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**BEHAVIOUR CHANGE COMMUNICATION VERSUS HIV/AIDS:**  
**A Challenge in Pastoral Ministry in Karungu Division**

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# **CHAPTER ONE**

## **1.0 PRELIMINARIES**

### **1.1 GENERAL INTRODUCTION**

AIDS in Kenya is a growing phenomenon which presents insurmountable problems to the entire population. Although measures to eradicate it have been initiated, it seems that the war against the epidemic is far from being won. Programmes to prevent AIDS have succeeded in spreading information about the disease, but very little has been achieved persuading people to change their behaviour. We believe that behaviour change is essential, if the battle against AIDS in Kenya is to be won.

The slow rate of behaviour change can be attributed to a reckless attitude towards the epidemic that is often quite explicit among ordinary people, and also to the failure of leaders to support programmes in addressing the pertinent issues in combating AIDS. As a result of this diminishing lack of interest, AIDS continues to ravage communities all over the country.

In an attempt to explore more on the nature of BCC intervention, this paper is divided into five chapters. The first chapter tackles the background, the problem statement, objectives of the paper and the definition of major terms. Chapter two presents the case study- it highlights on the situation of Karungu people, the interventions employed in attempt to respond to the pandemic, and the challenges encountered by these efforts. The third chapter presents the literature review-basically on behaviour formation and procedures of its modification or change. The fourth chapter gives the data presentation. It gives the research design, methodology used and data analysis. The last chapter highlights on the theological reflections, research conclusion and the recommendations. This chapter closes with a general conclusion.

## 1.2 BACKGROUND

We are in the midst of the biggest world war ever. The tiny virus versus humanity. HIV/AIDS as a global pandemic has aroused a global response. As a health challenge spilling from the 20<sup>th</sup> Century with no cure; it has also brought a change in the socio-cultural politics surrounding behavior change in the spot light.

In the first decade of the scourge, around 1980s to 1990s, HIV/AIDS was felt among the people as a threatening reality of distant places from them. Because of that, a lot of myths and theories were created to explain it. This approach has changed since then. People have come to acknowledge the prevalence of AIDS in their communities. The fact now is that one is either infected or affected. It is from the later awareness that in 1999 the Catholic bishops in Kenya wrote a pastoral letter which in part noted: “HIV/AIDS leaves no person unaffected, no heart unmoved, and no nation unshaken. We therefore wish to affirm our solidarity with you, our people in these days when sorrow, fear and sense of helplessness, and having totally abandoned, grip many households.”<sup>1</sup> This shows how serious the challenge is. It is no longer a concern of some few people; rather it is a concern of the whole community.

Sub-Saharan Africa is more heavily affected by HIV/AIDS than any other region of the world. An estimated 24.5 million people were living with HIV/AIDS at the end of 2005; approximately 2.7 million additional people were infected with HIV/AIDS during that year. In just the past few years, the HIV/AIDS epidemic in Africa has claimed the lives of an estimated 2 million people in this region. More than 12 million children have been orphaned by HIV/AIDS.

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<sup>1</sup> UNAIDS (2006) “Report on the Global AIDS Epidemic”  
[www.unaids.org/en/HIV\\_data/2006globalReport/default.asp](http://www.unaids.org/en/HIV_data/2006globalReport/default.asp), retrieved on 30/09/2009.

Statistics from Kenya Ministry of Health indicates that in 2001, Kenya experienced a blow of 2.2 million people infected with HIV/AIDS among the total population of 30 millions. Apparently, nearly  $\frac{3}{4}$  are from rural settings. In the 2006, UNAIDS' report gives the conditions of susceptibility to infection as 1.3 million adults and children out of a national population of about 34 millions are living with HIV/AIDS.

Thus, according to the statistics by the UNAIDS, it confirms that the AIDS epidemic continues to advance. Consequently, in spite of the many programmes of prevention and treatment a projection indicates that 55 million Africans are expected to die of AIDS related illnesses between the years 2000 and 2020.<sup>2</sup>

With this, it is explicit that AIDS is equally prevalent in the rural areas, wrecking havoc to many families and communities; Karungu in Nyanza province along the shores of Lake Victoria is one of such rural context. The latest HIV/AIDS surveys done in Kenya by the KAIS (Kenya AIDS Indicator Survey) indicate an upward surge in HIV/AIDS prevalence from 6.7% in 2003 to 7.8% in 2008. According to provinces, Nyanza leads the pack with 15.4% prevalence. The prevalence in Karungu is 45%.<sup>3</sup>

From the background of this seeming-gloomy situation, there are efforts by the governments, the institutions like the Church, and individuals to fight the pandemic. This can be witnessed in the area of provisional services, awareness creation and initiating of support groups. Different modes and means have been employed in sensitizing the awareness for this matter, however, the alarming HIV/AIDS infections is calling for research on the effectiveness of the created awareness among the rural folks.

This is the reason as to why the researcher, after having had an experience of this region and sharing with some community members, both the infected and the affected,

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<sup>2</sup> Kenya Episcopal Conference, *This We Teach and Do*, Vol. II., 15.

<sup>3</sup> St. Camillus VCT Centre "Progressive Annual Report", Jan-Dec. 2008.

suggests besides other responses, the further sensitization of Behaviour Change. After analyzing their way of life and values, Behaviour change programme proves to be one of the most fitting responses. It nevertheless, takes precedence over the other measures, since it is the safest and surer way of fighting such a monster as HIV/AIDS in a society.

Besides, all other measures, for instance in the ABC; Abstinence- grounds its roots on change of behaviour and attitude, because at the same time it calls for self discipline and holding of responsibility; it also provokes the cognitive processes, which do not only address the human person as a relational being but as a complete being with soul, mind and body. On the other hand, being faithful resides on being responsible for the decision one makes. This will only succeed after informing and forming one's world's perception and attitudes. Even the use of condoms, which some authorities encourage, requires a change in behaviour. Some are using it, and the more they do, the more they are being infected. Since the decision to make sex precedes the decision to use condoms, so lets change the attitude of irresponsible sexual behaviour before encouraging the use of condom.

Therefore, Behaviour change should be well communicated and positively taken into consideration by the recipients, since its role in the control of epidemics of infectious diseases is well known thus, it should continue being advocated as a necessary component of all the other public and community health measures. In a nut-shell then, the Behaviour Change Communication will not only address the relational aspect, but also the motivation of human acts.

### **1.3 STATEMENT OF THE PROBLEM OF THE STUDY**

The extent of the HIV/AIDS crisis is now becoming clearer in many African countries than before as increasing number of people with HIV are becoming ill. It is even foreseen that the death toll as a result of HIV/AIDS will be higher in some few years to come. Its social and economical consequences are already widely felt; this in not only in the health sector, but also in education, industry, agriculture, transport, human resources and economic in general. This means that the impact of the HIV/AIDS pandemic on these societies will be felt more strongly in the course of the next coming years.

The situation is threatening more in Karungu. Different initiatives, programs and campaigns are in place. The awareness has been fairly created. However, it is realized that the prevalence of the virus is still high; the level of infection is increasing instead. They are said to be not positively changing their attitude for the better. They seem not to be reasonable about their sexual practices and patterns. Instead some are taking advantage over the charity and services that they receive from the initiatives by the support groups. It appears that it is even a better option to live with the virus than living negative. They do this due to the services, the material support and benefits that those who are infected and affected are receiving. This therefore, has reduced the productivity level of the region and both the human resources and natural resources are going down. Those men and women who ought to be energetic and productive are sick, weak or dead, hence increasing the poverty level in the region, which poses a greater challenge on the efforts to fight HIV/AIDS.

Thus, the big question therefore, as to which approach should be given, what sort of language to be spoken or what kind of communication should be enhanced to change

the people's risky behaviour that renders this society unproductive. What kind of approach can be taken to uphold some level of responsibility or make them to see the sense on reinforcing their conscience? That at the end of the day the impact of this awareness that has been created may be positively felt.

#### **1.4 OBJECTIVES OF THE STUDY**

This work aims at exploring other options that can be employed to fighting the spread of HIV/AIDS in rural areas, particularly in Karungu region. In this case it explores on the Behaviour Change Communication as an interventional option.

Therefore, it specifically tries to establish the following:

- The extent at which irresponsible sexual behaviour is contributing to the spread of HIV/AIDS.
- To find out the factors, which are enhancing this irresponsible sexual behaviour.
- To establish the extent at which the Church has contributed to the creation of HIV/AIDS awareness among the people of Karungu.
- To establish the attitude of these people towards this awareness verses changing their sexual patterns.
- To propose and find out the possibility of effectiveness of Behaviour Change, as an intervention towards curbing the spread of HIV/AIDS.

#### **1.5 SIGNIFICANCE OF THE STUDY**

This research will be of great importance on three levels: academically, socially and pastorally.

This work will add on what the researchers and scholars have presented as proposal on ways of controlling this scourge. It will avail materials on how to address not the effects of the scourge, but the human person him/herself.

Similarly, this study will not only be for the benefit of Karungu people, but to the entire society. It will be used by both the local/ national and international organizations as a supplementary reference as they lay down their policies on behaviour change.

It will also be helpful to the pastoral agents to improve not only the way they disseminate the information but also the approach they are taking, which aims at handling a holistic person.

## **1.6 THE SCOPE AND DELIMITATION OF THE STUDY**

Regardless of other major causes of HIV/AIDS, this study only addresses the irresponsible sexual behaviour as a cause of HIV/AIDS in Karungu. Using the Behaviour change as the preventive intervention, it thus strives to explore on how people of Karungu can package all their internal and external factors that enhanced the spread of this virus, including both the socio-cultural and economical factors and channel them into a life-giving sexual relationships.

By the fact that the topic we are dealing with is very sensitive, especially because it touches on human life, thus the work of this kind is not easy, and it's likely to encounter resistance from some quarters. Changing harmful gender attitudes, social taboos and traditions for example, will be neither easy nor without controversy.

## **1.7 DEFINITION OF MAJOR TERMS**

### **1.7.1 Behaviour**

In a strict sense behaviour is a succession of habits or a repeated habit. But in a loosen sense, the term behaviour is understood from different perspectives; that is, mechanical and socio-psychological, which apply to substances or chemical and human persons respectively. From the mechanical point of view, it means the action or reaction of something. From the socio-psychological view it is the manner of acting or controlling

one's self, the manner in which people typically behave. Thus, for the sake of our study, we are going to look at behaviour from the socio-psychological perspective; how the whole of human person interact, the relationship and the reaction of mind, soul and body.

### **1.7.2 Behavior change**

From the perspective and the understanding of behaviour, behaviour change can refer to any transformation or modification of human behaviour. It is a broad range of activities and approaches which focuses on an individual, a community or an environment. These activities have influences, which can be either rapid or involuntary, hence associated to the negative impacts or the positive impacts.

For instance, if an individual or people in a society have a tendency of a particular habit, which later transforms into a behaviour, it takes an effort to twist the sequence to an opposite direction if the behaviour is undesirable and the vice versa if the behaviour is desirable. The outcome of these efforts therefore is the behaviour change.

### **1.7.3 Behaviour Change Communication (BCC)**

BCC is a process of delivering the information about the behaviour change. For instance, it has been confirmed that the greater percentage of the spread or infection of HIV/AIDS is through irresponsible sexual intercourse. Therefore, by BCC, we provide the information on the general procedures how undesirable behaviors like this one can be discouraged. From this perspective, BCC is understood as a psycho-social terminology that is used to encourage reversal of characteristic or way of acting for the better. For this case, it may refer to reversing the risky sexual behaviour in order to avoid infection or

spread of HIV/AIDS. That is, it is an education, which aims at improving the knowledge, skills and attitudes.

Therefore, to avoid the consequences of the sexual activity, the BCC is employed to provide people with factual information and opportunity to develop decision making skills, hence changing their behaviour. This is done by exposing more on the nature of human person; telling them more on the effects of spreading the Virus, and exploring on the way forward, by forming an integrated persons in the society.

Under Behaviour Change Communication, it can not go without saying that we must change our sexual beliefs, attitudes and practices. The change will be consistent and permanent if we will utilize our mental endowment and change of sexual patterns. Thus, the mind needs to be well orientated, since it is the key to sexuality, not feelings, emotion or sensual states of penis or vagina.

### **Conclusion**

In this chapter therefore, we have set the background for the whole work. In the next chapter we shall focus on the Karungu people. We intend to give a general view of their way of life, the extent of HIV/AIDS in the area and the attempts that have been made so far, especially along the pastoral line to combat its spread.

## CHAPTER TWO

### 2.0 KARUNGU AND HIV/AIDS

#### PART I: INSERTION ANALYSIS

##### 2.1.1 Karungu Division

Karungu is a Division in Migori District of Nyanza Province. It lies at 1200M above the sea level and rise on the shore of the Lake Victoria; its one of such rural context. It borders Suba District to the North, Homa-Bay District to the East and it lies at the frontier with Tanzania to the South Western part. Its main inhabitants are the Luos.

##### 2.1.2 Socio-cultural life of Karungu People

Like many other African communities, Luos believe that HIV/AIDS was there with them from time immemorial. Indeed, it has been associated with the breaking of some taboos. When one breaks a taboo s/he is contaminated by *kwero* (an abomination), which later will result into *Chira* (a fatal wasting ailment). The Luos believe that *Chira* is incurable and its symptoms are just exactly like the ones of HIV/AIDS. This aspect is what made it links with HIV/AIDS, hence causing confusion among the people and as a result the devastating effects in this region.

From the influence of *Chira*, Luos take it that AIDS is caused by a curse from breaking of some traditional regulations; however, the curse can be subjected to some antinodes. This kind of belief can be the reason for many traditional healers coming up to provide remedy for the disease. This for sure compounds to the great challenge of high prevalence of HIV/AIDS amongst these people.

Majority of these Karungu people still hold on the olden practices like polygamy and wife guardianship/ inheritance. It is notably rare to find a married man in his late-

adulthood with one wife. Consequently their incoming generation is adopting this way of life. It is not even unusual to find a man of early adulthood having more than one wife.

Wife-guardianship/inheritance among the Luos has been cited as one of the factors for the skyrocketing of HIV/AIDS infection in this area. Charles K'Oyoo maintains that sex is considered an important aspect among the Luos. The manifestation of this is, wife guardianship and wife cleansing through sex. A man has to have sex with his wife before cultivation of the fields, when migrating to a new home and house inauguration. K'Oyoo believes that these customs do not favor women of this region. They still hold a belief in the supremacy of a man over a wife. The wife is expected to be totally submissive to her husband. This is why the husband could go out and bring another wife without consulting the first wife. He remarks, "We have situations in which people, especially women are culturally obliged to have sex. ... The woman may not like it because she knows that the partner could be infected, but the culture holds so strong on her; she is unable to say no"<sup>4</sup>. However, this fact cannot, on its own and especially as it was practiced in the traditional way explain the rapid increase of HIV in the area. The way sex is perceived in the modern society, namely, for personal/self gratification is worth investigation.

### **2.1.3 Their Economic Life**

Karungu has about 300,000 inhabitants, with most occupants poor. People here live below the poverty level; they live on less than a dollar per day. Majority being jobless hence are just idling.<sup>5</sup>

Agriculture is both the main occupation and the source of food for families. Most men however, have migrated to the beaches, seeking jobs to support their families. They

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<sup>4</sup> C. K'OYOO, (2009) interviewed by the author.

<sup>5</sup> Cf.G. BONALDI, *The Camillians celebrating 25 years in Kenya*, 119.

leave many women and children without a male presence in the homes. As a result there is an increased number of adult males than females along the beaches, which by implication increases the likelihood of risky lifestyle.

The other occupation is fishing. Due to meager produce from agriculture many have turned to fish-business. Even though fish are plentiful, large fish companies control the amount paid for fish. Thus, despite their hard work, fishermen are poorly paid. Many are known to turn to narcotics and other drugs. Working throughout the night and living apart from their families, villages, they fall into risk-taking lifestyles: drinking and casual sex, exposing themselves to HIV/AIDS. Returning to their families, they then infect their wives and other partners with HIV/AIDS and other sexually transmitted diseases (STDs).

This area being at the border and along the beach (e.g Sori beach), has attracted many people from different backgrounds, some of whom are widows, others widowers. Fishermen get some money. With this, they are able to get multiple partners, sometimes luring them into commercial sex, including the school children, hence increasing the likelihood of HIV transmission.

This kind of lifestyle has as a result opened opportunities for other businesses to crop up. For instance, the number of guest houses, lodges and restaurants has drastically increased along the beaches, and it is now a booming business.

#### **2.1.4 Their Religious life**

Generally, in the Luo community religion is something that forms part of the whole way of life. The concept of God is very clear as the transcendent being from whom all good things come, and He is Goodness Himself. They could call Him, the *Obongo Nyakalaga*, the ever present God. They even had designated places for prayers and those who could officiate at any religious functions as ministers.

With the coming of the missionaries, Karungu people are now practicing the Christian faith. Fairly, a bigger percentage of their population is attending the Catholic Church. Some are Protestants, like the SDA and the Legion Maria.

The Catholic Church seems to be having the majority because of the establishment of their missions in the strategic positions in the region. There are mission schools, mission hospital, orphanages and a parish. These missions tend to approach evangelization from charity offering point of view. Having the history of poverty, the locals could be easily drawn to the church because of such services.

However, the extent of strict Christianity is doubtful. Since these people claim to be Christians, but what is happening on the ground is contradicting the Christian values and teachings. We still find that some people practicing polygamy, wife inheritance, extra-marital practices, which are against Catholic teachings and Christian values at large. This gives an impression that the level of catechism is questionable.

#### **2.1.5 Their Psychological Life**

The psychological life of these people has been greatly dictated by the self-perception, which in turn leads to social perception and finally to the psychological world. There are different factors that influence the self perception. What the other people say about someone, what one observes as a common happening in the society; for instance, from the social perspective or cultural perspective, and from what one is exposed to from his/her childhood. Because of the interdependence nature of these people, one's self has an influence on the other person, and these perceptions of different individual persons interconnect leading to the rise of social perception.

Therefore, whatever act these people are engaging in, be it from the personal level or societal level, forms their attitude and behaviour, thus way of life. This kind of

orientation has been branded to Luos and especially those along the lake, with apperception that they are 'sexually loose'. That the value of sacredness of sex among them has diminished. This instead has given them impetus and conviction that even if they engage in extra-marital sexual intercourse, fornication it is as their part of life.

This kind of mind-set up has been vividly observed in those along the shores, where you could see both the women and men bathing not far distance apart from each other. The nakedness of a person, which needs to be respected and handled with secrecy, is exposed even to the opposite sex.

The influence of culture also influences their mind view. Women are just at peace with the belief that they need to be submissive to their husbands. This makes them give in for sex even if it was against their wish, hence they suffer the consequences.

## **PART II: HIV/AIDS: A PASTORAL CHALLENGE IN KARUNGU**

The bearing of HIV/AIDS on pastoral ministry cannot be overstated. It is by facts that the pandemic affects most people seated in the pew. Despite the efforts to respond to the impact of the epidemic; poverty, socio-cultural beliefs, stigma and discrimination continue to perpetuate the spread, making it difficult to deal with. Findings in Kenya at large and Karungu in particular show that more is still to be done in terms of extending pastoral care to AIDS sufferers and their families. Pastors are yet to incorporate HIV/AIDS response in their pastoral programs.

This response is therefore realized in Karungu through different activities of intervention. The church's response, through St. Camillus Mission hospital to this phenomenon takes the form of numerous initiative projects, which are both Community-

Based and internationally-based; like the AWAKE, HAPPEN, MERCY-ORPHAN, DALA KIYE.

## **2.2.2 THE INTERVENTION ACTIVITIES**

### **2.2.2.1 AIDS Awareness Education Programmes**

Generally, efforts have been consolidated by these projects to promote AIDS awareness programmes in this region to the locals. Like the AWAKE, which started in May 2003, with the aim to perform field outreaches and offer public education to Karungu and the neighboring areas. It mobilizes the community by promoting good health through workshop campaigners and forums.

The social workers, the pastoral care group together with the teachers, intensify this education among the youths in schools, adults in the social gatherings like the local 'barazas', churches; the sex workers along the beaches, market places and other social places. For instance, the 'AWAKE' project involves youths and teachers in schools into training and advocacy for the prevention and control of the epidemic. The community view teachers as people who are knowledgeable and therefore will seek information from them. The youths as tomorrow generation, are encouraged to be at the frontline of this battle against the HIV/AIDS epidemic. The schools were told to have groups of 25 pupils/students and a teacher in charge. The group members are then trained and asked to share the information with others who will not be in the group. The selection is done from the age 12 years and above.<sup>6</sup>

They provide the facts on AIDS; on how the epidemic is spread, on the various forms of high-risk behaviour that can expose one to infection and on education for life

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<sup>6</sup> AWAKE GROUP "Prevention Education on HIV/AIDS, Annual Report" 2007-2008. (AWAKE group Karungu, is a community-based organization dedicated to prevention and control of HIV/AIDS infection. The group provides training for pupils or youths in schools, youth out of school, Church organizations, fish dealers, the community, leaders and families.)

that equips people with the skills necessary to change their life styles. Also covered in the awareness are need for positive living and Christians' response to those who suffer from AIDS. Through this awareness education programmes, positive steps have been registered in the region. As noted by Fr. Emilio, "...many people are now able to come up and disclose their status, unlike before when majority tend to keep to themselves..."<sup>7</sup>

#### **2.2.2.2 Prevention of Mother to Child Transmission (PMTCT)**

Mother to-child transmission of HIV is responsible for the majority of HIV infection in children. According to the statistics by the Catholic Church and AIDS in Kenya, the likelihood of a pregnant woman who is HIV positive transmitting HIV to her new-born ranges from 30% to 40%. The infant may become infected during pregnancy, labor and delivery and through breast feeding.<sup>8</sup>

These services are provided at the Antenatal clinic, within St. Camillus Mission hospital. Here the pregnant woman is examined, the antenatal profiles are done, including HIV counseling and testing. These services are extended beyond the hospital; there are mobile antenatal clinics, where those pregnant women who are unable to reach the hospital are also attended. For this reason the antenatal women whether positive or negative are given instructions and advice to deliver in the hospital for safer deliveries. The health workers are also kept abreast of modified obstetrical practices to reduce trauma and exposure of the baby to the HIV.

#### **2.2.2.3 Voluntary Counseling Test (VCT)**

Basically, an individual aware of his/her HIV status is better equipped to avoid risky behaviour, change it if necessary, and make informed and responsible decisions. Voluntary Counseling and Testing (VCT) are, for those testing positive, the point of entry

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<sup>7</sup> B. EMILIO, (2009) interviewed by the author.

<sup>8</sup> Cf. *Kenya Episcopal Conference, This We Teach and Do*, Vol I., 36.

into care and such services as Prevention of Mother-to-child Transmission of HIV/AIDS, sexually transmitted infection and all other opportunistic infections. Early access to the care delays progression to full-blown AIDS, and is therefore, in line with the strategy of preventing life.

With the provision of the VCT services, St. Camillus Mission hospital Karungu is in tune with what the Catholic policy in Kenya demands, of equipping the agents of these services to keep them abreast with the most up-to-date information on HIV/AIDS. This has been done by offering training and workshops to the counselors. The center at the moment has a number of professional counselors. This is done with an aim of capacity building, in order to give the most relevant support to those affected. Following this effect, it is noted that albeit the initial negative publicity on HIV/AIDS and many people were stigmatized, there are indication that people are coming to understanding, hence are willingly giving in for testing.

#### **2.2.2.4 Care and Support**

It is clear that the local Church provides care and support to the infected and affected in Karungu region. For instance, St. Camillus Dala Kiye Children Welfare Home was established to provide care support to the Orphans and Vulnerable Children (OVC). It is the leading organization which works with and for the OVC in Karungu Division and its environs. This organization uses community focused intervention to respond to the needs of OVC living with their extended family members within their community settings.

It addresses the specific needs of the children living with AIDS; especially food and nutrition, medical, psychosocial and education support. Since OVC and their household members are inherently more susceptible to malnutrition and stunted growth

as they consume less food due to scarcity/limited access. The organization thus, provides these households with ration of maize and beans every month as supplementary food support. It also facilitates nutrition education sessions during the same time of food distribution. Through the support of MERCY ORPHANS, “the PLWHA always receive food supplementary every month, (15Kg of beans and 15 Kg of maize).”<sup>9</sup>

The program follows a foster care family model. This model provides alternative families within the community where the children are integrated. It does not only provide compassionate care and support, but also creates a drug-adhering culture for the children on ARV medication. Besides, the program also takes care of education by providing the school uniform and school fees for those in secondary, vocational training and colleges.

### **2.2.3 THE EXTENT OF THE SUCCESS OF THESE INTERVENTIONS**

It is undeniable that the Church’s organizations, more especially the local Church of Homa-Bay diocese through St. Camillus Mission hospital, have played a crucial role in increasing AIDS awareness in the region. They even have gone further to roll-out these services in showing real care and compassion for those afflicted by the epidemic and in challenging the community to love and accept people living with AIDS.

Therefore, remarkable successes have been registered alongside the above mentioned interventions. Just by the mobilization and sensitization, majority have come to know about the existence of this scourge, its spread and its impacts on people’s live. Through training the agents of these interventions and the young educators, the information has been placed on the right hands. The agents are able to dispense their

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<sup>9</sup> *Mercy Orphan “Annual Report”, Oct.2007-Sept.2008. (Mercy Orphans is a project which provides a caring and compassionate response to improve the quality of life of Children affected by HIV/AIDS-CABAs, and their families. In cooperation with CRS, Mercy Orphans cater for the basic needs of orphaned children)*

services skillfully and the young are in better position of meeting their peers and becoming their own advocates in HIV/AIDS issues.

Another remarkable success in Karungu region is the initiation and establishment of the Orphanages. With the increased deaths due to AIDS, the number of OVC has grown beyond the capacity of the community to cater effectively for their basic needs. The Church therefore, through the mission work, has come in with a comprehensive care including access to education, shelter, nutrition and healthcare, which are given from these orphanages.

On the same breath, since it is realized that OVC for this matter, often withdraw from schools, vocational training and colleges when their parents/caregivers die, owing to little or lack of resources to keep let them continue. They even frequently absent themselves from school and a number of them eventually dropout to work and earn living. For these reasons, a lot of progress has been realized following the response of the supportive church's organizations. There is less drop-outs and an improvement on performance.

Networking and collaboration is another area of achievement. This has been for the betterment of the entire community and for the efficiency of the involved projects. For instance, the AWAKE project works closely with concerned parties, stakeholders and authorities to help the community access the project's program. It works on monthly basis with HAPPEN project, which deals in HIV/AIDS Prevention and Protection Empowerment Network. They share ideas, information and challenges. It also works closely with the DALA KIYE- Orphaned children's home and MERCY ORPHAN support program. The coordination of these projects so far has successfully organizing the world's AIDS Day celebration; an event in which the communities are invited to

participate in to learn from their fellow friends and other people. It has also been a forum for more awareness and learning about HIV/AIDS.

In the same way MERCY ORPHANS support group also collaborate with St. Camillus pastoral care group to provide spiritual support to both the infected and the caregivers. Over and above, these projects get their funds from other quarters. For instance, the MERCY ORPHANS is funded by the Catholic Relief Service (CRS), HAPPEN gets its funds from the Diocese, DALA KIYE is funded by the Camillians and their benefactors. Government of Kenya also assists in the funding of the ARVs.

This kind of collaboration shows that all these organizations are striving towards the same goal, of offering to the infected and affected another chance of hope.

However, despite such relentless efforts, it seems that the local church in Karungu needs to be even more vigorous in addressing the various vices that are connected with the spread of the epidemic, since the prevalence is still recording a higher note.

#### **2.2.4 CHALLENGES BEING ENCOUNTERED**

The common set-backs that are being registered by the proponents of the responsive interventions are like: poverty, stigma and discrimination, harmful traditional practices and myths, funding and resources, drug abuse and language barrier. Over and above, how the step from notional awareness to real behaviour change communication has to be firmly taken.

##### **2.2.4.1 Poverty**

Frustration is wide spread concerning the general situation of poverty and inequity in the entire Karungu community. Ingrained dependency on free handouts as was mentioned earlier, as both a factual situation and an attitude which respondents find

hard to change, not only that, but also giving a better option for the contraction of the disease.

In the strict sense, however, as Hugh Slattery mentions that, "...it untrue to say that poverty is the cause of AIDS, it would also be untrue to say that poverty does not have an influence on the number of people dying from AIDS."<sup>10</sup> It is a fact, and this is what is happening in Karungu region. "Poor people living with AIDS frequently have a short life span because they cannot afford the diet and also the necessary drugs required to control the disease."<sup>11</sup>

There are incidences of transmission of the disease by HIV positive mothers to their new born, simply because of the general unavailability the of special drugs (anti-retroviral drugs) to the poor folks, which in many cases would prevent the passing on of the disease to the baby.

As its found common with those who live along the lake, so also in Karungu, that poor women sometimes give in to commercial sex with the fishermen, so that they can have something on the table for their children and the family.

#### **2.2.4.2 Persistent Stigma and Discrimination**

Stigma is caused by shame for one's past behaviour associated with HIV and by fear of the consequences. Many people in the region tend to keeping to themselves to avoid being excluded from their family, cast out by their neighborhood and discriminated in their work places. Even AIDS orphans are reportedly rejected by their own family.

This is vividly seen in Karungu, when the VCT centre still registers few couple clients. Majority are unwilling to take their spouses for couple counseling services. This therefore, leading to many being suspicious of their partners, thus, causing

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<sup>10</sup> S. HUGH, *HIV/AIDS A Call to Action; Responding as Christians*, 51.

<sup>11</sup> S. HUGH, 51.

misunderstanding and rejection in many households. It is even common to find one couple going for test and starts taking the drugs (ART) secretly without telling their partner.

Some workers would even opt for going outside St. Camillus Mission hospital for testing for the fear of being noticed by their fellow workers<sup>12</sup>, as Rose would maintain.

#### **2.2.4.3 Traditional Practices and Myths**

Many traditional, cultural practices persist in Africa- Karungu people. These place a heavier burden on women than men. Practices such as the levirate and widow inheritance and polygamy are still prevalence among the Luos in Karungu.

These customs facilitate the spread of AIDS, as those involved normally do not get tested beforehand. An inherited wife is even more exposed, as her new partner is in most cases a married man. Similarly, to woman in polygamous marriage, since sharing the same husband is unsafe for all of them. If one partner is infected, or for that matter is unfaithful, the chances of infecting the other partners to the marriage are obvious.

Misconception ideas surrounding HIV/AIDS are still common among Luos. Some still believe that HIV/AIDS is *Chira*, which comes as a result of a curse or disrespect to a taboo. This simply shows how ignorance, denial and harmful cultural beliefs continue to breed destructive practices.

#### **2.2.4.4 Funding and Resources**

The fight against AIDS cannot be won without sufficient financial resources. Largely almost all the interventional programs as mentioned above cannot succeed without proper funding. The AIDS pandemic presents a myriad of problems that require an enormous amount of money if any meaningful results are to be achieved. Since the

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<sup>12</sup> R. AKOTH, (2009) interviewed by the author.

problems involve generations of people, the funds need to be in a continuous flow. At the moment many church programmes depend on donations from abroad and this leads them to ignore resources that exist within the region. The challenge therefore is, in some cases, the donor funds are dwindling, thus a time is coming when it will be no more. It's thus, high time the local people start fundraising and maximum utilization of the locally available resources.

#### **2.2.4.5 Drug Abuse**

Majority of those who do fishing at night use drugs. They do this in the name of coping with the cold of the night, but with time they become addicts. This makes them loose proper mental coordination, hence exposing them to engaging in risky behaviors unconsciously.

#### **2.2.4.6 Language Barrier**

To an extent language is making it difficult for the missionaries who are in this region to communicate effectively about the importance of self control and behaviour change. The spiritual care, which is largely for the priets/pastors, is partially fulfilled because of language. Since the pastors are more disposed to give even a comprehensive counseling services, instill the Christian ideals and values, which touch the whole of human life; from spiritual, emotional, moral and physical.

### **Conclusion**

This chapter has been dealing with Karungu as it were, the kind of people found in the region, their way of life, how the AIDS pandemic is threatening them, how the church has responded, the extent of its response and the challenges still at base.

With the better knowledge of the problem and the extent at which it has been addressed, the struggle still continues and the target is to see into it that the well being of

the people is upheld and the threat of HIV/AIDS is contained. However, it is noted that much efforts need to be done from an individual towards the bigger society. That is, to deal with an individual person rather than the consequences the scourge is causing to the society.

This is why the next chapter is coming up with BCC intervention, which will explore on how one develops/forms his/her behaviour and to what extent can undesirable, behaviour be reversed to control risky lifestyles, and how this change can be communicated for a better result.

## **CHAPTER THREE**

### **LITERATURE REVIEW:**

#### **3.0 BEHAVIUROR CHANGE COMMUNICATION**

##### **3.1 DESCRIPTION OF BEHAVIOUR**

The term 'behaviour' has been understood by different authors. In their book, 'behaviour modification', Martin and Pear associate the term behaviour with some commonly used synonyms as 'activity,' 'action', 'performance', 'responding', 'response' and 'reaction'. Thus, "essentially, behaviour is anything that a person says or does. Technically, behaviour is any muscular, glandular, or electrical activity of an organism."<sup>13</sup> They go ahead and give two categories of behaviour; overt (visible) and covert (internal, private). The overt behaviour is activities that could be observed and recorded by an individual other than the one performing the behaviour. While the covert refers to private or internal activities that cannot be readily observed by others. They rather refer to activities that occur 'within one's skin' and that therefore require special instruments for those other than the person engaging in them to observe.<sup>14</sup>

Miltenberger on the other hand defines human behaviour as, "the action of individuals."<sup>15</sup> Correspondingly, it is not a static characteristic of an individual. Thus, it has one or more physical dimensions, under which it can be measured. They include the frequency (the number of times behaviour occurs); the duration (the time from when an instance of the behaviour starts until it stops); the intensity (the physical force involved in the behaviour). Due to these dimensions, behaviour can therefore, be observed and

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<sup>13</sup> M. GARRY – J. PEAR, *Behaviuor Modification; What it is and how to Do it*, 3.

<sup>14</sup> Cf. M. GARRY – J. PEAR, 4.

<sup>15</sup> R. MILTENBERGER, *Behaviuor Modification*, 2.

recorded. It also has an impact on the physical or social environment. Behaviour is said to be lawful, since its occurrence is influenced by environmental events.

Just like Martin and Pear, Miltenberger also maintains that behaviour may be overt or covert. “An overt behaviour is an action of an individual that can be observed and recorded...., covert behaviour, also called private events, and are not observable to others. For example thinking..., it cannot be observed or recorded by another individual.”<sup>16</sup>

### **3.2 BEHAVIOR FORMATION**

Behaviors are formed as a result of learning. Learning according to Weiten, “...is a relatively durable change in behaviour or knowledge that is due to experience.”<sup>17</sup> There are two kinds of learning: associative/conditioning and cognitive learning.

#### **3.2.1 Conditioning Learning**

Conditioning learning includes the classical conditioning and operant conditioning. In a general sense, psychologists use the term conditioning to refer to systematic procedure through which people learn to associate and respond to certain specific stimuli. “Conditioning is the simplest form of learning. It involves learning associations between stimuli and response.”<sup>18</sup> Classical conditioning or Pavlovian/Respondent conditioning, for this matter, “... is a type of learning in which a neutral stimulus acquires the ability to evoke a response that was originally evoked by another stimulus.”<sup>19</sup> This was a discovery on how conditions can produce a kind of learning.

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<sup>16</sup> R. MILTENBERGER, 3-4.

<sup>17</sup> W. WEITEN, *Psychology; Themes and Variation*, 190.

<sup>18</sup> W. WEITEN, 190.

<sup>19</sup> W. WEITEN, 191.

For instance, what Pavlov's demonstration of psychic reflex managed to discover the change of behaviour of a dog after pairing up the ringing of the bell with a stimulus (meat powder) that did produce the salivation response in a dog. Through this response the bell acquired the capacity to trigger the response of salivation.<sup>20</sup>

While on the other hand, classical conditioning best explains reflexive responding that is largely controlled by stimuli that precede the response. However, both animals and human make a great many responses that don't fit this description. Instead these responses are mainly influenced by stimuli events that follow them-especially their consequences. This type of conditioning is called operant conditioning. Thus, "operant conditioning is a form of learning in which voluntary responses come to be controlled by their consequences."<sup>21</sup> Operant conditioning probably governs a larger share of human behaviour than classical conditioning since most of our responses are voluntary rather than reflexive.

The fundamental principle of operant conditioning is embodied in the concept of reinforcement which according to Weiten, occurs when an event following a response strengthens the tendency to make that response.<sup>22</sup> In other words, we are more likely to repeat behaviors that lead to a desirable outcome. For example, one studies hard because good grades are likely to follow as a result. One goes to work because this behaviour leads to receiving pay checks. One involves in irresponsible sex because this behaviour leads to receiving some pocket money.

According to Skinner, reinforcement can occur in two very different ways which he called positive reinforcement and negative reinforcement. "Positive reinforcement occurs when a response is strengthened because it is followed by the arrival of a (presumably)

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<sup>20</sup> Cf. W. WEITEN, 190.

<sup>21</sup> W. WEITEN, 198.

<sup>22</sup> Cf. W. WEITEN, 200.

pleasant stimulus. In contrast, negative reinforcement occurs when a response is strengthened because it is followed by a removal of a (presumably) unpleasant stimulus.”<sup>23</sup>

### **3.2.2 Cognitive Learning**

As much as conditioning learning is appreciated, it is also noticeable that it is much of mechanical, in which stimulus response associations are stamped in by experience. It is also noted that conditioning is orchestrated by the environment and the organism plays a positive role, hence the mainstream theory of conditioning did not assign a major role to cognitive processes. It is therefore possible for a person to learn new behaviors just by thinking or using his/her imagination, that is, by cognitive learning. There are three key cognitive learnings: insightful learning, discovery learning and observational learning.

#### **3.2.2.1 Insightful learning**

This occurs when one discovers a relationship or connections between a series of events have occurred. So insight occurs through thought without direct reinforcement. Once an insight occurs, no further instruction, investigation or training is necessary. With insight, there is no reinforcement for specific behavior.

#### **3.2.2.2 Discovery learning**

This is another type of cognitive learning. The word “discovery” means to find out. In discovery learning, learners are exposed to experiences and with minimum guidance. They are led to discover the target information or principle on their own. In this process, the learner is active. Emphasis is placed on the individual’s active manipulation of materials; hence the meaning can be more meaningful and long lasting.

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<sup>23</sup> Cf. W. WEITEN, 207.

### 3.2.2.3 Observational learning

Observational learning has proven especially valuable in explaining complex human behaviors, but animals can also learn through observation. Observational learning occurs when an organism's responding is influenced by the observation of others who are called models. This process of observational learning is central to Albert Bandura's social learning theory, which assumes that, "social behavior is learnt mainly through observation and the mental processing of information."<sup>24</sup> He does not view observational learning as entirely separate from classical and operant conditioning. Instead he asserts that it greatly extends its search and relevance of these conditioning processes.

Essentially, observational learning involves being conditioned indirectly by observing another's conditioning. Weiten illustrates this by saying, "suppose you observed a friend behaving assertively with a car sales man and being reinforced by exceptionally good buy she obtained on a car. Your own tendency to behave assertively with sales people might well be strengthened as a result."<sup>25</sup>

Bandura has identified four key processes that are crucial in observational learning. Attention, Retention, Reproduction and Motivation. The first two highlight the importance of cognition in this type of learning.

Attention is to learn through observation. You must pay attention to another person's behavior and its consequence; Retention – because you may not have occasion to use the modeled response...you also have to store in your memory a mental representation of what you have witnessed; Reproduction-the enactment of a modeled response depends on your ability to reproduce the response by converting your stored mental images into overt behavior; Motivation; you are unlikely to reproduce an observed

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<sup>24</sup> L.M. SDOROW, *Psychology*, 308.

<sup>25</sup> W. WEITEN, *Psychology; Themes and Variation*, 217.

response unless you are motivated to do so. Your motivation depends on whether you encounter a situation in which you believe the response is likely to pay off for you.<sup>26</sup>

In conclusion, the above learning processes clearly demonstrate the enormous power of the environment in shaping the behavior of people under associative learning. Pavlov's model of classical conditioning shows how our experiences can account for our everyday emotional responses. Skinner's model of operant conditioning shows how environmental contingencies of reinforcement/punishment can model everything from a child's bedtime whim serving to an adult's restaurant preference.

Lastly, the cognitive learning runs through remembering, problem solving and decision making. Consequently, the insightful and discovery learnings show how a critical response can be given to environment; how an organism is conditioned vicariously by watching a model's conditioning in the observational learning. And how the principles of observational learning have been used to explain why some behaviors crop-up in the society; how observational learning can account for the influence of mass media on behaviour for example.

### **3.3 BEHAVIOR MODIFICATION/CHANGE**

As earlier mentioned in chapter one that behavior change is any transformation or modification of human behavior; this behavior change will strictly take the form and procedures of behavior modification.

Therefore, behavior modification is understood as, "a systematic approach to changing behavior through application of the principles of conditioning."<sup>27</sup> That is, it is a deliberate process of changing a particular pattern of behavior. It can also be defined as,

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<sup>26</sup> W. WEITEN, 217-218.

<sup>27</sup> W. WEITEN, 222

“the field of psychology concerned with analysis and modification of human behavior.”<sup>28</sup>

By analysis it means identifying the functional relationship between the environment and a particular behavior in order to understand the reasons of behavior or to determine why an individual behaved as he/she did. Whereas modification means, developing and implementing procedures to help people change their behavior.

Therefore, as Raymond maintains that behavior modification procedures help an individual to change socially significant behaviors with the aim of improving some aspects of person’s life. It is reasonable to add that behavior modification procedure also helps to establish new behaviors or skills and to increase or to maintain the levels of existing desirable behaviors. Consequently, it endeavors to decrease the occurrence of

Behavior modification procedures have proved to be applicable and successful in all aspects of human life. It has helped people to change a vast array of problematic behaviors like dental disabilities, mental illness, special education, rehabilitation, clinical psychology, business industry and human services, self management, child management, prevention sports, sports psychology, health related behavior and gerontology.<sup>29</sup>

### **3.3.1 PROCEDURES OF BEHAVIUR MODIFICATION/CHANGE**

Advocates of behaviur modification assume that our behaviour is a product of learning, conditioning, and environmental control. They further assume that what is learned can be unlearned. Thus, they set out to recondition people to produce more desirable patterns of behaviour. Therefore, the following are such procedures which are employed for the achievement of desirable behaviour

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<sup>28</sup> R. MILTENBERGER, *Behaviur Modification*, 5.

<sup>29</sup> R. MILTENBERGER, 12-15.

### 3.3.1.1 Extinction

This is a behaviour modification process based on operant conditioning change of maladaptive behaviors by controlling their consequences. That is, it aims at weakening the operant behavior. It is also understood as non-aversive procedure which decelerates a behavior by eliminating the reinforcer that maintains it. “It is a procedure of stopping the delivery of reinforce that follows a behavior and finding a decrease in the rate of the behavior.”<sup>30</sup> Extinction occurs when a behavior that has been previously reinforced no longer results in the reinforcing consequences and, therefore, the behaviour stops occurring in the future.

If behaviour is positively reinforced, a consequence is applied or added following the behaviour. Therefore, extinction of a positively reinforced behavior involves removal of the consequence. While extinction of a negative reinforced behaviour, involves removal of the elimination of the escape or avoidance that was reinforcing the behaviour.

In using this procedure, the most important step is to identify the reinforcing consequence and eliminating it. It is also a method whereby when used, behaviour increase is expected immediately, which is called a ‘behavioral burst’, and it will continue for a while (that is, in frequency, duration and intensity) and then decelerate until the behaviour is extinguished.<sup>31</sup> Extinction therefore, has outstanding benefits in decelerating behaviour. It is a non-aversive procedure, and it can be used separately or in conjunction with other procedures.

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<sup>30</sup> L.K. MILLER, *Principles of Everyday Behaviour Analysis*, 149.

<sup>31</sup> R. MILTENBERGER, *Behavior Modification*, 90.

### 3.3.1.2 Differential Reinforcement

This is a procedure in which one behaviour is reinforced while others are extinguished. Its ultimate goal is to increase the rate that behaviour relative to the others. There are three different types of differential reinforcement- Differential Reinforcement of Other behaviours (DRO), Differential Reinforcement of Low rate of responding (DRL), and Differential Reinforcement of Alternative behaviour (DRA).

As Miltenberger maintains, in DRO, the reinforcer is contingent on the absence of the problem behaviour. That is, the reinforcer is no longer delivered following the problem behaviour (extinction), but the reinforced is delivered following an interval of time in which the problem behaviour does not occur. The logic behind DRO, procedure is that if the reinforcer is delivered only after periods of time in which the problem behaviour is absent, the problem behaviour decreases through extinction, and time periods without the problem behaviour should increase. If periods of time without the problem behaviour increase, the occurrence of the problem behaviour naturally decreases.<sup>32</sup>

In the DRL, the reinforcer is delivered when the rate of the problem behaviour is decreased to a criterion level. In this procedure one does not reinforce the absence of the behaviour as in the DRO procedure; rather one reinforces a lower rate of the problem behaviour.<sup>33</sup> A DRL procedure is used when a low rate of the problem behaviour can be tolerated or when the behaviour is a problem only because of its high rate.

The third type is a DRA, where an alternative behaviour is identified and this behaviour is reinforced to take the place of the problem behaviour. At the same time, extinction is used for the problem behaviour. Therefore, as the alternative behaviour

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<sup>32</sup> Cf. R. MILTENBERGER, 338.

<sup>33</sup> Cf. R. MILTENBERGER, 343.

increases in frequency, the problem behaviour decreases. When using DRA procedure, it is important to choose an alternative behaviour that is functional for the individual; that is, the alternative behaviour should result in the same consequence that was the reinforcer for the problem behaviour prior to extinction.<sup>34</sup>

In addition, the alternative behaviour must be functionally equivalent to the problem behaviour, it must involve less response effort than does the problem behaviour and it must therefore result in immediate reinforcement.

### **3.3.1.3 Antecedent Control/Manipulation Procedures**

This includes a change in the environmental events that evoke the problem behaviour or alternative to replace the problem behaviour. According to Miller, Antecedent control procedures involve, "... the manipulation of some aspect of physical or social environments to evoke a desired response or to make a competing behaviour less likely."<sup>35</sup> Antecedent for this case is a stimulus/event that precedes the target behaviour.

There are six types of antecedent manipulation. The first one is to eliminate or alter the antecedent stimuli that exert stimulus control over the behaviour. The second type is providing the antecedent stimuli for desirable alternative behaviour. As it has been noted above, one of the strategies for decreasing problem behaviour is to reinforce a functionally equivalent alternative behaviour. If the desirable alternative behaviour increases in frequency and results in the same reinforcer as the problem behaviour, the problem behaviour is less likely to occur. Therefore, one antecedent strategy to decrease

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<sup>34</sup> Cf. R. MILTENBERGER, 343.

<sup>35</sup> L. K. MILLER, *Principles of Everyday Behaviour Analysis*, 559.

the likelihood of a problem behavior is to provide the antecedent stimuli that evoke the alternative behavior, so that it is more likely to occur and be reinforced.<sup>36</sup>

The third type is to eliminate. All problem behaviors are maintained by the consequence events that they produce. One strategy for decreasing the problem behavior is use extinction, which eliminates the reinforcing event following each instance of the behavior. However, if the use of extinction is not possible, this third type is employed.

The fourth type is creating or enhancing an establishing operation for reinforcer that is maintaining desirable behavior. The fifth type is increasing response effort for the problem behavior. When two responses result in the same outcome, the response that requires less effort will be more likely to occur. Therefore, one strategy to decrease a problem behavior is to alter antecedent conditions so that the problem behavior requires more effort than a functionally equivalent alternative behavior that is more desirable.<sup>37</sup>

The sixth type of antecedent control procedure is to decrease response effort for desirable alternative behavior. “If the alternative behavior requires less effort but results in the same reinforcing consequence as the problem behavior, the alternative behavior is more likely to occur. For example to decrease pollution, city officials wanted to decrease the number of cars on the road.”<sup>38</sup>

Therefore, extinction, differential reinforcement, and antecedent manipulation comprise a trio of functional non-aversive interventions for decreasing problem

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<sup>36</sup> Cf. R. MILTENBERGER, 359.

<sup>37</sup> Cf. R. MILTENBERGER, 360.

<sup>38</sup> R. MILTENBERGER, 361.

behaviours, by modifying the antecedent and consequent variables that control the behaviours.

### **3.3.1.4 Punishment**

People usually think of punishment as doing something unpleasant. This is not a scientifically useful definition, because people often disagree about what is unpleasant. Behaviour analysts define punishment more technically as, “the procedure in which a punisher is administered contingent on an undesired behaviour.”<sup>39</sup> And a punisher for this case “is an event that follows a behavior and decreases the frequency of that behavior.”<sup>40</sup> That is, a consequence that makes a particular behaviour less likely to occur in the future. Punisher is the opposite of a reinforcer. Therefore, punishment occurs when a behaviour is followed by a consequence that results in a decrease in the future probability of the behaviour.

There are two types of punishment. When the occurrence of a behaviour is followed by the presentation of a reinforcer/stimulus and, as a result, the behaviour is less likely to occur in the future. Hence, this is called Positive punishment. Whereas, when the occurrence of a behaviour is followed by the removal of a reinforcer/stimulus and, as a result, the behaviour is less likely to occur in the future, and this is called Negative punishment. In both forms, the behaviour is weakened.

Punishment can be employed in form of ‘time-out’ and ‘response cost’. Where the former involves, the removing of the person or organism in question from the reinforcing situation for a brief period of time.<sup>41</sup> It is appropriate with the problem behaviours that are maintained by positive reinforcement involving social or tangible reinforcers. For instance, a child who is much preoccupied with watching TV or playing, and ignoring the

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<sup>39</sup> L. K. MILLER, *Principles of Everyday Behaviour Analysis*, 356.

<sup>40</sup> L. K. MILLER, 356.

<sup>41</sup> Cf. L. K. MILLER, 356.

responsibilities given by the parents, can be denied access to TV room or play-mates for a while until he /she comply to take the responsibility.

On the other hand, response cost is, “the removal of a specified amount of a reinforcer contingent on the occurrence of a problem behavior.”<sup>42</sup> Response cost is a negative punishment procedure when it results in a decrease in the future probability of the problem behavior. For instance, when one is caught over-speeding, he/she is liable to pay a fine. For this reason, money is commonly used in response cost procedures, because it is a reinforcer for practically everyone and because it is easily quantified, as maintained Miller.

However, it is noted by the analyst that punishment procedures are usually not the first choice for interventions for decreasing problem behaviors. They are typically used only after functional non-aversive interventions- extinction, differential reinforcement, and antecedent manipulations- have been implemented or considered.

### **3.3.1.5 Behavioral Contracts**

As Raymond Miltenberger defines it, “a behavioral contract (also called a contingency contract) is a written agreement between two parties in which one or both parties agree to engage in a specific level of a target behaviors.”<sup>43</sup> There are five essential components of a behavioral contract. The first component includes identifying or specifying the target behaviors. This focuses on the undesirable behaviors to be decreased or desirable behaviors to be increased or both.

Another component is stating how the target behavior will be measured. That is, the clients must be able to prove that the target behaviors did / did not occur so that the contingencies can be implemented correctly.

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<sup>42</sup> L. K. MILLER, 383.

<sup>43</sup> R. MILTENBERGER, *Behavior Modification*, 464.

The third component is stating when the behaviour must be performed. Each contract must have a time frame that states when the behaviour must occur or not occur in order for the contingencies to be implemented.

The fourth component is identifying the reinforcement or punishment contingency. The contract therapist/ manager utilize positive punishment to help the client perform or refrain from the target behaviour stated in the contract.

The last component is identifying who will implement the contingency. A contract necessarily involves two parties. One party agrees to engage in a specified level of the target behaviour and the other party implements the reinforcement or punishment contingency stated in the contract.

These components of the contract must be negotiated by the parties so that the contract is accepted to all involved.

As a synthesis therefore, there are some models which have been developed to be applied in enhancing the behaviour change in any given society.

### **3.4 MODELS OF BEHAVIOUR CHANGE**

These recommendations are based on the principles and procedures of behaviour formation and modification. The main aim of these models is to harmonize the above highlighted principles and the practical situation or applications. They include:

#### **5.4.1. 'Social-learning theory' Model**

It emphasizes on observational learning as the primary mechanism for acquisition of skills and behaviour in human beings. This is simply the copying of others, who are said to be modeling the behaviour being learned. In this model, the role of reinforcement is paramount.

### **5.3.1.2 ‘Social support’ Model**

It is also an important mechanism for reinforcing new behaviors. It draws its significance from other, that is, one’s spouse or family and peers. Personal change as it were, occurs in a context of social relationships, which depending on their nature can facilitate or undermine individual’s efforts at change.<sup>44</sup> It is through the social support that people can learn a form of social-skill- assertive training, which helps them to express their feelings constructively in social situations.

### **5.3.1.3 ‘Behavioral Contracting’ Model**

This model has been employed extensively in the context of individual as well as group therapy. Here, an information agreement is established with an individual defining a particular behavioral goal that is to be achieved within a specified period of time.

### **5.3.1.3 ‘Theory of Reasoned Action’ Model**

It views persuasive health communications as attempts to alter primary beliefs/customs about relationship between specific behaviors and their consequences. According to this model, “intentions to perform a recommended behaviour depend on three factors: (a) beliefs as to the likelihood of particular consequences as a result of performing the behaviour, (b) beliefs regarding the positive or negative nature of these consequences and (c) beliefs about what others think one should do concerning performance of the behaviour.”<sup>45</sup>

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<sup>44</sup> Cf. D.G. FISHER- R. NEEDLE, eds. *AIDS and Community based Drug Intervention Programs; Evaluation and Outreach*, 193.

<sup>45</sup> D.G. FISHER- R. NEEDLE, eds, 193.

These models are used in the recommendations, which highly borrow from the literature review.

### **Conclusion**

This chapter encompasses the whole idea of Behavior Change Communication. With the knowledge on how behavior is formed, the above procedures are put in place to maintain a desirable behaviour or modify the undesirable one. However, this will only succeed when the relevant procedure is applied to problem behaviour, since not all can be used to change every undesirable behaviour. Therefore, the attempt of identifying the problem behaviour, choosing the relevant modification procedure and seeking to apply it in terms of communicating it to the people is what BCC entails.

For a complete HIV/AIDS prevention programme people need a process that will help them unlearn Behaviour that puts them at risk of acquiring HIV/AIDS, a programme which reinforces Attitude and Behaviour that enable them choose life and embrace a culture of life. Everyone has an inherent desire to rise to higher expectations in life. These behaviour change processes must be made available to everybody as the most essential strategy in overcoming the HIV/AIDS pandemic.

## **CHAPTER FOUR**

### **4.0 DATA PRESENTATION AND FINDINGS**

#### **4.1 RESEARCH DESIGN**

This chapter presents and interprets the collected data. This is done under some selected themes formulated. But before that, the design took the form of setting guiding questions, which were aimed at getting the cream of the extent of HIV/AIDS in the region. Majority of the respondents were willing to give their taste on the issue, though some took it with some reservations and were not willing to give their views on some asked questions. This was because they took it that some questions were very much involving and required commitment, since they inquire on some sensitive life issues.

Nevertheless, through the cooperation of majority the required answers were achieved and the prime aim of carrying out the research was attained. The research was conducted between March to August 2009; the compilation of the work was done from September to November, the same year.

#### **4.2 LOCATION OF THE STUDY**

This research was conducted in Karungu area in Nyanza province along the shores of Lake Victoria. The main economic activities of the inhabitants of the area are cultivation (in small scale) and fishing. The latter has attracted many people from different areas, across the country and even neighboring countries such as Uganda, Tanzania and even Rwanda Burundi. This makes Karungu a busy area. The area is three Kilometers from Sori, a trading center, having a beehive of activities. Thus there is a lot of money from the fishing industry in this area.

This study has concentrated more in St. Camillus Mission Hospital, which has got workers, student from schools at the neighborhood, and of course the patients from the

Division and its environs. We chose this hospital basically because it is the center from where the local church is dispensing its services and intervention to the infected and affected locals. Also being a mission center it has the very pastoral agents who are involved in these activities.

Looking at this, it is evident that these people- the staff/workers, students and the patients comprise more or less from all over Karungu and beyond, giving well representation of the region.

#### **4.3 SAMPLING PROCEDURE**

In order to get a wide perspective of the nature and extent of HIV/AIDS awareness and their attitudes on the different kinds of responses put in place, the samples were selected randomly as well as purposely for use as a case study. This implied selecting of just some people randomly without any specific consideration. However, it is purposive in the sense that we have targeted a specific group, namely the pastoral agents, workers, students and the patients, that we can establish how challenging is their efforts in trying to control the spread of HIV/AIDS.

The researcher purposely chose St. Camillus Mission hospital, since its kind of a central point from which pastoral interventions and programs are dispensed. Being a mission hospital, the local church uses its facilities and resources to reach the majority in Karungu region and its environs. This hospital is owned by the Camillians- a Catholic religious congregation and also the sponsor of these response interventions.

Twenty five workers, fifteen patients and thirty students were chosen at random. Accordingly, sampling did not consider the age, gender or even their level of education. All these were established after they had responded to the questionnaires. Among the workers were the social workers, nurses, chaplains and teachers.

The social workers were chosen as those employed to respond to the challenging reality of HIV/AIDS. Their work is to give counseling, give the testing and give education on HIV/AIDS among the people. Nurses definitely may have some useful knowledge on the situation of the patients. The chaplains give the spiritual approach and explore deeply on the world of the sick. The patients actually give the testimony on their experience. Teachers give the dynamics of the youths in the area. Students stand better chance to give their way forward since the challenge of behaviour change largely targets the youths.

#### **4.4 RESEARCH METHODS**

To generate data therefore, this research largely employed the two major approaches of quantitative and qualitative. Quantitative approach is whereby the first-hand information is gotten from the people themselves, either by one-on-one interaction (interview) or by putting down on writing (questionnaires). Whereas, qualitative approach is the secondary source, which mainly deals with the study of past literature accredited sources. This therefore relied on questionnaires, interviews and personal insight or pastoral insertion and observation as research instruments.

##### **4.4.1 Questionnaires**

Seventy questionnaires were distributed among these people: 20 workers, 20 patients and thirty students. Among them were 40 female and thirty male. Fifteen of them did not indicate their gender. Among the 20 workers; 10 were social workers, 2 were teachers and 8 were nurses. Actually seventy five questionnaires were distributed, but five were not received back.

Each questionnaire included questions that focused on various issues, ranging from the major causes of the disease in this area, factors that enhance its spread,

knowledge on Church's efforts to respond to it and the importance of the possibility of BCC as a recommended intervention towards the control of the spread of HIV/AIDS.

#### **4.4.2 Interviews**

In-depth interviews were conducted with twenty individuals, twelve male and eight females. Among whom were a teacher, six social workers, six patients and two chaplains. All of them were picked randomly, but here now with some considerations of sex, status and profession. Equally balanced focus was put on the social workers and the patients to get the real picture of how they handle the challenge and how they are receptive to the services respectively. Being the ministers of the Gospel, the chaplains were recommended to identify the extent of Christian values imparted on the locals.

Besides, personal insight and observation gave some input given that the researcher once had a pastoral experience in the area. The library materials, the documented reports from both the international and local organizations were also used. Internet materials were also other methods used in the research.

#### **4.5 DATA ANALYSIS AND INTERPRETATION**

After the collection of the data, it was processed for computation. The quantitative data was analyzed and represented in form of cross tabulation; frequencies, percentages and the use of pie-chart. Content analysis was then used for qualitative data. Themes were formulated and used to relate to the quantitative data, then interpreted to answer the prime questions of the study.

Mainly, the themes focus on the major cause of transmission, the factors that enhance the transmission, the effectiveness of the interventions and the possibility of BCC to the locals. The first five set of questions represent how the virus is contracted through sexual interactions; the second two set show how much is known about AIDS

and the prime agent of this dossier; the last set question concentrates on the most effective intervention to combating the spread of HIV/AIDS.

#### 4.5.1 Sex and HIV/AIDS

**TABLE 1. Is irresponsible sexual behaviour the major cause of HIV transmission?**

RESPONSE	FREQUENCY	PERCENTAGE (%)
YES	80	88.89%
NO	10	11.11%
TOTAL	90	100%

From the table above majority of people strongly believe that irresponsible sexual behaviour contributes largely to the HIV transmission. This scores 88.89% (table 1). Among other causes of transmission, sex is the most dominant. This can be interpreted to mean that not only sexual relationship is rampant in the region, but sexual relationship with those who are HIV positive, hence the high rate of spread.

**TABLE 2. Do you have multiple sex partners?**

RESPONDENTS		REQUENCY		PERCENTAGE (%)
GENDER	MALE	NO	10	23.81%
		YES	32	76.19%
		TOTAL	42	100%
	FEMALE	NO	28	58.33%
		YES	20	41.67%
		TOTAL	48	100%
GENERAL TOTAL			90	100%

The study also reveals that, from the total of those interviewed and those who answered the questionnaires, that is, 42 male and 48 female, men appear to be having more than one sexual partner (table 2). This confirms what had been mentioned earlier of pre-marital/extramarital relationships, polygamy and wife inheritance as influential factors that enhance the spread of the virus. These factors link up with the belief that men are free to move around with other women besides their matrimonial wives. This practice is not common with women, especially those who have entered into marriage contracts, though different is slim as compared to that of men. This suggests that the tradition of faithfulness among those in relationships, both for the married and unmarried is not well upheld.

**TABLE 3. What are the factors that encourage irresponsible sexual behaviour?**

<b>RESPONSE</b>	<b>FREQUENCY</b>	<b>PERCENTAGE (%)</b>
<b>Poverty</b>	<b>33</b>	<b>36.67%</b>
<b>Idleness</b>	<b>21</b>	<b>23.33%</b>
<b>Cultural practices</b>	<b>21</b>	<b>23.33%</b>
<b>Peer influence</b>	<b>10</b>	<b>11.11%</b>
<b>Ignorance</b>	<b>5</b>	<b>5.56%</b>
<b>TOTAL</b>	<b>90</b>	<b>100%</b>

Majority associate the spread of HIV/AIDS with the economic situation of people, as many who engage in an irresponsible sexual intercourse do it because of income for their livelihood (table 3). This is at breadth with idleness, since not many are involved in income-generating activities. Also few options for recreational activities promote

idleness. Those who work at night, especially fishermen are not occupied during the day; hence stand higher chances of temptation into risky behaviors like sex.

Some still hold on the cultural practices and customs like wife inheritance and polygamy. This expose them to engaging in sex with more than one partner, whom they are not even sure if they have been test and proven to be negative.

Influence among the peers and ignorance are also some the factors that enhance irresponsible sexual behaviour.

**TABLE 4. Are you for wife inheritance incase one loses a partner?**

<b>RESPONDENTS</b>	<b>FREQUENCY</b>	<b>PERCENTAGE (%)</b>
<b>YES</b>	<b>48</b>	<b>53.34%</b>
<b>NO</b>	<b>42</b>	<b>46.66%</b>
<b>TOTAL</b>	<b>90</b>	<b>100%</b>

There is an indication that some people still hold on the values of the cultural customs (table 4). The pro-wife inheritance argue that staying alone might be difficult thus, those who have lost their partners, after going for test, are seeing the possibility of looking for another partner, hence encouraging wife inheritance. Some also maintain that they have to follow their culture. Some noted that because of young age and they are still sexually active they have to get another person, but with the consultation from the VCT centre.

**TABLE 5. From your own observation, have young boys and girls in this area learnt to say ‘NO’ to irresponsible sexual behaviour?**

<b>RESPONDENSE</b>	<b>FREQUENCY</b>	<b>PERCENTAGE (%)</b>
<b>YES</b>	<b>25</b>	<b>27.78%</b>
<b>NO</b>	<b>55</b>	<b>61.11%</b>
<b>NO ANSWER</b>	<b>10</b>	<b>11.11%</b>
<b>TOTAL</b>	<b>90</b>	<b>100%</b>

From the research, majority strongly believe that the young people who are sexually active are not ready to ignore those who ask them for sex (table 5). Most of them take sex as form of enjoyment and achievement. This question was asked to both the young and adults. Of course it seemed challenging amongst the young, majority of them were giving a negative answer. But among the adults, the answers were positive, since most of them were saying what they could observe from the young. Thus among the respondents, 25 (27.78%) said gave a negative response, while 55 (61.11%) of them confirmed the question. Ten (11.11%) of them were not able to give a definite answer.

#### **4.5.2 Awareness and Behaviour Change**

**TABLE 6. Has the Church helped you to know more about HIV/AIDS?**

<b>RESPONDENSE</b>	<b>FREQUENCY</b>	<b>PERCENTAGE (%)</b>
<b>YES</b>	<b>80</b>	<b>88.89%</b>
<b>NO</b>	<b>10</b>	<b>11.11%</b>
<b>TOATL</b>	<b>90</b>	<b>100%</b>

It is almost unanimously agreed by the respondents that the Church has done a great deal in creating awareness (table 6). The Church has been the dominant institution that disseminates the information about HIV/AIDS. Because of this, many are aware of how HIV/AIDS is caused and its effects on the society. Among the commonly mentioned causes of HIV/AIDS were, having sex with those persons who were HIV/AIDS positive.

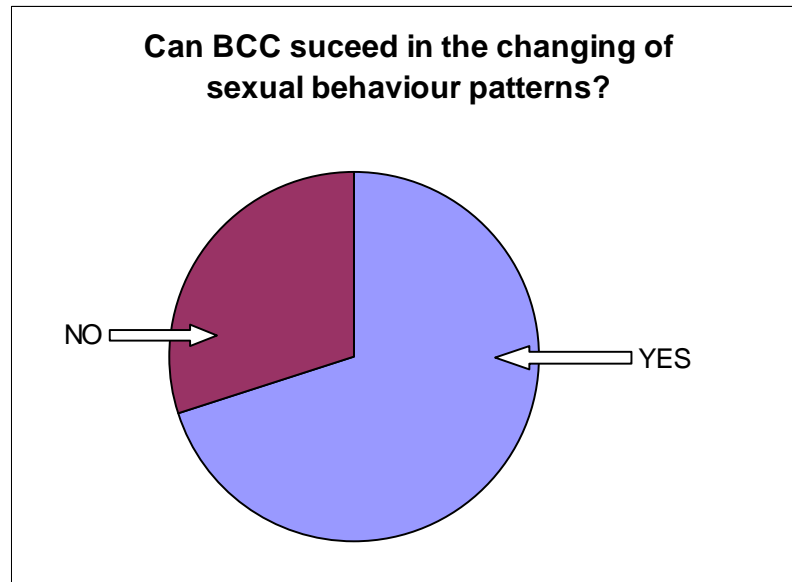
Looking from the prevalence of the HIV/AIDS, it is clear from the findings (table 6) that, yes, the information is there, but the willingness to follow that knowledge is minimal. This therefore, gives different implications; either the approach in delivering information is not proper or there is something or a part which the information has not been able to tackle. 22.22% of them believe that due to awareness, at least some are responding by changing. 11.11% seem to be not in a position to say whether the awareness is making the spread to reduce or increase.

**TABLE 7 Do you see this awareness from the Church making people ready to change their irresponsible sexual behaviuor?**

<b>RESPONDENSE</b>	<b>FREQUENCY</b>	<b>PERCENTAGE (%)</b>
<b>YES</b>	<b>20</b>	<b>22.22%</b>
<b>NO</b>	<b>60</b>	<b>66.67%</b>
<b>NO RESPONSE</b>	<b>10</b>	<b>11.11%</b>
<b>TOTAL</b>	<b>90</b>	<b>100%</b>

### 4.5.3 BCC and Reduction in the spread of HIV/AIDS

CHART 1



Among those who were engaged in the in-depth interview, all patients were very much for the Behavior Change Communication, since they believe that HIV/AIDS can be controlled by avoiding any occasion that make people vulnerable and this largely depends on one's behavior. Besides the patients, majority of the respondents recommend the BCC, as one of the effective ways that can succeed in the spread control of HIV/AIDS. Since, people have the awareness; the only intervention is to change the attitude about all influences, both internal and external.

#### **Conclusion**

From the data analyzed above on the themes formulated, it shows that sexual intercourse is the major cause of HIV/AIDS transmission among the people of Karungu. This is greatly motivated by having unselected sexual partners. Further findings show that there are factors that expose these people to such behaviors. Such factors include

poverty, idleness, cultural practices, ignorance and peer influence; regardless of the reasons, which are tied up with these factors, all end up in engaging in sexual intercourse.

However, there is enough knowledge on HIV/AIDS among these Karungu people. This is associated with the tireless efforts by the local Church through their intensive programmes, although many still stand high chances of contracting the virus because of low response to changing attitude on behaviours.

The next chapter therefore, gives an overall application of the intervention with reference to the findings above. It views this from the theological and pastoral perspectives.

## CHAPTER FIVE

### PART I: THEOLOGICAL REFLECTION

#### Introduction

This part gives a triad-perspective reflection. The apex being the human dignity and the stretched sides are the human sexuality as a gift from God and the love and AIDS. Behaviour change being a social problem; human being is a social being; therefore all aspects of his life will follow from his essence, his dignity.

To a greater extent sexuality is implicated in the question of AIDS, hence many cases of transmission of the virus are of heterosexual origin. The reflection therefore, focuses on sexuality as a gift from God.

The reflection also focuses on Love in the world of HIV/AIDS, which enables the infected and the affected be viewed from a loving perspective rather than judgmental perspective. All the three approaches are interconnected, having the human dignity as the foundation from which all are built.

#### 5.1.1 Human Dignity and Sex

Our response to AIDS must start from this deep awareness of human dignity, with our God given free will and our God given gift of human sexuality. Human dignity originates from God and is of God because we are made in God's own image and likeness (Gen.1:26-27). For this reason, human dignity is unalienable – that means, it is an essential part of every human being and is an intrinsic quality that can never be separated from other essential aspects of the human person.<sup>46</sup> Human being during creation is endowed with intelligence and capacity for self-determination, we are able to know (reason) and love just as God has these faculties in their perfection. Thus, as beings

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<sup>46</sup> Cf. [http://www.coc.org/system/files/huma\\_dignity.pdf](http://www.coc.org/system/files/huma_dignity.pdf), retrieved on 30/10/2009.

that resemble God, every person is the equal of every other, important and valuable before Him. No one is therefore entitled to take another one as a means to satisfy his or her needs.

The respect for human dignity gives the foundation of a moral vision of society. Engaging in irresponsible sexual relationship is not in keeping with the dictates of human dignity, be it for an individual self or to the other self. In the same breath, those who are using their bodies for commercial sex, regardless of which reason, are also abusing their dignity; and those luring others with money into sex are disregarding the dignity of the other person- they are using others as means to fulfilling their interests. As Hugh holds, "...the gift of human sexuality ... is widely trivialized and exploited to serve powerful business interests and unbridled pleasure."<sup>47</sup>

It is therefore through the respect of human dignity that the destructive cultural practices and customs, which in most occasions disregard women and children in this community are going to be overcome.

A reflection of human sexuality and love for the sick are just but emphasis on the value of human dignity. It will not be until people embrace respect of human dignity that they will be able to recognize the importance of human sexuality, and to extend their care and compassion to both the infected and affected without any branding or prejudging them.

### **5.1.2 The Gift of Human Sexuality**

In human existence, one of the most beautiful, intimate and deepest of all relationship is that shared between a male and a female. "Sexuality is inherent to our

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<sup>47</sup> S. HUGH, *HIV/AIDS A Call to Action; Responding as Christians*, 62.

being. It is a precious gift that cannot be separated from life events.”<sup>48</sup> This begins at conception, is manifested at birth and blossoms at puberty, with its ultimate at sexual gratification and procreation. Sexuality is the most powerful gift. It can either built a person or destroy a person, thus it requires a responsible handling.

In the Biblical view of sexuality, the statements of the Old Testament and in particular of the book of Genesis have preserved mankind’s primal understanding of man’s sexual differentiation. “Human heterosexuality is the work of the creator.”<sup>49</sup> God created man in his own image, in the image of God he created him; male and female he created them.” (Genesis 1:27). The text speaks in the same breath of man as God’s image and as differentiated into two sexes. The sacred author adds to this that this is very good (Genesis 1:31). That is, the entire man is created good. Therefore, sexuality too, as a gift of God, is wholly accepted.

The purpose of sexuality according to the first chapter of Genesis is the bearing of offspring. “God blessed them, and God said to them, be fruitful and multiply, and fill the earth and subdue it.” (Genesis 1:28; 9:1). “The words express a mandate and a blessing. This is in line with the Old Testament’s regard for fertility, considering it a gift from God. Just as the purpose of all heterosexuality is generation, so it also applies to man.”<sup>50</sup>

Apart from the first chapter of Genesis, the Old Testament views sexuality as a fountain of love. “...the spontaneity of love is not missing all together.”<sup>51</sup> The free, ardent of love between man and woman finds a most poetic portrayal in the Song of Songs, where sexual love is appreciated and celebrated. “The song of songs is a clear

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<sup>48</sup> H. TABIFOR, *The Dignity of Human Sexuality and AIDS Challenge*, 16.

<sup>49</sup> K. E. PESCHKE, *Christian Ethics; Moral Theology in the Light of Vatican II*, 391.

<sup>50</sup> K. E. PESCHKE, 391.

<sup>51</sup> K. E. PESCHKE, 393.

indication that sages considered man's sexuality as a gift to be rejoiced in and enjoyed."<sup>52</sup> Since sexuality as it were, is experienced as a vulnerable possession which man must protect against abuse by others and also by himself; such poems as of the Song of Songs are not about promiscuity. There is no word of a lover enjoying another love elsewhere. Instead, rather there is endurance and permanence in the kind of love described. "...set me as seal on your heart, as a seal on your arm, for stern as death is love..." (Song of Songs 8:6ff). This traditionally discourages the extra-marital relations among people.

In the New Testament, Jesus displays a natural attitude towards sexuality and offers no encouragement to a dualistic contempt of sex. He treated women with equal regard and concern to men. In fact women were among his disciples and friends (Matthew 27:55ff, Luke 8:2ff, 10:38-42, John 11:20-36). There is no trace in the teaching or conduct which suggests a depreciation of women or the marriage state.

This therefore, emphasizes the equality between men and women. Women are not to be used only as sexual objects.

According to 1Thessalonians 4:3-8, the sanctification required by God demands abstention from immorality and purity in married life. In the list of vices in I Corinthians 6:9ff, Paul warns that "neither the immoral nor idolaters, nor adulterers, nor homosexuals will inherit the kingdom of God." The same chapter maintains that, "Christians must sanctify their bodies because they are the temples of the Holy Spirit." (I Corinthians 6:13-20)

In this regard, the married people are exhorted to maintain faithful love for each other. (Colossians 3:18ff, I Peter 3:1-7). This love is greatly enabled by the parallel which is drawn in the later to the Ephesians between the bond that unites Christ with the church

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<sup>52</sup> K. E. PESCHKE, 393.

and the bond of the marriage covenant (Ephesians 5:21-33). Husbands should love their wives as Christ has loved the church and given himself for her. And wives should adhere to their husbands as the church does to Christ. From this notion, “marriage derives a unique dignity and particular stability.”<sup>53</sup> This therefore discourages the extra marital sexual relationship among people. For this reason, the question of having more than one sexual partner is not in line with the Christian teaching.

For those who have not entered into marriage contracts, the young included; the New Testament is commending observation of virginity. “The fulfillment of sexuality in marriage no longer appears as the only way for man in this world; the way of virginity appears besides it as a second form of life. (Matthew 19:11)”<sup>54</sup> That is, one can forego sexual intercourse until marriage, or can sacrifice marriage for consecrated celibacy, which Paul considered better. (I Corinthians 7:8, 25-28)

From the patristic thoughts, down to the teachings of Magisterium; the church has been sensitive on the issue of sexuality. The church fathers (the likes of Gregory of Nyssa, John Chrisostom and others), in sexual matters, maintained that desires frequently seemed to overpower reason. Thus, this led them to stress the procreative end or purpose of marriage, for this wonderful purpose provides married couples with a reasonable ground for the choice to have sexual relations. They believed that “sex in itself, as created by God is good and is intended for the generation of new life.”<sup>55</sup>

In line with the church fathers, both St. Augustine and St. Thomas Aquinas taught that the end purpose of the exercise of the genital organs is the generation of offspring.

On the other hand, the teaching office of the Church, the magisterium views sexuality as based on threefold parameter. That means it must always be practiced within

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<sup>53</sup> K. E. PESCHKE, 395.

<sup>54</sup> K. E. PESCHKE, 395.

<sup>55</sup> R. LAWLER – J. BOYLE – W. E. MAY, *Catholic Sexual Ethics*, 50.

the covenant of marriage, it must be total-self giving and lastly it must be open to life. In other words, every sexual act must be marital, life giving and love giving.

In proclaiming the norms of sexual behavior noted in God's law and respect for the inviolable dignity of the human person and the good of human sexuality, the magisterium has always taught that it is seriously wrong to choose to engage in any sexual activity that is not authentically marital. From the first days of the church, pastoral leaders taught as scripture had that those who engage in fornication, gross indecency and sexual irresponsibility "...shall not inherit the kingdom of God" (Galatians 5:19-21). The catechism of the Catholic Church declares that, "sexuality is ordered to the conjugal love of man and woman...in marriage the physical intimacy of the spouses becomes a sign and pledge of spiritual communion. The spouses' union achieves the twofold end of marriage; the good of the spouses themselves and the transmission of life" (CCC 2360-63). This therefore is not in keeping with the irresponsible sexual behavior that is notorious in our region of study.

The church has always taught that the union of man and woman in marriage is a good and holy thing. It is good because as scripture makes clear, God himself instituted it, and gave it its defining characteristics. It is holy because the lord Jesus made marriage a sacrament of his spousal union with his bride, the church and a source of grace. In '*Gaudium et Spes*,' among many other documents, the church clearly teaches that marital intercourse is good and holy when choice to engage in this act is properly marital. "...spouses therefore will need grace for leading a holy life..." (GS, 49).

In his highly celebrated encyclicals, *humane vitae*, Pope Paul VI teaches that any marital act which separates the procreative from the unitive significance of marriage and the marital act is wrong. According to the Pope, it must be seen as intrinsically immoral

“every action which either in anticipation of the conjugal act or in its accomplishment, or in the development of its natural consequences, proposes, whether as an end or as a means to render procreative impossible” (*Humane vitae*, 10)

Again in *Familiaris Consortio*, John Paul II provides a succinct, clear, and powerful summary of the church’s teaching on sexuality regarding the issue of self-giving. He vehemently teaches that, “the only place in which the self-giving of man and woman in its whole truth is made possible in marriage, the covenant of conjugal love freely and consciously chosen.” (*Familiaris Consortio* 11).

The church Fathers, theologians and the teaching office of the church have been emphasizing on marriage and its purpose as the avenue to exercise the gift of sexuality, since that is where the church recognize as its rightful place. Sex outside marriage is wrong. And it is on this basis that the church discourages irresponsible sexual behaviors, whose consequences are devastating to our society, among which the impact is created by the HIV/AIDS pandemic.

### **5.1.3 Love and AIDS**

AIDS is one of the greatest challenges to the Church’s healing care. A symptom of a sick and suffering society is an invitation to a radical conversion, to a new way of thinking and acting. We need to have a holistic approach to the caring, healing and cultivate a compassionate relationship with the PLWHA and those most at risk.

If not all, most homesteads in Karungu have either someone infected or affected. This leads to a frustrated life or community, and it also threatens human existence at large. Due to the infected rate of the pandemic, the PLWHA are stigmatized, rejected and discriminated in all spheres of life. Regardless of fears and worries, the PLWHA are our colleagues, workers, relations, parents and friends. Why then must we take God’s

position of judging and condemning our brothers and sisters? Many people have even gone further to hold a belief that AIDS is a divine castigation.

Jesus teaches us that illness is not a punishment from God, or an indication that someone has sinned, but an opportunity that “the works of God might be revealed” (John 9:3). As maintained by the Bishops in Kenya, “to condemn someone, or speak about someone or treat someone, as if God is punishing him/her with HIV for having sinned, is wrong and probably itself sinful.”<sup>56</sup> instead this is the moment we need to embrace those infected and affected with love and compassion. Even St. Paul exhorts us, “then let us no more pass judgment on one another, but rather decide never to put a stumbling block or hindrance in the way of a brother or sister” (Rom.14:13).

No AIDS’ case can be seen in isolation. The words of Jesus in the Gospel of Luke are very much to the point. The affected people are not holier than infected ones. We are warned and cautioned by Jesus that, “do you think that those Galileans were worse sinners than ...because they suffered this. I tell you, No, but unless you repent you will all likewise perish” (Luke 13:3-5). It is a time for everyone to be converted and turn away from any irresponsible behaviour. A time to ‘choose life’ and avoid death, as maintained in Deut. 30:19.

The AIDS catastrophe calls for more than compassion. It raises radical questions of meaning. The dynamic that enlightens our thoughts, actions, hope and faith as Christ’s faithful ought to be proclaimed, celebrated, lived and prayed with infected and affected members of our society. This is the moment the Churches (Christians) need to stand firm and redouble their efforts in showing love and concern. It is the time to put in practice

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<sup>56</sup> *Kenya Episcopal Conference, This We Teach and Do, Vol. I, 22.*

what *Gaudium et Spes* (1) calls for in the solidarity of the Church with the whole human family. “The joy and hope, the grief and anguish of the men of our time, especially of those who are poor or afflicted in any way, are the joy and hope, the grief and anguish of the followers of Christ as well.” (GS-1) The same words are reechoed in the pastoral letter of the Catholic bishops of Kenya in exhorting the clergy and the religious to come out and show their love and concern to the afflicted. “The Catholic Church has a long tradition of reaching out to people not only in times of joy but also in moments of tragedy and crisis. ... Let us help the patients to cope with guilt and self accusation. ... They need our love and concern. The spiritual and pastoral care of these patients and their relatives is truly our duty.”<sup>57</sup>

Christian discourse has to be rational, ethical, relevant and bearing life and hope. Lack of the above factors lead us to consider others as outcasts and unwanted. In all our endeavors, we are to become Good Samaritan (Lk. 10:25-37) to those who need our assistance and care. As Christians, we need to put Christ at the foundation and horizon of this reflection as he identified himself with the poor man who fell into the hands of gangsters, to the sick and those without food.

Awareness of God’s presence in the suffering emerges in love for them and in loving ministry to them. Love is a practice rather than a feeling, an idea or an affirmation as Jesus’ ministry so effectively demonstrated. That practice will be costly as Jesus’ was, costing not less than everything but fulfilling-in hope- not less than everything.<sup>58</sup> It is

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<sup>57</sup> *Pastoral Letter of the Catholic Bishops of Kenya; The AIDS Pandemic and Its Impact on Our People*, 10.

<sup>58</sup> Cf. M. F. CZERNY, *AIDS and the African Church; To shepherd the Church, Family of God in Africa in the Age of AIDS*, 69.

therefore, an obligation of every Christian to put more love in his or her hands and offer it to the suffering.

## **PART II: RESEARCH CONCLUSION**

Among the objectives of this research were to establish the extent at which the irresponsible sexual behaviour is contributing to the spread of HIV/AIDS; to find out factors enhancing this kind of irresponsible attitude; to find out factors what the Church is doing in awareness creation and to look into the far extent BCC can reach. This is what this research conclusion tries to answer.

From the findings it is established that majority of the HIV/AIDS victims contract the disease through irresponsible sexual practices. Of the respondents, 80.89% indicated that this virus is mainly through irresponsible sexual behaviour.

Among the factors that are found to be contributing to the spread of this irresponsible sexual behaviour are poverty, idleness, cultural practices, ignorance and peer influence. Poverty because; the fish dealers along the shore and the fishermen who earn some good money take advantage of the poor people, especially women, and buy them for sex. Those who do not have jobs or those who work at night find themselves idling during the day, hence get tempted to indulge in sexual activities.

Cultural practices among the married, e.g. Polygamy, wife inheritance/guardianship, also expose many to contracting HIV. Some are even being cheated into sex without realizing or inquiring about the status of the person. Lastly, among the young, by the peer influence curiosity in sex leads many into contracting the disease.

By large, it is found that it is the local Church in Karungu that has come clearly to talk about AIDS, hence making people aware of the nature and effects of the disease. This has been done through initiating different programs that run across the region to intensify and inform people about this disease and even offering some services to the already infected and the affected.

HIV/AIDS still poses a great danger among these people, simply because they have the information but are unwilling to change their attitudes. For instance, some still believe that they have to carry on with their cultural custom of inheriting those who have lost their partners and the culture of having extra marital relationships. The young boys and girls are also not able to stand on their own and say 'No' to these misdirected social advances and sexual interactions.

'Experience being the best teacher', some commend Behaviour Change Communication as one of the most effective options towards arresting the spread of the pandemic. Findings established that among the proponents of BCC, majority are the victims. They believed that behaviour change is the most essential strategy in overcoming the HIV pandemic, if one has to avoid contracting this virus.

### **PART III: PASTORAL RECOMMENDATION AND APPLICATION**

The following pastoral recommendations are deduced from the above research conclusions in an attempt to apply the exposed in principle and in seeking what is best in relation to the HIV/AIDS' prevalence and the sexual behaviour in Karungu.

On the belief that every individual and the whole community have the inherent capacity to change attitude and behaviour, we must concentrate our efforts on educating

or informing our people on prevention, that is, more sensitization is desired. However, it is necessary for the information to be disseminated prudently and responsibly, to avoid ungrounded certainties and needless fears. With more of education and accurate information and support, our people have the capacity and free will to change their sexual behaviour. As a recommendation therefore, everyone is obliged to the responsibility of creating more awareness on HIV/AIDS.

This therefore, calls for ‘models’ in the society. People who are disposed and exposed, not only to deliver the information, but are at the same time coherent in their words and actions; that the recipients of their words may be influenced by their life style and change their behaviours. This thus, borrows the model of ‘social-learning theory’, according to which behaviour must be reinforced to be acquired and maintained. The learners are reinforced vicariously through observing a model being rewarded for appreciated behaviour.

Modeling in the context of AIDS risk reduction means that protective behaviours should be demonstrated and explained by persons or agents who have themselves successfully adopted these behaviours. This therefore, is a challenge to the pastoral agents, counselors, social worker who move around creating awareness to first change before they change others.

On the same respect, in spite of all the propaganda, the use of condom has known and recognized shortcomings. Indeed by focusing ourselves solely on this measure, we shall arrive at the mistaken conviction that by virtue of the condom the risks of infection are eliminated. Shorter and Onyancha, also put it that, “using condoms also retards and undermines sexual maturity, because those who use them do not learn to practice self-

control and marital fidelity, but simply give in to their appetites.”<sup>59</sup> Therefore, self-control is more called for as the first step to achieving a desirable sexual behaviour pattern.

The programme of Behaviour Change Communication has been adapted for different countries and cultures. It needs thus, to be further adapted and translated to fit our local African cultures (Luo culture). It at the same time needs to be promoted in a manner, which listens to, respects and links up with cultural values, customs and traditions, which promote life. Nevertheless, it must challenge those, which are against life.

Cultural practices, for example wife inheritance among the people of Karungu, as it were, had a positive intention, for protection and security of the bereaved family and the continuation of the lineage- hence, promoting life. But down along the line, this practice is taking a negative dimension, it is becoming irrational. Therefore, it is reasonable for this practice to be re-informed or replaced if not altered.

This borrows the model of ‘theory of Reasoned Action’, since by its consequences, wife inheritance as a very important cultural belief is abandoned. In place of this practice, the bereaved should lean on Christ and the Church for such protection and security.

In the fight against HIV/AIDS pandemic, the traditional social structures are of paramount role. The family, the peers, the neighborhood and the village community give strong support to the moral values. In the contemporary situation however, these

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<sup>59</sup> A. SHORTER- E. ONYANCHA, *The Church and AIDS in Africa*, 106.

traditional structures have all but broken down. The family is in crisis. Neighborhood and community mean little or nothing to this generation.

These structures nevertheless, need to be upheld. The training for sexual abstinence and marital fidelity can only be given with the help of strong community support and pressure. With the adoption of 'social support model, parents, teachers, Churches, and importantly, the peer groups have the prime duty and potentiality in assisting to implement and encourage the behaviour change strategies. It is through such associations and relations that even one forms the social confidence, and being able to express his or her feelings and thoughts. Hence, encouraging the say of 'NO' to the misdirected sex advances or 'YES', when it is appropriate.

It is also recommended that movements like 'True love waits', should be encouraged. This will expose many people, especially the young to be more committed and pledge to keep the covenants, for instance, not to involve in sexual intercourse before marriage.

Similarly, the slogans like '*Nime chill*'- I abstain; '*Tuko wengi*'-we are many, should be encouraged since they speak the common language that the young normally use, and at the same time they are driving the message home. That abstinence is the only way; so if I do, why not you? 'We are many', in a sense that everyone is positive unless proven negative by the test. These statements are emphasizing on the commitment, since by proclaiming them, one might find it difficult to contradict them, hence keeps to the slogan.

Frequent visit to the VCT centers is another way of combating the spread of this scourge. By knowing the status, one will be able to take the necessary measures. This

also gives the client an opportunity to be counseled and advised on the best way to live life. It can also give someone an impetus to change the undesirable sexual behaviours.

Going by what Professor Kihumbu advocates, “We should start by demystifying AIDS and calling a spade a spade.”<sup>60</sup> This is an appeal to the people (of Karungu) to declare, especially during burial that their relatives have died of AIDS. This might not appear useless only in relation to the control of the infection, but also unethical and unsocial. This will inform those men who wait for the burial of the deceased only to go for the widow, who is probably positive.

AIDS is a great problem in poorer region like Karungu, precisely because of their poverty. Containing the spread of AIDS lies partly on our (the civil authority, the Church and responsible individuals) ability to improve the standard of living for all our people and less on its ability to deal with the infectious nature of the virus. It is high time for these people to be empowered and begin their own self-help projects to boost their economic status. It is possible that a reduction of poverty will be crucial in reducing the spread of AIDS in this region, the entire Kenya and indeed elsewhere in the world.

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<sup>60</sup> K. THAIRU, *The African and The AIDS Holocaust; A Historical and Medical Perspective*, 37.

## GENERAL CONCLUSION

This research focused on the possibility of changing people's attitude and behaviors towards irresponsible sexual behavior as away of controlling the spread of HIV/AIDS in Karungu Division.

From this region, we found out that there are various influences, both internal and external, which are pushing people to adopting such kind of behaviour, hence putting their lives at risk and rendering this community unproductive. Responses have been made to arrest the situation, which majority tend to address the consequences. The Behaviour change communication has tried to address the individual person; that amidst all the external influences, a person, who is endowed with intelligence, can come to his or her senses and take charge, and be able to recognize what is dangerous to his or her life and avoid such occasions.

From the research, it is realized that a lot is demanded from every individual. Making tough decisions is required for a healthy livelihood. The emphasis on life-giving values are demanded from both the community at large and those in charge; both from the secular sector, but more so from the religious arena. This is to empower people on their potentialities and their prime reason of their existence- to know the Creator (God), serve Him and lastly to enjoy Him in His eternal glory.

The research has also made it clear that those infected and the vulnerable members of our society need to be loved and well taken care of. The society is therefore obliged to lay down measures and programs that will put into consideration their needs and desires. Above all the research exhorts every person to come out and campaign against this HIV/AIDS pandemic, more particularly by being a model to others.

## RESEARCH QUESTIONS

Dear Sir/ Madam,

I am David Opondo, a Tangaza student, am carrying out a pastoral research on the effects of **Behaviour Change Communication (BCC)**, as response to fight HIV/AIDS in Karungu Division. This is towards a fulfillment of the requirements for the degree of Bachelor of Arts (B.A) in Theology, Tangaza College- Catholic University of Eastern Africa. You are kindly requested to take part in this research by answering the questions below. Your objectivity is needed. I promise to treat all the information you provide with confidentiality it deserves.

Name..... (Optional)  
Age (20-30)..... (31-40)..... (41-50)..... (51-55)..... (56+).....  
Sex (Male [ ] Female [ ])  
Occupation.....Level of Education (informal, Primary, Secondary, College, University)  
  
Religious (Christian, ART, Islam, Others.....)  
  
Date.....

1. (a) From your observation how can you comment on the extent of HIV/AIDS in this area?  
  
(b) Evaluate the effects HIV/AIDS has had on the people of Karungu.  
  
(c) Is irresponsible sexual behaviour the major cause of HIV transmission in this region? YES [ ] or NO [ ].
2. (a) What are the factors that encourage irresponsible sexual behaviour among the people of Karungu?  
  
(b) Do you have multiple sex partners? YES [ ] or NO [ ].
3. (a) How would you evaluate the relationship between young girls and boys in this area?  
  
b) From your own observation, have young boys and girls in this area learnt to say 'NO' to irresponsible sexual behaviour? YES [ ] or NO [ ].
4. (a) Has the Church helped you to know more about HIV/AIDS? YES [ ] or NO [ ].  
  
(b) Do you see this awareness from the Church making people to change their irresponsible sexual behaviour? YES [ ] or NO [ ].
5. (a) Basing on the above instances, how could you numerate the responses, which have been put in place towards controlling the spread of AIDS in this area?  
  
(b) Can BCC succeed in the changing of sexual behaviour patterns? YES [ ] or NO [ ].  
  
(b) Suggest your own way forward in stopping the prevalence of HIV/AIDS in this area?

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