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**SEX EDUCATION AND HIV/AIDS:
AN URGENT TASK FOR CHRISTIAN HOME ECONOMISTS**

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INTRODUCTION

HIV/AIDS requires some major attention in our Christian Institutions. It has become a disaster in the world and it should be addressed from a Christian perspective if we are to save people from dying. The statistical data shows that by the end of 2003 an estimated 40 million people worldwide-37 million adults and 2.5 million younger than 15 years were living with HIV/AIDS. Approximately 11 of every 1000 adults aged 15 to 49 are HIV-infected worldwide.

About 14,000 estimated infections occur each day. More than 95 percent of these new infections occurred in developing countries, and nearly 50 percent were among female. In 2003, HIV/AIDS-associated illnesses caused the deaths of approximately 3 million people worldwide. Unless some interventions are made, the disease is likely to affect everyone (SF AIDS Fdn: HIV/AIDS Statistic).

Studies have shown that the spread of the disease does not show any significant difference between Christian and non-Christian sectors. All are equally affected and infected. No wonder Tabifor (2000) believes that HIV/AIDS does not care about any religion or creed one may subscribe to.

In the past few years, there have been campaigns for behaviour change in relation to HIV/AIDS prevention, but there seems to be limited success. The virus continues to spread in spite of the effort. Publicity and educational campaigns have failed to alter behaviour by inducing fear. Even more morbid are instances where AIDS awareness is linked to fatalistic worldview: "HIV/AIDS is judgment of God," negativity, fatalism, sense of doom, and erasure of hope will not guarantee behaviour change in relation to HIV/AIDS.

More serious is the way we are responding to the disease. Instead of empathizing with the afflicted, we end up blaming them and stigmatizing them, and this worsens the situation. Where have we failed as Christians? Why are we not succeeding in preventing the spread of HIV/AIDS pandemic? Are we not able to put into action our beliefs and norms?

This paper shows how Christian values can be integrated into the teaching of sex education and HIV/AIDS prevention. Additionally, it addresses the giving of care and support to the infected and affected, and all of this is contextualized from a Christian home economists perspective. As a discipline, we are concerned with the total family well-being based on an understanding of the physical, psychological and socio-economic needs of the family. We address the issues and concerns that keep on arising and that affect the family and society. Home Economics programs have successfully kept the tradition of interdisciplinary approaches. Hence, we should be in the front line of handling the problem of sex and HIV/AIDS.

SEX EDUCATION: A MAJOR CONCERN

The impact of AIDS in the world continues to spread rapidly. The common adage "prevention is better than cure" is more relevant and true at the present time in which we live than it has ever been before. A change of lifestyle is all it takes, but by our own effort it is impossible to do what is right. We can only be righteous through faith in Christ (Philippians 3:9).

There is plenty of sex education going on in our culture. Young people receive sex education from movies, magazines, song lyrics and television. They learn about sexuality and sexual values in jokes, on bathroom walls, in the back seats of cars and in the back bedrooms at parties, but is the Christian perspective a part of that education? Are our young people exposed to a healthy biblical view of sex and sexuality? (Marcom 1990).

Lack of knowledge on sexuality can lead to the spread of HIV/AIDS. Yet, worldwide, the majority of young people have begun to have sexual intercourse before they leave their teens. It is very important to teach young people about sexuality and how they can protect themselves from the HIV/AIDS catastrophe. Most important is to link this new knowledge with a change in

behaviour, because it is possible for people to have knowledge about HIV prevention and yet continue being the victims of the disease.

With the threat of HIV/AIDS, concepts on culture and values call for special attention. This is the time to break the silence and put what traditionally has been considered a taboo in an open discussion. We can not continue pretending, saying sex is a taboo, and that we should not even mention the word 'sex' to our children or spouses, yet people still continue to engage in risky sexual behaviour.

Biblical concepts of our body and sexuality

1. Basic anatomical and physiological facts.
 - a. We are wonderfully made by God (Psalm 139:14; Genesis 2:7, 21, 22).
 - b. We are the temple of the Holy Spirit (1 Corinthians 6:19); living sacrifice (Romans 12:1).
 - c. We bear God's image (Genesis 1:26; Genesis 9:6; Colossians 3:10)
2. The Sanctity of sexuality as a gift from God
 - a. Origin of our sexuality. Sex and sexuality are gifts from God and a part of God's plan for our lives. God considered sex to be a good part of his Creation (Genesis 1:26-28,31).
 - b. Sex as a gift from God for married people (Proverbs 5:15-18). Sex is revealed in the idea of Leaving, Cleaving and Becoming one flesh. "Therefore a man shall leave His father and mother and be joined to his wife, and they shall become one flesh (Genesis 2: 24)." Bender (2001) believes that "Sexual intercourse is the most intimate and beautiful act of love between two married people (Genesis 2:18-25, Songs of Solomon 1:1-3; 7:2-12). The real purpose of sex is to bring a husband and wife into a relationship with each other. It binds two people together in oneness. Sex is only meaningful in the context of a committed marriage relationship. Sex is also meant for enjoyment in a marriage relationship.

We should teach our students the reverence and awe of sex between married people, which reflects their total commitment, their selfless, unconditional love, expressed in sexual intercourse, is a sign of fidelity, acceptance, commitment and closeness shared by married lovers. Our young people should know that the more powerful the gift, the more cautious and responsible we must be in using it.

HIV/AIDS Mechanism

HIV (human immunodeficiency virus) affects the immune system. It belongs to a group of virus called retroviruses. AIDS - acquired immunodeficiency syndrome. 'Acquired' means that it can be passed from person to person. 'Immunodeficiency' means that it damages the immune system. 'Syndrome' means that it is a collection of illnesses, not just one. AIDS is caused by Human Immunodeficiency Virus (HIV) a microscopic "germ". The body's immune system is our protection against viruses, bacteria's and other germs. It develops an attack force called antibodies, tiny chemical substances in the blood and body tissues, that fight the invaders, but HIV is a sneaking infiltrator. The immune system detects it and produces antibodies in the usual way, but HIV is unusual because it knocks out parts of the immune system and converts immune cells to work for it, producing more viruses like itself. In the end, HIV destroys the body's defences.

HIV virus attacks the host cell inside the human body and once inside the host cell, the virus "hijacks" the cell and sets it to work making copies of itself. The cell dies in the process, and the viruses within are set free. Human Immunodeficiency Virus (HIV) presents a complex knot for scientists to unravel. After initial contact and attachment to a cell of the immune system (e.g lymphocytes, monocytes), there is a cascade of intracellular events. The end product of these

events is the production of massive numbers of new viral particles, death of the infected cells, and ultimate devastation of the immune system.

The mechanism of HIV virus in our body could be compared analogously to sin. Our body is a living temple of Christ. When we have the Word of God in us, we have the “sword of the Spirit” and therefore we are able to extinguish all the flaming arrows of the evil one. We should extinguish the flaming arrows before the devil attacks us, because once we allow ourselves to be attacked, there will be no reverse, and the consequences will be felt in a painful way. The devil hijacks our moral strength (host cell), enters our body in a very cunning way, and makes us incapable of resisting temptations and wins us completely to be like himself. He kills our moral strength completely (our immune system) to the point of our hopelessness to resist any temptation (sickness). Our human flesh is completely infected by the devil such that we become his disciples in tempting others so that we don’t perish alone. Our final destination is death (total destruction) (Ephesians 6:11-17).

The Word of God tells us to be strong in the Lord, to put on the full armour so that we can stand against the devil’s scheme. We should take up the shield of faith to be able to extinguish all the flaming arrows of the evil one (Galatians 6:16-25).

Modes of Transmission

Participants of the 13th International Conference on AIDS and Sexually Transmitted Infections supported the fact that the main form of HIV transmission in Africa is by sexual contact.

AMFAR (2001) says that, HIV is not an easy virus to pass from one person to another. It is not transmitted through food or air (for instance, by coughing or sneezing). There has never been a case where a person was infected by a household member, relative, co-corker, or friend through casual or everyday contact such as sharing toilet facilities, food, cups, towels, or hugging and kissing. Sweat, tears, vomiting, feces, and urine do contain HIV, but have not been reported to transmit the disease. Mosquitoes, fleas, and other insects do not transmit HIV.

AMFAR (2001) continues to say that a person who is HIV –infected carries the virus in certain body fluids, including blood, semen, vaginal secretions, and breast milk. The virus can be transmitted only if such HIV-infection fluids enter the bloodstream of another person. Direct entry can occur (1) through the linings of the vagina, rectum, mouth, and the opening at the tip of the penis; (2) through intravenous injection with a syringe; or (3) through a break in the skin, such as a cut or sore. Usually HIV is transmitted through:

- a. Unprotected sexual intercourse (either vaginal or anal) with someone who is HIV-infected. Women are at greater risk of HIV infection through vaginal sex than men, although the virus can also be transmitted from women to men. Anal sex (whether male-male or male-female) poses a high risk mainly to the receptive partner, because the lining of the anus and rectum are extremely thin and filled with small blood vessels that can be easily injured during intercourse.
- b. Unprotected oral sex with someone who is HIV-infected. There are far fewer cases of HIV transmission attributed to oral sex than to either vaginal or anal intercourse, but oral-genital contact poses a clear risk of HIV-infection, particularly when ejaculation occurs in the mouth. This risk is increased when either partner has cuts or sores, such as those caused by sexually transmitted disease (STDs), recent tooth brushing, or canker sores, which can allow the virus to enter the bloodstream.
- c. Sharing needles or syringes with someone who is HIV-infected. Laboratory studies show that infectious HIV can survive in used needles for a month or more, and should never be reused. This includes needles or syringes used to inject illegal drugs such as heroin, as well as steroids. Other types of needles, such as those used for body piercing and tattoos, can also carry HIV.
- d. Mother to child transmission. It is possible for HIV to be passed from an HIV-positive woman to an unborn or newly born baby. This is called vertical transmission. The infection

can occur during pregnancy, childbirth, or breast-feeding. The best way to prevent mother-to-child transmission of HIV is to prevent men and women from being infected with HIV in the first place. In addition, there are measures that can reduce the usual transmission rate from 1 to 3 to as little as 1 in 10 or even lower. This includes: Reducing transmission during childbirth, reducing transmission using drug treatments, and reducing transmission from breast milk. Any women who is pregnant or considering becoming pregnant and thinks she may have been exposed to HIV even if the exposure occurred years ago should seek testing and counselling.

- e. Blood transfusion. Transfusion with infected blood will almost always transmit HIV.

Cultural Practices and Beliefs in relation to HIV/AIDS

There are cultural practices and factors that different people have in relation to HIV/AIDS transmission as pointed out in VCT (voluntary counselling and testing) Trainer's Notes (2003), these includes:

1. Strong religious beliefs may mean that people limit their sexual partners to one person.
2. Many religious beliefs promote caring for neighbours and family.
3. Strong religious beliefs such as it is wrong to have sex with more than one person may stigmatise persons who have more than one partner and make them feel unable to ask for the information or support they need.
4. Religious beliefs disapprove of homosexuality. Gay men will therefore find it harder to ask for the information or support they need.
5. Cultural attitudes have given women the caring role. When women are ill, men find it hard to become the caregivers.
6. Some believe that HIV is a curse.
7. Some believe that people with HIV deserve it.
8. Some believe in witchcraft.
9. Cultural attitudes to young people mean that they are not expected to be sexually active. If they are, they will find it hard to get information or support they need, leading them to be more vulnerable to HIV infection.
10. In a polygamous family, if one wife becomes infected with HIV, all other partners are exposed.
11. Wife inheritance: in some communities, tradition dictates that the brother of the deceased inherits the dead man's widow. If the deceased died of AIDS, the wife may have contacted the virus and could transmit to the new husband (and consequently his other wives or partners).
12. Circumcision: often only one instrument is used on all initiates. This practice may contribute to the transmission of HIV. If circumcision is practised with a clean, sterilized knife, the transmission rate may be reduced.
13. Female genital mutilation may increase the risk of transmission to the woman, as there is more likely to be tearing during sexual intercourse.
14. Some communities believe in 'chira', which is a curse or punishment. These groups believe that ancestors will punish them for failing to comply with certain traditions, for example, wife inheritance. In such instances a person may be more afraid of chira than of contracting AIDS.
15. Some communities believe that spiritual healers or medicine men are capable of curing all ailments including AIDS. This can lead to people believing they are cured and so not practise safer sex.

Whatever the cultural beliefs people have, Christianity is the only solution. We must be firmly grounded in Christ to be able to overcome the catastrophe of HI V/AIDS.

SRATEGIES FOR HIV/AIDS PREVENTION

Community Base

There is a need to emphasize HIV prevention programs in the community. We should adopt the pragmatist philosophy of John Dewey, which stresses that "Education should be viewed as an affair on ongoing life in society, which should try to solve current issues in society. Education is in vain or futile if it does not perform the social functions assigned to it (Tulio 2000)." This can be achieved through:

1. Training the trainers on behaviour change on campus.
2. Campaigning for behaviour change through peer educators on campus.
3. Conducting seminars on behaviour change among youth in the community, and
4. Developing livelihood programs to be done by the jobless as a way of empowering them economically.

Christ too, met the needs of people wherever they were. After spending time with His disciples, Jesus commissioned them to go and preach all they had learned to their fellow men (Luke 10:1-11). In addition to the twelve disciples, Jesus appointed seventy people who were to go two by two to proclaim the gospel, for the work was great but the labourers were few. In Mark 16: 15, we are told to "Go into the entire world and preach the gospel to every creature."

Advocacy for Abstinence

Tabifor (2000) defines abstinence as staying away from or doing without what is pleasurable. It is also total non-involvement in penetrative sex. It could also mean total non-involvement in any sexual activities. There should be an emphasis on deliberate decision making to abstain from sexual activity as a means of completely avoiding the risks of sexual exposure to the AIDS virus. By all means we should teach our young people about abstinence. It is possible and it has worked for many people.

The following concepts as suggested by Tabifor (2000) could be used to make abstinence part of one's value system:

1. Know yourself, that is, your weaknesses and strengths,
2. You should have good company that influences you positively,
3. Be involved in recreational activities that influence you positively,
4. Avoid sexually arousing materials such as pornographic literature,
5. Identify role models and mentors and follow their footsteps,
6. Avoid tempting situations and environments,
7. Be assertive and appreciate members of the opposite sex as symbols of existence and not sexual objects.

The ability to make responsible decisions about saying no to sexual pressure can be taught and learned. This can be done by evaluating and discussing various pressure situations and techniques, by practicing saying no in a non-threatening environment, and by exploring the Bible's view of the inner struggle with sin.

In Romans 7:14-23, Paul describes his inner struggles. In this familiar passage, Paul lets us know that being a Christian was not easy for him. He knew what God wanted for his life, but he found it hard to make his behaviour match what he knew to be God's will. Like Paul, most of the

time we know what is “wrong” and “right” according to the Bible’s teaching, but we often have trouble doing what we know God wants.

In Romans 14:1- 4:22. Paul reminds us not to judge one another’s opinions. Once we know what God’s will is for our lives, we need to grab hold of that knowledge and turn it into practice. In this passage, Paul simply argues that knowing what’s right is not enough. We also need to act aggressively on our convictions. We should learn to stand firm on what we believe, even in the face of pressure to give in. When we are tempted or pressured to give in to sexual desires we know are wrong, we can follow Paul’s advice and hold fast to what is right.

In Ephesians 5:1-6, Paul warns us not to be deceived. Paul didn’t want Christians to be like everyone else. As Christians we should discover what God wants for our lives and act on God’s will. We should learn to abstain from sexual immorality and all evil (1Thess 4:3; 5:22).

Faithfulness in marriage

In the wake of the AIDS epidemic, the practice of multiple sex partners and extra-marital affairs has come under serious attack more than ever before. Yet, the question as to why people are unfaithful is rather difficult to answer. The issue is not why people are unfaithful, but what unfaithfulness can do in relation to HIV infection.

The reasons husbands and wives become unfaithful are varied and complex. Paker (2005) in his article “Unfaithfulness: Why married couples cheat” has pointed out several reasons why people are unfaithful. According to him there is a spirit of this age, which is moving man toward a sexual permissiveness, not classified as infidelity or unfaithfulness. Without guilt or conscience, extra-marital affairs are no longer considered wrong by many married couples of today’s generation.

The other reason is the power of sex. Because of the sex drive or the power of sex itself, it is not uncommon for both men and women to be tempted with sexual desire for someone other than their mate. However there are other people who have no reason to be unfaithful. They are prone to infidelity regardless of them having a perfect wife or husband. There is nothing especially wrong with their mate or their sex life together; they simply find they can’t resist the challenge of a new conquest. Sex with someone other than their mate is always a thrilling prospect of sexual anticipation. They may have a fine family, good profession, friends and other interest but they’re never satisfied with the same sexual partner.

There are others who become unfaithful because of lack of satisfaction from their mate. This could be real or imagined. The reason for referring to this condition as real or imagined is because there are some whose problem is more psychological than real. This often is the result of an anticipated sex thrill that is slow in coming or does not measure up to expectation. This has resulted in thousands of couples turning to others for sexual satisfaction they felt they were being denied. Very often the real problem in such cases is simply ignorance and impatience. Sexual harmony does not always come quickly or easily. It takes patience, work and cooperation. A proper mental attitude and a certain amount of hard work are necessary.

There are some cases in which one marriage partner is actually guilty of withholding themselves from a sexual union with their mate. It could be the man or the woman. When this happens it makes it difficult for the one whose sexual appetite is not being satisfied. A prolonged situation such as this can lead to the deprived mate turning to another for sexual gratification. And yet God’s Word instructs both husband and wife not to defraud the other in the matter of sex (1 Cor. 7:3-5).

After a few years of married life with the home, children, business and other activities taking more and more time, it is easy for the man and the woman to take each other for granted. Instead of sharing together they become lost in their own little world. Instead of the two becoming “one flesh” they actually grow apart (Ephesians 5:31). The woman becomes more of a wife than a sweetheart. Her greatest concern in life is the home, the children and all that relates to them. She occupies herself with making a nice livable home, cooking meals and looking after the children.

This, of course, leaves her tired and weary at night with little time or interest in her husband, much less sex. This kind of situation makes it easy for the husband to look elsewhere. Like wise some men become so engrossed in their job or business until they have little time for their wife and family. The only attention his wife gets is when he wants sex and then it's back to business. It does not take a woman long to feel neglected and unloved under these conditions. Some will turn to another man for the attention and affection their hearts cry for. When this happens it is very easy to become sexually involved with the man that supplies her with attention and affection.

It is said that the greatest cause of trouble among many married couples leading to separation and divorce is money problems or lack of finances. This also leads to infidelity or unfaithfulness.

Another mistake that leads to infidelity or unfaithfulness is lack of togetherness or unity. Sexual infidelity is the result of division. The real problem is not sexual infidelity but the root cause that leads to it. Incompatibility becomes very manifest after the honeymoon is over. Hence there is a need to cultivate togetherness after the honeymoon is over. Doing things together, going places, sharing and taking an interest in each other's activities is very important. This becomes a bond that strengthens a marriage and holds a couple together. It is when a man or woman is left out of the other's life in these things they are subject to turn to another.

During courtship and the early part of marriage a man and woman are usually concerned about how they look to each other. They consider regular baths, well-groomed hair, nice clothes and use of perfume and lotions a must. It is after a couple becomes used to each other and the luster of the honeymoon is gone that they become careless about these things. Clean, attractive bodies enhance a marriage and the sex relationship. But carelessness in this area will dampen the ardor of many who are sensitive to such things. Not only is a man or woman more sexually desirable when clean and physically attractive but such a practice also wins the respect of their mate. When there is a loss of respect because of these things it is very easy to admire someone else.

Another thing that enhances a marriage is honour and respect for each other. Proverbs 3:10-11 says, "Who can find a virtuous woman? For her price far above rubies. The heart of her husband doth safely trust in her, so that he shall have no need of spoil." The woman in Proverbs 31 is said to be virtuous, wise, kind, considerate and industrious. It is evident her husband had no need of spoil because of his honour and respect for her. When these virtues are missing it is very easy for a man or woman to be drawn to another whom they can honour and respect. A man wants a nice virtuous woman for a wife and a woman wants a man of strength and character for a husband. We honour and respect those whose conduct demands honour and respect. By the same token we lose respect for those lacking virtuous conduct.

Marriage was instituted by God (Genesis 2:18-28) to be a permanent bond (Matthew 19:6). Sex was given to be enjoyed by married people; hence, a man is commissioned to rejoice with the wife of his youth and not to share her (Proverbs 5:15-19).

Marriage is centered in love and obedience "wives, submit to your husbands... husband love your wife" (Ephesians 5:21-33). However, some people have misunderstood submissiveness, putting women at a high risk of HIV/AIDS. Such women have been denied rights of making decisions in relation to sexual participation. Others have been denied rights of education. Hence, they end up depending on men for economic support. Some societies discriminate against women when it comes to inheritance rights. They may not have the same rights as their husbands to family property, and daughters may not have the same inheritance rights as sons. This causes lack of belonging, lack of identity, and also feelings of insecurity. Women end up being sexually abused, and men continue to claim that they are socially allowed to have multiple sex partners. This puts women at a high risk for the HIV/AIDS catastrophe.

Faithfulness in marriage is God's ideal. Fornication excludes remarriage. "Anyone who divorces his wife, except for marital unfaithfulness, causes her to become an adulteress, and whoever marries a woman who is divorced commits adultery" (Matthew 5:32). Polygamy too, is forbidden. "Do not take your wife's sister as a rival wife and have sexual relationship with her

while your wife is living” (Leviticus 18:18, 1 Corinthians 7:2). Adulterers will be judged (Hebrews 13:14).

God’s ideal for marriage is one woman for one man. When God created Adam, he said “it is not good for man to be alone; I will make for him a helper”(Genesis 2:18). Hence, a man shall leave his parent, be united with his wife, and both shall become one flesh (Genesis 2:24). This union cannot apply to multiple partners.

Problems in a marriage, including infidelity, can be overcome if a couple truly desires to live together. Although unfaithfulness is a hard blow for some, a marriage can weather even this storm if there is a forgiving spirit. Sometimes counsel with a minister or other informed person is a great help. Ephesians 4:32 say, “And be ye kind one to another. Tender hearted, forgiving one another, even as God for Christ’s sake hath forgiven you.”

How about condom use?

The advocacy of condom use as means of HIV/AIDS prevention is a major concern in Christian institutions. With the realizations of the threat of HIV/AIDS many programs have been put in place in our institutions. One example is Voluntary Counselling and Testing (VCT). The counsellors who are to work in this VCT are chosen Christian teachers, whose responsibilities are to assist the client in knowing their HIV virus status through counselling and testing. Yet, issuing of condoms is part of the requirement. What should be our response as Christian teachers?

A Case: In the process of counselling a young lady aged 16 who had come to know her HIV status, demanded to be given condoms because she was sexually active. She had been known to have three boyfriends within one year, and it was her desire to protect herself from getting the virus.

As a Christian educator, what would be your reaction? Would you issue condoms to this young lady who could actually be considered as a mature minor? If your child asked you for a condom, would you give it to him/her?

We have a big role to play as parents and educators in teaching what is right and moral. However, the final decision lies on the individual. Adam and Eve opted to eat of the forbidden tree even after knowing the consequences that lay ahead. God did not offer the fruit, but He made them aware of it and what it would mean if they ate it. The knowledge was passed, but the final decision was left on their part to make. We should teach about all measures of HIV/AIDS prevention, and then leave it to the individuals to choose the method that is more relevant to them. Our emphasis as Christians is to promote abstinence and faithfulness rather than condom use. We should give information about condoms rather than promoting its usage.

Sexual abstinence has been discovered to be the only known 100 percent effective method of preventing unintended pregnancy and HIV infection. Those who promote condom usage to prevent the spread of AIDS are irresponsible, because they encourage meaningless sex and teach teenagers to be promiscuous. Distribution of condoms to young people is not the proper approach on both moral and practical grounds. The right message is that human sexuality is beautiful, powerful, sacred and good. It is a gift from God that must be used responsibly and morally.

To promote condom usage to young people is to say “we have no faith in you. We have given up with you.” It signals total disregard for the dignity of our young people by suggesting they are incapable of moral behaviour consistent with their Christian ethic. Have we deemed our youth hopelessly beneath our expectations and challenges?

Advocacy for HIV/AIDS Testing

There should be a campaign for HIV/AIDS testing. An individual’s HIV status plays a crucial role in sexual behaviour change. When an individual’s HIV status tests negative, the person tends to strive to maintain the status for as long as possible by avoiding risky sexual behaviour. At

the same time, those who test positive also ensure they seek treatment from any opportunistic infection, thus prolonging their lives considerably.

Other benefits of clients learning about their positive and negative status as stated in VCT (voluntary counselling and testing) Trainer's Notes (2003) points out that, when clients learn of his/her positive status, he/she is able to:

1. Live longer with a more productive and higher quality of life through better understanding of their condition and through new support networks.
2. Acquire necessary information and education on general preventive health care including information on STIs, avoiding HIV reinfection through unprotected sex.
3. Seek early treatment for illness and get appropriate care.
4. Prevent wasteful spending of money on inappropriate diagnostic tests and treatment and ensure that money is spent on appropriate treatment.
5. Consider giving up smoking, as it increases their risk of pneumonia and TB
6. Have access to HIV/AIDS counselling and support organizations.
7. Plan for the future, for themselves and their families.
8. Avoid infecting loved ones.
9. Make informed family planning decisions.
10. Educate others on how to prevent HIV infection and thus have added sense of worth.
11. Make positive changes in their lives, such as spiritual and in the quality of their relationships.

On the other hand, benefits of clients learning their negative status includes:

1. Receiving education and counselling on HIV and behaviour change, which may help client to stay negative in the future.
2. Looking back to recognize and alter risky behaviour to be able to stay negative in the future.
3. Planning for the future now that negative status is confirmed.
4. Being confident about HIV status especially for future financial planning.
5. Enjoying unprotected sex with a known negative, faithful partner.

Likewise, as Christians it is important to recognize our spiritual status: strengths and weaknesses, which will lead us to the decision of our future life. Some may decide to be lost while others may decide to seek eternal life.

Campaign for behaviour change

Sexual behaviour is the major contributing factor to the spread of HIV/AIDS. The key risk sexual behaviours for HIV transmission are: unprotected anal and vaginal intercourse and having multiple sex partners. Without interventions towards behaviour change, the disease will continue to spread tremendously.

Researchers have found that aggressive promotion of safer sexual behaviour, prevention and treatment, could avert tens of thousands of new HIV infections and could potentially save millions of dollars in health care costs. According to Tabifor (1999), behavioural interventions are currently the only effective way of slowing the spread of infection.

Behaviour Theories

Different theories of human development may suggest why people behave the way they do and also may suggest ways of attaining moral behaviour. Individual experiences, perceptions and actions shape their behaviour. In other words, the sum total of an individual's temperament,

childhood training, life experiences, mental attitude, habits and education make up the individual's behaviour or practices (Tabifor 2000).

Kohlbergs' theory of moral development suggests that morals can be attained through cognitive development.

Erickson's psychosocial theory suggests eight stages of development whereby negative or positive personality can be formed, depending on early skills of initiative: "trust versus mistrust, autonomy versus shame, initiative versus guilty, industry instead of inferiority, identity versus confusion and intimacy versus isolation." If positive values are not developed among children, they end up having no identity. Hence, entering into wrong relationships, which may endanger their lives.

Maslow's theory of personality suggests how self-actualization can be attained through meeting certain needs in life. When these needs are not met, people can develop low self-esteem, hence not being dynamic in decision-making (Allen, 1997).

Freud's theory of sexuality shows how Id, Ego, and Superego can be developed depending on the environment of an individual's early upbringing. To Freud, Id is related to the satisfaction of physical drives such as sex and is operated according to the pleasure principle, which should be achieved as quickly as possible. It demands satisfaction of its needs without consideration of what is right and wrong for the person. It is described as powered by libido an energy described as psychical desires or erotic tendencies (sexual desire of the broadest sense and the motive forces of sexual life). Ego on the contrary, is guided by a higher level of mental functioning, which includes intellectual operations. It is not an independent entity but operates on both conscious and unconscious levels; hence, ego is vulnerable to the stresses of danger, both internal and external, such as uncontrollable increases of instinctual energies, particularly sex and aggression. Nevertheless, Superego incorporates the norms and standards of the surrounding culture. It helps control id impulses by directing energy towards entirely inhibiting id's expression of its sexual and aggressive instincts. Superego makes the personality excessively conform to social norms and can either produce unpleasant emotion or guilt when things are not done well or can offer the personality favourable emotional experiences when right things are done (Allen, 1997).

To some degree, the above theories can help us understand character formation. However, theories have their own limitations. The theories should be grounded on moral values attained from our Christian principles.

Family Involvement

Parents have a big role to play when it comes to behaviour formation and discipline of their children. The adage that says train a child in the way he should go, and when he is old he will not turn from it" (Proverbs 22:6) is very relevant in today's world of HIV/AIDS.

Parents should be aggressive in developing the right type of personalities to help children have right values, which would lead them into proper decision-making.

To discipline is to teach. When we discipline we teach our children to have self-control, to be considerate of others, and to feel secure. A home with no discipline is a recipe for chaos. Parents become exhausted and easily stressed. Children feel out of control, oftentimes exhibiting unacceptable social behaviour without any real consequences. As parents we owe it to our family to maintain order. We discipline our kids as a means of setting limits and restoring a state of equilibrium in the home. But how do we effectively discipline? The first step to discipline involves saying "NO". This can be difficult for some parents at first since a verbal "NO" is usually encountered by whining, anger or sobbing from a child. But who said disciplining was an easy task? It is difficult as it involves an array of emotions, but it is doable since we are mature adults powered by love for our kids. Through our love for our children we are inspired to be positive role models and to discipline with love.

As Christian home economists we should develop community enrichment programs to educate parents about their roles in the fight against HIV/AIDS pandemic. Parents have a moral duty to teach their children right and wrong and to guide their children to develop internal discipline. Adults need to be moral people to succeed. With the threat of HIV/AIDS it is important to re-evaluate our discipline methods and see which one could be more appropriate (Lakoff, 2003).

Individual choice

Behaviour change is an individual's choice. When God created man and woman, He gave them freedom of choice- - a choice of whether they wanted to live or to die. Likewise, with the threat of HIV/AIDS, individuals should know that they have the powers to decide to be HIV positive or negative. One may either choose responsible behaviour and stay alive or be careless and die. To a greater percentage, it is a personal decision.

Man's action is the result of conscious knowledge and is subject to the control of the will. Human beings have a tendency to do good or bad. They possess both moral and immoral behaviour. The fact that some people are able to abstain themselves from sex or stick to one sex partner shows that, as individuals we have freedom of choice.

When people use their consciences they are aware of what they are doing and the consequences of their actions. Some times we make wrong decisions with consequences that affect the rest of our lives.

In Genesis 2:15-17, God sets limits for Adam in the Garden of Eden. One of the hardest lessons in life is that we can't do anything we want without the possibility of suffering the consequences. From the beginning, God placed limits on what we could do for our own good. Some things are too dangerous and may lead to death. We need to see, as Adam and Eve did, that actions might prompt avoidance and often-negative consequences.

The following are Biblical examples of suffering the consequences of ones action

- Ezekiel 18:26-32, describes how we are responsible for our own actions.
- Gen 3. Adam and Eve choose to eat the forbidden fruit and suffered the consequence.
- Noah's flood. The human beings decided to violate God's law; hence, they perished in the flood (Gen 7).
- Cain decided to give his own kind of offering and ended up being miserable to an extent of killing his brother (Gen 4)
- The wife of lot disobeyed and became a pillar of salt (Gen 19:26)
- The Israelites always rebelled and suffered the consequences of their rebellion.

Moral Approach

HIV spreads through well-defined behaviour patterns, rooted in chosen lifestyles. Morality has, by definition, to do with the choices people make in setting the direction of their lives and with their day-to-day behaviour. Lack of moral values could be a major contributing factor to the spread of HIV/AIDS. Dewey stressed the importance of having moral values by suggesting that proper ethical goals are the fulfilment of continued growth of human beings in moral sensitivity. In addressing the problem of HIV/AIDS in the United Nations Assembly, Baha'1 (2001) indicated that the root of the solution to any human problem will be found in spiritual principles. According to him:

"Ultimately, nothing short of a spiritual transformation will move men and women to forego the behaviours that contribute to the spread of AIDS. The spread of HIV/AIDS would be significantly reduced if individuals were taught to respect the sanctity of the family by practicing abstinence before marriage

and fidelity to one's spouse while married, as underscored in most religious traditions."

There are six pillars of character suggested by the Josephson Institute of Ethics (2002). The pillars may act as ethical values to guide our choices in decision-making. These include: "trustworthiness, respect, responsibility, fairness, caring and citizenship."

Trustworthiness in a relationship is very important. We must constantly live up to the expectation of others and refrain from even small lies or self-serving behaviour that can quickly destroy our relationships. With this value, husband-wife relationships will create an expectation of allegiance, fidelity and devotion. Hence, being loyal to each other is highly recommended.

Respect is a vital value. The Golden rule "do unto others as you would have others do unto you" clearly illustrates the pillar of respect. Respect prohibits violence, humiliation, manipulation and exploitation. With this value, both men and women will respect one another, treating each other as equals, leading to reduction of violence, and limiting the chances of HIV infection.

Responsibility means being in charge of our choices and, thus, our lives. It means being accountable for what we do and who we are. It also means recognising that our actions matter and we are morally on the hook for our consequences. Our capacity to reason and our freedom to choose make us morally autonomous and, therefore, answerable to whether we honor or degrade ethical principles that give life meaning and purpose.

Fairness implies, "adherence to a standard of justice without relevance to one's feelings or inclination. Both men and women should treat each other with fairness. Hence, no one will take advantage of another, and his or her relationships will be based on mutual understanding.

Caring is the heart of ethics and ethical decision-making. People who lack a caring attitude toward individuals tend to treat others as instruments. They rarely feel an obligation to be honest, loyal, fair or respectful. A person who really cares feels an emotional response to both the pain and pleasure of others.

Above all, as Christian home economists, we should be models of such values. With these values people will be able to lead comfortable, productive, worthwhile and enduring value-laden lives. However on our own we cannot do it. We need the Holy spirit to be in our hearts and naturally we will be able to produce fruits such as "joy peace, patience, kindness, goodness, faithfulness, gentleness and self-control" (Gal, 5:22-23). "Those who belong to Christ Jesus have crucified the sinful nature with its passions and desires" (Gal, 5:24). We are sinful by nature, but we can always overcome our sinfulness by daily dedicating ourselves to Christ. He set an example of living a victorious life over sin and we can likewise be victorious.

CARING FOR THE INFECTED AND AFFECTED

There is a need to eliminate stigma and discrimination among the affected and infected. Stigma and discrimination are the major obstacles to effective HIV/AIDS care. Fear of discrimination may prevent people from seeking treatment for AIDS or acknowledging their HIV status publicly. People with, or suspected of having HIV, may be turned away from health care services, denied housing and employment, shunned by their friends and colleagues, turned down for insurance coverage or refused entry into foreign countries. In some cases, they may be evicted from home by their families, divorced by their spouses, and suffer physical violence or even murder. The stigma attached to HIV/AIDS may extend into the next generation placing an emotional burden on children who may also be trying to cope with the death of their parents.

As Christian home economists, we have to develop campaigns focused on stigma and discrimination by encouraging people to break the barriers of effective HIV/AIDS prevention and care. As Christian educators and as people who are concerned with the family and with an individuals well being we have a big role to play in giving hope and assurance to the victims of

HIV/AIDS. We should be very close to them and should meet their emotional needs such as love, security, guidance and encouragement.

Our attitude towards the afflicted can either bring healing to the victims or it can worsen their situation. One of the seeming paradoxes in our Christian Institutions is that we adhere to hold a high standard of personal conduct while we love and care for those who fall short for whatever reasons for that same standard. Hence, religious teachers must get rid of judgmental attitudes and provide moral support to all students and people in the community. No one is perfect! All people have fallen short of God's glory; so religious instructors should treat people with love and care.

As Christians we are uniquely positioned to be closest to HIV/AIDS victims. Following the example of Christ, we are called as a church and as Christians to demonstrate Christ's unconditional love. We should be in the front line to serve people who are infected and affected by HIV/AIDS in the most effective way possible.

When Christ was on earth, He never discriminated against anyone. He associated Himself fully with people who were suffering, -- with the poor, the widow, the orphan and those who suffered injustice. As children of God, we too must love one another (Colossians 3:14) and live our Godly peace-- the true shalom in the world. As we live, the kingdom of God becomes visible, and we are able to bring home to those who sit in hopeless situations.

Following the risen Christ, we demonstrate God's compassion and unconditional love. We are Christ's ambassadors carrying the message of reconciliation. We stand in the shoes of those who suffer, and we make known the will of God to the world. "As the father has sent me, I am sending you" (John 20:21).

People who have been touched by HIV/AIDS need to know that they are welcomed in our institutions. We should make them feel that they are among AIDS-friendly people. They should be able to hear, see and experience how Christ, through us, enfolds them in His arms and cares for them.

CONCLUSION

The HIV/AIDS pandemic is an issue that requires attention from all directions. Christian Home Economists should be on the front line educating people about sex and HIV/AIDS prevention. Home economics as a discipline is concerned with families and addresses issues and concerns that keep on arising and which affects the family in one way or another. HIV/AIDS prevention as well as caring for the afflicted and affected should be handled in a Christian perspective since it deals with human values. The mechanism of HIV/AIDS is like a battle between the devil and our human flesh. On our own effort, we cannot win this battle. Success is dependent on help of the Holy Spirit.

There is a need to campaign for behaviour change through peer education, advocacy for abstinence and faithfulness in marriage. It requires teaching proper values rather than advocating for condom use; hence, leading people to make proper individual choices.

Different theories of human development have given different suggestions of attaining Christian moral behaviour. Parents too, play a major role in personality development. Hence they should be guided in helping their young ones in developing positive personalities when they are still young. There is a need to address the consequences of the choices we make in life, which could be negative or positive. Christian educators have a bigger role in teaching proper values. Above all, we should take the example of our Master Jesus Christ in our relationship with the infected and affected by empathizing instead of stigmatizing them.

SUGGESTED CLASSROOM DISCUSSION

Would you consider the following people being at risk of HIV infection? In case they are at risk, how would you help them understand the factors that contribute to the risk behaviour? How would you help them identify the choices that could be applied to reduce the risk of HIV infection? Your discussion should be based on a Christian perspective.

1. A woman who has had sex only with her husband. Her husband recently told her that he has tested HIV positive. They have not used condoms.
2. A woman has had three or four partners but usually uses condoms. She doesn't know if her partners are HIV positive or not.
3. A woman sex worker has had many partners but has always used condoms carefully.
4. A man who has had sex with sex workers but always with condoms.
5. A man who has had sex with other men and uses a condom.
6. A man who has had sex with other men but has only had oral sex.
7. A man who has had sex only with his wife who says she has had sex only with him.
8. A man who used condoms with a girlfriend and knows she is HIV positive.
9. A man who has three wives and has not used condoms.
10. A man who has a girlfriend who has recently told him she is HIV positive. They have not used condoms.
11. A man who has inherited his brother's wife after his brother died. They have not used condoms.
12. A woman who lives in the same house with someone who is HIV positive but who is not in close contact with him/her.
13. A man whose job is to care for people who are ill. He regularly bathes a person infected with HIV.
14. A woman who is a doctor who works with HIV-positive patients. She takes blood samples regularly.
15. A man who injects heroin regularly but always has his own set of injecting equipment.
16. A woman who occasionally injects heroin and shares her partner's injecting equipment.
17. A woman who has been raped by someone she doesn't know.

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