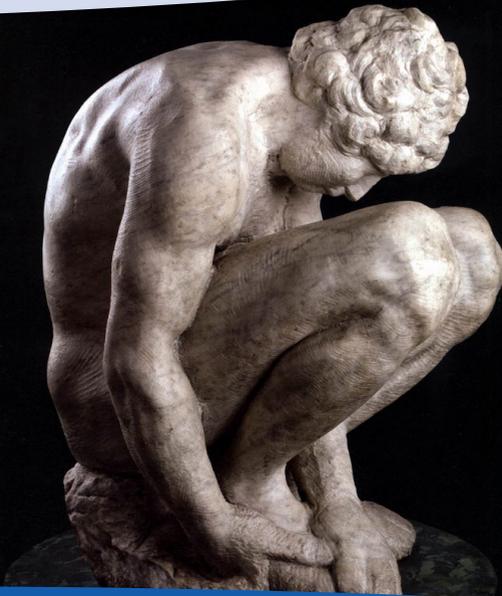


Holiness as Wholeness

Ethical Implications towards an Inclusive
Understanding of the HIV / AIDS Crisis in Kenya

Jamies Eroni Miriago



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Globethics.net Focus

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Globethics.net Focus 53

James Eroni Miriago, *Holiness as Wholeness: Ethical Implications towards an Inclusive Understanding of the HIV / AIDS Crisis in Kenya*

Geneva: Globethics.net, 2019

ISBN 978-2-88931-298-6 (online version)

ISBN 978-2-88931-299-3 (print version)

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Cover Image: Crouching Boy by Michelangelo, Hermitage Museum in Saint Petersburg, 1530-1534.

Assistant Editor: Samuel Davies

Globethics.net International Secretariat

150 route de Ferney

1211 Geneva 2, Switzerland

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All web links in this text have been verified as of June 2019.

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TABLE OF CONTENTS

1 Introduction and Overview	7
1.1 Introduction.....	7
1.2 Background to the Study.....	7
1.3 Research Problem, Objectives, Questions and Hypothesis	18
1.4 Motivation for the Study	20
1.5 Research Design and Methodology.....	21
1.6 Limitations of the Study.....	22
1.7 Structure of the Study	23
2 Literature Review	25
2.1. Introduction.....	25
2.2 Pentecostal Response to HIV AIDS.....	25
2.3 The Church and Stigma.....	26
2.4 Impact of Stigma.....	29
2.5 Pentecostal Theology of Holiness.....	31
2.6 Unholy Practices in the Context of HIV and AIDS.....	32
2.7 Theoretical Framework	33
2.7 Conclusion.....	35

3 The Redeemed Gospel Church (RGC) in the Context of HIV and AIDS	37
3.1. Introduction.....	37
3.2 The HIV Programme of the RGC	37
3.3 Holiness According to the Bishop of the RGC.....	41
3.4 What Holiness Entails in the RGC Congregation: Purity.....	43
3.5 Unholy Practices as Perceived in RGC Huruma	43
3.6 Conclusion.....	45
4 The Theology of Holiness in Broader Christian Understanding	47
4.1. Introduction.....	47
4.2 Themes of Holiness in Pentecostal Theology, their Manifestation in the RGC Practices and their Implications for HIV Stigmatization.....	47
4.3 Towards a Life-centred Theology of Holiness.....	55
4.4 Conclusion.....	58
5 Summary of Findings, Conclusions and Proposals	59
5.1 Introduction.....	59
5.2 Summary of Findings and Conclusions	59
5.3 Proposals for the Way Forward.....	60
5.4 Conclusion.....	64
6 References.....	65

INTRODUCTION AND OVERVIEW

1.1 Introduction

This study seeks to critically examine the doctrine of holiness as wholeness in the redeemed gospel church and its impact on the churches understanding of HIV-AIDS and the challenge of stigma. It specifically aims to evaluate the impact of HIV and AIDS on the life of the Redeemed Gospel Church (RGC) in general and the impact of stigma within the Pentecostals in particular. Firstly, the study aims to evaluate and interpret this Pentecostals understanding of HIV and AIDS and its effects on stigma and discrimination; secondly, it aims to assess how the doctrine of holiness as wholeness in the RGC is challenged by the impact of HIV and AIDS; and thirdly, it aims to propose a new approach to the doctrine of holiness as wholeness in the Pentecostal African context.

1.2 Background to the Study

The Kenya AIDS response progress report 2016, asserts that, young people in Kenya significantly contribute to high burden in the country. The group contribute the largest proportion of people leaving with HIV. In the reports assessment, 51% of proportion contributes to adult HIV

8 Holiness as Wholeness

new infections showing rapid rise from 29% in 2013.¹ While 1.2 million people are already living with HIV and AIDS², from the virus 700 people are dying from AIDS every day? Currently out of 8 adults in rural Kenya one is infected. In the urban areas, nearly one out of every 5 adults is infected. It is estimated there 800 new infections every day, and more than 50% of hospitals are occupied by people suffering from AIDS related complications. 8% of these are men and 14% are women.³ As confirmed by United Nations AIDS programme (UNAIDS 2008), the stigma linked to HIV “has long undermined HIV prevention and treatment efforts. HIV-related stigma inhibits open discussions of the epidemic, and fear of discrimination or disapproval may also deter individuals from seeking the services they need. In some instances, individuals may actually avoid taking steps to protect against HIV transmission out of fear that they may be considered potentially infectious or thought to belong to a marginalized group [for example sex workers] that has been heavily affected by the epidemic”(National AIDS Control Council 2011:31). Churches are known to have often played a contributing role in the stigmatization of the infected and affected, especially due to their attitudes to gender issues and to matters concerning sexuality (Campbell, Skvodal and Gibbs 2010:1204).

¹ Ministry of Health, *Kenya AIDS Response Report 2016*, Nairobi: National AIDS Control Council, 2016, xiv, https://nacc.or.ke/wp-content/uploads/2016/11/Kenya-AIDS-Progress-Report_web.pdf

² Population Reference Bureau, *Kenya AIDS Data Sheet-Adult.indd-population Reference Bureau*, Nairobi Ministry of Health, 2012. <https://www.prb.org/wp-content/uploads/2014/08/kenya-aids-indicator-survey-2012-adult-data.pdf>

³ Samuel Oji Oti, et al, *HIV Mortality in Urban Slums of Nairobi, Kenya 2003-2010: Period effect Analysis*, Nairobi: Public Health, 2013:1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3685607/pdf/1471-2458-13-588.pdf>

1.2.1 The Location of the Study

The focus of the study is on RGC Huruma which is a Pentecostal church in Nairobi, Kenya. Huruma is the name of a suburb situated in the Northern part of Nairobi city. Administratively, Huruma is located within the Mathere North location, Starehe constituency, which also serves as the headquarters of the RGC Nairobi sub-regional office. Huruma is one of the well-known slums in Nairobi; it has a population of approximately two hundred thousand people. It is bordered by two other large slums; in the north is Mathare North which is also the third largest slum in Africa and in the south is Korogocho. On the eastern side, it borders the Kenyan Air Force barracks headquarters with a high walled fence. These three slums are well known in the region and their inhabitants are associated with poverty and crime. Huruma is seven kilometres away from Nairobi city centre (<http://en.wikipedia.org/wiki/Huruma>).

The Redeemed Gospel Church was initially started in 1974 by Bishop Kitonga who is the founder, in the location called Mathere valley. Later the church was expanded and got a bigger land in a location called Huruma in 1983 due to its growth.⁴ Mathare valley still serves as home of the mother church although its findings will reflect on other surrounding geographical locations.

1.2.3. Historical Background of the Redeemed Gospel Church (RGC)

First I will outline the socio-economic location of the RGC. Huruma, Mathare and Korogocho are locations in Nairobi which borders each and are densely populated. 90% of their population are severely poor leaving below a dollar per day, at the same time locations are also well

⁴https://www.google.com/search?q=redeemed+gospel+church+huruma+nairobi&rlz=1C1CHBD_enZA825ZA825&oq=redeemed+gospel+church+huruma&aqs=chrome.1.69i57j0l4.25226j1j7&sourceid=chrome&ie=UTF-8

known to be crime-ridden. Approximately half million people live in this part of the city, where they face significant social, political and economic problems. There is little opportunity for development and even basic services such as water and sanitation are not provided. Approximately 80% of the people have no means of generating income and are unemployed. To survive, many have had to turn to the brewing of illicit beers, prostitution and crime⁵.

The RGC is an indigenous African Pentecostal Church. It was started in 1974 by Bishop Arthur Kitonga in the slums of Mathare Valley, in Nairobi, Kenya. Huruma is the name of the location within the large informal settlement of Mathare which lies in the northern part of Nairobi. This church currently serves as the headquarters of the RGC for the Nairobi sub-region. The Church presently has 2000 branches around the country, with eight overseers in the eight provinces of Kenya. Kitonga claims to have heard a divine call from God to reach out to the unreached through the preaching of the word of God and the demonstration of God's power in signs and wonders. Besides preaching, the RGC practise focuses on holistic ministry whereby the various needs of people in society are attended to.

The RGC is involved in community work, praying for people living with HIV and AIDS, providing treatment and offering free counselling and testing. The RGC also supports infected and affected children by providing them with shelter, education and food. The purpose of these actions is to express God's love by addressing the physical needs of the church and community members, especially the women and the children. Its mission is therefore both pastoral and development work. Women are offered training where they learn tailoring skills and women's groups are running projects such as digging boreholes.

⁵ <http://www.redeemedgospel.org/hiv aids>.

1.2.3 HIV and AIDS Prevalence in Kenya

According to the National Aids Control Council (2011:x) in 2011, there were 1.6 million Kenyans infected with HIV. Due to longer life-spans it is predicted that the pandemic will place an increasingly heavy burden on the health and social services systems in the country. While the adult prevalence rate has dropped by around 40% from its peak in 1993, the disease remains a serious challenge.

Kenya has begun to seriously contend with this dreaded disease. Earlier the fight was hampered by traditional beliefs; some communities still associate HIV/AIDS with witchcraft. Sociologically, the infected individuals have faced a lot of stigma and discrimination, making it difficult for them to be part of the community and even to secure new employment, since in many companies once discovered and in many cases individuals with AIDS have been fired upon discovery of their status.

The Kenyan government has responded in various ways in the face of the rapid spread of HIV and AIDS. According to the Kenya HIV Prevention Response modes of transmission analysis match (2009:37), there was reluctance during the 1980s to acknowledge the gravity of the epidemic, but Kenya now has political commitment to reverse the spread of HIV and AIDS. In 2000 the office of the president established the National AIDS Control Council to provide a leadership and coordination mechanism for a new, multi-sectored national response to HIV and AIDS. The plan included HIV prevention for a period 2005/6-2009/10 and coordinated all HIV and AIDS programs, policies and interventions in the country; working and liaising (cooperate) with stakeholders from government, civil society, the private sectors, external agencies and the corporate world.

In September 2003 the Kenya HIV Prevention Response Modes analysis (2009:37) asserted that, the Kenyan government approved a bill that made it a criminal offence to terminate or deny employment to

12 Holiness as Wholeness

anyone on the basis of his or her HIV status and would prevent insurers from raising premiums or denying services for all HIV positive clients in general, not only speculations.

With the passing of the HIV and AIDS Prevention and Control Act in December 2006, Kenya now has a policy prohibiting HIV screening for general employment purposes, and ensuring that AIDS research protocol involving human subjects reviewed and approved by a national or local ethical review committee. The country has anti-discrimination laws and regulations that specify protection of vulnerable sub-populations, which include children, women and young people from any form of abuse and gender based violence.

The country also has a national policy for free HIV prevention services, ART and HIV-related care and support interventions. VCT, ARVs and TB medication are given free of charge in the government facilities, and this policy promotes information, education and communication on HIV to the general population (Kenya HIV prevention Modes of Analysis Transmission 2009:38). The key message that is explicitly promoted includes being asexually sober, delaying sexual debut, being faithful, using condoms consistently, engaging in safe sex and involving people with HIV to a greater extent in the national response. Therefore, the government has intensively increased the knowledge of HIV status by vigorously promoting counselling and testing, blood safety, personal hygiene, and other related methods that have been proven to be of value although circumcision is not explicitly mentioned, but policy acknowledges that of late it has been promulgated, yet not enacted as an additional HIV prevention strategy (Kenya HIV response Modes of Analysis transmission 2009:38).

Kenya's HIV Prevention Response modes asserts that, the Kenya National AIDS Strategic plan (KNASP) 2005/6-2009/10 target of 160 million condoms distributed in the country annually by 2010 may not be realized if disruptions in funding and procurement continued. The ma-

jority of provinces in 2007 reported that male condoms were consistently in short supply. In addition, condom dispensers are placed in the public areas such as chief's camps Kenya HIV response modes of transmission analysis, 2009:42).

Despite these advances, the National Aids Control Council confirms that women are disproportionately affected, with 58% of new infections in adults being female. "Various social factors – such as gender inequality, sexual violence *and anti-HIV stigma* [my italics] – increase HIV risk and vulnerability." Despite a gradual improvement in attitudes toward the infected, almost 50% of women surveyed in 2008-2009 said that they would not disclose a family member's positive status, and between a third and a quarter of those interviewed in 2009 said they would not buy goods from or rent a room to someone who was HIV-positive.

1.2.4 Causes of HIV in Kenya

Gender and cultural practice are critical aspects that dominate human life in Africa, in general, and Kenya in particular. Bearing this in mind, Kamau (2011:258) infers that in the context of HIV and AIDS appropriate measures to mitigate the spread of the disease will never be possible without understanding socially constructed relationships between men and women.

Although gender is a culture-specific construct, meaning that there are varying patterns in gender relations within different cultures in Kenya, there are some similarities also in many African cultures. Patriarchal culture in Kenya is systemic in that it permeates every level and part of society, as Okemwa (2008:25) has shown, a situation which runs from the highest to the lowest echelons of society. Irrespective of a woman's age and social status, she remains a sexual prey for men. This patriarchal system is underpinned by Christian teaching as well as cultural values.

The challenge of this system is felt in numerous ways that directly impact on women's vulnerability to HIV and AIDS. First, there are gendered divisions of roles between men and women. In this division of roles men are entitled to make all important decisions in homes and in the wider society while women remain responsible for the reproductive and productive roles within the households. Such an imbalance is manifested in all sectors of society (Kamau, 2011:259). Supporting this argument, Dube (2003:7) affirm that gender inequalities are a major driving force behind the AIDS epidemic. She argues that gender-based inequalities overlap with other social, cultural, economic and political inequalities which affect women and men of all ages. Gender constructions are culture specific and they work together with class, race, age, ethnicity, sexual orientation and international status to expose men and women to various degrees of oppression.

According to Orchardson-Mazrui (2006:160) the Kuria tribe in Kenya is an example of a community where cultural beliefs hinder the education of girls. Women are treated with little regard; they are to be seen but not heard. As far as education is concerned, some Kuria fathers are of the opinion that educating girls is a waste of money whereas the education of boys is an economic investment. Observing this kind of attitude it is oppression that opens doors to the vulnerability of women which leads to bad choices in relationships.

Second, the situation impacts on women's control of their bodies and sexual health. Map International (2005:21) points out that more males than females said that they would avoid sex in Kenya if they suspected that their spouses were HIV positive while 67% of women said they would continue having sex as they pray about it being optimistic that pray may heal them. This is because they are often unable to negotiate for safer sex, due to the imbalanced power relations.

Third, as confirmed in an article written by Orchardson-Mazrui (2006:154) women in a polygamous marriage are often disadvantaged

when it comes to the issue of HIV and AIDS. Orchardson-Mazrui argues that research shows that communities which practice polygamy create opportunities for a husband to transmit HIV from one wife to another. In addition to that, sometimes when there is not enough money to pay for health care, women in polygamous households may not be able to pay for the basics in the home, and when the husband cannot provide for his various wives and children he may choose to support one family over another. This may contribute to other wives seeking some other means of survival outside the marriage, such as sex work.

Fourth, according to the report of the Kenya HIV Prevention Response and Transmission Analysis: March 2009 (2009:27) commercial sex work is widespread, and sex workers have high risk behaviour and a higher risk of infection than the general population. This is linked to frequent unprotected sex with multiple casual and regular partners, other risky sexual practices. The illegal nature of their work and their stigmatized status make them reluctant to attend clinics for HIV tests and treatment. Byamugisha et al (2010:17) state that commercial sex workers do not form a homogenous group. They are women and men from widely different backgrounds and with varying emotional and psychological makeup. They include women and men who earn their livelihood by prostitution, those forced by poverty and circumstances to exchange sex for money. In Kenya, widespread poverty and unemployment compound the status quo by forcing women and girls to engage in risky sex with a wide range of people.

Most of the women in Kenya who are HIV positive are poor and are rejected by their husbands and families, and therefore, cannot afford to survive. As a result of this kind of culture and practice, some women would rather sort to go for prostitution as a way of generating income to sustain themselves and families Dube (2003:79) affirms that such practices make globalization fertile ground for the spread of HIV and AIDS.

Fifth, in Kenya, some women experience some form of violence at the hands of men, Orchardson-Mazrui (2006:156) points out that male dominance of sexuality is continually supported by cultural images and languages prevalent in the Kenyan society. Male dominance frequently manifests itself as physical and sexual violence against women. Sexual harassment and violence are troubling issues as far as women are concerned. He argues that the physical and sexual violence against women has increased women and girls vulnerability to HIV infection. In addition to that, Phiri (2003:14) laments that, at the centre of violence against women by men it is always important to know who is in power because those who claim to be in power take advantage of their position and abuse women because they have no power to resist. Okwemwa (2008:24) stated that given this condition of marked powerlessness, domestic workers become victims of manipulation, exploitation and even assault at the hands of those with more power. This type of mannerism can fuel HIV spread.

Sixth, traditional circumcision of boys and girls among the Bukusu and the Pokot tribes of western Kenya is another common practice which is performed after every two years. During the initiation ceremony, the boys and girls are meant to undergo the rituals that will metamorphose them into adulthood. But research has shown that such initiation ceremonies are very delicate in the sense that HIV could be transmitted from one person to another. This is primarily, because the same crude instruments used for a particular person would be used for other initiates.

On this same perspective, Maino (2002:849) affirms that “The widely practiced tradition of circumcising boys and girls is now seen as a threat to life. The use of the same circumcision knife to operate on several initiates has increased the chances of transmitting the virus including HIV”. It is clear that this kind of cultural practice has become risky and many people have become casualties of the circumstances. In this

regards, I am aware that another alternative should be looked upon which is safer for human health.

Kamau (2001:258) summarises the above, arguing that HIV and AIDS is not just a health matter, but also involves cultural and gender issues. He says that in most societies, gender relations continue to be characterized by an unequal balance of power between men and women, with women having fewer legal rights and less access to education, health services, training, income generating activities and property. Kamau argues that this kind of imbalance affects women's ability to protect themselves from infection as well as limiting their ability to access information about HIV and AIDS, which greatly increases their vulnerability. Kanyoro (2004: ix) affirms that many women are vulnerable or made vulnerable by external issues, laws and culture which regulate legal status for women. When people become vulnerable, they decide to do anything that can help them cope with life challenges, opening a wider avenue for the spread of HIV. Some of these cultural norms disadvantage women through inducing fear, rather than regulating practices in their favour.

It is crucial to note that not only are women's identities constructed by virtue of their gender, but men's are also, as noted by Sarthiparsad (2007:183). Thus, masculinity is "constructed ... according to the social condition in which people are situated". Although men dominate in all spheres of life, this comes also with expectations of them, and responsibilities on them. The high levels of male unemployment 80% make it impossible, for example, for men to fulfil their roles as heads of their households and as breadwinners, other than as figure-heads. Increased awareness of their failure in this regard has left men feeling helpless, inadequate and lack self-esteem (Silberschmidt 2005: 197-198). Men who are too sick to work due to being infected with HIV thus also feel this burden.

Sarthipasad (2005:185-187) studies HIV among young Zulu men to understand how the disease impacts them also in a gendered way. Among the factors that emerged was that men commonly blame women for being promiscuous and undisciplined. It was also discussed that the migrant labour system, whereby men and their wives are separated due to differences in employment locations, also fuels the vulnerability to infection at the hands of unfaithful partners, with increased unfaithfulness among male partners who are expected to be sexually virile (Sarthiparsad 2005:185-187). Thus, HIV also has a gendered impact on men, whose masculinity determines their identity and responses to the disease and its spread.

This study however focuses mainly on women's experiences of stigma since they are at higher risk of infection. For the reasons outlined above, and moreover their experience of stigmatization and discrimination is heightened by virtue of their gendered status as the source of blame for the presence of the disease. As confirmed by the National

1.3 Research Problem, Objectives, Questions and Hypothesis

1.3.1 Research Problem

The research aims to discover how the understanding of holiness in the RGC in Huruma, Kenya, has shaped the thinking on HIV and AIDS infected and affected people. The interpretation of holiness by local church leaders, which in turn has been absorbed by the Church membership, is critically examined, with a view to returning to theological grounding within both the global Pentecostal movement and within the African context.

Richard R. Osmer (2008:4) outlines the core tasks of practical theology, a field within which this study is located, as follows:

- What is going on?
- Why is this going on?
- What ought to be going on?
- And how might we respond?

1.3.2 Research Question

The research question is how the understanding of holiness in the RGC in Huruma, Kenya, has shaped the thinking on HIV and AIDS infected and affected people and what theologically grounded understanding of holiness could contribute to this situation

1.3.3 Objectives

Linked to Osmer's four key tasks of practical theology, listed above, the following are the objectives of this study:

- To describe the experience of discrimination and stigmatization of those infected and affected by HIV and AIDS in other Churches in Africa and in the RGC Nairobi, and to outline the effects on individuals and communities of these experiences.
- To interpret why these attitudes exist and how culture and Christianity in general impacted on them, and how in particular the interpretation of holiness has shaped the response to those affected and infected by HIV and AIDS.
- To critically examine the theological teachings on holiness of the RGC congregation Huruma.
- To suggest how a theologically grounded understanding of holiness can contribute to alleviating the stigma and dis-

crimination suffered by those infected and affected by HIV and AIDS.

1.3.4 Research Questions

The main question of this study is: how has the understanding of holiness in the RGC in Kenya shaped the thinking on HIV and AIDS that impact on stigma?

Sub questions are:

- What is the understanding of holiness by the RGC?
- What is the impact of this understanding on HIV and AIDS?

1.3.5 Hypothesis

My hypothesis is that the current high levels of stigmatization and discrimination are based on a combination of factors, including cultural and religious thinking, and in particular on the interpretation of holiness by local church leaders and their congregations. Further, I hypothesize that a theologically grounded understanding of holiness – based on Pentecostal and RGC theologies – will play a role in addressing the current stigmatization and discrimination.

1.4 Motivation for the Study

As regards my personal motivation for the study, this is linked to my experiences in the RGC as a congregant. Having witnessed the impact of stigma and discrimination due to HIV on the members of my congregation (Huruma congregation in the RGC), I began to question why the church was contributing to stigma among HIV and AIDS families and individuals, rather than fighting, these attitudes. I observed that the un-

derstanding of holiness among the congregation and its leadership appeared to be a driving force behind the stigmatization of and discrimination against those affected and infected by HIV. This led me to question whether that understanding of holiness was sound.

As regards the academic motivation for undertaking this study, this is linked to the need for a deeper understanding of what drives the stigmatization of those infected with HIV. In present-day Kenya, 2.2 million of the population is infected with HIV and many more are affected by virtue of being the spouse, sibling, child or parent of the infected person. Due to its sexual nature, the disease carries stigma with it linked to various religio-cultural factors, as confirmed by scholars including (Chitando 2008:6). This stigmatization leads to painful experiences of ostracism and discrimination. These effects have been documented extensively by among others (Kamau N. 2011).

While there is broad understanding of the root causes of stigmatization, the factor of the understanding of holiness appears not to have been examined widely, especially in Africa. The academic motivation behind this study is to examine and analyse a biblically and theologically grounded interpretation of holiness and to apply this interpretation to the situation of HIV in my congregation.

1.5 Research Design and Methodology

This is a non-empirical study that relies on a literature review. According to Mouton (1998:78) non-empirical studies aim to do the conceptual analysis by reviewing various literatures that are relevant to the study. This study is thus based on a literature review.

The research methodology will follow three steps which include a historical analysis, a critical social analysis, and a theological analysis, which corresponds to the theoretical framework of See-Judge-Act, as discussed in chapter two. An historical study will be carried out to un-

derstand the historical background of the RGC Huruma, the impact of HIV in the life of the Huruma congregation and how the doctrine of holiness is challenged by HIV that impact on stigma. A critical social analysis will be the second step that seeks to understand how the situation has affected the well-being within the church. A theological analysis will be the third step that seeks to analyse the strength and weakness of the theology of holiness as understood and proclaimed by the RGC. It will also highlight how the current understanding of the theology of holiness as understood in this particular church contributes to the stigma in the context of HIV. Finally, this third step will suggest an alternative for an appropriate understanding of a theology of holiness that is life giving and live sustaining in the context of HIV, especially within the RGC and Huruma congregation.

1.6 Limitations of the Study

My ability to conduct primary research regarding the extent of discrimination and stigmatization of RGC members affected and infected by HIV and AIDS, and also the reasons for these attitudes, was limited by financial and time constraints. In addition, there is no documentation available on the HIV and AIDS policy of the RGC, which limited my collection of data on the understanding of holiness within the RGC.

To work around these limitations, for the case study, I referred to my own observations of stigmatization and discrimination; to the common reasons given to justify this attitude within the RGC congregations; and to the interpretation of holiness by this Church. However, given that research into other African Pentecostal churches and the entire independent Pentecostal movement across sub-Saharan Africa has documented the HIV and AIDS stigmatization and reasons for this, I referred to this literature to provide the required data and information. Similarly, the understanding of holiness in Pentecostal churches in Africa has been documented by scholars, as has the theological grounding of thinking

about holiness among Pentecostal theologians globally and in Africa. I refer to these texts for further confirmation of my own observations.

1.7 Structure of the Study

Chapter One: Introduction and Overview of the Study

This chapter will give a general overview of the study, which included the location of the study, personal motivation, the background of the study, the historical background of the Redeemed Gospel Church, the research problem, objectives and questions, the hypothesis, the research design and methodology, the limitations of the study and finally the project outline.

Chapter Two: Literature Review and Theoretical Framework

This chapter will present a literature review evaluating the Pentecostal responses towards HIV and AIDS. The literature review will also cover the issue of church and stigma. The chapter will also present the theoretical framework of the study.

Chapter Three: The RGC in the Context of HIV and AIDS

In this chapter, the focus will be on the RGC Huruma in the context of HIV and AIDS, the research will examine the RGC's the HIV and AIDS programme, the understanding of holiness according to Bishop Kitonga, what holiness entails in the RGC congregation, and the chapter will conclude with a presentation of unholy practices as perceived in the RGC.

Chapter Four: The Impact of the Concept of Holiness on HIV/AIDS within the RGC

This chapter will critically evaluate the theology of holiness in a broader Christian understanding. It will present four aspects of the understanding of holiness in the Pentecostal theology, next it will look at

their manifestation in the RGC practices, and finally the implications of these aspects of holiness for HIV and AIDS in the RGC stigmatisation will be discussed. I conclude the chapter by proposing a theology of holiness for the RGC.

Chapter Five: Summary of Findings and Conclusions

Finally, in chapter five, a summary of the findings is given and the ways in which the research questions have been answered are presented and a suggestion for the way forward is provided. The focus is on how a theologically grounded understanding of holiness can contribute to alleviating the stigma and discrimination suffered by those infected and affected by HIV and AIDS. In turn, this will also alleviate the effects of this stigmatization on individuals and communities.

Conclusion

This chapter has provided a general overview of the study, covering the location of the study in Huruma, Nairobi; the background of the study and of the Redeemed Gospel Church; the research problem, research question and objectives of the study; the personal and academic motivations for undertaking this study; the hypothesis, research design and methodology employed by the study; the limitations of the study; and finally the project outline. The next chapter will provide an overview of the main points of focus of this study. It will take this overview from the literature on the Pentecostal response to HIV and AIDS, as well as that on the impacts of stigma linked to HIV, and on how Pentecostal holiness and its interaction with HIV and stigma. Finally, the theoretical framework for the study will be given.

LITERATURE REVIEW

2.1. Introduction

In the previous chapter the researcher focused on the overview of the study. Chapter two will present the literature review on the Pentecostal response to HIV and AIDS in a broader perspective, the literature on the Church and stigma will be critically observed while focusing on the impact of stigma on the life of an individual, family, and the Pentecostal theology of holiness will be analysed in depth, unholy practices in the context of HIV and AIDS. Finally the chapter will provide the theoretical framework to be employed in the study.

2.2 Pentecostal Response to HIV AIDS

Jill Oliver and Gillian Paterson (2011:33) discuss Pentecostal responses in general to HIV. These are extremely important in the context of HIV and AIDS because they can endorse a tradition of compassion and respect for others or, conversely, of stigma and the exclusion of outsiders. At the risk of generalizing, there are three particularly dangerous paradigms to which religious discourses of HIV are prone: firstly the hostility to evidence-based paradigms, which may actively undermine more mainstream, biomedically validated responses. Secondly, the idea that sickness and suffering are a punishment for sin and therefore part of

God's plan for humanity's betterment, and thirdly, that they are the result of a lack of faith.

The above ideas are reflected in Gifford's (2004:12) description of Bishop Oyedepo of the Winners' Chapel church in Nigeria who says that faith is the avenue to success therefore associating oneself with the men of God. Observing this, Gifford argues that Pastors under Oyedepo increasingly claim the ability to prosper their followers and as such make themselves indispensable to those that believe. They frequently overrule doctors' reports and say that doctor's deal with facts, not truth and in that sense science is an enemy of faith. Oyedepo claimed: "God has sent me with the powerful word of faith, and has also delivered into my hands mysterious instruments that have been used over the years to raise the dead, destroy HIV and AIDS, dissolve cancers and establish liberty to many who believe" (Oyedepo 2006:521).

2.3 The Church and Stigma

According to Kristalyn, (2009:1), stigma is a perceived negative attitude that causes someone to devalue or think less of the whole person. People tend to distance themselves from individuals in stigmatized groups, to blame individuals in these groups for perceived negative attributes, and to discriminate against the diminished stigmatized individual.

According to the Lutheran World Federation (2007:51), stigma and discrimination constitute the greatest barrier towards the lives of people living with HIV and AIDS to open up them for treatment and further support. Zengele (2011:106) affirms that the impact of a judgmental and stigmatizing attitude is seen as a huge setback to prevention of HIV. Highlighting this further, she argues that people living with HIV are separated from the rest of the community and a clear distinction is made between 'us' and 'them'. She laments that this attitude feeds into the

stigma attached to HIV positive people who in turn go through various traumas, with the major one being internal or self stigma.

Common approaches as noted by Oliver and Patterson (2011:33) of many Pentecostal churches can fuel stigma significantly, in particular the notion that sickness and suffering are a punishment for sin and that lack of healing indicates lack of faith. In Africa and Kenya specifically, religion plays an important social role, where traditional and more mainstream religions have long established a monopoly. Various Christian Church groups and sects have emerged and developed in the country. As religion influences the beliefs and activities of people's lives it is therefore vital, in the context of HIV and AIDS, that we understand how religions and their growing number of adherents either facilitate or undermine stigma. In many ways the Church perpetuates HIV and AIDS related stigma through its teachings, attitudes and traditional gender ideologies. Some churches have managed to move towards action that makes a more positive contribution to HIV and AIDS management through promoting various forms of social control for HIV prevention, contributing to care and the support of the AIDS affected and infected and providing social spaces for challenging stigmatizing ideas and practices (Campbell, Skvodol and Gibbs 2010:1204).

At the same time, stigma has paralyzed the integrity of some Churches who are still preaching negatively about HIV and AIDS as a punishment from God. In these cases, the integrity of the Church as the body of Jesus Christ stands when it becomes sensitive to HIV and AIDS stigma, and to address openly how stigma and its impact can affect the productivity of the people living with HIV and AIDS in society. According to Skvodol and Gibbs (2010:1206) point out that Churches are potential interactional contexts in which people negotiate their collective responses to social challenges related to HIV and AIDS, offering the potential for working together to challenge social representations that encourage harmful and disempowering behaviours for example stigma.

According to the opinion of Parsitau in Campbell, Skvodala and Gibbs (2010:1207), the Pentecostal Church's response to the AIDS epidemic through the promotion of HIV prevention messages tend to overlook the complexities of people's life situations, making it difficult for members to engage with messages that they convey.

Fredriks (2011:113) asserts that the impacts of the negative attitude towards HIV and AIDS confirms that we live in a sick society that requires a complete and radical transformation before we can become new people, new Churches and thereby show that we are the path forward towards the kingdom of God. Jayakumar (2006:11) argues that HIV and AIDS is one of the most serious problems in the developing world, where the majority of the world's population are concentrated. He observes HIV and AIDS as an epidemic which is associated with many complex problems. Parsitau (2009:53) argues that, the Pentecostal response to the epidemic in Kenya has been diverse and sometimes controversial. Until the turn of the millennium, Pentecostal Churches were reluctant to get involved in fighting the pandemic because they associated it with sin.

Louw (2006:100-114) asserts that the HIV debate frequently comes back to the link between the pandemic, stigmatization and the notion of punishment from God. He says that some Christian theologians respond with a judgmental attitude, claiming that people who contract HIV and AIDS are simply reaping the just punishment for their immoral actions. With such teaching becoming widespread in almost all religious circles, it becomes possible to ask ourselves questions such as: Does God care about His own creation and can God hear prayer and bring healing to His people?

2.4 Impact of Stigma

2.4.1 Impact of Stigma on the Individual

Stiebert, (2004:108) assert that stigma often conveys a quality perceived as shameful rather than the bodily evidence of it which occurs in a tribal stigma, pertaining to race, nation or religious lineage. From this point I have come to understand that the impact of stigma is felt worldwide although the variations differ depending on communities, religious group's individual lives. It can also be attributed to social status which is based on physical appearance directed specifically to those involved as people who deserve punishment of their immoral behaviour. Every time people experience stigma, they experience greater difficulty in publicly declaring their status. Salters and Kristalyn (2009:2) say stigma not only makes it more difficult for people trying to come to terms with HIV to manage their illness on a personal level, but it also interferes with attempts to fight the AIDS epidemic as a whole.

My observation as a person who has lived with and cared for an HIV positive person, is that stigma can make a person resistant to go for HIV testing and even to accept treatment. Therefore, stigma remains one of the greatest barriers for the development of people living with HIV and AIDS (PLWHAS) and this affects their social, economic, spiritual, emotional and even psychological life is at stake. While we were carrying out our class campaign for HIV testing at UKZN as theology students, I noticed that some people were uncomfortable just to hear the word HIV testing. Some would say "we know our status". Byamugisha (2010:19) says many people are still afraid of being tested for HIV, and those who dare to find out the results are often too frightened to disclose them. This kind of attitude makes HIV and AIDS a silent killer, which reduces the productivity of individuals; because those infected do not want to get tested and to get help on how to cope with the epidemic.

According to Afranie, Boafu, and Asante (2012:4586) stigma is the chief reason why the AIDS epidemic continues to devastate societies around the world, and HIV and AIDS is one of the bewildering social challenges faced by contemporary societies due to its strong tie with sexual and social stigmatized behaviour. When people encounter stigma their efficiency is affected, they become bitter and angry and as a result they keep their status a secret. The year 2001 was the climax of the epidemic in Kenya and particularly in the slums of Huruma where some earned less than a dollar a day. Sonja Weinreich and Christoph Benn (2003:46) affirm that stigma and rejection lead to individual suffering for the persons against whom they are applied. They constitute a fundamental obstacle in the fight against HIV and AIDS, since they make open discussion more difficult. Parsitau (2009:54) says that the RGC have introduced HIV and AIDS “departments” that collaborates with other health organizations to provide treatment and care for PLWHAS.

2.4.2 Impact of Stigma on the Family

As Garner (2000:45) points out, AIDS will strike amongst the most economically productive members of society, removing the main income providers from work and transforming them into recipients of costly healthcare. I think it is these gaps that mainly affect the family’s ability to progress, and once the strength of the family is weakened the survival of that very family is less certain. This is where the church can play an important role. Byamugisha (20:10:19) states that caring for sick relative takes time and financial savings that might otherwise have been used for investment. Stigma can cause confusion and leave one in a state of hopelessness and paralysis people as it contribute towards vulnerability of the family. As a result the whole communities can be destroyed as those with AIDS die before they pass on their knowledge, values and skills to the next generation. From a social perspective, Byamugisha (2010:18) observes that the increasing number of orphans constitutes a

serious challenge for the affected families, which leads the family into a deeper state of poverty. Garner (2000:45) observes that stigma may not only exacerbate a whole host of social problems, but also recreate conditions favourable to the spread of the virus.

2.5 Pentecostal Theology of Holiness

Nelson's dictionary of Christianity (Kurian 2005:355) defines holiness as: "moral or spiritual perfection; sinlessness; entire sanctification; [and] the quality of being set apart or consecrated to God". In the same manner Ryle (1999:31) has also defined holiness (i) as the habit of agreeing with the will of God. (ii) It loves what God loves and hates what He hates. It is measuring everything by the standard of God's word, the Bible. (iii) Holiness is striving to be like Jesus, living a life of faith in Jesus, drawing from him daily peace and strength. (iv) Holiness seeks love in action, it does not strive to harm, and it seeks to do good to all people irrespective of their status.

Meanwhile, from a theological understanding of holiness, in Mary Douglas's (1999:349) discussion of Leviticus, therefore, the lesson here is not that holiness is purely a matter of cult but that holiness in ritual contexts must correspond with what God's people must do for each other in secular contexts. The parallel between what people do for God and what people do for each other is theologically rich. In Leviticus 19:2, 5-6, 11 there is a distinction between secular ritual relevant to everything that the people do and being obedient to the command to be holy from day to day and Sabbath to Sabbath. Holiness involves making their lives a transparent enactment of God's laws (Douglas 1999:348). In the middle of Chapter 19, at the heart of Leviticus, we read "You shall love your neighbour as yourself" (v.18). Douglas (1999:349) emphasises: "The rule that astonishes Christians who did not remember that

it came from the Old Testament is revealed as a cornerstone of holiness teaching”.

According to Sadgrove (2007:116) to be born again can be linked holiness which can mean different things to different people and one’s motivation for joining a church will strongly influence what one takes away from experience: thus, a person who is after protection from evil spirits may be committed to prayer and deliverance services but may see little importance in curbing his sexual behaviour as long as he or she is born again since the grace he or she has received is sufficient.

2.6 Unholy Practices in the Context of HIV and AIDS

Holiness has been an issue among the Pentecostal churches and even in the Redeemed congregation in Huruma especially in the context of HIV and AIDS. AIDS is a disease whose sufferers have been stigmatized and blamed for the outbreak and spread of the disease. In this case, due to the confidentiality behind HIV and AIDS cases, dealing with the people living with HIV and AIDS in the church has been a problem. The church believes there is no cure or drug that can treat HIV and for those who have it already are simply reaping the fruits of their evil. Hinga (2008:78) asserts that, it was a frequently expressed idea that AIDS was a deserved affliction. Religious and theologically conservative responses replete with callous judgments and self-righteousness were delivered from many pulpits. Generally, this kind of practice has greatly contributed to stigma among individuals in the RGC Huruma. In many occasions, people living with HIV and AIDS are not allowed to get married, for instance and if they violate the church principles they have to be excommunicated from the congregation.

There are several factors that contribute to unholy practice in RGC Huruma. HIV and AIDS are observed as diseases which have no cure or treatment, and those who are on antiretroviral (ARVS) treatment are considered either to be buying time as they wait to die or to lack faith

to receive healing. Those who are aspiring to get married should undergo a series of HIV tests and counselling in a government hospital. The results are sealed by the doctor, marked as confidential and addressed to the pastor who will be presiding over that wedding. If the test comes out positive, the wedding is cancelled. If one of these people was in a leadership position, he or she would be suspended while they were investigated for practicing immorality while part of the church. This tendency has fuelled stigma among infected and affected persons and has led some to join other Pentecostal churches where they feel more welcome. They later visit the pastor of that church for special prayers where they will explain that they have been bewitched because someone somewhere is against their relationship. The pastor is asked to help break the spirit of witchcraft. Because the Pentecostals believe in breaking witchcraft and bring healing just like in RGC Huruma, Ogunjuyigbe, Adeyemi & Obiyan (2009:176) claim that some pastors believe in spiritual healing for HIV and AIDS - "God as the creator of heaven and earth has the power to heal infirmity." With this notion some individuals abandoned their drugs with hope that prayer will heal them, but when they fail to get healed, they are also blamed also for their lacked of faith to access their miracle.

2.7 Theoretical Framework

The theoretical framework that will be used in this study is the See Judge Act (SJA) framework. This theoretical framework is employed because it exemplifies Osmer's (2008:4) four fundamental aspects of practical theology: What is going on? Why is this going on? What ought to be going on? And how might we respond? According to McGlory T. Speckman and Larry T. Kaufmann (2001:3), the SJA methodology emerged with the popularization of liberation theology in 1970s in Latin America. In South Africa, Albert Nolan popularized liberation theology,

but due to its subversive nature, the term contextual theology was often employed in its place.

Contextual and liberation theology respond to a situation of injustice by advocating a way forward through re-examining the biblical directives. One way in which this has been undertaken is through the See-Judge-Act method, which was particularly evident in programs run by universities and high schools under the auspices of the Roman Catholic Young Christian Students (YCS) organization. “Nolan’s version of contextual theology was modelled after the Latin American version, following the hermeneutical circle of See-Judge-Act. In practice, this meant starting with social analysis, then proceeding to the text, and then to action” (Speckman and Kaufmann 2001:4).

In Steve De Gruchy’s (nd) handbook, the See-Judge-Act method is summarized as follows:

In phase one, the See phase, the focus is on God’s World, which “reminds us that we need to begin our engagement with a concern for the world in need of transformation”, and that we need to discern how the Church is also caught up in the worldly situations that require this transformation (nd: 4). This phase links to Osmer’s (2008:4) first two aspects defining practical theology: what is going on, and why is this going on?

In phase two, the Judge phase, the focus is on God’s Word, which helps us to understand that the answers to the problems of the world lie in the Bible and our understanding thereof (De Gruchy, nd: 4). This phase links to Osmer’s (2008:4) third aspect of practical theology: what ought to be going on?

In phase three, the Act phase, the focus is on God’s Work, calling us to “act in the world in the light of what the Bible tells us”. This is a practical phase of the JSA methodology (De Gruchy nd: 5). this phase links to Osmer’s (2008:4) fourth aspect of practical theology: how might we respond?

Therefore, by employing the See-Judge-Act method, the basic tasks of practical theology are engaged with. In this study, the worldly situation of stigmatization of and discrimination against those affected and infected by HIV and AIDS, is the reality that must be perceived. In addition, the current understanding of holiness among local church leaders and congregations, which underpins this stigmatization and discrimination, needs to be discerned (See). The foregrounding of a biblically and theologically grounded understanding of holiness is the “text” that enables us to understand how the current conceptualization of holiness needs to be transformed (Judge). Finally, practical applications – through ministry, liturgy, pastoral care and diaconal work – of the theologically grounded understanding of holiness must be identified so that this definition of holiness can contribute to alleviating rather than aggravating the stigma and discrimination suffered by those infected and affected by HIV and AIDS.

Although the See-Judge-Act method has usually been employed in studies involving fieldwork, I have opted to use this methodology in the present study because of its suitability for answering the research questions and fulfilling the research motivations.

2.7 Conclusion

This chapter has presented a literature review on the Pentecostal understanding of HIV and AIDS, indicating that in many churches it continues to be viewed as a punishment from God for sinful behaviour. The chapter has also focused on the church and stigma, looking at how the judgemental attitude of church leaders and congregants fuel stigmatization. The impact of stigma on the individual as well as family is also discussed. In addition, it has outlined the Pentecostal theology of holiness, and linked to this, the thinking on “unholy” practices in the context of HIV and AIDS. In addition, the theoretical framework of See-Judge-

36 *Holiness as Wholeness*

Act has been presented as the most appropriate for this study, given its location within the field of practical theology.

THE REDEEMED GOSPEL CHURCH (RGC) IN THE CONTEXT OF HIV AND AIDS

3.1. Introduction

In the previous chapter the main focus was on literature review on the understanding of Pentecostal and HIV and AIDS and the theology of holiness and on presenting the See-Judge-Act theoretical framework of the study. This chapter focuses on the RGC and its response to HIV and AIDS. The teaching of the RGC on holiness strongly impacts on all aspects of the lives of its members and thus the chapter will also present the understanding of holiness according to bishop Kitonga as well as his teaching on unholy practices. This presents that first phase of the SJA theoretical framework.

3.2 The HIV Programme of the RGC

The RGC Development programme began to respond to the problem of HIV and AIDS in a significant way in the year 2001. A high number of infected and affected people from the community came seeking coming seeking for help. The church lacked the capacity internally to support the people living with HIV and AIDS therefore RGC sought assistance from Israel embassy that did the initial training on HIV and AIDS for the programme workers (Redeemed Gospel Church, 2001).

Most of the issues went beyond the spiritual support and needed professional practitioners to handle them, medical and strategic planning of the HIV and Aids issues. Although professionals had to come in, there is still a high rate of HIV and AIDS infection in the slums. The spread is promoted by the fact that people behaviour change is not easily being adopted due to various economic factors. Some of the economic activities among the community increase their risk of infection with the virus. Some women and men earn their incomes from selling illegal liquor. This cheap liquor is a source of income and means for coping with poverty in the slums. As a result of many people consuming this liquor and being involved in drugs, the spread of HIV and AIDS continue.

People also fail to take earliest opportunity to access ART support due to lack of awareness of their status. They do not utilize the VCT centres due to stigma and fear of the perceived consequence of being diagnosed as HIV positive. These create a need for higher awareness of the importance of positive behaviours and the importance of people knowing their status

The other problem related to HIV and AIDS is the devastating social medical impact of the disease. HIV and AIDS as a social and health problem lead to many negative consequences. One, it confines people to bed necessitating bedside nursing care. Two, it makes people unable to carry out economic activities leading to children schools dropout, lack of basic necessities such as nutrition, shelter and clothing. With no one to care for, the health of people living with HIV and AIDS (PLWHA) deteriorates very fast. It means then that the children under their care become orphans prematurely. The disease also leads to psychological trauma for both the infected and affected.

According to the World Council of Churches (WCC) study document (1997:4), issues of HIV and AIDS are extremely complex, in the sense that they are far from being simply medical concerns; they affect

and are affected by cultural norms and practices, socio-economic conditions, development and gender issues, sexual and many other factors. Despite these complexities, many Church leaders and members simplistically pass judgment on people infected and affected by the disease. In the report given by the Map International 111 Project (2005:26) it was noted that about 60% of the Church leaders in Kenya agree that HIV was a shame and a disgrace to God and to the community, while others had associated it with sin.

The Churches and their congregations bear a great responsibility to address this challenge, because it is the Churches themselves which are affected by HIV and AIDS and their credibility depends on the way in which they respond. Many Churches, despite their condemnation of the infected and affected, have reached out to them in providing for their material needs. Nevertheless, the rejection and ostracism of the sick and their families continue (Parsitau 2009: 45-55).

The RGC Huruma has been involved in providing both spiritual and holistic services to the people living with HIV and AIDS as well to the community of Huruma. The RGC is well known for providing also health services for the community, the infected and the affected persons ([web. redeemedgospel.org/hiv aids](http://web.redeemedgospel.org/hiv aids)) which provides testing and counseling, treatment to patients and free delivery of ARVS, and training for care givers who work in the clinic on a voluntary basis. The RGC has also extended its services by providing free education and sourcing funds for the orphans within the church and other international organizations. The RGC runs a primary school and most of the children in this school are as well as from a poor background and/or have parents infected by HIV and AIDS.

Due to economic hardship, many women and children are being abused psychologically, mentally, sexually and economically. Women have had to turn to prostitution to survive, while others turn to crime as a means of survival. The RGC provides material help to these women, and

especially to the children. The RGC thus runs programs in partnership with other international bodies for example World Vision. The RGC initiated the Dorcas Room program which serves poor members in the Church by providing them with food twice a week, as well as donating clothing and giving spiritual guidance. Some organizations have donated computers and sewing machines and many Church members and the community at large have benefited from these programs. In addition, the RGC has opened training schools for tailoring, carpentry, and other technical courses whereby men and women who are infected and affected can receive training in order to become self-sufficient website (Redeemedgospel.org/hiv aids).

These services all provide material support to the HIV and AIDS infected and affected families in Huruma. Nevertheless, as I pointed out above, Church leaders and members continue to stigmatize and discriminate against people suffering from HIV and AIDS and their relatives. This situation urgently needs to be addressed.

Having been raised in the Redeemed Gospel Church Huruma for about 16 years, the researcher feels well placed to carry out this study. The researcher has learnt and experienced that people infected and affected by HIV and AIDS within the Church are facing stigma and discrimination. Such attitudes are widespread in the region and elsewhere in sub-Saharan Africa Weinrich and Benn (2004, 26-27). The researcher is motivated by this situation to understand why this is so, and what response the Redeemed Gospel Church could offer. It is the researcher's hypothesis that the stigmatization and discrimination is to a significant extent based on a specific understanding of holiness. Therefore, the formulation of a new understanding of holiness that is based on the example of Jesus, will contribute to creating a more balanced perception of those affected and infected by HIV and AIDS.

3.3 Holiness According to the Bishop of the RGC

The emphasis in Kitonga's teachings is on purity, as stipulated in his book that suggests genuine motivations in Christian living (Kitonga 2010: 15). The doctrine of purity is a symbol of holiness associated with the anointing with oil when an individual is born again or when he/she is ill. However, holiness is portrayed in different ways among the various Pentecostal Churches and even within the congregations, as in the Redeemed Huruma congregation. According to Kitonga, to be redeemed means deliverance from sin through the incarnation, sufferings and the death of our Lord and Saviour Jesus Christ (Kitonga 2011:33)

The Redeemed Gospel Church is identified as a family of saints waiting for the second coming of Jesus Christ "we do not have a permanent home here on earth, but we are looking for a beautiful city that we will have in the future which the Lord himself has prepared for us" (Kitonga 2011:31). This group of saints identify themselves as "born again or saved", the people who are delivered out of evil forces and sin. However, the concept of being born again is also perceived by "the saints" as a virtue that instils holiness in any person who lives a pure life. "Be ye holy for he who called you is holy" Hebrews 12:14. Therefore, holiness is never possible without a wholesome hatred of sin and for this reason; the saints are called to flee from sin for it insubordinates rebellion against God, disregard of the authentic legal claims of Jesus, and an affront to the ministry of Jesus Christ. According to Kitonga, "holiness is not wearing a long dress and a head cover, putting on spotless white garments on Sunday, or Friday, nor the ability to recite the word of God well, but holiness is to be undiluted or uncontaminated with extraneous material for the purpose of Christ Church which should be free from sin and guilt (Kitonga 2010:18)

A common feature in the current Pentecostal churches in Kenya, including in the RGC congregation, is a strong focus on a mystical, expe-

ritional inward looking concept of personal holiness that has a primary focus on projection outward to "show others" their personal holiness. For instance, if you are not born again you are not a saint and you are not a child of God. Bishop Kitonga claimed to voice a biblically sound interpretation of holiness in the midst of multiple views that prompted major divisions and splits in the Pentecostal and the Redeemed congregation (Kitonga 2011: 26). This has prompted some ministers to open their own ministries where they exercised and expressed their form of worship and holiness. He says, "This is the instructions we have all received, we are to present our bodies as a living sacrifice, holy and acceptable to God. This is the best worship we can give to God. Our hearts and bodies are both designed to worship God in acceptable way (Kitonga 2011:117)

The reason behind this confusion among the Redeemed congregation and other Pentecostals was linked to the standard of holiness set down by the various church leaders. In the redeemed congregation holiness is characterized by much prayer and fasting as symbols of waiting on the second coming of Jesus to take the saints (those saved people who are therefore holy) back home. In addition to prayer there is also an element of baptism of the Holy Ghost which is characterized by speaking of tongues as well as prophesying. Legalistic following of rules to reach "perfection", the doctrine of "breakthrough, deliverance, and blessings" all brought about by faith through being "born again" are all common features. According to this thinking, those redeemed and washed by the blood of Jesus, children of God cannot be sick or be poor. According to this view if one is sick he or she is not holy, does not have faith, and is not in a good relationship with God Oyedepo

3.4 What Holiness Entails in the RGC Congregation: Purity

In the Redeemed Church Huruma, the preaching is centred on purity and is concerned on transforming the saints, enabling them to do their best and live like Christ before they get to the Promised Land “Canaan” (Kitonga 2011:31). The doctrine of purity is strongly taught to bring a behavioural change among the saints because the main idea is the saint’s revolution which is centred on Christian understanding of God’s holiness.

In the RGC the standard of purity is determined by the doctrine of the Bishop Kitonga. Members therefore have to abide by certain rules, for example they cannot be saints if their prayer lives are not effective, and saints have to continue in the spiritual warfare in order to overcome the lust of the flesh. Men and women have to attend religious services as follows: Monday new believers class, Tuesday evening revival, Wednesday home cell meetings, Thursday healing revival service, on Friday an all-night prayer from 6:00 pm up 6:00 am, known as intensive prayers, accompanied by praise and worship. Besides this, the members of the congregation are also expected to attend the lunch hour service from 12:30 pm to 2:00 pm daily.

3.5 Unholy Practices as Perceived in RGC Huruma

All the members of the RGC are not allowed to smoke or drink alcohol, or engage in extra-marital sex. Those who are not married are encouraged to abstain from sexual acts until marriage. Kitonga calls on his followers to live simple lives that please God because extravagant lives are not features of a true Christian. He calls this the principle of separation and simplicity. Kitonga pinpoints two specific sources that are the “enemies of purity”: the increase in evil and conformity. On the former he says that there is a worldwide increase of evil that comes from within

and from outside the individual and that is linked to pride for when times are abundant “your fear for God diminishes and you begin to treat fellow men as nobodies” (Kitonga 2010:72).

On conformity, Kitonga warns that “it is not safe to copy the world’s custom” and advocates that Christians are called “to be separated from the behaviour and customs which are usually selfish and often corrupt” (Kitonga 2010: 77-78). As a redeemed child of God, one has no other option but to live a pure life, “we know the value of our bodies and what they will be in the future; we will want to look after them well here on earth. We should not give our bodies up to perversion and sexual immorality” (Kitonga 2010:41).

In RGC members are called to dress modestly, and avoid the use of all forms of makeup and ornamentation, besides that, watching secular movies and music is regarded as ungodliness and is seriously condemned. Kitonga (2011:111) says dressing has become a big issue in our world today. People frown at attempts to offer a guide for proper dressing. They want to expose their bodies in a way that appears appealing to others; the ultimate goal is to look sexy for immoral reasons.

Concerning the issues of dressing, Kitoga condemns the styles and the fashions of this generation, saying that some harlots sometimes display better sartorial discretion in their appearance than most women in those assemblies. The current permissive trend that women in holiness assemblies parade in their dress styles is horrible. You no longer can differentiate between a Christian woman and harlots just like Tamar in the Bible (Kitonga 2011:112-116). In conclusion, he says we need to ask ourselves whether this kind of dressing honour God as part of the demand in our worship.

In concluding the above discussion in sections 3.4 and 3.3 on holiness in the RGC, some observations can be made. Holiness as exclusive; external status/image; purity; legalism leads to stigmatization of those considered to have failed in meeting the standard of holiness as stipulat-

ed in the Church doctrine. Kitonga considers these elements “dressings, lack of commitment to prayer” as the entry point of sin into the Church which has propagated the evil of HIV (Kitonga 2011:107). For any person in the RGC to be considered holy he/she has to observe these rules and regulations

3.6 Conclusion

In this chapter the aim has been to shed light on the RGC in the context of HIV and AIDS focusing on its responses to the HIV pandemic. It was found that the response of the RGC dealt mainly with providing practical assistance to the infected. As regards the attitude at an emotional level to the infected and affected, given that the response of the RGC to HIV is to a large extent affected by its teaching on holiness, the chapter has also provided an outline of the understanding of holiness according to bishop Kitonga as well as his teaching on unholy practices. The conclusions reached were the RGC views holiness mainly from the perspective of purity and that the practices deemed unholy were mainly associated with inappropriate dress behaviour etc. The next chapter deals with holiness theology, its manifestation in the RGC, and the implications thereof for HIV stigmatization.

THE THEOLOGY OF HOLINESS IN BROADER CHRISTIAN UNDERSTANDING

4.1. Introduction

In this chapter, I divide the discussion into a number of themes, each of which examines one aspect of the Pentecostal understanding of holiness. The themes are: purity; love of the neighbour; the Holy Spirit; and transformation. Within each theme, first, I outline the Pentecostal theology of holiness as linked to that theme; next, I look at RGC holiness practices as regards that theme; finally, I engage with the strengths and weakness of each holiness practice of the RGC, in terms of HIV stigmatization. I conclude the chapter by proposing an alternative theology of holiness which is a life giving and life sustaining for the RGC in relation to HIV and AIDS.

4.2 Themes of Holiness in Pentecostal Theology, their Manifestation in the RGC Practices and their Implications for HIV Stigmatization

4.2.1 Purity

According to Peterson (1995:81) holiness is God's essential will. He argues that God wants us to live as those who are saints by a "calling",

manifesting in daily life the practical implications of God's sanctifying work for us and in us. In line with Old Testament teachings, Peterson (1995:88) argues that the essential will of God is his people to be holy (Leviticus 11:44-5, 19:2 20:7). It is not just enough to focus on the physical expression of holiness by each individual, but it is a gift bestowed on the church, resulting from God's redemptive activity and the sending of his spirit. Ryle (1999:33) contends that holiness seeks purity of mind and heart, which in turn will lead to the avoidance of acts that might lead one to impurity. The focus on physical impurity is important yet "Pentecostals have a complicated relationship with the physical body." As the temple of the Holy Spirit, it should not be contaminated by the touch of the world - meaning the immorality present in the world - in case it becomes corrupted.

Looking at Peterson's understanding of holiness as compared to that of the RGC as shown in Kitonga's practices of holiness, while some elements agree, Kitonga seems to emphasise very strongly the external appearance, rather than the inward expression of holiness (Kitonga 2011:72). Kitonga points out that the human body belongs to God and that it must be honoured: the way "the saints" of his church dress and the way they behave in public thus matters very much. At a deeper level, instead of dishonouring the body by inappropriate sexual behaviour Christians are to glorify God by treating their bodies well for God's service (Kitonga 2011:111).

The implications of this practice for HIV stigmatization are as follows. The fact that RGC holiness practice encompasses physical appearance, clothing, image and outward worship, while positive, is not enough to conclude that the person is holy. In regards to this, holiness should be quantified only with the inward appearance which God wants. It is the character of the person that will show how holy the person is and not the physical appearance. People hide under pretence of appearing to be holy, only to indulge in immoral activities like sexual behav-

iours that are not sanctioned by God which invariably would lead to the contraction of HIV and AIDS. The focus on sexuality is problematic in itself, since it does not deal with the factors ultimately driving HIV infection, such as poverty and gender inequality.

For Dube and Kanyoro (2004:4-5) the epidemic is a social justice issue that is not primarily to do with individual sexual morality, but rather the morality (or immorality) of social structures and global power-relations. The imbalanced focus on the sexual nature of HIV only contributes to HIV stigmatization in that the entire disease becomes associated with sexuality and its “ungodly” practices, instead of looking at the socio-economic root causes of the disease. Paterson (2000:38) says that Jesus’ healing ministry has a variety of implications for Christian health care. If an individual’s sickness is seen as the product of immoral behaviour, then the primary locus of healing must lie – as it seems was suggested by Jesus – in the socio-economic, political and other realities that hinder people from living “life in all its fullness”. The individual’s sickness then “becomes part of an organic process that has its roots in the family, the community ... and ... ultimately ... the world.” In the context of HIV and AIDS, this means that to stigmatize the individual on the basis of ideas about holiness and purity, is in fact an “unholy” response that reflects impurity of heart, even while projecting purity of appearance.

Rankin, Brennan, Schell, Laviwa and Phelan (2001:703) highlight that in many African evangelical Christian settings, people tend to be labelled as “‘saved’ or ‘sinner’, ‘pure’ or ‘impure’, ‘us’ or ‘them’”, a situation that allows stigmatization to flourish. Haug (2009:215) says, regarding the need to overcome HIV and AIDS-related stigmatisation points out that, the Churches are being obliged to acknowledge their contribution, both active and passive, to the spread of the HIV virus, especially in the reluctance to address issues of sex and sexuality that prevent open discussion of issues of sex education and AIDS prevention.

On the same line of thought, Haug observes that “Our tendency to exclude others, our interpretation of the scriptures towards holiness and our theology of sin have all combined to promote the stigmatisation, exclusion and suffering of people with HIV and AIDS” (Haug 2009:215). The emphasis on the outer appearance of holiness makes the infected feel excluded and unable to attain a holy life.

According to (Messer 2004:46), “more than ever the Church has to live out Christ’s love for the poor, sinners, the publicans, the rejected, the possessed, and all who desperately need to be loved . People living with the virus as well as those affected by HIV and AIDS, often experience severe isolation which makes some feel abandoned. Messer 2004:46 further argues that through Jesus, the complete love of God for humanity is revealed. This is the love that RGC is called to make visible, not by judging, condemning or segregating HIV and AIDS sufferers, but by serving everyone in need. As Kitonga pointed out earlier, all life is important and it should honour according to God’s standard. The Lutheran World Federation (2007:54), in its handbook on HIV and AIDS, affirms that Jesus taught us that one endangered human life is so important that God would leave the 99 others to search for and restore the one lost (Luke 15:1-10).

4.2.2 Loving the Neighbour

Peterson (1995:81) says that holiness is also achieved through ongoing sanctification, in the sense of Christians’ continuing consecration to God’s service. Holiness is full of love of the kind spoken as shown by Jesus, but it is also love in action, doing good for others. While Christians express differing judgements regarding sexuality and sin, they do, share a fundamental understanding of a God of “agape” or “self-giving love”, who cares for all of creation (Ryle 1999:32-33). Christians are called to be people who exemplify this same spirit of love in the way

they reach out to the people, especially the poor, the marginalized, and the ill (Messer 2007:49).

As regards the RGC practice of the holiness theme of loving the neighbour, the church does not have an explicit statement in this regard, but it shows love through offering practical help especially regarding problems around contraception, maternal care and HIV treatment, especially through its partner, Pathfinder International (<http://www.pathfinder.org>).

The RGC approach to “love of the neighbour” as showing holiness has a number of implications for HIV stigmatization, which indicate that the RGC practice of loving the neighbour has both strengths and weaknesses. Its strength is that it provides for the material needs of infected people. It shows love through action, not just words. The RGC Development Programme, partnering with Pathfinder International began to respond to the problem of HIV and AIDS in a significant way in 2001 and since then many infected and affected people from the community have been helped through the provision of HIV testing and medication. The church lacked the capacity internally to support the people living with HIV and AIDS and therefore sought assistance from the Israeli Embassy for the initial training on HIV and AIDS for the programme workers.

Through its Development Programme, the RGC thus provides a range of services towards its members and the community of Huruma, as also discussed in the previous chapter. Its weakness is that it focuses on the physical needs and not the psychological or emotional needs of those infected or affected by HIV. This means that the issue of stigma is not addressed.

4.2.3 The Holy Spirit

According to Yong (2005:137) the outpouring of the Holy Spirit on the day of Pentecost and in the life of the early Church, brings sons and daughters together with menservants and maidservants, with no small or great people, neither Jew nor gentile. The Spirit thus binds all human-kind together. Yong argues that the Spirit is “both the principle of the church’s holiness and the sanctifying agent of the individuals in the church”. The church itself is holy because it is the temple of a holy God, the bride of God’s incarnated Son, and the Spirit thus indwells the church (Yong 2005:139).

Observing this, Yong (2005:142) says that the Christian’s holiness can no longer be understood in purely individualistic terms. Rather, the Spirit of God “is formative for individuals in the community. The entire church is hereby challenged by what the Spirit is saying and doing. The holiness of the church marks not the accomplishment of its members, but the authentic presence and the activity of the Spirit of God” (Yong 2005:142). Worship is central to Pentecostalism, according to David E Albrecht and is often viewed by the participants as an entry into the presence of the Holy Spirit.⁶ Worship includes music, prayer, Bible reading, praying in tongues, seeking prophetic words from God or receiving prophetic words from others. In addition, daily personal devotions bring a person closer to God, as a way to “develop a constant state of being filled with the Holy Spirit”, by practicing the varied spiritual gifts in the private setting.

In the RGC’s practical implementation of the theology around the Holy Spirit and holiness, the church tends to focus on the Spirit coming upon individual church members in the form of speaking in tongues, and other gifts including the gift of healing and prophesy as pointed out by

⁶ David E Albrecht, *Rites in the Spirit. A Ritual Approach to Pentecostal/ Charismatic Spirituality*, Sheffield: Sheffield Academy Press, 1999, p. 64.

Kitonga (2011:18). Kitonga (2011:88) writes that he has witnessed in the church worldwide, “mighty works done by the Holy spirit among the saints [the congregants] ... each day we come into His presence for an experience.” Pentecostals, including the RGC, refer to passages in Acts (2:4; 8:4-19; 10:44-8; 19:1-7) which “indicate that there is an experience of receiving the Spirit sometime after conversion and than in each case, expressly or by implication, those who receive the Spirit, speak in tongues.” Based on these and other Scriptures, “Pentecostals claim that the normative pattern of the Spirit baptism is the initial evidence of speaking in tongues” (Anderson 2004:191). In addition, the Holy Spirit is understood as the agent for healing and “most believe in divine healing (they usually prefer this term to “faith healing”) and few even admit their doubts concerning it”, as also observed in the RGC by the researcher. Many testify to their own healing, which they see as the direct intervention of God through the Holy Spirit (Anderson 2004:230).

This approach has a weakness, in terms of HIV stigmatization, of implying a lack of faith in those who are not manifesting the presence of the Holy Spirit, either through speaking in tongues or through being healed. Also, as Richardson (2009: 146) points out, the church is the body of Christ, consisting not of individuals who display the Spirit’s presence through their own gifts, but of members who form a single body. Thus the church is called to show compassion to the infected by identifying itself as a church living with HIV and AIDS.

4.2.4. Transformation

Peterson (1995:81) says that holiness is achieved through God’s sanctification of God’s people in the sense of their progressive moral transformation. This means that Christians are being called to a totally different quality and character of life, but this is a process and not simply a once-off event. “Baptism in the Holy Spirit as a metaphor for Chris-

tian salvation calls attention to the process of humans experiencing the saving graces of God along with the presence of crisis moments when such grace is palpably felt as radically transformative. [...The following three phrases encapsulate this journey:] “I was saved” reflects the initial experiences of receiving the Holy Spirit; “I am being saved” reflected the ongoing experiences of being filled with the Spirit; “I will be saved” reflects the long-anticipated day when we shall “see him as he is” (1 John 3:2)” (Anderson 2004:105-106).

Holiness, for Ryre (1999:32) says that ultimately “holiness is striving to be like Jesus [...] drawing from him daily peace and strength. We need to become transformed, to be like Christ who was forgiving, unselfish, loving, humble, and obedient to God [...] a faithful witness for the truth, denying himself to serve others, meek and patient under insults, bold in denouncing sin, going about doing good [and] frequently in prayer.”

In the RCG, Spirit baptism is a once-off event that represents the moment of becoming “saved”, meaning that one is infused with holiness immediately (Anderson 2004:192). This is when the transformation of the individual takes place, but this new life thereafter grows through a continued obedience to the expectations of purity, faith and love of the neighbor. The way that this holiness is maintained for Kitonga (2010:15) by “keeping yourself pure”, and through “allowing God to work in our lives” (Kitonga 2010:21).

The weakness of this holiness practice of the RGC is that for those infected and affected by HIV and stigmatization, their ongoing life-long struggle is ignored since their status remains unchanged even after baptism in the Spirit. In addition, the potential for ongoing transformation through a life-long process is neglected, which in turn means that the potential for condemnation and stigmatization to be transformed into compassion and love is also neglected. Although love for the neighbor has grown in the past decade in terms of giving practical help to those

infected by HIV, this love has not been extended in a holistic manner to the psychological and emotional level, a level at which stigmatization continues to hold many in its grasp.

4.3 Towards a Life-centred Theology of Holiness

As it has been eluded earlier in this chapter, the current understanding of the theology of holiness within the RGC in relation to HIV and AIDS is detrimental to life sustainability of those infected with pandemic. It is on the basis of this theological orientation, RGC has had a negative attitude towards people who are infected with the HIV and AIDS and has enhanced stigmatisation. In order for this church to play a positive role in addressing challenges of HIV and AIDS, such theological orientation needs to be transformed.

The RGC should adopt a life-centred and life-sustaining theological orientation of holiness. An appropriate way of developing a life-centred and life-sustaining theology of holiness which draws from both God through Jesus Christ life and teaching which provided a fundamental framework of the life-centred theology of holiness (for example, God sides with uncomfortable/oppressed/suffering people of Israelites in Egypt and Jesus siding with the unclean in the New Testament)The themes of purity; love of the neighbour; the Holy Spirit; and transformation need to be re-theologized along the Pentecostal lines of thought. This will renew and deepen the RGC's understanding of holiness and that in turn will lead to practices that are life-giving and life sustaining in terms of HIV stigmatization.

The biblical story, in the gospel according to John, of a woman caught in the act of adultery, indicates that she was condemned by the public. However, although she deserved death according to human standards of holiness, she was saved by Jesus. He simply looked at her accusers and asked who among you has never sinned? In other words

Jesus meant to say, who among you is “holy” must pick up a stone and stone her. None of them responded because they were all guilty and all sinners who needed the grace of God. They drew back and left the woman. Jesus then told her “Sin no more” (John 8:1-11). According to Blomberg (2005:19) “Jesus’ open commensality lay at the heart of his programme of building peasant community on radically different principles from those of honour and shame, based on egalitarian sharing spiritual and material power at the most grass root level.”

Peterson (1995:75) explains that “the challenge is to pursue practical expressions of the holiness or sanctification that is ours in Christ.” This applies to living a life of purity; to showing love in a holistic way to the neighbour; to being truly a member of the church and not an individual in the church; and to living each day in a way that transforms us more and brings us closer to God. “Holiness is to be continually sought and expressed as a gift of God” (Peterson 1995:74).

Pentecostal theology can be traced back to Wesleyan thinking and for him; there can be no “personal holiness” without “social holiness”. Forster (2001:3) says that for John Wesley “the aim of [...] true religion was to form [shape, mould] the church and the individual Christian, to participate with God in the renewal and transformation of society.” Holiness plays a central role, if not the central role in this Christian endeavour. Transformation brought about through faith is the driving force behind Pentecostal theology and how this is practised. “Pentecostal Christians are to demonstrate the reality of sanctification [being made holy] by continuing to live in union with Jesus Christ as the Saviour and Lord. For the holy status of believers is the basis of their appeal for holy living” (Anderson 2004:268). This means that being sanctified through their faith and baptism, Christians are called to maintain this sanctifications through the way in which they live their lives.

Holiness has a liberationist aspect in the sense of Christians being freed from the chains that bound them to immorality and that kept from

them “the fullness of life”. For Anderson (2004:267-8), it is in fact possible to define a Pentecostal theology of liberation. This is linked to four factors: (1) the origins of the movement among the poor and excluded sections of humanity; (2) a deeply personal encounter with the Holy Spirit without mediation from any ecclesial hierarchy; (3) the approach to reading the Bible in an accessible and directly applicable way; (4) the understanding of the church as a healing community, accompanied by the direct action of the Holy Spirit in the world. In terms of the transformative aspect of holiness, this means that Pentecostal theological thought on being holy implies a personal engagement with the poor, the marginalized, the Bible and the Holy Spirit. This translates into a journey of personal and communal transformation and the Spirit and the Word speak to those who are suffering and excluded.

Holiness theology can transform also the ways in which churches respond to those suffering from HIV. As it has been pointed out above, there are often contradictions in the way the RGC approached those infected with HIV. Haddad (2008: 131) argues that though many churches are involved in HIV management, the problem of trying to form a coherent theology to guide their entire actions and attitudes toward the infected, means that underlying these actions and attitudes remains a condemnation of those behaviours they believe caused the person to become infected in the first place.

Through engaging with holiness theology, churches like the RGC can come back to the realisation that God is the God of the marginalized (Psalm 146:7 and Luke 1:53), and that through following the example of Jesus Christ, rather than stigmatizing those affected by HIV and AIDS, they should be supported and loved, as Jesus did with the woman caught in adultery and lepers (Mark 1:41). Purity then does not put the “non-infected” against the infected; the neighbour is then shown love in both practical and emotional/psychological ways; individuals in the church then see themselves as one single body, which suffers along with

those sick with HIV; and daily, each Christian transforms his or her life to emulate Christ more nearly and truly. The local church thus has rich resources which it can bring to the fight against HIV-related stigmatization and the damage it causes to individuals, families, and communities and to the church itself.

4.4 Conclusion

The information in this chapter has shown that the theology of holiness in a broader Christian understanding needs to be examined. The focus should be on Pentecostal theology and their manifestation in the RGC. For this reasons, holiness understanding by the RGC should be theologised focusing on the doctrine of purity, love of the neighbour, the Holy Spirit, transformation and a new engagement with the theology of holiness. The next chapter concludes the study by giving the summary of the whole project and by presenting the findings and suggesting the way forward.

SUMMARY OF FINDINGS, CONCLUSIONS AND PROPOSALS

5.1 Introduction

This chapter presents the conclusion of the whole study. It reveals how the research question was answered and what the findings were obtained. It also indicates proposals for a practical way in which the RGC can move forward as regards the issue of HIV and stigmatization.

5.2 Summary of Findings and Conclusions

The study has answered the research question and objectives as set out in chapter one in the following steps. The researcher has critically evaluated the impact of HIV and AIDS on the life of the RGC in general and its impact regarding stigma within the Huruma congregation in particular. The first phase of the SJA of the theoretical framework (SEE) has guided the study in this respect. The study has also critically evaluated and interpreted the congregation's understanding of holiness as represented by the thinking of bishop Kitonga. Moreover the study has discussed the four main aspects of holiness in Pentecostal theology and the ways in which the holiness teaching - of both Pentecostal theology and of RGC interpretations of that theology - has affected HIV related stigma using the See and Judge Phases of the theoretical framework. In

addition the researcher has assessed how the doctrine of holiness in the RGC is challenged by the implications (negative and positive) of holiness thinking (the Judge phase); and finally the study has proposed a new approach to the doctrine of holiness in the RGC (the Act phase).

The research study thus found that there is inappropriate understanding of holiness and stigma in the RGC, although its key doctrine is based on holiness. The bishop and his followers need to re-theologise their doctrine for it to become a life giving rather than retributive theology. It became clear in chapter four that the understanding of holiness by the RGC can be theologically deepened and enriched by a renewed conceptualization of the themes underpinning holiness theology: purity, love of the neighbour, the Holy Spirit, and transformation. This ultimately means a new engagement with the theology of holiness that allows the church to encourage purity of heart and body, to embrace fellow-congregants in unconditional and giving love, to recognise that the Holy Spirit moves within the church as one united body, and to bring about deep and true transformation as all members of the church move toward closer union with God.

5.3 Proposals for the Way Forward

In the light of the above study, the researcher is moved to ask the question, what is the understanding of holiness in the Redeemed Gospel Church that engenders support for people living with HIV/AIDS? While the members of the RGC are trying to maintain holy living as stipulated in Kitonga's book *Saints look up he is coming soon*, it is important for the researcher to point out a few suggestions for future research how the RGC can respond more appropriately to the issues of holiness and stigma. Since stigma can contribute to the spread of HIV and AIDS, and since it causes deep pain and hurt to the infected and the affected, it is argued that the people of the Huruma RGC should be encouraged to

discover the truth about the disease, as well as to embrace holiness as demonstrated by Jesus' teachings.

The proposals of this study are thus linked to two main areas of praxis: HIV and AIDS education and pastoral care (this is also part of the Act phase). The former needs to be based on correct information, with support from NGOs and government, while the latter needs to be built on the principles of a holiness that is life-giving in its understanding of purity, the work of the Holy Spirit, love of the neighbour, and transformation.

5.3.1 The Introduction of an HIV Curriculum into the Life of the Redeemed Gospel Church (RGC)

It is essential for the RGC to know that HIV and AIDS are real and not just a myth. The church and its members are infected and affected, the ideology of HIV and AIDS being a punishment from God needs to be dismantled through the introduction of an HIV and AIDS curriculum that reveals not only the immediate sexual factors, but also the deeper socio-economic reasons for its spread. Part of this curriculum should deal with the realities of stigmatization and its impact on individuals, families and communities. Through such a curriculum, the whole church will become aware of the suffering among its members, who are part of the body of Jesus Christ. The curriculum should be part of a programme of education both in Sunday and at midweek services. Every week a topic should be covered, including the topic of stigma.

As pointed out by Ronald H. Sunderland and Earl E. Shelp (1990:33) "AIDS awareness and risk-education is our best weapon against further spread of HIV". "[Community-based work] can be initiated effectively through coordinated community public health education programmes and congregations can constitute one of the most important components of such progress. HIV and AIDS education and awareness will help reduce stigma against suffers HIV and AIDS." These programs can lead

the church and the community to understand the effects of stigma and how it can fuel HIV pandemic as well as how severely it impacts on all aspects of people's lives.

The recommendation to establish an HIV and AIDS curriculum can be linked to the See phase in the See-Judge-Act framework. This phase is focussed on recognizing the reality of a situation being faced, in this case the situation of HIV-infected and affected people and of their stigmatization.

5.3.2 The Provision of Pastoral Care that Projects and Enables Holiness

Having established what HIV and stigmatization are, the Christian implications thereof must also be made clear for the RGC congregation. This links to both the Judge and the Act phases. In the Judge phase, a new understanding of the situation described above is sought by application of holiness teachings that are life-giving. In the practical Act phase of the JSA framework, the issue at hand is how the RGC will respond to those infected and affected by HIV from the pastoral care point of view.

Mothers, fathers, grandmothers, children, widows and all of the community have felt the devastating impact of HIV and its associated stigmatization that is linked to wrong understandings of the disease itself, and to an unsound interpretation of what holiness entails. Thus, first, purity means not only purity in appearance and image, pitting those whose status is HIV-negative against those who test positive, but purity in heart and mind; second, love of the neighbour means more than providing bread and money, as it involves also showing real compassion and inclusivity; third, the church, filled with the Holy Spirit, is one single body, which suffers together where there is pain and which celebrates together where there is joy; and fourth, the transformation that comes with holiness is not simply an instantaneous event, but one that must be exercised daily on a continuing life-long basis as each person

draws nearer to the example of Christ. When the four prongs of holiness are applied to the situation of HIV and associated stigmatization, the former then becomes a tool for judging the latter. This is the Judge phase.

In the Act phase, the tools of pastoral care can be employed for the congregation as a whole, for families and for individuals. As pointed out by Oyvid Eide et al. (2009:5), there are five functions of pastoral care: healing through listening and talking with respect and through prayer to God; sustaining by giving physical and emotional support and comfort; guiding through encouraging responsible decision making; empowering by enabling people to use their own resources to improve their situations; and reconciling through healing broken relationships between individuals, families and communities.

If the life-giving understanding of holiness is applied to these four functions of pastoral care, in the context of dealing with HIV and stigma, it becomes clear that such an approach will enable the RGC to move from a position of judgement and exclusion to one of love and inclusion.

Healing will take place when the experiences of the infected and affected are listened to with empathy and respect, while remembering that true purity comes from a pure heart and not only from how one appears. Guiding will occur via the learning together as a congregation how to respond to the victims of the scourge of HIV, bearing in mind that all Christians are learning, growing and being transformed on a journey toward holiness. Sustaining will happen when material as well as emotional support and love are shown to the infected and affected, in light of the realisation that love of the neighbour is fundamental to true holiness. Finally, reconciling will be enabled by a process of coming together to forgive past hurts and wrongs, in the awareness that the Holy Spirit is present in the body of the church rather than only in gifted individuals.

Ultimately, as Sunderland and Shelp (1990:19) say, “as individuals and as a community of faith, we not have the power to cure AIDS or any

disease, but we are the embodiment of love, empowered by God who characterise as love, and called to be agent of God's love for all communities. This is the love every child of God should display." If the pastors and congregants in the RGC were to embrace a theologically sound understanding of holiness, the effects of this would impact on all aspects of church life, since the desire to strive for holiness is a task for each Christian in the church. Amidst the suffering of HIV and AIDS, the servants of God would then relieve the pain caused by stigma and by HIV and AIDS.

5.4 Conclusion

This chapter has presented the conclusion to the study. It has shown the findings that the holiness teachings of the RGC impacts on stigmatization linked to HIV, by its emphasis on purity of the body and by its interpretation of other aspects of holiness, namely, the love of the neighbour, the Holy Spirit, and transformation. The findings further indicated that a re-theologized understanding of holiness teaching can provide a life-giving understanding of this doctrine, which in turn can mitigate against the stigmatization commonly associated with those infected and affected by HIV. In addition, two proposals, both based in praxis, have been put forward: the establishment of a comprehensive HIV curriculum in the church, and the provision of a pastoral care that enables holiness to be manifest among the carer and the cared-for alike.

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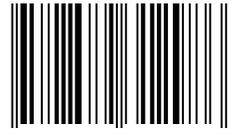
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Holiness as Wholeness

Ethical Implications towards an Inclusive Understanding of the HIV / AIDS Crisis in Kenya

This study presents a critical examination of holiness as wholeness – ethical implications towards an inclusive understanding of the HIV/AIDS crisis in Kenya. The understanding of holiness and its interpretation has contributed to the stigmatisation of those infected and affected by HIV and AIDS. The study calls for a theologically based re-interpretation of holiness, firstly, by evaluating and interpreting a Pentecostals understanding of HIV and AIDS and its effects on stigma and discrimination; secondly, it aims to assess how the doctrine of holiness as wholeness is challenged by the impact of HIV and AIDS in the Redeemed Gospel Church (RGC), a concrete Pentecostal church in East Africa; and thirdly, it aims to propose a new approach to the doctrine of holiness as wholeness, which could be applied in the Pentecostal African context globally.

James Eroni Miriago

Rev. Miriago James Eroni achieved a Master degree in ecumenical studies at the Bossey Ecumenical Institute in Switzerland. He also Holds a master degree in Gender and Religion with the main focus “Gender Justice from the Univesity of KwaZulu-Natal. currently, James is pursuing his Ph.D. at the University of KwaZulu-Natal South Africa.