

Valued sex avoidance: knowledge and practice of abstinence in HIV and AIDS prevention among young Christians

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Abstract: Despite the concerted efforts to eliminate the Human Immuno-deficiency Virus (HIV) infection and Acquired Immuno-deficiency Syndrome (AIDS), new HIV infections are still on the rise especially among the adolescents and young people (AYP) aged 15-24 years. In Kenya, 29% of all the new HIV infections are occurring among AYP (NASCOP, 2015). It is also estimated that 16% of all people living with HIV and those who are in need of antiretroviral therapy (ART) are AYP. The key driver of HIV infection within this age bracket is heterosexual transmissions. Young people comprise a significant population for the development of any nation. Thus, their health and behavioral/moral stability is of utmost importance. There is therefore an urgent need to put extra efforts in advocating for practical prevention programs to necessitate and accelerate reduction of new HIV infections among this age group. Abstinence is a key doctrine in Christian sexual morality that befits this age group (15-24 yrs). Abstinence has been lauded to curb the spread of HIV and AIDS among the unmarried. Drawing from a sub-representative data collected from unmarried Christians (19-24 yrs) in Thika East Sub-County on the knowledge and practice of Abstinence, the findings highlight that knowledge of abstinence as a HIV and AIDS preventive directive does not always translate to its practice. Evidence from the quantitative data and focus group discussions indicate that AYP experience conflicts in moral decision making regarding their sexual choices, that is, between adhering to a Church norm (abstinence) and acting out of a valued choice (engaging in pre-marital sex). This paper calls for holistic targeted and valued sex avoidance approach in curbing new HIV infections among the young people. There is thus, a dire need to advocate for knowledge with internalization of the values embedded in Christian moral teaching on sexual abstinence for the unmarried.

Key words: Abstinence, Knowledge, Practice, Value, Adolescents, young people, HIV and AIDS

Date of Submission: 05-12-2018

Date of acceptance: 22-12-2018

I. INTRODUCTION

In spite of the deliberate and strategic efforts towards elimination of the Human Immuno-deficiency Virus (HIV) infection and Acquired Immuno-deficiency Syndrome (AIDS), new HIV infections are still on the rise especially among the adolescents and young people (AYP) aged 15-24 years. In Kenya, a third (29%) of all the new HIV infections are occurring among AYP (NASCOP, 2015). Further, about one in every six (16%) of all people living with HIV (PLWH) and those who are in need of antiretroviral therapy (ART) are AYP. Specifically, of the total number of PLWH in Kenya in 2015 (1.5 million), the youth account for 18% which is an equivalent of 268,588 (NASCOP, 2015). In as much as decline in HIV prevalence is notable in the general population, increase in the new HIV infections among AYP suggest a need for more attention.

This is because AYP are a distinct category for several reasons. Firstly, the AYP are going through physical and biological growth and development which is usually accompanied by sexual maturation, often leading to intimate relationships which put them at risk of contracting the HI virus. Thus, heterosexual transmission of the virus applies as the main transmission mode to the AYP as well. Secondly, in Kenya the first generation born HIV positive babies are now approaching 30 years (Africa Health Dialogue, 2012). It was clinically argued that majority of such babies would die before they turn five years (UNAIDS, 2009). However, there is evidence now that perinatally HIV infected adolescents (PHIVA) are surviving into adolescents and adults, thanks to the commendable access to the highly active antiretroviral therapy (HAART) (Hazra et al, 2010). These PHIVA are long term survivors of HIV and are sexually active amidst the other non-suspecting age group. Thus, their interaction within the social environments and engagement in premarital sex does not only explain the increase of new HIV infections among this age group but also create an emerging sub-population that will pose a challenge to the fight against HIV and AIDS among the general population.

Thirdly, due to the changes occurring in the world, in terms of diet and exposure to sexualized, media the average age for menarche and spermarche have decreased (Gullota, 2005). This implies that there is an

increase in the average age of marriage even though reproductive maturity has been attained. The young people are thus prompted to engage in premarital sex prior to marriage for longer time with the advent of more reliable contraceptives that would prevent pregnancy, the most revered than the Sexually Transmitted Infections (STI). Further, the society is experiencing changes in beliefs about premarital sex, where sexual permissiveness has ensued. Given the increase in number of the years of sexual engagements prior to marriage, the number of sexual partners before marriage have also increased. This leads to a greater possible exposure of AYP to STDs including HIV and AIDS.

Finally, lack of knowledge on statistics and differentiation between the perinatal and behavioral HIV infected youth in Kenya over the years, has rendered the area docile as far as research is concerned. According to Agwu and Fairlie (2013), perinatally infected youth face multiple challenges including adherence to the antiretroviral therapy. This may cause a virus resistance among other complications which are a threat to the other non-infected AYP. With clinical successful strategies for HIV prevention among children, fewer numbers are anticipated among non-committal and ignorant societies. However, the few that are infected perinatally or through breastfeeding form a key population in need of serious attention. This paper works towards that course, where a sustainable behavioral choice for valued abstinence is argued out for.

Abstinence from sexual intercourse is an important behavioral strategy for preventing HIV, STIs and even pregnancy among the AYP (UNAIDS, 1997). Further, Abstinence is a religious practice that is directed to the adolescents and youth respectively, who are defined as unmarried people. The Bible condemns sexual immorality (Gal 5:19-21; 1 Cor 6:18-20; 1 Thess 4:3-5). Even though the Bible does not make an explicit reference to pre-marital sex, sex before or outside marriage is condemned. Chastity and virginity are religious values held with high regard not only in religious circles but also by the society (Gen 24:16; Lev 21:14; Luke 1:27). Reflections of the will of God for the AYP concerning sexuality and especially in the era of HIV and AIDS can be said to be good. Curlin et al (2007) in support of the idea argued that, religious beliefs and practices have a positive influence to health in two-fold ways. First, there is believe in divine intervention in faith – healing where the patient believes in the healing miracles; and second, religious beliefs and teachings shape human behavior and inculcate moral values, which are important in moral decision-making.

This paper affirms the second influence that religious beliefs shape human behavior and inculcate values, though once subjectively internalized. There has however, been arguments that abstinence only programs do not impact positively on the unmarried youth especially as a preventive measure to HIV infection (Cleland & Capo-chichi, 1999; Jeffries et al, 2010). The modern society has engulfed itself into secular arguments that abstinence even among the unmarried Christians is unachievable. This not only goes contrary to the will of God concerning sexual behavior for the unmarried Christians but has also destabilized the very order that society once enjoyed. Despite the arguments, we attempt to reinstate abstinence as an effective directive in HIV prevention among the AYP, though only once subjectively valued and internalized.

II. DATA AND METHODS

In this paper we present results from a sub-study of 19-24 years old AYP. This is a subset of a study comprising Christians aged 19-49 years in Thika East Sub-county (TES). The purpose of this study was to examine the knowledge and practice of ABC strategy of HIV prevention, as informed by the Catholic and A.I.C teachings on sexual morality, among this population. These two churches were incorporated into the study because of being the mainline churches in TES and with a clear doctrinal teaching on sexuality.

The study followed a cross-sectional descriptive design, employing both quantitative and qualitative approaches. The data collected in this study reflected the Christians' knowledge and practice of HIV prevention in TES during the period of the data collection. The purpose of descriptive design was to provide the opportunity to identify the factors influencing the phenomenon of interest (Burns & Grove, 1999); in this case the factors associated with knowledge and practice of ABC strategy of HIV prevention among Christians in TES.

Qualitative data were collected using Focus Groups Discussions and individual interview schedules. Two FGDs were conducted among ten unmarried youths from both Churches. Questions regarding knowledge and abstinence dominated the discussions, with several barriers emerging as hindrance to the practice of abstinence. The collected qualitative data supplemented the quantitative data which could otherwise not have elicited in-depth information from the participants. Quantitative data collection methods included administration of open and closed ended structured questionnaire.

The main study comprised of 388 subjects aged 19-49. It is from this study that a sub-study comprising of 109 AYP aged 19-24 years will be utilized to meet the objective of this paper. In this sequel we present results of AYP aged 19-24.

III. FINDINGS

Knowledge of abstinence

Of the 109 AYP participants, 90 (82.6%) were single or never married. Table 1 presents the results assessing the knowledge of abstinence among the single or never married Christians. As can be seen in Table 1 over 95% had knowledge about ABC strategy of HIV prevention. By inference, the unmarried Christian youth had information that abstinence was a sure way of preventing transmission/contracting HIV with 88.9 % answering in the affirmative.

Table 1. Knowledge of abstinence among the single or never married Christians

Variable	Frequency	Percentage
Have you ever heard of ABC strategy of HIV prevention		
Yes	86	95.6
No	4	4.4
Is abstaining from sex effective way to avoid transmitting HIV		
Yes	80	88.9
No	10	11.1

Sex before marriage is prohibited. The Bible upholds chastity and purity, concepts that the participants echoed. One of the participants said that, '*sex before marriage is a sin...sex is for the married*' (A.I.C FGD, 14th Dec, 2014). On the same, another participant referenced [Hebrews 13:4] by noting that, '*the Bible says...let the marriage bed be undefiled...because God will judge fornicators.*' It was evident that the participants had clear knowledge on what their Churches taught on sexuality.

Practice of Abstinence

The results of the practice of abstinence among the never married Christians are displayed in Table 2. A commendable percentage of 71.1% reported practice of abstinence. About a third (28.9%) of them did not practice abstinence from sex. This is despite their informed intention to practice abstinence (79.7%) and knowledge that practice of abstinence provides protection against acquiring HIV. However, the result does not distinguish between those who practice (52.9%) or do not (47.1%).

Table 2: Practice of abstinence among the single or never married Christians

Variable	Frequency	Percentage
Are You Practicing Abstinence From Sex?		
Yes	64	71.1
No	26	28.9
Do You Intend to Practice Abstinence Until You Are Out of School or You Are Married?		
Yes	55	79.7
No	14	20.3
Did You Know Practice of Abstinence Can Protect You From Acquiring HIV		
Yes	64	88.9
No	8	11.1
Do You Feel That People Who Practice Abstinence Are Different From Those Who Do Not?		
Yes	37	52.9
No	33	47.1

The researcher examined Christians' sexual debut among 19-24 year olds in order to ascertain the age within which the young adults engaged in sexual behavior. Figure 1 presents the findings of the respondents (aged 19-24 years) who had reported having sex at least once in their life time. Over fifty-seven (57.1%) of respondents, aged 19 years had had sex at least once; this proportion increased to 73.10% among respondents aged 21. By 24 years of age, nearly nine in every 10 respondents (88.2%) has had at least one sexual encounter.

From this study's findings, by the time one attained 23 years of age, he/she reported engaging in premarital sex. This implies that Christians had a capability of delaying sexual debut, if served with ample skills on sexuality.

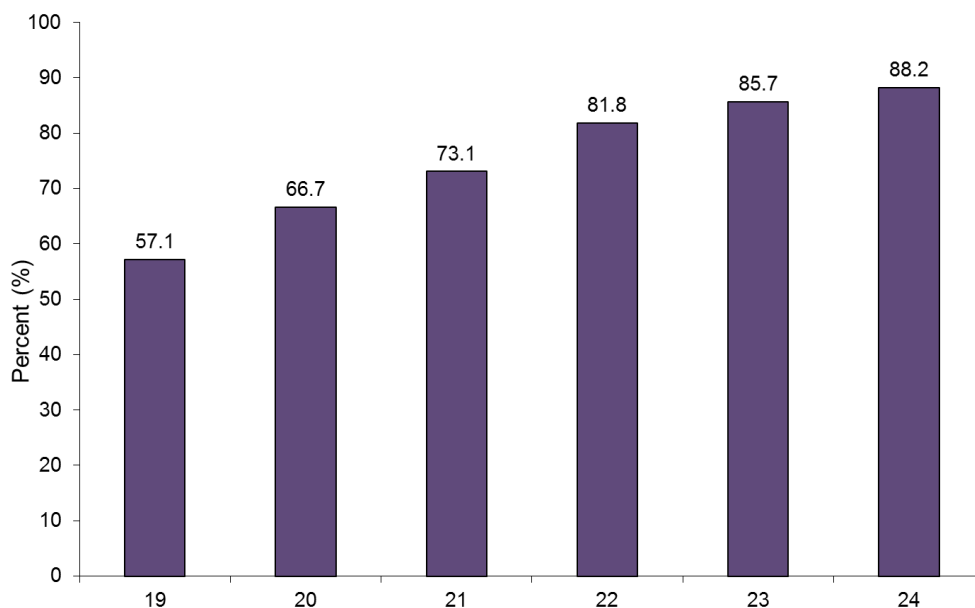


Figure 1: Young Christian aged 19–24 years who reported having sex at least once in their lifetime

Barriers to the practice of Abstinence

The youth affirmed that abstinence is an effective way of preventing HIV transmission. They however, noted that the practice of abstinence was challenging. Several reasons for the claim were highlighted in the FGDs. Exposure to sexualized culture by the media, hormonal changes, pressure from their peers, needs for autonomy and desire for independence in adulthood were presented as key deterrents from practicing abstinence. One participant explained that, *'with the rush of the hormones in our body...its just impossible'* (Catholic FGD, 7th Dec, 2014). Another respondent retorted that *'the Bible is too old-fashioned and does not take into account the changes that have taken place since two thousand years ago....changes like secularization, fashion...you know...media...all that'* (Catholic FGD, 7th Dec, 2014). Data from the FGDs shows that premarital sex is common; with majority claiming that, it is a 'basic need' for the youth. The impact of secularization can be felt within this claim. Secularization overshadows objectivity and gives way to the dominance of rationality and subjectivity as the ends in the processes of ethical decision making. Dominance of rationality and subjectivity in ethics opens way to relativism, where the moral agent leans on his/her desires as the only goods to be pursued. The youth's claim to sex being a 'basic need' contrary to the Biblical norm explains the impact of secularization on sexuality.

The AYP are developmentally at a difficult phase of their life. The expectations from the society (parents, religion, school, and media) are in conflict with the youth's choices. The youths' evolving decision making capacity intersect and compete with their concrete thinking processes which lean on self. The self would wish to assume an identity that will improve one's self esteem, which mostly leans on the need to fit in with one's peers. This is risk-taking since, the youth would plunge themselves into sexual relations in search for affirmation and acceptance by his/her peers. They as a result end up contracting HIV and AIDS as they choose to fit in with their peers, rather than adhering to the societal expectation of abstaining until marriage.

IV. DISCUSSION

According to Keniston (1971:8-9), the life of young people is characterized by 'continued role experimentation.' It is a time of 'tension between self and society' and 'refusal of socialization.' Arnett (2000: 470) and Turner (1969) refer to it as a betwixt and between stage of emerging adulthood, where one is neither an adolescent nor is he/she a young adult. The stage is characterized by a 'relative independence from social roles and from normative expectations,' they are volitional years of life.' The subject displays individualistic qualities of character (Arnett, 1998) and accepts responsibility for self. This self makes independent decisions that are of value to his/her life (Arnett, 1997; Green et al., 1997; Scheer et al., 1996). The youth will therefore not choose to obey the norms, but will engage in an act that will help them find their identity or conform to their group of association.

Christian ethics, however upholds normative decision making paradigm where obedience to the said norm of no sex before marriage is expected whereas disobedience on the same (pre-marital sex) is understood to be sinful. Even though the AYP had knowledge on the call for abstinence, the study revealed that young Christians made ethical decisions based on what added value to their lives. They chose to engage in sexual intercourse because their peers were doing it or in order to please their boy/girlfriends during their birthdays or any other special occasion. Thus, despite what the Church teaches on sexuality, the decisions arrived at especially on sexual matters were confounded by personal values, which are subjective. It is from this backdrop that ethical choices to engage or not to engage in sex are purely subjective.

Interestingly, none of the young people within the study who wanted their parents or even their senior sibling know that they engage in premarital sex. This implied that they still respected the parents and other social authorities of socialization. The youth's fear and the fall back to the social authorities in decision-making, means that their valuing system, though autonomous, is influenced by the social norms (no sex before marriage) vis a vis what is of value to them (fitting in their in-group). In their volatile stage of wanting to balance adherence to the societal norms and their autonomy in decision-making presents the parents, teachers and Church leaders with an opportunity to guide them in moral behavior.

This study established that the unmarried Christian youth's practice of abstinence was challenged by among other factors developmental body changes, peer pressure, media, and secularization. Though placed in a tense arena of expected conformity and subjective search for identity, the Christian youth still recognized and respected the role and authority of the socialization agents in inculcating moral values. They also upheld the primary role of abstinence in HIV and AIDS prevention among their age group. According to Bloom and Gullota (2003:13), primary prevention calls for subjective moral evaluation since it involves universal, selective and indicated actions that protect existing states of health, promote psychosocial wellness and prevent problems. This means making reasoned judgements, choices and actions that encourage values of resiliency, coping, adaptation and developing human social capital (Ibid). It is thus possible to preserve ones state of being as far as health is concerned in this era of HIV and AIDS epidemic.

In order to attain this state, the AYP ought to abstain from sexual intercourse not as a directive but as a reasoned value towards well-being. It is a well-being that from Christian perspective is divinely willed and promised by God. Acting out of obedience, not to a rule but to the divine will, which is always good and desirable, goes beyond a doctrinal command to focusing on the promised value. The ability to focus on the desirable value calls for personal self-management, social competency and pursuance of the eschatological hope.

Personal self-management entails encouraging a type of personal responsibility that goes beyond mere conformity to the norms of abstinence. It is a personal responsibility that embraces self-awareness and mindfulness of inner self including feelings and emotions and a persons' interrelations within the wider society. In self-management, an individual learns and opts to control emotional, neurological and physical promptings of their behavior (Gullota, 2005). The concern for the society and its well-being affirms that social responsibility is a component of personal responsibility. Meaning that, the society cannot enjoy wellbeing if individuals fail to take responsibility and account for their actions.

Thus, personal responsibility does not entail self-sufficiency, but the ability to bear the consequences of one's moral actions. In this case, we do not make reference to the unfavorable outcomes only, like acquiring HIV, but it goes beyond to include being responsible with the decisions and behavior that lead to those consequences such as engaging in premarital sex. Further, it is not self-centered but other oriented. It is inherently expected that the well-being of the relations is factored in the process of moral evaluation. This is because personal responsibility means understanding the long term consequences of one's choices and behavior both for self and for the other. It means embracing a lifestyle that is committed to the wellbeing of self and others in the entire society. The individual can choose to responsibly practice abstinence for his/her own good while caring about the well-being of others. This strategy implies that, if all individuals chose what is morally right, then the spread of HIV would be controlled.

Personal self-management births social competence, where the subject feels valued both as a person together with the meaningful contribution that he/she makes to the existence of the group. To attain social competence, according to Gullota (2005), it requires that one belong to a particular group that he/she takes pride in its membership. The feeling of belonging necessitates cultivation of individual characteristics that are key in ethical decision making. They include 'positive sense of self-esteem, an internal locus of self-control, a sense of mastery, an interest beyond self, valuing of self and others amongst other characteristics that are self-perpetuating (Ibid). The sense of belonging projects to a desired growth and eternal sustenance of any group. Thus, any actions or choices arrived at will always focus on the good on both the self and the group within which he belongs to (Makocho, 2014). For instance, the youth would choose to prompt each other to stay away from premarital sex in order to enhance their health and a respectable image in the society once the said values are cultivated.

Further, in such promptings to abstain from sex before marriage would attain two ends, that is, staying clear of HIV and AIDS as well as acting in accordance to the will of God concerning sexuality. Living in accordance with the will of God that is a subjective deliberate choice to abstain from sex is for Christians a prerequisite for inheriting the kingdom of God. This future oriented and purpose driven ethical processes point to a hope that appears far-fetched but real. The hope of inheriting the kingdom of God is determined by one's adherence to a unique moral order.

The unique moral order is set by God and written in the hearts of every human person. Witte (2007) argues that the moral order is guided by the intuitive power of differentiating between good/evil, right and wrong (conscience). The functioning of the conscience if backed by the creational gifts that God has endowed all humankind with, which is, rationality and free will (Ibid). Thus, human persons have a God-given power of differentiating good from evil, and right from wrong. Voster (2015) further adds that the moral quality of the Kingdom of God is summarized by love in its widest sense. This means that, it includes love of and for God, for self and for fellow human beings.

Thus, the central and theoretical argument in the pursuance of the eschatological hope is based on envisioning the Kingdom of God which is attained through leading an upright moral life. The reign of God over our moral behavior has present and future realities. As a present reality, it finds its concrete expression in obeying the teaching of Jesus Christ. In reference to this study, Christians ought to obey the norms of abstinence until marriage. Its future reality is only based on hope that the human person will inherit the Kingdom of God after a persevering effort to lead a holy life. This component of pursuing the eschatological hope of inheriting the kingdom of God presents a real struggle in acting morally. The struggle to abstain until marriage since it adds value not only to ones earthly life, but also gives hope for the coming Kingdom. It should however not be understood to present an ethics that will seek to control people by fear of divine punishment or guilt, but rather as a base of equipping individuals to make responsible decisions and live gracefully even in the midst of failure and ambiguity.

V. CONCLUSION

The study explored the knowledge and practice of abstinence among unmarried young Christians aged 19-24. The findings suggest that young people had ample knowledge that abstinence was a sure preventive directive to HIV and AIDS. It was however, established that knowledge of the same did not translate to its practice. Several challenges such as peer pressure, exposure to sexualized media among other factors hindered the practice of abstinence by the unmarried Christians. Fortunately, even though challenges loomed, the unmarried Christians were determined to adhere to abstinence given its promise to well-being and eternal value. In that, abstaining from sex was not just a deterrent from contracting HIV but was also an action in line with the will of God for unmarried Christians. The choice to abstain is acted out of a personal responsibility that is borne from social competency that necessitates the cultivation of self-esteem among other positive values. Upright and moral living of choosing to avoid sex before marriage becomes the much valued guarantee for personal well-being, the well-being of the society and a desirable hope of inheriting the kingdom of God.

REFERENCES

- [1]. Africa Health Dialogue (2012). What's happening to Kenya's first generation born HIV-positive? Retrieved from <https://africahealth.wordpress.com/2012/05/30/whats-happening-to-kenyas-first-generation-born-hiv-positive/>.
- [2]. Agwu, A. L., & Fairlie, L. (2013). Antiretroviral treatment, management challenges and outcomes in perinatally HIV-infected adolescents. *Journal of the International AIDS Society*, 16(1), 17-26.
- [3]. Arnet, J.J. (1997). Young people's conceptions of the transition to adulthood. *Youth and Society*, 29 (1), 3-23.
- [4]. _____ (1998). Learning to stand alone: The contemporary American transition to adulthood in cultural and historical context. *Human Development*, 41 (5-6), 295-315.
- [5]. _____ (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469-487.
- [6]. Burns, N. & Grove, S. (1999). *Understanding nursing research*. 2nd (Edn). Wb Saunders Company: Philadelphia.
- [7]. Cleland, J. G., Ali, M. M., & Capo-Chichi, V. (1999). Post-partum sexual abstinence in West Africa: implications for AIDS-control and family planning programmes. *AIDS*, 13(1), 125-131.
- [8]. Curlin, F. A., Sellergren, S. A., Lantos, J. D., & Chin, M. H. (2007). Physicians' observations and interpretations of the influence of religion and spirituality on health. *Archives of Internal Medicine*, 167(7), 649-654.
- [9]. Green, A., Hardill, I., Owen, D. & Dudleston, A. (1997). Who decides what? Decision making in dual-career households. *Work, Employment and Society*, 313-326.

- [10]. Gullota, T.P (2005). Understanding Primary Prevention. In Gulotta, T.P & G.R. Adams (Eds.) *Handbook of Adolescent Behavioral Problems: Evidence Based Approaches to Prevention and Treatment* (17-26). Springer Publishing: USA.
- [11]. Hazra, R., Siberry, G. K., & Mofenson, L. M. (2010). Growing up with HIV: children, adolescents, and young adults with perinatally acquired HIV infection*. *Annual review of medicine*, 61, 169-185.
- [12]. Jeffries, W. L., Dodge, B., Bandiera, F. C., & Reece, M. (2010). Beyond abstinence-only: Relationships between abstinence education and comprehensive topic instruction. *Sex Education*, 10(2), 171-185.
- [13]. Keniston, K. (1971). *Youth and Dissent: The rise of a new opposition*. New York: Harcourt.
- [14]. Makocho, P. (2014). *Developing Effective Policies for HIV/AIDS Education practice in Sub Saharan Africa: The Case of Urban Schools of Malawi: A synergy of pupils needs, policies and practice*. Anchor Academic Publishing.
- [15]. National AIDS and STI Control Programme (NASCOP). (2015). Kenya estimates report 2015. Nairobi: Kenya
- [16]. Scheler, S. D., Unger, D. G. & Brown, M. B. (1996). Adolescents becoming adults: Attributes for adulthood. *Adolescence*, 31(121), 127-135.
- [17]. Turner, V. (1969). *Liminality and communitas. The ritual process: Structure and anti-structure*. Aldine: Chicago.
- [18]. UNAIDS (1997). Global report on HIV/AIDS. Geneva: Joint United Nation Programme on HIV and AIDS.
- [19]. Vorster, J. M. (2012). Towards a post-secular paradigm. *Studia Historiae Ecclesiasticae*, 38 (2), 2-8.
- [20]. Witte, J. (1997). *From sacrament to contract: Marriage, religion, and law in the western tradition*. Louisville, Ky: Westminster John Knox.

Telesia K. Musili. " Valued sex avoidance: knowledge and practice of abstinence in HIV and AIDS prevention among young Christians. " IOSR Journal of Humanities and Social Science (IOSR-JHSS). vol. 23 no. 12, 2018, pp. 66-72.