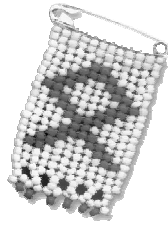


THEOLOGY
IN
THE
HIV AND AIDS
ERA SERIES



MODULE 2
HUMAN SEXUALITY AND HIV AND AIDS

BY
PETER NGURE
SERIES EDITOR
MUSA W. DUBE



THE HIV AND AIDS CURRICULUM FOR
TEE PROGRAMMES AND INSTITUTIONS IN AFRICA

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NOTE TO LEARNERS, READERS AND USERS

The overall goal of this module is to contribute towards building an HIV and AIDS competent church and theological institutions. This module is part of a series of ten modules entitled, **Theology in the HIV and AIDS Era** which were developed for distance learners. The modules form part of *The HIV and AIDS Curriculum for TEE Programmes and Institutions in Africa*.

The process of production began with an all Africa training of trainers' workshop on mainstreaming HIV and AIDS in Theological Education by Extension (TEE), held in Limuru Kenya, July 1-7, 2004. The workshop called for the production of a distance learning Curriculum and accompanying ten modules to enable the mainstreaming of HIV and AIDS in TEE programmes. Writers were thus identified, trained in writing for distance learners and given their writing assignments. In July 2-13, 2005, twelve writers gathered in the Centre for Continuing Education at the University of Botswana with their first drafts for a peer review and quality control workshop. The result of the process is this series on **Theology in the HIV and AIDS Era** and the accompanying curriculum for TEE. The whole process was kindly sponsored by the Ecumenical Initiative for HIV and AIDS in Africa (EHAIA).

Although the target audience for these modules is the distance learning community, it is hoped that the series will also stimulate new programmes, such as diplomas, degrees, masters and doctoral studies in HIV and AIDS theological research and thinking in residential theological institutions. It is also hoped that the series will contribute towards breaking the silence and the stigma by stimulating HIV and AIDS theological reflections and discussions among various groups and occasions, such as in Sunday school, women's meetings, youth and men's fellowships, workshops, conferences and among teachers and preachers of religious faith.

Musa W. Dube

Gaborone, Botswana

July 28, 2006

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GLOSSARY

Abstinence		The act or practice of refraining from some action or from the use of something such as alcohol or sex.
Abscess		A localised collection of pus formed as the product of inflammation.
AIDS	Acquired Immune Deficiency Syndrome	The last stage of the HIV disease. It is an incurable disease that is caused by a virus that destroys the immune system of otherwise health individuals. It is infectious.
Ante-natal		Before birth.
Anti-Retroviral Drugs	ARVs	Drugs used for treating HIV and AIDS patients; drugs which stop the multiplication of the HIV virus and help to improve the health of the patient.
Attitude		A mental view or predisposition especially as it relates to opinion or allegiance.
Celibacy		State of a person being unmarried, especially one who has taken a vow of chastity.
Commercial Sex-work		Engaging in sex work with the aim of earning an income.
Concept		Something formed in the mind; a thought; a general idea.
Concubine		A secondary or unofficial wife; a woman who cohabits with a married man; the mistress of a king or noble-man.

Culture	The totality of inherited ideas, beliefs, values and knowledge which constitute the shared bases of social action; the total range of activities and actions of a people.
Demography	The science of population statistics.
Devastate	To lay waste or make desolate; ravage; destroy; confound or overwhelm.
Disclosure	Something that is made open or known; the act of disclosing; revelation.
Discrimination	The unfair treatment of a person, racial group, minority; action based upon prejudice; an act or behaviour which expresses intentionally or unintentionally stigmatising thoughts.
Entopic Pregnancy	Misplaced pregnancy; pregnancy outside the uterus.
Epidemic	Any disease attacking a large number of people at the same time.
Erotic	Pertaining to sexual love or desire.
Ethnic	Of, or relating to a human group having racial, religious, linguistic and other traits in common; relating to the classification of humankind into groups.
Evaluation	To ascertain or set the amount of value of; to judge or assess the worth of.
Feminine	Culturally suitable to the characteristics of a female; possessing qualities or characteristics considered typical of, or appropriate to a female.
Fidelity	Devotion to duties, obligations; loyalty or devotion, as to a person or cause; faithfulness to one's spouse, lover etc.

Gender		The cultural state of being male or female; any social construction or expectation of the social categories of masculinity and femininity.
Gonorrhoea		An infectious venereal disease characterised by the discharge of mucous and pus from the urethra or vagina.
Haemorrhage		Profuse bleeding from ruptured blood vessels.
Heterosexual		A person who is sexually attracted to the opposite sex; or relating to heterosexuality.
HIV	Human Immunodeficiency Virus	HIV causes AIDS. The virus is constantly changing and is classified into two types. These are known as HIV-1 and HIV-2. HIV-1 is the most lethal and common form of the virus and is generally found in Asia, Southern, Central and Eastern Africa, Europe and North America. HIV-2 is less aggressive and is generally found in West Africa. HIV-1 is further sub-grouped into M, O and N depending from which part of the world it is found. Subgroup M is further divided into 11 subtypes of which 4 are responsible for the majority of the infections in Africa. These are subtype A, C, D and E.
HIV Negative	Human Immunodeficiency Virus	The absence of the antibodies against HIV viral proteins.
HIV Positive	Human Immunodeficiency Virus	Presence of anti-HIV antibodies in the blood.
Homosexual		A person who is sexually attracted to members of the same sex.

Human Sexuality		Refers to the quality or state of being sexual, that is, having capacity to express sexual feelings or engaging in sexual activity; sexuality as a social construction of a biological drive, sex.
Immune System	The circulating cells and serum fluid in the blood	Cells and serum fluid that provide continuous protection against foreign infectious agents.
Impoverish		Make poor or diminish the quality of; to deprive.
Incest		Sexual intercourse between two persons who are closely related to one another.
Inflammation		The reaction of living tissue to injury or infection, characterised by heat, redness, swelling and pain.
Masculine		Possessing qualities or characteristics considered typical of or appropriate to a man; manly; unwomanly.
Masturbate		To stimulate the genital organs of oneself or another in order to achieve sexual pleasure.
Menstruation		The monthly discharge of blood and cellular debris from the uterus by non-pregnant women between puberty to menopause.
Monogamy		The state or practice of having only one husband or wife over a period of time; the practice of having only one mate.
Nazarite		A religious ascetic of ancient Israel.
Obscene		Offensive or outrageous to accepted standards of decency or modesty; to deprave or corrupt.

PEP	Post-Exposure Prophylaxis	A short-term antiretroviral treatment to reduce the likelihood of HIV infection after potential exposure, either occupationally or through sexual intercourse.
Pervert		To use wrongly or badly; to interpret wrongly or badly; distort; to lead into deviant or perverted beliefs or behaviour; corrupt.
Polarity		The condition of having poles; the condition of a body or system in which it has opposing physical properties.
Prevalence	Of HIV infections	The proportion of persons in a specified population infected with HIV at a specified point in time.
Prejudice		An opinion formed beforehand especially an unfavourable one based on inadequate facts.
Pre-marital		Referring to sexual relations occurring before marriage.
Patriarchy		A form of social organisation in which the male is the head of the family and descent, kinship, and title are traced through the male line; any society governed by such systems.
Pelvic Inflammatory Disease		A sexually transmitted disease which affects the pelvis especially in women.
Phenomenon		Anything that can be perceived as an occurrence or fact by the senses; any remarkable occurrence or person.
PMCT	Prevention of Mother-to-Child Transmission	Prevention of Mother-to-Child Transmission of HIV.
Protocol		The formal etiquette and procedure for state and diplomatic ceremonies; a guide on procedure glued to the front of a manuscript.

Pornography		Writings, pictures, films, etc., designed to stimulate sexual excitement.
Propaganda		The organised dissemination of information; allegations to assist or damage the cause of an organisation, person or movement.
Safer Sexual Behaviour		Any form of sexual behaviour which minimises the risk of HIV transmission.
Secular		Of, or relating to worldly as opposed to sacred things; not concerned with or related to religion; not within the control of the church.
Sensuous		Aesthetically pleasing to the senses; appreciative of qualities perceived by the senses.
STIs	Sexually Transmitted Infections	Infections transmitted through sexual activity.
Stigma		A negative assessment of a person or an action associated with a particular object or issue.
Sub-Saharan Africa		Africa South of the Sahara; Countries in Africa lying south of the Sahara Desert.
Target		Statement of expected outcome.
Trauma		Powerful shock that may have long lasting effects; any bodily injury or wound.
VCT	Voluntary Counselling and Testing	Voluntary Counselling and Testing Services.
Vulnerable		Capable of being physically or emotionally wounded or hurt; exposed to attack.

MODULE 2

MODULE INTRODUCTION

A WORD OF WELCOME

I would like to personally welcome you to this module on Human Sexuality and HIV and AIDS in *The HIV and AIDS Curriculum for TEE for Programmes and Institutions in Africa*. In this module we will attempt to understand human sexuality as a precious gift from God. In a era where HIV and AIDS is one of the leading killer diseases of human beings it is necessary that the church plays a leading role in educating its members and the larger community on the risks of HIV and AIDS infection through any behaviour which has the risk of facilitating HIV infection. While 90% of HIV infections in most African countries are transmitted through sex, it is necessary that we discuss the subject of human sexuality more openly than ever before. Such discussions should also be aimed at restoring to sexuality its respect and beauty as God's wonderful creation and gift to human beings.

This module is divided into ten units:

1. Introduction to Human Sexuality and HIV and AIDS
2. Human Sexuality and HIV and AIDS
3. Some Biblical Views on Human Sexuality
4. Human Sexuality, HIV and AIDS Transmission and Prevention
5. Sexually Transmitted Infections
6. Social and Cultural Issues Affecting Human Sexuality and HIV and AIDS

7. Human Sexuality, Youth and HIV and AIDS
8. Human Sexuality Women, Children, and HIV and AIDS
9. Sexual Orientation and HIV And AIDS
10. Some Common Issues on Human Sexuality and HIV and AIDS

I trust that you will find this an interesting module, which you are encouraged to read through with an open mind.

MODULE OBJECTIVES

Upon the successful completion of this module you should be able to:

- ⌘ **Explain** the relationship between human sexuality and HIV and AIDS transmission
- ⌘ **Define** the various aspects of human sexuality which facilitate HIV infection
- ⌘ **Analyse** the biblical views of human sexuality
- ⌘ **Identify** the relationship between human sexuality and HIV and AIDS transmission and prevention
- ⌘ **Explain** how sexually transmitted infections facilitate HIV transmission
- ⌘ **Identify** the various social cultural factors which influence sexual behaviour in the community
- ⌘ **Explain** how the sexual behaviour of the youth renders them vulnerable to HIV infection
- ⌘ **Explain** how issues of human sexuality renders women and children vulnerable to HIV infection
- ⌘ **Describe** the various forms of sexual orientation
- ⌘ **Identify** the contemporary issues in human sexuality which can facilitate HIV transmission

ACTIVITIES

The module uses interactive learning activities which involve you the learner in group discussions and individual assignments to enhance your wider reading and understanding of the subject. The purpose of the interactive learning activities is for you to engage in group discussions so as to internalise the topics being covered. It is also hoped that this will help you to modify your attitudes and practices so as to become more non-judgemental and caring towards People Living with HIV and AIDS (PLWHAs) and the affected.

Within the units themselves and at the end of each unit there are some exercises for you to complete. It is advisable that you should work through these exercises and participate in discussions with others so as to widen and enrich the scope and breadth of your understanding. The topics are also intended to encourage you to read widely in order to acquire divergent views and perspectives from different parts of the region. As students, you are encouraged to gather more information on sexually-risky behaviour and practices present in your community which could be associated with HIV transmission.

The objective of this module is to equip you to make an informed response to the challenges of HIV and AIDS in the African region and globally. In addition to this, you will be expected to do a course assignment after completing the first five units. This will be followed by a test and a module examination after completing unit ten. You are advised to have a hard cover exercise book available where you will do the course assignments and examinations, keeping them safe for marking as evidence of having completed the course requirements.

The basic requirement while using this module is that you should try to work with an open mind. A desire to learn by seeking new understanding and God's guidance would be very useful. The course demands an honest examination of our value systems and attitudes in relation to human sexuality in the light of the bible. To effect any change in others we must be transformed men and women. The word of God, which is like a two-edged sword, has the power to change, challenge and transform us so that we can look at the issues of human sexuality in a new way. This will help us to appreciate God's gifts and to discover how best we should take care of them. This may require a departure from our traditional ways of looking at issues of human sexuality.

UNIT 1

INTRODUCTION TO HUMAN SEXUALITY

OVERVIEW

Welcome to the first unit of the Human Sexuality and HIV and AIDS module in *The HIV and AIDS Curriculum for TEE for Programmes and Institutions in Africa*.

Do you discuss issues about human sexuality freely in your community or in your church? Be prepared to be engaged in the study of a very interesting subject that we often find difficulty in discussing. We are going to be very open in our discussions, where we intend to call a spade a spade and not a big spoon! The threat of the HIV and AIDS epidemic in our region demands that we speak about issues of sex openly and honestly if we are going to win the war against it.

This unit is an introduction to human sexuality. It will provide some basic understanding and meaning of human sexuality from a Christian perspective. We shall make reference to some Biblical examples of a positive attitude towards sex. It will engage you the learner in learning activities to appreciate sex as an important gift of God to humankind. The second unit will develop the subject further and illustrate its relationship with the rapid transmission of HIV in the African region. The purpose of these two units is to equip you with the necessary background information on human sexuality and AIDS so

empower you to effectively address HIV and AIDS issues in your Christian ministry.

OBJECTIVES

Upon the successful completion of this unit you should be able to:

- ✚ **Explain** the major topics and issues in this module
- ✚ **Describe** the meaning of human sexuality
- ✚ **Illustrate** how human sexuality is a special gift of God
- ✚ **Analyse** the impact of HIV and AIDS
- ✚ **Describe** how the Church can break the silence about human sexuality and issues about HIV and AIDS

TOPICS

- ✚ Defining human sexuality
- ✚ Human sexuality and power-relationships
- ✚ Human sexuality as a special gift of God
- ✚ The impact of HIV and AIDS
- ✚ Summary
- ✚ Self-assessment activity
- ✚ Further reading

DEFINING HUMAN SEXUALITY

Some helpful definitions to begin our study:

- ⌘ **Sex** refers to the sum of biological and physical features which divide the human species into two groups: male and female. Both sexes complement one another reproductively. It is natural, unchangeable and universal. Sex also refers to the drive for the biological function of sex, pregnancy and child-birth. Additionally, the Oxford English Dictionary defines “Sex” as the reproductive elements of either male or female biologically.

- ⌘ **Human sexuality** refers to the quality or state of being sexually, that is, the human capacity to express sexual feelings or to engage in sexual activity. It is the manner by which human beings express and experience the incompleteness of their individualities as well as their relatedness to one another as male and female. This is a fundamental part of what it is to be human. It goes beyond our human experience, physical, mental, emotional, or spiritual relationships. Sexuality is a social construction of a biological sex drive and is influenced by socio-cultural and economic forces, power-balances and the sexual choices of individual men and women. Each community has its own way of expressing or communicating sexual feelings or desires.

The concept of human sexuality is rather difficult to understand as it varies from one individual to another. It also varies from one community to another. It is, however, the means through which we all share degrees of masculinity and femininity at varied levels. The social construction of our sexuality affects how we perceive ourselves.

The Oxford English Dictionary definition of human sexuality encompasses, “the quality of being sexual or having sex.” A dictionary definition, however, is not exhaustive in identifying the range of human experience related to this term. In current thinking, sexuality refers not only to the physical characteristics of the body and feelings of sexual attraction to another person, but includes also the emotional, cognitive, spiritual, social and cultural dimensions of what it means to be human.

Sexuality permeates the totality of the human being (maleness or femaleness). It is the awareness of being a female or a male and the capacity to experience and to express oneself sexually. Sexuality begins at conception and develops throughout life. Sexuality is distinct from gender yet intimately linked to it. It is the social construction of a biological drive. An individual’s sexuality is defined by whom one has sex with, in what ways, why, under what circumstances, with what outcomes and the social construction of each individual. Explicit and implicit rules imposed by society, as defined by one’s gender, age, economic status, ethnicity and other factors, also influence an individual’s sexuality. Sexuality, in other words, is a multi-dimensional and dynamic concept operating in each individual and within their particular society, culture and time.

HUMAN SEXUALITY AND POWER RELATIONSHIPS

Sexuality is characterised by inequality in power relationship between men and women through the following elements:

- ⌘ Practice.
- ⌘ Partners.
- ⌘ Pleasure.

- ⌘ Procreation.
- ⌘ Pressure/Pain.
- ⌘ Power.

Practice and partners refer to the behavioural dimensions on how one has sex and with whom. Pleasure or pressure/pain and procreation refer to the underlying motives. However, data gathered over time shows that there is an additional element of sexuality, namely power, which is the most important. The dimensions of power which underlie any sexual interaction, heterosexual or homosexual, determine how all the other elements of sexuality are expressed and experienced. Power determines whose pleasure is given priority, when, how and with whom sex takes place. Each component of sexuality is closely related to the other, but the balance of power in a sexual interaction determines its outcome.

Human sexuality is shaped by social expectations, cultural norms, religion and the mass media. Perceptions of beauty, as well as dressing styles, roles of women and men and taboos on unacceptable behaviour all reflect a society's views about sexuality. Many studies, however, show that women and men differ, not only in their physical experience of sexual identity, but also in the ways they value and interpret the many dimensions of human sexuality.

In most Sub-Saharan countries, sexual activity often begins during the teen years. Exposure to early sexual activity due to social cultural practices is widespread. The Kenya Demographic Health Survey of 2003 reveals that women and men aged 15-24 of age engage in risky sexual behaviour. About 33% of young women and 84% of young men report engaging in sexual activities. 25% of the young women report using condoms compared to 47% of the young men.



ACTIVITY 1



1. *What comes into your mind when the word 'sex' is mentioned? Write your thoughts in one paragraph*
2. *List the five elements which characterise inequality in power relationships between men and women*
3. *Discuss why power is important in a sexual relationship*
4. *State the most common challenges in dealing with the issues of human sexuality in the church today*

HUMAN SEXUALITY AS A SPECIAL GIFT FROM GOD

Human sexuality is a special gift of God to humankind. Every special gift requires much care and protection so that it can maintain its virtue and continue to be useful. Precious things can easily be abused if one does not recognise their worth or the use for which they were intended. When sex is abused it can lead to misery and suffering through unwanted pregnancies, commercial sex, sexually transmitted infections including HIV and AIDS, divorce or separation and even death. The transmission of HIV is one of the worst outcomes of sex as it could lead to death and poor health.

The HIV and AIDS pandemic stretching across the African continent demands that the church talks about sex more openly today than ever before. Sex has ceased to be a private matter for an individual to deal with alone because one of its potential outcomes is HIV and AIDS. As has been discussed above, issues bordering on sex tend to be regarded as sinful and therefore demonised in the church. This has been the case for many centuries. The church has thus been silent on issues of sex and HIV and AIDS. The gap created by this state of affairs has been filled by secular messages on sex which often have made the situation worse. Secular sources of information

and literature on sex have proven a booming business, due to the gap created by the cultural and the church's silence on this important issue. Sex has in the process been perverted into obscenity. There is much need therefore for the church to speak out and provide leadership on the issues of sex. The devastation of HIV and AIDS on our African continent demands urgent action by the church now!

a. The Song of Songs 2:4 – An Explicit Expression of Love

In the Song of Songs, we read:

He brought me to the banqueting house and his intention toward me was love (Song of Songs 2:4 NRSV).

The Song of Songs presents very explicit and positive expressions of love. For these lovers, a public and visible declaration of love forms a banner declaring the bond of love that exists between them. They do not shy away from others knowing about their love relationship.



ACTIVITY 2



1. *Using biblical texts, show how sex is a special gift of God to humankind*
2. *Suggest what the church can do to restore the dignity of sex as a special gift of God in your community*
3. *What is the church's role in breaking the silence on issues of human sexuality?*

b. Genesis 2:18 – It is Not Good for a Person to be Alone

In Genesis 2:18 we read, “Then LORD God said, ‘It is not good that the man should be alone. I will make him a helper as his partner’” (NRSV). S. K. Babbage has observed that humankind is restlessly aware that in order to have the full enjoyment of life and the satisfaction of life’s necessities, companionship of another is required. But the Bible does not support this view. The Bible shows that human beings exist in a state of sexual polarity, of complementary differentiation, by the will of God, by the fact that “male and female he created them” (Genesis 1:27 NRSV).

The creation of Adam and Eve was the climax of God’s marvellous work of creation. Human beings were given the privilege of stewardship over the rest of creation. But God found that the man was lonely and unfulfilled and that he required a suitable companion. Adam found his true self in Eve who was his own flesh, similar yet very different. He described her as, “bone of my bones and flesh of my flesh” Gen. 2:21-23 (NRSV). It is God’s intention that humanity lives in difference although one. Human beings should appreciate and acknowledge their sexual identity instead of trying to deny it and should rejoice and celebrate it rather than be ashamed of it. We should use the God-given potentialities endowed to us through sex rather than neglect them. We should respect the limits set by God rather than seek to break them. It is stated that God blessed them and said to them:

Be fruitful and multiply, and fill the earth and subdue it; and have dominion over the fish of the sea and over the birds of the air and over every living thing that moves upon the earth (Gen. 1:28 NRSV).

During the time of creation, God saw that everything that God had created was good. God blessed Adam and Eve and directed them to embrace the world with praise and thanksgiving. The material world was God's gift to humanity and the pleasures associated with it, including the pleasures of the flesh, which should be enjoyed and appreciated as God's gifts. God commanded Adam and Eve to be fruitful and multiply. The marriage institution was made and ordained by God right from the beginning as indicated in the creation story:

Therefore a man leaves his father and his mother and clings to his wife, and they become one flesh (Genesis 2:24 NRSV)

This passage implies that the sexual act is an expression of the wholeness of the God-given gift of sexuality, where each partner finds themselves complete in the other.

Genesis 2:25 says that the man and his wife were both naked and they felt no shame. But after the fall in Genesis 3:7 they realised that they were naked. They sewed fig leaves together and made coverings for themselves. Later when they heard the sound of God walking in the garden in the cool of the day (v. 8) they hid from God. They were afraid of God because of their disobedience.

When our relationship with God is good we are able to go before God confidently in prayer. We are able to meet God even as a family to address the most challenging of issues without experiencing any barriers. When our relationship with God is not good we tend to run away from God. We also try to run away from our wives, husbands, children, and even from ourselves. We also try to run away from the issue of life facing us. We are no better than

Adam and Eve as we often refuse to take responsibility for our actions. We find it easier to blame others for our faults.

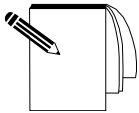


SUMMARY

In this unit, we have learnt that:

- ⌘ Sex refers to the sum of biological and physical features which divide the human species into two groups: men and women that complement each other reproductively.
- ⌘ Human sexuality refers to the quality or state of being sexual, that is, having the capacity to express sexual feelings or engaging in sexual activity.
- ⌘ Human sexuality is the social construction of biological sex. It involves 5 % of pleasure, practice, pressure, procreation and power.
- ⌘ Sexual transmission of HIV causes 75% to 85% of HIV infections world-wide.
- ⌘ The spread of HIV in Africa is primarily heterosexual, that is, through sexual contact between a man and a woman.
- ⌘ The rapid spread of HIV has been associated with unequal power relationships that lead to unprotected sex, and in some cases, with multiple sex-partners, trauma during sex, the presence of sexually transmitted infections (STIs), traditional customs, drug abuse (especially alcohol), poverty and ignorance.
- ⌘ Some of the outcomes of HIV and AIDS today include poor health, suffering, loss not only to an individual but also to the family and the community. It is the manner by which human beings express and experience both the incompleteness of their individualities as well as their relatedness to each other as male and female.

- ⌘ Marriage as a social institution was made and ordained by God right from the beginning as indicated in the Genesis story.
- ⌘ Marriage is the place where sexual expression can be the most fulfilling as planned and purposed by God.



SELF-ASSESSMENT ACTIVITY

1. *Briefly write down your own definition of human sexuality*
2. *What are the main issues of human sexuality which facilitate HIV and AIDS transmission?*
3. *Explain how human sexuality is a special gift of God to humankind?*
4. *Write a one page essay on how the church can break the silence on human sexuality and HIV and AIDS*



FURTHER READING

- Byamugisha, Gideon. 2000. *Breaking the Silence on HIV/AIDS in Africa: How Can Religious Institutions Talk About Sexual Matters in our Own Communities*. Kampala: Tricolor.
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UNIT 2

HUMAN SEXUALITY AND HIV AND AIDS

OVERVIEW

Welcome to the second unit of the Human Sexuality and HIV and AIDS module in *The HIV and AIDS Curriculum for TEE for Programmes and Institutions in Africa*. This unit introduces you to the core subject of this module. We will begin by looking at the meaning of human sexuality and the challenge that it poses to the church today. We will endeavour to bring out the biblical meaning of sex as a special gift of God. In particular, reference will be made to the many examples of the deep meaning of sex from the book of Song of Songs. The story of the Samaritan woman is also a good example of how Jesus reached out to people of all races and backgrounds with the love of God. Finally, the unit will seek to bring out the positive meaning of sex in spite of what HIV and AIDS has done to paint a negative picture of gloom, fear, and death.

OBJECTIVES

Upon the successful completion of this unit you should be able to:

- ⌘ **Identify** the relationship between sex and the transmission of HIV and AIDS
- ⌘ **Explain** how sex is a special gif of God

⌘ Identify the important lessons on human sexuality from the Bible

TOPICS

- ⌘ Introduction to sex and HIV and AIDS
- ⌘ Sex: a special gift from God
- ⌘ Celebrating human Sexuality
- ⌘ The Samaritan woman
- ⌘ Summary
- ⌘ Self-assessment activity
- ⌘ Further Reading

INTRODUCTION TO HUMAN SEXUALITY AND HIV AND AIDS

Sexual intercourse, which is an aspect of human sexuality, is about merry-making, being joyful and festive. Unless sexual intercourse is playful between consenting adults, it is intolerable, boring and loses its true meaning and worth. Experiencing pleasure in our bodies through sex should generate deep gratitude to God for our sexuality. This is the key to responsible passionate loving. Many people are shocked to find an explicit love song in the Bible, complete with erotic lyrics. In the Old Testament book of the Song of Songs, lovers look at one another and express what they feel. They revel in the sensuous and are openly erotic.

Throughout the history of the Church, however, there have been negative practices against women. Women have been closed from the public sphere in favour of men. It is a kind of social order against women which regards them as possessions of their fathers and later of their husbands. In male-centred

cultures, the main role of women is to produce children who would belong to the father's lineage. This practice is enhanced further through the following:

- ⌘ Ignorance of human sexuality.
- ⌘ Association of sex with sin and evil.
- ⌘ The use of sex as an instrument of power against women.
- ⌘ The acceptance of violence against women.
- ⌘ Commercialisation of human needs.
- ⌘ Unequal responsibility for human relationships.
- ⌘ Love of hierarchical orders and competition.

The above issues affect us equally irrespective of our sex or religion. They affect sexual relations through suppression, mistrust and rivalry. Ignorance on issues of human sexuality is sometimes considered a virtue, while interest on issues of sexuality is perceived as being suspect in some communities. Any information on issues of human sexuality is regarded as dangerous and unchristian. Anything to do with sex is demonised and regarded as sin. Women are often regarded as evil and as tempters due to the story of humankind's fall contained in the book of Genesis.

Galatians 3: 28 states:

There is no longer Jew or Greek, there is no longer slave or free, there is no longer male or female; for all of you are one in Christ Jesus (NRSV).

The Christian faith is about redemption and salvation through Jesus Christ. Women and men are equal in Christ. It is necessary therefore for us to re-conceptualise the sexual relationship in the light of the divine love which has been demonstrated to us by God through Jesus Christ.



ACTIVITY 1



1. *What barriers are there in your church and community in discussing issues of human sexuality?*
2. *How can these barriers be removed?*

As long as discrimination against women remains intact in a society, sex loses its deeper God-given meaning and significance. Today, it has almost been killed-off by the above tabulated practices. When the HI-virus entered upon the scene, the situation evolved into that of a most dreaded monster intent on threatening the well-being of human relationships even further. In its wake of death and destruction, being visited upon family after family, a trail of misery and suffering has been behind. Sex has become a source of fear and death instead of being the special gift of God to be celebrated.

When Christianity came to Africa, discriminatory practices against women found fertile ground among many African traditional customs. As most African societies are patriarchal, these discriminatory practices against women were often perfected through traditional customs.



ACTIVITY 2



1. *Discuss the various practices in your church which discriminate against women*
2. *Suggest what could be done to address each of them*
3. *How do these practices facilitate the spread of HIV?*

Amongst my community, lovers are not expected to show or express their feelings of love publicly. They are supposed to love and demonstrate it in

total privacy. People usually express disappointment or embarrassment when they see lovers expressing their feelings to each other publicly. This is what most traditional practices and social norms approve of as good behaviour. But this is not what we see in the Old Testament book of the Song of Songs. Instead, we see the reverse happening in the Bible. When issues of intimate relationships, such as love and sex are outlawed from the public domain many things can go wrong. Issues of sex and love should be in the public domain as it is an essential aspect of life.

a. What can we Learn?

These include:

- ⌘ That sexuality is not sinful.
- ⌘ We should freely express our feelings on sexuality without fear.
- ⌘ That sexuality demands total commitment.
- ⌘ That the church should provide leadership on the issues of human sexuality.

b. What are the Challenges?

These include:

- ⌘ The fear of the church talking about sexuality and love.
- ⌘ Our judgmental attitude towards others as having distorted love and sexuality.
- ⌘ Our inability to address the issues of love and sexuality in the church.

THE SITUATION OF HIV AND AIDS IN AFRICA

Sub-Saharan Africa remains by-far the worst-affected region by the AIDS epidemic. UNAIDS estimates that the number of people living with HIV has continued to grow from 35 million in 2001 to 38 million in 2003. In the same year, almost 3 million were killed by AIDS while over 20 million have died since the first case of AIDS was identified in 1981. An estimated 25 million people are living with HIV in Sub-Saharan Africa. The region is home to over 10% of the world's population and almost two thirds of the people living with HIV. In 2003, an estimated 3 million people became infected with HIV and 2.2 million died (75% of the 3 million deaths globally that year). Of all HIV deaths since the start of the epidemic, over three quarters have occurred in Africa.

African women are at a greater risk of becoming infected at an earlier age than men. Today, there are 13 infected women for every 10 infected men in Sub-Saharan Africa. This is up from 12 infected women for every 10 infected men in 2002. Among young people aged 15-24 years, this ratio is even higher, as young women are 2.5 times more likely to be infected than young men. In addition, there is growing concern that HIV may be spreading undetected among men who have sex with men, as male-male sex is widely condemned and illegal in many African countries.

The HIV prevalence rate among those aged 15-49 years is between 2.8% and 33.7%. An estimated 16,000 people are being infected every day and 11.7 million people have died from AIDS-related illnesses. 80% of women with HIV and 90% of children infected with HIV in the world (a total of 3.2 million) are from sub-Saharan Africa. Seven Southern African countries (Botswana, Lesotho, Namibia, South Africa, Swaziland, Zambia and Zimbabwe) have adult prevalence rates above 20%.

The sexual transmission of HIV causes 75% to 85% of HIV infections world-wide. The spread of HIV in Africa is primarily heterosexual, that is, through sexual contact between a man and a woman. As stated in unit 1, the rapid spread of HIV has been due to sex with multiple sex partners, trauma during sex, sexually transmitted diseases, traditional customs, drug abuse (especially alcohol), poverty and ignorance. Some of the outcomes of HIV and AIDS today include poor health, suffering, loss not only to an individual but also to the family and the community at large.



ACTIVITY 3



List some of the socio-cultural activities which expose people to the risk of HIV infection in your community

HIV TRANSMISSION AND SEX

Human sexual behaviour has a direct relationship to HIV transmission in Sub-Saharan Africa. 75% to 85% of all HIV transmissions in the region are through sexual contact. Having sex with multiple partners facilitates the HIV transmission rate. The Kenya Demographic Health Survey of 2003 shows that 18% of women and 40% of men in Kenya had sex outside of marriage. Less than one-quarter of the women and one-half of the men used condoms in their most recent sexual relationships. This will be discussed in greater detail later. But the net result is that the transmission of HIV has caused a higher burden of disease in the African region and subsequent higher death rates. HIV and AIDS has been claiming the bread-winners leaving wives widowed and children orphaned. The disease has brought a lot of suffering and misery to many families. Most care-providers have also been overwhelmed by the burden of care that HIV and AIDS has brought upon many communities.

Due to lack of financial and human resources, many national governments are unable to cope with this burden and neither are families. The family has been impoverished and the church cannot afford to look-on while the situation gets worse. When life is threatened and exposed to such suffering the church is the only source of hope and consolation to many.

CELEBRATING HUMAN SEXUALITY

Sex is a special gift of God to humankind. Through sex, God elevates a man and a woman to be co-partners in the task of creation. This enhances the relationship and fellowship between God's human partners and God. Some Bible passages speak very openly and very positively about sex, especially in the Song of Songs:

Let him kiss me with the kisses of his mouth! For your love is better than wine, your anointing oils are fragrant, your name is perfume poured out...Tell me, you whom my soul loves, where you pasture your flock, where you make it lie down at noon; for why should I be like one who is veiled besides the flocks of your companions?
(Song of Solomon 1:1-7 NRSV).

This passage contains a shameless and explicit declaration of love by a woman for a man. But we rarely hear such passages read in the church. Yet our feelings of romance, love and sex were created by God and we should celebrate them. The woman in this passage speaks shamelessly and explicitly about her feelings of love and attraction. She is not afraid to express herself as a sexual being and to see her lover as a sexual being as well. She does not hide her desire for the man she loves. Christians should celebrate God's gift of sex and praise God for it. It is amazing how a man and woman can bond together

and find fulfilment in one another. It is love that binds couples together and love which enables them to appreciate their respective partner as God's gift.

What comes out very clearly from this passage is that the man and woman are deeply in love with each other. Two people who are in love and committed to one another can seal this love through marriage. Once married, they can engage in a sexual relationship. This is a special relationship between those who are married. Although sexuality has the potential of bringing intimacy and joy in human relationships it can also render them vulnerable to each other and to other social forces. The physical contact increases vulnerability to Sexually Transmitted Infections (STIs). Sex also makes men and women vulnerable to other social factors which can influence moral decisions and actions.

a. What can we Learn?

These include:


- ⌘ That sexuality and love are gifts from God which should be celebrated.
- ⌘ That sexuality is beautiful.
- ⌘ Women and men should express themselves freely on issues of love and sexuality.
- ⌘ Love and sex demand faithfulness and commitment to each other.

b. What are the Challenges?


These include:

- ⌘ Fear of talking about sexuality and love.
- ⌘ There is greater focus or emphasis on sex rather than upon love.

- ⌘ The misplaced practice of starting with sex, marriage and later looking for love.
- ⌘ Failure to obey God on matters of love, marriage and sex.



ACTIVITY 4



1. *Discuss how sex can be abused today*
2. *What challenges does a partner face if her/his partner has HIV?*
3. *How can the church support couples experiencing such challenges?*

THE SAMARITAN WOMAN – JOHN 4:1-42

Feeling tired after a journey, Jesus sat down near to Jacob’s well. While there, a Samaritan woman came down to the well to draw water. Jesus asked her for a drink but she was reluctant to give him one as he was a Jew. Jesus offered her “living water” and told her that those who drank of it would never thirst again. The woman said that the well was deep and he had nothing to draw water with. She wanted to know where the “living water” came from.

This woman had had five husbands either because she had been a widow, divorced or forced to be involved in survival sex. She came to the well at this time of day, possibly, to avoid other women who might have stigmatised her and fearing that she may take their husbands from them. She led a life not so different from many people today. She was looking for a sexuality that could respect her human dignity. She was possibly looking for love, acceptance or happiness. The Samaritans were held in contempt by the Jews. The kind of life that the woman led made her to be looked down equally by her own people.

Jesus identified her social and spiritual problems and needs. The depth of the needs in her heart was deeper than the well. She needed a saviour who would transform her life and break the thirst of her life. Jesus touched the needs of her and she recognised him as the Saviour. She rushed to her village and told everybody about Jesus.



ACTIVITY 5



1. *What lessons do you learn from the story of the Samaritan Woman?*
2. *What is the relevance of this story for us today?*

Jesus is interested in the life of every human being in need, irrespective of their social status. Jesus transformed the life of the Samaritan woman and gave a fresh beginning to her life, just as he done for many others. Jesus meets us in our situations in life and offers to deal with those situations if we give him a chance to work in our lives. The depths of our problems are not too deep for Jesus. He can reach out and deliver us and deal with all our moral issues.

a. What can we Learn?

These include:

- ⌘ God is aware of our individual problems and is concerned about them.
- ⌘ He has an answer to all our problems including the moral ones.
- ⌘ God is interested in the lives of all human beings equally irrespective of their race, tribe or faith.
- ⌘ God is capable of changing the lives even of the worst of sinners.

b. What are the Challenges?

These include:

- ⌘ Trusting God with our lives.
- ⌘ Being sincere and honest to God in relation to our life experiences.
- ⌘ Allowing God to intervene in our lives and to guide us.
- ⌘ Giving God a chance to give us a new beginning.

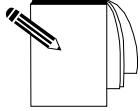


SUMMARY

In this unit, we have learnt that:

- ⌘ Throughout the history of the church there have been negative practices against women.
- ⌘ Women have been closed from the public sphere in favour of men.
- ⌘ Women have been regarded as tempters due to the story of the fall of humankind in Adam.
- ⌘ Sex has been associated with sin and used as an instrument of power against women.
- ⌘ Sex is a special gift of God to humankind. Through it, God elevates a man and a woman to be co-partners in the task of creation.
- ⌘ In Jesus Christ, both women and men are equal.
- ⌘ In the struggle against HIV and AIDS, we must be prepared to speak openly about love and sex.
- ⌘ We must be prepared to bring down barriers and thereby enable honest and open talk.

- ⌘ This requires a lot of courage and commitment on the part of Christians as well as those in relationships.



SELF-ASSESSMENT ACTIVITY

1. *Discuss the challenges facing the church in addressing the issues of human sexuality.*
2. *Explain how human sexuality is a special gift of God.*
3. *Identify some key lessons that you have learnt on human sexuality from the Bible.*



FURTHER READING

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UNIT 3

SOME BIBLICAL VIEWS ON HUMAN SEXUALITY

OVERVIEW

Welcome to the third unit of the Human Sexuality and HIV and AIDS module in *The HIV and AIDS Curriculum for TEE for Programmes and Institutions in Africa*. In this unit we will examine together the views of the Old and New Testaments towards human sexuality. By so-doing, we will bring out a clear and positive view of the beauty of God's creation of sex as a special gift of God towards humanity. We will also look at the relationship between human sexuality, love and marriage. By examining closely the incident where Jesus meets the woman who was caught in the act of sex, we will see a unmistakable example of how Christians should relate with unconditional love to those often stigmatised and discriminated against.

OBJECTIVES

Upon the successful completion of this unit you should be able to:

- ⌘ **Identify** useful lessons on human sexuality contained in the Old Testament
- ⌘ **Describe** relevant messages in the New Testament on human sexuality
- ⌘ **Explain** the significance of Jesus' encounter with the woman accused of adultery for us today

- ⌘ Describe the challenges of HIV and AIDS to marriages in Africa today

TOPICS

- ⌘ Introduction to some biblical views on human sexuality
- ⌘ The Old Testament and human sexuality
- ⌘ The New Testament and human sexuality
- ⌘ Human sexuality and love
- ⌘ Sex and marriage
- ⌘ Summary
- ⌘ Self-assessment activity
- ⌘ Further Reading

INTRODUCTION TO SOME BIBLICAL VIEWS ON HUMAN SEXUALITY

The Old Testament has developed the theme of human sexuality quite elaborately. In the books of Genesis, Psalms, Proverbs and Songs of Songs sex is shown to be a wonderful gift of God to humankind. The Song of Songs is a wonderful celebration of physical love, and the feelings of the woman are more prominent than those of the man. It contains many examples of different forms of sexual behaviour ranging from heterosexuality, homosexuality, rape and prostitution. As the Apostle Paul can write:

All scripture is inspired by God and is useful for teaching, for reproof, for correction, and for training in righteousness, so that everyone who belongs to God may be proficient, equipped for every good work (2 Timothy 3:16 NRSV).

From this, we can clearly see that these events were written to serve as an inspiration and example in order to teach or warn us.

Negative attitudes towards sex as being sinful have persisted throughout history. Some basis for this attitude is evident in the book of Leviticus. Following the delivery of a baby or during the menstrual period a woman was considered as unclean. Men and women who engaged in sex were also regarded as unclean (Lev. 12 and 15). This gave rise to negative attitudes towards the women as being inferior and unclean and resulted in certain controversies regarding the role of women in positions of leadership in the church. Not only did these issues create negative attitudes, but they ended up relegating women to the periphery even on matters affecting their health.

THE OLD TESTAMENT AND HUMAN SEXUALITY

While sex has been expressed as a special gift of God to human beings in the Old Testament it has also been associated with sin and evil. Throughout the history of the church there have been negative attitudes and practices against women. This has already been discussed in Unit 2. Instructions given in the Old Testament in Leviticus clearly strengthen this position of associating sex with sin. A man and woman who engaged in sex were considered unclean for an entire day:

If a man lies with a woman and has an emission of semen, both of them shall bathe in water, and be unclean until the evening (Lev. 15:18 NRSV).

Menstrual periods and the delivery of a baby rendered a woman unclean. These practices must have been established to promote hygiene and to regulate behaviour during ancient times.

a. *A Woman's Menstrual Period – Leviticus 15:19*

When a woman has a discharge of blood that is her regular discharge from her body, she shall be in her impurity for seven days, and whoever touches her shall be unclean until the evening (Lev. 15:19 NRSV)

Once a woman had had her monthly menstrual period she was considered unclean for a period of seven days. Some Christians use this as a basis for regulating women's participation in church activities.


b. *The Delivery of a Baby Boy or Girl – Leviticus 12:1-5*

After the birth of a son, a woman in Israel was ceremoniously unclean for seven days. If however, she gave birth to a daughter she was unclean for two weeks.


The LORD spoke to Moses, saying...If a woman conceives and bears a male child, she shall be ceremonially unclean seven days; as at the time of her menstruation, she shall be unclean...Her time of blood purification shall be thirty-three days; she shall not touch any holy thing, or come into the sanctuary, until the days of her purification are completed. If she bears a female child, she shall be unclean two weeks, as in her menstruation; her time of blood purification shall be sixty-six days (Lev. 12:1-5 NRSV)

The birth of a baby boy is celebrated in a big way among many communities in Africa. Among the Kikuyu people in Kenya it was greeted with five ululations while that of a girl was received with three (Kenyatta 1938:130-154).

These practices have enhanced a negative attitude where women are stigmatised and partly explains why women are discriminated against, particularly in the church. The association of sex with sin has posed a major barrier to effective HIV and AIDS prevention efforts by the church. The church has maintained a judgmental attitude towards the infected by simply considering them immoral and not deserving of sympathy. In fact, they need empathy and not sympathy. This practice assumes by default that PLWHAs are being punished by God for their immorality. This position has enhanced stigma and discrimination against PLWHAs.



ACTIVITY 1



1. *What is the attitude of your community towards unfaithfulness in marriage?*
2. *Discuss the attitudes of your church members towards sex as sin compared to other sins*

c. Be Fruitful and Multiply – Genesis 1:28

God blessed them, and God said to them, ‘Be fruitful and multiply, and fill the earth and subdue it...’ (Gen. 1:28 NRSV).

Genesis begins with God’s blessings to Adam and Eve when God told them to be fruitful, increase in number, fill the earth and subdue it. Human reproductive behaviour was ordained and blessed by God. God created humankind with the capacity for procreation and to rule over creation. Since

the time of creation human beings have multiplied and increased in number. Almost part of the globe has been inhabited by humankind. Today, the world population has grown to approximately six billion people.

The very first time when sex is intimated or implied in the Bible is contained in Genesis:

Now the man knew his wife Eve, and she conceived and bore Cain, saying, 'I have produced a man with the help of the LORD (Gen. 4:1 NRSV).

Thereafter there are many similar expressions in the Old Testament. It is very interesting that the Old Testament is more explicit on issues of human sexual behaviour than the New Testament. After entering Canaan, the Israelites are constantly warned by God against intermarriage with the Canaanites as this would lead them away from the covenant relationship.

d. You Shall Not Commit Adultery – Exodus 20:14

You shall not commit adultery (Exod. 20:14 NRSV)

In the Ten Commandments, God warned the Israelites against committing adultery. Adultery is defined as the sexual unfaithfulness of a married person. The punishment for adultery was death for the man and woman involved in the act (Lev. 20:10-11).

Marriage involves love, trust, sexuality and many other details involved in two people sharing their lives together. In the eyes of the law, a marriage certificate is issued to signify the bond of marriage between a man and a woman. It is a formal expression of love between a man and a woman which

is based on their commitment to one another. Unfaithfulness in a marriage puts that relationship at risk.

THE NEW TESTAMENT AND HUMAN SEXUALITY

In the New Testament, the historical barriers between people based on ethics, hierarchical and gender characteristics are broken down. As the Apostle Paul can write:

There is no longer Jew or Greek, there is no longer slave or free, there is no longer male and female; for all of you are one in Christ Jesus (Gal. 3:28 NRSV)

a. Looking at a Woman Lustfully – Matthew 5:27-28

Jesus was concerned with lustful thoughts and the behaviour of people. His view of human behaviour went beyond actions to the very point where human thoughts originate. Hence Jesus said:

You have heard that it was said, 'You shall not commit adultery.'
But I say to you that everyone who looks at a woman with lust has already committed adultery with her in his heart (Matt. 5:27-28 NRSV).

Jesus taught about the meaning and virtue of love. This had no reference to romantic or erotic love, but to respect, concern, devotion and the desire to serve. Jesus was more concerned with an individual's inner feelings and

motives than with their actual behaviour. For him, motives were as important as behaviour itself.

Celibacy was exalted over marriage by Paul (1 Cor. 7:14). The imminent, physical return of Christ was also emphasised by the early church. This tended to undermine the need to marry. Celibacy availed more opportunities of serving God compared to married life.

b. Jesus and the Institution of Marriage – John 2:1-11

In the New Testament we see Jesus joining His mother in the wedding at Cana as an indication of how God recognises the institution of marriage (John 2:1-11).



ACTIVITY 2



1. *Discuss some of the sexually-risky behaviour in your community which the church has found difficult to modify or stamp out*
A man has just come home from church. He says to his wife, "When you are a Christian it doesn't really matter what you do sexually because in the end you are forgiven if you are really sorry." Do you agree with him? Please explain your views on the issue in detail
2. *Sexual sins are remembered long after other sins are forgotten and forgiven by the church or community. Why should this be the case?*
3. *(a) Why has the church regarded sexual sins as more serious than other sins? (b) What do you think is the main justification for this?*
- 4.

HUMAN SEXUALITY AND LOVE

Is it possible to get involved in a sexual relationship with a person you do not love? This question might beg for a definition of what love is.

What does love mean to you? The best definition of love is that written by the Apostle Paul in 1 Corinthians 13:

Love is patient; love is kind; love is not envious or boastful or arrogant or rude. It does not insist on its own way; it is not irritable or resentful; it does not rejoice in wrongdoing, but rejoices in the truth. It bears all things, believes all things, hopes all things, endures all things. Love never ends (1 Cor. 13:4-8 NRSV).

The Gospel of John 3:16 tells us that God's love for the world made God to give God's only Son. God's love for human is self sacrificing. God loves us regardless of who we are and what we may have done wrong.

Love is an essential phenomenon which normally develops before a sexual relationship begins. Except in situations of gender-based sexual violence involving rape, love is the basic pre-requisite of sex. A few generations ago a husband or wife was chosen for you. Sexual relationships sometimes exist in the absence of love. The beginning of inter-personal attraction is determined by how much we are rewarded by another. The more we are positively rewarded by another, the more attractive we find them. We are more likely to fall in love with a person who gives us positive reinforcement. For example, we are likely to be attracted to a person who expresses support and concern to us when we are in need. This however is called 'liking,' which is different from loving.



ACTIVITY 3



Write one paragraph explaining what love means to you, and a second one explaining what sex means to you

The beginning of a love relationship should start with a healthy development of self-esteem, a sense of self-worth and desire for personal growth. It should also be concerned with the welfare and growth of one's partner. The capacities to appreciate and to seek the best for one's partner are essential elements of a relationship. The spread of HIV in the family has exploited the dominance of one partner over the other. Mutual empowerment by one's partner in a loving relationship should be the best way forward in an era of HIV and AIDS.

a. *Neither Do I Condemn you - John 8:1-11*

The teachers of the law and the Pharisees brought a woman caught in adultery. According to the Law of Moses, the Pharisees maintained that such a woman should be stoned to death. They sought to know what Jesus would say about her. But Jesus bent down and started to write in the sand. When they kept questioning him, Jesus told them, "Let anyone among you who is without sin be the first to throw a stone at her" (John 8:7 NRSV). The Pharisees and teachers of the law started leaving one after the other until Jesus was left alone with the woman. Jesus had compassion on her and told her to go and sin no more.


It is interesting to note that the men never bothered to bring the man caught in the act of adultery with the woman. Discrimination against women is possibly as high today as it was then. Two people are involved in the same

offence but the society feels comfortable to punish the woman and to spare the man.


Jesus taught that men and women are equal before God (Gal. 3:28). He viewed and respected individuals as human beings and secondly as males and females.

The Gospels bring a new beginning to all oppressed people (See Luke 1:51-55; 4:18-19). Jesus showed no discrimination to women through the following encounters:

- ⌘ The woman with a haemorrhage: Mark 5:25-34.
- ⌘ The Samaritan woman: John 4:8-30.
- ⌘ The woman involved in commercial sex work: Luke 7:36-50.



ACTIVITY 4



1. *Explain what could have happened if this woman was caught in your village or town*
2. *Assume that you are the pastor of your local church and the crowd dragged the woman to you with the above question on adultery. What would be your reaction?*

SEX AND MARRIAGE

Marriage is widely respected in Africa even in the era of HIV and AIDS. Marriage has been considered as a refuge where the married can shield themselves against the threat of HIV and AIDS. But if marriage is going to be an effective shield for the family against the epidemic it must be reinforced by Christian values, especially faithfulness at the family front. So far, HIV and

AIDS research indicates that married women are more vulnerable to infection than single people since many do not have control over their own bodies.

In this context, Musa Dube has highlighted the concept of partnership in marriage. A partnership means a relationship where both partners recognise and respect the role and importance of each other. It is a relationship of equals where one does not subordinate or exploit the other. A partnership between the husband and wife is a viable engagement which will thrive on a solid foundation of genuine Christian faith and commitment. A partnership thrives in an environment where there is equity and justice for all. Traditional customs often perpetuate gender inequality and situations where women are sexually abused, exploited and oppressed. In such circumstances, sex is not perceived as a precious gift of God to humankind, but as an instrument of repression. HIV and AIDS, which is widely transmitted in Africa through sex, has for a long time become a disease of the family. It is no longer a disease of Commercial Sex Workers or those considered immoral, but as a disease of the family. The family can only fight this disease when there is a viable partnership existing between a husband and wife. This partnership will empower them to fight stigma and silence surrounding sex and HIV and AIDS and consequently address issues exposing the family to infection.

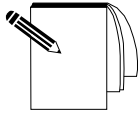


SUMMARY

In this unit, we have learnt that:

- ⌘ Sex is a special gift of God to humankind as expressed through the Old Testament.

- ⌘ In the New Testament we see Jesus joining His mother in the wedding at Cana as an indication of how God recognises the institution of marriage (John 2:1-11).
- ⌘ Marriage has been provided by God as a place where love and sex can be expressed as the means of fulfilment for a couple.
- ⌘ The institution of marriage and the family have been under constant threat and attack.
- ⌘ Unfaithfulness between married spouses and the risks of HIV transmission (through blood or other bodily fluid contact) and other diseases and social problems have rendered the family especially vulnerable.
- ⌘ The church teaches about fidelity between spouses and therefore infidelity is an affront to the teachings of the church.
- ⌘ Throughout history, sex has assumed diverse meanings and interpretations which have influenced Christian values and interpretations about sex. These have consequently influenced attitudes and practices against women.
- ⌘ Traditional customs and practices have perfected gender in-equalities and control of women's access to resources.
- ⌘ Children are socialised with negative attitudes towards women.
- ⌘ HIV and AIDS stigma and discrimination have been a function of society with a bias against women.
- ⌘ Stigma has accelerated the spread of the epidemic as the church is yet to deal with the problem of stigma of HIV and AIDS by addressing the issue more pro-actively.



SELF-ASSESSMENT ACTIVITY

1. *Discuss some of the lessons you have learned about human sexuality from the Old Testament.*
Make a list of some of the teachings from the New Testament which could facilitate HIV and AIDS prevention and guide church-based initiatives today.
2. *Explain the significance of the story about Jesus' encounter with the woman accused of adultery for us today.*
3. *What are the challenges of HIV and AIDS to marriage in Africa?*



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UNIT 4

HUMAN SEXUALITY, HIV AND AIDS TRANSMISSION AND PREVENTION

OVERVIEW

Welcome to the fourth unit of the Human Sexuality and HIV and AIDS module in *The HIV and AIDS Curriculum for TEE for Programmes and Institutions in Africa*. In this unit, we will look at the factors facilitating the rapid spread of HIV and AIDS in the Sub-Saharan region. We will also look at some of the interventions currently being employed to stem the spread of the disease. HIV and AIDS stigma and discrimination which has posed a major challenge to prevention efforts will also be discussed. Finally, the urgency of breaking HIV and AIDS stigma will be examined with suggestions on how the church can facilitate stigma reduction through a concerted effort to break the silence on sexuality and HIV and AIDS.

OBJECTIVES

Upon the successful completion of this unit you should be able to:

- ⦿ **Identify** the human sexual behaviour which facilitates HIV transmission
- ⦿ **Explain** appropriate interventions for HIV prevention by the church
- ⦿ **Identify** behaviour which enhances HIV and AIDS stigma in the community

- ⦿ **Describe** the practical steps towards breaking the silence on human sexuality and HIV and AIDS in the church

TOPICS

- ⦿ Human sexuality and HIV and AIDS transmission
- ⦿ Human sexuality and HIV and AIDS prevention
- ⦿ HIV and AIDS stigma and sex
- ⦿ Breaking the silence
- ⦿ Summary
- ⦿ Self-assessment activity
- ⦿ Further Reading

INTRODUCTION TO HUMAN SEXUALITY, HIV AND AIDS TRANSMISSION AND PREVENTION

The number of people living with HIV globally has grown from 35 million in 2001 to 40 million in 2003. An estimated 29 million people are living with HIV in Sub-Saharan Africa. Sub-Saharan Africa is home to just over 10% of the world's population, yet it is home to almost two-thirds of all people living with HIV. 75% of the 2.2 million AIDS deaths in 2003 were from Africa. The new global estimates by UNAIDS are slightly lower than previously published estimates. However, the number of people living with HIV has not decreased as the epidemic has continued to grow. There appears to be stabilisation in HIV prevalence rates, but this is due to a rise in AIDS deaths and a continued increase in new infections.

Adult HIV prevalence rates are below 2% in six countries, while in six others it is over 20%. In Southern Africa, all seven countries have prevalence rates above 17% with Botswana and Swaziland having a prevalence rate above

35%. In West Africa, the HIV prevalence rate is much lower, ranging between 1% and 5% in most countries. In Central and East Africa, the HIV prevalence rate ranges between 4% and 13%.

Women in Africa are at a greater risk of becoming infected at an earlier age than men. UNAIDS reports that there are on average 13 infected women for every 10 infected men in sub-Saharan Africa. The difference is even more pronounced among 15 to 24 year olds. The ratio of young women living with HIV to young men living with HIV ranges from 20 women to every 10 men in South Africa to 45 women for every 10 men in Kenya and Mali.

HUMAN SEXUALITY AND HIV AND AIDS TRANSMISSION

Worldwide, 75% to 85% of all HIV infections are the result of sexual transmission. The spread of HIV in Africa is mainly heterosexual. HIV infection negatively affects population growth, life expectancy and infant mortality rates in Sub-Saharan Africa. The spread of HIV in Africa is quite different from what has taken place on other continents as it has disrupted life in many communities.

Poverty is the major factor facilitating the rapid transmission of HIV in Africa. Other factors include, gender inequality, poor reproductive rights among women as well as socio-cultural practices thriving out of the prevailing poverty situation in Sub-Saharan Africa. Other factors associated with sexual behaviour are:

- ⌘ Inter-generational sex.
- ⌘ Sexual violence especially in conflict zones.
- ⌘ Risk characteristics of sexual partners.

- ⌘ Early initiation of sexual activities.
- ⌘ Physical trauma during sex.
- ⌘ The presence of Sexually Transmitted Infections (STIs).
- ⌘ Traditional customs that encourage risky behaviour such as wife inheritance and circumcision.
- ⌘ Commercial sex work.
- ⌘ Use of vaginal drying agents.
- ⌘ Poor access to primary health care services.
- ⌘ Lack of access to Voluntary Counselling and Testing (VCT) services.
- ⌘ Migrant workers due to civil strife or economic hardship.
- ⌘ Gender-based sexual violence.
- ⌘ Use of alcohol and other drugs.

a. Young Women and HIV and AIDS

Young women are at a higher risk of HIV infection than older women due to behavioural and biological mechanisms. Young adolescents with immature vaginal mucosa (large cervical zones) may be more susceptible to physical trauma during sexual activity and therefore more at risk of receiving a Sexually Transmitted Infection (STI). HIV infection may be facilitated by exposure to infection during sexual activity when bleeding takes place during menstruation, rape or first sexual experience. Older men who are more likely to be HIV infected than younger women often seek younger sexual partners. This accounts for the higher infection rates among younger women compared to males of the same age.

b. Fear and Desperation: 2 Kings 6:24-30

2 Kings 6:24-30 is about what happens to a city that has been involved in a war. The people of Samaria were surrounded by the army of Aram for a long

time. The people of lived in fear and were not able to trade with the people outside the city and there was famine in the land. Due to the famine, people started eating things which were considered unclean. They became so desperate for food that a donkey's head was worth eight shekels of silver. The women were worse hit by the famine to the extent they began eating their own children. When two women cried out in anguish to the king, it caused him to intervene in the suffering they were facing.

Africa has received more than its share of bad experiences ranging from colonialism, neo-colonialism, war, disease and poverty. Political turmoil, ethnic clashes and civil wars have destroyed life and hope. Victims of war live in fear and desperation. The results of war are economic, health, political and gender-based sexual violence. War accelerates gender violence and the spread of HIV and AIDS.



ACTIVITY 1



1. *What can we learn from the story in 2 Kings 6:24-30?*
2. *What is the relationship between the story and what we are facing today with the AIDS situation?*
3. *What is the significance of the king's reaction to the threat facing his people?*

THE CHURCH AND HIV AND AIDS AWARENESS

Awareness creation on HIV and AIDS in the church and the community is an essential starting point. Shared information for example could improve levels of awareness on such questions as:

- ⌘ The difference between HIV and AIDS.

- ⌘ How HIV is transmitted.
- ⌘ How HIV can be prevented.

While discussing modes of transmission it is important to stress that sex is responsible for almost 90% of all HIV cases. The church should engage the community in a dialogue to address the traditional customs and practices which expose people to HIV infection. It would be useful to discuss the magnitude of the AIDS problem in Africa and its impact on the family, health and the economy. Awareness creation will provide adequate opportunities for discussing human sexual behaviour and how it facilitates HIV infection.

The promotion of responsible sexual behaviour should be our goal. Among the youth, abstinence should be encouraged and stressed, as well as faithfulness promoted among those who are married. We should also provide early diagnosis and treatment of sexually transmitted infections (STIs). Voluntary Counselling and Testing (VCT) for HIV should be encouraged among all church members. The church should promote health-seeking behaviour by opening VCT sites amongst its own institutions. The church should also provide suitable counselling for HIV negative women.

Among Ante-natal mothers, the church should support the provision of HIV counselling and testing. Such mothers should be provided with anti-retroviral prophylaxis and therapy and supported to access safer delivery practices. They should also be educated and supported on safer infant-feeding practices. HIV-related treatment, care and support services should be accessible to all women. Early diagnosis, care and support should be provided to the infant and child who are HIV-infected. People living with HIV and AIDS should be referred to community-based services for comprehensive family care.

HIV AND AIDS STIGMA AND SEX

According to Musa Dube, stigma is a condition that causes a person to be shunned, discriminated against and even persecuted, for perceived moral, ethnic, gender, health, economic, physical, religious, class or social impropriety. The Oxford Shorter English Dictionary defines stigma as a mark of disgrace or infamy. It keeps a wife unaware of her husband's HIV status and makes her conceal her own.

Stigma refers to unfavourable attitudes and beliefs directed towards someone or something. HIV and AIDS stigma refers to all unfavourable attitudes and beliefs directed towards PLWHAs, those perceived to be infected, significant others and loved ones, social groups, or communities. It is the treatment of an individual or group with partiality or prejudice. Discrimination is often defined in terms of human rights and entitlements in various spheres including healthcare, employment, and legal system, reproductive and family life.

Stigmatisation reflects an attitude, but discrimination is an act or behaviour which expresses intentionally or unintentionally stigmatising thoughts. Stigma and discrimination are linked in that stigmatised individuals may suffer discrimination and human rights violations. Stigmatising thoughts can lead a person to deny services or entitlements to another person. Both have been documented in association with other disfiguring or incurable infectious diseases including TB, syphilis and leprosy. HIV and AIDS stigma however is more severe than stigma associated with other life threatening infectious diseases.

HIV and AIDS is the greatest health and human rights challenge today. People who are HIV-positive shoulder the burden of stigma and

discrimination. Fear of becoming infected underlies stigma and discrimination. Stigma and discrimination are major barriers to preventing HIV transmission and providing treatment, care and support to the infected and their families. HIV and AIDS related stigma is the greatest challenge to all prevention and control initiatives globally, nationally and at the community level. It undermines prevention efforts as it makes people afraid to find out whether or not they are infected. It causes those who are infected to continue unsafe behaviours for fear of raising suspicion about their HIV-positive status. People with HIV and AIDS are erroneously seen as some kind of “problem,” rather than as part of the solution to containing and managing the epidemic. The most effective responses to the HIV and AIDS epidemic are those that prevent stigma and discrimination associated with HIV and to protect the human rights of PLWHAs and those at risk of HIV infection.

Stigmatising attitudes are directed towards persons with HIV and behaviours believed to have caused infection. Stigma is more pronounced if the behaviour which caused the infection is perceived to be under the individual's control e.g., commercial sex. Socially marginalised people, especially the poor people, indigenous populations and Commercial Sex Workers frequently bear the blunt of HIV and AIDS-related stigmatisation. People who are HIV-positive are assumed to be members of these groups, even if they are not.

Stigma which results in discrimination often leads to human rights violations for PLWHAs and their families. Stigma and discrimination fuel the HIV and AIDS epidemic as they hamper prevention and care efforts by sustaining silence and denial about HIV and AIDS. It reinforces the marginalisation of PLWHAs and those who are particularly vulnerable to HIV infection. HIV and AIDS are often linked to social taboos related to sex, drug use and death.

Enormous levels of ignorance, denial, fear and intolerance about the disease sustain the existence and effect of stigma in most communities.



ACTIVITY 2



1. *Discuss the magnitude of HIV and AIDS stigma in your church*
2. *What are the factors facilitating the spread of HIV and AIDS stigma in your community?*
3. *What effects do HIV and AIDS have on HIV and AIDS prevention efforts?*
4. *What steps could be taken by your church to reduce stigma in your community?*

a. Naaman Healed of Leprosy – 2 Kings 5:1-27

Naaman was the commander of the army of the king of Aram. He was a great man who was highly regarded by the king because through him the LORD had given victory to the king. He was a valiant soldier but he had leprosy. In those days leprosy was a feared disease very much like HIV and AIDS today. It had no cure and those who became infected were stigmatised and isolated from society. The king of Aram however was ready to support Naaman in his efforts to receive healing from Elisha the prophet. He thus wrote a letter to the king of Israel saying:

When this letter reaches you, know that I have sent to you my servant Naaman, that you may cure him of his leprosy. (2 Kgs. 5:6 NRSV).



ACTIVITY 3



Let us imagine that the story of Naaman is being written today. Naaman is the General Chief of Staff of the army in

1. *your country. You are the prophet Elisha. Re-write the story again relating Naaman's experiences to the world today and your role as the prophet*
2. *You are the king of Israel and you have just finished reading the letter from the king of Aram. What is your reaction?*
3. *Which character do you find most admirable in the story? Please explain why?*

BREAKING THE SILENCE

Your local church parish council has requested you to write a paper identifying the factors that facilitate silence on HIV and AIDS and stigma and to recommend how it can deal with these challenges. Write a paper of 500 words showing the attitudes and discriminatory practices enhancing HIV and AIDS, stigma and the challenges that it poses. How can the church deal with HIV and AIDS stigma? What are the benefits of reducing HIV and AIDS stigma in the church?



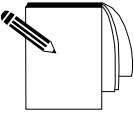
SUMMARY

In this unit, we have learnt that:

- ⌘ AIDS has become a tragedy of devastating proportions in Sub-Saharan Africa.

- ⌘ The lives of infected individuals, their families and the communities they work for and the church have been seriously affected by the epidemic.
- ⌘ The church must now play a leading role in the fight against HIV and AIDS by providing leadership through involving all churches in forming a united front against AIDS.
- ⌘ The fight against AIDS provides the church with an opportunity of not only providing care for the sick but also reaching them with the Gospel of Jesus Christ.
- ⌘ The sexual transmission of HIV accounts for 75% to 85% of all HIV infections world-wide. Poverty, gender inequality, risk characteristics of sexual partners, early initiation of sexual activities and physical trauma during sex all facilitate the rapid transmission of HIV.
- ⌘ The presence of Sexually Transmitted Infections (STIs), poor access to primary health care services, lack of access to Voluntary Counselling and Testing (VCT) services and poverty have greatly contributed to HIV transmission in the region. This has affected population growth, life expectancy and infant mortality rates negatively throughout Sub-Saharan Africa.
- ⌘ Young women are at a higher risk of HIV infection than older women due to behavioural and biological mechanisms.
- ⌘ An adolescents' young age, the early onset of sexual activity and physical trauma during sex render them more vulnerable to HIV infection.
- ⌘ Community mobilisation through awareness creation for behaviour change would reduce risky behaviour.
- ⌘ The church should integrate HIV education into all its activities so as to create greater HIV and AIDS awareness.
- ⌘ The orientation of the clergy on current HIV and AIDS challenges is essential so that they can be agents of change and catalysts of stigma reduction in the church.

- ⌘ The education of girls would empower them in negotiating safer sex practices as well as economic empowerment.
- ⌘ Accessing health services in the rural areas with VCT services and the provision of comprehensive care services for people with HIV and AIDS would reduce the rate of HIV transmission considerably.



SELF-ASSESSMENT ACTIVITY

1. *Identify the human sexual behaviour which facilitates HIV transmission.*
2. *Discuss the appropriate interventions for HIV prevention by the church.*
3. *Identify behaviours which enhance HIV and AIDS stigma in the community.*
4. *Describe practical steps for breaking the silence on human sexuality and HIV and AIDS in the church.*



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UNIT 5

SEXUALLY TRANSMITTED INFECTIONS AND THE BIBLE

OVERVIEW

Welcome to the fifth unit of the Human Sexuality and HIV and AIDS module in *The HIV and AIDS Curriculum for TEE for Programmes and Institutions in Africa*. In this unit we will look at Sexually Transmitted Infections (STIs) and their relationship to HIV and AIDS. 90% of all HIV infections are transmitted sexually. Of the 30 million people infected with STIs, two thirds live in Sub-Saharan Africa. STIs are also spreading rapidly in south and south-east Asia and Eastern Europe. Ulcerative STIs facilitate the rapid spread of HIV and therefore require urgent intervention in order to reduce the spread of the disease.

OBJECTIVES

Upon the successful completion of this unit you should be able to:

- ⌘ **Name** the most common Sexually Transmitted Infections
- ⌘ **Identify** the factors facilitating the spread of Sexually Transmitted Infections
- ⌘ **Describe** the consequences of Sexually Transmitted Infections
- ⌘ **Describe** how Sexually Transmitted Infections can be effectively prevented and controlled

TOPICS

- ⌘ Introduction to Sexually Transmitted Infections
- ⌘ Most common Sexually Transmitted Infections
- ⌘ Factors facilitating the spread of Sexually Transmitted Infections
- ⌘ Consequences of Sexually Transmitted Infections
- ⌘ Prevention and control of Sexually Transmitted Infections
- ⌘ Summary
- ⌘ Self-assessment activity
- ⌘ Further Reading

INTRODUCTION TO SEXUALLY TRANSMITTED INFECTIONS

The presence of Sexually Transmitted Infections (STIs) increases the risk of becoming HIV infected by 42%. The strongest evidence of STIs as co-factors in HIV transmission in Africa comes from a study conducted in Mwanza, Tanzania in which immediate syndromic management of STIs at the village level reduced HIV transmission by approximately 42% over a two year period. The study also showed that the effective management of STIs equally reduces the transmission of HIV by 42%. The syndromic management of STIs has been applied as an effective treatment strategy in developing countries. Diagnosis is based on clinical signs rather than laboratory investigations.

The presence of other STIs increases the risk of HIV infection. Ulcerative STIs increase the risk of HIV transmission by between 10 and 300 times per exposure. Non-ulcerative STIs increase the risk of HIV transmission by between 3 and 10 times per exposure. In those who are already infected by HIV, the presence of another STI assists in the transmission of HIV.

STIs which are ulcerative (causing wounds especially in the reproductive organs) increase the risk of HIV transmission. STIs damage the surface membranes of the cervix, urethra, vulva and anus thereby facilitating the efficiency of HIV transmission. HIV spreads rapidly among high risk populations such as STI populations who commonly report high risk activities and high risk partners. In simulations during the first decade of the HIV epidemic, over 90% of HIV infections were attributed to STI co-infections worldwide. STIs play a critical role in the rapid and extensive spread of HIV infection in many diverse settings. The prevention and treatment of STIs as risk factors for HIV transmission are important strategies for HIV prevention.



ACTIVITY 1



1. *Describe in a paragraph each, the signs and symptoms of (a) Gonorrhoea (b) Syphilis*
2. *What are the most common Sexually Transmitted Infections (STIs) in your community?
How could the church initiate and facilitate Sexually*
3. *Transmitted Infections (STIs) prevention activities in your community?*

MOST COMMON SEXUALLY TRANSMITTED INFECTIONS

The most common Sexually Transmitted Infections (STIs) are:

- ⌘ Syphilis.
- ⌘ Cancroids.
- ⌘ Gonorrhoea.
- ⌘ Chlamydia.
- ⌘ Trichomoniasis.

- ⌘ HIV and AIDS.
- ⌘ Human Pamplona Virus.
- ⌘ Hepatitis B.
- ⌘ Genital Herpes.
- ⌘ Genital Warts.
- ⌘ Pelvic Inflammatory Disease (PID).

Recognising symptoms of STIs and their risks and seeking prompt treatment is very important in their management. STIs are divided into two categories as follows:

- ⌘ STIs causing urethral discharge.
- ⌘ STIs causing genital ulcers.

a. Urethral Discharge

Some sexually transmitted infections like gonorrhoea and Chlamydia cause most urethral and vaginal discharges. It is often difficult to differentiate the two STIs, especially in men. Men with urethral discharges are thus treated for both. Most discharges have a foul smell and cause a lot of discomfort to the affected.

b. Genital Ulcers

STIs have become important because of the medical evidence that some, for example, genital ulcers, may increase the risk of HIV infection or transmission.



ACTIVITY 2



1. *What are the myths and misconceptions about urethral and vaginal discharges in your community? Read Leviticus 15:1-27. From the Biblical perspective, how should a person with urethral or vaginal discharge*
2. *behave in order to prevent the spread of STIs? Write your answer in about half a page*

Persons who have reduced immunity and are vulnerable to other infections, are more susceptible to infection by STIs and may take longer to respond to treatment.

Genital ulcers are painful and are found anywhere around the genitalia. On the other hand, a syphilitic ulcer may be painless. Untreated syphilis may progress unnoticed for a long period. After 2 to 15 years, the heart and brain may be affected. At this time the disease cannot be passed to other people.



ACTIVITY 3



1. *How are people with genital ulcers treated in your community? Read Leviticus 15:24 Menstruation or monthly flow is natural to all women and this is part of womanhood. Do*
2. *you think a woman should be termed unclean simply because of a normal process like a monthly flow? Discuss.*

c. Pelvic Inflammatory Disease (PID)

Pelvic Inflammatory Disease (PID) is a sexually transmitted infection, which causes serious and disabling diseases in women. It is an inflammation of the upper genital tract in women. It usually results from infection ascending or

travelling up from the cervix. It causes a large amount of pain and suffering through entopic pregnancy or pelvic abscess. An entopic pregnancy develops in either of the fallopian tubes instead of developing in the uterus. It can lead to chronic pelvic pain or even death. Most women with Pelvic Inflammatory Disease (PID) have lower abdominal pain or tenderness. They may also experience vaginal discharges.



ACTIVITY 4



1. *What is the attitude of your community towards infertility?*
2. *How are couples or families who cannot have children treated in your society?*
3. *Who is blamed for infertility in your society? Discuss.*

THE NEW TESTAMENT AND SEXUALLY TRANSMITTED INFECTIONS

a. The Samaritan Woman – John 4:7-20

Let us look at the story of the Samaritan woman. We see Jesus tired from a long journey; afterwards he sat by the well when a Samaritan woman appeared. When Jesus asked for a drink, the Samaritan woman wondered how he a Jew, could ask water from a Samaritan. After some conversation, the woman realised that she was the one who needed the 'water of life.' Jesus tells her to go and bring her husband. She answers that she has none, and Jesus confirms that she has had five husbands (John 4:17-18). This shows that this woman had serial sexual partners and hence could predispose her to sexually transmitted infections.

b. The Corinthian Church – 1 Corinthians 6:18-20

Shun fornication! Every sin that a person commits is outside the body; but the fornicator sins against the body itself (1 Cor. 6:18 NRSV)

In 1 Corinthians 6:18-20 the Apostle Paul advises the Corinthians to flee from sexual immorality because a person who sins sexually sins against their own body. The Apostle goes on to say that our bodies are the temples of the Holy Spirit. To prevent sexually transmitted infections, you have to abstain from sex, especially if you are unmarried. Those who are married should be sexually faithful to their partners. Using a barrier such as a condom for all types of sexual intercourse is also recommended. Prevention messages on Sexually Transmitted Infections (STIs) should be delivered in a compassionate, respectful and non-judgmental manner.



ACTIVITY 5



1. *What is your opinion on Commercial Sex Workers in relationship to STIs?*
2. *What is the role of the church in the prevention of STIs?*
3. *How should a Christian deal with the problem of STIs?*
4. *What are the common myths associated with STIs in your community?*
5. *What challenges do these myths pose to STI prevention and control initiatives in your community?*

FACTORS FACILITATING THE SPREAD OF SEXUALLY TRANSMITTED INFECTIONS

Sexually Transmitted Infections (STIs) are mainly caused by unprotected sex with infected partners. Other factors include:

- ⌘ The lack of gender equity.
- ⌘ Poverty.
- ⌘ Commercial sex.

The traditional family life which regulated sexual lifestyles has been disrupted by modern education and Christianity and the new global economic order. Other factors include:

- ⌘ Inadequate healthcare services.
- ⌘ Legal, cultural and religious obstacles to condom promotions and use.
- ⌘ General lack of adequate healthcare education.

CONSEQUENCES OF SEXUALLY TRANSMITTED INFECTIONS

Sexually Transmitted Infections (STIs) increase the risk of HIV infection:

- ⌘ Ulcerative STIs increase the risk of HIV transmission 10 to 300 times per exposure.
- ⌘ Non-ulcerative STIs increase the risk of HIV transmission 3 to 10 times per exposure.
- ⌘ In those already infected with HIV, the presence of another STI increases susceptibility to HIV transmission.

- ⌘ STIs, especially gonorrhoea increase the risk of infertility.
- ⌘ Pelvic Inflammatory Disease (PID).



ACTIVITY 6



*Women are usually blamed for bringing STIs into the home.
Parents-in-law will often blame their daughters-in-law for
'killing' their sons*

1. *Who is often blamed for spreading STIs in your country?
Discuss.*
2. *Discuss some of the reasons that make women more
vulnerable to STI infections in your community?*

PREVENTION AND CONTROL OF SEXUALLY TRANSMITTED INFECTIONS

- a. **Provide Information and Counselling on Sexually Transmitted Infections**

Counselling should be non-judgmental, confidential and individualised. Counselling and STI information can improve partner communication and increase condom use.

- b. **Behaviour-change Communication**

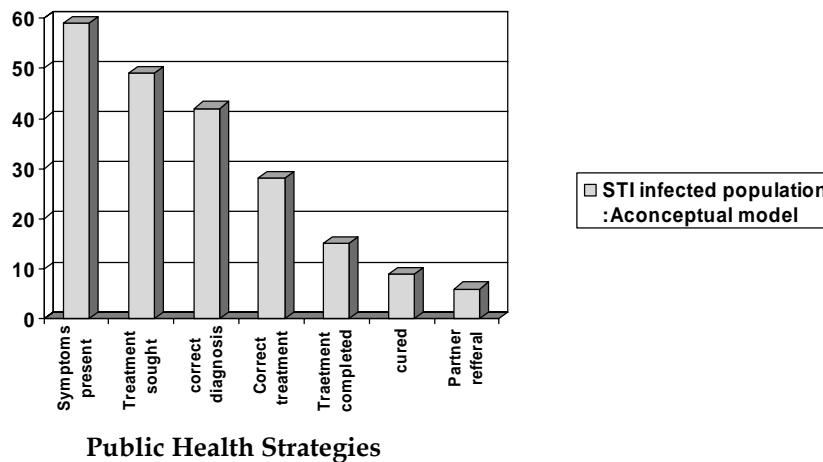
Clients need skills to change their behaviour. Efforts should be made to improve communication within relationships and empower partners to negotiate risk reduction.

c. Public Health Strategies

These include:

- ⌘ Counselling.
- ⌘ Condom use.
- ⌘ Contact tracing.
- ⌘ Compliance in treatment through taking drugs correctly.
- ⌘ Targeting core transmitters for prevention and treatment services.
- ⌘ Changing social norms.

d. Accessing Service Delivery Points for Sexually Transmitted Infections Treatment



e. Hiding the Word of God in Our Hearts

The Psalmist asks and answers the following question in Psalms 119:

How can young people keep their way pure? By guarding it according to your word. With my whole heart I seek you; do not let

me stray from your commandments. I treasure your word in my heart, so that I may not sin against you (Psalms 119:9 NRSV).

We all need to keep the word of God in our hearts that it might help us to remain faithful during moments of temptation. This requires constantly reading the Holy Scriptures and applying it to our daily lives. The Bible has many examples of women and men who provide good role models for us today, as well as examples of those who being unfaithful to God, serve as a warning. Amnon forced Tamar to engage in sexual activity despite her resistance. She pleaded with him not to do it but he forced her into it. He later paid for this act with his life when he was killed by her brother.

f. Some Conclusions

HIV and AIDS is a sexually transmitted infection because about 90% of HIV transmissions are transmitted sexually. People with STIs should be treated in a compassionate and non-judgmental manner.

The bleeding woman in Mark 5 went secretly and touched the garment of Jesus. She was instantly healed. She had suffered for 12 long years and had sought treatment from different physicians, but none could provide a cure for her. Her disease was incurable in those days.

Today AIDS has no cure. The anti-retroviral treatment (ART) only adds value to life by preventing opportunistic infections. People move from clinician to clinician-seeking cure. Some seek treatment from herbalists, traditional healers and even witchdoctors, in the vain hope of finding a cure.

Let us again think for a moment about the story of the Samaritan woman who was caught red-handed in the act of adultery (John 4:1-30). When she was

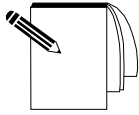
brought to Jesus, He told them that the one who had no sin should be the first to stone her. Since they all had sinned, no-one dared to stone the woman, and instead they all went away. STIs are considered to be the women's disease. But STIs affect both women and men equally, bringing a lot of misery to the family.



SUMMARY

In this unit, we have learnt that:

- ⌘ Sexually Transmitted Infections (STIs) pose a serious global health problem.
- ⌘ Sexually Transmitted Infections (STIs) prevention programmes should be supported through church health programmes.
- ⌘ Pastoral programmes should integrate STI education in order to reach rural communities.
- ⌘ STI prevention and management services should be accessed by all, especially women and adolescents.



SELF-ASSESSMENT ACTIVITY

1. *Discuss the most common STIs in your community.*
2. *Identify the factors facilitating the spread of STIs.*
3. *What are the consequences of STIs?*
4. *Describe how STIs could be effectively prevented and controlled in your community.*



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The World Bank. 1997. *Efficient and Equitable Strategies for Preventing HIV/AIDS. in Confronting AIDS: Public Priorities in a Global Epidemic*. New York: Oxford University Press.



TEST FROM UNITS 1-5

INSTRUCTIONS

Congratulations on the progress that you have made in your studies so far. Please answer ALL the following questions as part of your course requirements. Your answers should be written into a hardcover exercise book which you should keep safe for marking as evidence of having completed the first five units of this module.

1. Explain the meaning of:
 - a. Sex.
 - b. Sexuality.
2. What is the relationship between sex and HIV and AIDS?
3. Sex is a special gift of God to humankind. Discuss.
4. What are the factors that facilitate the rapid spread of HIV through sexual behaviour?
5. Explain why women and girls are at a greater risk of HIV infection than men and boys.
6. In what ways could the Church facilitate the prevention of HIV transmission in your community?
7. List five sexually transmitted infections (STIs) and explain how they are transmitted and how they can be prevented.
8. How can the Church break the silence surrounding the subject of sex in your community as a strategy for HIV and AIDS prevention?
9. Summarise from unit 3 the biblical views on human sexuality from:
 - a. The Old Testament.
 - b. The New Testament.

10. Discuss HIV and AIDS stigma and its effects on HIV and AIDS prevention and control initiatives.

UNIT 6

SOCIAL AND CULTURAL ISSUES AFFECTING HUMAN SEXUALITY AND HIV AND AIDS

OVERVIEW

Welcome to the sixth unit of the Human Sexuality and HIV and AIDS module in *The HIV and AIDS Curriculum for TEE for Programmes and Institutions in Africa*. In this unit we will look at the social and cultural issues affecting human sexual behaviour and how they relate to the spread of HIV and AIDS in Sub-Saharan Africa. Some of the traditional practices which facilitate HIV infection will also be discussed.

OBJECTIVES

Upon the successful completion of this unit you should be able to:

- ⌘ **Identify** the social and cultural issues related to human sexual behaviour and HIV and AIDS
- ⌘ **Explain** how gender issues affect sexual behaviour and the spread of HIV and AIDS
- ⌘ **Describe** some of the social cultural practices which facilitate the spread of HIV and AIDS

TOPICS

- ⦿ Social and cultural issues on human sexuality and HIV and AIDS
- ⦿ Gender issues
- ⦿ Wife inheritance
- ⦿ Circumcision
- ⦿ Early marriages, migrant workers and HIV and AIDS
- ⦿ Summary
- ⦿ Self-assessment activity
- ⦿ Further Reading

SOCIAL AND CULTURAL ISSUES ON HUMAN SEXUALITY AND HIV AND AIDS

Some social and cultural practices in various communities in Sub-Saharan Africa expose many to the risk of HIV infection. As young people enter puberty and adolescence they become exposed to peer-pressure to engage in sexual activities. In some East African communities there is a belief that if a person infected with a Sexually Transmitted Infection (STI) has sex with a minor it could be the means of providing a cure. This belief has the potential of exposing many minors to STIs or HIV infection. In a polygamous marriage there is also a greater risk of exposing the co-wives or the husband to STI or HIV infection if the husband or one of the wives engages in unprotected sex outside of the marriage.

Multiple sexual partners are another factor which increases the risk of HIV infection. Many rural men migrate to work in the urban areas leaving their families for several months of each year. Soldiers, refugees, miners, truck drivers and migrant farm workers are also absent from home for long periods.

Such men may have sex with Commercial Sex Workers or with multiple high-risk partners bringing STIs, including HIV, home to their families.

When treatment in hospitals does not seem to work, most people in the region go to traditional healers. Herbalists and other traditional healers claim that they can cure AIDS. Clients of traditional healers believe that they are HIV-free and do not practice safer sex. Beliefs about HIV transmission are also rooted in cultural perceptions of disease being the result of witchcraft or the breaking of social norms and taboos. Such an attitude does not support health-seeking behaviour and thereby contributes to the rapid spread of HIV. In Botswana, some older people believe that AIDS is not a new disease but an epidemic resulting from non-compliance with sexual taboos related to widowhood or “boswagadi.” Found also in Kenya, boswagadi is a state of widowhood whereby the surviving spouse must undergo ritual cleansing and observe several taboos. Although it does not involve sexual cleansing, this practice contributes to the rapid spread of HIV.

Vaginal drying agents inserted by women, mostly in Zimbabwe, also increase HIV risk by damaging the vaginal mucosa. This provides the HI-virus with many opportunities of gaining entry into the body. Alcohol abuse is another factor which increases HIV infection through lowering sexual inhibitions. Research has shown the relationship between the increased rate of alcohol use and an associated increase in STI rates.



ACTIVITY 1



1. *Describe the social and cultural practices which affect sexual behaviour in your community*
2. *How do these practices expose the community to the risk of HIV infection?*
3. *Suggest how the church can support members of the community in addressing these issues?*

GENDER ISSUES

Gender is defined as the set of characteristics, roles and behaviour patterns that distinguish women from men socially and culturally. Gender is a social and culture-specific construct that differentiates women from men and defines their relationships. It can be learned and unlearned. It refers to the roles and characteristics of women and man, as well as the power-relations between them. Whereas men are largely responsible for the productive activities outside the home, women are mostly involved in the reproductive and productive activities within the house. It has been observed that women in many societies have limited access and control of resources such as land, credit and education.

The social construction of gender often subordinates women to men. The myths regarding masculinity and femininity enhance female subordination to men and the in-equality in power relationship. Peer pressure reinforces social practices, which in turn control and suppress spousal communication. In some cultural perspectives, sexual prowess, multiple sexual partners and control over female sexual interactions define masculinity. Masculinity means talking full control of all the sexual activities of a spouse. This perception has resulted in a situation where men who have more sexual partners than

women are more likely to spread HIV infection. Masculinity makes it difficult for men to admit ignorance or lack of knowledge on sexual matters.



ACTIVITY 2



1. *Describe how gender is constructed in your culture and church*
2. *How is masculinity constructed in your community?*
3. *Do you think notions of masculinity promote violence?*

Women have limited opportunities of protecting themselves. They also experience serious challenges in their attempts to discuss issues of sexuality openly in families or with spouses. The gender issue is just as relevant in treatment as in prevention. Women should be empowered to assume responsibility for their situation. When they are empowered they can acquire the capacity to effect changes which they consider relevant.

It is important that women know the facts about HIV and AIDS. Further, it is important that adolescent girls learn to say “No” to unwanted sexual intercourse and find support amongst their peer group and in their schools. Women empowerment programmes should support and improve the economic status of women so that they can escape poverty. The churches should support such initiatives. This provides the church with an opportunity of providing leadership in the struggle against HIV and AIDS, and will require the integration of best practice in the prevention and control of HIV and AIDS in church programmes.



ACTIVITY 3



1. *Does the situation discussed above support your experience of the influence of gender on HIV and AIDS? Discuss your position with the use of illustrations*
2. *List the issues of gender inequality present in your community*

WIFE INHERITANCE

Wife inheritance is another practice which exposes men and women to the risk of HIV infection. In many communities in Africa, women who lose their husbands to death are inherited by one of the brothers or close relatives. The reason for doing this was noble, in that it was intended to provide support to the wife and children so that the widow does not suffer neglect. This practice was linked to a male dominated culture which did not allow women to own and manage property of their own or to control their own lives.

In the current situation, with the challenges of HIV and AIDS, an urgent and total review or modification of this practice is required. Men who die of AIDS, leaving infected wives behind are more likely to be a source of transmitting the disease to others. On the other hand, women left without HIV infection risk being infected by their new husbands. Furthermore, widows who are not inherited, and who are not allowed to possess property legally, may have to resort to survival sex. This is an area where the church can contribute greatly, providing direction and support for the affected family.



ACTIVITY 4



1. *Discuss what a woman is likely to lose in your community, should her husband die*
2. *How can the church support widows so that their suffering is reduced after the loss of their husbands?*
3. *What are the challenges of widow-hood and widower-hood in your country?*

CIRCUMCISION

Male circumcision is a common practice in many communities in Sub-Saharan Africa compared to female circumcision. Circumcision often serves as a rite of passage to adulthood. In Kenya 34% of women and 84% of men are circumcised. The practice of female circumcision, which is mainly linked to some communities in East Africa, is strongly related to education. It is five times more prevalent among uneducated women than among those possessing a higher level of education.

When circumcision is conducted in the traditional way it has the risk of exposing the initiates to HIV infection. Boys are circumcised with the same knife which may not be disinfected after each operation to signify the bond of the age-mates. This poses HIV risk to the initiates in the case where one person is infected. Although the Kikuyu value virginity prior to marriage, they also encourage boys, after circumcision, to engage in sex as a way of washing away the 'soot' of the circumciser's knife. This encourages the initiates to engage in risky sexual behaviour as they try to fulfil the traditional requirement. Circumcision marks a stage where the circumcised boys and girls graduate from child-hood to adult-hood. Now considered adults, they may engage in sexual activities without fear. They are encouraged to be aggressive and to demonstrate their sexual prowess and virility. They are also

free to marry. Often, they are also introduced to other types of risky behaviour, including alcoholism.

According to the Kenya Demographic Health Survey, male circumcision has been linked to lower STI transmission rates, including HIV. Several studies are currently going on in Kenya to establish the role of male circumcision in the prevention of HIV transmission.

Female Genital Mutilation (FGM) or female circumcision remains prevalent in some East African communities despite persistent efforts to stamp out the practice. The World Health Organisation and other bodies had hoped to eradicate the practice which is deeply rooted in some cultures, traditions and religions by the year 2000. Female Genital Mutilation (FGM) is defined as any unnecessary modification of the normal female genitalia without any medical benefit to the patient. Types of Female Genital Mutilation (FGM) include:


- ⌘ Clitoridectomy Types I and II: The total excision of the clitoris or the tip of the clitoris.
- ⌘ Infibulation Types 3 and 4: Involves clitoridectomy and excision of the labia minora. Total infibulation involves excision of the clitoris, labia minora and majora.
- ⌘ Introcision: Involves the excision of the hymen from the vaginal entrance, whereby it is severed from the labia, at the same time exposing the clitoris.

Female circumcision, as practiced by some ethnic groups, has a negative health implication on the girl-child. Female circumcision has other risky effects in facilitating the transmission of HIV. These include:


- ⌘ Abnormal bleeding, anatomic distortion.
- ⌘ Trauma during sexual intercourse.

- ⌘ Scarring associated with female circumcision, thereby increasing the risk of HIV transmission.
- ⌘ Haemorrhagic shock.
- ⌘ Trauma to the urethral and bladder, vaginal walls and anal sphincter,.
- ⌘ Death due to haemorrhagic or septic shock or tetanus.

While female circumcision exposes women to many health hazards, male circumcision has been linked with lower transmission of sexually transmitted infections including HIV.



ACTIVITY 5



1. *Discuss the rights of passage in your community*
Select three traditional customs and practices in your society which are still being adhered to which have the risk of facilitating HIV infection
2. *Write a one-page essay on them and conclude by recommending how their risk in facilitating HIV infection can be resolved*
3. *Write a one-page essay on them and conclude by recommending how their risk in facilitating HIV infection can be resolved*

EARLY MARRIAGES, MIGRANT WORKERS AND HIV AND AIDS

It is quite a common practice for young girls to be married to older men who have already been sexually active for many years. There is a relatively high risk that, over the years, they have become infected and that they will infect their young wives. In most countries in Sub-Saharan Africa, most men are migrant workers who are forced for economic reasons to earn their living in cities far away from their families. As a result, for a large part of the year, they are away from their homes. If, during these long separations, they engage in

sexual relations and become infected, they infect their wives when they return to their rural villages.

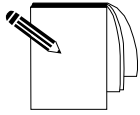
In the era of HIV and AIDS, married women should be empowered to protect themselves. The social and cultural practices which render women increasingly vulnerable to HIV infection should be modified so as to reduce the rapid spread of AIDS. Proverbs 31:10-31 talks about the virtues of a good wife. Her husband respects her and appreciates her noble deeds. He is respected in the community because of her good report. Her children regard her with deep respect. She brings meaning, warmth and wealth to her house. Such a woman deserves the support and protection of the family members.



SUMMARY

In this unit, we have learnt that:

- ⌘ Social and cultural practices exposing men and women to HIV infections in Sub-Saharan Africa pose a major challenge to HIV prevention efforts.
- ⌘ The church should enter into partnerships with community leaders in order to address HIV and AIDS issues effectively.
- ⌘ Effective church involvement requires partnership with government agencies through enlisting the support of the local administrations as well as assistance with logistics.
- ⌘ Facilitating the development of appropriate policy frameworks which provide for the sustainable and equitable supply of the necessary resources would provide a good way forward.



SELF-ASSESSMENT ACTIVITY

1. *Discuss the social and cultural practices in your community related to human sexual behaviour which facilitate HIV infection.*
2. *Explain how gender issues affect women in your society and the spread of HIV.*
3. *Discuss the role of the church in addressing gender issues in the community.*
4. *You are the writer of the book of Proverbs in the twenty-first century. What are the virtues of a good husband that you would you like to add from where the original writer stopped?*



FURTHER READING

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- Tlou S. D. 1996. Empowering Older Women in AIDS Prevention and Care. *Southern Africa Journal of Gerontology* 92, 27-32.
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UNIT 7

HUMAN SEXUALITY, THE YOUTH AND HIV AND AIDS

OVERVIEW

Welcome to the seventh unit of the Human Sexuality and HIV and AIDS module in *The HIV and AIDS Curriculum for TEE for Programmes and Institutions in Africa*. In this unit, we will focus on the sexual behaviour of the youth in the Sub-Saharan region and how it relates to HIV and AIDS transmission and prevention. We will also examine the factors facilitating HIV infections among the youth. Finally, we will attempt to identify suitable interventions by the church for HIV prevention among the youth such as peer education and peer counselling.

OBJECTIVES

Upon the successful completion of this unit you should be able to:

- ⦿ **Describe** the magnitude of the HIV and AIDS situation in Sub-Saharan Africa and its impact on the youth
- ⦿ **Identify** the factors facilitating HIV infections among the youth
- ⦿ **Explain** the relationship between adolescent sexual behaviour and HIV infection
- ⦿ **Describe** suitable intervention strategies by the church in HIV and AIDS prevention among the youth

TOPICS

- ⌘ Human sexuality, the youth and HIV and AIDS
- ⌘ The challenges of sexuality and HIV and AIDS to the youth
- ⌘ Summary
- ⌘ Self-assessment activity
- ⌘ Further Reading

HUMAN SEXUALITY, THE YOUTH AND HIV AND AIDS

According to the World Health Organisation (WHO) adolescents are defined as persons aged 10-19 years while the youth are persons aged 10-24 years. Adolescents and the youth have a major demographic, social and economic implication, including a strain on the national economies, pressure on the provision of social services, demand for employment and high dependency. These are ages of promise and opportunity, challenge and risk. The poor economic performance of most governments in the region has resulted in mass unemployment among the youth, idleness, crime, drug and substance abuse with poverty increasing the rate of HIV infection.

Young people in the region face severe threats to their health and general well-being. They are vulnerable to sexual assault, early pregnancy and childbearing, unsafe abortions, malnutrition, sex work, infertility, anaemia, and reproductive tract infections including STIs and HIV and AIDS.

Sub-Saharan Africa has been affected by the HIV and AIDS epidemic more than any other region in the world. AIDS has had an enormous impact on the region's youth. Approximately 10 million women and men aged 15-24 years are living with HIV and AIDS. This means 1 in 14 young adults are living

with HIV and AIDS in the region. In 2003, half of all new HIV infections in the region occurred among this age group.

Economic, social and cultural factors render the youth in Sub-Saharan Africa vulnerable to HIV and AIDS. Most of the countries in the region are among the poorest in the world. People living in poverty are likely to place a low priority on sexual and reproductive health and easily engage in high risk behaviour. Education can empower adolescents to avoid HIV and AIDS, but in many countries less than 20% of women aged 15-19 years and less than 30% of men in this age group have more than primary education. Traditional customs undermine women's ability to protect their sexual and reproductive health and condone promiscuity among men.

Innovative educational messages on HIV and AIDS prevention and control are very essential in facilitating the behaviour change process. 90% of the youth aged 15-19 years in Sub-Saharan Africa have heard about HIV and AIDS but most are unfamiliar with the ABCs of prevention (abstinence, faithfulness and use of condoms). In 10 countries with data, 1-9% of 15-19 year-olds who have heard of HIV have gone for HIV testing. But most of the untested men and women say that they would like to be tested. Most of the young people who acquire STIs do not inform their partners about the infection. Many youths living in the rural areas, especially women, have no access to condom supply.

The sexual behaviour of the youth exposes them increasingly to the risk of HIV infection. In most countries, women usually get married in their teens to older men who are likely to have had more sexual partners. Marriage often increases the risk of HIV and AIDS to young women. 80% of women will have had sex by age 20 compared to 40% to 80% of men. Approximately 40% of men and 10% of women aged 15-19 years in most of the countries are

sexually experienced. Condom use is very low among the youth aged 15-19 years in most countries. There is greater condom use among unmarried sexually active adolescents but in some countries less than 20% of women and 40% of women used a condom during their last sexual contact.

a. Sexual Behaviour and HIV and AIDS among the Youth of Kenya

It is estimated that between 70 to 80% of the Kenyan population is Christian. Kenyan church leaders have repeatedly challenged the country's youth to avoid sex before marriage. It is evident however that pre-marital sex among church-going Kenyan youth is widespread. A study of unmarried church-going youth aged between 12 and 24 years (with majority aged 16-19 years) from different parts of the country found that 64% of males and 33% of females were sexually active. Besides that, 30% of young men reported having more than five partners.



ACTIVITY 1



1. *In about 300 words write a brief analysis of the sexual behaviour of the youth in your community*
2. *What challenges are posed to the community and the church by adolescents through their sexual behaviour?*
3. *How can you support your local church to respond to the challenges of adolescent sexual behaviour?*

THE CHALLENGES OF SEXUALITY AND HIV AND AIDS TO THE YOUTH

Adolescence brings with it a sudden awareness of sexuality which is attended by strong sexual desires. In most African cultures the youth used to be

counselled and prepared on how to deal with the process of rapid physiological maturation. But due to the changes in the world today, this is no longer possible. Sex education is hardly discussed in homes or the churches. This is because discussing sexual issues in most African societies is usually considered taboo. Even in the church it is usually spoken of in passing as an example of sinful behaviour. Most youth therefore lack proper information and training on the biblical teachings on sexuality, although sex is the most talked about subject among the youth.

Technological revolution has made it possible for most youth to access mixed messages. This has liberated the popular attitudes toward sexuality, changing sexual mores and making sex before marriage more common. There has been an increase in youth sexual activity, an increase in teenage pregnancies, abortions and Sexually Transmitted Infections (STIs) and HIV and AIDS. The easy accessibility of contraceptives has created a false security and has caused the youth to engage in sexual relationships. Youths have developed wrong attitudes towards sex, and changed the traditional meaning of sex as it is taught in the Bible.



ACTIVITY 2



1. *How is your local church preparing the youth to face the challenges of adolescence?*
2. *Do contraceptives offer any protection against HIV and AIDS? Please discuss your answer*
3. *What is God's purpose in giving human beings the gift of sexuality?*
4. *How can the church help the youth to develop a positive biblical attitude towards sex?*

GOD'S PURPOSE IN SEX

God created our sexuality and we should not be ashamed of it. God created our bodies which should be treated with respect and honour. There is nothing wrong for a person to have sexual feelings, for sex is a gift from God. God created sex for procreation and fulfilment by those who are married. The youth should be guided to appreciate sex as God's wonderful creation for humankind. The right place for sex is within marriage. The Bible approves only of a sexual relationship between a man and a woman in the bond of marriage and disapproves of sexual relationships between people of the same sex or those having multiple sex-partners.

Attraction to the opposite sex is normal for every person, but every youth must avoid the temptation of engaging in pre-marital sex. The sexual urge can be very strong but you can flee from youthful lusts. The Apostle Paul exhorts us all to flee from sexual immorality:

Shun fornication! Every sin that a person commits is outside the body; but the fornicator sins against the body itself (1Cor. 6:18 NRSV).

a. *The Story of Joseph and Mary – Matthew 1:18-25*


What would be your first reaction if you heard that the young woman you wanted to marry is pregnant? Or alternatively, you have learnt that the man that you wanted to marry has moved in with another woman. Reflect on this for a moment and the course of action that you would take. Curiosity would possibly drive you to find out who is responsible for the pregnancy. Anger and bitterness, due to feelings of betrayal and unfaithfulness, would possibly

overwhelm you. You might want to hurt your fiancée/fiancé by abusing, assaulting, or scandalising him/her in order to vent your anger. Of course, such actions of violence are not right. Again, depending on the depth of love that you have for the person you might forgive him/her and even seek to know how you could be helpful at such a time. The latter option is a positive response and may help the person seek for God's help in their lives.


In Matthew 1:18 we find that Mary was betrothed to Joseph. Before he got married to Mary, she was found to be pregnant. According to Leviticus 22:13-21, if a man takes a woman as wife and finds that she was not a virgin the elders of the city would first establish the validity of the claim. In the event that it was proved that she was not a virgin she was brought out of her father's house and stoned to death. Joseph however was a just man and did not want to expose or subject her to public humiliation or possible death through stoning. He therefore planned to leave her quietly. But the angel of the Lord appeared to him in a dream and asked him not to be afraid to take Mary as his wife. The angel further explained that her conception was through the Holy Spirit. The baby that she would give birth to was to be called Jesus, because he was to save his people from their sins.

Joseph was an honest man who feared God. He acted very responsibly and with understanding and respect for Mary even in such a trying moment. He ignored the pressure to follow the demands so his day to publicly humiliate Mary. He listened to God's voice and chose to obey. He went on to marry Mary and brought up Jesus as his own son as well as father other children by her. Joseph is a good model of what a man can do if he sincerely loves a woman. Each day, God gives us the opportunity to listen to God's voice and to choose to obey or disobey. God speaks to us in a variety of ways through dreams, visions, as well as God's own voice. Let us daily look for opportunities to listen to, and serve God faithfully.

The Apostle Paul says in 2 Corinthians 6:19 that our bodies are temples of the Holy Spirit and that we do not belong to ourselves. We were bought with a price and should therefore honour God with our bodies. Living a pure life, free from sexual immorality, is God's will for us all. Self-control and discipline must be exercised so as to avoid being a slave to sexual desires.



ACTIVITY 3



1. *Read through 2 Corinthians 6 and make notes on the important messages being given to us by the Apostle Paul*
2. *What social or cultural influences lead to sexual activities?*
3. *What messages can you give to the youth of your church to help them keep from engaging in sexual immorality?*

b. Making the Right Choices

The choices one makes in life determine what kind of life one will live as an adult. Some youth become trapped in very damaging relationships which ruin their destiny or expose them to HIV and AIDS. This can be avoided by maintaining the right attitudes and healthy relationships. Youths should be encouraged to postpone their sexual involvement. It is necessary to maintain a lifestyle that is free from Sexually Transmitted Infections (STIs). We must protect our sexuality by appreciating that it is one of the gifts God has given to us.

We should avoid all propaganda degrading sex education that is void of moral values and has no regard to what the Bible teaches. Do not substitute self-discipline and self-control for anything else. Abstinence before marriage is the best way. Youth should watch against mixing with people who have bad motives and avoid pornographic literature. This weakens one's moral

stand and affects one's personality and character. Youth should develop and deepen their spirituality by having a closer fellowship with God.



ACTIVITY 4



Read Psalms 119:9, 11, 105 and write a brief summary of David's counsel to the youth on how to remain pure.

c. Judges 14 and the Story of Samson

Samson was the strongest man of his generation. But he was unable to control his lust. Whenever he saw an attractive woman he wanted her. He first fell in love with a Philistine woman from a village called Timnah. His parents tried to discourage him since she was not an Israelite or from their religion, but he rejected their advice. The marriage ended disastrously with deaths within a few days. Delilah was the third woman in Samson's life and she was also a Philistine. She betrayed Samson to the Philistines who captured and blinded him and enslaved him in working on the grinding machine. In his final act of vengeance he succeeded in the destruction of the amphitheatre and wrecking havoc on the crowd and himself.

Nevertheless Samson was a special man. Samson birth was announced by the angel before he was born (Judg. 13:3). He was a Nazirite who was supposed to be devoted to God. He was not allowed to drink wine, go near a dead body, or cut his hair (Num. 6). In spite of all his weaknesses, God used him and gave him strength. His name is mentioned among the greatest biblical heroes in Hebrews 11:32. He had great physical strength which came from God. It is true that he could have done much better than he did. In life, God gives each one of us a chance to serve God or those of our own interests.



ACTIVITY 5



- Obed is a young Christian in your Church. He has disclosed to you his relationships with different young women in the church as well as in the local village. How would you counsel him?*
1. *What other steps would you take to help the youth of your church, as well as those in the local community?*
 2. *What challenges have you observed in the youth in the church as well as the youth in the local community?*

EARLY SEXUAL ACTIVITY AND THE YOUTH

The age at which the youth become sexually active and the type and number of sexual partners they have are important determinants of their risk to HIV infection. In most Sub-Saharan African countries, women marry earlier than men, but the age of marriage varies across countries. Attitudes and values related to adolescent sexual behaviour differ from one country to another.

Research by UNAIDS has shown that adolescent sexual activity occurs within and outside of marriage. The proportion of women aged 15-19 years who are married and therefore sexually active is 20-29% in nine countries and 30%-60% in another nine. About 6% of men in this age bracket in any country are married. Some adolescents, particularly men are unmarried and sexually experienced. In about 12 countries, 40% of men aged 15-19 years are unmarried and sexually experienced. 40% of unmarried women are sexually active in four countries (Cote d'Ivoire, Gabon, South Africa and Togo). Many women in Sub-Saharan Africa have had sex before marriage during their adolescent years. Half of the women aged 20-24 years have had sex by age 17½ years in all but six countries. More than 70% of men in 12 countries have premarital sex by the age of 20.

- a. Do Not Stir Up or Awaken Love Until it is Ready!
– Song of Songs 3:5

I adjure you, O Daughters of Jerusalem, by the gazelles or the wild does: do not stir up or awaken love until it is ready! (Song of Songs 3:5 NRSV).

The young people are counselled to control their sexual feelings until the right time comes. The youth often experience enormous pressure to engage in sex from their own bodies as well as from their traditional practices, peers and the media. They require the support of their parents, schools, and the church to overcome this pressure.



ACTIVITY 6



1. *Develop a list of activities which the youth in your community engage in, to arouse or awaken their love.*
2. *How can those activities expose them to the risk of HIV infection?*
3. *Suggest how you could counsel the youth involved in those activities*

STRATEGIES FOR HIV PREVENTION AMONG THE YOUTH

Young people must learn that they are responsible for their own actions and that it is they who must live with the results of poor decisions. Programmes for supporting the youth will include life skills training to help them assess situations and possible outcomes as well as help them identify risky behaviour and its consequences. The church should also work closely with National and Provincial/State Governments to ensure that quality health care

services for the youth are made more accessible to them. Health care providers' attitudes, privacy and hours of service should all be youth-friendly. Capacity building for the youth, teachers, church leaders and community members is necessary so that they can respond to the needs of the youth effectively.

There is inadequate information from the Sub-Saharan region on how the youth respond when they have Sexually Transmitted Infections (STIs). An STI increases the risk of HIV infection. Lack of information, or access to care, can lead to higher rates of STIs and HIV infection. Information on the youth's access to Voluntary Counselling and Testing (VCT), condom use and communication on HIV with sexual partners is equally scanty. In view of this there is urgent need to access:

- ⌘ Youth-friendly VCT services even in church institutions. VCT services could be integrated in church youth centres as stand-alone sites. The church could also invite VCT centres to provide mobile VCT services to their youth during youth camps or rallies.
- ⌘ Encourage discussions on HIV issues by spouses.
- ⌘ Support condom use for the youth who engage in risky behaviour by networking with health providers.
- ⌘ Access STI advice or treatment services for the youth. Health education covering STIs is most essential.
- ⌘ Provide peer education and peer counselling for HIV and AIDS prevention activities in the church.
- ⌘ The mainstreaming of human sexuality and HIV and AIDS issues in church youth education programmes as well as in other church curricula should be seen as a priority.

a. Israel Rebels against Rehoboam – 1 Kings 12:1-16

1 Kings 12 marks a decisive turning point in the nation of Israel. After the death of Solomon the nation started to fall apart. It all begins with the request made by Jeroboam to King Rehoboam:

Your father made our yoke heavy. Now therefore lighten the hard service of your father and his heavy yoke that he placed on us, and we will serve you (1 Kgs. 12:4 NRSV).

Rehoboam told them to go away and return after three days. He then consulted with the elders who had served his father. The elders advised him to give the people a favourable answer. But he rejected the advice of the elders and took the foolish advice of the young men who had grown up with him. When the people of Northern Israel saw that the king had refused to listen to them, they seceded to form their own nation. The northern rebellion brought a terrible civil war to Israel which dragged on for 50 years.

Young people listen to their own peers as Rehoboam did. They often refuse to listen to the counsel of their elders. They reject it considering it unwise or old-fashioned. They often end up suffering, as what happened to Rehoboam. It pays for young people to listen to the counsel of their elders.

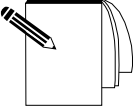


SUMMARY

In this unit, we have learnt that:

- ✂ The youth form a critical national resource today, and the core of our future development efforts.
- ✂ Youth have a great potential to contribute to the process of decision making and the implementation of programmes for their own benefit as well the overall development of society.
- ✂ The youth in Sub-Saharan Africa have inadequate information on how to protect themselves against HIV infection.
- ✂ The youth are sexually active and engage in sexually risky behaviour.
- ✂ About 25% of the youth say that they know that abstinence is a way of preventing HIV and AIDS.
- ✂ 71% of sexually experienced men and 42% of sexually experienced women know where to obtain condoms.
- ✂ A larger proportion of women than men have had sex by the 18 years of age. There is also a pattern of early marriages among women in the region.
- ✂ Marriage increases the risk, rather than protection against, HIV infection and other sexually transmitted infections (STIs).
- ✂ Health care providers should provide health services to married adolescent women, including VCT and treatment for Sexually Transmitted Infections (STIs) including HIV.
- ✂ Cultural and environmental factors contribute to adolescents' risk of HIV and AIDS. These include sex at very early ages, unprotected sex with multiple partners, poverty, cultural beliefs and gender issues.
- ✂ Information on HIV prevention, especially mother to child transmission of HIV, is not universal.

- ⌘ The church should support the mainstreaming of HIV and AIDS education in primary school curriculum as well as in Sunday school lessons and church youth programmes.
- ⌘ The church should develop education campaigns to change adolescent sexual behaviour especially through abstinence and faithfulness.
- ⌘ Sex education should begin as early as ten years old, before adolescents initiate sexual activity.
- ⌘ The development of Christian attitudes, values and practices among the youth is critical in making the church an agent of change.
- ⌘ Christian-based youth educational programmes promoting abstinence and empowering the youth to say, 'No' to sex should be essential.
- ⌘ Young pastors, whom the youth could easily identify with, could be used to reach the youth through youth-friendly initiatives.



SELF-ASSESSMENT ACTIVITY

1. *Describe the magnitude of HIV and AIDS in your country and its impact on the youth.*
2. *Discuss the factors facilitating HIV infections among the youth in your community.*
3. *What are the most effective strategies for HIV and AIDS prevention among the youth in your Church?*



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UNIT 8

HUMAN SEXUALITY, WOMEN, CHILDREN AND HIV AND AIDS

OVERVIEW

Welcome to the eighth unit of the Human Sexuality and HIV and AIDS module in *The HIV and AIDS Curriculum for TEE for Programmes and Institutions in Africa*. In this unit, we will look at human sexuality, women, children and HIV and AIDS. We will examine those factors which facilitate HIV infection among women and children and the challenges they pose. These will include, silence on sexual matters, gender violence, lack of reproductive rights, poor access to health services and poverty. Finally, we will seek to identify suitable strategies for facilitating HIV and AIDS prevention and care for women and children by the church today.

OBJECTIVES

Upon the successful completion of this unit you should be able to:

- ⌘ **Describe** the HIV and AIDS-related challenges which face women and girls in society today
- ⌘ **Explain** the factors facilitating HIV infections among women and girls
- ⌘ **Identify** suitable strategies for facilitating HIV and AIDS prevention and care by the church today

TOPICS

- 🎗 Introduction
- 🎗 Women, sex and HIV and AIDS
- 🎗 Children, sex and HIV and AIDS
- 🎗 Summary
- 🎗 Self-assessment activity
- 🎗 Further Reading

INTRODUCTION

Globally, young women and girls are more susceptible to HIV than men and boys. Studies show that women can be 2½ times more likely to be HIV-infected as compared to their male counterparts. Their vulnerability is primarily due to inadequate knowledge about AIDS, insufficient access to HIV prevention services, inability to negotiate safer sex and a lack of female-controlled HIV prevention methods. At the same time, most women do not enjoy the same rights and access to employment, property and education as men. Research undertaken by UNAIDS has shown that women are also likely to be exposed to sexual violence which can accelerate the spread of HIV.

Since 1985, the percentage of women living with HIV and AIDS has risen from 35% to 48%. The rapid increases in HIV infections among young women has resulted in over half 15 to 24 year-olds living with HIV and AIDS. Globally, young women are 1.6 times more than men living with HIV and AIDS.

98% of women and 94% of men infected with HIV live in developing countries. Of all regions, Sub-Saharan Africa is the most devastated by AIDS. 77% of all HIV-positive women in the world live in Sub-Saharan Africa.

Young women aged 15-24 years from the region are three times more likely to be infected. HIV spreads in the region through heterosexual contact. The impact of AIDS on women is greater in Southern Africa where HIV prevalence rates among pregnant women in Botswana and Swaziland totals almost 40%. One of the main factors contributing to the vulnerability of women and girls in the region to HIV infection which require urgent action is the culture of silence surrounding sexuality. Such a culture includes:

- ⌘ Exploitative transactional and inter-generational sex.
- ⌘ Violence against women within relationships.
- ⌘ Lack of reproductive rights.
- ⌘ Poverty.
- ⌘ Poor access to health services.

WOMEN, SEX AND HIV AND AIDS

There is growing concern over the rapid HIV infection rates among women who comprise almost half of the 42 million people currently living with HIV infection in the age group, 15-30 years. In the region, these young women are more than four times more likely to be infected compared to young men. Women know less about how HIV is transmitted and how to prevent infection than that of men. Research undertaken by UNAIDS reveals that the little that many women do know does not support their prevention efforts due to the discrimination and violence that they are likely to encounter.

The United Nations Task Force on Women and Girls and HIV and AIDS in Southern Africa has identified several key prevention interventions in preventing HIV infection among girls and women. Those recommended include:

- ⌘ Ensure that women and girls get equal access to care, treatment and support.
- ⌘ Promote girls' education and women literacy. Studies show that illiteracy of women and girls is both a cause and consequence of HIV and AIDS infection. Illiteracy jeopardises informed choice, undermines progress in stopping HIV transmission and directly affects women's access to services and methods of prevention.
- ⌘ Ensure that women's rights are respected. In most cases their rights are violated through harmful customary practices such as widow inheritance and early marriages and lack of property rights.
- ⌘ Lack of control over their own bodies and limited ability to use measures to prevent HIV infections.
- ⌘ Women and girls are burdened with the care of the infected and therefore community-based care should be improved.

a. THE ABC Model

The ABC model (Abstinence, Faithfulness and Condom use) has limited success in communities where women have less ability to control sexual encounters. In particular:

- ⌘ Abstinence is ineffective in circumstances where girls and women are forced into sexual activity.
- ⌘ Faithfulness offers little protection to wives whose husbands have partners who were infected before they were married.
- ⌘ Condoms require the co-operation of the partners who may refuse to use them.
- ⌘ Suspicion of infidelity or demands for children may inhibit condom use.

Recent studies held in Kenya show that married women are at a higher risk of HIV infection than that of their unmarried counterparts. Hence in Kisumu, Kenya, 33% of married girls were found to be HIV positive. Given the unequal power relationship, it is frequently difficult for women to refuse sexual relations with their husbands, as they fear violence, abandonment and believe that they are required to be sexually available.

b. Prevention Strategies

Prevention strategies that have been identified include:

- ⌘ Empowering girls through assertiveness and self-esteem building and interpersonal communication through leadership skills development.
- ⌘ Encouraging employment.
- ⌘ Encouraging dialogue between young men and young women especially on appropriate and inappropriate sexual behaviour.
- ⌘ Empowering women to articulate what they want in a relationship.
- ⌘ Socialising children from an early age to respect the human rights of girls and women to reflect gender discrimination and violence.
- ⌘ Accessing prevention services and Voluntary Counselling and Testing (VCT) services, especially in rural areas.
- ⌘ Setting up external centres with comprehensive services to help adolescents and adults and HIV transmission and prevention.
- ⌘ Eliminating user-fees in health facilities which inhibit the poor from accessing health care services

Studies have shown that Voluntary Counselling and Testing (VCT) centres can facilitate behaviour change which contributes in the reduction of HIV transmission. In particular, Voluntary Counselling and Testing (VCT) can

help reduce unprotected sexual relations, as well as a reduction in multiple sexual partners and increase the numbers that rather choose abstinence.

Studies have shown that in countries most affected by HIV and AIDS, only 1% of pregnant women have access to testing and treatment. 700,000 children are infected with HIV through Mother-to-Child Transmission (PMCT) of HIV. Voluntary Counselling and Testing (VCT) and Prevention of Mother-to-Child Transmission (PMCT) should facilitate prevention, care, and treatment support to mothers and their babies. Although research has shown that condom use has a 96% effectiveness-rate, according to the UN population division only 4.9% of married women of reproductive age use condoms in poor countries. This ranges from 1.3% in Africa to 10.5% in Eastern Europe. Female condoms provide women with greater control over sexual relations. Low economic status, women in polygamous marriage, and fear of social rejection because of religious faith, render women unsuccessful in negotiating female condom use.



ACTIVITY 1



1. *Discuss the different challenges that women in your community face*
2. *List all the health challenges faced by children in your community*
3. *What could the church do to alleviate the challenges in Questions 1 and 2 above*

CHILDREN, SEX AND HIV AND AIDS

The impact of HIV and AIDS on orphans and vulnerable children is enormous, particularly to children themselves and society at large. In Kenya there are over 900,000 children orphaned because of HIV and AIDS. Due to

widespread poverty, many orphans do not receive adequate support from their families and as a result end up on the streets. The United Nations Convention on the Rights of the Child, adopted by the General Assembly in 1989 is the most universally-embraced human rights treaty. Its protocols and regional and international instruments of relevance to children are standards of importance as far as setting international legal norms for the protection and ensuring the wellbeing of children.

Children are powerless in many countries of the world. They do not have the right to speak and to be heard, they are dependent upon their guardians and parents for survival, and they often do not have legal rights of representation in government. In the past, parents and elders in most African countries were held to be responsible parents to all children but this is no longer the case today. Most children have been brutalised by wars, poverty, labour immigration, displacement and HIV and AIDS and as such are not able to enjoy their childhood rights. Additionally, many children have been rendered vulnerable to abuse. HIV and AIDS has placed a heavy burden on children, rendering them more vulnerable as powerless members of society. Many have been left orphaned, grieved, ailing without parental support or guidance and exposed to sexual abuse, exploitation, stigma, poverty and rape. There are now many child-headed households with children carrying heavy responsibilities which overwhelm them. They have little opportunity for education or an easy life in comparison to those children who receive parental love and support.

One day Jesus told his disciples to let the little children come to him and that they should not restrict their access to him. As Christians, we are standing where Jesus was. Children should be allowed to come to us so that we can provide them with love, acceptance, care and protection. Poor children

without hope, should be accessed by the church and made to feel that they are loved, wanted and have full human worth and dignity (Matt. 19:14).

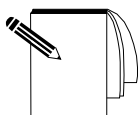


SUMMARY

In this unit, we have learnt that:

- ✠ The church should develop suitable programmes for empowering women and girls as a strategy for HIV and AIDS prevention and control.
- ✠ Programmes for girl-children, that aide the development of interpersonal communication and leadership skills, enhance assertiveness and building self-esteem, empower them in standing for their rights.
- ✠ The church should also encouraging dialogue between young men and young women especially on appropriate and inappropriate sexual behaviour.
- ✠ Women should be assisted to articulate what they want in their relationships.
- ✠ Children should be socialised from an early age to respect the human rights of girls and women. This would help in reducing gender discrimination and violence.
- ✠ The church should access preventive health services in the rural areas in order to reach women and children.
- ✠ Church health services should provide comprehensive care centres so as to reach more women and children.
- ✠ The church should influence national health policy so as to eliminate user fees in health facilities which inhibit the poor from accessing health care services.

- ⌘ The establishment of Voluntary Counselling and Testing (VCT) centres for facilitating behaviour change can contribute in the reduction of HIV transmission.
- ⌘ Voluntary Counselling and Testing (VCT) facilitates the reduction of unprotected sexual relations, the reduction of multiple sexual partners and choosing abstinence.
- ⌘ The integration of services for the Prevention of Mother-to-Child Transmission (PMCT) of HIV in the ante-natal health care services will also accelerate the reduction of HIV transmission to children. This will result in healthier mothers and children and lessen the burden on health care services.



SELF-ASSESSMENT ACTIVITY

1. *Name the factors that facilitate HIV infection among women and girls in your community today.*
2. *Describe the challenges related to HIV and AIDS which face women and girls in your community.*
3. *How could the Church facilitate HIV and AIDS prevention activities for women and girls in your country?*
4. *Write an essay on one of the most successful HIV and AIDS prevention projects in your country. In your answer clearly describe what factors have made the project successful.*



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UNIT 9

SEXUAL ORIENTATION AND HIV AND AIDS

OVERVIEW

Welcome to the ninth unit of the Human Sexuality and HIV and AIDS module in *The HIV and AIDS Curriculum for TEE for Programmes and Institutions in Africa*. In this unit, we will look at the size and scope of the issue of homosexuality and its relationship to HIV and AIDS transmission and prevention. We will examine some of the current theories associated with homosexual behaviour, including, genetic, social and environmental factors. We will also look at some of the common attitudes towards homosexuality. Finally, we will seek to address the issue of Christianity and homosexuality. The purpose of the unit is to develop an informed Christian response towards homosexuals. This has the potential of improving the care of the people infected and/or affected by HIV and AIDS in our communities.

OBJECTIVES

Upon the successful completion of this unit you should be able to:

- ⌘ **Discuss** the phenomenon of homosexuality in society
- ⌘ **Explain** the various forms of sexual orientation

- ⦿ **Describe** the relationship between HIV and AIDS and homosexuality
- ⦿ **Explain** the differences between Christian values and homosexuality
- ⦿ **Identify** the key issues of homosexuality and HIV and AIDS

TOPICS

- ⦿ Introduction to sexual orientation and HIV and AIDS
- ⦿ Sexual orientation
- ⦿ Homosexuality and HIV and AIDS
- ⦿ Common attitudes towards homosexuality
- ⦿ Christianity and homosexuality
- ⦿ Issues on homosexuality
- ⦿ Summary
- ⦿ Self-assessment activity
- ⦿ Further Reading

INTRODUCTION TO HOMOSEXUALITY

Since 2003, the issue of homosexuality has sharply divided the Church worldwide. The main issue generating controversy is the ordination of homosexuals as priests. Another issue of concern is the attitude of members of the church towards homosexuality. It is not enough for us to say that the Bible forbids it and summarily reject people with a homosexual orientation unless they are prepared to practise abstinence or heterosexuality. The issue of homosexuality is a challenge for Christians involved in advocacy for the human dignity of all humankind, made in the image and likeness of God.

Sex between men is an unacceptable practice in many societies. Yet, during the past twenty years there has been a growing awareness that homosexual relationships occur throughout the world. In Sub-Saharan Africa there is widespread denial by some authorities that men have sex with men. Research however has indicated that the practice is more deeply entrenched in society than was first imagined. The ultimate goal of homosexual men is to have a strong emotional and sexual relationship with other men. Sexual activity between men is a means of expressing and searching for love with other men.

Homosexuality is defined differently in various societies. For example, in some societies, homosexuality is conceptualised as taking a receptive, non-assertive role in sex. The individual who plays the assertive role is not conceptualised as a homosexual and not stigmatised as long as he engages in heterosexual sex. Such a person can also be described as bisexual.

The prevalence of HIV among men who have sex with men is an issue of great concern. This concern is increased by the fact that some married men also engage in homosexuality. A study presented at the AIDS 2002 Barcelona Conference showed that HIV infection resulting from anal intercourse is 10.3 times more than that resulting from vaginal intercourse. Another study held in Nairobi revealed that many of the homosexuals interviewed had multiple sex partners. Few of the men interviewed used condoms with their male partners. This indicates that the risk of HIV transmission is very high among homosexuals.



ACTIVITY 1



1. *Describe what you understand by the following terms: (a) Homosexual (b) Lesbian (c) Bisexual*
2. *Discuss the attitude of your community towards homosexuality*
3. *Describe the level of homosexuality in your community*

a. Sexual Orientation

There is a wide range of sexuality types. Men and women realise sexual fulfilment in varied ways. Heterosexuality refers to sexual contact with the opposite sex while homosexuality refers to same-sex relationships. Men in same-sex relationships are also referred to as 'gay.' Homosexuality has for a long time been condemned by the church which supports heterosexuality. Homosexuality has been the subject of hot debate in the church today and therefore requires careful handling.


There is a misleading assumption that homosexuality is not practised in Africa and that it is a product of the moral decadence of the west. Little attention is therefore paid to the practices of men who have sex with men. As a result of this attitude, there is very limited information on the practice. There is also widespread fear of homosexuality in patriarchal societies where the family lineage supposedly takes after the father. This is because of the widely-held belief that men who behave in an effeminate way undermine male authority and the patriarchal order.

A review of the current state of biomedical research on homosexuality concludes that the causes of homosexuality are not clearly known. The


common view, however, is that homosexuality is likely to be influenced by both biological and environmental factors.

b. Genetic Factors

Some studies indicate that homosexual orientation is determined before birth and is totally outside a person's control. Studies on identical twins prove that homosexual orientation is determined by genes. Genetic factors are but one aspect. In 1993, scientists claimed variation in a region in the X chromosome is linked to male sexual orientation. This study has met with criticism and few people now give much weight to its scientific value.



ACTIVITY 2



1. *According to your culture, what are the causes of homosexual behaviour?*
2. *What is the attitude of your church towards homosexuality?*
3. *How does your community deal with homosexuality?*

c. Social Factors

Dean Hamer, at the U. S. National Cancer Institute, collected family data from the families of 114 homosexual men. His study established that homosexuality ran in families on the mother's side and that it is caused by a gene on the X chromosome which every male receives from his mother.

The environment in which a person grows up can also influence behaviour. In some communities, homosexuality is so uncommon that there is no word in

the indigenous language to describe it. President Kenyatta of Kenya was quoted as saying that as there is no African word for homosexuality, that this proves that it is foreign and totally un-African. It is also argued that homosexuality orientation developed in response to a deficit in early bonding with same-sex parents. Children, who feel unaccepted in the pre-adolescent phase, upon reaching sexual maturity, look for affirmation in same-sex relationships. Interestingly however, some individuals from such backgrounds develop a homosexual orientation while others do not. It is also argued by some counsellors that the majority of males, who fail to bond intimately with their fathers or other male role model, may end up becoming homosexual.



ACTIVITY 3



1. *Discuss what you know about the range of sexual behaviours in your community*
2. *What could you do in your church to facilitate disclosure of sexual orientation?
What challenges are you likely to face in the church if you tried to provide HIV care for PLWHAs who are homosexuals*
3. *What challenges are you likely to face in the church if you tried to provide HIV care for PLWHAs who are homosexuals*

HOMOSEXUALITY AND HIV AND AIDS

According to one researcher, each individual is capable of responding sexually to the appropriate physical stimulation, irrespective of whether it is caused by a person of the opposite sex or same sex. Individuals are not born with any kind of limiting mechanism whereby such stimulation is only effective if it is provided by someone of the opposite sex.

Several large studies have revealed that less than 10% of homosexual men or women have ever experienced a relationship of greater than 10 years duration. 74% of male homosexuals reported having more than one hundred partners in a lifetime, while 75% reported that over half of their partners were strangers. Lesbians had more partners than those for married heterosexuals.



ACTIVITY 4



1. *How can your church create awareness among their members on relevant issues related to homosexuality?*
2. *What could the church do to encourage healthy sexual lifestyles among homosexuals in your society?*

a. Risky Behaviour among Homosexuals

Homosexuals are at a greater risk of HIV infection through various forms of sexual contact than heterosexuals. These include, oral genital contact, mutual masturbation of the penis and anus and anal intercourse. The vagina and the muscles within a woman's pelvis are well-designed for sexual intercourse. This is not the case with the anus and rectum. Anal sex can lead to ulcers, inflammation, tearing of the muscles around the anus and disruption in the rectum. This increases the risk of infection. Furthermore, homosexuals face greater risk due to their tendency for multiple sex-partners.

Male homosexuals have a higher incidence of Sexually Transmitted Infections (STIs) irrespective of whether condoms are used or not. The most common STIs affecting homosexuals are:

- ⌘ Syphilis.
- ⌘ Shigella.

- ⌘ Salmonella.
- ⌘ Amoebiasis.
- ⌘ Chlamydia.
- ⌘ Gonorrhoea.
- ⌘ Campylobacter.
- ⌘ Scabies.

Viral infections include:

- ⌘ Herpes.
- ⌘ Hepatitis A.
- ⌘ Hepatitis B.
- ⌘ HIV.

Additionally, many STIs are strongly linked to anal cancer. Using condoms can reduce the risk, but condoms do not protect against physical damage.

b. Substance Abuse and Homosexuality

Substance abuse appears to be higher among homosexual men than in heterosexual male groups. Most homosexuals claim that this is in response to the extreme levels of discrimination by some societies. This, however, has also been observed in communities where homosexuality is accepted.



ACTIVITY 5



1. *What factors facilitate greater vulnerability to HIV infection among homosexuals?*
2. *What steps could be taken to prevent or reduce the risk of infection?*

COMMON ATTITUDES TOWARDS HOMOSEXUALS

In most countries in Sub-Saharan Africa, sex between men is taboo. Homosexuals live in fear of social, religious, legal and moral actions against them. Homosexuals are threatened with ridicule, harassment, intimidation, arrest, imprisonment and even death. Homosexuality is criminalised in most countries in the region, an exception being South Africa. The human rights of men who have sex with men are compromised. This is mainly due to their sexual behaviour or identity. Gay organisations concur with the view that there is strong social prejudice against homosexuals. People considered or suspected of being homosexuals in most parts of Africa are treated as social outcasts. As a result, most fear disclosing their sexual orientation to even their immediate family and operate instead under total secrecy. The consequences of being identified as a homosexual may range from dismissal from employment, relocation of residence, random ridicule or violent assault, to even murder and execution.

Out of a total of 44 African countries, 24 (55%) have laws against sex between men. Such laws refer to anal sex as a crime against the order of nature. In Ethiopia, the laws against men who have sex with men allow for extra penalties for those who are Commercial Sex Workers. In Zaire, the laws against male to male sex are classified in the penal code as a “crime against

family life.” Some of the common penalties for being found guilty of homosexual acts range from fines to corporal punishment, life imprisonment or even death. In Kenya, convicted men are likely to go to prison and may be subject to caning. In four Muslim countries, the sentence is death.



ACTIVITY 6



1. *What are your personal attitudes towards homosexuals?*
2. *What are the common attitudes of your church towards homosexuals?*

CHRISTIANITY AND HOMOSEXUALITY

Religion shapes the societal attitudes towards men who have sex with men and the level of tolerance or intolerance towards them. Religion in many African countries forms the foundational basis of the society. Christianity, Judaism and Islam all explicitly condemn sex between men. These three religions have affected the lives of men who have sex with men in the region, where even the supply of HIV prevention materials to men who have sex with men has been opposed.

In the countries where Islam is the majority religion, Islamic religious law (Sharia Law) is the law of the land. According to Islam, the immorality of sex between men is codified in law and carries severe penalties, including death. The Anglican Cleric, the Most Rev. Manasses Kuria of Kenya exempted Kenya from supporting the rights of men who have sex with men especially in the battle against AIDS at the Lambeth Conference in 1988. His comments are found in the following box:



QUOTATION

When you speak of homosexual rights, what do you mean? You are speaking of the rights of sin, and that I am totally against. It is totally anti-biblical. Leviticus says the practice is an abomination. For those of us who know sin as sin and preach against it as sin; to allow and to support people who continue in sin, and help them only not to be infected with the disease AIDS, that is not the gospel of Jesus Christ.

Source: A. Brown, African Attack: Sin of Homosexuality. *The Independent*, London, August 5, 1988. p. 46.

a. Biblical Principles

The Lesbian and Gay Christian Movement (LGCM) argue that it is entirely compatible with the Christian faith to love and express love to a person of the same sex.

Most Christians believe that the Bible is the supreme authority in all matters of faith. In the Bible, sexual intercourse is portrayed as a gift of God to be enjoyed in the context of a lifelong heterosexual marriage relationship. Man and woman become one flesh after marriage. Sexual behaviour outside marriage resulted in death for both partners in the Old Testament. Those who engaged in premarital sex were compelled to marry. Loss of virginity could result in a woman being stoned to death (Deut. 22:22). As the book of Leviticus warns:

You shall not lie with a male as with a woman; it is an abomination
(Lev. 18:22 NRSV)

Homosexuality is one of the reasons given for the destruction of Sodom (Gen. 19: 1-29). Homosexual is specifically forbidden in three instances in Romans

1:24-27. Jesus said that not only sexual intercourse outside marriage constitute sin, but also lustful thoughts (Matt. 5:27-28). Christians are warned against adultery and pre-marital sex. In other words, homosexuality is one among many other sexual practices that are strictly forbidden in the Bible.

b. The Christian Response

Due to the above teaching in the Bible, the response of the Church towards homosexuality is generally negative and hostile. A Christian response towards the issue of homosexuality, should however be informed by the Christian teaching of love towards others. In John 13:34-35 Jesus talks about a new commandment for Christians to love one another. Through love, the world will know that we are God's disciples. The grace of God, which is God's unmerited favour, abounds for all men and women.

Modern society recognises the rights of all human beings irrespective of their sexual orientation. Christian liberation theology also calls for the respect of all human beings regardless of their gender, age, class, race or sexual orientation. The call for the Church is to welcome people of different backgrounds.

Due to the prevailing hostility of the African Church leadership towards homosexuals, it is difficult to quantify the magnitude of homosexuality in African. The situation is further complicated by the legal provisions in most African countries where homosexuality is criminalised. The practice is therefore driven underground and thus it is difficult to establish its prevalence level.

ISSUES ON HOMOSEXUALITY

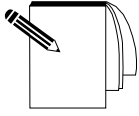
All people with HIV and AIDS are first and foremost human beings, created and loved by God. In Romans 5:8, Paul says that God demonstrated God's love for us even when we were lost in sin. Christians have an obligation to respond with love and understanding to all people in need irrespective of their sexual orientation. We should encourage constructive and informed debate on the role of Christians in the care of PLWHAs who happen to be men who have sex with men.



SUMMARY

In this unit, we have learnt that:

- ⌘ The Christian attitudes towards homosexuality varies so much in Africa that it is difficult to advocate a singular response towards homosexuals and those who suffer from HIV and AIDS.
- ⌘ All PLWHAs are, first and foremost, people who are created and loved by God.
- ⌘ God loves all God's children and calls them to a ministry of compassion and realism.



SELF-ASSESSMENT ACTIVITY

1. *Discuss the attitudes of your church members towards homosexuality in society.*
2. *Make a list of the various forms of sexual orientation.*
3. *Describe the relationship between HIV and AIDS and homosexuality.*
4. *Read again through the statement made by Bishop Manasses Kuria at the Anglican Church's Lambeth Conference. Write a one-page essay, with references from the Bible, either supporting or opposing his position. You are the Pastor of the local church and have learnt that one of your Deacons is a homosexual. How would you deal with the issue?*
5. *How would you deal with the issue?*



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UNIT 10

SOME COMMON ISSUES ON HUMAN SEXUALITY AND HIV AND AIDS

OVERVIEW

Welcome to the tenth and final unit of the Human Sexuality and HIV and AIDS module in *The HIV and AIDS Curriculum for TEE for Programmes and Institutions in Africa*. In this unit we will look at some of the current challenges on human sexuality and HIV and AIDS some of which have been mentioned in a few of the study units above. We will now examine in more detail some of the common issues related to human sexuality which increase the risk of HIV infection. Among these will include sexual orientation, circumcision, early marriages, obscenity, pornography, polygamy, concubinage, child abuse, poverty, violence against women and the rights of women. These are not be the only challenges facing the church today. The list is endless and it is recommended that you investigate other contemporary issues on human sexuality and HIV and AIDS in your own community.

OBJECTIVES

Upon the successful completion of this unit you should be able to:

- ⌘ **Describe** some of the common issues of human sexuality and HIV and AIDS

- ⌘ **Identify** the contemporary issues related to gender-based sexual violence
- ⌘ **Describe** the challenges of homosexuality in HIV and AIDS prevention initiatives
- ⌘ **Explain** the meaning of other practices such as child abuse and poverty and how they impact HIV and AIDS transmission

TOPICS

- ⌘ Gender-based sexual violence
- ⌘ Amnon and Tamar
- ⌘ Child abuse
- ⌘ Masturbation
- ⌘ Homosexuality
- ⌘ Poverty
- ⌘ Summary
- ⌘ Self-assessment activity
- ⌘ Further reading

GENDER-BASED SEXUAL VIOLENCE

Gender-based sexual violence is very common in society from ancient times to today. Women are more frequently sexually abused through rape and other forms of coercive sex. The greatest risk with such abuse is the risk of infection with STIs especially HIV, unwanted pregnancy or loss of self esteem. Most raped women are stigmatised, psychologically traumatised and have limited access to counselling services, Post-Exposure Prophylaxis (PEP), or support. They get limited support from the church as they fear being considered disobedient to their partners, sexually immoral, or excommunication from the church. Women who are sexually abused tend to be blamed by society. They are often blamed for dressing indecently. Perpetrators are rarely

apprehended. Among those offenders taken to court, the majority end up being acquitted. This is an issue which requires a lot of understanding and support from the church.

Factors facilitating gender violence include:

- ⌘ Female subordination.
- ⌘ Age at time of marriage.
- ⌘ Assumptions of maturity.
- ⌘ Circumcision.
- ⌘ Wife inheritance.
- ⌘ Gender bias regarding issues of sexual violence.
- ⌘ Weak laws against sexual violence.

Religious factors include the view of the church towards:

- ⌘ The social status of women.
- ⌘ Condom use.
- ⌘ Stigma as a result of sex being viewed as sinful.
- ⌘ Different interpretations on male and female sexual behaviour.

The Kenya Demographic Health Survey of 2003 asked respondents a number of questions concerning domestic violence. Women who were married, separated or divorced were asked if their current, or most recent husband, ever physically harmed them or forced them to have sexual intercourse or perform other sexual acts against their will. Some 44% of married, divorced or separated women reported being physically or sexually violated by their husbands. Older women were more likely than younger women to report having been abused, beaten or sexually assaulted. Only 16% of women reported having been sexually abused.

Some of the factors facilitating gender-based sexual violence are the existence of weak criminal-justice systems in the region and little support from the church. Additionally, there are few women-friendly support services available.

AMNON AND TAMAR – 2 SAMUEL 13:1-38

Amnon was infatuated with his step-sister Tamar. He was thus driven by intense lust for her to the point of faking illness. Tamar was a virgin and Amnon was desperate to engage in sex with her without considering the consequences of such an action. His friend Jonadab advised him to fake illness and demand to be served food by her alone in his bedroom. When Tamar took the food to him he grabbed her and said:

'Come, lie with me, my sister' (2 Sam. 13:11 NRSV).

Tamar answered:

'No, my brother, do not force me; for such a thing is not done in Israel; do not do anything so vile!' (2 Sam. 2:12 NRSV).

Amnon refused to listen to her and raped her. Immediately after raping her, he hated her more intensely than he had loved her.



ACTIVITY 1



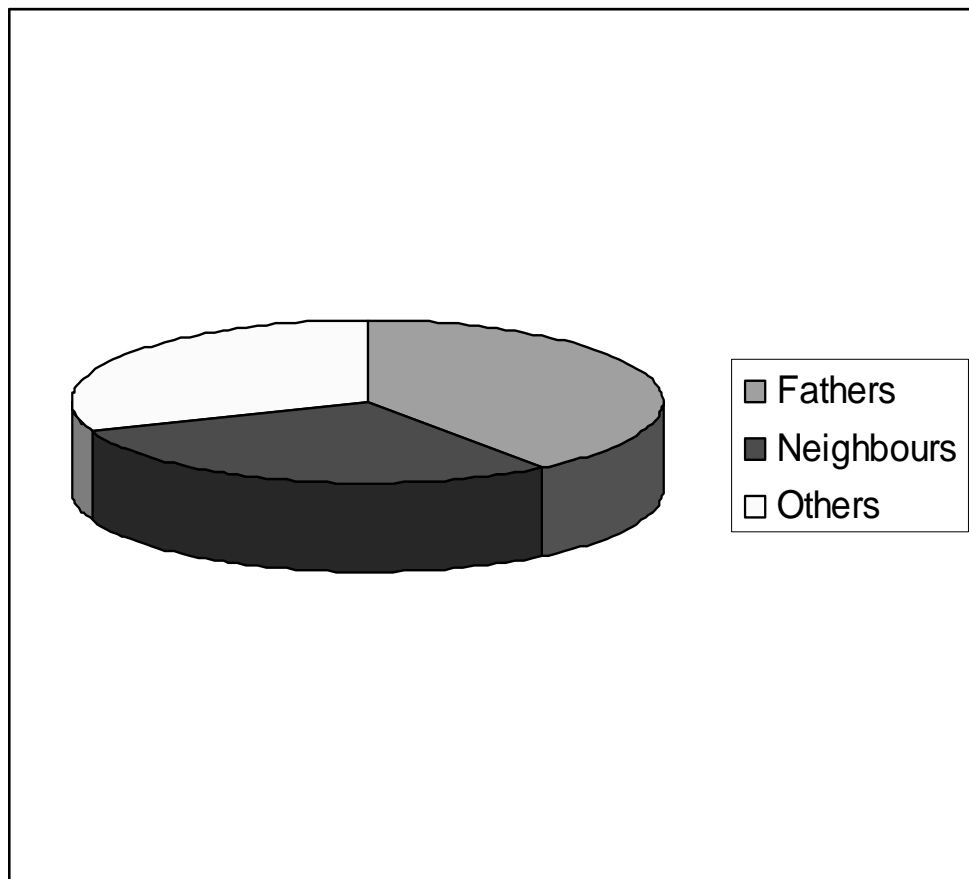
1. *Make a list of the different forms of gender-based sexual violence which are common in your community*
2. *What is the relationship between gender-based sexual violence and HIV and AIDS transmission?*
3. *What could the church do to address gender-based sexual violence in the community?*
4. *Discuss the legal support and services available in your country for survivors of gender-based sexual violence*
5. *What are the useful lessons for us today from the story of Amnon and Tamar?*

CHILD ABUSE

When children are forced or coerced into sexual activities it amounts to child abuse. Girls under the age of 4 years old bear the brunt of sexual abuse, perpetrated by fathers, other male relatives, domestic servants and neighbours.

In a recent (2005) study in Kenya by *The Daily Nation* newspaper, Fathers top the list of abusers (40%) followed by neighbours (29%), step-fathers, uncles, cousins and other relatives. Teachers also indecently assault girls in school. Incestuous defilement, which accounted for 74% is the most prevalent form of sexual abuse against young girls in the rural areas of Kenya. The worst affected are children aged between 9 months and 4 years of age. Children in nursery school up to class 4 were shown to be the most vulnerable. The study revealed that the younger the child, the more vulnerable she was to sexual abuse. This was followed by girls aged 5 to 8 years of age. The most common form of abuse against children was sexual and takes the form of rape, oral sex, exposing children to pornography and commercial sex work.

The study further showed that poverty also contributed to the high incidence of child abuse. Low income earners who lived in slum areas accounted for 80% of abuse cases, while the middle and upper class contributed the remaining. Most girls failed to report sexual abuse involving their fathers. Some reported cases were the result of serious injuries to the survivors of abuse requiring immediate medical attention. Some families interfered with investigations asking for the withdrawal of cases involving relatives. Magistrates were found to be too willing to free offenders, offer bail, or to adjourn cases. Sentences given to paedophiles and others who abused children were often inconsistent and light.



Percentage of Children sexually abused by Fathers, Neighbours and others



ACTIVITY 2



1. *Discuss the most common forms of child-abuse in your community*
2. *How does child abuse contribute to HIV and AIDS transmission?*
3. *How does the community deal with the issues of child-abuse?*
4. *What role does the church play in responding to the challenges of child-abuse?*

MASTURBATION

Masturbation is the act of manipulating the sexual organs for the purpose of sexual release or pleasure. In men, it involves playing with the penis and mental imaginations as if one was really having sex. In women, it involves manipulating the female sexual organs especially the clitoris and the breasts for the same purpose. Such manipulation is considered safe and harmless in that there is no risk of conception in a woman or the risk of contracting a Sexually Transmitted Infection (STI) or HIV. It is therefore considered safe and harmless to engage in masturbation rather than in sexual activities with the opposite sex.



ACTIVITY 3



1. *Give a reference to a biblical story on masturbation*
2. *How would you deal with the issue of masturbation among the youth in your Church?*

It is sometimes argued that masturbation is an unchristian practice as it involves fantasies about sex. Extreme opponents argue that it could lead to mental problems, although no evidence has been provided to support such a view. The only concern with the practice is that it may inhibit social interactions with members of the opposite sex. Further, it may compromise self-control which is an essential character development during adolescence. The practice of masturbation may require counselling and assistance so that one can be assisted to develop in all-round manner as a Christian.



ACTIVITY 4



1. *Write a paragraph on the attitudes of your community towards masturbation*
2. *How could your Church help the youth to cope with the challenges of adolescence?*


HOMOSEXUALITY

The issue of homosexuality has received a lot of interest and concern recently due to the consecration of a gay Anglican bishop in the United States of America. It has also generated much controversy and tension in the church, resulting in possible schism. The church leadership in Africa thus remains opposed to those churches who sanction homosexuality by the ordination and consecration of clergy and bishops who are practicing homosexuals.


Several questions however remain:

- ⌘ Can a practicing homosexual become a member of the church?
- ⌘ Can a practicing homosexual have any responsibility in the church?
- ⌘ Do we have enough information on homosexuality to enable the making of an informed decision?

Research undertaken by *The Daily Nation* Newspaper in Kenya revealed that the practice of homosexuality is deeply entrenched in Nairobi and in other cities in Africa. Our attitude towards homosexuals influences our capacity to provide HIV and AIDS services and information to them. There is much need to discuss this issue further and consider the best practices as Christians in responding to the needs of men who have sex with men.



ACTIVITY 5



1. *Suggest what you can do to stimulate a constructive debate about homosexuality and Christian teachings*
2. *Do your HIV prevention messages clearly distinguish the higher risks of anal sex between men and men and between men and women?*


POVERTY

Despite their governments' best efforts to combat it through national development programmes, poverty has been persistent in most of the countries in the Sub-Saharan region. The formulation of appropriate programmes to effectively combat poverty requires the identification of the poor and a measure of the extent of their poverty. A recent cause of poverty in Kenya is HIV and AIDS.


The emerging poverty-related HIV and AIDS concerns include:

- ⌘ AIDS orphans.
- ⌘ The cost of health care.
- ⌘ Child mortality rates.

The result is the rapid growth of child-headed households and urban street families. The impact of AIDS on child survival could reverse all the past gains made by governments in this region. The burden of care on the family is immense and succeeds in enhancing poverty even further.



ACTIVITY 6



1. *What are the factors facilitating poverty in society?*
2. *Discuss how HIV and AIDS contributes to the spread of poverty in your community*
3. *What strategies would you recommend to the church administration to address poverty in your community?*



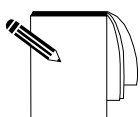
SUMMARY

In this unit, we have learnt that:

- ⌘ With approximately 40 million people with HIV and AIDS globally there is an urgent need for the church to play a leading role in HIV and AIDS prevention efforts. This means that we have to get churches to take action.
- ⌘ It is important to remember that the church is as affected by HIV and AIDS as the society of which it is a part.

- ⌘ If we can get the churches to fight the illness rather than those who are ill, we will have achieved a lot.
- ⌘ If people who are HIV-positive are integrated into church life, or if pastors who are HIV-positive can speak openly in their parishes about their status, then we will have achieved a great breakthrough.
- ⌘ Approximately 90% of the HIV infections in Sub-Saharan Africa are transmitted through sex.
- ⌘ As the beginning point in the fight against HIV and AIDS, the family and the community should be empowered to openly discuss issues of sexuality and (especially) sexually risky behaviour.
- ⌘ The family should be empowered to discuss issues of sexuality freely so that we can fight HIV and AIDS stigma.
- ⌘ Stigma is a big barrier to all HIV and AIDS prevention and control initiatives. It deserves a concerted approach and a community partnership with the church.
- ⌘ The church has to stand with all those who have been excluded from society. It has the responsibility to look self-critically at its own role and make changes where it has discriminated against or excluded or condemned people.
- ⌘ The fight against AIDS represents a particular challenge because it touches on sensitive issues such as sexuality and the equality of women and men.
- ⌘ HIV and AIDS forces the churches to put issues on the agenda that to a great extent are taboo in society and especially in the churches.
- ⌘ The church should take the courageous step of raising for open discussion those things that, for cultural and social reasons, are rarely addressed.
- ⌘ How are women treated in the marriage? It is not enough to preach abstinence and faithfulness without seeking to understand the plight of the African woman whose rights are trampled upon. She may be forced into sex when she wants to abstain, or maintains faithfulness to an unfaithful spouse.

- ⌘ Male behaviour must be understood and brought into sharp focus.
- ⌘ The church is a healing community, practising healing in many ways, especially through a ministry of caring, a strong belief in hope and through upholding the human dignity of all people.
- ⌘ PLWHAs and the affected need hope and purpose for living which the church can offer. It has the potential:
 - To avert infidelity and to inspire faithfulness in marriage.
 - To help youth cope with the challenges of adolescence.
 - To stem the breakdown of the family.
 - To address violence against women and children.
- ⌘ How can the church protect young people by preaching abstinence alone, expecting this demand to become a reality?
- ⌘ How can the church prevent more young people from becoming infected by the virus? There is still a lot that the church must do.
- ⌘ The church should be more proactive in the fight against HIV and AIDS by providing leadership in addressing delicate and emotive issues which continue to sustain HIV and AIDS stigma and thereby enhance transmission.



SELF-ASSESSMENT ACTIVITY

1. *Describe some of the most common issues on human sexuality and HIV and AIDS in your community.*
2. *Discuss the common forms of gender-based sexual violence in your country.*
3. *What the challenges of homosexuality to HIV and AIDS prevention initiatives.*
4. *Suggest what roles your church could play in your country in the management of gender-based sexual violence and child abuse.*



FURTHER READING

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TEST FROM UNITS 6-10

INSTRUCTIONS

Congratulations on completing the final five units of this module. Please answer ALL the following questions as part of your course requirements. Your answers should be kept in a hardcover exercise book which you should keep safe for marking as evidence of having completed the first five units of this module.

1. Discuss the social and cultural practices in your country which facilitate HIV transmission.
2. How can the church empower the youth to abstain from sex as a strategy for HIV prevention?
3. List the sexually risky activities that the youth in your community engage in and suggest how the church could address them.
4. Discuss those factors which expose women and girls to the risk of HIV infection.
5. How can the church play a leading role in the prevention of Sexually Transmitted Infections (STIs) among its members as well as in the larger community?
6. Compare and contrast male and female circumcision, stating its impact on HIV and AIDS prevention.
7. What are the most common challenges of adolescent sexual behaviour in your country? Suggest how those challenges can be addressed.
8. What are the causes and effects of gender-based sexual violence in your country?

9. Discuss the various forms of sexual orientation in your country and their relationship to HIV transmission.



TAKE-HOME EXAMINATION: HUMAN SEXUALITY AND HIV AND AIDS

INSTRUCTIONS

This is a THREE HOUR Examination. Answer ALL TWELVE of the following questions. Spend no more than 15 minutes on each question.

QUESTIONS

1. Explain why the rapid spread of HIV in Africa is associated with sexual behaviour.
2. Give THREE reasons why God created man and woman.
3. Name FOUR main parts of the female and male reproductive system.
4. Identify some helpful lessons on human sexuality from the Old Testament.
5. Describe the relevant messages in the New Testament on human sexuality.
6. Identify the social and cultural issues facilitating sexually risky behaviour in your community.

7. Suggest how the church can empower the youth to cope with the challenges of adolescent sexuality in your community.
8. Discuss the factors facilitating the high risk of HIV infection among women and girls in your country.
9. Explain in detail your views on condom use.
10. Discuss the best strategies which the Church could adopt in order to address the socio-cultural factors facilitating the spread of HIV in your community.
11. Write a summary of the different HIV and AIDS prevention programmes that are currently supported by the churches in your country.
12. "The church does not possess the language to speak about human sexuality openly and constructively." Discuss.



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