore, preventing HIV/AIDS is a human development process. Preventing HIV should be an inclusive human development process. The church's attitude that HIV is acquired through immoral behavior must change. Addressing stigma and discrimination in regards to HIV will mean changing attitudes to implement a human rights prevention approach that includes all persons and social groups, giving them a right to life. HIV/AIDS prevention is a human right to human development. Attending to stigma, discrimination and HIV prevention will mean implementing a human rights perspective to human development.

Attitudes in churches will change when faith-based organizations and society recognize the Universal Declaration of Human Rights Article 1 that states, "all human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood" (UNDP 2000:14). A human rights perspective to human development will address stigma and discrimination towards people living with HIV/AIDS because "human rights draw attention to the accountability to respect, protect and fulfill the human right of all people" (UNDP 2000:2-3). A human development approach centers on the capabilities that people value. These capabilities include "participation, security, sustainability, guaranteed human rights that are all needed for being creative and productive, and for enjoying self-respect, empowerment and a sense of belonging to a community" (UNDP 2000:17-19). Consequently, a human development approach in HIV/AIDS and prevention creates inclusive spaces that endow the community with the freedom to expand their functionings and capabilities. In my fieldwork, the Zion Community Church has created space so that people living with HIV/AIDS can seek spiritual guidance and social support to live long and healthy lives, to be knowledgeable about sustaining health and have access to resources necessary for living a decent life. As members of Zion Community Church, Ruth, Sophie and Naomi show that creating spaces is an inclusive prevention strategy and an effort to decrease the infection gap.

Ruth, Sophie and Naomi are actively involved with their church's AIDS Ministry. Naomi is the HIV/AIDS program coordinator, Ruth is the assistant program coordinator

and Sophie is involved with advocacy and social justice for people living with HIV/AIDS. Ruth demonstrates that the Zion Community Church recognizes the Universal Declaration of Human Rights Article 1. The Zion Community Church has opened its doors to the community to include people living with HIV/AIDS. Pastor Luke of the Zion Community Church is passionate about HIV/AIDS prevention. Ruth suggests that Pastor Luke's positive perspective about people living with HIV/AIDS differ from the outlook of pastors who exclude people living with HIV/AIDS from their churches. They have an obligation to fulfill, nevertheless, but they stigmatize and discriminate against people living with HIV/AIDS.

> Ruth: Many bishops and pastors I know have policies in their churches but they are not implementing. When pastors notice that our pastor is working with people who are HIV-positive, they say, 'what are you doing with people who are going to the grave? What are you doing with the dead?'

Ruth is expressing her frustrations towards pastors who choose to stigmatize and discriminate against people living with HIV/AIDS. Her comments support Rebecca's concern that less interest in prevention is impeding progress toward reducing the spread of HIV. Attending to stigma and discrimination ought to include this category of pastors that have obligations, yet religious beliefs deter them from fulfilling their duties. Their failure to implement prevention policy is intentional behavior. Their behavior manifests into social exclusion. Social exclusion inhibits people living with HIV/AIDS from expanding their functionings and capabilities. Social exclusion denies them realizing their right to human development. Sophie implies that churches that socially exclude not only avoid "creating space" for people living with HIV/AIDS, but also fail to recognize

the Universal Declaration of Human Rights Article 3, which states that "everyone has the right to life, liberty and security of persons" (UNDP 2000:14). Churches that fail to create spaces fail to recognize that HIV prevention is a right to human development and human development is a right to life.

According to Sophie, churches that fail to create space for people living with HIV/AIDS are responsible for the consequences of stigma and discrimination, namely, social exclusion. Social exclusion is a denial to the right to life, liberty and "security of persons."

> Sophie: People living with HIV/AIDS are not dying because of the disease. . . We have drugs and that is why I am alive. But, if no space was created for me, I would be dying in the house; that is stigma . . . [when] [s]omebody knows that you are HIV-positive and they decide that you do not have a right to fellowship with others, that is discrimination . . . [and] [h]uman beings cannot live alone because we are social human beings. . . .

Sophie is HIV-positive and a fervent advocate for social justice for people living with HIV/AIDS. She is speaking from experience to emphasize that stigma and discrimination in the church are denying people living with HIV/AIDS their human rights to human development. Like Rebecca, Sophie is also concerned that while there is medication, people are dying because they are socially excluded from participating in their community. They are not at liberty to either receive social support services or socialize at church. Social exclusion neglects their health security. Isolation from the community is an emotional/spiritual health security concern.

Sophie's inference that she is alive because "space was created" suggests that support for people living with HIV/AIDS should also focus on the social and

emotional/spiritual aspect of healthcare. The church is an ideal "space" for coping mechanisms and social interaction. The church is a sanctuary (safe space) for social support where people seek spiritual guidance. Sophie's implication that people are social beings is to advocate for social justice for people living with HIV/AIDS, to share safe spaces equally, and participate freely in the community. People living with HIV/AIDS have equal rights to life, to attend church, to participate freely in their communities, and to make decisions that affect their lives. Sophie is an advocate for social inclusion and emotional/spiritual support for people living with HIV/AIDS.

Sophie's space allows her the "social freedom and capability to participate in the life of the community, to join in public discussions and appear in public without shame" (UNDP 2000:19). Her acknowledgement that "space" was created for her at Zion Community Church is to emphasize that faith-based organizations (partners in HIV/AIDS prevention) have obligations to fulfill. Pastors associated with these organizations are responsible for opening their doors to the community. They are accountable for implementing a human rights approach to HIV/AIDS prevention that includes everyone, and for securing freedom, well-being and dignity for all people (UNDP 2000). The objective of implementing a human rights approach is to attend to stigma and discrimination. A human rights perspective is a proactive approach to implementing prevention policy. Ruth, Sophie and Naomi demonstrate that while attitudes about HIV/AIDS and stigma and discrimination is a prevalent problem in the church, Zion Community Church shows respect for human dignity and rights by "creating space" for

human development. Thus, faith-based organizations and churches that "create spaces" give people living with HIV/AIDS freedom to enlarge their functionings and capabilities.

Ruth implied that people living with HIV/AIDS are dying because as 'sinners,' they have been excluded from "essential capabilities" to living a long and healthy life, gaining equal access to services and support from their community. On the other hand, Sophie and Naomi suggest that pastors who intentionally fail to implement policies use the bible and the pulpit to justify that people living with HIV/AIDS are perceived as sinners. They are seen as sinners because they acquired HIV through adultery. Pastors who use the bible and pulpit use bible verses to justify that HIV is punishment from God. They use the bible and pulpit to stigmatize and discriminate against people living with HIV/AIDS. They exclude them from church activities, fellowship and social emotional/spiritual support. The behavior of this category of pastors is influenced by religious socialization. Religious socialization influences how people construct beliefs (Anderson and Taylor 2005).

Religious Socialization

Religious socialization explains why pastors fail to implement policies. Pastors intentionally discriminate against people living with HIV/AIDS. As I was in the field interviewing both Sophie and Naomi, they implied that religious socialization is prevalent in the church noting that:

> Sophie: Pastors are the first to condemn people living with HIV/AIDS as sinners while preaching in the pulpit. They say that HIV is a curse and punishment from God. . . . These are issues we are trying to confront through advocacy to say that

> HIV is not a curse from God. Jesus said in John 3:18 that "those who do not believe in the son of God are condemned." Every sinner is condemned . . . [because] [t]here is no specific verse in the bible that specifically talks about HIV/AIDS. Pastors have created verses to support why they think that HIV is a punishment.
>
> Naomi: Exactly, the churches were the first to condemn. . . . The things pastors do, they believe they are doing for God but those are the things that are hurting people and taking people to the grave. . . .

Since the behavior associated with acquiring HIV is negative, the church's perception is that people living with HIV/AIDS have sinned. Based on religious beliefs and morals, pastors preach against sin by giving inference to people living with HIV/AIDS. They use the bible to maintain order and ensure that society abides by norms and expectations. Pastors use the bible and the pulpit as a means for social control. People have medication but they are dying because "the things pastors do . . . are hurting people and taking them to the grave." Sophie describes how pastors construct beliefs and Naomi explains that the consequence of religious socialization is death. Pastors who use the bible and the pulpit to condemn sinners believe that they are fulfilling their religious duties by using God's words. Instead, they stigmatize and discriminate by overlooking that as partners in development, they also have duties to fulfill and policies to implement.

Social Control and Social Exclusion

While Sophie, Ruth and Naomi demonstrate that the bible and the pulpit are used to discriminate against and exclude people living with HIV/AIDS from exercising their capabilities and functionings, Jezebel portrays that religious socialization is a process of social control; pastors use the bible, the pulpit and "AIDS to control their congregation."

Jezebel is a senior director at an international faith-based organization. She supervises HIV/AIDS prevention programs within the Eastern Africa region. Her responsibilities include training religious leaders about matters pertaining to HIV/AIDS and prevention. Like Ruth, Sophie and Naomi, Jezebel's observations not only assert that pastors discriminate against people who are HIV-positive, but also use the bible and the pulpit to socially control the church.

> Jezebel: There are two types of church leaders; those who use AIDS to control their congregation and those who use their congregation to control the spread of [HIV/]AIDS [sic]. Our organization is collaborating with those who use the congregation to control the spread of AIDS [sic]. That means, getting involved and embracing passionately with the love of Christ those who are HIV-positive and those who are affected in one way or another by HIV and AIDS. Those who are using AIDS to control the congregation say "do not mess around and when you get AIDS, you come to church so that we can help you." They are threatening their congregation and attaching sin and misbehavior to HIV and AIDS … [they] [f]orget that there is a spouse who gets infected innocently . . . What sin have they committed? So if you are using that as a threat, you are telling this person "well, I am sorry. You obey the bible but get out of my church." Women are raped during wars, calamity, and conflicts and the only place they can think of is the church. They go to the church knowing that they were raped, conceived a child, and got an extra blessing of HIV infection. But, pastors tell them, "when you get out there and you get HIV, don't come to my church." They need your support and understanding . . . [they] [t]hought the Godly opportunity was to come to church and God's servant was going to be their rescuer. Those are the pastors that use AIDS to control the congregation. A woman who has been raped has nothing to confess, but has every reason to ask for support and understanding. . . . While training religious leaders . . . [you] [w]ill be surprised that eighty percent will write that AIDS is sin . . . [we] [a]re trying to educate this category of church leaders that AIDS is not sin.

Based on this quote, we can interrogate several aspects of the impact of control by some church leaders. There are two categories of religious leaders – social controllers and advocates for social justice. Social controllers use the words of Jesus to discriminate against people living with HIV/AIDS. The advocates for social justice use the words of

Jesus to do the work of Jesus; they "create space" for people living with HIV/AIDS. The social controllers use the bible, the pulpit and AIDS to control the congregation. The advocators "create space" by opening their doors to the community to include the congregation and community to control the spread of HIV. The advocators fight for equality and social justice for people living with HIV/AIDS. They recognize the Universal Declaration of Rights with an objective to implement a human rights perspective in HIV/AIDS prevention.

Jezebel powerfully iterates that social control is an element of stigma and discrimination. According to the social control theory, pastors who use AIDS to control the congregation "assume the importance of the socialization process in producing conformity to social rules" (Anderson and Taylor 2005:152). Jezebel demonstrates that despite the circumstances that people contract HIV, the ways in which religious leaders respond to HIV/AIDS is a process of social control. Women suffer in silence because they are ashamed to seek support from churches that condemn people living with HIV/AIDS. Thus, social control perpetuates stigma, discrimination and social exclusion. The consequences of social control and silencing women that are HIV-positive can contribute to spreading the virus. Women may engage in risky behavior or fail to reveal their status. HIV/AIDS is a "silent killer" because of pastors who use AIDS to control society's behavior. Conversely, women who have acquired HIV because of unfaithful spouses are also seen as sinners, and are also silenced by the church.

The social controllers belong to the group of pastors who fail to implement prevention policies. These are also religious leaders responsible for "taking people living with HIV/AIDS to the grave." Rebecca's complaint that prevention is overlooked points at the social controllers. Social controllers are partially responsible for impeding progress to reducing the gap between existing infection cases and growing infection rates. Conversely, the advocates for social justice care about the security of person, right to freedom and right to life. They make an effort to reduce the spread of HIV by implementing effective and inclusive prevention policies. There are churches that have a voice for those who are silenced. These organizations believe in social justice and equality. Their religious beliefs focus on social justice for people living with HIV/AIDS.

Social Justice and Social Inclusion

The definition of social justice according to Haugen et al. suggests that:

> The commonly applied meaning of social justice is a policymaking theory that tries to ensure that all members of society are treated fairly and that all have the same opportunities to partake of and share in the benefits of society. For some, this may mean an end to discrimination based on race, creed, ethnicity, income or sex. Others might favor economic justice that seeks to provide equality through fair taxation and the distribution of wealth, resources and property. Others might insist that social justice promotes equal access to education and job placement. Many social justice advocates believe that the term can encompass all this and more. The concept of social justice is applied in a defensive stance that rallies critics of current disparities that plague the global society seemingly divided into have and have-nots (2010:14).

Social justice is relevant in prevention because it gives substance to a human rights perspective in preventing HIV. Social justice is fundamental in addressing discrimination and stigma against people living with HIV/AIDS because they are excluded from society

in some communities as the data indicates. Social justice is also important to address marginalization in HIV prevention. Pastor Luke at Zion Community Church and Bishop James at Mount Sinai Church fall under the category of religious leaders who use the bible and the pulpit to include people living with HIV/AIDS.

> Bishop James: HIV/AIDS in the church is stigmatization as death. If you attend church and you are HIV-positive, people will reject you. . . . We have taught people that AIDS is like any other disease . . . [people] [w]ith HIV/AIDS have not sinned more than others . . . We have a commitment because in the book of Matthew, Chapter 25, Jesus will separate the sheep from the goat. He will tell the goat, I was hungry and you never gave me food, I was sick and you never came to visit me. . . Jesus will say to the sheep, I was sick and you visited me, I was hungry and you gave me food . . . [and] [w]hat you did to the little ones you did it for my sake . . . their parents have died . . . [therefore] [w]e cannot neglect them . . . [whether] [t]hey are members of our church or not members of our church . . .

Bishop James uses the bible to oppose pastors who use AIDS to control their congregation. The use of the bible and the pulpit to exclude people living with HIV/AIDS is, according to Bishop James, "stigmatization as death." Bishop James' implication of "stigmatization as death" is that pastors who condemn people living with HIV/AIDS believe that sinners deserve to die. They interpret the bible verse in Romans 6:23 as "for the wages of sin is death" to justify that HIV/AIDS is sin and people who are HIV-positive have not lived up to the norms and moral expectations of society. Therefore, they are the cause of their death. Ruth and Naomi also demonstrated that the perception of HIV/AIDS in the church is "stigmatization as death." Sophie implied that the consequence of stigma and discrimination is death. She insinuated that the lack of "space" for people living with HIV/AIDS not only excludes them, but also as social beings, denies their rights to freedom to participate in their communities. Ruth implied

that churches that do not "create space" for people living with HIV are not implementing prevention policies to accommodate people living with HIV. Naomi concluded that "stigmatization as death" is the consequence of failing to implement prevention policies that create space for people living with HIV. Failure to "create space" for people living with HIV/AIDS, is "taking them to the grave." At Mount Sinai Church, social exclusion is "stigmatization as death," but social inclusion is a religious value that recognizes that preventing HIV is a human right to life and right to human development.

At Mount Sinai, Bishop James uses the bible to "create space" for people who have been infected and affected. While some pastors use bible verses to condemn people living with HIV/AIDS, Bishop James uses the bible to challenge pastors who exclude people living with HIV/AIDS. Bishop James uses the "words of Jesus" as a means for social justice for all persons by recognizing the rights of people living with HIV/AIDS, including orphans. Social inclusion is a religious value that recognizes that everyone should be treated equally with dignity. The doors at Mount Sinai Church are open to the community. Bishop James uses the community and the congregation to control the spread of HIV. He is an advocate for social justice for all persons. At Mount Sinai Church, attending to stigma and discrimination is a religious value and an effort to effectively reduce the HIV infection gap.

Social Inclusion is Empowerment

Creating spaces with access to knowledge, access to social emotional/spiritual

support, and the social freedom to participate in society and ability to appear in public without shame is empowering

> Naomi: As a church, we have eradiated stigma not only on paper but also the whole congregation is involved . . . . We are now advocating against stigma and discrimination against people living with HIV/AIDS. We accommodate people living with HIV/AIDS and involve them as support group leaders within our AIDS Ministry . . . [these] [a]re leaders who are HIV-positive leading a group of people who are HIV-positive. They are respected, embraced and some have even become members. We are not only ministering to members of Zion Community Church who are HIV-positive, [but] we [also] minister to the community . . . we have people in the support groups who are members of the Catholic church and members of other churches.

Naomi suggests that at Zion Community Church, opening doors to the community to control the spread of HIV gives people living with HIV/AIDS freedom. Social justice for social inclusion is a religious value exercised in principle and practice at Zion Community Church. Creating safe inclusive spaces is a prevention approach that is empowering and a means to eradicate stigma and discrimination. Ruth also implies that using the "words of Jesus" to "do the work of Jesus" includes educating the community about their rights. Unlike pastors who use the bible to deny people living with HIV/AIDS their rights, Bishop James, Ruth and Naomi portray how faith-based organizations can positively impact preventing HIV. Ruth adds:

> Our commitment to human rights and how we implement is simply recognizing that people have rights. We inform members in our support groups that they have rights . . . Whether they are HIV-positive or not . . . [and] [l]earing that from a church has been very liberating because most of them think that the minute I have HIV/AIDS, I do not have a right anymore. . . Others have been kicked out of churches . . . [we] [t]ell them that they have a right to worship God . . . [because] [i]n whose hands have they suffered and have been denied their rights. The first place they have actually been denied their rights is in the church, by the pastors.

Ruth summarizes that although stigma and discrimination against people living with HIV/AIDS is evident in the church, and while some churches include a human rights framework to eradicate stigma and discrimination, an effective approach must also include at-risk marginalized groups. Rebecca implied that social exclusion and lack of implementing prevention policies is impeding progress to closing the exponentially increasing infection rates. Although churches and pastors that recognize the Universal Declaration of Human Rights are committed to creating spaces for people living with HIV/AIDS and implementing prevention policies to reduce the spread of HIV, to what extent these churches are committed to achieving the Millennium Development Goals (MDGs) (halting the spread of HIV) is something that remains to be evaluated. Religious socialization influences sexuality beliefs and chances of accepting homosexuality (Reynolds 2003; Sherkat 2002). To effectively prevent the spread of HIV, attitudes must change to accommodate marginalized at-risk social groups. In an effort to halt the spread of HIV, how is the Kenyan society responding to homosexuality and prostitution?

The previous section discussed the ways in which stigma and discrimination and religious motives can either include or exclude people living with HIV/AIDS from receiving support through faith-based organizations. The following section will discuss the ways in which minority groups are marginalized and excluded from equal rights to services. It will explore how religious socialization influences tolerance for sexuality and HIV prevention. This section demonstrates that institutional discrimination is a driving force for social exclusion. Social exclusion is an impediment for Kenya's effort to

reduce the spread of HIV. Institutional discrimination and religious perspectives exclude the LGBTI community and commercial sex workers from their rights and equal access to services in the community.

Sexuality and Institutional Discrimination

"No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment" Universal Declaration of Human Rights Article 5

The conflict theory perspective suggests that social institutions do not provide services equally to its members. Some members have more power than others. The provision of services to an individual or groups is dependent upon social status, gender, and other factors. The lower social groups have less power. (Hughes and Kroehler 2002:112). Minority groups often lack power to change their circumstances because they experience discrimination, isolation, oppression, or persecution. Individual discrimination is any overt action on the part of an individual that depreciates minority persons, denies minority persons opportunities to participate, or uses violence towards minority members' lives and property. Institutional discrimination is a routine way that society functions. Things get done through uncontested rules, policies and daily practices (Ferrante 1995). According to Hughes and Kroehler, the definition of institutional discrimination suggests that "in their daily operation the institutions of society may function in such a way that they produce unequal outcomes for different groups" (2002:213).

Discrimination based on sexual orientation continues globally (UNDP 2000). Kenya is an exemplary case where civil rights and political rights of minority social groups are violated. Homosexuals have been overtly threatened and judged by their behavior. Church leaders and government officials including the Prime Minister of Kenya, Mr. Raila Odinga, perceive homosexuality as deviant behavior. Anderson and Taylor state that "understanding what society sees as deviant also requires understanding the context that determines who has the power to judge some behaviors as deviant and others as not" (2005:149). As a political figure, Mr. Odinga has the power to judge, but publicly condemning homosexuals and calling for their arrest threatened their security of person and of health.

An article, "Odinga Remarks Spark Persecution Fears for Kenya's Gay Community," authored by Michael Onyiego on November 30, 2010, was posted by Voice of America News. The article demonstrates that intolerance for homosexuality can have an adverse effect on marginalized and powerless social groups. Onyiego states that:

> Mr. Odinga told supporters that none would be spared from laws in the new constitution that criminalize homosexual acts. The Prime Minister said that any Kenyan found engaging in homosexuality or "lesbianism" would be arrested and jailed. Engaging in 'homosexual acts' is currently a crime in Kenya, punishable by up to 14 years in prison. . . Mr. Odinga's comments have provoked a measure of panic from Kenya's gay and lesbian community. A board member of the Gay and Lesbian Coalition of Kenya, Nguru Karugu, said the comments could potentially drive Kenya's gay and lesbian communities underground. "The community will now fear and go back in," said Karugu. "Fear to go to testing, fear to go to health clinics, fear to get services, fear to go to the police for fear of

> being arrested or being harassed. It was a major blow for some pretty good work that has been going on the last few years. . . .[7]

Mr. Odinga used his political power to ostracize a powerless at-risk marginalized social group. The Prime Minister's comments shows that institutional discrimination perpetuates fear of persecution, the denial of human rights to healthcare and also right to equal access to services. Institutional discrimination perpetuates marginalization, social exclusion and also fails to recognize that minority groups also have a right to life, liberty and security of person. The consequence of publicly condemning the gay community threatens their security and health. The security of homosexuals is also threatened by religious leaders and the police.

In a recent study, "The Outlawed Amongst Us – A Study of the Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Community in Kenya" by the Kenya Human Rights Commission, suggested that being gay and HIV-positive is not only a social problem but also a political and human rights problem. Recently, in May 2011, an article in the Kenya Daily Nation reported that the church and politicians motivate police abuse toward the LGBTI community. Police torture homosexuals while under their custody. Homosexuals are sexually assaulted and also detained longer than the time period as indicated in the constitution. The article emphasizes intolerance for the LGBTI community in Kenya giving reference to the recent study. The study's finding suggests that "six out of ten cases of sexual violence on gays were perpetuated by police in

---

7. Michael Onyiego. "Odinga Remarks Spark Persecution Fears for Kenya's Gay Community." Voice of America. http://www.voanews.com/english/news/africa/Odinga-Remarks-Spark-Persecution-Fears-for-Kenyas-Gay-Community-111057574.html. (Retrieved June 26, 2011).

Nairobi and Coast provinces." The findings also suggest that the level of intolerance for homosexuality in the church is high. Out of more than 400 participants interviewed, "more than 300 said that that they felt 'unwanted and threatened' by religious groups."[8] While the purpose of the study attempts to continue dialogue to denounce the ill-treatment of marginalized groups and criminalizing homosexuality, it clearly insinuates that being gay and HIV-positive in Kenya is "double marginalization". Homosexuals are ostracized because of their sexuality and socially excluded from equal access to services because of homophobia and perception that homosexuality is immoral.

Being gay and HIV-positive in Kenya is "stigmatization as death." The LGBTI community not only fears persecution, they are also ashamed to appear in public, lack equal access to resources, and have no freedom to participate in the community. They lack space and a voice to contribute to decisions that affect their well-being. Powerlessness and social exclusion is jeopardizing their emotional/spiritual health and physical health. People who are gay and HIV-positive feel "unwanted and threatened by religious groups" because religious leaders use AIDS and sexuality to socially control society. As referenced previously, these are the religious leaders who use the bible and the pulpit and HIV/AIDS to condemn homosexuality and exclude them from their churches. These are the pastors "taking people living with HIV/AIDS to the grave." These are the religious leaders, who through socialization, internalize cultural expectations and in turn pass these expectations on to society. Internalization occurs

---

8 "Kenya-Police Abuse." http://www.madikazemi.blogpost/2011/05/report-in-kenya-police-abuse. (Retrieved June 20, 2011).

when behaviors and assumptions are learned so thoroughly that people no longer question them, but simply accept them as correct. The lessons that are internalized can have a powerful influence on attitude and behavior. For example, someone socialized to believe that homosexuality is morally repugnant is unlikely to be tolerant of gays and lesbians (Anderson and Taylor 2005:66). Politicians, religious leaders, and society at large are socialized to believe that homosexuality is morally wrong; it is sin and deviant behavior. The assumptions and intolerance for homosexuality in Kenya is so internalized that even lawyers and gay activists who attempt to fight for social justice and give voice to a powerless minority group are silenced. The political divide toward the LGBTI community in Kenya suggests that intolerance for homosexuality is persistent.

> Kenya's Parliament is divided over the nomination of two senior lawyers to head the country's judicial system following the information that the duo are likely to help entrench gay rights in the New Constitution. The two lawyers, Dr. Willy Mutunga and Nancy Baraza, were nominated by the judicial. . . A section of the clergy is also opposed to the nomination of Mutunga and Baraza. A lawyer in Nairobi has filed a case in the High Court seeking to stop the nomination of the duo, claiming they are gay rights activists and as such, cannot be the custodian of Kenya's constitution.[9]

Marginalizing and discriminating against the gay community as the media portrays is justified in the constitution. The characteristic of discrimination against the gay community by the government and the church is institutional discrimination. These are the kinds of issues that show that there is a need for accountability and responsibility for applying universal human rights framework in development. People living with

---

9. International Lesbian, Gay, Bisexual, Trans and Intersex Association. "Kenya: Parliament, Clergy Oppose Chief Justice Nominees Over Gay Issues." http://ilga.org/ilga/en/article/n08qKB71nc. (Retrieved June 4, 2011).

HIV/AIDS and marginalized groups have economic, social cultural and political rights. A human rights link to human development suggests that social justice for equality is relevant to preventing HIV.

How then will Kenya proceed to achieve the Millennium Development Goals to halt the spread of HIV? Going back to the data, Rebecca suggested the need for a proactive and inclusive approach. She called upon religious leaders to change their attitude towards people living with HIV/AIDS in order to eradicate stigma and discrimination and implement comprehensive prevention policies that include at-risk marginalized social groups. Jezebel indicated that her organization is attending to stigma and discrimination in the church by educating pastors that "AIDS is not sin." The following section will discuss that applying a human rights framework and social justice for equality for all persons is a practical way for addressing stigma, discrimination, inequality and social exclusion. It suggests that "gaysim" is a social movement for gay rights and social justice for inclusion and equality.

Gayism is an attempt to address the political fear of persecution and limitation for accessing services. This section will also discuss that while marginalized groups are socially excluded, there are churches that have developed programs to attend to commercial sex work. Some faith-based organizations are particularly implementing HIV prevention approaches to reduce sex work among widows and single mothers. They implement socio-economic and skills programs as a means to prevent women from engaging in deviant behavior.

Gayism: A Conscious Social Movement for Social Justice

> Human rights and human development cannot be realized universally without stronger international action, especially to support disadvantaged people and countries and to offset growing global inequalities and marginalization (UNDP 2000:12).

The United Nations statement suggests that in order to effectively prevent the spread of HIV, a global consensus for justice is necessary. The United Nations' call for "… stronger international action" is to remind partners in development that justice and cooperation are inevitable in order to achieve the Millennium Development Goals. Reverend William is a member of a religious group affiliated with indigenous churches in Kenya. According to Reverend William, gayism is a western concept that has been introduced to the church in Africa as a means to justify equal rights for homosexuals. Although Reverend Williams mentions gayism in reference to MSM, his implication is that gayism is a western model for justice and equality for homosexuals.

> Reverend William: Anglicans and other indigenous churches in Kenya do not support gays because of cultural virtues . . . African religion supports moral cardinal values but men to men sex is prohibited within the laws and the moral virtues. When I talk about gayism, I am referring to doctrines developed by various theologians in the developed world who advocate for gay rights. Our people do not understand gayism as a right . . . it is a western culture and it is very difficult to penetrate African culture . . . it is also difficult to penetrate gayism especially through religious organizations . . . the Anglican Church in Kenya and our church do not accommodate gays . . It was mentioned during the World Social Forum that gayism is a human right, therefore, it should be integrated into our work . . . Gayism should be advocated in religious institutions in Africa . . . There were a few religious organizations advocating for gayism … promising to advance economic support from western organizations, but we looked at it as a way of trying to use the penetration of gayism in Africa to support the development of churches. So we see it as an economic breakthrough.

The objective of the World Social Forum was to access whether faith-based organizations implement policies that include marginalized groups. Gayism is a rights approach for social justice and ethical HIV/AIDS prevention policies. Recent studies suggest that while HIV infection is increasing among MSM in Africa south of the Saharan, they lack support services and access to information (Smith et al. 2009). An effective preventative approach is one that embraces the right to life and human development. Gayism is a conscious social movement for social justice. It is a conscious movement fighting for the rights of marginalized groups to gain equal access to healthcare, space, and freedom to participation in the community. Gayism aims at changing the attitude of religious leaders and eradicating stigma and discrimination. Gayism is a right to life and right to a just system that includes marginalized groups. Marginalized groups lack power to change their situation because they operate underground, are invisible, and fear persecution and torture.

Although Reverend William suggests that homosexuality is a western culture, homosexuality exists in Africa. Reverend William's perception that homosexuality is a western culture and the fact that AIDS was initially identified among the gay men in the coastal regions of the United States (Altman 2008), has caused more stigma and discrimination against the gay community. Reverend William's comment that it is very difficult to penetrate gayism in African culture and African religious institutions is an indication that there is a need for an open and ongoing dialogue about sexuality in African society to effectively prevent the spread of HIV. Therefore, the importance of

introducing gayism is to address the cultural tensions and religious conflicting perspectives that inhibit progress to reduce the spread of HIV.

While Revered William argues that introducing gayism in religious institutions in Africa will be difficult, he is cognizant that funding from western organizations to support the churches as a means to penetrate gayism in religious institutions in Africa is similar to the ways in which missionaries were able spread Christianity through mission schools, churches and hospitals. Gayism is the westernization of equal rights and justice for a marginalized social group. Rawls (1971) asserts that "the justice of a social scheme depends essentially on how fundamental rights and duties are assigned and on the economic opportunities and social conditions in the various sectors of society" (1971:7). Introducing gayism at the World Social Forum was to advocate for a "stronger international action" for a human rights framework and prevention policy reform. Gayism is an international response to HIV/AIDS prevention.

The opposing view is that gayism is a rights approach to a universal consensus that HIV/AIDS prevention is a human right to life. It is an approach that draws the line between the goal to prolong lives and religious and cultural barriers to achieving Millennium Development Goals.

> The United Nations suggests that the notion of rights that people have is that they lay claims to help from others to realize those rights – help from individuals, groups, enterprises, the community and the state. More important[ly], is that their accountability is to be judged not only by whether a right has been realized, but by whether effective policies have been designed and implemented and whether progress is being made (UNDP 2000:77).

Gayism is an endeavor to introduce an International Convention on the Elimination of All Forms of Discrimination against the HIV-Positive Gay Community. Gayism will give them a voice and space to "participate freely in the life of the community" and a voice to make decisions about issues that will govern and allow them equal access to services. Advocating for gayism in religious institutions in Africa will mean creating safe spaces for the LGBTI community under the principles of the Universal Declaration of Human Rights Article 5 which states that "No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment." However, the LGBTI community in Kenya is uncertain about their freedom and security. Rebecca notes that while international conferences create limited time for safe spaces for the gay community to participate in activities, stigma, discrimination and fear for persecution persists in Kenya.

> Rebecca: The gay community is left out . . . lesbians, men who have sex with men (MSM) and transgender. It is an issue in Kenya because we cannot register them . . . [they] [u]sually operate underground. The gay community attended the Social Summit early this year . . . [but] [t]hose who came out had to go into hiding because there was a lot of stigma over the whole issue and in fact, some had to leave the country.
>
> Dora: What was the purpose of this meeting?
>
> Rebecca: The Social Summit brought people together internationally. . . The purpose of the meeting was about evaluating the Millennium Development Goals. . . . Many groups were represented including the gay community . . . [they] [w]ere interviewed by our media but for the majority, it did not turn out well. … We invited some members to attend our sessions. After the interview with the media, they did not attend the summit . . . There is a VCT that provides services for MSM, but it is still operating like an underground movement.

Rebecca's implication that interviews with the Kenyan media did not go well suggests that there is fear of exposure of sexual orientation and being ostracized. There

have been cases of hate crimes were families of those who have been exposed are also threatened. The gay community failed to attend the Social Summit days after their interviews because the media's attention exposed them publicly, causing harm and an insecure space rather than initiating a safe political space to advocate for social justice. They fled the country because they feared persecution. The media's exposure threatened their safety and space to " participate freely in a space that ensures civil and political rights – freedom of speech, association and participation – to empower not only poor people, but also marginalized minority groups, to claim their social, economic and cultural rights" (UNDP 2000:8).

The Social Summit was an international meeting to evaluate the obligations and accountability of the government and development partners. It was a conference for revisiting issues that impede reducing the spread of HIV. The gay community operates underground to protect themselves from the law. Since they are not registered, they are also socially excluded from research and development. This means that there is a gap in data and inaccuracy in statistics to determine whether Kenya is making progress to close the HIV infection gap.

The United Nations suggests that the state and partners will need to evaluate their progress by assessing nationally the existing human rights situation to set priorities for action by "reviewing national legislation against core international human rights to identify areas where action is needed to deal with gaps and contradictions, using education and the media to promote the norms of human rights throughout society and

building alliances for support and action" (2000:11). The Social Summit was an opportunity for the international community to reassess that rights and social justice are integral to human development. It was an opportunity for partners to reassess whether they were fulfilling their duties and obligations by implementing effective prevention policies. To move forward to achieve the MDG, Kenya will need to attend to homosexuality, but "the challenge is to build a culture of human rights awareness and commitment" (UNDP 2000:11). The challenge is to work in partnership to recognize that gayism is an effective approach to preventing the spread of HIV. Although Stephen implies that there are prospects for equal access to services, institutional discrimination is inhibiting implementing effective prevention policies that create spaces for marginalized groups and equal access to treatment during regular business hours.

Stephen also implies that being gay and HIV-positive is "double marginalization" because; they are criminalized and socially excluded from receiving services.

> Stephen: It is true that there are gay people in Kenya . . . but as you know, in Kenya, being gay is criminalized. . . . Before I came to this organization, I worked at a VCT supported by an NGO that had a program for treating the gay community . . . [but] [g]iven the criminality of the issues around being gay, the director planned to treat gay patients offering Sexually Transmitted Infection (STI) treatment VCT services including HIV treatment and care after dark between 5:00 pm to 6:00 pm . . . [they] [d]on't want to be exposed; one would not want to be known. I understand they stopped business at night for people to be able to walk in during the day . . . [I] [h]ave that inside information. . . . So I am trying to tell you there are organizations that are providing services like where I formally worked providing care and treatment for the gay people, but you know because of the criminal nature of the practice, you don't want to fight with the law

Stephen is attempting to infer that while there are a few organizations supporting the gay community, tolerance for homosexuality and responses to treating the gay and HIV-

positive community equally is a problem. Political and religious conflicting perspectives inhibit full recognition that the gay community has a right to life and services. Homosexuality is a problem that continues to linger but how long and how many must die before society realizes that social exclusion and injustice is a human rights violation.

In October 2010, Esther Murugi, a Kenyan Minister for special programs, mentioned the need to include at-risk marginalized groups, but was condemned by the Church and Muslim leaders. She was interviewed, but said that "I did not say I support the gay lifestyles. What I told the participants was that we all have a duty, including the government that I serve, to be sensitive to the plight of this minority group in the fight against the spread of HIV and AIDS."[10] However, while a commissioner with the Kenya National Commission on Human Rights (KNCHR), Laurence Mute stated that "providing these minorities with basic health care is one of the fundamental human rights. Mute "added that this is a responsibility of the state just as it provides security to its citizens and should not be debatable." [11] The government's silence to Minister Murugi is indicative that support for marginalized groups is problematic par with the goal to effectively halt the spread of HIV. The dissension about marginalized groups and Minister Murugi's statement that "I did not say that I support the gay lifestyle" suggests that Kenya has a ways to go in order to address homophobia, stigma and discrimination.

---

10. The Norwegian Council for Africa. Kenya: Minister Suggested Gay Inclusion, Condemned. http://www.afrika.no/Detailed/19964.html. (Retrieved July 5, 2011).

11. Ibid

In a recent United Nations meeting (High-Level Conference on HIV/AIDS) held in June 2011, in New York, Minister Esther Murugi notes that HIV/AIDS infection rates are high and acknowledges that homophobia is a prevalent problem in Kenya. She explains that:

> Stigma, discrimination and widespread homophobia among the key affected populations prevent their access to comprehensive HIV prevention, treatment, care and support services. HIV prevalence has stabilized between 6% and 7% over the last 5 years and by WHO definition, this calls for renewed efforts to strengthen HIV prevention, treatment, care and support. The number of annual new infections is still very high at 122,000 (100,000 adult and 22,000 children) (UNGASS Report 2010). We are committed to reduce new adult infections by 50% by 2013 and those in children to 0% by 2015. We still have over 300,000 people who are eligible for ARV treatment but are not receiving it. [12]

Minister Murugi concludes her speech declaring that "as a country, we have adopted the UNAIDS vision of "Zero new HIV infections, Zero discrimination and Zero AIDS-related deaths." Fulfilling this pledge is as important to achieving the United Nations Millennium Development Goals; however, to accomplish this vision, the government of Kenya is accountable and should emphasize that the right to life and social inclusion are fundamental principles for HIV prevention policy and implementation.

Meredith and Joy also note that community church-based organizations do not fully support homosexuals. While they may have created spaces for people living with HIV/AIDS, spaces for at-risk marginalized groups are lacking. It poses a problem and

---

12. Minister Esther Murugi Mathenge. High Level Meeting on the Comprehensive Review of the Progress Achieved in Realizing the Declaration on HIV/AIDS and the Political Declaration on HIV/AIDS. http://www.un.org/en/ga/aidsmeeting2011/pdf/kenya.pdf. (Retrieved July 5, 2011).

compliments Rebecca's concern that treatment without prevention efforts will cause more problems in the near future.

> Meredith: We don't have a specific program that just focuses on commercial sex workers . . . but working with people in the slums, you know that a lot of them that are in our support groups are single mothers and most of them are involved in sex activities as a way of raising their own income . . .

Joy's comment that she does not know of any church working with homosexuals explains that due to religious socialization and belief in norms and expectations, churches do not want to be associated with deviant groups. Joy points that skill training and support from the church is to enable women to lead a decent life rather than find other deviant behavior to sustain their lives or provide for their families.

> Joy: At the moment, I wouldn't say that I know of any church especially working with homosexuals and all . . . but I would say that we are involved with a prevention program. We recently opened a hair salon in one of our slum areas where we have support groups. The idea is to get the girls who have either finished school or have not really been able to get proper formal schooling to come there and learn a skill. Because the tendency will always be when they need money, they become prostitutes. I told you that many of them are women and widows and they are still giving birth, even with HIV with other men. One has a two month old baby but when we speak seriously about their behavior, they say 'where do you think we should get money for food for our children.' So it means that they are involved in one way or another. We want them to get a skill that will enable them to earn a decent way of life without having to take to the streets. We are already anticipating a problem so before it gets there, we want to prevent that but actively at the moment, and we are not involved with commercial sexual workers or homosexuals.

Joy and Meredith suggest that while commercial sex workers are also excluded from faith-based HIV programs, some churches are involved with women who engage in deviant behavior and could potentially become commercial sex workers. I reference this pattern of deviant behavior (which was discussed in the previous chapter) to sporadic

prostitution because women, and particularly widows who have lost their sole provider, are forced into periodic sexual engagements (bartering sex in exchange for rent, or school fees for the children) to attend to the social problems. It is periodic prostitution because there are church organizations that are involved with groups of women to help them change their way of life. Income-generating activities are common ways of assisting women to become independent and also a way of keeping single mothers, widows, young girls from possibly engaging in sex work as a means for steady income. Skills training can introduce sustainable ways for generating income.

Conclusion

Discrimination and stigma are elements of social exclusion. However, to effectively prevent the spread of HIV, all social groups must be included. This chapter suggested that HIV prevention is a human right to human development. A human rights approach is necessary for effective policy formulation and implementation. In order to achieve the goal to reduce the spread of HIV/AIDS, the global community will need to rethink about adjusting prevention approaches that are ethical and inclusive. The government is responsible for accessing progress and accountability of state agencies, faith-based organizations, and community church-based organizations and international organizations. Participation in international conferences as well as local conferences to continue dialogue on issues such as religion, sexuality and HIV/AIDS prevention, is a step to evaluate progress or how to address matters inhibiting moving forward to halt the spread of HIV/AIDS.

HIV/AIDS prevention is a global commitment and therefore partners in development must continue in the “spirit of brotherhood” to respect the Universal Declaration of Human Rights to address social exclusion, stigma and discrimination. HIV prevention is a human right to life, to knowledge, and an access to resources to live a decent standard of life. Generally, social inclusion and equal access to services is an effective approach for reducing the spread of HIV which will also contribute to progress towards achieving the Millennium Development Goal to halt the spread of HIV. A human rights framework reinforces social justice for equality for all persons, including marginalized groups. It is a necessary step to reducing the gap between exponentially increasing infection rates and existing cases. Given that access to treatment is dependent on external resources, it is not a guarantee that resources will accommodate increasing infection cases in the near future. The current state of the global economy suggests possible budget cuts and decreasing funding from individuals and independent donors. Therefore, emphasis on effective prevention is a practical approach to reducing and sustaining the gap. However, closing the gap will necessitate respect for recognizing the Universal Declaration of Human Rights to eradicate stigma and discrimination.

A sociological analysis of a human rights framework in HIV/AIDS prevention is to understand how partners in development are working interdependently to achieve a common goal. The goal of introducing gayism to preventing the spread of HIV/AIDS shows that in order to achieve a common goal, a human rights perspective will suggest that everyone has a right to life. Introducing gayism suggests that an effective approach

to preventing HIV/AIDS is to formulate policies that include marginalized groups. It is through rights and social justice that development partners can work interdependently to achieve the Millennium Development Goal to halt the spread of HIV. A human rights framework to preventing HIV/AIDS not only protects the right to life, but also suggests incorporating ethical perspectives in policy and implementation. A human rights framework and ethical perspectives will enlighten society, politicians, religious leaders and the international community to re-think where to draw the line between impeding development prospects and advancing toward accomplishing the Millennium Development Goals by 2015 or society will therefore need to reassess between political, religious, and cultural motives to fulfill their agendas or pragmatic measures to fulfill their duties.

CHAPTER 5

CONCLUSION

This exploratory case study examined the (1) current role of religious organizations as development partners; (2) the effect of community church-based organizations on HIV prevention and; (3) the effects of religious beliefs on HIV prevention policy and implementation. The idea of this study's research question is to understand the phenomenon of missionary movement in the twenty first century, which developed from the changes in the roles of religious organizations. The goal to explore whether religion influences the role of faith-based organizations involved in implementing prevention policy is based on the premise that the ways in which missionaries achieved their goal to civilize through Christianization became a process of cultural imperialism. This study attempts to explain comparative ways of how in the process of achieving their civilizing/westernizing goal, missionaries influenced culture while also expanding their missions in Africa and globally. Religion was primarily instrumental in missionary work. My work has looked at the current moment and argued that this is a repeated pattern, even if the religious movements and actors involved have significantly evolved - as in the case of the role of partners in development, which, based on US policies, implement and insist on a prevention model that carries with it all the benefits of preventing HIV infections, while simultaneously insisting on a dominance

of religious faith belief system and impacting the Kenyan cultural aspects of social and erotic interaction.

This dissertation attempted to explore how development partners are involved in HIV/AIDS and prevention to achieve the Millennium Development Goals. The role of faith-based organizations in development in the new millennium is important to sustaining healthcare and reducing the rate of HIV infection in Kenya. Since faith-based organizations and non-governmental organizations play a significant role in HIV prevention, it was relevant to examine how they influence the goal to alleviate poverty. While studies on the purpose of missionary presence in Africa suggest that missionaries positively and negatively impacted culture and "development," this research attempts to understand the purpose of the current faith-based movement in development. This study looked at the intersection between religion, culture, human rights and social justice to determine how in the millennium, religion plays a role in an effort to prevent the spread of HIV/AIDS.

The overall research question that I attempted to answer is: How is the role of faith-based organizations in development affecting the Millennium Development Goal to halt the spread of HIV? Although it was obvious that the purpose of faith-based organizations in my data sample were involved with HIV prevention (given that these organizations were selected from the government's National AIDS Control Council database), I wanted to explore further whether religious and cultural motives (such as evangelism) was prevalent among community church-based organizations.

A qualitative methods approach used to gather data included (1) direct observation of services that churches provide through prevention programs such as Voluntary Counseling and Service Centers, community clinics that collaborate with churches that support people living with HIV/AIDS, schools for orphans and vulnerable children; (2) participant observation by attending rallies and concerts organized by churches; (3) documentation literature about the goals and services provided by the faith-based organizations operating at the macro-level and church-based organizations and; (4) in-depth interviews with 27 key informants - 6 of whom were in senior directive positions within the macro level of national and international faith-based and non-governmental organizations involved with program facilitation, regional program coordinators, directors of policy formulation and donor communication, and allocation of funds, and contacts with the remaining (21) key informants who were directly involved with HIV programs at the grassroots level. The key informants were church members, clergy, community church leaders, and mainly pastors and Bishops that were also the directors of their respective community church-based HIV prevention programs. These informants were purposively selected because they were familiar with the functions of the prevention programs and coordination and policy implementation.

What this research adds to the continuum of discourse in cultural imperialism is that it explores the role of religion in health and how it affects the lives of people living with HIV/AIDS. It sociologically examines the influence of religion a very specific sector of faith-based groups on the health and well being of people living with HIV/AIDS

to analyze whether faith-based organizations accommodate human rights in preventing HIV and social justice for people living with HIV/AIDS, including marginalized groups.

I have attempted to answer the research question through interviews, ethnographic research, documentation, and media coverage of issues pertaining to homosexuality and prevention - while I was in the field and after I left the field. I have also attempted to answer the follow up questions (and actual interview guide questions) through observations and interacting with a few recipients of services from faith-based organizations while in the field, to understand how faith-based organizations are preventing the spread of HIV and providing services. The sub research questions asked were: (1) how is religion influencing prevention policy and implementation? (2) How is religion influencing prevention policy towards marginalized groups?

Discussion of Findings

While most community church-based organizations did not directly indicate that evangelism was a subtle means for providing services, evangelism was holistically implied under the pretext of preventing HIV/AIDS by "preaching the words of Jesus and doing the work of Jesus" (i.e., participating in HIV/AIDS prevention programs or "doing the work of churches"). Another subtle way that evangelism was used as a prevention approach and policy implementation was the concept of "winning people to Christ" through "salvation" where people join the church and are expected to practice Christian principles and values. The implied notion of churches that "win people to Christ" is

"behavior change." Salvation (conversion) will free people from engaging in adultery or deviant behavior that could result into acquiring HIV.

This study also finds that (a global social problem) HIV/AIDS is instrumental to: the global evangelizing motive of the missionary movement in the new millennium and; the influx of religious organizations, development agencies and non-governmental organizations in developing countries, particularly Africa south of the Sahara, which has the highest HIV infection rates in the world. In addition, the medical and socio-economic dynamics of HIV/AIDS are instrumental to diversifying services, the transnationalization of interfaith partnerships and authoritative status that faith-based organizations have gained in the global development community in the new millennium.

While evangelism is a comparative strategy to how missionaries achieved their goals, there are positive consequences of the role of faith-based organizations in development, functions of religion in development "what religion does for the individual and social group" (McGuire 2002:9). Although some community church-based organizations operate at the grass-roots level, by practicing religious values, they accommodate people living with HIV/AIDS by offering micro-credit or skills programs. . Providing social support services have given people living with HIV/AIDS opportunities to become independent. These organizations contribute to sustaining well-being, emotional health and productivity. What religion and faith-based organizations do for people living with HIV/AIDS is that the consequence of support services gives meaning to people living with HIV/AIDS; they are "socially and economically healed"

and this healing process is empowering. The finding suggests that healing and empowerment are fundamental components for human development and poverty alleviation.

To further answer the main research question, I used the following sub-questions during the interviews. I asked interviewees, what is the purpose of your organization? What types of services does your organization provide? As development partners, and since faith-based organizations are known to provide humanitarian services, I was also interested to examine the types of services they provide and how they provide the services. In order to understand the ways in which they were preventing the spread of HIV, and given that the general prevention policy is abstinence, being faithful and condom use, this study explored whether there were other policies implemented. I also investigated the balance between the Abstinence, Be Faithful, and Condom use policy - to see whether the three elements of such policy were implemented similarly.

Findings suggest the effect of church-based organizations religious perspectives on HIV/AIDS prevention policy and implementation. Data shows that churches at the grass-roots level are implementers of Abstinence, Being-faithful and Condom use. Key actors revealed that religious beliefs and values inform prevention policy and implementation. Most churches target abstinence messages to the youth and widows while being faithful messages target spouses or married couples. Although the role of the government agency the (National AIDS Control Council) is the coordinating body that gives directives to churches involved with HIV/AIDS prevention programs to implement

A B and C, most churches are reluctant to implement condom use. Religious beliefs and values influence the church's perceptions about condom use. The connotation attached to condoms and sexuality and particularly the church's perception, is that allowing condom use will encourage the youth to engage in sex. While sexual activity and abstinence is not as easily controllable, some churches use socialization approaches to instill religious values in order for the youth to abstain.

Major Research Findings

This study finds that the role of faith-based organizations in HIV prevention is a process of millennial cultural imperialism. Popular culture and social media, creating religious entertainment spaces for the youth, creating "safe spaces" for people living with HIV/AIDS, mega rallies and spirituality commercialization; faith-healing and prosperity prayer rallies, sexuality and social exclusion, feminized perceptions and gendering prevention policy, constructing reality and "gayism" are concepts that explain why the role of faith-based organizations in HIV prevention is a process of millennial cultural imperialism.

Community church-based organizations have managed to communicate abstinence messages to the youth. They target the youth by creating religious entertainment spaces that are appealing to the youth. This socializing approach is influenced by the social media and popular culture, where the youth are entertained with Christian rap music during religious gatherings. These gatherings also encourage the youth to debate about HIV/AIDS and religious values, which not only is a pivotal place

for dialogue but also a space for transmitting culture. Popular culture, social media, the globalization of evangelism influenced by popular culture in context to HIV prevention and development add to the continuum of cultural imperialism theory. Social media and technology have become expedient mediums for transmitting culture, which is also an expedient means to influence culture and communication, without geopolitical boundaries. Social media has become a means to transmitting culture while also "expanding empire."

Churches that "create safe spaces" are committed to advocating for social justice for people living with HIV/AIDS and eradicating stigma and discrimination. These churches not only offer social and economic support but also offer a place for worship and fellowship, which is relevant to emotional/spiritual well-being. This indicates how the social context of religion gives meaning to a sense of community and belonging for people living with HIV/AIDS. Although these churches include people living with HIV/AIDS, they lack programs that specifically target marginalized and at risk social groups. Commercial sex workers and the Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) community are overtly socially excluded. Marginalized and at-risk social groups are labeled as "sinners" based on their lifestyle which, according to religious beliefs is perceived as deviant behavior and/or committing sin.

Conversely, some churches overtly stigmatize and discriminate against people living with HIV/AIDS. These are churches where pastors and/or religious leaders use religion as a means to social control. Social controllers (pastors/religious leaders) use the

bible and the pulpit to justify biblical verses such as the “wages of sin is death,” to validate that HIV/AIDS is a sinners disease. They use religious beliefs to rationalize why they exclude people living with HIV/AIDS from their congregation and why they do not provide services to people who are “going to the grave.” These exemplary cases demonstrate how religious and cultural motives affect HIV prevention. Churches that believe in “faith-healing” and praying for “prosperity” have influenced the search for meaning (coping and emotional/spiritual well-being) of people living with HIV/AIDS. Although “faith-healing” believers suggest that prayers cure HIV/AIDS, the findings indicate that people living with HIV/AIDS have not been cured.

New prevention policies targeting women have evolved from ABC policy. These policies are informed by religious beliefs, and what I infer to as gendering prevention policy through feminized perceptions. Widows are expected to abstain or re-marry if they are young. Re-marrying through traditional customs such as wife inheritance is discouraged. The cultural implication of re-marrying at a young age is that women can procreate and nurture their family. Some churches suggest that in order to reduce the probability of widows engaging in sex work (to earn income) and possibly spreading HIV or acquiring HIV, widows are encouraged to mingle with widowers.

A perception that has evolved from ABC is D (Disaster and Death). Condom use is not the safest preventative method compared to abstinence and being faithful. According to some religious leaders, condom use instigates promiscuous behavior and adultery. While condom use may not guarantee protection, engaging in a lifestyle other

than a Christian way of life could be disastrous if one acquires HIV. The implication of deviant behavior and HIV/AIDS is death.

The dissonance between religious approaches and gayism[13] in prevention is a concern. The church is against homosexuality but, human rights organizations and some organizations in the international community support for an inclusive prevention approach (gayism) shows inequality and need for human rights and social justice in policy and implementation. Providing services to the LGBTI community in few secluded and select centers highlight sexuality, stigma and institutional discrimination issues including double marginalization (exclusion because of sexual orientation and HIV positive status). Intolerance, persecution, torture and criminalizing the LGBTI community in Kenya by religious leaders, the police force, and politicians who openly condemn homosexuality are problematical factors affecting prevention. These factors also challenge realizing the United Nations initiative of human rights to human development, and particularly the security of person and the rights of the LGBTI community.

Contribution of Study

This research contributes to knowledge in sociology of gender and development and culture and development. For those interested in social justice, social change and human rights, this research sheds light on how social institutions show commitment to

13. Gayism is a rights approach for social justice, and ethical HIV/AIDS prevention policies that include the LGBTI community.

serving not only the poor or the needy, but also marginalized, vulnerable, and socially excluded communities. This study informs the continuum of discourse on cultural imperialism, by interpreting the ways in which the current role of NGOs in poverty reduction (HIV/AIDS prevention) in the new millennium is parallel to past missionary movements, or how religion as an institution impacted development in Africa, introducing a concept millennial cultural imperialism, to the sociological study of AIDS service provision in general, and Kenya in particular. This research also suggests that social justice, human rights, equality, social inclusion, stigma and discrimination are important concepts to consider in policy analysis especially when linking religion to development.

This research's contribution to development studies is that the role of religion in development is essential to policy formulation and implementation. This research suggests that while the role of faith-based organizations in development is preventing HIV, the larger implication of their role as partners in development is that development policy makers need to pay closer attention to how religion can have a diverse influence that could negatively affect the overall goal to reduce poverty globally. If for instance, churches that believe in "faith-healing" as a means to cure HIV, while prayer may help the spiritual well-being of people living with HIV/AIDS it can have unintended consequences that will continue to spread HIV. The substantive element of religion can result into unintended consequences. That is while prayers may give meaning to people living with HIV/AIDS, spiritual healing and emotional well-being, or coping

mechanisms, it can also cause problems. Faith-healing and prosperity prayers as this study finds is not pragmatic to curing HIV.

Applied Policy Implications

This research will benefit governments in Africa, national and international organizations committed to welfare, to poverty reduction, and to development in the developing world. Discussing how the role of social institutions affects development in Africa will inform development and poverty alleviation policy relevant to international development in Africa. In light of alleviating poverty in developing countries, this study will inform the global community about problems related to public policy in development and the importance of implementing effective measures to accomplish development goals. This research attempts to highlight that although there have been significant changes in aid and international development policy, implementing prevention policy and the role of partners in development is that they all need to work in partnership to implement policies that are more practically achievable as opposed to theoretical preferences. It has been established that whichever way partners plan to achieve the Millennium Development Goals, the common agreement is to make progress. However, this may mean that in order to achieve the common goals, given that poverty alleviation is to sustain the well-being, the health, and prolonging the lives of people living with HIV/AIDS, a universal human rights perspective should be the definitive boundary to maintain that the goals are achieved in a way that the lives of people living with HIV/AIDS are protected.

The ethical implications of prevention in policy also need to be considered because the interviews did not suggest that faith-based organizations felt that their religious preferences violate ethics and human rights. While international conferences and forums including local conferences are important ways for evaluating where countries stand in terms of achieving the Millennium Development Goals, resolutions that are suggested at conferences or meetings may not be implemented effectively. The other problems that arise from partnerships in development are dependency on funds and resources. The majority of faith-based organizations complained about the "bottlenecking" of funding where their organizations did not receive a fair share of funds from organizations such as the global funds or other sources because of lack of accountability and transparency in administration and funding allocation. Some organizations were disappointed in the government. They mentioned that they were not able to sustain VCT services because funding was suddenly terminated. The international scope of preventing HIV is a complex system, where there are many actors at the macro as well as the micro-level. Local churches may not have direct access to funding or resources from the macro funding and policy formulators at the international and/or national level, therefore the real problems may not be overtly prevalent.

Limitation of Study

This research did not include an extensive study of organizations in various regions in Kenya. While it was done in Nairobi, there were short comings given that the sample was purposively selected due to accessibility and transportation convenience.

This research could have also been done in other ways such as selecting a larger random sample that could further suggest rich data about the role of faith-based organizations in prevention. Although the organizations include mainly Christian faith-based organizations, looking at other faiths would give a well rounded understanding of similarities and comparisons as to how religion influences prevention. In addition, a proportionate number of faith-based organizations operating at the macro-level and micro-level would give a detailed perspective of responsibilities and how partners collaborate to prevent HIV.

Suggestions for Further Research

There is a need for further qualitative and quantitative research in order to reach a much larger group of organizations to understand the pitfalls of prevention policy as well as ways for sustaining prevention programs. Qualitative targeted research focusing on marginalized groups can help understand how policy needs to be changed in order to accommodate these groups. Qualitative research through focus groups of the recipients of services also would help clarify whether the wellbeing and health of people living with HIV/AIDS is sustained. This research recommends the need for a larger sample and diversified religious organizations as well as the need to select samples from different regions in Africa and globally. It also suggests that a mixed-methods approach will shed light on more issues undocumented here.

Larger Sample Selection

This study examined community church-based organizations. The representation of Christian denominations in the sample included Churches such as Pentecostal, Anglican, Protestant, Lutheran, Baptist and Seventh Day Adventist. Looking at a larger sample with various denominations would clarify the ways in which religious beliefs and practices are impacting HIV/AIDS prevention. This sample can also determine whether preference for implementing abstinence and being faithful over condom use is consistent within the Christian church-based organizations or only present in a sector of denominations. Such studies would allow for larger generalizations on the role of religious-based NGOs.

Larger Sample of People Living with HIV/AIDS

Including a sample category for in-depth interviews with people living with HIV/AIDS to explore whether they have attended “faith-healing” and prosperity prayers and whether they believe that they have been cured of the virus can clarify the ways in which beliefs and practices can influence the spread of HIV. Further, focused ethnographic studies on this population, especially active Church members, would also offer more texture to the experiences and understandings of religious healing in these settings.

Diversify Sample to Include Other Religions

A diversified sample of other religions would give a better understanding of how different religions influence the goal to halt the spread of HIV and alleviate global poverty. Further, expanding samples regionally and globally would explain how differences in religion and culture and location influence prevention strategy. As an example, a quantitative research survey of how faith-based organizations apply a human rights and social justice perspective in policy and implementation would help clarify whether faith-based organizations in regions or countries where homosexuality is legally acceptable, include marginalized groups.

A comparative regional Christian faith analysis within select regions in (Kenya) could broaden understanding why prevention policy is effective in some areas as opposed to others. A study between regions with more churches and regions with few churches would enlighten the ways in which religion can impact prevention. How Christian denominations impact prevention in select regions in Kenya, especially in remote regions, where indigenous faith verse mainstream Christian religious faith-based organizations are prevalent.

Sexuality and Gender Identity

Minister Esther Murugi's speech to the United Nations High Level Meeting on the Comprehensive Review of the Progress achieved in Realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS notes that:

> The Kenyan HIV epidemic has the characteristics of both generalized epidemic among the mainstream population and a concentrated epidemic among certain key

> affected populations (men who have sex with men and prison population, sex workers and their clients, and people who inject/use drugs). …

While emphasis on Men who have Sex with Men (MSM) is important, research and programs focusing on other marginalized social groups is also fundamental to halting the spread of HIV. It was a privilege to be invited by the Office of the President, National AIDS Control Council Kenya to attend the National Joint HIV and AIDS Programme Review (JAPR) conference (see appendix E page 221). The opportunity to attend sessions with government officials, researchers, local stakeholders, donors and international development partners including the World Bank was an invaluable participant observation fieldwork experience. Discussion on HIV/AIDS and sexuality focused on (MSM). Sexuality and social inclusion in prevention will mean that all persons including the LGBTI (Lesbian, Gay, Bisexual, Transgender and Intersex) community have equal access to services. Tolerance for including the LGBTI marginalized groups is not only an essential step for Kenya's progress toward halting the spread of HIV but also pledge to accomplish the United Nations' UNAIDS "Zero new HIV infections, Zero discrimination and Zero AIDS-related deaths."

There is a research gap in sexuality and HIV/AIDS and particularly women who have sex with women. Kenya is an exemplary case where key informants suggest that there is gap in the HIV/AIDS data and programs specific to marginalized groups because they are not easily accessible. They are not easily reached because "they operate underground", and are in fear of persecution, fear of cultural and political intolerance and fear of being disowned by family members. Fried and Kowalski-Morton (2008) article

outline the particular need for specific HIV programs for marginalized groups. The article explores the Global Fund's potential "to create opportunities for these groups to participate in their 'country-level' decision-making in order to increase their access to resources, and research barriers that inhibit their participation, and propose measures to overcome these barriers" (8). Fried and Kowalski-Morton further note that:

> Ultimately, the Global Fund must negotiate a difficult dilemma: on the one hand, sex workers, LGBT individuals, and MSM (as well as women who have sex with women, who are entirely invisible in HIV programming) are at risk of contracting HIV and AIDS . . .(2008:8)

They demonstrate prevention challenges in countries such as Kenya where services for marginalized groups are insufficient or absent, which is problematic to halting the spread of HIV. Uganda's intolerance for the LGBTI community and ongoing horrendous events draws attention to human rights and social justice for all persons including those that are LGBTI and HIV positive. There is an urgent need for tolerance and more research on human rights, sexuality and HIV prevention in Kenya.

Final Reflections

While the goal of partners in development is not to civilize or Christianize, this study explores how faith-based development partners work collaboratively to address a social health global problem and explain ways in which religious beliefs or values and practices guide policy implementation and the well-being of people living with HIV/AIDS. This research attempts to add knowledge to the continuum of cultural imperialism discourse by analyzing ways in which the growing numbers of faith-based

organizations involved in development, even though their role is health, we see that how religion influences prevention policy and implementation as what I called a process of millennial cultural imperialism. The millennial aspect of the current missionary movement is prevalent in the changed roles and responsibility in addressing a global health and social problem.

This research adds to knowledge of the concept of millennial cultural imperialism by examining how religious beliefs, values and practices have an effect on the human rights of people living with HIV/AIDS. That is, how is religion influencing the human right to services, how is religion contributing to stigma and discrimination such that people living with HIV/AIDS are excluded from receiving medication or excluded from equal access to services for fear of persecution due to their sexual orientation and marginalization? The millennial aspect of and how religion is influencing accomplishing a development goal is that this research examines why a human rights framework is relevant to prevention policy and implementation. The millennial characteristic of the role of faith-based organizations is that the partnership and network of addressing a global problem includes a complexity of organizations that are not necessarily religiously affiliated. These organizations range from non-governmental organizations such as Elizabeth Glaser Pediatric AIDS Foundation inspired by individuals who have a passion to help those in need, to organizations linked to the United Nations such as the World Health Organization, World Food Program and the Global Fund. The millennial component of the current missionary movement is that the system of preventing a health

problem extends beyond the medical to social and economic aspects of how HIV/AIDS impacts the well-being of those that have been infected and affected by AIDS.

The cultural imperialistic characteristic of the role of faith-based organizations or the current missionary movement can be seen in how religious organizations are expanding their services through support by partners; because the experiences of religious organizations in humanitarian provision of welfare services is also growing over the years, they are now responsible for development programs in various regions of the world. Their roles have changed with processes of globalization and a closer access and interconnectedness of the world, and specific social problems such as addressing HIV/AIDS as a means to alleviate poverty. But there are also other subtle social problems such as gender and prevention, widows and HIV/AIDS, sexuality, commercial sex workers and HIV/AIDS that are also important problems that merit attention while these international bodies address a global health problem. I am trying to explicate that such is the complexity of the role of missionary movements, and why their influence is a process of millennial cultural imperialism.

Millennial cultural imperialism does not suggest the perspective of a political and economic divide between the west and the rest, the north and the south, or external to an internal penetration of domination. In fact, it is a process that builds a network of social, economic and political systems that form global partnerships where organizations work directly or indirectly to address social and health problems such as caused by HIV/AIDS. Additionally, millennial cultural imperialism stems from within local community church-

based organizations and but can be reinforced by dependency on resources from external organizations that may influence preference to fund programs that resonate with their religious beliefs.

Bahl's article *Cultural Imperialism and Women's Movements: Thinking Globally* (1997), sets to appeal for women's rights through a feminist rights approach to tackle cultural imperialism of the Western world as elsewhere. Bahl looks at the concept of cultural imperialism from a postmodernist perspective to suggest dimensions of "postmodern cultural imperialism." Her article suggests a relevant question: Is the West to blame for cultural imperialism? I argue that the power and control that external non-governmental organizations faith-based organizations and international development agencies have acquired in development is partially to blame. However, cultural imperialism does not necessarily have to stem from the West; it exists within internal forces. As an example, Bahl's point that "we cannot erase colonialism and cultural imperialism but that it can manifest and continue in other subtle ways" is explicated in this study. An informant indicated that "the church in Kenya has an authoritative voice", which plays an important role in policy. This shows the dominant role of the church in development and how Christianity has an influential role on policy and implementation.

Recommendations

The following recommendations are based on conversations and observations while in the field. I visited several slums with key informants to explore the

circumstances under which community church-based organizations function and understand how they provide services.

Improve Service Delivery for Voluntary Counseling and Testing

The conspicuous (VCTs) signs at testing facilities deter people from going for testing. People are reluctant because of stigma and discrimination. The assumption is that those who go for testing are suspected of being HIV positive. Some people who are HIV positive travel to VCTs and health centers away from their communities.

Consistent Monitoring

HIV/AIDS is not only a medical problem, but also a social, economic, cultural and political problem. In order to sustain services at the grass-roots, government field officers should frequently visit these organizations to: 1) evaluate services and 2) determine better ways of preventing the spread of HIV. A problem within community church-based organizations and particularly those that are affiliated with VCTs, is that these facilities have a tendency to terminate voluntary testing because they lack resources. A common complaint by key informants was that while campaigning for election, some politicians have a tendency make promises to support community development programs within their constituency, but do not follow through. Some support services, but gradually funding and resources decrease and/or are terminated. Regular monitoring can check for precision and accountability in HIV/AIDS programs.

APPENDIX A

THE MILLENNIUM DEVELOPMENT GOALS

1. Eradicate extreme poverty and hunger

2. Achieve universal primary education

3. Promote gender equality and empower women

4. Reduce child mortality

5. Improve maternal health

6. Combat HIV/AIDS malaria and other diseases

7. Ensure environmental sustainability

8. Develop a global partnership for development

Source: United Nations Development Programme Human Development Report 2003

APPENDIX B

INTERVIEW GUIDE

The following topics: Organization's mission/goals, religion, human rights, and sexuality are incorporated in the interview guide to probe information on development partnership, policy formulation, prevention policy and policy implementation in order to interpret the process of millennial cultural imperialism and understand how faith-based organizations impact progress toward achieving the United Nations Millennium Development Goals.

Research Questions: Exploring What Where, How and Why

Organization's Mission: These questions explore the goals and what types of services organizations provide. These questions will also help determine the magnitude of responsibilities of prevention partnerships, level of operation (local community, national and/or international) and where they provide services. Responses to the following questions will delineate the phenomenon of missionary movement in the new millennium, and compare motives between the past and current missionary movements.

1. What is the purpose of this organization?
2. What types of services does your organization provide to the community?

Religion and Culture: The following questions investigate prevention policy and implementation to demonstrate whether Abstinence, Be faithful and Condom use (ABC) prevention policies are generally applied as a prevention strategy. These questions also

examine what other policies partners apply to prevent the spread of HIV and how partners implement policies and how religion influences policy and implementation.

3. What are your prevention policies and how are these policies implemented?

4. Does religion influence prevention policy and implementation?

Human Rights and Social Justice: The last two questions explore how religion and culture influence human rights and social justice in preventing HIV. These questions examine whether policy and implementation include sexuality and marginalized at risk social groups. Responses to these questions will help explain why including human rights and social justice in prevention policy and implementation is important to human development and achieving the goal to halt the spread of HIV.

5. Do you provide services to marginalized and at risk groups?

6. In what way is policy and implementation accommodating commercial sex workers and the homosexuality?

APPENDIX C

INFORMED CONSENT STATEMENT

Study Title: The Millennium Development Goals and the Role of Partners in Development: The Influence of Faith-based Organizations on HIV/AIDS Prevention in Kenya

INTRODUCTION

I am a student at American University in Washington, D.C. The following information is provided for you to decide whether you wish to participate in this research. Participation is voluntary. You may refuse to sign this form and not participate. Please be aware that if you decide to participate, you have the right not to answer any question, and you are free to withdraw your consent and stop participating at any time.

PURPOSE OF THE STUDY

The purpose of this study is to explore the role of faith-based organizations involved with HIV prevention. I expect to gather information from Christian faith-based organizations in order to draw a comparative analysis between the past and current missionary movements. I hope to learn how religion and faith-based organizations influence the goal to halt the spread of HIV.

PROCEDURES

This study will use an interview research guide. You will be asked six questions on: the purpose of your organization; the types of services you provide; prevention policy and implementation and; the role of religion in HIV prevention. The interviews will last about one to two hours. I plan to use audiotapes and an audio digital recorder. The recordings will not be used by other persons.

RISKS

There is not risk of bodily harm. However, questions pertaining to sexuality may make participants self-conscious.

BENEFITS

The indirect potential benefits of this research is for society to 1) determine problems and effective prevention strategies and 2) engage society in discourse about cultural and religious matters that could impede halting the spread of HIV.

PARTICIPANT CONFIDENTIALITY

Your name and organization's name will not be associated in any publication or presentation with the information collected about you or with the research findings. Instead, I will use pseudonyms.

WHOM TO CONTACT

If you have any questions please ask. You can contact Dora Oduor at 202- [redacted]

You will be given a duplicate copy of this form to keep.

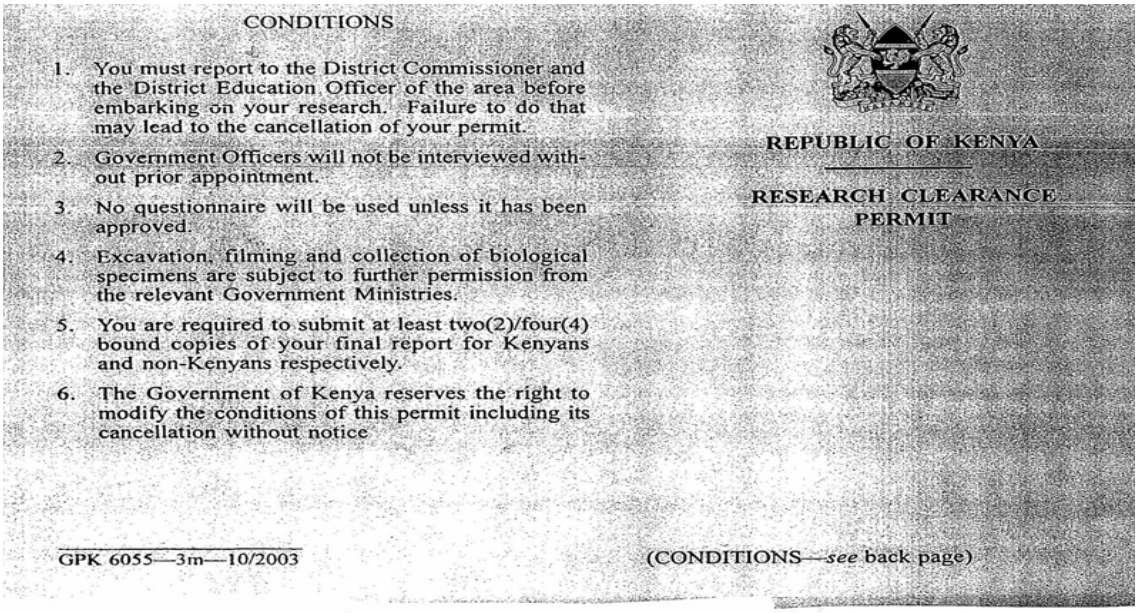
Subject's Signature: _____

Investigator's Signature: _____

Date: _____

APPENDIX D

RESEARCH PERMIT AND APPLICATION DOCUMENTS



CONDITIONS

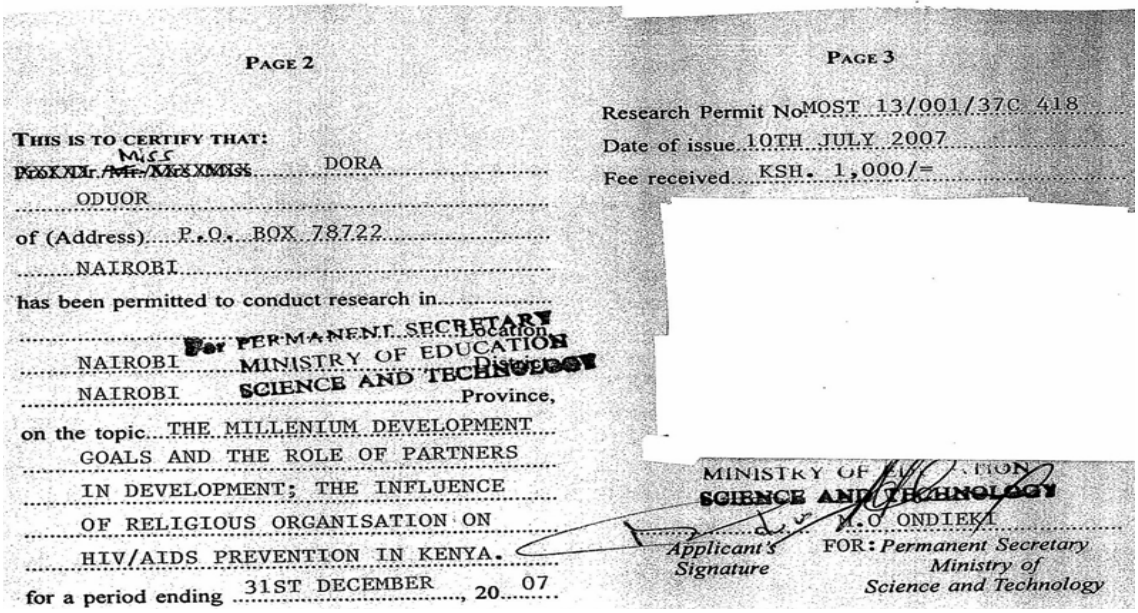
1. You must report to the District Commissioner and the District Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit.
2. Government Officers will not be interviewed without prior appointment.
3. No questionnaire will be used unless it has been approved.
4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.
5. You are required to submit at least two(2)/four(4) bound copies of your final report for Kenyans and non-Kenyans respectively.
6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice

GPK 6055—3m—10/2003

REPUBLIC OF KENYA

RESEARCH CLEARANCE PERMIT

(CONDITIONS—*see* back page)



PAGE 2

THIS IS TO CERTIFY THAT:

~~Prof./Dr./Mr./Mrs./Miss~~ Miss DORA ODUOR

of (Address) P.O. BOX 78722 NAIROBI

has been permitted to conduct research in NAIROBI Location

For PERMANENT SECRETARY MINISTRY OF EDUCATION SCIENCE AND TECHNOLOGY

NAIROBI District Province,

on the topic THE MILLENIUM DEVELOPMENT GOALS AND THE ROLE OF PARTNERS IN DEVELOPMENT; THE INFLUENCE OF RELIGIOUS ORGANISATION ON HIV/AIDS PREVENTION IN KENYA.

for a period ending 31ST DECEMBER, 20 07

PAGE 3

Research Permit No. MOST 13/001/37C 418

Date of issue 10TH JULY 2007

Fee received KSH. 1,000/=

MINISTRY OF EDUCATION SCIENCE AND TECHNOLOGY

M.O ONDIEKI

Applicant's Signature

FOR: *Permanent Secretary Ministry of Science and Technology*

MINISTRY OF SCIENCE AND TECHNOLOGY

Telegram: SCIENCE TECH", Nairobi
Telephone: Nairobi 318581
Email:psmst@education.go.ke
When replying please quote

JOGOO HOUSE "B"
HARAMBEE AVENUE
P.O. BOX 9583-00200
NAIROBI

Ref.No: MOST 13/ 37C 418/2

10th JULY 2007

Dora Oduor
P.O. Box 78722
NAIROBI

Dear Madam

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on, ***'The Millennium Development Goals and the Role of Partners in Development: The Influence of Religious Organizations on HIV/AIDS Prevention in Kenya'***

I am pleased to inform you that you have been authorized to carry out research in Nairobi for a period ending 31st December 2007.

You are advised to report to the Provincial Commissioner and the Provincial Director of Education Nairobi before embarking on your research project.

On completion of your research, you are expected to submit two copies of your research report to this office.

Yours faithfully

M. O. ONDIEKI
FOR: PERMANENT SECRETARY

Copy to:

The Provincial Commissioner
Nairobi

PROVINCIAL COMMISSIONER
* NAIROBI AREA *
P.O. Box 30124, NAIROBI

The Provincial Director Education
Nairobi

PROVINCIAL DIRECTOR OF EDUCATION - NAIROBI
MINISTRY OF EDUCATION, SCIENCE & TECHNOLOGY

REPUBLIC OF KENYA

MINISTRY OF SCIENCE AND TECHNOLOGY
P.O. Box 30040-00100
NAIROBI

APPLICATION FOR AUTHORITY TO CONDUCT RESEARCH IN KENYA BY KENYANS

PART I

(Notes to be read before completing the forms)

1. Application for a research permit must be submitted in two (2) copies to reach the Permanent Secretary, Ministry of Science and Technology, P.O. Box 30040-00100, Nairobi Kenya, (therein referred to as the Ministry) at least one month before the date the Applicant intends to conduct the research.

2. The research clearance application forms must be accompanied by the following:
   (a) Comprehensive curriculum vitae of all the applicants (2 copies).
   (b) A comprehensive project proposal, including details of objectives, hypothesis, methodology, literature review and envisaged application of the research results (2 copies).
   (c) A letter from the sponsor, (2 copies). Sponsor is the person or body providing primary financial and/or support towards the project.
   (d) Two current passport size photographs (not photo me) of the applicant duly endorsed by the sponsor or referee.
   (e) Non-refundable research application fee are payable to the Permanent Secretary, Ministry of Science and Technology, P.O. Box 30040-00100, Nairobi.

	KSh.
(i) Undergraduate/Diploma	50.00
(ii) Postgraduate	500.00
(iii) Ph.D	1,000.00
(iv) Non-Academic	2,500.00
(v) Public Institutions	5,000.00
(vi) Private Institutions/Companies	10,000.00
(vii) Permit Extensions	Half of the rate concerned

3. An applicant who has been permitted to conduct research must undertake to deposit a minimum of two copies of his/her research findings including notes and methodology with the Ministry, on completion of the research. The bound and approximately labelled research reports must be submitted within a year from the date indicated as the completion date on this application form unless an extension has been approved in writing by the Ministry.

4. For projects, which take longer than a year, two copies of yearly progress report, duly endorsed by the affiliating institution must be submitted to the Ministry.

5. Any loss or damage to materials or documents made available to a researcher, must be made good by him/her.

6. Materials, specimens, information or documents obtained in the course of the research work must not be used or be disposed of in a manner prejudicial to the interests of the Republic of Kenya.

7. For short and medium-term projects the research permit will be issued for a period not "exceeding two years, subject to renewal for a further one year. An application for renewal, shall be submitted to the Ministry at least two months before the expiry of the permit, A renewal fee of half of the original fee, shall be paid.

8. For long-term projects taking more than three years, Applicants are advised to request for further information from the Ministry before submitting their application.
9. The Government of Kenya will have access to data and research premises of the projects.
10. Persons who have not submitted satisfactory final reports on previous research work in Kenya may not be cleared for new projects.
11. Attention is drawn to sponsoring institutions and referees on the shared responsibility of making sure that researchers sponsored by them observe the foregoing regulations. A breach of the regulations could result in refusal of permits for other researchers sponsored by the same institutions or referees.

PART II

1. *(a)* Surname of project leader .....
   (b) Other names .....
   ID/No. .....
   (c) Permanent Residential Address .....
   (d) Postal Address .....
   .....
   (e) Contact Telephone in Kenya .....
   (f) Age ..... *(g)* Sex .....
   (h) Qualifications .....
   (Please attach above details for other research staff and their curriculum vitae).

2. Personal references:
   (Give names, and full addresses of two senior academic/professional referees should be professionally qualified in the field of research which the applicant wishes to undertake).
   (a) Name .....
   Address .....
   Occupation .....
   Date ....
   (Referee's Signature)
   (b) Name .....
   Address .....
   Occupation .....
   Date ....
   (Referee's Signature)

3. *(a)* Have you applied for Authority to conduct research in Kenya before? Yes/No.
   (b) Title of the research (if any) previously applied for .....
   (c) The application was approved/rejected *vide* the Ministry's letter reference No. .....
   ..... Dated .....
4. University/Foundation/Organization, etc. under which the research project is being undertaken ...
5. *(a)* Source(s) of finance .....
   (b) Amount .....
6. Title of the research project .....

7. Purpose of the research (e.g. M.Sc., Ph.D., thesis, etc.).....
8. Field and Scope of the research .....
9. Theme/Hypothesis of the research.....
.....
10. Methodology of the research .....
11. Location of fieldwork: Location/Division .....
District ..... Province .....
(please note that the Government of Kenya may require alternative location.)
12. Estimated period of .the project from .....to .....
13. I will need access to the following public records .....
.....
14. I will need to interview the following Government Officials .....
.....
15. I will need to interview members of the public who I will select as follows:
.....
.....

(Please incorporate details of sampling procedures, if relevant in the description of your project.)

16. I intend to use the attached copies of questionnaire(s).
17. I certify that I have read and understood the conditions given in parts I and II. I do agree to abide by them as required and that the information given by me in part II is correct to the best of my knowledge.
18. I, ...(Name) do agree to deposit at least two bound copies of a final comprehensive report on my research project with the Government of Kenya within a year from the date indicated as the completion date of the project in item 13 in part II above.

Date ..... *Signature*.....

GPK (L)

APPENDIX E

OFFICE OF THE PRESIDENT KENYA

HIV/AIDS CONFERENCE INVITATION LETTER



OFFICE OF THE PRESIDENT
NATIONAL AIDS CONTROL COUNCIL

Telephone: Nairobi 2715109/2715144
Fax: 2711231
When replying please quote NACC/ORG/8/9

The Chancery Building
6th Floor, Valley Road
P.O. Box 61307 - 00200
NAIROBI

August 9, 2007

Ms Dora Oduor
American University
Washington DC

Dear Ms Oduor,

RE: NATIONAL JOINT HIV AND AIDS PROGRAMME REVIEW (JAPR) 2007

The JAPR Task Force has finalized the plans for the National Joint HIV and AIDS Program Review (JAPR) 2007. The National JAPR 2007 is the culmination of a series of 71 District Consultative Meetings and 9 Regional Provincial Meetings held over the last one-and-a-half months since June 25, 2007.

The objectives of the National JAPR 2007 are to:

1) Review progress toward achievement of the result framework of the KNASP 2005/2006 - 2009/2010
2) Strengthen further the decentralized structures in the review of the progress made in the national response to HIV and AIDS
3) Enhance harmonization and alignment of programmes among stakeholders working in the area of HIV and AIDS
4) Link the JAPR process to district and national prioritization, planning and MTEF processes

The National JAPR 2007 will be held on August 14 - 15, 2007 at the Safari Park Hotel starting at 9.00am. A draft program for the two days is enclosed for your reference. As a stakeholder in the national response to HIV and AIDS in Kenya, the purpose of this letter is to invite you to the meeting.

To help us plan for the meeting, please confirm your attendance by return mail to the undersigned or by email to wkibe@nacc.or.ke by Friday August 10, 2007.

Yours sincerely,

Prof. Alloys S.S. Orago
Director

HIV/AIDS

Stigma and Discrimination. ***"LIVE AND LET LIVE"***

REFERENCES

Altman, Dennis. 2008. "AIDS and the Globalization of Sexuality." *Social Identities*, 14(2): 145-160.

Anderson, Margert L. and Howard Taylor. 2005. *Sociology: The Essentials*. 3rd ed. Belmont, CA: Thomson Wadsworth.

Appelrouth, Scott and Laura Desfor Edles. 2008. *Classical and Contemporary Sociological Theory*: *Text and Readings.* Los Angeles, CA: Pine Forge Press.

Bahl, Vinay. 1997. "Cultural Imperialism and Women's Movements: Thinking Globally." *Gender and History* 9(1): 1-14.

Barrett, David B. and Todd M. Johnson. 2004. "Annual Statistical Table on Global Mission: 2004." *International Bulletin of Missionary Research* 28(1): 24-25.

Benedict, Peter Seewald, Michael J. Miller, and Adrian J. Walker. 2010. *Light of the World: the Pope, the Church, and the Signs of the Times*. San Francisco: Ignatius Press.

Benson, Herbert and Marg Strak. 1996. *Timeless Healing: the Power and Biology of Belief.* New York: Scribner.

Blau, Peter M., ed. 1975. *Approaches to the Study of Social Structure*. New York: Free Press.

Boguslaw, Robert. 1965. *The New Utopians: A Study of Systems Design and Social Change*. Englewood Cliffs, NJ: Prentice-Hall.

Bongmba, Elisa. 2007. *Facing a Pandemic: The African Church and the Crisis of AIDS*. Waco, TX: Baylor University.

Boyd-Barrett, J.O. 1977. "Media Imperialism: Towards an International Framework for an Analysis of Media Systems." Pp. 116-135 in *Mass Communication and Society*, edited by J. Curran, M. Gurevitch and J. Woollacott. London: Edward Arnold.

Bradshaw, York W., Joseph F. Healey and Rebecca Smith. 2001. *Sociology for a New Century*. Boston: Pine Forge Press.

Charon, Joel M. 1998. *Ten Questions: A Sociological Perspective*. 3rd ed. Belmont, CA: Wadsworth Publishing.

Cheru, Fantu . 2002. *African Renaissance: Roadmaps to the Challenge of Globalization.* New York: Zed Books.

Cohen, Jonathan and Tony Tate. 2005. "The Less They Know, the Better: Abstinence-Only HIV/AIDS Programs in Uganda." *Human Rights Watch* 17 (4A).

Conklin, Alice L. and Ian C. Fletcher. 1999. *European Imperialism, 1830-1930: Climax and Contradiction*. Boston: Houghton Mifflin Company.

Coser, Lewis A., ed. 1975. *The Idea of Social Structure: Papers in honor of Robert K. Merton*. New York: Harcourt Brace Jovanovich.

Cotton, Sian, Christina M, Puchalski, Susan N. Sherman, Joseph M. Mrus, Amy H. Peterman, Judith Feinberg, Kenneth I. Pargament, Amy C. Justice, Anthony C. Leonard, and Joel Tsevat. 2006. "Spirituality and Religion in Patients with HIV/AIDS." *Journal of General Internal Medicine* 21(5): S5-13.

Darch, John H. 2009. *Missionary Imperialists? Missionaries, Government and the Growth of the British Empire in the Tropics, 1860-1885.* United Kingdom: Paternoster.

Desai, Vandana and Robert B. Potter. 2008. *The Companion to Development Studies.* 2nd ed. London: Hodder Education.

Dicklich, Susan. 1998. *The Elusive Promise of NGOs in Africa: Lessons from Uganda.* New York : St. Martin's Press.

Dilger, Hansjörg. 2009. "Doing Better? Religion, the Virtue-Ethics of Development, and the Fragmentation of Health Politics in Tanzania." *Africa Today,* 56(1): 89-110.

Dilley, Marjorie R. 1966. *British Policy in Kenya Colony.* 2nd ed. New York, Barnes and Noble.

Drobin, Frederick A. 1999. "Spirituality, the New Opiate." *Journal of Religion and Health* 38(3): 229-39.

Dunch, Ryan. 2002. "Beyond Cultural Imperialism: Cultural Theory, Christian Missions, and Global Modernity." *History and Theory* 41(3): 301-325.

Edwards, Michael and David Hulme. 1994. "NGOs and Development: Performance and Accountability in the New World Order." Unpulished paper.

_____. 1995. *Non-governmental Organizations: Performance and Accountability beyond the Magic Bullet*. London: Earthscan.

Epstein, Helen. 2005. "God and the Fight against AIDS." *The New York Review of Books* 52(7): 47-51.

_____. 2007. *The Invisible Cure: Africa, the West and the Fight against AIDS.* New York: Farrar, Straus and Giroux.

Ellens, J. Harold. 2010. *The Healing Power of Spirituality: How Faith Helps Humans Thrive*. Santa Barbara, CA: Praeger/ABC-CLIO. Volume 1 & 2.

Falola, Toyin, ed. 2005. *The Dark Webs: Perspectives on Colonialism in Africa*. Durham, NC: Carolina Academic Press.

Fanon, Frantz. 1963. *The Wretched of the Earth.* New York: Grove Press.

Ferrante, Joan. 1995. *Sociology: a Global Perspective.* 2nd ed. Belmont, CA: Cengage Learning Wadsworth.

Flower, A. 1991. "New Scrambles for Africa." Unpublished paper.

Frame, Marsha Wiggins, Constance R. Uphold, Constance L. Shehan, and Kimberly J. Reid. 2005. "Effects of Spirituality on Health-Related Quality of Life in Men with HIV/AIDS: Implications for Counseling." *Counseling and Values* 50(1): 15.

Fredland, Richard, A. 1998. "AIDS and Development: An Inverse Correlation?" *Journal of Modern African Studies* 36(4): 547-568.

Fried, Susan a T. and Shannon Kowalski-Morton. 2008. "Sex and the Global Fund: How Sex Workers, Lesbians,, Gays, Bisexuals, Transgender People, and Men Who Have Sex with Men are Benefiting from the Global Fund, or Not." *Health and Human Rights* 10(1): 1-10.

Friedman, Galia Sabar. 1996. "The Power of the Familiar: Everyday Practices in the Anglican Church of Kenya (CPK)." *Journal of Church & State* 38(2): 377-395.

Fukuda-Parr, Sakiko. 2004. "Millennium Development Goals; Why They Matter." *Global Governance* 10(4): 395-402.

Furseth, Inger and Pal Repstad. 2006. *An Introduction to the Sociology of Religion: Classical and Contemporary Perspectives*. Burlington, VT: Ashgate Publishing Company.

Galtung, J. 1979. "A Structural Theory of Imperialism." Pp. 155-171 in *Transnational Corporations and World Order: Readings in International Political Economy*, edited by San G. Modelski. San Francisco: W.H. Freeman and Company.

Garner, Robert C. 2000. "Safe Sects? Dynamic Religion and AIDS in South Africa." *The Journal of Modern African Studies* 38(1): 41-69.

Giddens, Anthony. 1984. *The Constitutions of Society*. Cambridge, England: Polity Press.

Goffman, Erving. 1963. *Stigma: Notes on the Management of Spoiled Identity*. Englewood Cliffs, N.J: Prentice-Hall.

Gray, Richard. 1990. *Black Christians and White Missionaries*. New Haven: Yale University Press.

Gruchy, John de. 2000. *The London Missionary Society in Southern Africa, 1799-1999: Historical Essays in Celebration of the Bicentenary of the LMS in Southern Africa*. Athens, OH: Ohio University.

Haacker, Markus, ed. 2004. *The Macroeconomics of HIV/AIDS*. Washington, DC: International Monetary Fund.

Hall, B. A. 1998. "Patterns of Spirituality in Persons with Advanced HIV Disease." *Research in Nursing and Health* 21(2): 143-153.

Hamelink, Cees J. 1983. *Cultural Autonomy in Global Communications: Planning National Information Policy.* New York: Longman.

Hamm, Bernd and Russell Smandych, eds. 2004. *Cultural Imperialism: Essays on the Political Economy of Cultural Domination.* Peterborough, Ontario: Broadview Press.

Hastings, Adrian. 1979. *A History of African Christianity, 1950-1975*. Cambridge: Cambridge University Press.

Haugen, David, Susan Musser, and Vickey Kalambakal, eds. 2010. *Social Justice.* Farmington Hills, MI: Greenhaven Press.

Hearn, Julie. 2002. "The 'Invisible' NGO: US Evangelical Missions in Kenya." *Journal of Religion in Africa* 32(1): 32-60

Hughes, Michael, Carolyn J. Kroehler . 2002. *Sociology: the Core*. 6th ed. Boston: McGraw-Hill.

Hulme, David and Michael Edwards, eds. 1997. *NGOs, States and Donors: Too Close for Comfort?* Basingstoke: Macmillan Press.

International Review of Missions. 2001. "Increasing Partnership between Faith-Based Organizations, Governments and Inter-governmental Organizations." *International Review of Missions* 90(359) 473.

Jenkins, P. 2002. *The Next Christendom: The Coming of Global Christianity*. New York: Oxford University Press.

Johnson, Todd M. and Sun Young Chung. 2004. "Tracking Global Christianity's Statistical Centre of Gravity, AD 33-AD 2100." *International Review of Missions* 93(369): 166-181.

Jolly, Richard, Louis Emmeriji, Dharan Ghai and Frederic Lapeyre. 2004. *UN Contributions to Development Thinking and Practice.* Bloomington, IN: Indiana University Press.

Kendall, Eillot. 1978. *The End of an Era: Africa and the Missionary.* London: SPCK.

Kimalu, Paul K. 2002. *"Debt Relief and Health Care in Kenya."* Kenya Institute for Public Policy Research and Analysis Discussion Paper No. 2002/65. Helsinki Finland: World Institute for Development and Economic Research United Nations University.

Koenig, Harold G. 1999. The *Healing Power of Faith: Science Explores Medicine's Last Great Frontier*. New York: Simon and Schuster.

Koenig, Harold G. 2000. "Spiritual Aspects of Surgery." *Ophthalmology Clinics of North America* 13(1): 71-83.

Koenig, Harold G and David B. Larson. 2001. "Religion and Mental Health: Evidence for an Association." *International Review of Psychiatry* 13(2):12.

Koenig, Harold G. and Harvey Jay Cohen. 2002. *The Link Between Religion and Health : Psychoneuroimmunology and the Faith Factor.* New York: Oxford University Press.

Levin, Jeff. 2001. *God, Faith and Health: Exploring Spirituality-Healing Connection.* New York: John Wiley and Sons, Inc.

Lindsey, Linda L. and Stephen Beach. 2003. *Essentials of Sociology.* Upper Saddle River, N.J: Prentice Hall.

Lundskow, George. 2008. *The Sociology of Religion: A Substantive and Transdisciplinary* Approach. Los Angeles, CA: Pine Forge Press

Macdonald, Laura . 1997. *Supporting Civil Society: The Political Role of Non-governmental Organizations in Central America.* New York: St. Martin's Press.

Manby, Bronwen. 2004. "The African Union, NEPAD, and Human Rights: The Missing Agenda." *Human Rights Quarterly* 26 (4): 983-1027.

Marvasti, Amir B. 2004. *Qualitative Research in Sociology: An Introduction.* London: Sage.

Mason, Jennifer. 1996. *Qualitative Researching.* Thousand Oaks, CA: Sage.

Matthews, Dale A. and Connie I. Clark. 1998. *The Faith Factor: Proof of the Healing Power of Prayer.* New York: Viking.

Mattleart, A. 1994. *Mapping World Communication.* Minneapolis: University of Minnesota Press.

McGrath, Alister E. 1999. *Christian Spirituality: An Introduction.* Malden, MA: Blackwell Publishers.

McGuire, Meredith B. 2002. *Religion: The Social Context.* Belmont, CA: Wadsworth Thomson Learning.

McPhail, T.L. 1987. *Electronic Colonialism: The Future of International Broadcasting and Communication.* Newbury Park, CA: Sage.

Merton, Robert K. 1968. *Social Theory and Social Structure.* New York: Free Press.

Miller, Watts W. 1996. *Durkheim, Moral, and Modernity*. London: University College of London.

Mitchem, Stephanie Y. and Emilie Maureen. Townes. 2008. *Faith, Health, and Healing in African American life.* Westport, CT: Praeger.

Mohammadi, A. 1995. "Cultural Imperialism and Cultural Identity." Pp. 362-378 in *Questioning the Media: A Critical Introduction*, edited by J.Downing, A. Mohammadi, and A. Sreberny-Mohammadi. London: Sage.

Montero, Darrel and Judith McDowell. 1986. Social Problems. New York: Wiley.

Morisky Donald E., James W. Jacob, Yusuf K. Nsubuga and Steven J. Hite. 2006. *Overcoming AID: Lessons Learned from Uganda.* Greenwich, CT: Information Publishing Inc.

Morrison, Ken. 2006. Marx, Durkheim, Weber: Formations of Modern Social Thought. 2nd ed. Thousand Oaks, CA:Sage.

Okaalet, Peter. 2001. "Reducing Poverty by Combating AIDS." Pp. 131-141 in *Faith in Development: Partnership between the World Bank and the Churches of Africa,* edited by Deryke Belshaw, Robert Calderisi and Chris Sugden. Oxford: Regnum Books.

_____. 2002. "The Role of Faith Based Organizations in the Fight against HIV and AIDS in Africa." *Transformation* 19(4): 274-278.

Oliver, Roland. [1952] 1966. *The Missionary Factor in East Africa.* New York: Longmans Green.

Owino, W. and J. Korrir. 1997. *"Public Health Sector Efficiency in Kenya: Estimation and Policy Implications."* KIPPRA Discussion Paper No. 002/97. Nairobi: Kenya Institute for Public Policy Research and Analysis.

Parsons, Talcott. 1951. *The Social System.* Glencoe, IL: Free Press.

Patton, Michael Q. 2002. *Qualitative Research and Evaluation Methods.* 3rd ed. Thousand Oaks: Sage.

Persell, Caroline H. 1990. *Understanding Society: An Introduction to Sociology*. 3rd ed. New York: Harper and Row.

Petras, James. 1997. "Imperialism and NGOs in Latin America." *Monthly Review* 49(7): 10-27.

Plante, Thomas G. and Carl E. Thoresen. 2007. *Spirit, Science, and Health: How the Spiritual Mind Fuels Physical Wellness.* Westport, CT: Praeger.

Porter, Andrew. 2004. *Religion versus Empire? British Protestant Missionaries and Overseas Expansion, 1700-1914*. UK: Manchester University Press.

Price, Richard. 2008. *The Making of Empire: Colonial Encounters and the Creation of Imperial Rule in Nineteenth-Century Africa*. Cambridge: University Press.

Prince, Ruth, Denis Philippe and Rijk van Dijk. 2009. "Introduction to Special Issue: Engaging Christianities: Negotiating HIV/AIDS, Health, and Social Relations in East and South Africa." *Africa Today* 56(1): v-xviii.

Rawls, John. 1971. *A Theory of Justice*. Cambridge, MA: Belknap Press of Harvard University Press.

Ritzer, George. 2010. *Modern Sociological Theory*. Boston, MA: McGraw-Hill.

Robertson, Ian and Michael McKee. 1980. *Social Problem.* 2nd ed. New York: Random House.

Robinson, Mary. 2004. "Advancing Economic, Social, and Cultural Rights: The Way Forward." *Human Rights Quarterly* 26(4): 866-872.

Rodney, Patricia, Yassa Ndjakani, Fatou K. Ceesay and Nana O. Wilson. 2010. "Addressing the Impact of HIV/AIDS on Women and Children in sub-Saharan Africa: PEPFAR, the U.S. Strategy." *Africa Today* 57(1): 64-76

Ruiz, Monica S. and Institute of Medicine (U.S.). Committee on HIV Prevention Strategies in the United States. 2001. *No Time to Lose : Getting More From HIV Prevention*. Washington, D.C: National Academy Press.

Sachs, Jeffery. 2005. *The End of Poverty: Economic Possibilities for Our Time.* New York: Penguin Press.

Sachs, Jeffrey D. 2005. "The End of Poverty." *Time* 165(11): 42-50, 53-54.

Schaefer, Richard T. 2004. *Sociology Matters*. Boston, MA: McGraw-Hill.

Schiller, Herbert I. 1976. *Communication and Cultural Domination.* New York: White Plains International Arts and Sciences Press.

Schiller, Herbert I.and Kaarle Nordenstreng. 1979. *National Sovereignty and International Communication*. Norwood, N.J.: Ablex Pub. Co.

Sen, Amartya Kumar. 1999. *Development as Freedom.* 1st. ed. New York: Knopf.

Sengupta, Arjun. 2002. "On the Theory and Practice of the Right to Development." *Human Rights Quarterly* 24(4): 838-889.

Sherkat, Darren E. 2002. "Sexuality and Religious Commitment in the United States: An Empirical Examination." *Journal for Scientific Study of Religion* 41(June): 313-323.

Shibutani, Tomastu. 1986. *Social Processes: An Introduction to Sociology*. Berkeley: University of California Press.

Silverman, David. 2005. *Doing Qualitative Research.* 2nd ed. Thousand Oaks, CA: Sage.

Singleton, Royce and Straits, Bruce C. 2010. Approaches to Social Research. 5th ed. New York: Oxford University Press.

Skokan, Laurie and Diana Bader. 2000. "Spirituality and Healing." *Health Progress* 81(1): 38-42.

Smith, Adrian D., Placide Tapsoba, Norbert Peshu, Eduard J. Sanders and Harold W. Jaffe. 2009. "Men who Have Sex with Men and HIV/AIDS in sub-Saharan Africa." *The Lancet* 374(9687): 416-422.

Smith, Rhonda and Anker, Christien van den. 2005. *The Essentials of Human Rights.* New York: Hodder Arnold.

Spickard, James V. 2004. Globalization and Religious Organizations: Rethinking the Relationship between Church, Culture, and Market. *International Journal of Politics, Culture, and Society* 18(1/2): 47-63.

Strayer, Robert W. 1978. *The Making of Mission Communities in East Africa: Anglicans and Africans in Colonial Kenya, 1875-1935.* London: Heinemann.

Sui-Nam Lee, P. 1988. "Communication Imperialism and Dependency: A Conceptual Clarification." *Gazette: The International Journal of Mass Communication Studies* 41:69-83.

Szaflarski, Magdalena, Neal P. Ritchey, Anthony C. Leonard, Joseph M. Mrus, Amy H. Peterman, Christopher G. Ellison, Michael E. McCullough, and Joel Tsevat. 2006. "Modeling the Effects of Spirituality/Religion on Patients' Perceptions of Living with HIV/AIDS." *Journal of General Internal Medicine* 21:11.

Temu, A.J. 1972. *British Protestant Mission.* Great Britain: Longman Group.

Tiberondwa, Ado K. 1998. Missionary Teachers as Agents of Colonialism: A Study of their Activities in Uganda, 1877-1925. Kampala, Uganda: Fountain. University Press.

Tsevat, Joel and Susan N. Sherman. 1999. "The Will to Live among HIV-infected Patients." *Annals of Internal Medicine* 131(3): 5

United Nations Development Programme. 2000. Human Development Report: Human Rights and Human Development. New York: The United Nations Development Programme.

United Nations Development Programme. 2003. *Human Development Report. Millennium Development Goals: A Compact among Nations to End Human Poverty*. New York: Oxford University Press

_____ 2004. Human Development Report: Cultural Liberty in Today's Diverse World. New York: United Nations Development Programme.

United Nations. 2005a. "Millennium Development Goals Status Report Takes Centre Stage in Global Negotiations: UN Sees Gains on Poverty Worldwide, but Huge Gaps Remain in Meeting Vital Human Needs." The Millennium Development Goals Report Press Release, June 9, 2005. New York: United Nations. Retrieved July 20, 2011 (http://www.un.org/News/Press/docs/2005/dev2519.doc.htm).

_____. 2005b. "Larger Freedom: Towards Development and Human Rights for All. Report IV, Freedom to Live in Dignity." Retrieved July 20, 2011 (http://www.un.org/largerfreedom/chap4.html).

United States Central Intelligence Agency. 2010. *The World Factbook.* Washington, DC: Central Intelligence Agency: Supt. of Docs., U.S. G.P.O.

Walls, Andrew F. 1996. *The Missionary Movement in Christian History: Studies in the Transmission of Faith.* Maryknoll, NY: Orbis Books.

Wamagatta, Evanson N. 2009. *The Presbyterian Church of East Africa: an Account of its Gospel Missionary Society Origins, 1895-1946*. New York: Peter Lang.

White, Livingstone, A. 2001. Reconsidering Cultural Imperialism Theory. *TBS Archives,* No. 6. Retreived May 12, 2011 (http://www.tbsjournal.com/Archives/Spring01/spr01.html).

Wickman, Peter M. 1991. "Deviance." Pp. 85-87 in Encyclopedic Dictionary of Sociology, 4th ed., by Dushkin Publishing Group. Guilford, CT: Dushkin.

Williams, David R. and Michelle J. Sternthal. 2007. "Spirituality, Religion and Health: Evidence and Research Directions." *The Medical Journal of Australia* 186(10): S47-50.

Wilson, Bryan. 1982. *Religion in Sociological Perspective.* New York: Oxford University Press.

Woods, Richard. 1989. *Christian Spirituality: God's Presence through the Ages.* Chicago: Thomas More Press.

World Bank. 2000. *Intensifying Action against HIV/AIDS in Africa: Responding to a Development Crisis.* Washington, DC: World Bank.

Yi, Michael S., Joseph M. Mrus, Terrance J. Wade, Mona L. Ho, W. Hornung Richard, Sian Cotton, Amy H. Peterman, Christina M. Puchalski, and Joel Tsevat. 2006. "Religion, Spirituality, and Depressive Symptoms in Patients with HIV/AIDS." *Journal of General Internal Medicine* 21: S21-27.

Yuen, Elaine J. 2007. "Spirituality, Religion, and Health." *American Journal of Medical Quality* 22(2): 77-9.