

Immortality in the Context of HIV and AIDS
Among the Abalogoli of Vihiga District, Kenya.

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MARYKNOLL INSTITUTE OF AFRICAN STUDIES
OF ST. MARY'S UNIVERSITY
NAIROBI AND WINONA, MN

As members of the Maryknoll Institute of African Studies of Saint Mary's University,
MN faculty, we have evaluated the COLLOQUIUM PRESENTATION:

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the Abalogoli of Vihiga District, Kenya”

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and recommend that the degree of Master of art in African studies be conferred upon the
candidate.

Dr. Michael Katola

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Dedication

I wholeheartedly wish to dedicate this thesis to those who are living with HIV and AIDS.

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No serious academic research work is written without the help and assistance, patience and tolerance of a large number of people around the researcher. Accordingly, the people who have supported and encouraged, and helped me in one way or another during all the time I struggled to complete the work, are too numerous to count. My thanks go out to you all.

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May God bless you all.

Abstract

The world is faced with the reality of HIV and AIDS that is claiming the lives of many people especially in Africa; this has caused many challenges to the cultural beliefs of the African people. One such group of the African people is the Abalogoli of Vihiga District of Kenya.

The Abalogoli have the concept of immortality which is based on their belief that immortality stems from the idea that anything evil is also immoral. HIV and AIDS has confirmed this belief that people who have been immoral are the ones infected with HIV and AIDS. This automatically leads them to the conclusion that people living with HIV and AIDS are immoral and therefore have no immortality.

Today with the advancement of science and knowledge on HIV and AIDS, new realities have dawned upon the concept and influence of HIV and AIDS. A person does not need to be immoral to contract HIV and AIDS. HIV and AIDS can be acquired as for example, a faithful spouse could be infected by the partner, and there are infections through blood transfusion and from mother to child, blood contact during accidents, medical accidents, and victims of rape. The Abalogoli are gradually coming to the realization that people are not necessarily infected through immoral ways. Such ways of transmission are neither evil nor immoral.

The research explores whether the Abalogoli will change their concept of morality/immorality as affecting immortality in front of the new finding that HIV and AIDS need not necessarily be contracted through immortality. It is clearly evident that immortality is linked to evil and therefore HIV and AIDS is both immoral and evil. Hence, PLWH (People Living with HIV and AIDS), in the Abalogoli traditions have no access to immortality because they are basically evil. This research shows how the Abalogoli are adjusting their beliefs on immortality and morality/immorality in view of the new understanding that HIV and AIDS need not necessarily be acquired because of immoral behavior.

This research has found out that even Professionals, well educated Abalogoli people, and people of standing within the Abalogoli community have surprisingly the same concept that HIV and AIDS is immoral and therefore evil despite the modern understanding that HIV and AIDS does not need to be acquired through immoral ways. Another serious outcome is the fact that the Abalogoli find themselves stuck between their culture and tradition in opposition to modern living and new understanding of HIV and AIDS.

Basic conclusions such as: any successful response to HIV and AIDS will necessarily have to begin with the Abalogoli's understanding of immortality, morality/immorality/evil and travel delicate journey into the mind of the Abalogoli and transform their old understanding and make it new. This means that one should take into account the cultural conviction of the people at all levels so as to be able to address this new understanding of the pandemic of HIV and AIDS. Unless the Abalogoli change their perception about HIV and AIDS and view it not as evil, nor as a curse, but as a sickness which can be acquired either through moral or immoral ways and therefore address PLWH appropriately, they will not address immortality appropriately. In other words unless the attitude of stigmatization of PLWH is replaced by the care giving mentality, for the sick and the weak, that is rooted in the Abalogoli culture, unless the Abalogoli become more conversant with the new discoveries about HIV and AIDS: infection, prevention, ARTs. Unless the Abalogoli revive their traditional care for the orphans, their values of togetherness in the family, the Abalogoli will not accept immortality for PLWH. In conclusion, this research is a challenge to many traditional and cultural beliefs of the African people with respect to the new understanding of HIV and AIDS.

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Abbreviations

AIDS: Acquired Immune Deficiency Syndrome

ARTs: Anti Retroviral Treatment

ATR: African Traditional Religion

CCC: Comprehensive Care Center

CSW: Commercial Sex Workers

Ed: Editor

e.g: Example

FBOs: Faith Based Organizations

HBC: Home Based Care

HIV: Human Immunodeficiency Virus

IDUs: Injecting Drug Users

KAIS: Kenya AIDS Indicator Survey

KANCO: Kenya AIDS NGOs Consortium

KNASP III: Kenya National, AIDS Strategic Plan III

Lk: Luke [Gospel of]

LAV: Lymphadermopathy Associated Virus

MAMC: Medically Assisted Adult Male Circumcision

MSM: Men having Sex with Men

MIASMU: Maryknoll Institute of Africa Studies of Minnesota University

NASCOP: National AIDS-STD Control Program

NCAPD: National Coordinating Agency for Population and Development

NGO: Non-Governmental Organizations

PLWH: People Living With HIV and AIDS

PMTCT: Prevention of Mother to Child Transmission

PwDs: People with Disabilities

STI: Sexually Transmitted Infections

UNAIDS: Joint United Nations Programme on HIV/AIDS

UNDP: United Nation Development and Programme

UNESCO: United Nation Educational Scientific and Cultural Organisation

UPs: Universal Precautions

VCT: Voluntary Counseling and Testing

VDSP: Vihiga District Strategic Plan

Chapter One

1.0 Introduction

Many Africans believe that for anything to happen there must be a reason behind it. The cause could be a human being (somebody), a certain power like spirit, an ancestor and God (Gyekye 1996, p.17). Thus death, especially of a young person, any disorder, and hatred in the community, any misfortune and disaster that befalls individuals, clans or communities is believed to have been caused by somebody or by a mystical power. Gyekye (1996) goes further to say that:

“Anything bad or evil that happens is always seen as the consequence of personal or communal disorder, or perhaps, as a punishment sent by the supernatural powers against the bad conduct or failure by somebody to fulfill certain moral obligations to kinsfolk or community” (p.17).

This chapter serves as an essential prelude to the researcher’s study. In fact, the purpose of this research work is to uncover some aspects of Abalogoli’s cultural knowledge and social structure that shape the way for the individuals and the entire society on how to handle morality, (and behavior of its members) especially in the context of HIV and AIDS in Kenya. This cultural knowledge helps in understanding the extent to which people’s way of life is influenced by the way they relate or treat the departed relatives.

Generally, Africans treasure and value life and because of that when someone is of age, he or she marries so as to participate in the continuity of the family. Only in terms of his participation in their life of the community does a person find meaning and a sense of integrity in life. However, the base of this communitarian morality is God and the ancestors (Mbiti, 1970). Additionally, Bujo (1988), asserts that the “ethnic community of the black Africans include both the visible and the invisible world” (p.7). Thus, it logically follows that the ancestors and even the whole spiritual world play a big role in African morality.

Accordingly, after a long deliberation and serious pursuit in the MIASMU courses, one is able to detect how much Africans value life, communal involvement and righteousness. The researcher has so far undergone seven courses of which three are directly linked to the study at hand. Those three courses are: Gospel and Culture: the African experience, Moral Teaching and Practices of African Traditional Religion and African Marriage and Family: Challenges and Changes.

Remarkably, the course on “Moral Teachings and Practices of African Traditional Religion” has indeed proved to be an incentive for the researcher’s endeavor into the field of research. At first, the researcher wrote a paper entitled: “Personal Immortality: Moral Implications in the Luhya community”. The outcome of the work was that the way the Luhya handled ‘good and bad people’ helped them to keep the Luhya community together. Hence, it came out that each and every Luhya had to put moral life first, and avoid evil deeds.

Nevertheless, in this thesis, the researcher focuses on the Luhya community of Kenya with a particular reference to the Abalogoli, of Vihiga District, also referred to in this thesis as Maragoli and Logoli. The Luhya are composed of 18 sub-ethnic groups (cf. <http://www.strategyleader.org>). These ethnic groups share common aspects of which a sense of morality and sacredness of life are some of them. For the sake of a scientific study and for the purpose of an in-depth study, the researcher singled out one sub-ethnic group among the eighteen that comprise the Luhya ethnic group: the Abalogoli of Vihiga District of Kenya.

One of the reasons for choosing the Abalogoli is that, like all the other Luhya ethnic groups, they are people with great fear and respect for the spiritual world, and have extensive customs surrounding death (cf. <http://www.strategyleader.org>). During a visit to rural Mbale, Vihiga District, in 2004, the researcher came across many homesteads where he found only elderly people and very young children. Young adults had died of AIDS and most of the elders the researcher interviewed seemed to have lost hope in life. Some

elderly people were very sad, they were angry against HIV and AIDS that took their children from them.

On another occasion, the researcher while conversing with a certain elder over this sad situation, the elder argued that his ancestors were punishing him for the wrong he did to a fellow Luhya many years ago when they were in Mombassa. As a punishment all his sons and daughters have died of AIDS one after the other, and he is obliged at his old age to look after his grandchildren. The elder had equated HIV and AIDS as a consequence of immorality.

One informant, a man in his late 60s had lost all his male children to AIDS. He noted out that during the funeral only a few friends came to take part in the funeral rites of his departed children. Unfortunately, the man is now left alone with his barren daughter. The man has lost hope in life for he is sure of having no one at his funeral. Consequently, the man resorted to being a member of the Catholic Jumuiya (Small Christian community) of the village parish so as to have some people to bury him when he dies.

From the two cases above and from many other informal discussions and readings, the researcher found that many people in the Luhya community look at HIV and AIDS as associated with evil. As such, those infected by it are literally stigmatized and when they die, they are buried as outcasts. One time when the researcher was visiting a friend at Kenyatta National Hospital, he saw many cases of lonely sick people, some of whom were Abalogoli of Vihiga District, who had been abandoned by their relatives. A nurse told the researcher that there were lots of cases of unclaimed corpses in the hospital mortuary as a result of HIV and AIDS, some of the unclaimed bodies being from the Abalogoli background.

The researcher's paper entitled, "Personal Immortality: Moral Implications in the Luhya community", indicated that the Luhya community would not abandon a dead person in a hospital. Once life on this earth is over, the community always comes together and accompanies the deceased through appropriate funeral ceremonies (Jiodio, 2004). All

those who die, are buried. But the difference would be shown at the mourning, funeral celebrations, and the place of the compound where the grave was dug.

For the Abalogoli, the observance of taboos and the moral values observed during one's life was the guarantee for life in the after world. The good people go to the ancestral world and the bad people become evil spirits who roam around aimlessly (Jiodio, 2004). With the advances in sciences, studies and information has shown that HIV and AIDS need not necessary be acquired through immoral behavior: sexual unfaithfulness, Commercial Sex Work (CSW), Men having Sex with Men (MSM). Because it has claimed so many lives, HIV and AIDS is considered evil among the Abalogoli and people who are infected by HIV and AIDS among the Abalogoli are considered morally evil. This could be interpreted to mean that for the Abalogoli HIV and AIDS is not just a sickness but evil. In this sense, for the Abalogoli the state of immortality of the morally evil people was not assured after their death. The researcher perceived a brakeage whereby HIV and AIDS was still perceived as an evil, people living with HIV and AIDS (PLWH) and those who died of AIDS are still considered evil though there is the realization and awareness that HIV and AIDS can be contracted by ways that are neither evil nor immoral such as blood transfusion, mother to child transmission, open wounds during accident, rape by someone who is infected by HIV.

1.2 Historical Background of the Abalogoli

The Abalogoli were originally farmers. But with the growth of the population, the farming land has given way to construction of houses. According to Crowley & Carter (2000), approximately half of the farms in Maragoli are less than one hectare in size, and fewer than 10 percent are larger than three hectares with all plots combined (p.152). In this study the two words Abalogoli and Maragoli will be used interchangeably to signify Luyha ethnic group mainly residing in Vihiga division.

There has been a shift in the activity of the Abalogoli people. Nowadays, the common activities range from the production of food and cash crops and the trade of

agricultural produce and livestock, to the sale of second hand clothing and pottery, to other formal and informal trading practices.

As a result of the change in the economic activities of the Abalogoli, Mbale town (cf. App. L) has emerged as the largest market town in Maragoli and has even become the new administrative headquarters for Vihiga District. Mbale town is strategically and favorably located on the tarmac road that runs from Kisumu to Kakamega. This serves as a major transportation link and provides good potential access to urban centers and towns. Far from the village, the Abalogoli, married or not, easily engage in sexual relationship with commercial sex workers. Such a promiscuous life is one of the factors responsible for the spread of HIV and AIDS. It is also a reason that makes HIV and AIDS be associated with immorality.

1.2.1 Location of the Abalogoli

Abalogoli live in Vihiga District originally part of Kakamega District, Western Province of Kenya. The District population grew from 550,800 persons in 2002 to 612,639 in 2010 (cf. App. P). The district's population growth rate is 3.3% way above the national average of 2.4% (cf. App. P). In 2009, Maragoli had 1226 people per square kilometer (cf. App. O). This statistic shows how inter-relationship is valued by the Abalogoli and that the Abalogoli cannot but live together. A respondent said that the clans never wanted their children to leave the ancestral land and settle somewhere else (cf. App. A, no.2).

Gichinga (2005) argues that the clans of the Abalogoli multiplied mainly on account of polygamy. Each wife of the early ancestor Mulogoli, the founder of a clan, had many children (p.35). By 1988, Luvai (1986) and Kagoni (1988) argue that the original Abalogoli clans (two clans according to the sons of Mulogoli) had multiplied to over thirty-eight clans (Luvai, 1986; Kagoni, 1988)

Wagner (1949) recorded that Maragoli, which was originally one, was split into two administrative locations (cf. App. N), North and South Maragoli in 1937 due to a quarrel between Yonga and the Kizungu, the older sons of Mulogoli over distribution of

marriage cattle received from one of their sisters. This led to the murder of Kizungu by Yonga. Yonga then fled to present day South Maragoli while the family of Kizungu went and settled in present North Maragoli (cf. p.59).

Kilima and Mmavi (the youngest sons) stayed behind with their parents in the land between the two warring brothers; they later got absorbed in either North or south Maragoli (cf. App. N). The two locations have one of the largest numbers of inhabitants among the Abaluhya sub-groups (Kenya Population Census, 2009 cf. App. P).

In order to get more resources, males had to leave their homestead for many months. So, out-migration of men increased the reduction of elders control over the sexual behavior of men. Far from their homes for many months or years, men were more likely to engage in casual sex. It resulted to the rise of STD infections among married people. The spread of the disease was worsened by the fact that the Abalogoli were polygamous.

1.2.2 Abalogoli Religious Practices

According to Wagner (1949) the Abalogoli have their own distinct cultural identity that differentiates them from the other Luhya ethnic groups (p.237). Were (1967), writing about what is specific to the entire Abaluhya, listed: polygamy, divination, beer drinking, superstition, traditional music and dancing, offering sacrifices and various practices related to birth, child-naming, circumcision, marriage and death (p.3).

Referring more specifically to the aspects proper to the Abalogoli, two Abalogoli scholars, Luvai (1986) and Kagoni (1988) noted: circumcision, marriage, levirate marriage, birth, naming, death, dying, inheritance and succession together with taboos as important aspects of Abalogoli culture. This thesis is more interested in death, dying and taboos related to sexual conduct; as it looked at Immortality in the context of HIV and AIDS among the Abalogoli of Vihiga District.

1.2.3 God as the Source of Everything

Nyamiti (1995), Bujo (1998) and Chiwala (2004), affirm that for Africans, everything comes from God. God is so powerful that He should not be addressed directly,

but only through the ancestors and the deities. The Abalogoli that were interviewed believe that when one is born, he/she should live, become an adult, grow old then die and become a living dead or an ancestor. The departed can then be reborn again and live in a new child.

We should emphasize here that this presentation of the Abalogoli worldview as circular represents the broad ideas in African societies. The Abalogoli believe in the ancestral life. Burial is a very important rite of passage that ensures access to the other life. The Abalogoli as it appeared in the research always bury their departed ones in the ancestral land, to which they belong. The funeral rites are given to every Abalogoli; for those who lived a good life, rituals that help them enter ancestral life are performed. Those who did not follow the laid down religious/moral rules do not enter ancestral life. Actually, the Abalogoli believe that premarital sex and pregnancy before marriage are unacceptable. Any Abalogoli who broke a taboo had to pay for it. A man could be fined heavily while a woman could be ostracized or in some places the woman was killed (cf. App. A, no.3). Adultery, incest, rape and bestiality were abominations that were dealt with in a serious manner. Severe punishments were: giving heavy fines (giving out a big number of cows), ostracizing (chased from the village) and killing (even the homesteads were burnt to ashes). As a matter of fact, sexual misconduct was believed to bring misfortune upon the family of the individuals and above all on the lineage and the clan at large. As a consequence, the Abalogoli believe that calamities and different misfortunes that affect their community are a result of breaking certain taboos.

For Abalogoli, a 'good person' is one who has lived a long and blessed life; a long life while following the rules and taboos of the society. A life blessed with one or many wives that have given a lot of children both male and female, a life with peaceful experience, with a joy to see one's grand and great grand-children. Such a person, full with years, blessings and wisdom lives a very good life whose death will be a passage to the ancestral world, accompanied with the right rituals and full funeral rites.

A good person is the one who did not kill or commit suicide and has got many children that carry his/her name. In Abaluhya community this affirmation from Kenyatta (1938, p 164) is definitely true that: “the social position of a married man and woman who has children, preferably boys, is of greater importance and dignity than that of a bachelor or spinster. After the birth of the first child the married pair becomes the object of higher regard on the side of their relatives than they were before”. Therefore we can agree with Musanda (1986) that “having a child is regarded as growth in social status” (p.111). So, to be alive in the next world entails one being alive in the present world through one’s descendants, both those who have one’s blood and/or anyone who still remembers them in their memories. Among the Abalogoli, everything possible is done so that a good person may continue to be remembered so as to continue living in the immortality.

1.3 The HIV and AIDS

1.3.1 HIV and AIDS in Kenya

Presently we are in a moment of history where HIV and AIDS is threatening the lives of millions of Africans. HIV was discovered in 1981, but according to Monekosso (1994), “the first discovery of the HIV was in 1983 by Madame Françoise Barre Sinoussi at the Pasteur Institute in Paris (p.6). The infection was first associated with homosexual people but is now associated with heterosexuals too, and scholars like Coates (1990) affirmed that AIDS is the root of an infection with human immunodeficiency virus (HIV). Actually, HIV was first described as a retrovirus and named Lymphadenopathy-Associated Virus (LAV) (cf. Coates, 1990, pp.19). LAV was the first virus attacking selected cells of the immune system, nerve and other systems, impairing their proper function (Chiwala, 2004, p.45).

According to the Kenya National AIDS Strategic Plan (KNASP III), the HIV epidemic peaked in the late 1990s with the overall prevalence of over 14% in adults (p5). By the end of 1995, 63,179 AIDS cases had been reported to the National AIDS/STD Control Program (NAS COP, 2005) (cf. Baltazar & al, 1995, p.11). KNASP III (2009)

recalls that in 2005 the Ministry of Health estimated that 1.1 million adults age 15-49 were infected with HIV in Kenya. National HIV indicator for Kenya affirmed that in year 2000 there was a decline in the national prevalence then estimated at 7.1% in the age group of 15-49 years and at 7.1% in the year 2007 (cf. p.5).

NASCOP (2005) affirms that “nearly two-thirds of those infected were believed to be women. Approximately 60,000 adults aged 50 and over were also believed to be infected by HIV and AIDS; most of the infected adults lived in rural areas (670,000) compared with 410,000 in urban areas” (p.13).

Trend information from sentinel surveillance suggests that adult prevalence peaked at a level of 10% in adults in the late 1990s. New infections in adults have declined drastically from 200,000 to approximately 86,000, but deaths have continued to increase to 150,000 per year. By the year 2005, approximately 1.3 million adults and 100,000 children were infected with HIV (cf. App. Q). “The incidence remains high at 132,000 adults and 34,000 new pediatric infections per year in 2007” (cf. KNASP III, 2009); the above figures show that in spite of the work done by the Government of Kenya to fight the epidemic, HIV and AIDS still remains a concern for the people of Kenya.

Table 1 below shows that all the cases of HIV and AIDS infection are not related to immorality. 2.5% get infected through health facility related factors, while 3.8% contract HIV and AIDS through injection of drugs. Men having Sex with Men (MSM) claim 15.2% of the HIV infections. Commercial Sex Work (CSW) is responsible of 14.1% of the new infection.

Table 1: Sources of New Adult Infections in Kenya

Source Incidence *	% of National Incidence
Heterosexual sex within union/regular partnership	44.1
Casual Heterosexual Sex	20.3
Men having Sex with Men (MSM)	15.2
Commercial Sex Work (CSW)	14.1
Injecting Drug Use (IDU)	3.8
Health Facility Related	2.5

*Spectrum Model, MoT, 2008 (cf. KNASP III, 2009)

Table 1 can be interpreted to mean that HIV and AIDS raise the problem of immorality at large. AIDS is caused by a virus; the virus has already been identified and scientists are looking for a vaccine. In the meantime, families, countries and the whole world are fighting to reduce the impact of HIV and AIDS.

The Government of Kenya has put in place strategies to address the issue. According to KAIS: “the epidemic is geographically diverse, with a particular prevalence in Nyanza Province (14.9%), and a higher than that national average prevalence in Nairobi (8.8%) and coast (8.1%). Apart from some major cities, and transport corridors, HIV prevalence is lower than the national average in the rest of the country. Prevalence rates among the urban population are 8.4% as opposed to 6.7% in the rural population”. Currently in Kenya, it is estimated that 70% of people infected live in rural areas (cf. KNASP III, 2009); the rural area being a place where the African traditional values are still held with fear in comparison to the urban area.

Without a proper change in the behavior, a child who is born today is no longer assured of any good traditional education or modern instruction, because those in charge of that education might be dead as a result of HIV and AIDS. A youth who wants to get married in Kenya today has 8.4% possibility of getting a HIV positive partner (cf. App. Q). In some areas this percentage is even higher. Things are not made easy by the fact that the commonly acknowledged view about HIV and AIDS is that, it is a sickness that comes from sexual promiscuity. Worse still many Africans have come to look at those who are affected and infected as a potential threat to life. This has given rise to new forms of discrimination and stigmatization. KNASP III (2009) argues that:

“There have been important changes in risk behavior (e.g., condom use, delay in first sexual relationship, reduction in number of sexual partners), but not enough to turn off the tap of new infections. Condom use at last higher risk sexual activity shows substantial progress for both women (23.9% in KDHS 2003 and 35% in the KAIS 2007) and men (46% and 51% in the both studies respectively),

but procurement and distribution system remain a major change. Character formation has to be included as an added strategy in prevention.” (p.11).

The Government of Kenya is also involved in treatment, care and nutrition of those infected. According to KNASP III (2009), “approximately 250,000 Kenyans are aware of their positive HIV status... at least 30,000 of those on ART receive nutritional support” (pp.11-12). 80% of TB patients are being offered HIV testing; the coverage for children is not very high about 15% (cf. KNASP III, 2009). Preventing HIV and AIDS is on the agenda of the Government of Kenya; funds involved in that campaign are labeled under the name of cost-effectiveness. The standard measure of cost-effectiveness in HIV prevention is the number of new infections prevented for a given amount of money spent. KNASP III (2009) argues that “the most cost-effectiveness intervention, about Kh16,800 (US\$225) per case averted, is in voluntary, medically assisted adult male circumcision (MAMC) in Nyanza” (p.4). As KNASP III (2009) puts it:

“Cost-effectiveness in neither a matter of mere economics nor a pure technical concern because a case of HIV prevented means a life-time of medical costs saved. As such, giving an appropriate weight to cost effectiveness also means saving public and private money; this implies choosing more rather than less cost-effectiveness actions is saving more lives with available resources” (cf. xi).

At the work places, there has been a lot of discrimination for the HIV positive individuals. The official policy in Kenya is that an employer cannot require knowing the status of his/her employees or prospective employees. Doing so without consent is illegal and unlawful. In spite of the law that protects the right of the employees in Kenya, it is difficult to secure new employment in some companies if the prospective employee is tested positive or is too weakened by AIDS. Dismissal on medical ground is very common; in some cases “individuals with HIV and AIDS have been fired upon discovery of their status” (<http://www.kenyaspace.com/HivAids.htm>, 17-04-2011). However, since the swearing in of the HIV and AIDS tribunal in June 21 2011, there is a new hope for

those who have been victimized. PLWH whose rights have been denied will be provided with policies and human rights and an enabling environment for an effective HIV response. The tribunal will ensure access to justice for people who would otherwise not access due to socio-economic constraints, it will also seek redress for PLWH in cases such as breaches of confidentiality and unlawful termination of employment (cf. Daily Nation, June 30th 2011).

1.3.2 The Advent of HIV and AIDS Among Abalogoli

The advent of HIV and AIDS come challenges to many ethnic groups around the world. In assessing the impact of HIV and AIDS in Vihiga, the Vihiga Strategic Development Plan states:

“One of the main problems that have continued to affect a large population of Kenyans in their reproductive ages is STIs [Sexually Transmitted Infections]/HIV/AIDS. In Vihiga District HIV prevalence is of great concern. In year 2000, HIV prevalence rate was reported to be 15.6% way above the national prevalence of 14% reported in the same period. Over 50% of admissions and bed occupancy are HIV and AIDS patients” (VDSP, 2000-2010, p.17).

Eleven years down the line the situation has not improved. It is believed that the culture beliefs and poverty in the community are some of the major factors that have contributed to rise in infection rates in the district.

HIV and AIDS has been the cause of the death of many people; because of that, the Abalogoli equated HIV and AIDS with immorality. In this regard Issues/problems arose that require urgent and concerted efforts in the district are: a- Increased cases of STIs/HIV/AIDS infection, b- Slow behavioral change, c- Inadequate care and support for the infected and affected. Proposed Programmes have arose to address the main issues/problems affecting Vihiga District, the following broad outputs were identified by the VDSP, 2000-2010, as very important: they are: 1- Reduced incidence of HIV infection, 2- Promote behavior change and 3- Establish support and care for the infected

and affected with HIV and AIDS. The present study goes in line of being a contribution to a response to HIV and AIDS for the Abalogoli of Vihiga District.

1.4 The Academic Discipline

The Academic discipline underpinning this study was interdisciplinary. This included social anthropology, moral theology and pastoral theology. The study makes a contribution in promoting the cultural knowledge related to immortality in the context of HIV and AIDS among the Abalogoli of Vihiga District.

The methods used to collect data were those of social anthropology. The study involved the use of questionnaire and also involved oral interviews and group discussion with various respondents. The researcher also used participant observation to obtain some information. The academic disciplines in terms of which the data have been conceptualized, presented and analyzed are that of moral and pastoral theology.

This study was pastoral theological in the sense that it looked at the behavior change in the process of understanding the rationale behind the concept of immortality among the Abalogoli, the burial rituals, the values and the community involvement in funeral celebrations was also investigated. The study considered the attitude and perception of Abalogoli people on evil. The focus throughout the study was on immortality, community involvement in funeral rituals and the impact of HIV and AIDS on the understanding of life after death and morality. This enabled the researcher to find out the meaning and significance that was attached to life after death and its relation to morality.

This study was moral theological in the sense that it studied a group of people in their struggle to make life meaningful. This study investigated some fundamental questions such as: what happens after death? Is death the end of everything? Have our actions to do with our hereafter? Is the hereafter shaped by the actions of now? Furthermore, the research tried to find out the meaning and significance attached to life

after death and its relation to morality. In addition, the impact of HIV and AIDS on the understanding of life after death and morality was studied.

The study also contains elements of socio-anthropological reflection. Understanding how a community and a person within it function inter-related when they are faced with new and unknown realities.

1.5 Problem Statement

For the Abalogoli, morality is all about a good and prosperous life indicated by peace, health, children, property and those who were thus blessed lived a moral life which was rewarded through immortality. On the contrary, hardships, suffering, pain, misfortune for example through illness such as HIV and AIDS experienced by the individual or group was seen to be as punishments for unethical or immoral behavior. This immoral behavior was considered to bar such individuals or groups from qualifying for ancestral life and immortality. People among the Abalogoli who were seen or considered to have murdered, stolen would fit in such category of unethical people.

Since, among the Abalogoli, immortality has moral implication, the advent of HIV and AIDS made the Abalogoli consider PLWH as immoral and therefore evil people who did not qualify for ancestral life. This was because the Abalogoli equated HIV and AIDS with immorality. However, studies and information has shown that HIV and AIDS need not necessarily be acquired through immoral behavior. HIV and AIDS can be acquired as for example, a faithful spouse could be infected by the partner, there are infections through blood transfusion and from mother the child, blood contact during accidents, medical accidents, victims of rape are ways a person can be infected. The Abalogoli are gradually coming to the realization that people don't need to necessarily get infected through immoral ways. Such ways of transmission are neither evil nor immoral.

The problem/situation was that HIV and AIDS was still perceived as evil, PLWH and those who died of AIDS were still considered evil though there was the realization and awareness that HIV and AIDS could be contracted by ways that were neither evil nor

immoral. Actually, the researcher perceived a breakage in the link between immortality and the understanding of morality/immorality among the Abalogoli through the advent of the new discoveries and new situation created by HIV and AIDS being contracted through means that are neither evil nor immoral. This meant there was a new demand compelling the Abalogoli to reconsider their views about the possibility of immortality for PLWH and those who have died of AIDS, creating a choice between the cultural understanding of immortality, immorality, morality in connection with HIV and AIDS and the new understanding of HIV and AIDS. Would the Abalogoli choose to exclude from immortality their people who have passed on because of HIV and AIDS and yet did not contract it through immoral means? Would the Abalogoli change their culture and therefore enable those people who have passed on because of HIV and AIDS which was contracted through no fault of their own?

1.6 Hypothesis

The hypothesis of this study was: the Abalogoli perceive HIV and AIDS as something totally evil that those who are infected can no longer qualify for ancestral life. In other words, there is a significant relationship between the Abalogoli people's perception of HIV and AIDS as something evil and the disqualification from ancestral life. HIV and AIDS has claimed so many lives, the Abalogoli consider PLWH as morally evil, for this reason the abalogoli do not accept immortality for PLWH. This could be interpreted to mean that for the Abalogoli HIV and AIDS is not just a sickness but evil. In this sense, for the Abalogoli the state of immortality of the morally evil people was not assured after their death.

The Abalogoli of Vihiga District value life and strongly safeguard it. They believe that once someone becomes of age they should marry and participate in the continuity of the family by bearing children. Only in terms of his participation in the life of the community does a person have meaning and a sense of integrity in life. In so participating in the community life, the person is moral. Someone's morality therefore shapes the way

the person is accompanied into the other world. With the advent of HIV and AIDS, the Abalogoli have lost many members so much so that HIV and AIDS has been associated with evil. In spite of the fact that progress in research has shown that people can get infected with HIV by means that are neither evil nor immoral, the Abalogoli have not ceased to look at HIV and AIDS as something evil. The hypothesis was valid; many years after the first cases of HIV and AIDS, the Abalogoli are very slow in the change in their culture or attitude to immortality of their PLWH and especially those who have died of AIDS.

1.7 Research Questions

This study had five research questions.

1.7.1 What is your Understanding of Immortality, Morality and Immorality?

This question was descriptive. It find out about immortality, morality and immorality from the Abalogoli perspective. The question established the relationship between immortality, morality and immorality.

1.7.2 What is the Understanding of Evil according to Abalogoli?

The notion of “evil” was at stake in this question. The question wants grasped what the word Evil evokes in the minds of the Abalogoli. It came out that evil could be a bad action, a bad eye, an endless suffering, an incurable sickness and and/or anything that is anti-life. Abalogoli like many African community do not separate the evil from the evil doer. Thus, it appeared that HIV and AIDS was not just a sickness, but also the PLWH were evil by the fact that they were infected by the virus.

1.7.3 What is the View of Abalogoli about HIV and AIDS?

With this question, the researcher was able to grasp the Abalogoli’s attitudes and dispositions vis-à-vis HIV and AIDS. The question focused on factual knowledge and biases. The question also showed that HIV and AIDS had come to be associated evil, immorality and that was why stigmatization was attached to PLWH.

1.7.4 Are you aware that HIV and AIDS can be Acquired even if One is Not Immoral?

This question found out the degree of knowledge about the current discoveries in the field of HIV and AIDS. It came out from the findings that the more the knowledge the more the capability to cope with new challenges; the question helped to see the impact of the knowledge on belief about immortality. This question also allowed the researcher to find out that the knowledge about HIV and AIDS people was not automatically translated into behavior change.

1.7.5 Do you think that Those who Died of AIDS Qualify for Immortality?

This question needed a yes or a no answer and an explanation. The question helped to find out why and how stigmatization of PLWH had some repercussions even after their death. The researcher found out that the capability of the Abalogoli to acquire a new culture of immortality in an ever changing world was low. It came out that the Abalogoli were excluding from immortality their fellow people on the ground of the evilness of the sickness?

1.8 Significance of the Thesis

There are five main reasons why this thesis is important.

This study is important because it clarified the concept of evil, it gives the Abalogoli concept and understanding of evil especially with regard to their definition of HIV and AIDS and labels tied to them. For the Abalogoli, a person is evil because his or her deeds are evil. That understanding of evil does not give justice to PLWH knowing that being infected by HIV need not necessary be through immoral means.

Regarding the concepts of morality and immorality with respect to PLWH, this thesis highlights the new information about HIV and AIDS and affirms that it can be acquired through ways that are not immoral; this is a challenge to the Abalogoli belief about immortality of PLWH. The study invites the Abalogoli to change their concept of immorality, increase their knowledge about the sources of HIV and AIDS and become

humane, merciful compassionate etc and so incorporate PLWH in their belief of immortality.

This study is also important because it brings some insights on the socio-cultural/anthropological field knowledge. As a matter of fact, the concept of HIV and AIDS as immoral is an understanding which is not just pertinent to the Abalogoli but embraces many other culture and ethnic groups; this study not only influences the concept of immortality of the Abalogoli but significantly challenges other such like-minded ethnic groups. Anthropologically, this information about HIV and AIDS helps in the human development of the individual to become tolerant and accepting of PLWH

The study is useful in the field of moral and pastoral theology and religious studies. The study gives significant information to the pastoral and moral ministers to have a proper understanding about PLWH in a special way those pastoral ministers working with and among the Abalogoli. This study helps such ministers to be opened to PLWH, to help people who have misguided concept about PLWH to challenge their wrong understanding and to create an atmosphere of welcome and ultimate immortality for the people entrusted to their care.

Further, this study is important for it opens new avenues for more research. This research significantly motivate other researchers to dwell into the other aspects of the life and cultural understanding of people and generate new understanding about other concepts like rape, murder by self defense, accidental death and the impacts of those concepts have on people's culture; so that they can challenge these understandings of evil like this study has done toward immortality, morally, immorality and PLWH.

1.9 Assumptions

The HIV and AIDS pandemic has shaken the socio-cultural setting of the Abalogoli. The great number of those who died AIDS, especially the death of those who were childless endangered the cultural fabric. As a consequence HIV and AIDS came to be seen as something totally evil. The researcher had five assumptions:

1.9.1 Evil as Anything that Hinders the Harmonious Flow of Life

The Abalogoli have been shocked by so many losses of lives due to HIV and AIDS which is destroying future generations and offspring. This future of the generations yet to be born is therefore being challenged because HIV and AIDS endangers the socio-cultural fabric of the Abalogoli. The above situation has made the researcher assume for this study that for the Abalogoli, evil is anything that hinders the harmonious flow of life; not only life here on earth but also life after death. HIV and AIDS has claimed the lives of many people, jeopardizing the flow of life into the other world. The assumption is valid because HIV and AIDS has put into question the once taken for granted assurance of leaving behind children who have ones' blood and name, the virus has been looked on as something evil

1.9.2 HIV and AIDS is Something Evil Because it Undermines Life

AIDS is a sickness without a cure that is threatening the survival of individuals, the families and the society at large. Things are not made easy by the fact that AIDS is predominantly transmitted through sexual intercourse. Those infected with HIV are mostly looked upon as immoral people who involved themselves into evil activity by breaking sexual taboos (sexual intercourse with animals, incest, rape, adultery). The researcher assumes that HIV and AIDS has been seen as something evil by the Abalogoli because it undermines life is mostly transmitted through sexual relationship that was originally designed to be a way of giving life.

1.9.3 Some Rituals Are not Performed on People who Die of AIDS

In many African communities, a person's morality shapes the way the person is accompanied into the other world. It is not a matter of having material means or not, it is all about having lived a morally upright life. The community always comes together and accompanies the deceased through appropriate funeral ceremonies. All those who die, good or bad people, are given a burial. HIV and AIDS has been associated with immoral activity like unfaithfulness, sexual relations with commercial sex workers (CSW), men

having sex with men (MSM), incest, rape. This made the research assume that because of the association of HIV and AIDS with immoral activities, there are some traditional rituals in the Abalogoli community regarding burials that are not to be performed on/for those who die of AIDS. The assumption was partly valid.

1.9.4 Traditional Beliefs/Practices Contribute to the Stigmatization of PLWH

The researcher assumes that some traditional Abalogoli beliefs/practices that contribute to the stigmatization of PLWH. The Government's campaign and response to HIV and AIDS has borne some fruits even if there are still some cultural elements that remain resilient to the fight of stigmatization and discrimination of PLWH and those who died of AIDS. This assumption was valid.

1.9.5 Stigmatization of PLWH Extends Beyond the Grave

Immortality refers to life after death; immortality is compromised when one or many funeral rituals are not performed over the deceased. When that happens, there are repercussions in the after world. The fifth assumption is that stigmatization of PLWH extends beyond the grave; this assumption was true. The Abalogoli continue to refer to an reference to the cause of their death. For example: "the son of so and so who died of AIDS"

1.10 Scope and Limitations

This thesis studies the socio-anthropological, moral and eschatological dimensions of the human person, among the Abalogoli of Kenya, in the context of HIV and AIDS. The researcher does not claim to have exhausted the whole understanding about death, immortality, sin, suffering in the Abalogoli community.

1.10.1 Vihiga District

In geographical terms, the research took place in Vihiga District. The emphasis on the Abalogoli of Vihiga was advantageous because they lived in the rural area and were expected to have more information about traditional issues. Choosing Vihiga was also a limitation because the Abalogoli are part of a wider group: the Luhya of western Kenya,

the second largest ethnic group of Kenya after the Kikuyu, the researcher could be assured to have the view of a large part of Kenya society on the topic at study. The researcher did not touch the entire 18 sub-ethnic group the Luhya but concentrated the efforts on one of them: the Abalogoli.

The choice was based on the assumption that most of the 18 Luhya's sub-ethnic groups have some common traditional understanding of life after death. It was also because of the fact that traditional cultural way of dealing with the deceased has not been altered by modernity. As a result this research applies directly to the Abalogoli and can be extended to other Luhya sub-ethnic groups. They do not necessarily apply to other ethnic group of Kenya.

1.10.3 Traditional Understanding of Life After Death

Immortality being synonymous to death and afterlife, the researcher was not interested in Christians, Muslims understanding of heaven or paradise, but rather in the traditional Abalogoli understanding of life after death (immortality) in the context of HIV and AIDS. Attention was given to traditional factors, especially African Traditional understanding of life after death.

The researcher was interested only in the Abalogoli traditional realities in regard to life after death. Also, the course paper the researcher wrote previous to this study showed that the Luhya were still attached to their traditional values. The focus on traditional religion was not only a specification, but it is also a limitation. It excludes the views of the missionary monotheistic religions

1.10.4 People Living with HIV and AIDS

The researcher included PLWH, because they were the ones who are living and experiencing in their everyday life the challenges related to HIV. The participants to the study were those directly or indirectly affected by HIV and AIDS. This thesis did not, however, attempt to deal intensively with the prevention and the spread of HIV and AIDS among the Abalogoli.

1.10.5 Marital Status

The marital status was viewed as an important matter in people's life; so, informants were expected to be either: married (polygamous or monogamous), single or widowed. Every initiated Abalogoli is expected to enter get married. Being married gives strength to the family; so anything that affects a member of the family, affects everybody. For example the families of PLWH are more vulnerable due to their diminishing labor capacity in carrying for their sick relatives. This study looked at the family in general; the issue of discordant couples was not considered in the work even though at least two nurses came up with the issue.

1.11 Definition of Terms

Discrimination/Stigmatization: Being treated differently and negatively by others on the account of ethnicity, race, gender, social status, age, disability, ill health and geographical location; it is a negative labelling of a person because of race, dressing style, ethnicity, religion, level of education, disease and physical disability.

Empathy: The ability of situating oneself in another's experiences in order to understand how they feel or their pain. It also means identifying with and appreciating the situation and taking concrete steps to alleviate suffering.

Evil: Anything, any activity or any person that hampers or goes against the harmonious flow of life.

Evil Person: An individual who lives a life that is against the moral prescriptions of the traditional society. It is a person that does evil, meaning any activity or anything that hampers or goes against the harmonious flow of life. The evil person is not the devil in the Christian sense, the evil person can be inhabited by bad spirit, and such a person can consciously and unconsciously harm someone or bring about calamities.

Good Person: An individual who lives or has lived a life according to the moral prescriptions of the African traditional society.

Nominal Reincarnation: The belief that someone can live in and through the person whose name he/she has received. This is done basically through dreams, special events like seasons. The family or of the society ratifies it by actually giving the name to the person. An ancestor can therefore be reborn in the person that carries his/her name.

Immortality: a new stage of life whereby someone who has been a good example of faithfulness to the prescriptions, taboos, rules of the community is believed to live beyond his/her physical death.

1.12 Organization of the Work

Chapter One is the introductory chapter; it includes the introduction, the historical background of the Abalogoli, HIV and AIDS in Kenya, the academic discipline underpinning the study, problem statement, the hypothesis, the research questions, the thesis objectives, the assumptions, the significance of study, the definition of terms and the organization of the work.

Chapter Two gives a description of the procedures and the steps involved in conducting the study. This study is a survey study and examines in depth the Abalogoli understanding of Immortality in the Context of HIV and AIDS. The chapter describes the steps employed during our field research. It describes the tools and instruments the researcher employed in the process of data collection. It is also about the processes that helped us in the collection of the data of this work, the role and functions played by those field assistants we employed in the process of collecting the data.

In Chapter Three, the researcher puts forward the results obtained during field research. Data collected by using questionnaires, individual interviews and group discussions are presented.

Chapter Four presents the literature collected from various sources (Literature Review). In this section the reader gets secondary data gathered from books, journals, newspapers, online sources and any other literary production useful to this work. The analysis done in this section is a work of description, comparison and synthesis of what

some key scholars have said in relation to evil, immortality, HIV and AIDS and its relation to the Abalogoli of Vihiga District.

Chapter Five is the concluding chapter. It presents the analysis, interpretation and synthesis of all that was collected from the field on the subject Immortality in the Context of HIV and AIDS among the Abalogoli of Vihiga District. Here we analyze, synthesize and interpret both findings material from the field and the literature collected from the literary sources together with personal experiences and reflections.

Chapter Two

Methodology

2.0 Introduction

This chapter is the description of the procedures and the steps involved in conducting the study. This study examines Immortality in the Context of HIV and AIDS among the Abalogoli of Vihiga District. The specific location of the interviews was Vihiga Division (cf. App. L). Vihiga Division was described by the 2009 Kenya Population survey/census as having a population of 82,995 people (cf. App. O).

2.1. Research Process

The researcher started the study because he was intrigued by the fact that in African communities morality permeates not only all the aspects of the life here on earth but also after death. The researcher did a previous study in MIASMU that was entitled: “Personal immortality: moral implication among the Luhya”. The conclusion of that research paper was that immortality is something one works for; immortality is a reward. The interest to the topic gave the researcher the interest to go further and find out about the concept of immortality in the context of HIV and AIDS.

During the writing of the proposal, the researcher’s original ideas were shaped and made more focused by the guidance of the thesis adviser of MIASMU. The title of the thesis went through many different changes; for example, the original title was: Personal Immortality in the Context of HIV and AIDS: Case Study of the Luhya of Kenya. After some time, the researcher realized that studying the Luhya ethnic group, as a whole could not be realistic for a study of this kind, an MA thesis. The researcher became interested in doing a thesis about the Abalogoli of Vihiga District, Western Kenya, because the Abalogoli have great fear of and respect for the spiritual world, and have extensive customs surrounding death (cf. Luhya.html).

There came the need to focus the study on one sub-ethnic group. So the research was narrowed down to the Abalogoli sub-ethnic group of the Luhya. Hence the title

became: Personal Immortality in the Context of HIV and AIDS among the Luhya of Kenya: Case Study of the Abalogoli. After this the need for a specific site for the research made the researcher decide on Vihiga District. The title of the work is: Immortality in the Context of HIV and AIDS among the Abalogoli of Vihiga District.

2.2 Site of the Research

The study was carried out in the Vihiga Division (cf. App. L). Vihiga Division has five Locations: South Maragoli Location (with Ideleri, Chagenda, Massana, Lusiola as Sub-locations), Central Maragoli Location (with Ikumba, Chango, Kidundu, Emanda as Sub-locations), Mungoma Location (with Madzuu, Kisiyenya, Mahanga, Vigulu as Sub-locations), Wamulwa Location (with Mbihi, Chembiti, Kegoye as Sub-locations) and Lugaga Location (with Magui, Vunandi, Mahanda as Sub-locations).

Out of the five Locations of Vihiga Division (cf. App. L), the researcher randomly selected four - the names of the five locations were written and put in a basket. From it, four names were picked out. The researcher conducted the research in South Maragoli, Central Maragoli, Mungoma and Wamulwa Locations; Lugaga Location was left out.

Because Lugaga was left out, the participants in the study were purposely taken from the remaining fifteen (15) Sub-locations of Vihiga Division: Ideleri, Chagenda, Massana and Lusiola Sub-locations (South Maragoli Location), Ikumba, Chango and Kidudu, Emanda Sub-locations (Central Maragoli Location), Madzuu, Kisiyenya, Mahanga and Vigulu Sub-locations (Mungoma Location), Mbihi, Chembiti and Kegoye Sub-locations (Wamulwa Location).

2.3 Field Assistants

The researcher used two field assistants who helped him identify the resourceful population that was essentially drawn from among the Abalogoli population of Vihiga District. In the first two days of the actual field research, the two field assistants and the researcher identified some 'helpers' to facilitate the distribution of the questionnaire in the

Sub-locations and collect the questionnaire back. The two assistants worked with the researcher during the whole time on the fieldwork.

Seven other people were also employed. The research did not call them field assistants but rather field helpers. The field helpers who were conversant with the respective sub-locations were identified using purposive method. The criterion of selection of the helpers was that they had to be educated, knowing the sub-location, preferably be “natives” of the sub-location so that they may know where to go and how to go. Therefore, for two days the helpers were formed and introduced by the researcher to the rationale of the study. The researcher explained how to assist the respondent in filling the questionnaire. The helpers who knew the area also had the role to get the relevant informant for the study. The Elders, PLWH, Youth and Professionals were approached by the helpers.

As for individual interviews, the two field assistants and the researcher himself went to the field with two interview guides (cf. App. H and I) that were meant to help the researcher gain in-depth information and confirmation about the topic. The research instrument was a stream consciousness and in-depth interview.

In the final stage of the study, there was also collection of data by use of group discussions. The researcher compiled an open-ended questionnaire, which guided the group discussions whose information was codified, analyzed and used in the study.

2.4 The Fieldwork Research

This section begins by illustrating chronologically the use of different methods during different phases of the research. The discussion that follows describes the methods and the respective issues and dilemmas that came up in their implementation. The writer Lokong (2006) defines research design as a structure or blueprint which guides the entire research process. This study is a survey which the researcher intended to carry out an intensive qualitative observation of a problem at hand. The researcher used a combination of cross sectional and survey designs. Cross sectional design assisted in gathering

systematically factual information about the opinions, and characteristics of the respondents. Cross sectional design was preferred and was used because it fitted the limited time the researcher had at his disposal.

This study is borne from a research paper written at the end of an immersion course in Miasmu. This paper was the fruit of field work in Kakamega during the month of June 2004. The actual fieldwork for this study took place during the months of March and April 2007. It was a dynamic and involving process, and encompassed quantitative and qualitative methods, which were used simultaneously. Sometimes, the same method was used more than once at different stages of the fieldwork, but with different intents and purposes. The researcher used random and purposeful selection methods.

2.5 Description of the Research Instruments

In order to collect required data the following instruments were developed and administered to the respondents: questionnaires and the use of an interview guide.

2.5.1 Questionnaires

The researcher administered a total of two hundred and ten (210) questionnaires. There were seventy five (75) questionnaires for Elders, seventy five (75) for Youth, thirty (30) for the Professionals and thirty (30) for PLWH. According to Russels (2002), “self-administered questionnaires is time saving. The researcher can leave a questionnaire with a respondent and pick them back later” (p.244). The questionnaires had both open and close ended questions in order to gather both qualitative and quantitative data. As such, he used these questionnaires to collect data from the Elders, Professionals, PLWH and the Youth. The researcher administered some of the questionnaires himself; the field assistants and the helpers did the remainder.

2.5.1.1 Questionnaires for Elders

Questionnaires for Elders (cf. App. D) had a brief introduction about the researcher and some instructions on how they were to respond to items in the questionnaire. Section A had six items seeking the biographical data of the elders. Section B had thirteen items

seeking the Abalogoli understanding of evil. Section C had twelve (12) items inquiring from the Elders the Abalogoli traditional rituals ensuring the continuity of life after death. Section D had six (6) items seeking the Elders' knowledge about HIV and AIDS. Section E had six (6) items seeking the Abalogoli understanding of evil as it has been affected by HIV and AIDS. Lastly, Section F had six (6) items seeking the Elders' understanding of Stigmatization of PLWH and immortality.

2.5.1.2 Questionnaires for Professionals

Among the Professionals were: medical doctors, nurses, VCT counselors, traditional doctors, religious leaders, teachers from the Abalogoli of Vihiga District. Questionnaires for Professionals (cf. App. E) had a brief introduction about the researcher and some instructions on how they were to respond to items in the questionnaire. Section A had six (6) items seeking the biographical data of the Professionals. Section B had six (6) items seeking the Abalogoli understanding of evil. Section C had six (6) items inquiring from the Professionals the Abalogoli traditional rituals ensuring the continuity of life after death. Section D had eight (8) items seeking the professionals' knowledge about HIV and AIDS. Section E had three (3) items seeking the Abalogoli understanding of evil as it has been affected by HIV and AIDS. Lastly, Section F had ten (10) items seeking the Professionals' understanding of Stigmatization of PLWH and immortality.

2.5.1.3 Questionnaires for the PLWH

Questionnaires for PLWH (cf. App. F) had a brief introduction about the researcher and some instructions on how they were to respond to items in the questionnaire. Section A had six (6) items seeking the biographical data of the PLWH. Section B had three (3) items seeking the Abalogoli understanding of evil. Section C had ten (10) items inquiring from the PLWH the Abalogoli traditional rituals ensuring the continuity of life after death. Section D had four (4) items seeking the PLWH' knowledge about HIV and AIDS. Section E had one (1) item seeking the Abalogoli understanding of

evil as it has been affected by HIV and AIDS. Lastly, Section F had eight (8) items seeking the PLWH's understanding of Stigmatization of PLWH and immortality.

2.5.1.4 Questionnaires for Youth

Questionnaires for Youth (cf. App. G) had a brief introduction about the researcher and some instructions on how they were to respond to items in the questionnaire. Section A had six (6) items seeking the biographical data of the Youth. Section B had nine (9) items seeking the Abalogoli understanding of evil. Section C had two (2) items inquiring from the youth the Abalogoli traditional rituals ensuring the continuity of life after death. Section D had five (5) items seeking the Youth's knowledge about HIV and AIDS. Section E had two (2) items seeking the Abalogoli understanding of evil as it has been interpreted for the HIV and AIDS. Lastly, Section F had eight (8) items seeking the youth understanding of Stigmatization of PLWH and immortality.

2.5.2 Interview Guides

In addition to the questionnaires administered to the Elders, Professionals, PLWH and Youth, the researcher conducted thirty-eight (38) oral and group interviews. The researcher with the help of the field assistants interviewed them individually and recorded all the information provided. Face to face interviews helped the researcher to collect the detailed information by way of probing further and further into some vital issues that emerged during the interview. Thus, the researcher was able to elucidate, expound, and find out some details that the questionnaire had earlier not covered.

2.5.2.1 The Interview Guide for Elders, Professionals and PLWH

The interview guide for Elders, Professionals and PLWH (cf. App. H) had a brief introduction about the researcher and the topic of the research. Section A had items seeking the biographical data of the Professionals. Section B had the interview questions that were closed ended and open-ended.

2.5.2.2 Interview Guide for the Youth

The interview guide for Youth (cf. App. I) had a brief introduction about the researcher and the topic of the research. Section A had items seeking the biographical data of the Youth. Section B had questions about evil, morality related issues.

2.5.3 Validity and Reliability of the Instruments

The researcher used source and methodological triangulation to obtain data using questionnaire, interview guide and personal observation. The use of several data collection methods enabled the researcher to avoid deficiency that springs from using only one data collection method (Denzin, 1989). The researcher tested the questionnaire for Elders, Professionals, PLWH and Youth in one Catholic institution and one college of Nairobi. Twelve (12) adults Abalogoli from Upper Hill Catholic Parish and ten (10) Young Abalogoli from Tangaza College accepted to fill in the questionnaires. The aim of pre-testing the questionnaire was to increase the reliability, validity and practicality of the questionnaires (McMillan, 1992, p.47).

The researcher found that the questionnaires for elders could be completed within 30-35 minutes. The questionnaires for Professionals took around 10-15 minutes. The questionnaires of the Youth lasted around 15-20 minutes. Questionnaires for PLWH could be dealt with in 10-15 minutes. So, the respondents have enough time to fill in the questionnaire.

2.6 Description of the Sample and Sampling Procedures

The researcher used both probability and non-probability procedures to collect the required data for the study. Actually, in probability sampling method, a portion of a population is drawn so that each member of the targeted population has a known and non-zero chance of being selected into the sample. On the other hand, non-probability sampling does not use random sampling; so elements of the targeted population have an unknown chance of being selected into the sample.

In this study, the researcher used two hundred and thirty two (232) respondents, which is 0.12 % of the population of Vihiga Division (cf. App. R). This low percentage was made significant by the scientific selection of representative samples within Vihiga Division. The research sample consisted of men and women, young and old, married, divorced, separated and single, affected by or living with HIV and AIDS (PLWH). Attention was given to African traditional religious (ATR); the researcher was not interested in the religious factors of the other monotheistic religions (Islam and Christianity) that are present in Vihiga District, Even though most of the respondents were either Muslim or Christians, the researcher did not consider their religious factor because he was afraid to get a generalized point of view that did not reflect the Africanist understanding of the problem.

From each of the fifteen (15) Sub-locations chosen for the study (cf. App. L), all the inhabitants had an equal chance of participation. From each Sub-location, the researcher administered fourteen questionnaires (five Elders, five Youth, two professionals and two PLWH). Additional oral interviews were also done in the Sub-locations by the two field assistants and the researcher. Any Abalogoli within the boundary of each of the fifteen (15) Sub-locations at the moment of the study was a potential respondent.

The researcher was gender sensitive; equal number of participants per gender was reached as expected for this study. The researcher collected data from educated and non educated people. It was assumed that those who have gone through specialized education and who could read might have different understanding of their cultural reality.

2.6.1 Sampling of the Elders, Youth and Part of the PLWH.

Purposive sampling was used to get the respondents to the questionnaires. Five Elders, five Youth and one PLWH were selected from each of the fifteen (15) sub-locations of Vihiga Division where the study took place. According to Russell (2002) by using the purposive sampling, the researcher's aim is to get informants who have the

information that he/she needs. The units are expressly chosen for the purpose of the study and nothing is left to chance (p.182-183).

A total of seventy five (75) questionnaires for Elders, seventy five (75) for Youth, thirty (30) for the Professionals and thirty (30) for PLWH were distributed. The researcher collected back: fifty four (54) questionnaires from the Elders, sixty one (61) from the Youth, fifteen (15) from the Professionals and twenty two (22) questionnaires from PLWH.

2.6.2 Sampling of the Professionals

The researcher used purposive sampling in selecting the Professionals of this study. This enabled the researcher to choose only those who have information in relation to the study. As such, the design helped the researcher to make sure that the sample included the medical and traditional doctors, nurses, VCT counselors, farmers, teachers, and traditional religious leaders. A total of thirty five (35) Professionals were selected using purposive sampling method, of which, fifteen (15) of them answered the questionnaire for Professionals and twenty (20) responded to the oral interview following the question guide. The researcher and field assistants, through purposive sampling, went to the field, identified Professional respondents. This purposive sampling of Professionals helped the researcher to select Professionals that meet certain requirements: dealing directly with people infected and affected with HIV. The professionals were medical doctors, nurses, VCT counselors, traditional doctors, religious leaders and teachers from the Abalogoli of Vihiga District

2.6.4 Sampling of PLWH

The primary data required in this study were gathered by questionnaires, individual and group discussions. The respondents were men and women, young and old Abalogoli randomly chosen and willing to participate in the study. The criterion for selection of the informants was purposive. However, through cluster and snowball sampling the researcher was able to locate more valuable respondents.

Russell (2002) argues that snowball sampling is used in studies of social networks to find out what people know and how they know each other. One of the advantages of snowball sampling is that it helps in dealing with a relatively small population of people who are likely to be in contact with one another. According to Russell (2002), the efficiency of this method is maximal (cf. p.185).

The group of PLWH was selected using the snowball sampling. Once the researcher had located one or more key individuals, he asked them to name others who would be likely candidates for the research (Russell, 2002, p.185). A total number of two hundred and thirty-two (232) people were directly involved in this study either through questionnaire (152), oral interviews (25) and group interviews (55 people from 12 group discussions). Many more people were interested about this study and some could stand by during some group discussions but they were not counted in the study.

2.6.3 Sampling of the Institutions

In order to get the institutions random and cluster samplings were used (Russell, 2002, pp.152-153). Random sampling is a form of sampling applied when the method of selection assures that each individual or element has an equal chance of being chosen. So, two (2) hospitals were selected, Two (2) healthcare centers and Two (2) self-help groups (where some participant observations were done) dealing with HIV and AIDS were selected for the purpose of the study. So, the researcher went to Vihiga District hospital (cf. App. C), Vihiga Rural Hospital, Lyanaginga Health Center (cf. App. Q).

Many local associations dealing with PLWH and caring for orphans and widows were visited. The researcher visited Salamia Self-help Group from Central Maragoli Location, Itiru Self Support Group from Mahanga sub-location and Vihiga VCT centre. The researcher journeyed to Sabatia Division, in order to visit a special group: Sabatia HIV/AIDS Support Group. Sabatia HIV/AIDS Support Group is a group of Maragoli, living outside Vihiga Division, whose members have come out publicly to speak about their status and that go round educating the entire population.

2.7 Methods Involving Collaboration with Individuals

2.7.1 Consent of the Informants

The consent of each and every participant in the study was asked. Depending on the language the respondents were more conversant with: English, Kimaragoli or Kiswahili, all the participants involved in the research were briefed about the aims of study (cf. App. D, E, F and G); the consent was given either orally or in written form. This process was undertaken individually and also in groups, before the group discussion started. The information given to the participants included a description of the research and its objectives, the methods used, the expected duration of the participant's involvement (especially for individual interviews and group discussion), the assurance of confidentiality and anonymity as appropriate.

2.7.2 Individual Interviews

The researcher undertook individual interviews for two reasons. First, he wanted to explore issues that were not catered for by the questionnaire: caring for sick relatives, and the problem of immorality in modern Maragoli setting. Individual interviews were only possible in a face-to-face interview, keeping in mind that the level of trust, confidence, and familiarity in face-to-face relation is what makes data collection more fruitful.

The second reason was that in individual interviews, the researcher had an avenue to follow up issues, discrepancies, and clarifications that emerged from questionnaire, and group discussion. In order to grasp the willingness of the respondents to be open, the researcher started most interviews by presenting himself and the field assistants together with the purpose and aim of the study and then asking the participants to talk about themselves.

2.7.3 Interviews with Professionals

The researcher conducted semi-structured and open-ended interviews with health workers (nurses, doctors), teacher and spiritual leaders. The purpose of these interviews was to get the understanding and the point of view of professionals on the impact of HIV

and AIDS on people they deal with in their areas of activity. Because all the professionals spoke English, the researcher personally took note of the proceedings. The researcher carried out these interviews in parish offices and private homes after work.

2.7.4 Personal Narratives

As research went on, the researcher did not have any intention of getting any personal narrative. At one point some respondents told the researcher that he could use their personal information without any need of anonymity. The researcher always requested from the respondents the permission to put their personal story in the study. Actually a letter of consent was drafted and had to be read and signed by the respondent and two witnesses (Appendix J). The surname of all the respondents was always concealed. It was also agreed that the researcher had to draft the personal narrative text and let the respondents cross check them before the narratives are used in the study. All the above precautions aimed at protecting the confidentiality of the respondents and putting the researcher on the safe side of Kenyan Law.

The personal narrative method provided the researcher with rich and personalized accounts of struggle to fight stigmatization and 'live positively'. Actually, it allowed the researcher to "bring to life" people's complex struggles to withstand stigmatization, and their desire to live life fully. By listening, empathizing, and writing the experiences of women and men (PLWH) the researcher was able to place the participants' voices and experiences at the center of research.

2.7.5 Group Interviews

Group interviews were held in schools, in meeting halls, in homesteads and in some individual's homes. The actual discussion consisted of open-ended questions taken from the questionnaire guide (Appendix H and I). The researcher encouraged the participation of all members of the group in giving their views freely according to their understanding, experiences and convictions. It came out that some who were directly

concerned with the issues were more active within the groups. Some were naturally more out-spoken and endowed with more life experiences than the others.

2.7.6 Participant Observation

The researcher was involved in participant observation in two ceremonies in Hambale Catholic Parish. One of the events observed was attending a burial ceremony. This particular event proved useful in contextualizing the Abalogoli notion of life after death. The second event observed was assisting the catechist in the post-burial ceremony (40 days after burial). From this particular event, the researcher was able to witness a burial and a funeral service. In one occasion, the researcher who is a cleric was invited to pray for the departed.

Taking part in the above events in a traditional Abalogoli setting was very insightful. For example, the researcher witnessed the wailing of both men and women. He saw how children were kept away during the actual burial. Although, as an outsider, the researcher was able to grasp only a little amount of verbal and non-verbal activities that were going on, the overall experience was full of insights and the lived experience of some of the ideas from the respondents. Participant observation enabled the researcher to better understand the sentiments, and the emotions involved in mourning ceremonies among the Abalogoli.

The researcher encountered the Abalogoli in one of the most emotionally charged experiences of their lives; this allowed the researcher to learn more than he would have done through simple observation from the sites or read in books or engaged in rapid and non-participatory methods.

2.8 The Variables

2.8.1 Description of Variables

According to Russels (2002) a variable is something that can take more than one value (p.28). This study being about immortality in the context of HIV and AIDS, the research explored two dependant variables: “immortality” and “morality/immorality”; and

five independent variables: “age”, “gender”, “marital status”, “HIV and AIDS status” and “occupation” in order to highlight the issues that come up from the study.

2.8.2 The Main Dependent Variables

The main dependent variables of the study are “immortality” and “morality/immorality”. In this study perception of evil and morality are linked. By morality the researcher understood everything that helps a community to live in order and peace and dealt with all the issues that arise and how the young ones are brought up in order to participate and contribute in the society. During the first years of the presence of the HIV and AIDS all the traditional ways of dealing with sickness were found ineffective and the situation brought about the questioning of the entrance into the afterlife of those who died of AIDS, especially when they died without bearing children. The variables “immortality” and “morality/immorality” are very important for this study because it is through their observance that the researcher was able to study the Abalogoli people’s perception of HIV and AIDS as something evil and how it compromises the entry to ancestral life.

2.8.3 Independent Variables

The first section of the questionnaire of all the respondents dealt with the demographic information’s about the respondents’ ethnic affiliation (exclusively Abalogoli), their gender, and marital status. All the interviews were done in Vihiga District, the elders, the youth the professional and the PLWH all belonged to different clan of Vihiga. It goes without saying that all people living in Vihiga District who qualified for the study had to be from the Abalogoli (cf. App. U). The purposive method used to apply the questionnaire helped in getting the right informants.

2.8.3.1 Age

The researcher inquired the age of the informants. This was very important for the work because, in order to establish the disparity in reaction of the informants’ perception of HIV and AIDS as something evil in particular, and their perception of life after death in

general, taking into account the age was justified. However, children were not included in this study because of ethical reasons. The youngest informants were sixteen (16) years (cf. App. A, no.5) and their views were needed for their understanding of moral issues among the contemporary youth.

2.8.3.2 Gender

In a research the gender of the informants is important because it influences people's perception of issues and their understanding of moral issues. Women tend to observe things differently from men. Despite women playing a major role in provision of food, men are mainly the major decision maker which is an impediment to development. Discriminatory socio-cultural practices, low level of illiteracy and education among women has led to low participation and representation of women in decision making and economic activities. On ownership of productive assets, the major limitation is the cultural set-up where men are the owners of land, leaving women with no collateral to offer as security to access loans (VDSP 2005-2010, p.13).

It was discovered from the field that women experienced more severely the HIV pandemic and that they were likely to be more infected and affected. This could mean that gender can influence the way people perceive HIV and AIDS and react to discrimination and/or stigmatization.

2.8.3.3 Marital status

Statistics have shown that in Kenya, most new infections occur among couples who are engaged in heterosexual sex within a union/regular partnership and among sex workers (cf. KNASP III, 2009). By getting married spouse lose their individual right for safer sex; married couples cannot but engage in unprotected sex even when one of the spouse is living with HIV: getting a child is more important. The traditional peer pressure experienced by the youth about getting married and the practice of widow guardianship was taken into consideration in this study.

2.8.3.4 HIV Status

The views of PLWH were sought for this study. It is because coping with HIV involves a lot of emotions. It was significant to this work that people who live with the virus be involved in order to see if their beliefs and perception were significantly challenged compared with the perception of those who were healthy or just affected. A total of thirty-two (32) PLWH participated in the study: twenty-two (22) PLWH filled in the questionnaire and ten (10) were involved in oral and group interviews (cf. App. A). Twenty-six (26) were female and six (6) were male; their age was around 25 and 60. No teenager infected with HIV participated in the study.

2.8.3.5 Occupation or Socio-economic Status

As far as the educational training is concerned, the researcher assumed that it could have an influence on the understanding of evil and the way of dealing with a difficult issue like HIV and AIDS. So, in order to balance the Abalogoli perception about HIV and AIDS, it was vital to know the background of the informants. Including the occupation of the respondents in this study was justifiable. With this the researcher was able to evaluate whether the perception of evil and the HIV and AIDS pandemic was differently understood when the informant was trained in the field of health or not. It was proven from the field that the training of the Professionals (who were actually purposively chosen) had equipped them with more knowledge about HIV and AIDS and could shape their perception of the issues of the research. The research did not request the profession of those who participated in the oral and group interviews. The reason for this was that the oral and group interviews were used only to supplement the finding from the questionnaires.

The proposal of this study had included the religious status of the informants. However the researcher later left it out. Traditional African knowledge was viewed as important; in order to grasp what in the Abalogoli culture explained evil and how it was

dealt with in their traditional setting, the research did not look at their religious affiliation, but was rather interested only in fact the traditional understanding of evil and life after.

2.9 Data Analysis Procedures

The primary data from the questionnaires (quantitative), in-depth interviews (qualitative) and group discussions (qualitative) were analyzed following the Spradley (1980) and Russell (2002) methods studied at length in MIASMU.

Statistical procedures were used to analyze both the quantitative and qualitative data. The research categorized the instruments into groups, coded the quantitative information and summarized it into frequencies, percentages and graphs using MS WORD, EXCEL and SPSS. SPSS software was used to process the quantitative data gathered from the questionnaires, together with the themes and domains resulting from the in-depth interviews

Qualitative information was sought and placed according to homogeneous groups. Using code sheets, the researcher transcribed all interviews, group discussions; issues were categorized by topics, responses from different groups or individual respondents were compared, then patterns and trends in responses from different groups or individual respondents were determined. The researcher then reported this information in frequencies, percentages and graphs using MS WORD and EXCEL.

The researcher also used narrative reports so that he could describe the situation as it occurred in its natural setting. The researcher made conclusions based on the stated assumptions and finally made some recommendations. Information gathered was exclusively used for writing the MA thesis on the Immortality in the Context of HIV and AIDS among the Abalogoli of Vihiga District.

2.10 Challenges Faced in the Field

2.10.1 Language Barrier

The researcher is not conversant with Kiswahili or Kimaragoli, he required the services of two field assistants who also played the role of interpreter. On a few occasions

the field assistants independently conducted some interviews, transcribed and translated into English their findings and discussed it with the researcher. Owing to the fact that the researcher's gender could adversely affect research relations with women participants, a female as one of the two field assistants was also employed.

The language divide, caused by the fact that the researcher did not know Kimaragoli, gave rise to some unintended effects that were most pronounced during the interviews. These encounters highlighted cross-cultural differences and individual interpretations pertaining to language, including English.

For example, participants referred to HIV and AIDS as: electricity (stima) or a curse (kiramo). Similarly, when participants mentioned their desire to get mafuta (oil in Kiswahili), they were talking about gaining access to ARTs. Understanding the 'alteration' in local and cultural interpretations of language was crucial in avoiding misinterpretations.

Some people who could read English found it hard to understand some questions without the explanation from the field helper who knew both and the local language, and who have been formed by the researcher. The pilot survey and pre-testing of the research instrument made sure that the questionnaires were fully understood and filled in by the respondent. Nevertheless, few (5 respondents) respondents for whom some questions were left blank were encouraged at the moment of collection of the filled the remaining.

2.10.2 Time Factor

Some respondents, especially the elderly easily grew tired in answering the questionnaire; it was hard to keep one particular Elder for more than 20 minutes. However, the field assistant managed to visit him again to complete the questionnaire. With one (2) field assistants and (seven) 7 field helpers, the researcher was able to successfully complete the field work within the months of March and April 2007.

2.10.3 Means of Communication

The poor means of transport and communication (roads) made the movement of helpers and field assistants difficult. The respondents were reached mostly on foot. The

random selection of respondents demanded that only one informant be chosen per village in the sub-location. The researcher had to travel many times on Boda-boda (public transport by bicycle).

2.10.4 Financial Issues

In many places, some respondents demanded some money before they could answer the questions. The researcher later came to know that in recent times, some studies had been conducted in those areas and the respondents had been given some financial payment for participating.

In few instances, some people who, due to the purposive sampling were not selected (Luhya but not Maragoli, judged not having enough information), but who wanted to join, so that they might benefit from the ‘eventual monetary and/or material’ profit insisted on being interviewed. But the researcher helped by the field assistants explained to them the consent modalities and the mode of selection, and that participation was free, but monitored by a method. So they were left out.

2.10.5 Co-operation of Some Respondents

In Vigulu Sub-location (cf. App. L), people were not very co-operative and were unwilling to fill in the questionnaires. Some particular informants wanted to know the researcher in person and be given the full reason of the study. One particular informant asked for and kept a copy of the letter from the university. The researcher reassured the informants as he did for all the others, that the work was purely academic and that apart from the researcher, the two field assistants and eventually the supervisor, nobody else will have access to the physical data. Raw data will be destroyed after completion of the work and graduation.

2.10.6 Experiences on the Field

The majority of oral interviews and group discussions were carried out in Mbale, Kegoye, Lyanaginga, Mugamati, Chango and interpreted in the field by Alex Anubi. Interpreted interviews prolonged the process, but were nonetheless crucial in enabling a

meaningful discussion in which follow-up and pertinent questions could be formulated on the spot. The researcher always supplemented interview transcripts with his personal field notes.

One area of the research process that is mostly left invisible is the involvement of the field assistant and helpers in the production of knowledge and in influencing the research findings through their own perceptions, experiences, and views. The two (2) field assistants and seven (7) field helpers reflected their gender, age, class, experience, status, and education in the interpretations and representations in the fieldwork.

The field assistants' opinions, views, perceptions, and biases also affected the interpretations of respondents' responses. Their interpretive acts varied from leaving information out, to asking leading questions and inserting personal views. In some cases, the field assistants could just summarize in two or three sentences five minutes of an intensive sharing by some Elders. Nevertheless, working with a field assistant from the area highlighted the researcher's need to be sensitive to the cross-cultural implications of work, and to accord the field assistant the same sensitivity and ethical consideration as was given to the participants themselves.

In encounters with research participants, the researcher found himself emphasizing his academic student status and also emphasizing his vocational status of a cleric (Catholic deacon at the time the research was conducted).

2.11 Conclusion

This research used questionnaires, personal oral interviews and group discussions in Vihiga district, in order to carry out an in depth study and it involves a broad sampling of the society; it included Youth, Elders, Professionals (who went through specialized education) and PLWH. The researcher was gender sensitive; equal number of participants per gender was almost reached as expected for this study. It was assumed that those who have gone through formal education (instructed) and who could read might have different understanding of their cultural reality. The researcher is convinced that the method used,

and the population that was targeted and reached is representative of the Abalogoli of Vihiga District, Kenya.

Chapter Three

Presentation of the Findings

3.0 Introduction

This chapter contains the presentation of the findings. The purpose of this research was to investigate, understand and therefore bring to light the concept of immortality in the context of HIV and AIDS among the Abalogoli of Vihiga District, in the face of the new situation brought about HIV and AIDS which was initially considered evil and immoral and the fact that people morally upright could also be infected through other means like a faithful spouse infecting the partner, blood transfusion, mother-child infection, blood contact during accidents, medical accidents, rape.

This study was actually based on the hypothesis that because of the significant relationship between the perception of HIV and AIDS as something evil and the disqualification from ancestral life, the Abalogoli people will not accept immortality for their PLWH. In order to test our hypothesis, five research questions were used: 1- What is the Abalogoli understanding of immortality, morality and immorality and how are they related between themselves? 2- What is the understanding of evil according to Abalogoli? 3- What is the view of Abalogoli about HIV and AIDS? 4- Are you aware that HIV and AIDS can be acquired even if one is not immoral? 5- Do you think that those who died of AIDS qualify for immortality?

3.1 Conceptual Framework derived from the Research Data

This research works from the conceptual framework (cf. App. R) that the Abalogoli people give prime importance to immortality of the individual. This immortality concept goes hand in hand or in correlation with the Abalogoli's understanding of the concepts of morality and immorality. Immorality is seen as an intrinsic evil that destroys or affects the fiber of the Abalogoli people. In other words morality/immorality impacts on immortality and just like immortality impacts morality/immorality. These two concepts of immortality and morality/immorality have deep roots in the cultural value system of the

Abalogoli. The dawn of HIV and AIDS has created a new intrinsic evil among the Abalogoli people that is HIV and AIDS is the consequence of immoral behavior. The Abalogoli believe that since HIV and AIDS is a consequence of immoral behavior and therefore it automatically impacts on immortality of the people. Now, new discoveries and new information has emerged where HIV can be contracted or acquired through means which are not immoral like rape, medical accidents, blood transfusion creating a new situation whereby HIV and AIDS need not necessarily be contracted through immoral behavior. This has brought about a new situation which baffles the Abalogoli people and their understanding of immortality and morality/immorality causing a breakage in their value of their understanding of immortality, their understanding of morality/immorality and therefore a breakage in their basic cultural value of the continuation of life after death.

3.2 Characteristics of the participants

This study sought to find out the understanding of immortality in the context of HIV and AIDS among the Abalogoli of Vihiga District. Demographic information about the respondents was viewed as important because it helped getting informants that represent significant strata of the Abalogoli society.

3.2.1 Populations

3.2.1.1 Participation of the Respondents

The respondents to the study participated in oral and group interviews and questionnaires. The researcher sent out two hundred and ten (210) questionnaires, and out of these questionnaires one hundred and sixty (160) were collected and only one hundred and fifty two (152) were considered valid.

Table 2: Mode of participation of the respondents

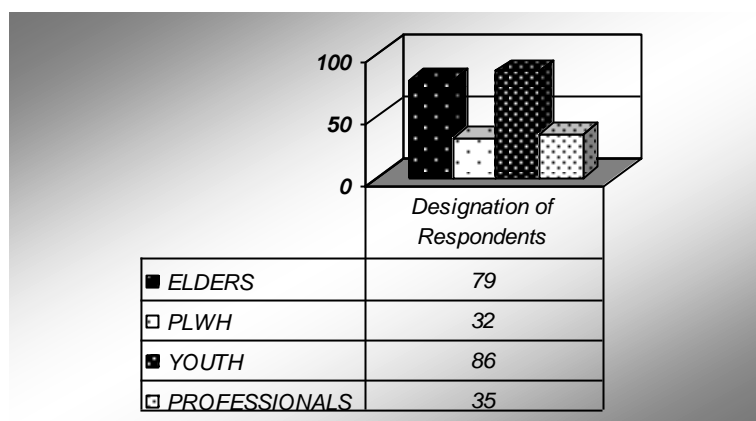
	N	%
Questionnaires	152	65.51
Oral interview	25	10.78
Group interview	55	23.71
Total	232	100

The researcher also conducted thirty eight 38 oral/group interviews (cf. App. A, no.11) a total of eighty (80) people participated in oral and group interviews (cf. Table 2 above). Table 2 shows that the questionnaires provided 65.51% (152) of the respondents whereas 10.78% (25) and 23.71% (55) were provided by the oral and group interviews respectively. A total of 232 informants, all Abalogoli from Vihiga District, participated in the study.

3.2.1.2 Designation of Respondents

The total number of respondents who took part in the study is summarized in figure 1 below. A total of two hundred and thirty two (232) respondents participated in the study. The distribution of the respondents by category is as follows: eighty six (86) of the respondents were Youth, seventy nine (79) were Elders and another thirty five (35) were Professionals and thirty two (32) were PLWH.

Figure 1: Designation of Respondents



Elders in the study were those who were fifty (50) years and above. It is important to note that the majority of the professionals and PLWH were above fifty (50); they were therefore Elders. Actually, the Elders who participated in the study are not strictly limited to the number of seventy-nine (79), but they are much more; some of them were Professionals and PLWH. Hence the Abalogoli “Elders” are the majority in the study, and their views reflect the Maragoli understanding of immortality in the context of HIV and AIDS.

3.2.2 Gender of the Respondents

Gender of the respondents was regarded as important in this study because sexuality shapes the way people look at reality. Table 3 shows the distribution of the one hundred and fifty two (152) respondents to the questionnaires by sex. Data indicates that: 57.4% of the Elders who responded to the questionnaire were male and 42.6% were female. In the study male Elders are the majority.

Table 3: Sex of the Respondents

	Elders		PLWH		Professionals		Youth	
	N	%	N	%	N	%	N	%
Male	31	57.4	10	45.4	6	40.0	34	55.7
Female	23	42.6	12	54.6	9	60.0	27	44.3
Total	54	100	22	100	15	100	61	100

This male domination is also reflected in the fact that 55.7% of the Youth were male while 43.3% were female. However, 60% of the Professionals were females this is explained by the fact that women were more available than men.

Table 4: Gender Distribution

	Males		Females	
	N	%	N	%
Questionnaires	81	72.3	71	59.1
Interviews	31	27.7	49	40.9
Total	112	100	120	100

From interviews and group discussions, the views of women were also appreciated. Women (49) were enthusiastic in participation in group discussions and interviews than men (31). One important thing to note is that what the women said in the group discussions and interviews did not contradict what was said in the questionnaires. The fact that in the study one hundred and twenty (120) respondents were female and one hundred and twelve (112) males do not imply that the study is feminist oriented.

3.2.3 Age Groups of Respondents

The study had targeted the Youth, adult and Elders from among the Abalogoli ethnic. The respondents were asked to state which age bracket they belonged to. Their responses are shown in Table 5. The involvement of the young people is indicated in Table 4. Actually, 5.9 % respondents were under eighteen (18), while 23.7 % were aged between nineteen (19) and twenty-four (24) years, 12.5 % had between twenty five (25) and twenty-nine (29) years and 7.9 % had between thirty (30) and thirty four (34) years. From fifty (50) to fifty four (54) years they were eleven (11), from fifty five (55) to fifty-nine (59) years they were eleven (11); those over seventy (70) were twelve (12).

Table 5: Age of the Respondents

	(N)	(%)	Cumulative Percent (Valid %)
under 18	9	5.9	5.9
19-24	36	23.7	29.6
25-29	19	12.5	42.1
30-34	12	7.9	50.0
35-39	5	3.3	53.3
40-44	10	6.6	59.9
45-49	12	7.9	67.8
50-54	11	7.2	75.0
55-59	11	7.2	82.2
60-64	10	6.6	88.8
65-69	5	3.3	92.1
Over 70	12	7.9	100.0
Total	152	100.0	100.0

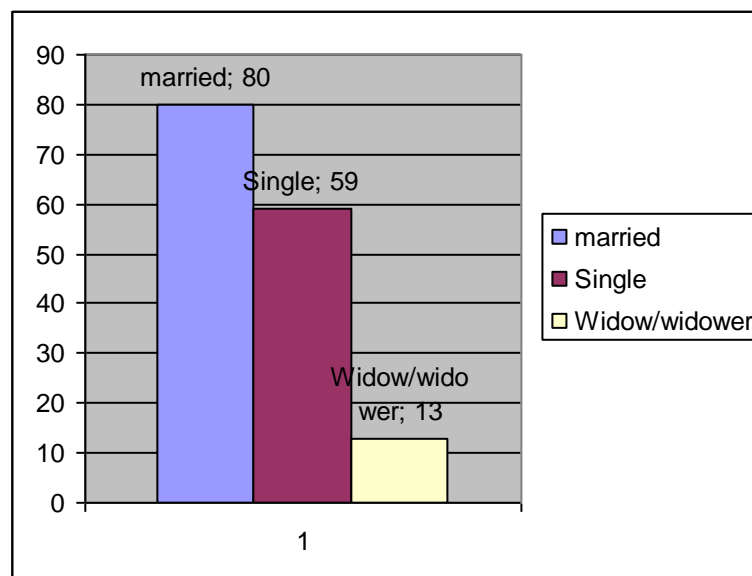
Hence, the study was enriched by the representation of all age groups but focused on the elderly due to the fact that they possessed the knowledge useful for this study. Actually, the Elders who are over fifty (50) years were 45.39% of the total respondents to the questionnaires.

3.2.4 Marital Status of the Respondents

The marital status was regarded as important for the study because for Africans, entering marriage is one of the rites of passage. Figure 2 below shows the marital status of the respondents. So, the respondents who filled in the questionnaire were asked to state their marital status.

From the data, it is clear that eighty (80) respondents (52.6 %) were married and thirteen (13) were widows/widowers (8.6%).

Figure 2: Marital Status of the Respondents



A good number of respondents (59) were single and was mostly found among young Abalogoli. Two interviews later confirmed the same finding, as when the interviewees said they were still single because of lack of finance (cf. App. A, no.11 and 23). One particular Youth for example said “no woman can accept to marry a man like me who cannot even afford a meal per day” (cf. App. A, no.25).

3.2.5 Occupation

The respondents to the questionnaires were asked to specify their occupation. Their answers are found in Table 6 below. The occupation of the respondents was grouped into 18 different categories. From the data 36 (23.7%) respondents were farmers, 16 (10.5%) were doing business, 15 (9.9%) were teachers, 11 (7.2%) were nurses or medical students. Another 29 (19.1%) were unemployed.

Table 6 shows that eleven (11) respondents were nurses or medical students, three (3) were medical doctors and four (4) were religious leaders brought their professionalism to the study as people directly involved in the care of PLWH. With fifteen (15) teachers, the number of highly educated respondents was thirty-three (33) (11 nurses, 3 medical doctors, 4 religious leaders and 15 teachers); it gave a good academic foundation to this

study. The oral and group interviews provided eighty (80) of the participants; their occupation was not specified and therefore not taken into consideration. In fact oral and group interviews were used to complement the data from the questionnaires.

Table 6: Employment/ Profession of the Respondents

	N	%	Cumulative Percent %
Student	8	5.3	5.3
Teacher	15	9.9	15.1
Nurse/Medical student	11	7.2	22.4
Doctor/Clinical officer	3	2.0	24.3
Pastor/Priest/Nun/	4	2.6	27.0
Carpenter/Electrician/Mason	8	5.3	32.2
Civil Servant	4	2.6	34.9
Farmer	36	23.7	58.6
Accountant	1	0.7	59.2
Business Man/Woman	16	10.5	69.7
Village Elder/Chief	1	0.7	70.4
Welder	1	0.7	71.1
Secretary	7	4.6	75.7
Pottery	1	0.7	76.3
Juakali (self-employment)	3	2.0	78.3
No Occupation	29	19.1	97.4
Driver	3	2.0	99.3
Social Worker	1	0.7	100.0
Total	152	100.0	100.0

3.4 Findings related to Thesis Topic

This section is about the findings related to the thesis topic which looked at the Immortality in the Context of HIV and AIDS among the Abalogoli of Vihiga District in Kenya. This section deals with the issue of life after death or immortality. The Abalogoli believe that when one is born, he/she should live and becomes an adult. The person grows old then dies and becomes living dead and/or an ancestor; He/she can be reborn again and live in a new child (cf. App. A, no.16).

As such for the Abalogoli, death is not an end in itself, but a passage to another life. The same way a child is received at birth in this world, is cared for and integrated in the community through the naming ceremonies, it is in the same way a dead person is accompanied, through right funeral rites, so as to enter the next world properly. The entry into the next world is not automatic; it is linked to the life and moral behavior of the

deceased. To enter the other world, that is to qualify for immortality, is a reward for having kept the taboos of the community, and having not been an immoral person. In fact only those who lived a morally upright life qualified for immortality.

Among the Abalogoli, someone's morality shapes to a large extent, the way the person is accompanied into the world of the dead (Jiodio, 2004). In his MIASMU research paper entitled: "Personal Immortality: Moral Implications in the Luhya Community", the researcher found that: thieves, barren and unmarried members of the community were considered immoral people and buried differently from the other members when they died (cf. findings related to the significance of the thesis). It was not a matter of having material means or not. It was all about having lived a morally upright life in a family situation and having observed the traditional taboos. Culturally, the Abalogoli treasure life and fight all the causes that threaten life (cf. App. A, no.16). A good life well lived was supposed to be with many children, preferably with many wives, a lot of wealth, with good morally and last long (cf. App. A, no.36). Dying was part of life, but dying young was a source of a lot of questions (cf. App. A, no.30).

Life both here and there is ruled by morality. For the Abalogoli, death is not robbing life, but it gives it a greater depth by prolonging it on a spiritual plan. Talking about immortality is to deal with life after death. To better understand the concept of immortality the researcher asked: "What do Abalogoli say happens to people after death"? The answers to that question are in Table 7 below.

Table 7: What Happens to a Person after Death?

	Responses					
	Elders		Professionals		PLWH	
	N	%	N	%	N	%
Go to heaven	18	33.3	8	53.3	12	54.5
Go to hell	2	3.7	0	0.0	0	0.0
Join the spirit world	23	42.6	4	26.7	7	32.8
Go to the ancestors	10	18.5	0	0.0	2	9.1
Others	1	1.9	3	20.0	1	4.5
Grand Total	54	100	15	100	22	100

Table 7 shows that 53.3% of the Professionals and 54.5% of the PLWH respondents respectively, against only 33.3% of Elders believed that “heaven” is the destination of their departed. This finding points to the fact that Christianity has had an impact on the Abalogoli worldview; it could be said that Christian religious belief has permeated the life of the Abalogoli people in a significant manner so much so that they can read the world/environment in the light of Christian belief.

The fact that 18.5% of Elders and 9.1% of the PLWH suggested in their response that those who have died go to the ancestral world. For the Abalogoli, the ancestral world is also the world of the spirit: “those who die go to the spirit world” (App. A, no.2). This is confirmed by the fact that 42.6% of Elders, 26.7% of Professionals and 32.8% of PLWH suggest that those who die go to the spirit world (cf. Table 7). Rituals performed on the death are the rites of passage from the present world to the other. In the past, when a Maragoli died, the community as a whole came in and the elders handled the funeral preparation. The burial ritual depended on the morality/immorality of the departed. The findings were the same for the informants irrespective of their marital status and gender.

The reality is that right from the beginning of the HIV and AIDS pandemic, PLWH and those who have died of AIDS were considered immoral. Their immoral behavior was considered to bar them from qualifying for ancestral life and immortality: “If somebody dies of AIDS, that person cannot come become an ancestor” (App. A, no.36). Thus, bereaved families faced a double challenge namely, the death of a relative on one hand and stigma associated with HIV and AIDS on the other hand.

The above shows that the Abalogoli link immortality to a morally upright life; a life with neither reproach nor evil. The problem/situation is that HIV and AIDS is still perceived as an evil, “Evils is not tolerated, that is why by all means it must be removed even if it means ostracizing all those who are associated with that evil” (App. A, no.37). Here appears the fact that there is no difference between the evil and the person who does the evil. So, not only the evil is at stake but also the person who does that evil and all those

who have come into relation with them. As a result, with the advent of HIV and AIDS, PLWH and those who died of AIDS have been considered evil. Will the Abalogoli change their conception of immortality with the realization and the awareness that HIV and AIDS can be contracted by ways that are neither evil nor immoral?

3.5 Findings related to the Problem Statement

This research deals with Immortality in the Context of HIV and AIDS among the Abalogoli. The Abalogoli have the conviction that evil is manifested through anti social behavior. This is illustrated in Table 11 (cf.p.89) where 40.9% of PLWH, 39.7% of the Elders, and 37.7% of Youth say evil is something against the community; informants said: “thieves, those who committed suicide, barren and unmarried members of the community were considered evil” (App. A, no.31).

Evil people are also immoral people because their deeds are antisocial and anti-life. The society removes their influence from the society through special rites. One elder said “people who are evil are buried differently from those who are not evil” (App. A, no.34). With the advent of the HIV and AIDS, the Abalogoli have lost relatives and come across PLWH. With so many well known people of their community infected, the Abalogoli have come to look at HIV and AIDS as anti-life, anti social, therefore evil. “Evil is a curse” (App. A, no.31), “it is a punishment for people’s sexual misconduct” (App. A, no.37). This could be interpreted to mean that for the Abalogoli HIV and AIDS is not just a sickness but evil. In this sense, for the Abalogoli the state of immortality of the morally evil people was not assured after their death. One Elder sees PLWH as a problem and a treat to the community, “why should we reject the PLWH?” The Elder answers himself, “their problem (AIDS) will destroy peace and harmony in the community, people may imitate them” (App. A, no.8).

The fact that the Abalogoli equated immortality (life after death) to morality was most likely to be damaging to the Abalogoli; especially because these are those who become infected not through sexual immorality, like casual heterosexual sex with

commercial sex workers, adultery. One informant says: “people cannot accept that a child who gets infected through his/her mother is not to be blamed” (App. A, no.32); such a child experiences from birth some critics. “If a child is effected it means their parents did something wrong; everything that happens is for a reason” (App. A, no.8). Informants who did not only look at the destructive side of HIV and AIDS; data show a gradual realization and awareness that HIV and AIDS can be contracted by ways that are neither evil nor immoral.

Nevertheless informants were able to tell other different ways somebody could get the HIV. It could be through other means like: a faithful spouse could be infected by the partner, infections through blood transfusion, from mother to child, breast by a mother who is HIV positive, blood contact during accidents, medical accidents or health facilities, victims of rape.

The above shows the fact that HIV and AIDS is still perceived as an evil, PLWH and those who died of AIDS are still considered evil; there is the need to evaluate the cultural meaning of immortality and find out whether there has been a change in the concept of immortality among the Abalogoli vis-à-vis the advent of HIV and AIDS and its consequences on the lives of people. The findings were the same for the informants irrespective of their marital status and gender.

3.6 Findings related to the Hypothesis

The hypothesis of this study was: the Abalogoli perceive HIV and AIDS as something totally evil that those who are infected can no longer qualify for ancestral life. In other words, there is a significant relationship between the Abalogoli people’s perception of HIV and AIDS as something evil and the disqualification from ancestral life. This section is the description and presentation of data related to the hypothesis of this study which can be interpreted to say that the Abalogoli will not accept the immortality of PLWH. It emerged from the data that the Abalogoli consider a morally upright life to be the condition to acquire immortality. Life after death or immortality is a strong cultural

belief among the Abalogoli. Leaving behind an offspring is one important moral requirement for Africans, an Elder said: “if you die childless you are immoral, you cannot become an ancestor” (App. A, no.12). The link with ancestral life is assured through the children left behind. This suggests that a childless person break the link with the ancestral life; as an Elder put it, to be childless is to be immoral (App. A, no.16). Those who are immoral run the risk of being forgotten.

Table 8 below shows that 81.5% of Elders and 77.3% of the PLWH believed that a deceased could interact with the living. 15 Elders out of 54 said that the Abalogoli had a practice called Kwilanyia Kilili (ritual where the deceased’s shadow is invoked). That ritual was meant to cast away the spirit of a deceased to go and never come back to haunt the place where he/she used to live in when alive. From interviews, it came out that Kwilanyia Kilili could be practiced more than once because there were some deceased who come to disturb people (App. A, no.17).

Table 8: Do you believe that a deceased could interact with the living

Responses	Elders		PLWH	
	N	%	N	%
Yes	44	81.5	17	77.3
No	10	18.5	5	22.7

Elders: 54, PLWH: 22

Some Abalogoli argued that the bereaved family during the above ritual would visit the places the deceased used to go to, and make prayers (cf. App. A, no.14, no.34 and no.36). Another particular interviewee insisted that those who lived a good life, once buried did not usually come to disturb the living (cf. App. A, no.38).

The cases of disturbances from a deceased are reported in Table 9 below. According to the Elders (46.3%) and the Professionals (36.4%), the deceased are believed to come back and roam around the village. This roaming around was be handled by the Kwilanyia Kilili ritual that is meant to cast away the spirit of the deceased (App. A, no.17). The above findings were confirmed by the interviews when respondents said that

they would not mind agreeing if one of their relatives was to get married from a family where some members died of AIDS.

Table 9 shows that the Abalogoli who are not given a proper burial do not rest in peace. In fact, 74.07% of the Elders said that they would advise the two young people to go for tests; if they turned out to be negative, the Elders would support them in their choice to live together. 66.6% Professionals said that they would support their friends or relatives wishing to marry from a family where a parent or relative was HIV positive.

Table 9: Fate of Those Who Were not Given Proper Burial

	Responses			
	Elders		Professionals	
	N	%	N	%
Roam in the village	25	46.3	8	36.4
Deceive people by bewitching them	1	1.9	3	13.6
Only God can save them	12	22.2	8	36.4
I don't know	10	18.5	2	9.1
Others	5	9.3	1	4.5
No idea	1	1.9	0	0.0
GRAND TOTAL	54	100	22	100

Five (5) Professionals had a negative response; one of them said: "I would not like it because once the parents are infected, the family members are affected and it will be a burden". 98.36% of the Youth said that they would support their friends or relatives. Only one Youth said: "I will find out if he/she is infected and so then I will break the relationship but if not I will continue with the relationship and advise him/her to take care in order to escape from the disease".

What the respondents said they would do did not correspond to what they are actually doing in their everyday life. They are not only afraid of PLWH, but "handle" then as they used to do with outcasts. Children orphaned by AIDS have to fight their way to survive. Majority of the informants from the interviews revealed that nowadays, before a child is named after somebody, there is a screening of the life of the deceased: people are not comfortable in naming their children after somebody who died of AIDS (cf. App. A,

no.8, 36 and 38). The above suggests that with the advent of HIV and AIDS, the Abalogoli have seen a new evil that put people at the margin; HIV and AIDS have been seen as a new evil reality, HIV and AIDS have created a cultural shock in front of the Abalogoli cultural values, the coming on term of the new reality has been and is still difficult.

The Abalogoli will not accept immortality for PLWH because of the significant relationship between their perception of HIV and AIDS pandemic as something evil the disqualification from ancestral life.

3.7 Findings related to the Significance of the Thesis

This section shows five reasons why this thesis is important

3.7.1 Some Common views about PLWH

The first reason why this study is important is that it clarifies the concept of evil. By doing so, this study challenges the Abalogoli to understand that not all the PLWH are evil because they are infected by a sickness that most people look as immoral. One way of demonstrating how something is understood is to put it into a word, be able to give it a name or call it by its name. Having come to hear about HIV and AIDS, names were found to refer to it. The persons aware of the existence of HIV and AIDS labeled it according to how they understood it.

3.7.1.1 “Local Names” of HIV and AIDS.

Some of the names referring to HIV and AIDS included: “stima (electricity)”, “uchawi (witchcraft)”, “Normal disease”, “Myth”, “Curse” and “Immorality”(cf. App. A, no.9). The nicknames of HIV and AIDS portray the kind of understanding the Abalogoli have of it, or the experience one has of it. Calling HIV and AIDS uchawi (witchcraft) was associating it with witchcraft or a curse believed to be a punishment for wrong doing on the part of the sufferer. Around ten (10) Elders referred to HIV and AIDS as okuswakira (ritual for emaciated people), a sickness characterized by an extreme thinness. According to the Abalogoli, emaciated child were believed to be sick because an ancestor was angry,

to remediate at the sickness the okuswakira was necessary (cf. App. A, no.14 and 38). Another informant added that among the Abalogoli, every child is under a special care of a particular ancestor who protects it from sickness and bad influence (cf. App. A, no.13). During okuswakira, “a goat is killed and part of the skin is tied around the neck of the child and the protecting ancestor of the child was called upon to assist the child grow healthy and strong (cf. App. A, no.13). However, taking HIV and AIDS as okuswakira signified that the Abalogoli had failed to understand that HIV and AIDS have no cure: it also meant that for the Abalogoli somebody should be the cause or at least responsible of HIV and AIDS; as it was believed that okuswakira was caused by an angry ancestor.

The implication is that there might be less compassion towards those suffering, since a curse was commonly associated with the breaking of a taboo. Calling HIV and AIDS a curse insinuates that it was a form of punishment for wrong doing by the sufferer. The above names of HIV and AIDS point to the fact that there exist cultural biases against PLWH and for those who have died of AIDS. Identifying the local names used by the population shows what they understand about HIV and AIDS help anticipate programmes for their wellbeing.

3.7.1.2 Nature of Evil

Another reason why this thesis is important is because it articulates the mechanism that made HIV and AIDS to be seen as something morally evil by the Abalogoli. Readers, students and researchers will be able to understand the African notion of evil. Informants were asked to give their understanding of what was evil, their answers are found in Table 10 below. Data shows that for 40.9% of PLWH, 39.7% of Elders, and 37.7% of Youth, evil is anything that goes against the community. Data also show that for 22.7 % of PLWH, 25.9% of Elders, and 42.6% of Youth, evil was anything that brings harm to the people. Evil was said to be a curse by 22.7 % of PLWH, 8.6% of Elders, and 14.8% of Youth.

Table 10: In your opinion what is evil?

	PLWH		Elders		Youth	
	N	%	N	%	N	%
A person that causes harm	5	22.7	5	8.6	3	2.9
A curse	3	13.6	11	19.0	9	14.8
Something that causes harm	5	22.7	15	25.9	26	42.6
Something that goes against the community	8	40.9	23	39.7	23	37.7
Grand Total	22	100	54	100	61	100

The above findings show that evil anything that brings disharmony in the community and to people in general. As such evil is not personified like in the Christian understanding. It is not “the devil or Satan” (App. A, no.32). The findings were the same for the informants irrespective of their marital status and gender.

Evil is something that is against the community’s harmony, evil is the person that bring division in the community. The implication of the Abalogoli conception of evil is that HIV and AIDS is not only a sickness, but also as something that threatens the equilibrium of the whole community. HIV and AIDS is something that causes harm. HIV and AIDS is a curse in the sense that it could be the result of breaking a taboo (cf. the third reason why this thesis is important). Thus, HIV and AIDS is something that is not good to associate with. HIV and AIDS ultimately becomes literally the PLWH in person. One lady living with the HIV said that her pain was that “people do not make a difference between a PLWH and HIV itself” (App. A, no.29).

3.7.1.3 Reasons why PLWH are more likely to be Considered Evil

With the advent of HIV and AIDS many people (young, old, wealthy, poor) without distinction have been infected by HIV and/or have already died of AIDS. The great number of death as one informant puts it is a warning from the ancestor (cf. App. A, no.4). HIV and AIDS is believed to be the cause of the deaths, AIDS caused lost of lives, HIV and AIDS is evil because it hinders the harmonious flow of life; in that respect, HIV and AIDS is to be removed from the world and neutralized so that it may harm no more.

Another reason was that HIV and AIDS was seen as something evil by the Abalogoli because it undermines life, in the sense that it was mostly transmitted through

sexual relationship. The link between HIV and AIDS and immorality was mostly manifested in immoral sexual behavior.

Another reason is that HIV and AIDS has been looked at as an evil sickness is that for the Abalogoli, casting evil out of the community was done through ensuring that those who died as evil doers did not come to disturb the living. So, in the Abalogoli community some ritual regarding burials were not to be performed on/for those who die evil, this was to ensure that their memory was removed. This particular finding about the rituals that are not done on those who died evil did occur with the Abalogoli who died of AIDS. This study deals extensively about it in the findings related to assumption three below.

All the above section presents the reason why this thesis is important; this study clarifies the concept of evil. For the Abalogoli is any hindrance the people's welfare; in other words, evil anthropocentric, human centered. Anything or anybody that cause harm to the others is evil. The study has shows the Abalogoli have put a perceived HIV and AIDS as something evil and labeled it according to their experience. The names referring to HIV and AIDS included: "stima (electricity)", "uchawi (witchcraft)", "Normal disease", "Myth", "Curse" and "Immorality". The understanding of evil here does not give justice to PLWH when we know that being infected by HIV needs not necessary be through immoral means.

This study challenges the perception the Abalogoli have of HIV and AIDS by arguing that very many PLWH have been infected through ways that need not to be immoral. It is hoped that the Abalogoli will change their concept of evil especially with regard to their definition of HIV and AIDS and labels tied to them.

3.7.2 Immortality, Morality and Immorality: the Link

The second reason why this thesis is important is because it shows the link that exists between immortality, morality and immorality. According to the data, theft, murder and suicide, childlessness and singleness are immoral behavior that can determine immortality.

3.7.2.1 Theft

The Abalogoli community is basically agriculturalist, but they have some cattle that are pastured by boys. Talking about the Abalogoli socializing process, the researcher found that values were transmitted to the young ones; one respondent said that a child is taught from childhood not to ever steal or at all take what does not belong to him/her (cf. App. A, no.2). A Maragoli is compelled not to steal from anyone, meaning for them it is not good to even envy the properties of the other: “do not look with envy the crops of your neighbor’s farm” (App. A, no.2). To steal was morally bad for a Maragoli and anyone who starts stealing small things will likely steal big ones. One respondent told us that he was taught that if you steal maize in a shamba (farm), you will wither (die) when the maize stalk will dry (cf. App. A, no.14).

Going further in our interviews, we wanted to know what could be the cause of people to start stealing in Maragoli traditional setting. Interviewees talked about the power of the curse of the aunts or uncles as a deterrent from stealing. One could start stealing because of a curse from an old relative (App. A, no.2), a breaking of a taboo by the thief himself or by his relative: “those who disrespect the Elders, insult their parents break a taboo, they can end up thieves” (App. A, no.14). We can see that a thief was a morally bad person because his/her activity was against the harmony of all: to steal was evil.

3.7.2.2 Murder and Suicide

For the Abalogoli, life comes from God and death also comes from God. The Abalogoli believe that somebody who kills or who commits suicide is evil. Death should occur after one has lived a long, faithful, moral life and has left peace behind (App. A, no.1). So, to kill or commit suicide is a very great evil that can never be justified because it interferes with God’s duty. So those who cause the death of another are full of evil and are doomed for “eternal death”: “no one should remember them” (App. A, no.24). About those who killed enemies during war, “thorough cleansing ceremonies or ritual of reintegration are done before they are reintegrated in the community (App. A, no.2). As

far as death by accident of young people (drowning, falling from a tree and being killed by wild animal) and suicide cases are concerned, one informant said they were evils whose causes were to be found in the person or in his/her kinsmen (App. A, no.34).

The point here is that the Abalogoli see suicide as immorality whose origin is to be found in the individual or among his/her kins-people. Suicide is a sign of moral disorder. One of our interviewees told us that “when one commits suicide by hanging himself or herself, a goat is slaughtered the same time they cut off the rope that holds the deceased neck” (App. A, no.34).

The slaughtered goat is not eaten but thrown away. The body of the deceased is carried not by relatives, but by strangers or by well known bad people of the community (cf. App. A, no.4). Furthermore, the body is not taken through the main gate, but through a hole made in the fence: to signify that the deceased is not welcome by the household (cf. App. A, no.34), because of the evil they have committed.

3.7.2.3 Childlessness

Failing to have children among the Abalogoli is a sign of a curse, and a refusal to continue life and this is “an assurance to die forever and be forgotten” (App. A, no.24), says an informant. The same informant added that she was lucky she got her five (5) children before contracting HIV (App. A, no.24). Children are a blessing; children are a blessing because they are the ones who will continue handling life that comes from the Supreme Being through ancestors and parents. “If a child follows the norms of the society the parents will bless the child, the ancestor will be happy for that and God will bless the whole family” (App. A, no.1).

It is a disaster if someone cannot bear or have children. Having a male child was also very important; according to her, “someone with only girls could be seen as not having children at all” (App. A, no.10). If children are very important for the Abalogoli; this is because children are supposed to organize the burial of their parents so that their parents may become ancestors. Children extend the life of the clan; actually “children do

not only belong to the parents, but also to the ancestors and to God” (App. A, no.10), in that sense they carry in them life that originates from God. Respondents agreed that a childless person is an evil person that might have broken a taboo, and is being punished because of an unethical life.

3.7.2.4 Unmarried Person

“Marriage is a must” (App. A, no.20); all the interviewees agreed that no one could justify a failing to get married. Marriage is sacred and ordained by God; so it is a moral requirement for the Abalogoli. Every Maragoli and even those who are impotent, by being married could find a way to get children; “for barren men it was possible to have children because a male relative or a friend could be required to bear a child with the wife” (App. A, no.10). “After initiation a Maragoli was expected to get married” (App. A, no.20); he or she had been taught about sexual matters and marriage matters during initiation. After initiation, “pressure is put on young people to get married as soon as possible” (App. A, no.6). The rationale behind the pressurizing is because marriage is meant to continue life by having children that know their lineage and children that belong to the clan and who will continue the family name.

Actually, because the Abalogoli get married from different clans, marriage not only binds a man to his wife, but it also binds one clan to the other; marriage eliminates any possibility of incest in the family and in the clan and above all “creates relations with other clans” (App. A, no.20). Marriage ultimately creates peace in the whole world. So an unmarried person is seen as a threat in the clan, a breaker of taboos and enemy of peace.

Definitely, a morally upright Abalogoli should automatically get married and participate in the expectation the community has on him/her. To fail to do so is to become an evil person that will be treated with disdain in this life and in the other.

3.7.2.5 Burial of a Bad Person

The Abalogoli have “elaborated” funeral rituals that aim at making sure that ‘bad people’ are cast away forever from the midst of the community. Because the Abalogoli

believe in the spirit world, and also believe that those who have died can come back or can still have influence on this life, there is a need to make sure that evil people and therefore immoral people (thieves, murderers, those who committed suicide, childless and unmarried people) do not come back. From the interviews, the researcher gathered some practices that were done during the burial of bad and immoral people:

- * The body of bad person is carried by strangers or by well known bad people of the society.

- * The corpse is brought in the homestead not through the main gate, but rather through a hole made through the fence. This means that the person is not fully welcomed by the family.

- * People do not mourn a lot and the body is buried at night by elderly people

- * Young ones and also women, especially the pregnant ones, are kept far from the burial place that is usually behind the homestead. These preventative measures were meant to protect vulnerable member of the community from negative influence believed to come evil-doers.

- * The buttocks of bad persons, their spine and genital parts (for unmarried and childless ones) were pierced with a thorn from a sacred tree by an elderly person while saying: “May no one in this homestead resemble you”.

- * Only one goat will be slaughtered and no one will eat the meat, and there will be no ceremony of remembrance of the person.

- * No one will name a child after a bad person because the Abalogoli believe that: the child will take the same personality and will either be a thief, commit suicide, be childless or remain unmarried, something that is not good.

All the above symbolizes that the final end for the deceased was ancestral life. Somebody buried as a bad person was doomed to “mortality” and those who are left behind would make everything possible so that the “immoral” departed is forgotten, and that his/her name may disappear completely. In the Abalogoli context it was not even a

matter of arguing: whenever someone was buried at night as a bad person (it was seen above) it meant that person should not be remembered or named.

This study is important for it clarifies the concepts of morality and immorality. Morality and immorality is measured by the eyes of the community. Personal or unrighteousness does not exist per se. data have show that there were some activities that could make somebody to cease to be human being. Theft, murder and suicide, childlessness and singleness were identified as non-moral or immoral act among the Abalogoli that determined morality and therefore qualified or disqualified somebody from immortality. This study is important because it has highlighted the new information about HIV and AIDS and how it can be acquired through no immoral ways. The study has challenged the Abalogoli belief about immortality of PLWH. It is hoped that the Abalogoli will change their concept of immortality, increase their knowledge about the sources of HIV and AIDS and become humane, merciful, compassionate etc and so incorporate PLWH in their belief of immortality.

3.7.3 Cultural Dynamism

The third reason why this thesis is important is that it shows the importance of a cultural change, such a change will happen when HIV and AIDS will be understood for what it is really, and not from the misconceptions around it.

This study want brings some insights on the socio-cultural/anthropological field. Data show that the majority of the respondents, meaning 50% of the Elders, 60% of the Professionals and 49.2% of the Youth, believe that HIV and AIDS is a result of immorality. The remaining respondent had different about the cause of HIV and AIDS: a curse, a punishment from the ancestors and even a punishment from God, a sickness of the wazungu (white people), an invented ailment etc... This study is important for it argues that the Abalogoli are to acquire a sound knowledge of HIV and AIDS, its prevention, its transmission.

This study proposes a new culture of immortality and morality/immorality as HIV and AIDS not a curse nor the epitome of evil but rather a sickness scientist are working on. The new culture of immortality aims at making the Abalogoli re-qualifying their members who died of aids into ancestral life from where they have been denied. The values for the new culture of immortality are already present in the culture of the Abalogoli: mercy, compassion and care for the sick. Because culture is dynamic in front of challenges (like HIV and AIDS), discernment is very important.

This study is important because it brings some insights on the socio-cultural/anthropological field. As a matter of fact, the concept of HIV and AIDS as immoral is an understanding which is not just pertinent to the Abalogoli but embraces many other culture and ethnic groups and therefore it is hope that this study will only influence the concept of immortality of the Abalogoli but will significantly challenge other such like-minded groups such as the Abalogoli. Anthropologically it is hoped that this information about HIV and Aids will help in the human development of the individual to become tolerant and accepting of PLWH.

3.7.4 Pre-requisites of Policy Making

The fourth reason why this thesis is important is that it can help the Government, NGOs and faith based organizations in their policies to positively respond to HIV and AIDS. The Professionals, especially those who work in the medical sectors said that there is a need to know the people's culture before you can attend to them.

3.7.4.1 Prevention Mother to Child Transmission (PMTCT)

“It is not easy to cure somebody who does not understand that you are looking for his good” (App. A, no.14). A mother who is not bed ridden cannot understand why she should be taking a medication: “it is not easy to prescribe ARTs” (App. A, no.10). The reluctance with which PLWH follow a long term treatment can be found on the traditional understanding of sickness. The Abalogoli believe that a person can get sick but the sickness is expected to last only a while. Informants also said that long sicknesses meant

that somebody has done wrong. In those cases the family and the community did take some initiatives so those things come back to normal as soon as possible: herbalist, sacrifices, reconciliation. “Those who have long lasting sicknesses are not well regarded” (App. A, no.28). One informant argued that people believe that only those who are punished can get a sickness that needs a lifelong medication (App. A, no.13).

The fact that HIV and AIDS require a lifelong medication (ARTs) has made the Abalogoli see it an evil. The above shows that the Abalogoli who are living with HIV will not easily succeed in a long term medication. Nine (9) Professionals argued that their working in Vihiga District centers and hospital was not easy. According to them, it was important that the Abalogoli’s comprehension of sickness and their understanding of the new situation brought about by the HIV and AIDS be taken into the consideration during the PMTCT.

3.7.4.2 Voluntary Testing and Counseling (VCT)

“People do not care; they do what they want many get infected” (App. A, no.12). Prevention of HIV infection has proven not to be easy to inculcate. The Professionals said it has always been a challenge to disclose the status to their patient; one informant said: “my job as a counselor has not been easy, the traditions are so difficult to ignore” (App. A, no.12). Data show that almost all the participants in this study have come across a friend, a neighbor, a relative with from the virus. Table 11 below shows the answers of the respondents to the question to know to whom are those infected by the virus to reveal their status?

The findings presented in Table 11 below concur with the stand of the above interviewee. A good number of the respondents: 51.9% of Elders, 53.3% of the Professionals and 42.6% of Youth said that the spouse and family members should be informed about their partner’s status. These findings while acknowledging the right for confidentiality that every person has was an exercise meant to see the readiness or not of

people in sharing secrets with their relative. People are secretive when stigma loaded issues are concerned.

Table 11: Revelation of HIV Status

	Responses					
	Elders		Professionals		Youth	
	N	%	N	%	N	%
No	3	5.6	0	0.0	9	9
Yes, to spouse	28	51.9	8	53.3	26	42.6
Yes, to relatives	13	24.1	4	26.7	20	32.8
Yes, to friends	3	5.6	0	0.0	5	8.2
Yes, to employer	0	0.0	0	0.0	0	0.0
Others	7	13.0	3	20	1	1.6
Grand Total	54	100	15	100	61	100

Few Elders (5.6%) and Youth (9%) said that someone's status should not be revealed at all. The reason for this was the risk of being stigmatized. This reason according to one lady who is infected has caused death of many people. The interviewee said, "I witnessed the death of many people who could not accept they had the virus" (cf. App. A, no.24).

Further interviews confirmed that the spouse should be informed so that, precautions might be taken to avoid re-infection (cf. App. A, no.32). This finding suggests that even though the family as an institution has been deeply affected by HIV and AIDS, sharing among the spouses (the family) is important. Because there is less and less spontaneity in sharing one's health condition with the larger community. It also points to the fact that at one point or the other, the family will be involved. The involvement could be in the comfort giving, in a home based caring, paying bills, caring of orphans.

The above data show point to the fact that the study will be useful in the field of moral theology, pastoral theology and religious study. The study gives significant information useful to pastoral and moral ministers for a proper understanding about PLWH; in a special way those working with and for the Abalogoli. This study could help Government, NGOs and faith based organizations to be opened to PLWH, to help the

Abalogoli and any other PLWH (and their relatives) who have misguided concept about HIV and AIDS to challenge their wrong understanding and to create an atmosphere of welcome and ultimately acknowledge immortality for the people entrusted to their care.

3.7.5 Avenues for More Research

This study is important for it opens new avenues for more research. This study argued that HIV and AIDS need not necessary be acquired through immoral behavior. It was said that HIV and AIDS can be acquired as for example through an infection through blood transfusion and from mother the child, blood contact during accidents, medical accidents, victims of rape are ways a person can be infected. In the above cases, the “victim” has not responsibility in the infection, but rather is has suffered violence. More research could done in assessing the link between violent and infection by HIV. It is also hoped that this study could motivate other researcher to dwell into the other aspects of the life and cultural understanding of people and generate new understanding about their concepts of rape, murder by self defense, accidental death; so that they can challenge the understanding of evil like this study has done toward immortality, morally, immorality and PLWH.

3.8 Findings related to the Research Questions

3.8.1 Findings related to Research Question One

Research Question One asked: What is your understanding of immortality, morality and immorality? In order to deal with the Abalogoli understanding of death so as to be able to grasp the cultural knowledge behind death, dying, in relation to taboos and related sexual conduct.

3.8.1.1 Bad Death among the Abalogoli

Immortality is about life after death. This session starts by inquiring about what is death for the Abalogoli. The Abalogoli Elders were asked if they knew any myth or a story about origin of death. Nine (9) Elders gave no response while nine (9) others said they had

never heard of any. Most of the Elders (35) said they did not know any myth or story about the origin of death apart from the biblical account of the sin of Adam and Eve.

However, some Elders (20) gave out few insights as to what they considered as being the origin of death. It emerged from the answers of the Elders that death originated from the disharmony between the ancestors and the living. A good number of Elders (30) who filled in the questionnaire agreed that: due to a misunderstanding, a person was cursed which caused death. Some of the Elders (12) cited as causes of death: the misunderstanding on land division, lack of respect to elders and parents, stubbornness and jealousy.

It did not come as a surprise that eight (8) Elders attributed death to a curse from the Creator. In this case, the ancestors were believed to have pronounced the curse because of the evil deeds of the human beings. Some Elder clarified that the Abalogoli did not attribute the source of death to God, but that they viewed death as a punishment for the evil done by people. Five (5) Abalogoli Elders said that death came as a result of a curse from the ancestors: “Because of their anger against their relatives who ignore them” (cf. App. A, no.14). Four (4) Elders believed that in the past, only old age, and natural disasters like earthquakes could cause death. Another elder who filled a questionnaire attributed the origin of death to mystical forces. He said:

“Death results from witchcraft, death cannot occur by itself” (App. A, no.15). Someone with witchcraft can throw evikoko or ovusura (serious sickness) on a person and that person will die. Only death from old age was accepted, so, all young people who died were considered to have been bewitched.” (App. A, no.15).

The insight of some Maragoli Elders revealed that according to them, death is always caused by something (cf. findings of Assumption One). There is no such thing as natural death except a peaceful death at a very old age, after leaving behind a good number of children, grandchildren, and great grandchildren.

3.8.1.2 Understanding of Immortality

Death is not the end of everything, the Abalogoli believe in life after death. Immortality is the after world reward to those who lived a morally upright life. One Elder said: “witches, thieves, childless people, murderers are not allowed among the ancestors” (App. A, no.4). Morality is all about a good and prosperous life indicated by peace, health, children, property and those who were thus blessed lived a moral life which was rewarded through immortality.

The afterworld is not independent from the present world; there are interactions between the two worlds. This is illustrated in Table 9 (cf. p.80) where it appears that 46.3% of the Elders and 36.4% of the Professionals believed the deceased who were not given a proper burial will not rest in peace but rather roam around the village. Everything is linked, as one informant put it: “those who have died are still members of the clan, those who are not yet born belong to the clan, and we are all united” (App. A, no.3). Data show that according to the Abalogoli, people who have died continue to interact with those who are alive. 64.8% of the Elders agreed that the departed could still interact with those alive. An interviewee said the ancestral world is just like our world (cf. App. A, no.17); that is why we give foodstuff at the gravesite of our beloved ones (cf. App. A, no.34).

From the data it appears that the afterlife is somehow a replicate of the present world. One Elder says: “if you are bad in this world, you will be bad even after you have died” (App. A, no.16); that is why the community does not accept bad people as ancestors. As a respondent puts it: “the community must make sure evil and immoral people remain outside ancestral life” (App. A, no.36), immortality for bad people is not assured. This world is just like the after world and is ruled according to morality. Immortality is a state that is earned during life time. Those who do not get immortality remain a spirit, they are not happy, they continue their bad work for ever. Speaking of life after death for evil people, even though 22.2% of the Elders and 36.5% of the Professionals said they had no

idea, the findings of the study show that the Abalogoli believe that the deceased can have direct effect on the well being of the living (Table 9, p.80).

The main effects of an unhappy deceased on the living are shown in Table 12 below. Table 12 shows that those who are not given full burial express their discontentment by causing: the lack of peace (35.2%), sickness and bad health (22.2%) and death of livestock (11.2%). The Professionals in their answers concur with the Elders. At this point, it emerged that for the Abalogoli people, the disturbances from unhappy deceased affect the life and health of people and animals; they also affect nature (bad harvest) and along with it the whole community's economy (poverty).

Table 12: Effect of Those who Were Not Given Full Burial

	Responses			
	Elders		Professionals	
	N	%	N	%
They bring poverty	3	5.6	1	4.5
Cause lack of peace	19	35.2	7	31.8
Death of livestock	6	11.2	4	18.2
Famine and bad harvest	3	5.6	1	2
Sickness and bad health	12	22.2	2	4.5
Death of children	0	0.0	3	9.1
Induce people in immorality	1	1.9	0	0.0
Others	3	5.6	0	0.0
No idea	7	13.0	4	18.2
Total	54	100	22	100

3.8.1.3 Implications of Immortality

Immortality is a reward for those who lived a morally up right life. The Elders gave forty-seven (47) positive answers to the fact that living an upright life now was the assurance of a good life in the afterlife. This particular finding confirms what was found about life after death and that a particular interviewee put clearly when saying: “the ancestral world is just like our world” (App. A, no.34). It emerged from the interviews that life after death is conditioned by a good moral life here and now. Good moral life meant observing taboos, avoiding evil (17) and doing well to others (16). Another very important

feature that emerged was to be married, leave children behind (8) and enjoying long life (2). From a group discussion it was established that the Abalogoli have the duty to bury their deceased members (cf. App. A, no.34). Burial ceremonies are meant to ensure a smooth passage to the supernatural world. It came out from the Elders that the after world is like the present world. People who are discriminated here in this life are also discriminated in the other life (life after death).

3.8.1.4 About Morality and Immorality

The researcher asked the young people to state cases of immorality they were aware of; their responses are shown in Table 13 below. The findings shows that rape and incest, as cases of immorality, were chosen by 45.5% of the young respondents (14 males and 14 females). Indecency in dressing got 23% of the responses (7 males and 7 females). Having mistresses got 8.2% of the responses; having more than one boy/girl friend (13.1%) and loss of virginity are cases of immorality as recorded by the Youth.

Table 13: Cases of Immorality

	N	%
Having a mistress	5	8.2
Incest/rape	28	45.5
Theft	3	4.9
Loss of virginity	2	3.3
Indecency in dressing	14	23.0
Have more than one boy/girl friend	8	13.1
Others	1	1.6
GRAND TOTAL	61	100

It is shown in Table 13 above that the majority of cases of immorality among the Youth turn around sex and other related issues like indecency in dressing. Here a question could be raised: to what extent have the young Abalogoli interviewees engaged in sexual relationships in their lives? Sixty-one (61) out of eighty-six (86) Youth answered the question.

The responses of the Youth about how many boys/girls friends they have ever had in their lives are recorded in Table 14 below. Table 14 shows that fourteen (14) Youth (7

males and 7 females) said that they could no longer count or remember the number of their boy/girl friends that they had sexual relations with.

A number of young Abalogoli (12 male and 8 females) said that they have had only one boy/girl friend. Out of the sixty-one (61) answers given by young Abalogoli that have engaged in sexual relations, many admitted to having had more than one partner, this infers that that young Abalogoli are at risk of STIs and HIV infection. Males and females had the same answers, that was interpreted to mean young abalogoli have the same knowledge and understanding of sexuality.

Table 14: Number of Boy/Girl(s) Friend (s)

	Responses			
	Male		Female	
	N	%	N	%
None	5	8.2	3	4.9
1	12	19.7	8	13.1
2	4	6.6	4	6.6
3	2	3.3	2	3.3
4	3	4.9	1	1.6
At least 5	1	1.6	2	3.3
Can't count	7	11.5	7	11.5
Partial total	34		27	
Grand total		61		

The fact that twenty (20) Youth (12 male and 8 females) said that they have only one partner could be a genuine answer; however, due to the fact that the topic touched on sexual issues and that it is not easy to reveal intimate aspects of one's sexual life to a stranger. Based on the high number of reported cases of Youth with STIs, it is clear that the Youth said they had only partner to reflect a good image of themselves to the researcher (cf. App. A, no.25).

Furthermore the findings as shown in Table 14 suggest that pre-marital sex is rampant among young Abalogoli. It also puts the challenge as to whether the young Maragoli know the consequences of sexual misconduct before they engage in sexual activity. Elders complained about the low level of morality among the young generations:

“the youth of today are spoilt. In the past it was unheard of to witness a school boy or girl suffering from STIs” (cf. App. A, no.1). The researcher investigated not only from the Young Maragoli but also from the Elders the extent to which the Maragoli were aware that immorality is anti life. According to the majority of Elders (46 out of 54), the main consequence of immorality is that it lowers someone’s dignity, in the sense that an immoral person loses respect from his age mates and can get despised by the community.

Some of Abalogoli Elders said that immorality could result in excommunication of the offender. One (1) Elder said that among the Abalogoli, the perpetrator of immoral acts “would be fined a goat or a cow and sent away from the community if the behavior persisted. This was applicable to women, but for men, they were fined heavily” (cf. App. A, no.1). Nineteen (19) Elders pointed to the social aspect of the consequence of immorality in the Abalogoli community. They said that immorality inevitably leads to death, divisions, and jealousy in the community. One Elder noted for example that: “if a woman was involved, the husband could die mysteriously.” (cf. App. A, no.20).

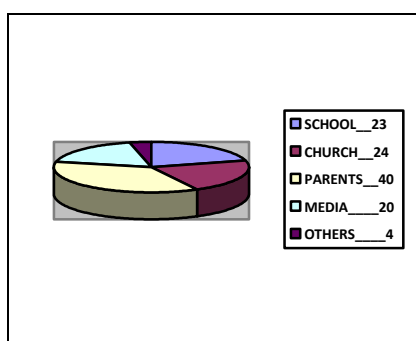
Marriage is a rite of passage; everybody is expected to enter marriage. A worrying consequence of immorality as the Abalogoli Elders pointed out, was the difficulty for a woman or a young girl to marry. Culturally, “virginity was rewarded while those girls who were found to have lost it brought shame to the clan” (App. A, no.1). Another interviewee said that “lack of virginity could be the cause of early marriages, early births and early divorces” (App. A, no.2). The study shows that lack of virginity is a reason for not getting married. Actually, many youth admitted that even though they were sexually active, they were contemplating marriage. This finding suggests that there has been a change in the understanding of morality/immorality.

With the advent of HIV and AIDS, HIV and AIDS was first presented as a sickness among homosexuals; that is how the link between HIV and AIDS and immorality was made (cf. App. A, no.27). The Abalogoli do believe that immoral people should be cast away because their immorality endangers the well being of the whole community.

Thus, when young Maragoli were asked to state the consequences of immorality, their answers turned around sexual immorality unlike the elders who came out with: cultural, social as well as sexual aspects. Majority of the young Abalogoli who filled the questionnaires said that immorality leads to sickness: STIs and HIV, which finally lead to death. Some youth also said that immorality causes misunderstanding in the family, brings shame and also leads to divorce for the married people. The main explanation given by the youth in explaining the shame brought upon the family by immorality was barrenness as a result of promiscuous life. Few other reasons were given by the youth such as school dropouts, negligence of one's responsibilities especially the family responsibilities, early pregnancies hence early marriages, and it also undermines ones dignity.

The researcher was interested to know how the young Maragoli was educated about sexual matters. So, the youth were asked to state more than one person or authority that was responsible for sex education. The Figure 3 below reveals that majority of young Abalogoli (40) said that parents are responsible for the sex education of their children. The church (24) came out as the authority in teaching about sex and sexual matters and was rated as second. School (23) and media (20) were also found as having a good role to play. Only a minority of young Abalogoli said that their mates could teach them sexual matters.

Figure 3: Who Should Provide Sexual Education to Youth



This particular finding about who should provide sexual education to youth reveal the fact that though young Abalogoli could engage in sexual activity, they did not trust each other as authority teaching in sexual matters. An interviewee said that: “it is only in very rare occasions that friends actually take it upon themselves to discuss this issue of

sex” (cf. App. A, no.6). This finding shows that peer education in matters of sexuality was uncommon among young Abalogoli.

It also came out that gender was an issue among the Abalogoli. The Abalogoli society is a male dominated society, where only male children could inherit land and be involved in the important decision-making of the family (cf. App. A, no.17). In chapter one, it was said that the migration of the Maragoli men into towns to look for jobs resulted in men gaining economic power. It was said that one of the consequences of Maragoli men enjoying cash money was indulgence in immorality while they were far from the village.

It emerged from the research that male unfaithfulness was most likely to be tolerated than that of a woman. Table 15 shows that 10 Elders (18.4%) agreed and even 11 Elders (20.4%) strongly agreed that an unfaithful man could be forgiven but not an unfaithful woman. This position of the Elders is a revelation of a traditionally held position about male biased assessment of immorality.

Table 15 reveals that the Professionals did not uphold the biasness. Only one Professional (6.7%) agreed that women be treated more severely than men. The youth mostly disagreed with that statement when it was brought to them. Education and modern influences could be the reason why 10 (66.7%) of the Professionals and (21) 34.4% of the Youth strongly disagreed with the statement that an unfaithful man can be forgiven, but an unfaithful woman should not.

Table 15: An Unfaithful Man Can be Forgiven, but an Unfaithful Woman Should not

	Responses					
	Elders		Professionals		Youth	
	N	%	N	%	N	%
Strongly agree	11	20.4	1	6.7	2	3.2
Agree	10	18.4	1	6.7	6	9.8
Disagree	13	24.1	3	20.0	26	42.6
Strongly disagree	18	33.3	10	66.7	21	34.4
No idea	2	3.7	0	0.0	6	9.8
Totals	54	100	15	100	61	100

Elders: 54; Professionals: 15, Youth: 61

Talking about immorality the findings showed that among the Abalogoli, someone's morality shapes to a large extent, the way the person is accompanied into the world of the dead (Jiodio, 2004). As already noted, in his MIASMU research paper entitled: "Personal Immortality: Moral Implications in the Luhya Community", the researcher found that: thieves, barren and unmarried members of the community were considered immoral people and buried differently from the other members when they died. It was not a matter of having material means or not. It was all about having lived a morally upright life in a family situation and having observed the traditional taboos.

3.8.1.5. Implications of Morality and Immorality

For the Abalogoli morality is about good life, a prosperous life or life in peace; in this sense, hardships, danger and suffering by individuals or groups are to be seen as punishments for unethical behavior. One Elder revealed that from time to time, special events could happen in the lives of people: dreams, misfortune and hardships; "painful events remind people that they ought to examine their moral behavior more closely" (cf. App. A, no.17).

Respondents came out with some questions that are used to examine ones' morality/immorality in front of bad events befalling people: What have I/we done? Whom have I/we/they wronged? Who is against me/us/them? (cf. App. A, no.36). These warnings embody moral concerns and accepted norms of conduct of the society that the ancestors lived fully and handed over to the next generation.

Definitely, for the Abalogoli, a good life will be a good one according to the morals of the community. A good life is seen in the harmony one works for, in the peace one participates to build, and in the willingness to continue the life of the clan by marrying and having many children.

A good life is also acquired by observing the taboos, which gives the person a long and peaceful life. All this implies that a "life with hardships, with problems, with miscarriage of women, with death of young people will be seen as a result of living or

having lived an unethical life” (App. A, no.14). For the Abalogoli, as far as morality and immorality are concerned there are two types of lives: ‘good life’ and ‘bad life’. The findings were the same for the informants irrespective of their marital status and gender.

3.8.2. Findings related to Research Question Two

The findings of this section answered Research Question Two asked: what is the understanding of evil according to Abalogoli?

3.8.2.1. What is Evil?

The researcher asked the Elders to give any Maragoli story or myth about the origin of evil. More than 90% of the Elders came out with the biblical story of Adam and Eve as the starting point of evil. However from what the Elders said, we found that In Gen 3:1-24, Eve who was cheated by the serpent, ate the fruit from the forbidden tree, disobeying God’s command. She gave the fruit to Adam who also ate it. Realizing their mistakes, Adam and Eve hid from God. As a result for the sin of Adam and Eve, enmity reign between man and woman, death is present. The fact that most of my respondents came up with the story of Adam and Eve to explain the origin of evil shows the great influence of Christianity in the western part of Kenya.

One particular respondent however came up with a unique story:

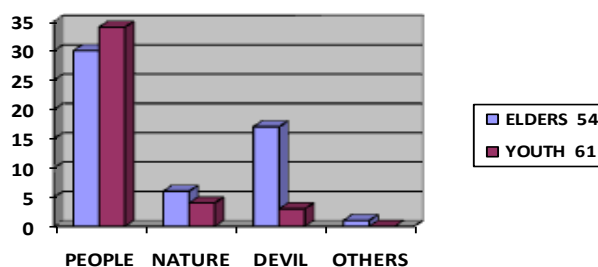
“The Maragoli community believes in God who lives above or in the space. God told all humankind that a woman should not climb a tree. If a woman climbs a tree she can defile the world. There were so many fruits in that world so the woman was not allowed to climb a tree and pick fruits. But, one day a woman decided to climb the tree for fruits. Children from that world saw the nakedness of the woman and that was the beginning of evil. The world was defiled. The generations of that time and of today were cursed. Up to now evil has increased because of the sin caused by a woman.” (App. A, no.19).

The above story was original in giving an outstanding account about the origin of evil among the Abalogoli, however the researcher could not find somebody to confirm it.

Eleven (11) Elders said that they had no idea of the Maragoli myth or story about the origin of evil. However, majority of the Elders (37 out of 54) gave some hints about the origin of evil. Evil originates from the world of spirit, when ancestors are angered or annoyed because of being buried badly (cf. Table 9) or if not remembered they caused evil or disharmony.

The researcher investigated on the cultural knowledge of the Abalogoli about evil. This investigation was meant to clarify the original Abalogoli understanding of evil and how the new pandemic has affected this reality. The respondents were asked more questions in order to go in depth in the matter of evil-being seen as anything hindering the flow of life. They were asked what according to them the causes of evil were; their answers are in figure 4 below. For most of the respondents, 30 Elders and 34 Youth agreed that people are the cause of Evil.

Figure 4: Causes of evil among the Abalogoli.



On another hand, the fact that twenty (20) people (17 Elders and 3 Youth) attributed the cause of evil to the devil shows the Christian understanding of evil as being caused by Satan. As a response of Assumption One the researcher investigated more about what the actual people the Abalogoli culturally considered as evil people. Elders and Professionals were found to be those who could have adequate information about cases of evil among the Abalogoli.

Respondents were asked about their understanding of people considered evil their answers are recorded in Table 16 below. Table 16 indicates that 31.5% of Elders (17) and

40% of Professionals (6) said that people with sexual misconduct are evil. 29% of Elders and 33.3% of Professionals said that adulterous people were evil.

It is also shown in Table 16 that 9.3% of the Elders said that the loss of virginity before marriage was a case of evil among the Abalogoli. This knowledge was later confirmed by some interviewees who said that Abalogoli Youth were not expected to have any sexual relationship before marriage (cf. App. A, no.5, no.6 and no.23). 11.1% of Elders said that thieves were evil people. This finding concurs with the study by Marius Jiodio (June 2004) who found out that the Luhya of Kenya considered unmarried people, barren people and thieves evil people. One particular informant added that “one can get a bad name for your family so much so that ‘people will always say: “you belong to a family of thieves?” Or this is the brother/sister of a thief” (App. A, no.4).

Table 16: Evil people among the Abalogoli

	Responses			
	Elders		Professionals	
	N	%	N	%
A thief	6	11.1	0	0.0
Unmarried person	1	1.9	0	0.0
Adulterous person	16	29.6	5	33.3
Loss virginity before marriage	5	9.3	3	20.0
Sexual misconduct	17	31.5	6	40.0
Stingy person	1	1.9	0	0.0
A witch	7	13	1	7.7
Others	1	1.9	0	0.0
Grand Total	54	100	15	100

Evil has consequences on community life. Two female Abalogoli Elders believed that evil originated when people started eating and mingling with those who had broken taboos; especially when people unknowingly welcomed into their house people who had murdered or committed adultery.

The majority of Elders and Professionals think that people indulging in sexual misconduct and adulterous persons could be a reason why people are looked down upon. Their fate was associated with sexual promiscuity that was looked at with dread in

traditional Abalogoli setting. This finding at this point shed more light on Research Question two of this thesis that was searching to know the understanding of evil among the Abalogoli. The findings were the same for the informants irrespective of their marital status and gender.

3.8.2.2. Consequences of Evil

The Abalogoli have an “elaborated” ritual that aims to “make sure that ‘bad people’ are cast away forever from the midst of the community” (App. A, no.14). Because the Abalogoli believe in the spirit world, and also believe that those who have died can come back or can still have influence on this life, they make sure that evil people (those whom we have presented above) do not come back to disturb. Actually, the Abalogoli have respect for dead bodies, that are to be buried, good and bad ones alike, but there is less respect for bad people, because they are evil they do not deserve to be remembered.

The body of bad person is carried by strangers or by well known bad people of the society (cf. App. A, no.36). For those who died abroad or far from the village the Abalogoli made everything so that the corpse is ferried for burial on the ancestral land in Vihiga (cf. App. A, no.1). The corpse is brought into the homestead not through the main gate, but rather through a hole made through the fence. This means that the person is not fully welcomed by the family (cf. App. A, no.17). People do not mourn a lot and the body is buried at night by elderly people (cf. App. A, no.36). Young ones and also women especially pregnant women are kept far from the burial place that is usually behind the homestead (cf. App. A, no.14). Only one goat will be slaughtered and no one will eat the meat, and there will be no ceremony of remembrance of the person. No one will name a child after them because the Abalogoli believe that: “a child will take the same personality and will either be a thief, commit suicide, be childless or remain unmarried, something that is not good” (App. A, no.4).

All the above symbolizes the final end for the deceased. He/she is doomed to go out of existence and those who still remember him/her will make everything possible so

that the “immoral” departed is to be forgotten, and that his/her name may disappear completely. In the Abalogoli context it is not even a matter of arguing: whenever someone is buried at night (of course with all the adequate rituals) it means that person should not be remembered or renamed. One of our informants told us that if her father was to be buried in the conditions stated above, she would not dare name her children after him (cf. App. A, no.30).

Evil people who were not allowed to enter ancestral life were never happy. It was believed they could fight back. The Abalogoli believe that when the ancestors are angry, they can make people indulge in evil things. Four (4) Elders believed that evil was “brought in by the whites”, “when people ate the forbidden fruit” and “committed adultery” which was and is considered as the core of evil.

The findings were the same for the informants irrespective of their marital status and gender. Because evil is anything that hinders the harmonious flow of life, this finding gave some light on Assumption One which talked about Evil according to the Abalogoli. From this section the findings demonstrate that most of the elders said that evil comes from the family quarrels or misunderstandings, land division. They also said evil began when children lost respect for elders; then they were cursed.

Evil comes basically from lack of harmony in the society; pointing to the fact that the Abalogoli value community life quite much. The fact that some Elders said that they did not have anything to say about evil according to the abalogoli confirms the position of MIASMU that to be an African does not guarantee that one knows about Africa. As a matter of fact, there should be a work of study and articulation of African knowledge in an African manner. And indeed, this is the intention of this study.

3.8.3. Findings related to Research Question Three

Question three which asked: What is the view of the Abalogoli about HIV and AIDS?

3.8.3.1. What is HIV and AIDS?

The respondents' knowledge about HIV and AIDS was necessary in order to pave a way forward for the research. Table 17 below shows the first Awareness of the respondents about HIV and AIDS. The electronic and print media (98) are the main source through which the respondents got to know about HIV and AIDS. This finding confirms that the national campaign started as a response to HIV and AIDS by the Government of Kenya has had effects.

Table 17: First Awareness about HIV and AIDS

	Electronic medias	HIV and AIDS meetings	Discussions with friends	In school	In church	Others
Elders	34	15	7	2	17	4
Professionals	11	4	3	3	2	1
PLWH	13	6	4	5	6	3
Youth	40	11	10	24	7	5
Total	98	36	24	34	32	3

Meetings and seminars (36) had the second highest rate of means through respondents got their first awareness about HIV and AIDS. This shows how the combined work of the Government at the decision making level and that of the NGOs at the grassroots level has helped on the awareness campaign. Churches (32) and schools (34) being the places where majority of the respondents spend most of their time have played an important role in the sensitization of the population.

From the responses it came out that there many sources from where the respondents got to know about HIV and AIDS; they were allowed to give more than one response. It came out that different sources combined together have helped the Abalogoli know or grasp the reality of the HIV and AIDS.

Having known the channel through which the informants came to know about HIV and AIDS, the researcher went forward to evaluate the respondent's level of knowledge about HIV and AIDS; their responses are recorded in Table 18 below.

Table 18 shows that for most of the respondents HIV and AIDS was a bad sickness. Actually, 85.2% of Elders, 93.3% of Professionals and 85.2% of the Youth

agreed to the fact that HIV and AIDS is a bad sickness because it has no cure. Two Elders (3.7%), one (1) Professional and two Youth said HIV and AIDS was a bad sickness because of the number of people who have already died of AIDS. Some Elders (2) and Youth (6) looked at the impact of HIV and AIDS on the family's welfare as the reason of it being a bad sickness. One Elder insisted on the fact that those who are infected hardly get healthy children.

Table 18: Reasons why HIV and AIDS is Regarded as a Bad Sickness

	Responses					
	Elders		Professionals		Youth	
	N	%	N	%	N	%
It has no cure	46	85.2	14	93.3	52	85.2
It divides families	2	3.7	0	0	6	9.8
It kills innocent people	2	3.7	1	6.7	2	3.3
Those who are infected hardly get healthy children	1	1.9	0	0.0	0	0.0
Others	1	1.9	0	0.0	1	1.6
No idea	2	3.7	0	0.0	0	0.0
Total	54	100	15	100	61	100

The Professionals gave some more reasons as to why HIV and AIDS is a serious problem that requires a very serious attention. The Professionals said:

* It is killing young generations and bread-winners; it requires a lot of attention and financial care. "Bread winners cannot work; many lose jobs as they become unproductive at the later stage of the sickness".

Some respondents gave other answers about why HIV and AIDS is regarded as a Bad Sickness; they said it was because:

* It needs attention to save the world and its people; human beings could become extinct if attention is not paid to this epidemic (cf. App. A, no.32).

* The rate of infection is even higher than the rate of death, which means as many die, more are being infected. So more will die, since not all are helped (cf. App. A, no.31).

* It is a deadly disease: "the only medicine is God's intervention" (App. A, no.31).

* It has negative effect on the lives of those infected and affected. Those who are left behind are left with only problems (cf. App. A, no.33).

In view of such reasons about the seriousness of the disease, there can be three reactions: denial, accommodation or rejection. This brings us to the next section that deals with the early stigma attached to HIV and AIDS. The belief of the Abalogoli about what Evil (cf. Assumption One) and their experience about HIV and AIDS (cf. Research Question Two) have been challenged. From the findings one particular Abalogoli elder said that:

“In the olden days, people never seemed to die. This was because most people died when they were already very old. When people started behaving badly in ways that did not please the spirits, death descended into the world and many younger people started dying. Life also became so difficult that people started dying as a result of too much thinking” (App. A, no.17).

According to the interviewee, one of the features of the past years was that few people used to die; and where death occurred at a very old age, there were no songs about death; “when we were young we never sang mourning songs”(cf. App. A, no.17).

3.8.3.2. Early Stigma Attached to HIV and AIDS

While inquiring about the view of the Abalogoli about HIV and AIDS it was important to know whether according to them there was any stigmatization attached to PLWH. The researcher expected to know who was the first responsible of the sickness. Table 19 below reveals that PLWH were held first responsible for bringing HIV and AIDS in their community.

Here responsibility from bring the sickness that it was their fault and the blame upon PLWH and their families. Table 19 shows that 24.1% of the Elders (10 males and 3 females), 6.7% of the Professionals (1 male) and 8.2% of the Youth (4 males and 1 female) strongly agreed that those infected with HIV and AIDS were to be blamed for bringing the disease into the community.

Table 19: Should PLWH be Blamed for Bringing the Disease into the Community?

	Responses					
	Elders		Professionals		Youth	
	N	%	N	%	N	%
Strongly agree	13	24.1	1	6.7	5	8.2
Agree	5	9.3	3	20.0	7	11.5
Disagree	19	35.2	11	73.3	27	44.3
Strongly disagree	13	24.1	0	0.0	21	34.4
No idea	4	7.4	0	0.0	1	1.6
Totals	54	100	15	100	61	100

Elders: 54, Professionals: 15, Youth: 61

A gender difference emerged in the answer to this question. Males came out to be harsh on PLWH. Majority of the respondents 35.2% of the Elders (8 males and 11 females), 73.3% of the Professionals (5 males and 6 females) and 44.3% of the Youth (10 males and 11 females) said they disagreed that those infected with HIV be blamed. Another 24.1% of the Elders (3 males and 10 females) strongly disagreed. The above findings showed that female respondents were more compassionate, more ready to accept and “forgive”.

The findings also showed that the Elders were divided on the question. Among the Elders, 24.1% strongly agreed that PLWH be blamed for bringing the sickness to the community, while another 24.1% strongly disagreed of the same.

The Professionals were steadier in their responses; a majority of the Professionals (73.3%) said that there should be no blame. This finding can be explained by the fact that the Professionals are “more objective”, “they know that nobody is safe”, “people get infected out of ignorance” and “there are different ways of getting infected”.

A good number of the Young Abalogoli (44.3%) joined the Professionals in saying that PLWH should not be blamed for bringing the disease into the community.

However, the fact that 24.1% of the Elders, 6.7% of the Professionals and 8.2% of the Youth maintain that the PLWH are to be blamed for bringing the sickness in the community shows that a good number of respondents are ready to “accuse the person of

bringing evil in the community”, “a person is always at the origin of hardships that befall the community” (cf. Findings related to the fifth significance of the thesis). Even though the person is not blamed, it came out (especially from oral interviews) that the Abalogoli do hold that PLWH are channels through which HIV has found its way into their community. This finding brings to light another link between morality and evil that occurs to the Abalogoli community. The variable of marital status did not show a difference, answers were similar of married, single and widows.

Respondents argued that right from the beginning the PLWH were considered immoral (cf. App. A, no.35), the bereaved families faced a double challenge namely, the death of a relative on one hand and stigma associated HIV and AIDS on the other. Stigmatization among the Abalogoli community against PLWH is manifested in various forms both presently and after death. According to the Professionals, stigmatization is made visible in the neglect of orphans. This is by denying them basic needs like food, shelter, clothing and education. It appeared to a teacher that people tend not to associate closely with the family of the deceased, “occasionally widows are chased to go back to their parents” (App. A, no.4).

Answering the question on why PLWH were more likely to be stigmatized, the respondents said it was mainly because PLWH can never fully recover, they are sickly and there is a mystery associated with the sickness (curse, punishment for breaking unknown taboos). It came out that most people regard HIV and AIDS as a curse, strange sickness and for only sexually immoral individuals. Other reasons given by youth were:

- * People fear to be infected; it is believed that they got HIV through sexual misconduct.

- * It is their behavior, which determines. If they have bad behavior, they would be neglected.

- * People believe that if you are infected then you are morally degraded and therefore unfit to be accepted socially.

Since the disease is strange and has no cure, people fear to associate with those who are infected and affected. These findings showed that even those who are sick fear to associate with others (PLWH tend to hide themselves). “When I first knew I was HIV positive, I run away from my home” (App. A, no.24). People have not understood well, the modes of transmission. As a result, PLWH are always threatened of being rejected and nobody seems to give them help. This rejection is not always manifested in words but through actions, mostly negative attitude and omission toward PLWH.

3.8.4. Findings related to Question Four

Research Question Four asked: are you aware that HIV and AIDS can be acquired even if one is not immoral?

The advent of HIV and AIDS made the Abalogoli consider PLWH as immoral. The respondents were asked to say the cases of PLWH they have seen and/or heard about. The respondents were free to give more than one answer as shown in Table 20.

Table 20: Cases of PLWH Seen or Heard of by the Respondents

	Neighbor	Friend	Teacher	Pastor/Priest	Sibling	Parent	Relative	Others
Elders	27	17	13	8	12	6	25	6
Professionals	8	4	6	4	4	0	10	3
Youth	29	16	19	5	7	5	0	0
Totals	64	37	38	17	23	11	35	9

Elders: 54, Professionals: 15, Youth: 61.

It is shown in Table 20 that sixty-four (64) respondents have seen a neighbor who was infected with the virus. 38 respondents saw a teacher, thirty-seven (37) saw a friend. Table 20 also indicates that many other respondents saw siblings (23), parents (11) and close relatives (35) suffering from HIV and AIDS. This particular finding confirms that the Abalogoli had been either directly or indirectly affected by HIV and AIDS.

The results suggest that in one way or another, the respondents to the questionnaires have been affected in their lives through neighbors or friends they knew were PLWH. The respondents were related or have interacted with PLWH. The finding also reveals that the respondents could have been shaken in their faith by seeing their religious leaders, pastor or priest (17) infected by the HIV and AIDS. Some interviewees

confirmed that not all the respondents were prepared to receive the news of the infection of some relatives, “I always thought the virus was for other people, till I came to know that my uncle was infected” (App. A, no.37).

There was a probability from the above findings that there was strong emotional effect from seeing a parent, sibling or relative suffering from HIV and AIDS. In the past, when a fellow Abalogoli died, the community as a whole came in and the elders handled the funeral process. This was because the Abalogoli believed that death was caused and that the cause of death was always evil (Jiodio, 2004). The reality is that right from the beginning, PLWH were considered immoral. Thus, bereaved families faced a double challenge namely, the death of a relative on one hand and stigma associated with HIV and AIDS on the other.

Data reveal that the respondents were somehow aware of the recent discoveries about HIV and AIDS. In a group discussion in a self help group in Vihiga (App. A, no.38) the respondents said that: used razor blades should not be shared; mosquitoes do not transmit the HIV.

The Youth had better knowledge of the recent evolution in the field of the responses to HIV and AIDS: people can contract the virus in a road accident when blood from the wound mixes (body fluids), from the mother to the child (when breast feeding), with ARTs (Anti Retroviral Treatments) people live longer and better (with less AIDS opportunistic diseases), everybody can contract the virus (cf. App. A, no.6).

Though the Professionals, by the fact of their education, were more conversant with the recent advancement, they complained that they did not have adequate information on/about HIV and AIDS. They felt they should improve in these areas:

- * Knowledge in handling the sick, prevention and treatment, especially how to handle adult patients and those who turn lunatic.

- * Transmission, PMTCT (Prevention Mother to Child Transmission), CCC (Comprehensive Care Center), ARTs.

- * Knowledge about the pandemic, stigma reduction and about the change of attitude.

- * Training of Home Based Care (HBC) personnel to be sent down into the village.

- * Reasons why people are still shy to accept VCT, reasons and remedy for malnutrition, conquering stigma, empowering PLWH socially, spiritually and economically.

- * Medical complications of the virus and counseling aspects.

Talking about the lacuna in their knowledge about the pandemic, the professional respondents affirmed that they were in need of more knowledge on the following areas:

- * About discordant couples, meaning when one partner is positive and the other is negative.

With the evidence that most of the Abalogoli knew something about the discoveries in the field of HIV and AIDS, it was assumed that the Abalogoli had probably seen some of their relatives that appeared to them to be morally upright but who died of AIDS. The informants irrespective of their marital status and gender gave similar answers. Data indicated that respondents saw siblings (23), parents (11) and close relatives (35) suffering from HIV and AIDS (Table 20, p.113). This particular finding confirms that the respondents were either directly or indirectly affected by HIV and AIDS.

The researcher wondered whether the Abalogoli had managed to come to terms with the situation HIV and AIDS pandemic. It appeared that some widows that were interviewed were not able to accept that their spouses who died of AIDS were immoral (cf. App. A, no.24 and no.29). This situation suggested that for those widows their spouses had contracted the virus through ways that need not to be immoral. Hence for some Abalogoli, HIV and AIDS does not equate immorality or they are in state of denial.

3.8.5 Findings related to Research Question Five

The fifth Research Question of this thesis asked: Do you think that those who died of AIDS qualify for immortality? The researcher was interested in knowing whether the

state of immortality of PLWH was assured after their death. Most of the informants' responses suggested that immortality for PLWH was not assured because of the following reasons: it tarnishes the good name of the family, it brings suspicion, it disrupts the peace in the community.

3.8.5.1. Good Name of the Family

Stigmatization was a word difficult to translate into Kimaragoli. What emerged from the interviews was that stigmatization against PLWH does not come on its own. To be stigmatized the status of the person has to be known, or there are signs that point to the fact that the person is suffering from the virus. Stigma surrounding HIV and AIDS largely came from the fact that it was unfamiliar, unknown and people did not know how to react to it. This fear of what HIV and AIDS entailed was manifested through display of stigma to the extent of being embarrassed for having the same name with a person who died of AIDS. "When my husband came to know that he was HIV positive, he used to be very sad because the honor of the family (name) was affected by his condition (App. A, no.29).

3.8.5.2 Suspicion

Talking about the difficulty the Abalogoli had in disclosing their status to spouses, relatives, friends or others it came out that even if the respondents said that their spouse should be the first to know their status, suspicion always appears among spouses. A widow said: "my late husband refused to go to hospital for the testing" (App. A, no.24). The informant continued: "he was saying that it is better for him to die without knowing the reason" (App. A, no.24). The above shows the non readiness to face the reality, this is explained by the fact that it is better not to know you are dying of AIDS so that you may not be looked with suspicion as the one who brought evil in the family.

Suspicion is manifested in the fact that there is less and less spontaneity in sharing one's health condition with the larger community. It also points to the fact that the larger family will not be bothered by the expenditures about: comfort, Home Based Care, paying

bills, or caring of orphans. “If they do not know your status, they will come in and help; but if they know your family left behind will suffer” (App. A, no.32).

3.8.5.3. Disruption of the Peace in the Community

It also emerged from the field that not all Abalogoli liked the fact that a relative was infected. Stigmatization has come in making it difficult for many to accept their relative’s condition. The Professionals were reluctant to let their status be known by others. It might be because of the spirit of competition at the workplace or because of self-esteem. The professionals said that the employers did not have the right to know the HIV status of their employees. It appeared in a group discussion that PLWH were stigmatized in the work place when work mates knew about their status: “you cannot work or even have peace when people change the road when you are around” (App. A, no.1). It appeared that no Professional agreed he/she would inform the employer about one’s status. These findings were in line with the Kenya policy of the right for confidentiality. Nevertheless, it appeared that PLWH have experience injustices. A respondent said that her relative was sacked days after the employer knew his status (cf. App. A, no.37). Such a case was against the human right of PLWH and could qualify for legal prosecution

The findings show that the majority of the respondents hold that in spite of the eventuality of stigmatization, the way forward was to reveal one’s status to a relatively good number of trusted persons. A social worker that was interviewed said that nowadays, people were able to tell their status even in public gatherings (Baraza) (cf. App. A, no.9). Another social worker noted that females are more ready to reveal their status in comparison to men; “even though men are the ones who decide in the family, they have failed to come up to decide to fight the pandemic” (App. A, no.27). This could be because women unlike men are considered by society as being more open with regard to sharing their emotions and feelings.

The findings of Table 21 also show that fear of HIV did not make the Abalogoli remain indifferent towards those who are infected. It emerged in the study that 38.8% of

Abalogoli Elders, 13.3% and 45.9% of the Youth disagreed with the statement that people with HIV should be embarrassed.

Table 21: “People with HIV Should be embarrassed”

	Responses					
	Elders		Professionals		Youth	
	N	%	N	%	N	%
Strongly agree	8	14.8	0	0.0	4	6.6
Agree	2	3.7	0	0.0	3	4.9
Disagree	21	38.9	2	13.3	28	45.9
Strongly disagree	19	35.2	13	86.7	15	24.6
No idea	4	7.4	0	0.0	2	3.3
Did not answer	0	0.0	0	0.0	9	14.8
Totals	54	100	15	100	61	100

It also appears in Table 21 that 35.2% of Elders and 86.7% of Professionals strongly disagreed that PLWH should be embarrassed. This finding reveals to us that embarrassment is a very strong feeling that the Abalogoli dread. HIV and AIDS is a deadly disease because of the fact that Abalogoli attribute evil to the bearer of the disease (cf. findings related to the fifth significance of the study), it appears from the finding that self discrimination about being a carrier of the virus is not encouraged by the majority of the respondents. Nevertheless, 14.8% of Elders said that PLWH should be ashamed of themselves.

One informant said that the “PLWH who go out with ill feeling and consciously infect innocent people should be ashamed of their behavior” (App. A, no.23). What emerges from Table 21 is that even though discrimination exists, it is not supported by most of the respondents on one hand and that peace in the community is disrupted by the HIV and AIDS pandemic on the other.

3.9 Findings related to the Assumptions

3.9.1 Findings related to Assumption One

The findings of Research Question One have already answered part of the Assumption One which stated that for the Abalogoli, “evil is anything that hinders the

harmonious flow of life”. One informant said that “peace, harmony, joy of people, good crops, great number of livestock are signs of good life” (App. A, no.14). Another argued that lack of peace, misunderstandings, death of children, barrenness of women and drought that make life difficult are bad signs that show something is wrong (cf. App. A, no.13).

One particular informant said it showed there was somebody against the community (cf. App. A, no.14). This could be interpreted to mean that a human person is at the center of everything evil or that the person is the chief source of evil. These findings answer Assumption One evil which said that evil was anything that hinders the harmonious flow of life.

At this point the findings have established that humans are the main cause of evil. How then is evil manifested? The researcher asked the Elders to state what they held as the manifestation of evil. The Elders were free to give more than two answers. The answers are indicated in Table 22 below.

Table 22: When does Evil Befall Someone in your Community?

Responses	
When they fall sick	12 out of 54
When they cannot have children,	15 out of 54
When the harvest is not good	3 out of 54
When floods destroy things	7 out of 54
When bad events happen in the family	42 out of 54
Others	12 out of 54

Table 22 shows that fifteen (15) Elders said that when evil befalls women, they became barren. Twelve (12) Elders referred to sickness as a result of evil befalling somebody. Forty two (42) Elders summarized this position by saying that when any bad event befalls the family it is a manifestation of evil.

From these findings, it can be said that one of the most evil things that can befall the Abalogoli community is anything that harms the family in one way or another. As one Elder puts it, any problem, any unexplained death or any case of long sickness that befalls

people is considered evil (App. A, no.1). Talking about the manner in which somebody could become an evil person, the Elders (47 out of 54) said that someone becomes a witch by inheritance, six (6) Elders said other evildoers learn their evil from other evildoers. Only one (1) Elder said that some witches could buy secrets from faraway places and then be able to harm people.

From the study, it also emerged that among the Abalogoli, there was fear of interacting with evildoers; this was shown by the fact that 90% of the Elders (49) who answered the questionnaires believed that they could be bewitched. The 10% of Elders (6) who said that they did not believe they could be bewitched said that their faith in Christianity was the main reason. According to a particular informant, the Abalogoli are known to be people open to Christian faith (cf. App. A, no.25).

The researcher asked the Elders, the Youth and the PLWH which actions they were more likely to undertake in case of misfortune. Each respondent was allowed to give more than one action s/he would undertake their answers are recorded in table 23 below.

Table 23: What is done when the Abalogoli Experience Misfortune or Evil

Responses			
	Elders	Youth	PLWH
Look for a Diviner,	12	10	3
Go to a medicine man	18	9	3
Go for prayer in a church	16	10	6
Pray to God	23	46	15
Go to the hospital	6	7	5
Others	11	1	1

Elders: 54 Youth: 61 PLWH: 22

Table 23 indicates that “praying to God” and “going for prayer in a church” got the majority of choices from Elders (23), PLWH (15) and Youth (46) respondents among the Abalogoli. This finding concurs with what was already found in this study, that the Abalogoli people are religious people and believers in God. The Abalogoli therefore, tend to easily turn to God or to the divinity in case of any misfortune. But the study was only interested in the African traditional religion.

Though the Abalogoli easily turn to God in times of misfortune, the findings show also that they do go to the diviner (omukumu). Actually, twelve (12) Elders, ten (10) Youth and three (3) PLWH (1 male and 2 females) said that they look for diviners in case of misfortune. A particular interviewee said that there is no problem to call upon an omukumu to solve problems like sickness, death of cattle, and death of children or even barrenness (cf. App. A, no.15).

One particular interviewee gave a totally unexpected origin of death. He said that when the church came to Western Kenya it spoiled the special sittings called eketeve (a ritual prayer). During eketeve, Elders came together and a “concoction” (a locally made drink) prepared by a specialist and given to people to prove their innocence. Those who refused to drink it revealed their guilt. Those who did not consume the “concoction” during the eketeve would be chased away never to come back and their houses would be demolished and they would not even be allowed to mix with other people even during meals (Appendix A, no.18). My informant stressed that the churches by forbidding the eketeve caused death to strike the community “because customs were violated, death increased” (cf. App. A, no.18).

Further interviews also revealed that on a regular basis, the Elders practiced a ritual called eketeve, in order to cast out misfortune or to deter those at the source of hardship in the community from continuing being harmful. Eketeve is a prayer said before starting the drinking of local beer; it was done in order to identify an evil person. One particular Elder gave us an example of eketeve prayer:

“Elder: Let anyone who is evil in this community die

Those present: Let him die.

Elder: Let evil befall him

Those present: Yes, let it befall him.

Elder: Let him wither and die

Those present: Yes, let him die” (App. A, no.15)

The interviewee stressed that “with such invocation, the evil person would not like to associate with the elders and would run away (cf. App. A, no.15). The Elders would later go and summon the one who avoided the prayer and the socialization that followed. If the evil person repents and confesses his wrong deeds and asks for forgiveness, he would pay a penalty and be forgiven. If not, that person would be stigmatized; children could be told to avoid such person (cf. App. A, no.15).

It can be deduced from the above findings that the community as a whole come together to deal with evil people, to handle the situation when it arises. This could signify that evil must be discarded (cf. App. A, no.1); anything that is evil must be stopped from harming others both in this world and in/from the other world (cf. App. A, no.04 and no.5)

Abalogoli Elders, Professionals and PLWH were asked to say in which ways evil people were dealt with. Table 24 below indicates that forty two (42) Elders, thirteen (13) Professionals and twenty (20) PLWH believe evil people were thrown out of the community never to come back. It also appears that excommunication out of the community (being ostracized) could be extended even to after death because some Elders (6) said that evil people were buried outside the community compound.

Table 24: Dealing with evil people

	Elders	Professionals	PLWH
Killed	1	0	1
Buried outside	6	0	0
Ostracized	42	13	20
Others	4	0	0
No idea	1	2	1

Elders: 54 Youth: 61 PLWH: 22

The above findings shown in Table 24 were confirmed in interviews with Elders. Talking about how evil people were dealt with, the Elders said that evil people were first of all brought before a council of Elders and their case addressed (cf. App. A, no.3). If people were found guilty and accepted their guilt, they were cleansed. So, they would be fined by the community and warned never to involve themselves in evil activities. A

woman would be sent for a goat or a cow from her family or clan before they are re-accepted. But if they were not re-accepted, they were finally isolated and stigmatized, sent away from the community or even killed (cf. App. A, no.3). The informants irrespective of their marital status and gender gave similar answers.

The clarifications from some Elders in the interviews indicated that excommunication was done as a last resort. Eventually, the evil person could be killed if he/she refused to leave the community and settle somewhere else (cf. App. A, no.14). One (1) Elder eagerly shed some light on a special sitting called Eketeve. At this sitting, all the villagers drank “concoction” that was specially brewed and those who had done something wrong would never come forward to drink the beer, lest they die on the spot (cf. App. A, no.14). In other instances “a special tree” (mutembe) would be pierced and this meant that the criminal would either die on the spot or run away for fear of being lynched or having to face embarrassment” (App. A, no.17).

The Elders that were interviewed agreed to the fact that because the eketeve was not practiced anymore, evil has become very rampant among the Abalogoli (cf. App. A, no.17). “The problem is that with modernity, the Abalogoli prefer to face the rule of law; which is inconsistent with Maragoli system of justice and reconciliation” (Appendix A, no.14). Some of the Elders attributed the modern high rate of death and dying to the fact that, evil people continue interacting with good people, bewitching or harming them. “A murderer can pay a bond of surety and walk out a free person waiting for trial; that judgment could last indefinitely” (App. A, no.17).

One (1) Elder pointed out that breaking of taboos by modern Abalogoli is the reason for so many problems in the community (cf. App. A, no.3). Another Elder said that the Abalogoli had rules: “if you kill you are not supposed to eat with clan members, as they will start dying” (App. A, no.14). So, it was important for murderers to be chased away so that intermingling might be reduced. Another informant said that “to kill a fellow Abalogoli was the worst offence one could commit; when it had happened, the elders

would meet and the entire homestead of the murderer was burnt before sunset” (App. A, no.4). From the above it emerges that the flow of life had to be protected. The Abalogoli consider anything that endangers the flow of life as evil.

3.9.2 Findings related to Assumption Two

Assumption Two was whether “HIV and AIDS have been seen as something evil by the Abalogoli because it undermines life.” The related results of this section are the same as expressed in Research Question Two; it showed how HIV and AIDS come to be seen as something evil. As a starting point, the respondents’ opinion about HIV and AIDS was sought.

The findings in Table 25 below reveals that 50% of the Elders, 60% of Professionals and 49.2% of the Youth hold HIV and AIDS as a result of sexual misconduct. It also revealed that the Youth 31.1% easily looked at HIV and AIDS as a sickness.

Table 25: Statements you would agree with regarding HIV and AIDS

	Responses					
	Elders		Professionals		Youth	
	N	%	N	%	N	%
A curse	3	5.6	2	13.3	8	13.1
A sickness	15	27.8	3	20.0	19	31.1
A punishment by the ancestors	6	11.1	0	0.0	2	3.3
A result of sexual misconduct	27	50.0	9	60.0	30	49.2
Others	3	5.6	1	6.7	2	3.3
No idea	0	0.0	0	0.0	0	0.0
Total	54	100	15	100	61	100

The number of those who look at HIV and AIDS as a curse are the Youth (13.1%) followed by the Elders (5.6%) and then the Professionals (13.2%). This finding reveals that the Youth who hold HIV and AIDS as a sickness, do not look at it only as a simple sickness but also as a result of something done by the sufferer. The source of the sickness could therefore be the result of breaking a taboo or any other cultural practice (cf. App. A, no.38). In order to assess the level of knowledge of the Abalogoli respondents, a question

was asked about what they knew as the cause of HIV and AIDS. The respondents were free to give more than one answer. From Table 26, it is indicated that the majority of Abalogoli respondents are aware that a virus is the origin of HIV and AIDS. They are also aware that sexual transmission is the common way of its spread. However, thirteen (13) Elders, seven (7) PLWH and eight (8) Youth see the HIV and AIDS as a punishment from God. Putting God as punisher of evil reveals two things: it reflects that those who responded believe in a retributive justice, where the wrong deeds are punished and good deeds are rewarded.

Table 26: Causes of HIV and AIDS

	A virus	Sexual promiscuity	Punishment from God	Curse from the ancestors	others
Elders	23	22	13	1	4
PLWH	9	10	7	0	0
Youth	32	28	8	3	1
Total	64	60	28	4	5

Elders: 54 PLWH: 22 Youth: 61

The second thing is that it presents those who are infected as guilty of something that they did. The guilt to which the finding of Table 18 could be referring to is stressed by the fact that one (1) Elder and three (3) Youth put the “curse from the ancestor” as the cause of HIV and AIDS. One particular Elder confirmed that angry ancestors could cause harm to the living beings (cf. App. A, no.13). It important to note here that irrespectively of their marital status and gender the informants gave similar answers, this was interpreted to mean that all the Abalogoli have the same experience of HIV and AIDS pandemic.

3.9.3 Findings related to Assumption Three

Assumption Three emphasized that there were some traditional rituals in the Abalogoli community regarding burials that are not to be performed on/for those who die of AIDS. This section deals with the Abalogoli traditional rituals ensuring the continuity of the life after death in general and in the context of HIV and AIDS.

Some rituals were not performed for those who died of AIDS: handling the corpse, burial at the dawn of HIV and AIDS, keeping vigil over the body, slaughtering animals,

naming and wife inheritance. Among the Abalogoli, the community as a whole come together to deal with evil people, to handle the situation when it arises (cf. findings related to Assumption One). For the Abalogoli, all those who die, good or bad people, are given a burial (cf. App. A, no.38). But the difference would be shown at the mourning, funeral celebrations, and the place of the compound the grave was dug (cf. App. A, no.38 and no.36). The fact that the causes of HIV and AIDS as held by the respondents were so diverse, comprising biological causes (virus), socio-behavioral causes (sexual promiscuity and spiritual causes (punishment, anger of ancestor), was found good to investigate the seriousness with which the respondents looked at the virus through examining the death rituals.

3.9.3.1 Burial of the People who Died of AIDS at the Dawn of the Pandemic

How the first Abalogoli people who died of AIDS were buried was of interest the researcher. Most of Abalogoli interviewed were unanimous about the way they saw the corpses of the first Abalogoli being handled in the 1980s. It came out from the respondents that there were unusual precautions taken by the Government so much so that a mystery grew around the real nature of the sickness. All the respondents said that the corpses were wrapped in black polythene bags and nobody was allowed to touch them. “The graves were dug two or three feet deeper than the normal” (App. A, no.36). The Government provided police escorts to make sure things were not tampered with. One elder said: “we did not know why, it was not the decision of the community, we just abided” (App. A, no.1).

All the above precautions brought trauma among the Abalogoli who were used to be close to the departed ones. “Traditionally the corpse was washed by some relatives, and people would stay the whole time guarding the corpse” (App. A, no.34 and no.36). When there was a suspicion about the cause of the death, the family would make turns at night so that the person responsible of the death could not tamper with the grave (cf. App. A, no.34). In the case of those who died of AIDS, it was forbidden to come close to the grave

(cf. App. A, no.11 and no.17). One particular Elder said that he witnessed in the 1980's, in some place where people were discouraged from mourning relatives who died of AIDS (cf. App. A, no.36). Another Elder attributed the subsequent spread of the disease to the fact that the precautions taken by the Government at the beginning of the pandemic "were not extended to those who died at home hence the dramatic spread of HIV and AIDS" (App. A, no.36). What is argued here is that not all those who died of AIDS in the early year of the pandemic (early 80s) were handled with care; so there might have been infection through body fluids. The explanation given was that "if those who died of AIDS in the rural areas had been handled as the Government did with - carefully wrapped and buried deep in the ground - those who died in town, the pandemic could have been controlled" (App. A, no.36).

The mystery around HIV and AIDS was so strong among the Abalogoli that hired people were called in to bury those who died of AIDS. One Elder said that traditionally designated relatives buried the deceased. "The cousin on the mother's side buried their uncle" (App. A, no.34). Only those who had committed suicide, or who drowned were buried by hired people, and normally the hired people came from other ethnic groups. The hired persons were paid a fee for the service (cf. App. A, no.13). The fact that some people were hired to bury those who had died of AIDS showed how the disease was considered as something evil.

Some respondents explained the precautions they took in handling the corpses of those who died of AIDS. According to twenty (20) Elders, those who died of AIDS had wounds and spots, which were believed, could cause infections. The corpses were handled while wearing gloves at home. Another nineteen (19) Elders said that those who die of AIDS were considered cursed.

Contrary to the above position that corpses were handled with extra care, some fifteen (15) Elders held that they actually never noticed a difference in the way the bodies were handled. For these particular Elders (15) their loved ones were given all the care due

to the Abalogoli. This affirmation of the Elders reflects the concern for tradition and the fear of repercussions for the deceased members that are not properly buried. It could also be that concern for tradition and fear of breaking some taboos made those Elders treat all the corpses with the same respect.

The Professionals gave more explanation about the reason why there was a difference in handling the corpse of those who died of AIDS: some said that people think handling the corpse of somebody who died of AIDS can bring a scourge; others said that people think that HIV passes through blood contact; the corpse could be having wounds hence possibility of infection. 98% of Youth (30 males and 29 females) who were questioned pointed out that there was no difference in handling the corpse of a woman who died of AIDS with that of a man who died of the same.

The main reason of the Youth was that a dead body is just a dead body, whether a woman or a man. Only two Youth (1 male and one female) said that a man who died of AIDS could be touched and not a woman who was also positive. The view of the two particular Youth shows the resilience of gender bias in young Abalogoli.

3.9.3.2 Vigil Around the Corpse

Vigil around the corpse is one of the funeral practices among the Abalogoli; a spouse is expected to spend some time close to the corpse of the spouse. One informant said that originally, “a woman could sleep on the same bed for at least two days with the corpse of her beloved husband. Husbands did the same with their deceased wife (cf. App. A, no4). Another cultural practice that was pointed out during a group discussion was that after all the funeral ceremonies, married couples from the Abalogoli who attended the funerals could go back to their homes and they would have sex, children that were born nine months later were to take the name of the beloved departed (cf. App. A, no.4 and no.24).

Seen from outside these two practices might look awkward. However, they carry a strong moral and cultural weight for the Abalogoli themselves. Sex here is ordained to the

continuation of life; it is like an opportunity given to the deceased to come back in a new child (so that he/she may continue the good works and good example he/she granted the community when he/she was alive).

Further interviews showed that sleeping close to the corpse for some times was a way for the spouse to accompany the spirit of departed who which was believed to still be roaming around for some times (cf. App. A, no.36). It also told about the fact that marriage goes beyond death; in the sense that the bereave spouse shows that love for the departed does not end immediately after death (cf. App. A, no.16). It is a sign of respect for the departed, a sign of unconditional love; this means that the person is not “really dead” (cf. App. A, no.17).

Table 27 below reveals the answers of the Elders and PLWH about those who are refused some funeral rituals. 75.9% of Elders and 81.8% of PLWH agreed that those who had committed suicide were not given full burial ceremonies. To commit suicide was as grave as committing a murder; so, the Abalogoli excommunicated those who killed their fellow people (cf. App. A, no.14). The Abalogoli also thoroughly cleansed those who killed another human being from another community (cf. App. A, no.20).

Table 27: Those not given a Full Burial

	Responses			
	Elders		PLWH	
	N	%	N	%
Died at young age	2	3.7	1	4.5
Die unmarried	2	3.7	0	0.0
Tragic accident	3	5.6	1	4.5
Suicide	41	75.9	18	81.8
Without a child	2	3.7	0	0.0
Notorious thief	1	1.9	0	0.0
Others	1	1.9	0	0.0
No idea	0	0.0	2	9.1
Total	54	100	22	100

Committing suicide is shutting down the flow of life. It appears in Table 27 that: those dying without a child (3.7%), those dying at young age (3.7% of Elders and 4.5% in

PLWH) and those dying unmarried (3.7%) are believed to be stopping the flow of life, hence could be considered evil people.

3.9.3.3 Slaughtering a Cow

The assumption in this section was: some traditional rituals in the Abalogoli community regarding burials that are not to be performed on/for those who die of AIDS. Though all the rituals of passage were not performed on the first cases of Abalogoli who died of AIDS, due mostly to the way the Government carefully monitored the burials: “corpses were wrapped in plastic bags to minimize contact with body fluids (cf. App. A, no.29, no.34 and no.36). From the data, it appears nowhere that the Abalogoli did not bury their deceased. The Abalogoli bury all their deceased ones. By performing all the ritual the community clears oneself of a burden: “it is better to given then a burial so that they may not come back and disturb us and our families” (App. A, no.34).

The Elders talked of the rituals that were performed at the funeral of a deceased neighbor. In Table 28 below, those who fail to show up and mourn could be accused of being responsible for the death (cf. App. A, no.34). 37% of the Elders said that neighbors, relatives and friends come to comfort. 22.2% of the Elders believed that during Abalogoli funerals, cows and chickens are slaughtered. According to 19 (35.2%) of the Elders, one main ritual performed on the Abalogoli who died was relatives had their hair cut. In an interview one informant argued that animals (cows, chicken) should not miss at the funeral “they are eaten and it appeases the spirit of the departed” (cf. App. A, no.1).

Table 28: Abalogoli Funeral Rituals

	Responses	
	N	%
Neighbors, relatives and friends come to comfort	20	37.0
Cows and chickens are slaughtered	12	22.2
Hair shaved	19	35.2
Belongings of the deceased are divided among relatives	1	1.9
Others	2	3.7
Grand Total	54	100

For the Abalogoli, slaughtering of a cow for a woman and bulls for men was sign of honor given to the deceased. “The number of animals slaughtered showed the rank of the deceased” (App. A, no.34). “Originally, the meat was to feed those who came to the funeral. Later on because of the greed of people, slaughtering became compulsory” (App. A, no.20). All the rituals and/or ceremonies during funerals were not exclusively meant for the deceased, but were meant to help those left behind to socialize and create a new bond. New bond meant new ties of relationship in which somebody could be remembered and therefore be immortalized and enjoy immortality: being named after, live in the memories of people.

With the advent of HIV and AIDS less and less cows and bulls were slaughtered. “Because people did not want to be associated with PLWH, they did not eat the meat” (App. A, no.26), “neighbors shied to stay long with the bereaved family” (App. A, no.38). So, to slaughter less cows at a funeral meant less people sharing the meat, less people remembering the deceased, less chance to be named after, greater chance to be forgotten and therefore not qualify for immortality.

3.9.3.4. Naming

A way of becoming an ancestor is by being named after. Talking about naming a child after someone, it came out from the discussion the respondents said that:

* There is continuity of the name, not of the spirit of the particular deceased (cf. App. A, no.35); Character and the behavior of the departed are inherited by the baby (cf. App. A, no.34).

* The dead are referred to as living dead; hence, they are concerned with the welfare of the living, not to name them is like denying them the link they have with the living (cf. App. A, no.30).

* Naming is a sign of appreciation by those who remain. Also the name is the honor of the named person. Hence, the child is expected to imitate the deceased as he/she grows,

with time, he will have been informed about the person. We do not name our children from outsiders' names or events (cf. App. A, no.35).

Most of the Abalogoli PLWH respondents said that giving the name of a departed to newborn child would have an effect on the child because "if the departed had a bad character there is high chance of that being inherited by the child" (App. A, no.17) This means that "if the character of the departed was good, the child would grow well, but if the departed was bad, the child can grow badly or even die" (App. A, no.16).

Reasons against naming a child after somebody who died of AIDS are: "because it seems as if the name is a curse to the society", "No, because my child may end up having the same character like that of the deceased and finally contract HIV and die". "By naming after that person, the child may also die of HIV, it is like putting a bad omen upon the child. The child may also copy the bad behavior", "No, because dying of AIDS indicates that the relative lived an immoral life and so I cannot name my child after such".

Talking about naming, most of the respondents said that they would rather name their newborn baby after role models, "people who are healthy". Few respondents said that being named was just a way to keep the family name going; "so, the reason for death does not matter, as long as the name does not die". Some Youth said that naming a child is at the discretion of the parents. It also appeared from the findings that the status of the deceased could play in favor or against the person named after a relative. One Youth added: "it is God who gives the name" (App. A, no.38). The above shows that the Youth were more flexible and did not see any problem about naming; unlike the majority of the Elders who were reluctant to name a child after someone who died of AIDS, but those Youth were the minority, (10 out of 61), who responded to the questionnaire.

The value attached to the name points to the fact that immortality or life after death is actualized in and through the memory of those still alive and somebody is assured to outlive this life when his/her name is given to a living relative. Such belief is very strong

among the Abalogoli. This finding shows that the strength of that belief in life through naming is not deterred or watered down by the ravages of HIV and AIDS.

It came out from the questionnaires that some Elders (10 out of 54) would prefer not to be named after in case they were HIV positive. Their main reasons were that the disease might affect the child and kill him/her.

Some Professionals (5 out of 15) added: if they were to die of AIDS that would show that they were immoral, therefore, they would not like to be named after. This means that for the well being of the child, some Abalogoli Elders and Professionals would be able to forego being named after, in case they are found with HIV positive. These findings could be interpreted to mean that the Abalogoli are conscious of the reality of nominal reincarnation and how it is important that the deceased whose name is given to the child had been a morally upright person.

3.9.3.5 Nominal Reincarnation

Nominal reincarnation is the belief that someone can live in and through the person whose name he/she has received. This is done basically through dreams, decision of the family or of the society. An ancestor can therefore be reborn in the person that carries his/her name.

Few other respondents added that, if they happened to be HIV positive, they would not like to be named after when they died. Their motivations were: “to prevent the transfer of my character to the newborn baby”, “because HIV and AIDS is a disease caused by immorality”. It comes clear from what has just been said that the Abalogoli are conscious that it is in their power to shape the fate of the unborn children; this is done by naming them after people who have lived according to the traditional rules of the Abalogoli. It also appeared that for the Abalogoli, the circle of immorality is broken when the naming process is stopped; in doing so those who lived immoral lives would die together with their immorality. We are hence in front of a traditional practice that would in some sense cause discrimination when HIV and AIDS is looked upon not only as a sickness but as a

consequence of immorality; thus the hypothesis: there is a significant relationship between the Abalogoli people's perception of HIV and AIDS as something evil and the disqualification from ancestral life. In other words the Abalogoli will not accept immortality for PLWH.

3.9.3.6 Widow Guardianship

Among the Abalogoli, widow guardianship assured that the deceased who paid bride wealth could still get children through his wife left behind: "the children the widow get are named after the departed husband" (App. A, no.24). Widow guardianship had not only social implications but also had moral implication, thus influenced immortality. One widow said that if a woman was not "inherited" (meaning guarded), it was believed that the spirit of the late husband will not go away (cf. App. A, no.17). The above findings points to the fact that for the Abalogoli, Abalogoli widow guardianship was a moral obligation. It is important to note that the answers about widow guardianship were the same for male and female, married and single and that the Youth were also keeping the same views. This was interpreted to mean that widow guardianship is a cultural practice still very alive in the Abalogoli culture.

The advent of HIV and AIDS has impacted the practice of widow guardianship. The following quotes show that widow guardianship has not been done for the widows whose spouse died of AIDS. Fear pushes relatives to refuse to "inherit" (guard) the widows whose husbands are known to have died of AIDS. One Elder said: "I will refuse to inherit a woman whose husband died of AIDS, because AIDS will follow me" (App. A, no.14). Family pressure over women prevents widow guardianship "if my brother in law dies of AIDS I will not accept my husband to "inherit" (guard) the widows, I do not want to be infected" (App. A, no.13). The same woman added that if her in-law died from another sickness; she would not oppose the inheritance (guardianship) (cf. App. A, no.13). This response by a 26 years old nurse, shows how deeply rooted in the fear of HIV is; this

can be interpreted to mean that specialized education does not prevent the traditional belief about widow guardianship to be resilient in people.

Burial ceremonies at the dawn of HIV and AIDS have experienced some changes: keeping vigil over the body, slaughtering animals, naming and widow guardianship. One informant rightly stressed that: “for a smooth passage to ancestral life, all the rituals must be carefully and keenly performed on those who have died, if one was to miss or wrongly done; the spirit of the deceased would not reach ancestral life” (App. A, no.2). Data point to the fact that funeral rituals that are ways a though which the community separates itself with the decease were not properly performed over the Abalogoli who died of AIDS. The above shows that tempering with one or the other ritual prevented those who died of AIDS access to ancestral life, to immortality. The findings were the same for the informants irrespective of their marital status and gender.

3.9.4 Findings related to Assumption Four

Assumption Four was that there are some traditional Abalogoli beliefs/practices that contribute to the stigmatization of PLWH. The researcher sought the reactions of respondents if their child or relative wished to marry from a family where a parent or relative was HIV positive. Elders (App. D, no.17), Professional (App. E, no.33) and Youth (App. G, no.23) gave their position as to what would be their reaction if a relative was to get married from a family where some members died of AIDS.

Some Elders said that they would oppose the marriage, “because they can infect my grandson/daughter”; another reason was: “my child would spend much in supporting those left behind”. Yet another reason given against was: “I would not like it, not out of fear of the virus, but because those how are infected with HIV take a long time before dying, and in the process, pronounce curses to their family”. However, twenty seven (27) Elders (13 males and 14 females) said that they would advise young people to go for tests (VCT); if they turned out to be negative, the Elders would support them in their choice to live together. This particular finding was same the same independently of marital status.

Responses from the Professionals (App. E, no.33) were more refined and accommodative: “I will accept; you do not inherit HIV and AIDS, beside people get tested before marriage”, “I will have no objection”, “Ok, he/she will not be married to the infected person, but only a relative”, “Go ahead as long as both are not HIV positive”, “I would investigate if they truly died of AIDS, after finding facts, I would wish the intending person to undergo HIV test”. Ten (10) Professionals (5 males and 5 females) said that they would support their friends or relatives wishing to marry from a family where a parent or relative was HIV positive provided a voluntary counseling and testing (VTC) is done. Four (4) Professionals did not have an opinion and only one Professional had a negative response: “I would not like it because once the parents are infected, the family members are affected and it will be a burden”.

Majority of the Youth (29 males and 30 females) said that they would accept the get married from a family where are relative died of AIDS (App. G, no.29). One particular Youth said: “I would try to help him/her in order for him/her not to feel lonely”, “I will encourage him/her to bear with the situation and to be careful not to contract the HIV and AIDS”. A Youth said: “I will find out if he/she is infected and so then I will break the relationship but if not I will continue with the relationship and advise him/her to take care in order to escape from the disease”. Another Youth was so upset with the question that she said: “I will break our relationship because of fear that he/she might have been conceived when the parents were infected”.

Traditionally, only Abalogoli sons inherit property. One Youth said that the nuclear family is the one to decide about the sharing of the property (cf. App. A, no.36). But according to two Elders, the whole family is to come in for the distribution: “It is the property of the family” (cf. App. A, no.20). One Professional said that he has written his will and his family will follow his written will. From the information gathered about inheritance, it appears that traditions around inheritance have changed a lot as far as the Abalogoli are concerned.

One lady, a widow in her 50s, said that for her, the change was for the worst. According to that respondent when her husband died, the Elders of the village sat down together and chose for her a man from the family; a man who was supposed to inherit her and all the property. And her children were obliged to call this man “Father” (cf. App. A, no.4). She could not accept the arrangement because of the hidden agenda she happened to know. “They were preparing to grab the land and rent a small house for me and my children; I went to court and I won the case” (cf. App. A, no.4).

The study revealed that the outcome of property and inheritance settling through court decision was a new phenomenon among the Abalogoli. One (1) Professional said that due to abuses, many people have the court of law as the last recourse (cf. App. A, no.18). An Elder was very upset about the court of law mixing with Abalogoli traditional matters. The Elders said that in the past, there was the umwandu, (law of ownership) that protected the widows. For example, no one could acquire nor grab the piece of land left by the deceased without the consent of the widow (cf. App. A, no.4).

Though changes have taken place around inheritance, that practice has not been influenced by the HIV and AIDS pandemic. Most of the Elders who answered the questionnaire (cf. App. D). said that they would not mind inheriting property from a relative who died of AIDS. Among the commonest reasons advanced by the Elders were: “There is nothing wrong in inheriting property from a dead relative, the property has no connection with the disease that killed the person”. Only two Elders said they would not inherit from a relative who died of AIDS, their main reason was: “because the disease might be transferred to me”. The answer of the two Elders shows that the fear of being infected is very strong in some people; and it also shows lack of a proper knowledge about the modes of transmission of the sickness.

Another dimension involved in the Abalogoli inheritance processes is the caring for orphans. All the Abalogoli informants agreed that all the relatives are expected to be present at the funeral ceremony of their deceased one. The presence of the orphans is very

important because after the burial, the olevego (ritual of care taking of orphans) takes place. The olevego is an Abalogoli inheritance function where all the relatives gather around the family elders and important decisions are made about the future of the whole homestead (App. A, no.18).

The Elders who answered the question (App. D, no.48) on whether they would take care of the orphans of a close relatives who died of AIDS, gave a positive answer. The commonest reason advanced by the Elders (25 males and 26 females) was that “the orphans ought to be taken care of by close relatives. They need care companionship, food, and clothing as they are still young”. Only one (1) Elder said no, and the reason was that “the orphans may transmit the disease to her children”.

The Abalogoli Professionals (10 males and 15 females), who are from the working class, gave more defined answers about the care for the children orphaned by AIDS (App. E, no.35) : “they need care, it is not their fault, I might be the next victim and I would like my children to be cared for”, “they are not different from any other orphan”, “I will support them as much as I can”, “children are gifts from God, orphans have the right to be taken care of”, “they need love so that they may feel like any normal person”, “it is the responsibility of the living to care for the orphans”, “they did not choose to be children orphaned by AIDS”, “it is because even myself I am already HIV positive and when I die, I will hope some close relative will take care of my children”. Few negative responses had the following as motivation: “No one is safe, especially we on the medical field and our generation is just hell break loose”.

From the questionnaire, it came out that the Elders (25 males and 26 females), all Professionals (10 males and 15 females) said that they would take care of their siblings and young relatives orphaned by AIDS. Nevertheless, it appeared that the positive answers by the Elders and Professionals were in contradiction with the fact that there are so many homes of orphans in Vihiga District (cf. App. A, no.24). Oral interviews and group discussions with Youth, Elders and Professionals, married and single, revealed a

mushrooming of children's homes, and a multiplication of children-headed households. Actually the number of the children orphaned by AIDS in children homes in Vihiga show that the Abalogoli have relaxed on the family care of orphans. Hence, the above findings suggested that poverty, lack of knowledge and the fact that many families have lost most of the adult breadwinners, has left the children only with old parents who cannot afford caring for them. In a group discussion with four (4) married Abalogoli (2 male and 2 females) it came out that failing to care for children orphaned by AIDS was a discrimination against those who have died of AIDS, and an opened door for immorality (App. A, no.38).

Respondents were asked to give their opinion as to why PLWH are stigmatized. One widow living with HIV said that since she found out her status after recurrent sicknesses that kept her in the hospital, she never experienced discrimination. She said:

“I had no fear to come out and reveal my status. I saw many people going through the same process. Also, the high death rate made me come up quickly, I did not want to die soon but have time to care for my children. Above all, I knew that most of those who hide die easily. It was good for me to come up and go on with life” (App. A, no.29).

What helped the interviewee not to experience discrimination was the “awareness or education of the people” (App. A, no.29). People have come to consider HIV and AIDS as a common sickness, due to the HIV and AIDS campaigns (Appendix A, no.18). The desire to live longer in order to care for their children appeared to be one reason that helped many PLWH stand discrimination. One particular interviewee said that she was lucky that the last four years the HBC (Home Based Care) provider in their group has been helping her a lot: “we are helped to fight or stand stigma and have easy access to ARTs” (App. A, no.18).

Relying on the experience of few Abalogoli ladies, the researcher did not miss the fact that stigma against PLWH have been and is still very prevalent in Vihiga District and is still present as the findings of this study revealed.

The Abalogoli Elders were asked the questionnaire to know why according to them PLWH were stigmatized (App. D, no54). Nineteen (19) Elders said that PLWH were stigmatized because of misinformation about how they are supposed to be treated. Ignorant people stigmatize them instead of helping them. “Those who stigmatize PLWH think they themselves are holy” and “people believe that those infected have been cursed”. These reasons concur with what was found early in this chapter that suffering is always caused by a curse (cf. findings related to Research Question Two). This is probably why respondents gave the following answers: “PLWH are responsible of their situation, they are the ones to be blamed”. Actually, eight (8) Elders said that PLWH are responsible for being infected that is why they are avoided and feared by the community. Another six (6) Elders spoke of self-discrimination as reason of stigmatization of PLWH. The study found that some PLWH are ashamed of themselves and therefore attract stigma on themselves. One respondent insisted that self-discrimination by the fact that “everybody talks about the sickness of the PLWH as a consequence of their immoral behavior”. As a consequence, it happens that some are ashamed and feel guilty for getting sick (cf. App. A, no.8). One of the most recurrent reasons for being ashamed is that “PLWH are convinced that HIV is caused mostly by their immoral behavior, making it difficult for people to associate with them” (App. A, no.23). This reason concurs with one of the findings that those who were responsible for great harm were excommunicated from the Abalogoli community. However, thirteen (13) Elders who answered the questionnaires (App. D, no54) believed that:

* PLWH are not stigmatized because of the information people now have concerning the virus.

* One only needs to avoid contact with the blood.

* You cannot stigmatize your relative or true friend.

According to the Professionals who answered to the questionnaire (App. E, no.37) as to whether stigmatization of PLWH goes beyond the grave, the following were the commonest responses of those who said that PLWH were stigmatized:

* Because orphans are neglected and are not cared for; and that worsens the stigma.

* Because if that person was married and left a spouse, he/she continuously goes on mentioning the name of the deceased, and their family remains to carry all the bad words and discrimination from ignorant community members.

* People think the family members left behind are also HIV positive and immoral (App. A, no.1); as a consequence people would not even move near the graves, they feel the home is cursed and by going into the compound you can be associated with the evil that is attached to the disease.

A particular interviewee pointed out that the greatest discrimination someone can suffer from is when people do not attend one's funeral. "In the past people would not attend the funeral of evil people like witches and wizards; families would hire strangers to bury those who committed suicide" (App. A, no.20).

One young Abalogoli lady gave us her understanding of stigmatization. She said that when someone dies of AIDS and the family hides the reason for the death that is stigmatization (cf. App. A, no.11). Usually, unless people know about it, the relatives are inclined to say that he/she died of malaria, of diarrhea. "The fact that the family hides and does not come up to say why he/she died is a big form of stigmatization against the sick" (App. A, no.23).

Young Abalogoli had more diversified answers (App. G, no. 28 and 29) about discrimination/stigmatization against PLWH. For most of them, people infected by HIV were stigmatized because:

* They bring a bad omen in the society concerned.

* People think they will infect them with the disease.

* Most people are not very well sensitized about the spread of it and so they fear contracting it.

* People look at them as a burden to them because everything is to be done for them and they think they got HIV through carelessness and immorality.

* People look at them as people who are going to die soon.

* People tend to think it is a disease caused by sin.

The PLWH said that fear was the commonest reason for justifying stigmatization they suffered from. “People fear they will be infected by us”, “most people think we have been bewitched”, “people think that PLWH cannot live well again”; they also think that “PLWH are a burden to them”. A respondent living with a relative who is HIV positive said that: “only those without knowledge stigmatize those who are infected” (App. A, no.24). It appeared that in the past, doctors did not have the courage to tell people about their status and as a consequence, people continued to spread the virus by continuing to engage in sexual relationship without protection (cf. App. A, no.1, 11 and 12).

It also came out from PLWH that stigma has been present in their life, and that only education is helping their fellow people to be more compassionate towards them. This information was later confirmed by our informants who work in VCT (cf. App. A, no.11). Assumption Four stated that: there are some traditional Abalogoli beliefs/practices that contribute to the stigmatization of PLWH. The findings as presented above show indeed that PLWH do experience stigmatization. It is clear that knowledge is very critical in presence or not of stigmatization. The next section looks at stigmatization in relation to immortality.

3.9.4.2 Findings related to Assumption Five

The fifth Assumption stated: stigmatization of PLWH goes beyond the grave. The questionnaires have a question for PLWH (App. F, no.30), Professionals (App. E, no.37) and Elders (App. D, no.54).

3.9.4.2.1 Views of PLWH about Stigmatization beyond the Grave

PLWH were asked whether stigmatization against them went beyond the grave. Their responses are in Table 29 below. 81.8% of PLWH (9 males and 9 females) did not agree that stigmatization of PLWH could be beyond the grave. 18.2% of PLWH (3 males and 1 female) agreed that stigmatization of PLWH could be beyond the grave.

Table 29: Views of PLWH about Stigmatization beyond the Grave

Responses	N	%
Yes	4	18.2
No	18	81.8
Total	22	100

The reason for this figure could be interpreted to mean that on one hand the PLWH are conscious of their state, they know that the sickness will eventually take their lives, so they keep it strong that they would like to be remembered even after their death.

On the other hand the fact that majority of the PLWH (81.8%) do not agree that stigmatization of PLWH goes beyond the grave means that the traditional belief about the ancestral world is made more vivid within the Abalogoli who see that their lives are threatened. This finding concurs with what was earlier established in this study, that Abalogoli women who are HIV positive will continue to get pregnant in the hope that the next baby will come out not infected and that it will live to keep the light of the family burning (App. A, no.29). The marital status did not influence this finding because most of the PLWH were or had been married (most were widowers and widows).

The findings about the views of the PLWH as to whether stigmatization of PLWH goes beyond the grave are confirmed by findings the researcher previously got from the some Elders as to whether they would like to be named after they die of AIDS (App. A, no.169). Nominal reincarnation is the belief that someone can live in and through the person whose name he/she has received. This is done basically through dreams and the final decision belongs to the family. Actually Table 30 below shows that one (1) PLWH were of the view that they would not want to be named after they die of AIDS. Twenty

one (21) PLWH agreed that they would like to be named after if they die of AIDS. These findings were interpreted to mean that on hand, PLWH are craving to enter ancestral life, acquire immortality. On the other hand it could mean that the PLWH live through their children they continue to live and their immortality is assured.

Table 30: Responses of the PLWH about naming after people who died of AIDS

Responses	N	%
Yes	21	95.5
No	1	4.5
Total	22	100

3.9.4.2.2. Professionals' Responses about Stigmatization beyond the Grave

The researcher introduced the variable of the educational training (cf. App. E questionnaire for the Professionals). The Professionals were medical doctors, nurses, VCT counselors, traditional doctors, religious leaders and teachers; it was assumed that their formation could have an influence on the understanding of evil and the way of dealing with a difficult issue like HIV and AIDS. The Professionals same their views as to whether stigmatization PLWH went beyond the grave in Table 31 below.

Table 31: Professionals' Responses about Stigmatization beyond the Grave

Responses	N	%
Yes	6	40
No	9	60
Total	15	100

Data revealed that 60% of the Professionals (4 males and 5 females) that responded to the study did not agree that stigmatization of PLWH goes beyond the grave. However 40% of the Professionals (3 males and 3 females) agreed that stigmatization of PLWH goes beyond the grave. These findings coming from educated men and women were unexpected by the researcher. The findings could be interpreted to mean that though higher education equips the Abalogoli Professionals to be more balanced in their perceptive current issues like sickness, health care, HIV and AIDS pandemic their culture influences them in their attitude. The Abalogoli Professionals in spite of their formal education have kept their cultural way of dealing with "those who are evil".The findings

about the views of the Professionals as to whether stigmatization of PLWH goes beyond the grave were in accordance with the findings about whether they would like to be named after if they die of AIDS. Actually Table 32 below shows that 66.7% of the Professionals were of the view that they would not want to be named after if they die of AIDS. Only 33.3% of the Professionals (3 males and 2 females) agreed that they would not mind being named after if they die of AIDS. These findings can be interpreted to mean that higher education does equip the Professionals of intellectual knowledge but cultural beliefs will remain resilient in the behavior and in their perception of current issues that deeply touch them.

Table 32: Professionals' Responses about Naming after People who Died of AIDS

Responses	N	%
Yes	5	33.3
No	10	66.7
Total	15	100

3.9.4.2.3. Views of Elders about Stigmatization beyond the Grave

Elders were asked whether stigmatization against them went beyond the grave. Their answers are presented in Table 33 below reveal that: 29.4% of Elders (8 males and 8 females) agreed that stigmatization of PLWH goes beyond the grave, while 70.6% of Elders (19 males and 19 females) did not agree.

Table 33: Elders' Responses about Stigmatization beyond the Grave

Responses	N	%
Yes	16	29.4
No	38	70.6
Total	54	100

The Elders gave a lot of input about the Abalogoli perception of evil and their perception of HIV and AIDS as something evil (cf findings related to Research Question two above). Talking about whether stigmatization of PLWH could go beyond the grave these findings could be interpreted to mean that the Elders are more aware of importance of ancestral life (cf. App. A, no.14 and no.24). The Elders admitted that that morality had

gone down (cf. findings related to Table 32 above; (cf. App. A, no.35). Nevertheless a good number of Elders (16) said that stigmatization of PLWH goes beyond the grave. This finding shows that HIV and AIDS has shaken the Abalogoli community so much so that the Elders who are the guardian of the traditions are not unanimous on a sensitive cultural issue like life after death. From the answers to the questionnaires, it actually appears that Elders are opened to a changed.

The findings about the views of the Elders as to whether stigmatization of PLWH goes beyond the grave are confirmed by findings the researcher got from Elders as to whether they would like to be named after they die of AIDS. Table 34 below shows that only 11.2% of the Elders would not want to be named after if they die of AIDS. The majority of the elders, that is 88.8%, definitely are of the view that they would like to be named after even if they die of AIDS.

Table 34: Responses of the Elders about Naming after people who died of AIDS

Responses	N	%
Yes	48	88.8
No	6	11.2
Total	54	100

This finding confirms the fact that the Elders are the guardians of the traditions, they know the importance of life after death and they will definitely want to enter ancestral world. Nevertheless, it is worth note that in matters of naming among the Abalogoli, it was up to the community to that decides whom to name and whom not to name; that was decided once the person whose name was to be given to a child has passed on. The Abalogoli do not name their children after people who are still alive (cf. App. A, no.16).

The above results were findings from questionnaires from PLWH (cf. App. D no.30), Professionals (cf. App. E, no.37) and Elders (App. D, no.54). The questions were: do you think Stigmatization of PLWH goes beyond the grave and would you like to be named after if they die of AIDS. Those two questions gave answers that have been analyzed in a quantitative format.

The researcher went for further inquiry using oral and group interviews to get qualitative information about stigmatization against PLWH going beyond the grave. The following reasons were given by the informants:

- * Community members believe that it is better for a person to die of another disease but not of HIV and AIDS. “To die of AIDS is a curse” “a punishment”.

- * The community and the relatives curse or blame those who died of AIDS as having the greatest part of responsibility for their fate and that of those orphans left behind; “if they were more careful they would be alive today”.

- * The close friends and family members are stigmatized by the community and also by the relatives; “it is better people do not know the real cause of my husband’s death”.

- * When a PLWH is at the terminal stage of a sickness, it is not easy to accept that all the efforts are hopeless; people may believe that “what they have done wrong will follow them after they have passed away”.

Some respondents said that stigma does not go beyond the grave, the following were their reasons:

- * Because the disease depends on how it was transmitted to the victim; “if they did good and avoided evil”.

- * Stigmatization beyond the grave is a result of ignorance from those who are doing it; those who do it are foolish or stupid.

- * All of us will stand before God and he will judge us accordingly.

- * Once you bite the soil (you die) everything returns to normal.

Thirty (30) Youth had as a reason that once dead, stigmatization also stops. Six (6) other young Abalogoli said that nobody could say anything about what happens after death because God is the only judge (cf. App. A, no.18). Another reason that emerged is that in the next world there are no sicknesses, diseases or stigmatization (cf. App. A, no.6). When the views of the respondents who said that stigma goes beyond the grave, are compared

with the views of those who hold that stigmatization does not go beyond the grave some conclusions can be made.

The strongest reason that came from the findings and that can explain why stigma does not stop with the death of the victim is that people fear the family of the deceased. People refrain from associating with the relatives of those who died of AIDS. One respondent explained this attitude by the fact that the Abalogoli used to excommunicate those who were considered actual threat or potential source of danger for the community. During the study, it came out that the homestead of PLWH could be deserted.

Be it discrimination, self-discrimination or any other form of stigmatization in open or hidden form, the findings have shown that the Abalogoli have witnessed and continue to witness the effects of HIV and AIDS on their traditional, their social and relational lives. The findings showed that stigma is being dealt with and this is shown in the fact that young Abalogoli are more accommodating.

3.10 Findings related to Scope and Limitations

Some remarks on the limitations and scope should be made.

3.10.1 Vihiga District

The choice of Vihiga district turned out to be a good choice: many valuable informants were found. Most of them were born there; even the Professionals who did their formation outside Vihiga District had been socialized in the traditional Abalogoli culture. Informants were able to talk about their understanding of the topic at stake.

The fact the only one community (Abalogoli) was chosen allowed the researcher to do an in-depth study; even though 18 Luhya's sub-ethnic groups have some common traditional understanding, as far as life ancestral world is concerned. There could have been some variations at least at the level of language. The homogeneity of the sub-ethnic group (Abalogoli) allowed therefore understanding personal immortality in the context of HIV and AIDS among the Abalogoli.

3.10.2 Traditional Understanding of Life After Death

Some informants tried to talk from their Christian background and some Elders struggled to make the researcher (who was then a deacon in Catholic Church) happy by quoting the Bible. However, once they were assured that the researcher was only interested in their traditions they became spontaneous and gave valuable information for the study.

Some informants even shared their own stories. One participant sang a song of his childhood; that some was recorded and then translated to be used in this study. Immortality being synonymous of afterlife, the researcher was not interested in Christian or Muslim understanding of heaven or hell, but rather in the traditional Abalogoli understanding of life after death (immortality) in the context of HIV and AIDS. The focus on traditional understanding was not only a specification, but it is also a limitation. It excludes the views of the missionary monotheistic religions that however could be a matter for more research.

3.10.3 People Living With HIV

Thirty two (32) PLWH participated in the study. The research used the term informant, participants, Elders, Professionals, PLWH, and Youth for those who participated. That choice was made to protect the privacy of the informants; however a self-help group of women who were HIV positive deliberately allowed the researcher to take pictures during the group discussion. The pictures taken were accompanied with the written permission from the informant. During this study it came out that PLWH gave similar information irrespective of their marital status and gender, this was interpreted to mean that the Abalogoli in general experience the same challenges as regard to immortality in the context of HIV and AIDS.

3.10.4 Marital Status

The marital status was important. Majority of the respondents were married. The data have shown that the answers were basically the same across marital status. Married,

single and widowed Abalogoli came out with the same knowledge about morality, immorally, immortality and knowledge about the new discoveries About HIV and AIDS. The views of young people was also useful; being singles for most of them, they talked about their personal individual experience, whereas married people shared also their experience as dictated by their status in the community as married people. It came out that there was an agreement among married and singles, and among Youth, Elders, PLWH and Professionals

One scope of this study is that it has looked at the issue of HIV and AIDS in Abalogoli families in general; the issue of discordant couples was not considered in the work even though at least two nurses came up with the issue. Actually, the failure to disclose the sero-status especially for the Abalogoli who have tested positive for HIV has been addressed and no attention was given to discordant relationships/couples because the Abalogoli look at HIV and AIDS as an evil for the whole family independently of who is already infected and who is not yet infected.

3.11 Concluding Remarks

Chapter presented the findings from the field addressing Immortality among the Abalogoli in the context of HIV and AIDS. This research addressed the concept of immortality as viewed by the Abalogoli. This chapter has explored the concept immortality as held by the Abalogoli. It has shown that for the Abalogoli, immortality was linked to mortality and immorality. This view has been thoroughly discussed in the chapter on research findings. This chapter was able to explore and understand the mind of the Abalogoli with respect to this new information with regard to HIV and AIDS. The findings led to many outcomes such as, while on the one hand the Abalogoli are not fully aware about the new information and its impact on their traditions with respect to immortality, yet on the other hand this new information has impact and affected their understanding of immortality. Another outcome of this study is that formal education has not had a serious impact on the Abalogoli understanding of the concept of evil or

morality/immorality. This research used questionnaires, personal oral interviews and group discussions in Vihiga district, in order to carry out an in depth study and it involves a broad sampling of the society; it included Youth, Elders, Professionals (who went through specialized education) and PLWH.

The research findings were systematically analyzed according to the different variables of understanding of immortality, morality/immorality and HIV and AIDS on one side and the variables of age, gender, marital status and occupation. It appeared that information across the marital status was the same. Actually married, single and widows/widowers has the same point of view. However on three issues the point of view of married people came out strongly to be different from those who were single. Those issues were: 1- Revealing one's status, 2- Widow Guardianship and 3- whether or not to be ashamed of bringing the virus in the community. Marital status gave the respondent more assents to talk about the issue discussed, especially when it touched the Abalogoli family.

The findings were able to answer the thesis topic, the problem statement, hypothesis, research questions, the assumptions and the significance of the thesis. The Abalogoli have perceived HIV and AIDS as something evil that disrupts life. HIV and AIDS have raised concern about the essence of life itself. The Abalogoli keep it strong that life here and after is ruled by ethical established norms. It was found that life after death is influenced and shaped by the morality of people and that the Abalogoli look at those who have died of AIDS as evil people whose life after death is not assured.

Chapter Four

Literature Review

4.0 Introduction

This section reviews previous studies relevant to immortality in the context of HIV and AIDS among the Abalogoli of Kenya. Efforts were made to review studies relevant to the research questions that this study addresses. A search of empirical literature using electronic databases was done to identify relevant articles and books. This study helped the research identify studies that have been done in order to avoid duplicating of another similar study; this study also enabled the researcher to identify research strategies and instruments that have been found effective in investigating the problem, thus avoiding mistakes made by others.

The African Worldview is a world where community, as far as vital forces are concerned, is stressed. What happens to my neighbor can or might happen also to me and affect even the whole community. In such a worldview, Bazza (2001) affirms that:

“Individualism in African traditional society influences community because the vitality of the community depends on that of its members as individuals. The community also influences the individuals, as the latter cannot act as if the individual’s actions had no social consequences to the society” (pp.100-101).

Chidili (1997) expresses the view that an African person’s life is neither a case of “each for himself and God for all of us”, nor “I will attend to me and God and mind your own business” (p.21). This kind of thinking resulted in Rene Descartes’ famous: “I think therefore I am” (Cogito Ergo Sum). Quoting Pobee, Chidili (1997) is emphatic that for the African, life is only meaningful in terms of other people. His or her philosophy of life is always, “I have blood relations therefore I am”; Cognatus sum ergo sum (p.21).

This philosophy of African interdependence is even brought out more sharply in Mbiti’s (1969) “I am because we are, and since we are, therefore I am” (p.108). Bazza (2001) argues that despite the important place communal values occupy in the cultures of

Africans, individual values have their own place. While it is true that communal life is held as natural to Africans, they however maintain that individuality is still recognized. African cultures generally recognize that the social human being also has individuality, personal will, and an identity that must be exercised. Individual values are sometimes expressed in maxims such as the following Hausa maxim: “Ka tashi zan tamaki ka” (make effort and I will help you), pointing to the value of personal initiative and responsibility (p.101).

Still, as Bujo (1998) says, far from turning individuals into a “collective and anonymous group”, the community spirit guarantees the identity of the individual within the community in such a way that the former is still responsible for all his or her actions, for which he or she is either blamed or praised. This also implies that the name and thus the personality of every individual are given due respect with regard to free and moral actions. The individual and the community are not in opposition to each other. Rather than impede each other, they complement each other. What the single person thinks deep in his heart is what finally matters to the community so that the individual is also accountable for the undone deeds that remain hidden in the heart (p.28).

4.1 General Presentation on HIV and AIDS in Kenya

4.1.1 HIV and AIDS in Kenya

Kenya like all the countries of the world has experienced HIV and AIDS. In Kenya it is estimated that 2.2 million people are infected with HIV and AIDS. According to the Kenya National, AIDS Strategic Plan III (KNASP III, 2009), prevalence rates among the urban population are 8.4% as opposed to 6.7% in the rural population. An estimated 70% of people infected with HIV live in rural areas (p.5). Another shocking reality is that more than 50% of hospital beds are occupied by people suffering from AIDS-related complications, causing an immense strain on limited medical facilities (cf. <http://www.kenyaspace.com>, 17-04-2011). KNASP III (2009) talks about feminization of the epidemic in Kenya with prevalence among women (8.8% among the 15-49 years age

group and 8.4% among the 15-64 years group) significantly higher than among men (5.5% among the 15-49 years age group and 5.4% among the 15-64 years group) (p.5).

HIV and AIDS inevitably came with the correlative that is stigmatization. “At the work places, there has been a lot of discrimination for the HIV positive individuals. It is difficult to secure new employment in most companies if you test positive. In some cases, individuals with AIDS have been fired upon discovery of their status” (<http://www.kenyaspace.com>, 17-04-2011).

The Government of Kenya is well involved in the response to HIV and AIDS, that is why “over the five years, there has been a significant increase in the number of people who have gone for counseling and testing. The cumulative number of Voluntary Counseling and Testing (VCT) and Prevention of Mother To child Transmission (PMTCT) and ART has grown from 1.7 million in 2005 to more than 2.6 million at the close of 2007” (KNASP III, p.11).

4.1.2 HIV and AIDS in Vihiga District

The National Coordinating Agency for Population and Development (NCAPD), together with the Vihiga District Strategic Plan 2005-2010 (VDSP 2005-2010), affirm that there are observable high rates of HIV infection. The overall prevalence in is 15.6% as compared to 12% and 14% prevalence at Provincial and National Levels respectively. HIV and AIDs have been a major killer disease in Vihiga District. In all the health facilities 50% of the admissions and bed occupancy are patients with AIDs related illnesses. The most infected age group in the district is the age group 15-49 years. There are more females infected in the younger age groups than males but as the age increases the infection rates appear to be the same for both male and females. Above 50 years more men are infected than females. This high infection rate is fueled by various factors conducive to the spread of HIV and in the District includes wife inheritance, high mobility of migrant labor which separates spouses for a long period and interaction at the cross-border transport route from Mombasa to Kampala through Busia Town (VDSP 2005-2010, p.8).

The impact of HIV and AIDS is already evident in the District. There is a decrease in agricultural productivity because agriculture in the district is labour intensive. Children are being denied an opportunity to be educated and get relevant skills after they lost their parents and also the increases in the number of homes headed by grandparents. Coupled with strong negative cultural beliefs, poverty in community, stigmatization of infected/affected people and the fact the response to HIV and AIDS was initially left to only the Ministry of Health has only made the situation worse (VDSP 2005-2010, p.8).

There is therefore dire need to enhance control programs for HIV and AIDS in the District. There is a need to further educate people about HIV and AIDS and its associated problems. Measures to eliminate the stigma and support the infected and affected for different target groups also need to be instituted. Also Voluntary Counseling and Testing (VCT) should be encouraged and Home Based Care (HBC) programs expanded. In the overall, according the NCAPD, health situation in Vihiga District necessitates wholehearted attention and effective programs. So, this study could be taken as a contribution in the line of that initiative of the NCAPD (VDSP 2005-2010, p.9).

4.2 Literature Review related to Thesis Topic

In one of his previous works (Immersion July 2004, Gospel and Culture), the researcher found out that Africans treasure life. That is why they would like to eat well, sleep well and enjoy the company of good friends, look for cure when they are sick; consult diviners when something tampers with life. As far as the present thesis is concerned, the researcher went out to look at immortality in the Context of HIV and AIDS among the Abalogoli of Vihiga District.

The researcher agrees with the scholars, like Bujo (1998), Nyamiti (1995), and Chiwala (2004), who affirm that for Africans, everything comes from God. In Africa, it is believed that when one is born, he/she lives and becomes an adult. The person grows old then dies and becomes a living dead or an ancestor. He/she can be reborn again and live in

a new child. We should recognize that we are in front of a presentation of the African worldview that is circular.

The NCAPD together with the VDSP affirms that the District experiences high infant and child morbidity and mortality. Infant mortality rate stands at 100 deaths per 1,000 live births which can be attributed to inaccessibility of health facilities, high poverty levels and the HIV and AIDS factor (VDSP 2005-2010, p.8).

According to Asare, (1987), “African notions of death and immortality cannot be understood without first taking into account the African conception of human personality. Broadly speaking, a human being is made up of material and immaterial entities and either of them can cause death. Therefore, death has some physical, non physical and psychological causes.” (p.10) Talking of the Christian religion, Hick (1966) argues that if there is indeed a life after death, then the changes and the chances of this world with all its potentiality for joy and sorrow, for good and evil, may make sense as an inevitable part of any environment in which persons can develop freely and responsibly (p.4).

Hick (1966) also states the fact that hardships and challenges in life serve for a larger purpose than just suffering for its own sake. Referring to life after death, Gyekye (1996) says that African religions hold in common, the belief that the soul is an immaterial part of human being which survives death and that humans, in an afterlife, will give an account to God for their lives in the world (p.13). According to Mbiti (1969) death is a process that removes a person gradually from the present to the future. After death, the individual continues to exist in the “sasa” (present) and does not immediately disappear from it. Those who survived him/her remember the departed (p.157). Mbiti argues further that while the departed person is remembered by name, he/she is not really dead, he is alive, and such a person is a living dead (p.161). And as long as the living dead is thus remembered, he is in the state of Personal immortality (Mbiti, 1969, p.162).

Mbiti (1969) is very clear when he points out that unless a person has close relatives to remember him when he has physically died, then he is nobody and simply

vanishes out of human existence. Therefore it is a duty, religious and ontological for everybody to get married; and if a man has no children or only daughters finds another wife so that through her, children (or sons) may be born who would survive him and keep him (with the other living dead of the family) in personal immortality. Procreation is the absolute way of ensuring that a person is not cut off from personal immortality (pp.159-160).

Among Africans there is the belief that physical death is not the end of everything. This means that for an African, the soul of the person survives bodily death. Gyekye (1996) expresses this in the Akan maxim: "When a person dies, he is not [really] dead" (p.13). This implies that there is something in a human being that continues to exist in another world called "the world of the spirits." An Akan symbol, assuming the immortality of God, expresses the thought, "could God die, I will [also] die" (Gyekye 1996, p.13). This means that since God will not die, a person as an in-dwelling spark of God will not die either. In other words, the eternity of God implies the immortality of the human soul, which is part of the divine essence (Mbiti, 1969, pp.160-162; Bujo, 1988, p.7; Gyekye, 1996, p.17).

Indeed, the reality of the world of spirits, inhabited by those who have departed this life, is based upon the assumption about the immortality of the human soul and personal survival in an afterlife (Mbiti, 1969, pp.160-162, Nyamiti, 1988, p.20; Bujo, 1988, p.7; Gyekye, 1996, p.17). All the above tell us that many other scholars have established the reality of a immortality in the afterlife. All the Abalogoli who participated in this study believe in the after world, and that immortality was a reward for those who lived a morally upright life. The African ideas about death and immortality are not intended to encourage the illusion of escaping the reality of death. On the contrary, while living in full awareness of their mortality, Africans are provided with its real meaning and significance within the context of the totality of human life, as well as with the tools to overcome their mortality (cf. Mbiti, 1973, pp.187-188).

Many people expect to enjoy a reunion with loved ones. This expectation obviously assumes the continuation of personal identity. Many other belief systems are ambiguous about personal immortality, however, and traces of this vagueness or discord can be found within Christianity as well. A key question here is the relationship between person and soul. Is the soul, the essence of the individual? If so, then survival is personal. Or, is the soul a sort of passenger-spirit that has very little to do with the individual's unique life? If so, then there might be immortal survival, but not necessarily of the person (Kastebaum, <http://www.deathreference.com>).

According to Mbiti (1969), immortality is personal. Immortality is personal in the sense that it is externalized in the physical continuation of the individual through procreation, so that the children bear the traits of their parents or progenitors (p.163). Malusu (1978) says that those traits are more of a genetic nature than a rebirth of the one who died (p.2). This brings us to the issue of naming on which many scholars are prolific. For Mbiti (1973), one becomes immortal in/and through one's children (p.143) and that it is only when given a name, a child becomes a human being (1969, p.118) tell us that personal immortality is present in the African culture. In a situation where we are, the HIV and AIDS pandemic has challenged the commonly known scenario that: a child is born, grows, gets married and dies at old age.

4.3 Literature Review of the Problem Statement

Earlier response to HIV and AIDS was hampered by traditional beliefs. Some communities still believed it was some kind of witchcraft! (<http://www.kenyaspace.com>, 17-04-2011). PLWH and their relatives from the beginning of the pandemic were considered evil and their state of immortality is not assured after their death. Jiodio (2004b) argues that HIV and AIDS was feared because it caused death and death of young people and as a consequence communities felt the obligation to stop from harming others both in this world and in/from the world of the dead. Going in that same line, scholars like Joinet (1992) say those who are living with HIV and AIDS (PLWH) should be assisted so

that they may improve their lives (p.161). It is important adds Joinet (1992) to discuss and foresee who will look after their children if they survive them (p.161).

In order to face the threat to life, in order to face the threat to economy and to social stability brought about by HIV and AIDS, all countries around the world have come up with different strategies. Some studies conducted between Kenya and Uganda by Moore & Hogg (2004) demonstrated that declines in HIV prevalence occurring in Uganda are not being seen in geographically proximal districts of Kenya ([http/TBL1](#)). It was found that no obvious differences in ethnic groupings or their associated prevalence of circumcision appeared to explain the differences in prevalence of HIV and AIDS between the two areas. Moore and Hogg (2004) suggested that the decreasing HIV prevalence in Uganda was not due to the natural course of the epidemic but rather reflected a real success in terms of HIV control policies ([http/TBL1](#)).

Joinet (1992) argues that if the PLWH are Christians, the role of religious leaders will be to give them pastoral counseling, that is to say to help them make their choices in the light of their Christian faith and the gospel. Doctors, counselors and religious leaders have the task to assist PLWH discuss and foresee who will look after the children if they survive them (pp.161-162).

Some are so enthusiastic on having children that they have the tendency to forget this point. They have to foresee how they will not become pregnant, for months and years without end, if they choose to do so. It requires discipline and self-control. In addition, they will need collective support in their effort (Joinet, June 1992, pp.161-162). The available literature gives little attention to immortality. Few scholars have linked immortality to evil and almost none has looked at life after death in the context of HIV and AIDS. The fact that HIV and AIDS is relatively a new phenomenon (the first cases go back to the 1980s) explains the scarcity of relevant literature. Nevertheless, the researcher managed to overview the scanty literature that dealt with the topic at stake and the

researcher brought it together in order to address the topic of immortality in the context of HIV and AIDS.

4.4 Literature Review of the Hypothesis

The hypothesis of this study was: the Abalogoli perceive HIV and AIDS as something totally evil that those who are infected can no longer qualify for ancestral life. In other words, there is a significant relationship between the Abalogoli people's perception of HIV and AIDS as something evil and the disqualification from ancestral life. The Abalogoli will not accept immortality for their PLWH. The gate of entering ancestral life is death. Scholars argue that death in Africa is not an end in itself, but a passage to another life (Mbiti, 1969, p.153). In the same way that a child is received at birth in the world through the naming ceremonies, in the same way a dead person is accompanied through correct funeral rites so as to enter the next world properly.

African communities believe in the life after death; this is made possible by the fact that the African worldview is circular. There is a lot of exchange and communication between people on earth, their ancestors and those to be born. A study by Joinet (1992), talking about the relation between the living and their ancestors, affirms that the deceased do have their small huts in front of the houses (of the living) and every morning the heads of the families pour a little beer in front of the ancestors' huts as a sign of veneration and morning greetings (p160).

According to Joinet (1992) that is why "When some people become indisposed they go to diviners who will tell them who made them sick: God, an evil spirit, witches or an ancestor. With the divination over, they go to their home villages to offer sacrifices of atonement 'matambiko', to the ancestors they have offended" (p.160). For Africans, the dead are not dead; death is part of the wider picture of what life is. Africans accept death as part of life; this acceptance goes against the modern science that tries to negate death.

According to Smith (1988), one of the characteristics of modern medicine is not so much in terms of its health sustenance functions, but in terms of its efforts to control death

(p.79). One of the basic realities about human life is that it is finite. Hence, for any sensible person, consciousness of mortality gives greater definition, meaning and purpose to the time available for living. Smith (1988), stresses the fact that for some religious traditions, the fact of death symbolizes the transition to a fuller experience of life; therefore, and response” (Smith 1988, p.79).

The awareness of death can have beneficial influences on human development, all everybody wants to be remembered. What does it mean to remember? Wiesel (1995) who survived the concentration camp in the Second World War says:

“To be remembered is to live in more than one world, to prevent the past from fading and to call upon the future to illuminate it. It is to revive fragments of existence, to rescue lost beings, to cast harsh light on faces and events, to drive back the sands that cover the surface of things, to combat oblivion and to reject death” (p.150).

In African society, one becomes immortal in/and through one’s children. So, even if a person dies eventually, his/her name is carried on and not lost; the torch of life is handed down and begins to burn anew, and you are rekindled in your children (Mbiti 1973, p.134). This is why in many African communities; everything possible is done so that a good person may continue to be remembered, so as to continue living their immortality. Immortality is a new stage of life whereby someone who has been a good example of faithfulness to the prescriptions, taboos, rules of the community is believed to live beyond his/her physical death.

4.5 Literature related to the Significance of the Thesis

This section presents five reasons why this thesis is important.

4.5.1 Some Common Views about PLWH

The first reason why this thesis is important is that it gives an understanding of evil. Data show that a person is evil because the deeds are evil. By grasping the idea the

abalogoli have of evil helps understood what made the Abalogoli consider PLWH as immoral.

4.5.1.1 Some Sayings about HIV and AIDS.

Dowden (2009) calls HIV and AIDS the “spiral of death”. Dowden (2009) it is spiral of death in the sense that: “parents die young, orphans grow up in poverty with no education or skills and vulnerable to HIV; they too will have children who grow up even worse off and die early” (p.327). In other parts of Africa, sayings are made about HIV and AIDS that show the experience people are having about it; Dowden recorded some of them. Dowden (2009) writes: in Uganda HIV and AIDS is called “slim”, for it renders people very skinny. Cameroonians call it “slow poison” (poison lent); for AIDS kills slowly in a long period of time. In Botswana it is called the “radio disease” because people hear of it from the radio and seem not to see it in their everyday; for them people believe it is others, who get infected. Whiteside quotes by Dowden (2009) calls HIV and AIDS: the “long wave” for it spreads though decades. All the above sayings give the experience people have about HIV and AIDS. The experiences as we can see have been mostly negative.

4.5.1.2 Nature of Evil

This thesis is important is because it articulates the mechanism that made HIV and AIDS to be seen as something morally evil in a particular ethnic group that is among the Abalogoli. This establishes how morality among the Abalogoli is affected by their understanding of evil. The literature review is similar to the one of Research Question One that deals with the understanding of evil among the Abalogoli and how has it been effected by HIV and AIDS.

However, the thesis also argues that there are traditional beliefs and values that encourage behaviors that may place people who practice these beliefs and values at risk as far as HIV and AIDS is concerned. Scholars have pointed out some of those beliefs: sexual intercourse with a virgin in the belief that it could cure HIV and AIDS (Green,

1994), the beliefs about “unnatural” and “real” sex because of resistance to condom use (Crewe, 1992). Van der Hoeven (1992) talks of sexual intercourse with teenagers and schoolgirls in the belief that they will not be infected with HIV (p.57).

4.5.1.2 Reasons why PLWH are more likely to Be Considered Evil

With the advent of HIV and AIDS many people (young, old, wealthy, poor) without distinction have died; because HIV and AIDS causes death it is evil and those who are infected are for that reason also evil. Another reason as to why HIV and AIDS is associated with immorality is on one hand according to Stanley (2000), the fact that African prostitutes knowing that, started to offer anal sex in the belief that HIV is only transmitted in conventional sexual intercourse (p.5). On the other hand in Africa, AIDS was largely seen as heterosexual disease whereas in other part on the world is associated with homosexual behavior (Whiteside & Sunter, 2000). Writers have written about HIV and AIDS as evil but the hope that can come out from the saddest experience as far as HIV and AIDS is concerned. Dowden, 2009 writes about hope in front of the pandemic in these words:

“Africa’s survival instinct and the myriad hidden ways in which they keep going though the toughest times will enable it to come through the AIDS pandemic. There will be terrible suffering and many people will die before time, children will grow up without parents, everyone will be poorer because of it, but somehow African society will endure unaided, as they have always survived drought and famine and war” (pp.246-247).

The thesis goes in the same line with Dowden to challenge people’s concept and understanding of evil especially with regard to their definition of HIV and AIDS.

4.5.2 Immortality, Morality and Immorality: the Link

The second reason why this thesis is important is because it shows that for the Abalogoli theft, murder and suicide, childlessness and singleness are non-moral or immoral behaviors that can disqualify somebody from immortality. HIV and AIDS by

causing the death of many has been look upon as evil that can challenge the immortality of PLWH. This study clarifies the Abalogoli understanding of a bad person and hopes to challenge the Abalogoli belief about immortality of PLWH.

4.5.2.1 The Spectrum of Death

The great number of deaths due to HIV and AIDS has brought to the surface the issue of the fate human beings after this life. This brings about many questions: what happens to the death? Are humans immortal? Archeological findings show in ancient burial pits, mounds, and tombs included objects were designed to be useful to the deceased in their next lives. From prehistory onward the available evidence suggests that survival belief has been widespread and dominant (cf. Kearl, <http://www.deathreference.com>).

All the acts from birth to death are a source of binding people together. Baldry (1995) refers to immortality when he says that: “life started at birth is lived out in life and does not stop at death but continues to live on in generations to come” (p.5). Baldry continues that this continuous life flow is so rich and most valued by Africans. One expression put the notion of Immortality in a graphic form: “the air you breathe is the same air your ancestors breathed” (p.5). The vital union that in question here is guided by taboo, moral behavior, for everybody must live and make sure that the flow of life continues. Those left behind were “taught what must be avoided so as not to endanger life, one’s own and that of the whole community, living and dead” (Bujo, 1988, p.7).

Immoral acts that can be said to be taboo among the Luhya are: “Theft, Murder and suicide, childlessness, and life-long singleness” (Jiodio, 2004, p.3). Girmay (2005) has the point when he says that: “most of the times when people speak of moral behavior or moral misconduct they automatically associated it with sex and sexual behavior, this reflects that sexual life is very important in community life” (p.8) but also as far as immortality in concerned. The reasons why Africans have sexual taboo are stressed. Girmay (2005) talks of taboos like: unfaithfulness, pregnancy before marriage and rape related issues (p.8). One thing can be noticed, it is that the offences do not only touch the

individual alone but the whole community and the community way of dealing with those issues are sanctions. Those who are evil are bad persons.

4.5.2.2 Bad and Good Persons

As far as the Abalogoli are concerned evil is not separated from the evil doer; the evil doer and the evil that is done are one. According to the Kenya National AIDS Strategic Plan (KNASP III, 2009), 20.3% of the infections are through casual heterosexual acts, 15.2% of the infection in Kenya are through Men having sex with Men (MSM) and 14.1% through Commercial Sex Workers (CSW). Those above statistics say that almost 49.3% of the infections are through sexual misbehavior that African tradition taxes as taboo.

The above coupled to the fact that originally, HIV and AIDS was presented as a sickness that originated among homosexual men in America (Monekosso, 1994), justifies why Africans are so afraid of the sickness and of those who are sick because their condition is believed to be as a result of something they did. However, this thesis highlights new information about HIV and AIDS and argues that HIV and AIDS can be acquired through ways that are not immoral.

This study challenges the Abalogoli belief about immortality of PLWH. The idea of something that represents a person can continue to survive in society after death is known as "symbolic immortality." The person is dead, but his or her name or some important aspect of the personality has become part of ongoing human life. Other people, now deceased, live on in human memory. The living will also survive in this way (Kearl, <http://www.deathreference.com>)

According to Girmay (2005), "the dread of becoming a witch or the horror of becoming monster in the folk tale, or the fear of a curse, or calamity, or sickness, or drought or even death sent by God, ancestors, or spirit may behave morally. (p.13). Girmay (2005) continues that one should not conclude that African morality is a fear driven morality, less it would be oversimplifying the inner dynamic of morality.

4.5.3 Cultural Dynamism

HIV and AIDS as immoral is an understanding which is not just pertinent to the Abalogoli but embraces many other culture and ethnic groups. This study is important because it brings some insights on the socio-cultural/anthropological field. With the advent of HIV and AIDS whereby people can become infected through nothing neither wrong or immoral done by themselves, calls for a cultural change capable to render justice to PLWH who got infected by means that need not be evil. The flow of life that is immortality is a reward for those who life a morally upright life is actualized in the remembrance of the deceased through nominal reincarnation. In this line of thought, Mbiti (1969) has the point when he says: the “life of the dead is a reality and it does not even depend on the remembrance of them by those who are living on earth. This means that the deaths have their own independent existence; the deaths do not continue to live because they are remembered in the hearts of those who have been left behind” (p.162-163). Quoting Idowu, Badham (1987) says that the living dead “do not for any reason fade into nothing or lapse into any kind of durational retirement. [Because] in the invocation of ancestors in certain African localities, the liturgy embraces those remembered and unremembered, those known and unknown” (p.19).

One of the core values of Africa is the community, people are concerned with the well being of the family, people do what they can to avoid all the curses, not only a curse upon themselves but also upon the community says Girmay (2005, p.14). This concern of the individual vis-à-vis the community can explain why there is a link between social stigma and attitude about AIDS in African communities. Burkholder et al (1990) think that evidence suggests that people distance themselves from the sick members of a group that perceived themselves to be at lower risk. Hence, because HIV and AIDS is associated with moral evil, people strive to avoid sexual offences that will distance themselves with PLWH and be likely to cause that the group they belong to has an attitudes of rejection

towards them. This study addresses the relationships between social stigma and attitudes about AIDS among the Abalogoli.

4.5.4 Pre-requisites of Policy Making

The fourth reason why this thesis is important is that it can help the Governments, Faith Based Organizations (FBOs), NGOs in their policies to positively respond to HIV and AIDS. Governments, Faith Based Organizations (FBOs) and NGOs need to know the culture of the people ahead of their interventions among them. One thing is that African rarely talk when referring to “I”, Girmay (2005) argues that “the African maxim I am because we are is so ingrained in Africans that as individual will always think about community” (p.14). As a consequence “anything that disturbs or disrupts the community is eliminated” adds Girmay (2005). Governments, Faith Based Organizations (FBOs) and NGOs should see here the important place of the community and while respecting the right to medical secrets, involve the family and the community in all the projects. Failing to understand Africans could create situations like the one experienced by Mulen (1995) who says:

“I do not understand why people who have tested positive will use ‘dawa ya miti’ (herbal medicine) rather than accept help and advice that can alleviate symptoms and discomfort. I do not understand why some believe their cancer and AIDS is caused by another person who has ‘bewitched’ them” (p.1).

In his book *Africa: Altered States, Ordinary Miracles*, Dowden (2009) argues that it is important for pastoral and moral ministers to properly understand PLWH, so as to avoid repeating with them, experiences that were successful elsewhere but irrelevant for in their particular context. Dowden had the example of a South African transportation project meant to help student whose parent were HIV positive, but that turned irrelevant when “those who went by the bus were ostracized in school and were branded as sinners because they had AIDS or were orphaned by AIDS” (p.328). In the field of moral theology, pastoral theology and religious study, governments, NGOs and ministers in the faith bases

organizations with knowledge and precaution in putting into place programs for the Prevention Mother to Child Transmission (PMTCT), Voluntary Testing and Counseling (VCT), Anti-Retroviral Treatments (ARTs) will be effective if the culture and beliefs of the people are considered.

The understanding of sickness as possible sanction for a breaking of a taboo or a punishment from the ancestor or the spirits must not be ignored. Du Plood (2004) argues that Africans believe that at the macro-cosmic level a sickness is a punishment for breaking of a taboo, but they also know that a sickness can be caused by germs and lacks in the body. Those two levels of sickness should be taken into consideration when giving treatment. This study could help Government, NGOs and faith based organizations to be opened to PLWH, to help the Abalogoli and any other PLWH (and their relatives) who have misguided concept about HIV and AIDS to challenge their wrong understanding and to create an atmosphere of welcome and ultimately acknowledge immortality for the people entrusted to their care.

4.5.5 Avenues for More Research

Writing about fecundity in Africa, Musonda (1986) points to the fact that life is important. The study by Musonda (1986) could be used to understand why PMTCT is not easy for most Africans. Smith (1988) wrote about the issues of pastoral care for PLWH; hope should not be lost in living and dying must keep hope. Green (1994) studies the problem of AIDS and Sexually Transmitted Infections (STIs) in Africa; the focuses on bridging the Gap between Traditional, Healing and Modern Medicine. Hammond-Tooke (1989) previously did a study on traditional rituals and Medicines. Scholars felt the import role gender had in social issues.

Kusimba, et al (1996) examined AIDS in Kenya by looking the sociological and Policy Implications of HIV and AIDS within the Family; the women's Responses and Needs was the focus of the study by Kusimba (1996). This study gives avenues for more research. By advocating a new understanding about their concepts of rape, abuse (sexual,

physical, emotional, child, etc) that are evil that are not to be blame on the victims, challenge the traditional abalogoli understanding of evil. It is hoped that more research will be done for other new social challenges that the cultures face. This study has examined the challenge the Abalogoli vis-à-vis their understandings of evil in relation with immortality, morally, immorality and PLWH.

4.6 Literature Review of the Research Questions

4.6.1 Literature Review of Research Question One

Research question one stated: What is your understanding of immortality, morality and immorality? The researcher first of all dealt with the Abalogoli understanding of death so as to be able to grasp the cultural knowledge behind death, dying, in relation to taboos and related sexual conduct.

4.6.1.1 Death among the Abalogoli

The African worldview is circular. Everything comes from God (every African society has a name for the supreme God), God who is powerful that he should not be addressed directly, but only through ancestors and other deities. Nyamiti (1988) stresses that in Africa it is believed that when one is born, he/she lives and becomes an adult. The person grows old then dies and becomes a living dead and/or an ancestor. He/she can be reborn again and live in a new child. We should emphasize here that this presentation of the African worldview as circular represents the broad ideas in the African societies.

Death in Africa is not an end in itself, but a passage to another life. The same way a child is received at birth in this world through the naming ceremonies, it is in the same way a dead person is accompanied (through right funeral rites) so as to enter the next world properly. African communities believe in life after death. According to Asare (1987), “this firm belief in life after death represents a fundamental antidote to the threat of human extinction and the scare of nothingness, which have jointly ‘conspired’ to render life utterly meaningless to many of modern persons” (p.13). Therefore for an African,

death is not robbing life, but it gives it a greater depth by prolonging it on a spiritual plan (life both here and there is ruled by morality as we shall see further).

The above points to the fact that life continues after death: in the Africa context that life after is immortality

4.6.1.2 The Meaning of Immortality

A strong traditional ritual ensuring the continuity of life after death is that of naming. Studies have found that there is a relationship between life after death and naming practices or ceremonies? The arguments of many African scholars like Kenyatta (1938) and Mbiti (1969) make it clear that there is a very close relationship between the new born baby and the ancestor whose name it carries. The practice is that newborn babies are named after those who have lived but died as a way of assuring the continuity of life on behalf of the departed. The seriousness placed into the ‘naming’ makes Mbiti (1969) say that naming of children is an important occasion that is often marked by ceremonies in many societies (p.118).

In many African communities, before a name is given to a child, it is not considered as a human being; so naming perfects the transmission of life. That is why Mbiti (1988) holds that when given a name, a child becomes a human being; expectations are put on him/her, and the child will be nourished and brought up in a set of rules, taboos and morals that are proper to the community (p.118). Hence, naming makes a child a person and incorporates the child into the society (a person protected by the ancestors) and therefore the child is expected to follow adequately the rites and norms of the society. So, naming perfects the transmission of life. The researcher found that the Abalogoli believe that a child is able to take the character of the ancestor or of any person after whom it is named (Jiodio, 2004).

Malusu (1978) early affirmed that when he says that “children may display similar characteristics to the dead person, especially in the early childhood” (p.2). So, a great person or a chief who has lived a good moral life will have many children named after

him/her. Talking of the effect of being named after, Mbiti (1969) says that the ancestors can be partially incarnated in the child, especially if the family observes certain traits common between the child and the particular living dead (p.162). What is the nature of those common traits? According to Malusu (1978), those traits are not due to the fact that they have been named after a close relative, but the traits are more of a genetical nature than a rebirth of the one who died (p.2).

According to Mbiti (1969), nearly all-African names have meanings. Some names may mark the occasion of the child's birth. For example, "if the birth occurs during rain, the child will be given a name that means 'rain', or 'rainy', 'water'; if the mother is on a journey at the time, the child might be called 'traveler', 'stranger', 'road', 'wanderer; if there is a locust invasion when the child was born, he/she might be called 'locust', or 'famine' or 'pain' (p.118).

For Nyamiti (1988), in spite of the many varieties of the significance of the names and the circumstances in which they are given, there are some features that can rightly be regarded as common in traditional societies of black Africa. In many of these communities the name designates personality, status, function or destiny of the bearer. Nyamiti (1988) is convinced that "a person can acquire a sizeable collection of names by the time he becomes an old man/woman" (p.20).

One of the biggest consequences of naming is found in the fact that for Africans, it is clear that for someone to be alive in the future, there is a necessity to be alive in the present through his descendants that carry his/her name and still remember him/her after death; that is immortality. For some it is through dreams that ancestors ask their kin-people to name a child after them. Other people are inspired and/or guided by the uprightness of the departed. So to confer a name is to confer a personality (Nyamiti, 1988, pp.20-21), a status, and a destiny or to express a wish or to materialize the circumstance in which the bearer of the name was born. Seen in this way, the whole process of naming in Africa is influenced by morality (Mbiti, 1969; Ray, 1976).

At the end of this section it can be said that immortality is the survival of the immaterial part of a human being in the afterlife that Gyekye (1996) calls “soul” (p.13). Immortality means that after death, the individual continues to exist in the present and does not disappear from the present, that Mbiti (1969) calls “sasa” (present) (p.157).

As explained in this section, immortality is made possible by the African belief in the world of spirits, in the ancestral world that is filled by those who have departed this life. Actually, immortality is based on the assumption that human soul is immortal and that personal survival is possible in the after world. Above all immortality is a reward for a morally upright life; those who are “immoral” cannot qualify for immortality.

4.6.1.3 Implications of Immortality

We have seen above that before a name is given to a child, it is not considered as a human being; so, naming perfects the transmission of life. A person becomes a person by having a name. That is to say without a name the person is not person. This made Nyamiti (1988) to say: a name is a person (pp.20-21). Experience has shown that in many parts of Africa people are given new names at the end of some rites of passage and on the way some names are dropped (Jiodio, 2004).

Names always have moral implications. According to Mbiti (1969, p118), “nearly all African names have a meaning”; for Nyamiti (1988), in spite of the many varieties of the significance of the name and the circumstances in which it is given there are some features which can rightly be regarded as common enough in traditional societies of black Africa. In many of these communities the names designate personality, status, function or destiny of the bearer.

Jiodio (2004) in a study came out with the following common names used among the Luhya of Kenya:

* Names that express a wish.

Luseno = a powerful warrior who destroys evil

Mdelwa = the only survival

Mwanguu = very light, flexible

Mwanga = not wanted

Kavonga = certain type of grass to thatch the house

* Names that express a petition

Shivachi = when people are slaughtering

Anyika = to force

Zimbabasi = graces, blessings

Mulongo = creator, creating

Mumayanu = confused, chaotic

* Names that express the circumstances of birth

Inzara = born during drought, hunger

Wafula = rain

Wangira = born on the road

Lihanda = got stuck in the mother's womb

Mkhwana = twins

To confer a name is therefore to confer personality, status, destiny, or express a wish or the circumstances in which the bearer of the name was born. Seen in this way, the whole process of naming in Africa is influenced by morality.

In many communities, before a name is given to a child, he/she is not considered as a human being; so naming perfects the transmission of life; naming incorporates, makes a child a person in the society (a person protected by the ancestors) and therefore the child is expected to follow adequately the rites and norms of the societies, so that "a person can acquire a sizeable collection of names by the time he becomes an old man" (Nyamiti, 1988).

The idea of Nyamiti (1988) that "a name is a person" might be wrongly understood if one considers that changing names means automatically a change of personality (something that might end up in depersonalization). One is always reminded by one's

name to live well according to what his/her name says and according to what the previous bearer of the name managed to achieve in life. The above definitely means that a name is an expression of the qualities of the person. So, a name is meant to bring to the memory of the person a good or bad event of the life of the person or of the community, and therefore the person will be able to change and adapt his/her moral life and attitude of life both to the individual and the community.

Birth is a slow process that is finalized long after the person is physically born. In many African societies a child is not considered a person but only after it has been named. For the societies, as Mbiti (1969) puts it, “a person is not considered a full human being until he has gone through the whole process of physical birth, naming ceremonies, puberty and initiation rites, and finally marriage or even procreation. Similarly, death is a process which removes a person from the present period (sasa) to the future (zamani).” (pp.151-152) That future is that immortality is a continuation or a re-enactment of the life here on earth in the ancestral world, a life shaped and informed by morality and immorality (Jiodio, 2004, p.10-14).

4.6.1.4 About Morality and Immorality

Morality deals with how humans treat other beings so as to promote mutual welfare, growth, creativity, and meaning, striving for what is good over what is bad and what is right over what is wrong (Thiroux, 1998, p. 28). That welfare is not only physical but above all spiritual. In the sense that it permeates all the strata of an African as a religious being; according to Mbiti (1987), Africans are notoriously religious. Nyabul (2009) quotes Biko who states that all people are agreed that Africans are a deeply religious race (p.36).

Coetzee and Roux quoted by Nyabul (2009) continues that religion is concerned about morality, though morality is not necessarily concerned about religion. One can be moral without being religious. Morality is related to religion in the sense that the latter teaches people to be moral, since, as in Christianity, for example, morality has its rewards

and immorality or sin has its penalties in heaven and hell, respectively, if not here on earth (p.36). Reward and punishment are the two outcomes of morality and immorality respectively; both are related to fear.

Scholars like Smith (1988), Botchway (2004), Ikpe (2005) speak about the efficacy of a theology of fear as an instrument of social and moral control and stability. In analyzing the relationship between the living and the ancestor, Brown quoted by Ikpe (2005) argues that fear of the one's death or that of others plays an important part in life of the living. According to Ikpe (2005), Africans believe that: "the dead have power over the lives of the living to bless or to curse, to send prosperity or reverse to their relations and members of their clan; especially is this fear potent when the living are conscious of any reason why the deceased should bear ill-will" (p.79)

For most writers, talking of morality and immorality is to refer exclusively to sexual morality and immorally. This can explain the fact that HIV infection has been presented as sexually transmitted (cf. Agadzi (1989), Botchway (2004), Smith (1988)).

4.6.1.5. Implications of Morality and Immorality

Botchway (2004) quotes Dzobo who say that in African context, sex education was limited to menstruation, growth of breast and other signs of maturity. Only during initiation was explicit reference mentioned. Outside the moment (initiation), Botchway (2004) argues that young people were socialized to know that immorality was severely punished and moral unrighteousness always expected and rewarded (cf. p.19).

Ikpe (2005) argues that whereas the Christian God is always faithful and just to forgive transgressions if we confess our sins, the African God, through his agents, do not forgive but demand retribution and restitution for every episode of sin. Thus while sin and punishments are, to some extent, disconnected in Christianity, the two are intimately related in African religion. Ottenberg (1960) quoting Wilson observes that: "the specifically religious or moral sanctions of customs are believed to be punishments. These

sanctions are actual punishment; these sanctions are actual misfortunes, interpreted by the light of faith as effects of sin; sin being the breach of morality” (p.348).

Girmay (2005) says that morality in Africa is driven by fear. The Cambridge dictionary define fear as “unpleasant emotion or thought that you have when you are frightened or worried by something dangerous, painful, unpleasant or bad that is happening or might happen”. Girmay (2005) points out in his study that: “as regards to why they were remembering God by offering, or sacrifices, most of the people respond less god would send them calamity or failure of harvest” (p.13). In such a fear driven morality, even those who are charitable, respectful or faithful in their marital relationship, or even those who do good to the people, are believed to be motivated by fear. In moments of hardships or suffering, questions as such could appear: What have I/we done? Whom have I/we/they wronged? Who is against me/us/them? The above questions were actually warnings that embodied moral rules and accepted norms of conduct of the society that the ancestors lived fully and handed over to the next generation.

4.6.2. Literature Review of Research Question Two

The second research question was: “What is the understanding of evil?” for the Abalogoli, evil is any threat in the course of life. In the African world, the living, the living dead, the ancestors and the unborn are harmoniously interrelated. Bazza (2001) in a diagram (Appendix M) shows how that:

“Starting with God the Creator/Supreme Being, the flow of life passes to the soil, the source of man’s vital force. As seen in the diagram (cf. Appendix M), community plays a central role in the African perceptions of the universe as consisting of the interaction of various vital forces.” (p.99).

In front of this fullness of life that characterizes the African Worldview, the traditional African conception of evil is multi-dimensional; according to Nyamiti (1995) it includes: vitalistic/dynamic, communal/cosmic, religious and anthropocentric aspects of evil (p.40). It came out from the fieldwork of this thesis that evil was equated to absence

of life. In that sense Nyamiti (1995) argues that life can be said to be a central category and for that reason, reality is judged or evaluated in its relationship to life: life is seen in the highest form of reality (p.40).

Evil is that which is inimical to life, and leads towards weakness or death (absolute powerlessness). Dynamism is very important for Africans. Dynamism is the opposite of static, lazy or idle. This is why in African traditional context, idle people were despised and could be excommunicated (Jiodio, 2004). Among the Maasai, laziness and idleness were seen as the greatest evil. Laziness among the Maasai was placed at the same level as barrenness; laziness was feared and dreaded, and was looked at as a negation of life. In opposition to laziness, hardworking, healthy people, good warriors and heroes in hunting were looked at with respect.

Marriage is not a business of the two future spouses, but involves the whole community. For example, among the Akamba, during marriage negotiations, the person sent as a “spy” (make inquiries) by a family that is looking for a girl for the groom checks the capacity of hard work of the future bride (Jiodio, 2004). This study by Jiodio (2004) confirmed that for the Abalogoli idleness was not accepted; consequently HIV and AIDS that caused many to be bedridden was looked upon as evil that reduced the life of the breadwinners of the families.

Scholars have written on the communal and cosmic dimensions of Evil. In fact, Mbiti (1969) and Bujo (1998) say that Africans are community-oriented people. Bujo (1998) goes further when he affirms that African community life encompasses and brings together the dead, the living and the yet to be born (p.78).

With what we have just said, it came out clearly that evil is essentially anti-social or is something that is against harmony among people and between people and nature. This study goes further and shows that evil is that which is detrimental to communal and cosmic harmony or welfare. Actually, the research demonstrates that as far as the

Abalogoli are concerned, HIV and AIDS has affected the understanding of harmonious life so much so that the totality of the universe has not remained untouched.

The Abalogoli have looked at HIV and AIDS as something evil. So, at its communal and cosmic level, evil - and as far as this study is concerned; HIV and AIDS is that which disturbs the communal and organic harmony in the world. As an example of disruption, Nyamiti (1995) cites: the neglect of communion with ancestors, theft, hatred, murder, adultery, killing of totems etc (p.40). This study henceforth shows that a contemporary problem, affects the lives of people.

Winick (1972) supports Nyamiti's position when he says that evil is believed to be affected by ritual or symbolic gestures such as curses, spell, imitative or sympathetic magic. Hence, loneliness and ostracism are shunned as injurious to human personality; therefore evil as far as communal and cosmic levels of life are concerned.

At this point we can say that evil affects not only the individual, but also his/her community of fellow human beings, the world of spirits and even nature in general. Nyamiti (1995) affirms that anything that causes evil in world is partly responsible for the uncritical attribution of harmful or vicious causality to any reality (p.41). The religious aspect of evil is all about evil inflicted upon somebody by the sacred and the world of spirits, meaning God, the ancestors and other spiritual beings. Hence it often requires ritual purification and propitiation gesture towards the offended spirits.

In African traditional setting, breaking a moral taboo has a religious implication. As such, moral evil is closely linked to the sacred in dialectical tension as an infliction against the sacred (Nyamiti, 1995, p.41). This means that moral evil has a 'sacrilegious' aspect, and often demands purification through rituals. As far as HIV and AIDS is concerned, this study was interested to show that the Abalogoli hold that the direct profanation of the sacred is a great evil and what they believed to cause afterwards great misfortune and suffering. As a result, the Abalogoli look at HIV and AIDS as something totally evil and those who are infected or affected by it are evil people.

Most African societies accept that anything that is harmful to human welfare is evil. From this perspective evil is seen as anything or anybody who is injurious to humanity. According to some scholars, the human person is believed to be the chief source of evil (Nyamiti, 1995, p.70).

African culture and religion are centered on the human subject, whose welfare (society and religion) are meant to procure. In other words, humanity is the center and subject of the world, whose welfare society and religion bring about. From the other angle, humanity is the center of the world; this literally means that the World of nature and the world of the spirits are conceived anthropomorphically (Nyamiti, 1995, p.42). Hence, African morality is anthropocentric, meaning it puts man and woman and its well being at the center of everything.

4.6.3 Literature Review of Research Question Three

Research Question three asked: What is the view of Abalogoli about HIV and AIDS? This question was out to find out why the Abalogoli thought HIV and AIDS was evil? Find out whether there was any stigmatization attached to PLWH? Question three looks for the reasons why PLWH and their relatives are associated with evil. The earlier response to HIV and AIDS was hampered by traditional beliefs; some communities believed that HIV and AIDS was some kind of witchcraft! (cf. www.kenyaspace.com, 17-04-2011). The way people understood HIV and AIDS shapes the way they relate with PLWH.

4.6.3.1 Views about HIV and AIDS

AIDS being a sickness without cure, many see it as a threat to the survival of the individual and of their families. The fact that HIV and AIDS is predominantly transmitted through sexual intercourse and therefore is associated with sexual promiscuity does not make things easy. As a result, PLWH are mostly looked upon as immoral people who broke sexual taboos. The fact that people are infected by the virus and die of AIDS has

made HIV and AIDS to be looked at as the epitome of evil and those who are infected looked upon as evil.

With AIDS, life leaves the body slowly through chains of physical, physiological, psychological complications, at the end of the day, the body of the patient is worn out and literally left lifeless with multiple traumas. The researcher found out that some informants were not afraid of HIV and AIDS as sickness but rather about the damage it causes to the bodies and lives of those who are infected.

Chiwala (2004) has summarized many psychosomatic complications due to the HIV in the human body. Chiwala (2004) quoting Simpson (1995) argues that it has been documented that 50% of all HIV patients end up with neurological complications (Simpson & Tanglia, 1995, pp.153-161). Another complication known as Peripheral Neuropathy comprises 5% to 20% of the total neurological conditions (Sasaki, Leite & Dealmeida, 2002, pp.50-54). In the central nervous system one of the common features of AIDS is dementia, also called HIV-Encephalopathy. About 65% of HIV patients in the late stage develop cognitive deficiency, and this is associated with depression, loss of memory and apathy (Levinson & O'Connell, 1991, pp.690-696).

According to O'Dell (1992), another central nervous impairment that can be seen in HIV and AIDS patients is cerebral vascular disease (p.291). For him, cerebral vascular disease can be the first manifestation of HIV infection and may be associated with a treatable etiology. This complication leads to hemiparesis, (muscle weakness on only one side of the body), which usually sets in before or at 24 months after the AIDS defining illness (O'Dell & Sasson, 1992, pp.291-296). Thomas (2001) holds that it has been identified during autopsies, which revealed evidence of a clinically silent cerebro-vascular disease in HIV and AIDS sufferers (Thomas, 2001, www.emedicine.com/neuro/topic/448/htm). For Sasaki (2002), facial palsy has also been found to be one of the many neurological complications in the early stages of HIV (Sasaki & al, 2002, p. 50-54).

Scholars argue that the medical staff are not always informed enough to handle the situation. So, many physicians did not inform mothers of their HIV status. Joinet (1992) argues that the physicians and practitioners felt that they neither had time nor skills required to give patients, especially pregnant infected young women, the emotional support they would need if they knew their status. So, practitioners kept silent (cf. Joinet, 1992, p.163). However, a study by (Joinet, 1992) shows that for the Abalogoli, the most difficult tasks that families in particular and the society as a whole face is the long-term support, to PLWH, especially children (p.163); they are looked upon as immoral people because the children they bear will sooner or later die.

A study in Zambia by Chiwala (2004) has demonstrated that medical practitioners do not always have sufficient knowledge about specific aspects of HIV and AIDS. Chiwala (2004) demonstrated how physiotherapists in Lusaka, Zambia had limited knowledge on the pathology, anti-retroviral drugs and their side effects (p.17). Chiwala (2004) stressed the fact that although medical treatment of HIV and AIDS is the physiotherapists' responsibility, it is important for them to understand and be knowledgeable about ARTs (Anti Retroviral Treatments). This is due to the complications HIV patients may be presented with, when they are referred for physiotherapy treatment (Chiwala, 2004, p.17). The assumption that all medical practitioners are conversant with HIV and AIDS and related complications is not of help. The Abalogoli professionals who participated in this work acknowledge that misinformation.

4.6.3.2 Stigma Attached to HIV and AIDS

Stigmatization is a negative labeling of a person; a person may be labeled negatively because of race, dressing style, ethnicity, religion, level of education, disease and physical disability. In a study among the Australian adolescents, Moore and Rosenthal (1991) found that people with less risk of being infected has a stranger stereotyping or stigmatization against PLWH: the lower the perceived risk, the stringer the stigmatization of those infected by HIV. A study in the United States revealed that AIDS was first

identified as a homosexual disease, and those infected with HIV, gay men make up a substantial number of total cases. Thus, PLWH in many cases carry the stigma of the disease, as well as the cultural stigma associated with homosexuality (cf. Burkholder et al, 1990).

According to King (1983) the way a person interprets the cause of illness will influence beliefs about the illness. Experience shows that there are lots of emotions in health care service by relatives to their terminally sick members; that is also the case when people are infected with HIV and have started developing AIDS related complications. Du Plooy (Jan 2004) rightly states that: first AIDS is surrounded by enormous body of beliefs linked to its causes and prevention and to possible cures for the disease”, and second that “because AIDS is a life-threatening disease it is also lined to intense human emotions” (p.31). Scholars like Agadzi (1989), Botchway (2004) and Smith (1988) think that the fact that HIV and AIDS was associated with homosexual behavior in certain parts of the world has attached stigma on the sickness. Other scholars have done some studies using stigma and HIV and AIDS as variable. It is the case of Burkholder et al (1990) who, in an empirical study have assessed the relationship between HIV and AIDS risk and stigma.

Scholars who wrote about traditional rituals ensuring the continuity of life after death argue that cleansing rituals which could bring people into a direct contact with body fluids that are contaminated with HIV-virus (Van der Hoeven, 1992; Green, 1994, Yamba, 1997). Another traditional rituals ensuring the continuity of life after death is inheriting the wife of a deceased brother (Mbiti, 1969), because this practice increases the number of partners with whom a person has sex. Actually, cleansing of bodies for burial can bring people in direct contact with HIV contaminated body fluids (Garrett, 1995).

4.6.3.3 Negative Sexual Cultural Behavior.

Du Plooy (2004, pp.43-44) has discussed various negative beliefs and practices that can trigger the spread of HIV and AIDS:

* Having multiple sexual partners

* Cleansing rituals which could bring people into direct contact with body fluids that are contaminated by HIV.

* Inheriting the wife of the deceased brother, because the practice increases the number of sexual partners with whom a person has sex.

* The practice of dry sex (a woman uses some herbal or chemical mixture to dry her vagina before sexual intercourse. This practice is pleasurable for the male counterpart but leave the woman with bruises that are open gate for infections)

* Cleansing the bodies for burial, this could bring people into direct contact with HIV-contaminated body fluids.

* Sucking of blood from patients' bodies

* Sexual intercourse with a virgin in the belief that it could cure HIV and AIDS

* Belief about "unnatural" and "real" sex, because of resistance to condom use.

* Sexual intercourse with teenagers and schoolgirls in the belief that they will not be infected with the HIV.

* Property grabbing that leaves a widow impoverished and vulnerable to sexual exploitation

* Beliefs that cause resistance toward condom use.

The above practices show why HIV and AIDS is connected to morality; if we consider that most of those sexual practices happen outside marriage. In a study in Accra, Agadzi (1989) maintains that many black prostitutes prefer white clients since they pay more and are not usually sexually aggressive. Here he sees this as the reason why AIDS, which "originally originated in America", spread to Africa, carried by white tourists (cf. Du Plooy, 2004, p.22).

4.6.4 Literature Review of the Research Question Four

The Fourth Research Question was: Are you aware that HIV and AIDS can be acquired even if one is not immoral? Many scholars carried out studies to determine the knowledge on HIV. In a study among healthcare workers Chiwala (2004) was struck with

their lack of knowledge about HIV and AIDS. In that conclusion most of the respondents requested additional education. Their major source of knowledge about AIDS had been “acquired from media such as television; the limited knowledge seemed to affect their attitude negatively” (p.22).

4.6.4.1 Ignorance by Health Workers

Kitaura et al (1997) also carried out a study with a sample of 174 dental care workers. A self-administered questionnaire was used; and the items were based on AIDS educational matters, knowledge of transmission of HIV infection, risk factors and prevention methods. The findings were as follows, 80% had more than the average knowledge, 9% claimed comprehensive and another 9% claimed that their knowledge was poor.

The study points to the fact that working in a health care service is not automatically transposed into mastering issues about HIV and AIDS. Training and on-going formation for health workers in the field of new discoveries about HIV and AIDS are the way forward against ignorance among health workers.

4.6.4.2 Awareness About Universal Precautions.

As far as infectious sicknesses are concerned, a method of handling patients as developed for the use of health workers. The Universal Precautions (UPs) are the methods that health care workers are supposed to apply every time they engage in an occupation work that presents a risk of affection with the patient’s body fluids. The UPs include wearing nonporous articles such as gloves, goggles and face shields (body substance isolation). A study by Chiwala (2004) found out that physiotherapists in Lusaka did not seem to know about the UPs. Expressions were as follow: “that is new to me”, “I have no idea” and “what is that?” few people knew the UPs but have never actually applied them; hence, to know the UPs is one thing and to apply them is another. There are hindrances about applying the universal precautions (UPs): the unavailability of proper material (clothing, protective glove, etc), the medical institutions that neglect the demands from

health workers, the risk of stigmatization in the UPs were only applied with PLWH and not for all patients

4.6.5 Literature Review of the Research Question Five

The fifth research question of this thesis says that: Do you think that those who died of AIDS qualify for immortality? The researcher was interested in knowing whether the state of immortality of PLWH is assured after their death or not. Informants said that the state of immortality of PLWH could be tampered with and some of the reasons are: it dirties the good name of the family, it brings suspicion, it disrupts the peace in the community.

4.6.5.1 Good Name of the Family

In Africa, the name of the family is very important. Everybody must have a name; to be given the right name is an imperative. In some cases, it can happen that a child who is given a wrong name may die, he may be struck by an ancestor, a child's name also brings back a bad/evil character of a bad ancestor if it is given the name of that ancestor (Jiodio, 2004). Hence Malusu (1978) stressed that for the Isukha, children "are only supposed to emulate the good qualities of the dead ancestor after whom they have been named. For this reason, a bad person, for example, a Mulochi or a person who has committed suicide or a murderer may not be named after. In such cases, the living would like to forget as quickly as possible the person who has died" (p.3).

The family name must be safeguarded; and if a person misbehaves, he can be reminded to live in a way that gives honor to the family. The name of the family can be tarnished by misbehavior like theft, suicide, murder, practice of witchcraft (Jiodio, 2004) and those who become witches put themselves outside their family and clan because nobody will be named after them. The link between HIV and AIDS on one side and immorality has impacted the families in general and the family name in African. Rejecting and stigmatizing a person came to be seen as rejection the family name of that person by not naming children after them. Those who are not named cease to belong to the family

and the lineage. This belonging to a group come with obligation to fulfill all that is necessary to keep the name going on; keeping the name going on through a morally upright life.

4.6.5.2 Suspicion and Disruption of the Peace in the Community

Writers make it clear that people need peace in the community in order for life to go on. They show how the community plays a great role in the shaping of people's morality. A good person always has the happiness of the community in mind. As a consequence a person will have immortality in so far as the community in which they lived keeps them alive in their minds.

The stability on the group is further reinforced by the religious belief concerning crimes and moral offences – such that the wrongdoer and other members of the group may be subject to back luck, sickness, or misfortune as a result of such behavior. These mishaps are believed to follow more or less automatically through the agency of the wrongdoer's ancestors or other spirits associated with him or his group with which the individual is associated (Ottenberg, 1960, p.68),

Whereas the Christian God exercises his power by himself and is prepared to “let all grow together until the day of harvest”, the African God hardly exercises his power of punishment by himself but rather does so though a variety of spirits who have no patience with sin but met out punishment immediately whether or not he offender is aware of the nature of the transgressions (Ikpe, 2005, p.79).

4.7 Theoretical framework

The theory that underpins this study is that of “relationship between belief and attitude” and according to Boyd (2003), “if your belief is that the world is out there to get you, then your attitude will be defensive. If your belief is that the world is a wonderful place to live, then your attitude will be cheerful. Whatever attitude a person is displaying is a reflection of something that they believe” (p.1).

Based on this theory concerning the role of belief and attitudes, Du Plooy (Jan 2004) argues that “the person adhering to these beliefs could even be unconscious of them. The attitude could then be blamed on other people, the weather, their job etc...” (p.31). according to Kala (1994), transmission of HIV and AIDS in heterosexual relationships is mainly caused by a refusal to change cultural tradition (p.16).

Du Plooy (Jan 2004) conducted an in-depth interview on five person about their perceptions of HIV and AIDS and the role of traditional African beliefs in the HIV and AIDS prevention, he came out with the findings that there is a relationship between the attitudes towards PLWH and perception of HIV and AIDS. In his study, Du Plooy (Jan 2004) argued that “the threat that AIDS poses has a direct influence on the behavior of individuals and society. It seems that in most cases people’s attitudes are not formed by only one factor; attitudes, beliefs, emotions and behaviors all play a role in most people’s attitude towards AIDS” (pp.31-32).

4.8 Literature Review of the Assumptions

4.8.1 Literature Review of Assumption One

The first assumption stated: For the Abalogoli, evil is anything that hinders the harmonious flow of life. This assumption turned out to be valid. Joinet (1992) says that the end of life is but the beginning of a new one as ancestor (mizimu, mahoka); but a person can become an ancestor only if one has children and grandchildren (p.161). As an interviewee in Nairobi put it: ‘if you have no children you really die’ (Jiodio, 2004). You have to be an ancestor of somebody who will remember you, think of you and seek help from you (Joinet, 1992, p.161). According to some scholars like Mbiti (1973), Kenyatta (1938) and Musonda (1986) having had children or not plays a very important role in the dying of an African: transmission of life is very important. Through procreation you beat death; you bring together the dimension of time: past, present and future (Mbiti, 1973). This is not just about having a child anyhow; it is a legitimate child born in a legitimate union. This means that the institution of marriage is important and the fruitfulness of the

bond in terms of children is paramount. Kisembo quoted by Magesa (1997) argues that for Africans: “infertility and sterility block the channel through which the stream of life flows; they plunge the person concerned into misery, they sever him from personal immortality and threaten the perpetuation of the lineage.” (p.95)

It is evident that because of HIV, life slowly leaves a human body as the virus tears down the immune system. Needless to say that HIV and AIDS has revealed the fragility and the temporality of human life. Smith (1988) talking about the fragility of human life said:

“AIDS has reinforced the destabilizing realization that human life is vulnerable and survival is compromised. A fragile virus, which imperceptibly enters the human body, can threaten the very immune system functions whose purposes are to defend the body’s life.” (p.80)

Smith (1988) goes further to say that the vulnerability of humans is made more acute by the fact that although the virus has no regard for sex, age, class or race: it has affected a significant number of otherwise healthy and vital young men and women. Indeed, a large percentage has died or is dying. Hence HIV and AIDS is evil because it is detrimental to human welfare. Thus deprivation in the physical world is regarded as evil only as far as it is injurious to humanity’s well-being.

Above all, if the African Worldview is a circular one whereby the living, the dead and the yet to be born are in mutual relationship, it logically implies that the living influence both the past and the future. Because of this way of thinking, Nyamiti (1995) says that the evil in the next world is anthropocentrically conceived (pp.41-42).

In concluding this section on the understanding of Evil in Africa, we can say that evil is not only vitalistic and dynamic, communal as many scholars hold it, but it is also religious (sacred), and anthropocentric. Evil is a reality in the life of the Abalogoli and HIV and AIDS that has caused ruin among the Abalogoli people is something evil.

Having life or being alive is not a static thing but it is rather a dynamic one. So, the nearer a being comes to or possesses life, the more real it becomes. Life for Nyamiti (1995) is not abstractly conceived; it is not an idea of life, but a concretely lived life, a life lived in a human community and the world of nature and spirits (cf. p.40).

Scholars like Mbiti (1969) and Asare (1987) among many others wrote extensively on death, living dead, ancestors and all that is connected to the first part of the topic: Immortality. Few writers have linked the notion of Immortality to a situation of crises and transition like this era of the spread of HIV and AIDS. We are in an era where millions of orphans are homeless, thousands of breadwinners are reduced to nothingness, elderly parents condemned to baby-sit their grand children who are most often infected by the virus. It is an era of unprecedented spending in health care, a time of abject poverty and death (Chebet, 2001, p.55).

Joinet (1992) argues that what he finds terrible about HIV illness is not only the physical pain involved but also the suspicion that it has brought into married life and the doubts created before marriage (p.185). The study showed that the Abalogoli that were interviewed did not find any objection a relative of theirs marrying from a family with PLWH, provided a HIV test is done. The HIV test however, be it positive or negative, shows a trust before marriage. Getting married alone is no longer the assurance of having a progeny, there should be a progeny whose life is not threatened; HIV and AIDS as it was seen above; is a threat to life. The reality is that many people who are either married or who are engaged need help; they need emotional support to overcome the suspicion and doubts or live with them (Cf. Joinet, 1992, p.185). So, HIV and AIDS have psychosomatic and emotional complications that affect the body and that definitely have an impact on the society as a whole.

Talking about the causes of illness in his study, Du Plooy (Jan 2004) quotes the outcome of a research conducted in a traditional Ciskeian rural area in South Africa by - Tooke (1989) who says that “traditional healers classified illness and misfortune in terms

of their causes as follows: 72% were perceived to be caused by witches and sorcerers; 8% by ancestors and about 7% by “non mystical” factors such as drunkenness and accidents. In an urban area the figures were different; 45% was being attributed to witchcraft or sorcery, 7% to ancestors and 48% to non mystical factors” (Hammond-Tooke, 1989, p.123). The above findings mean that the belief about traditional issues remains more acute in rural areas than in urban areas shows a limitation of this study. “Anything that that threatens the full transmission of life in interpersonal or social relationship must be fought against.” (Magesa, 1997, p.159) The assumption that for the Abalogoli, evil is anything that hinders the harmonious flow of life was valid.

4.8.2 Literature review of Assumption Two

The second assumption stated that HIV and AIDS has been seen as something evil by the Abalogoli because it undermines life. In a study about the Pastoral Care of PLWH, Smith (1988) found that death significantly interrupts the possibility of altering life course one had been pursuing, or accomplishing what was left undone. Those who have led the lives they desired will sense completion as they look forward to death. But those who have not lived as they wished, for example a young couple newly wedded, or adult without children will approach death with a sense of lost because life has not been transmitted. Scholars argue that transmitting the life received by bearing children is an obligation deeply felt by Africans. Even in cases where the woman discloses her HIV-positive status to the husband, Leclerc-Madlala (2000) and Du Plooy (2004) say that there are husbands who are likely to continue to have intercourse with her and to refuse to be tested. Sometimes force is used in the process of bearing children in order to continue the flow of life. Hence, the assumption that HIV and AIDS has been seen as something evil by the Abalogoli because it undermines life was valid.

The study by Leclerc-Madlala (2000) found that there is a common belief among traditional Africans, both men and women, that a man has a right, or even a duty, to force himself on a woman who displays reluctance or shyness. According to her, gender based

violence itself is often seen as a sign of affection and even a way of showing how deeply a man cares. Marital sex is expected of men as part of the deal of the marriage “deal”.

It came out from the study by Joinet (1992) that it was not uncommon that some women who were HIV positive, even after their first child had died of AIDS, desperately tried to have another child, even though they knew the danger of infecting their partner. One may ask why do women desperately try to have a child even though they know the risk for their health? Joinet (1992) believes that such an attitude and behavior is quite understandable; it is “based on the spiritual convictions and beliefs of many African women and of their ethnic groups that the dead are not really dead but go on living as ancestors who can either help or harm the living (cf. p.160). As a working hypothesis, Joinet (1992) says that one of the reasons why these infected mothers want to have children is that they are afraid that if they do not leave children behind when they die, nobody will remember them, speak to them and ask help from them. They will not become ancestors. They will really die. These mothers are ready to take any risk and to expose their partners to precarious situations so as to leave behind them somebody who will remember and allow them to become ancestors. Their attitude is based on a traditional belief that is deeply rooted. It is unconsciously the basis of the protest: ‘do you mean doctor that I will die without having children?’ (cf. Joinet, 1992, p.161).

The assumption that HIV and AIDS has been seen as something evil by the Abalogoli because it undermines life was valid. This was confirmed by Joinet (1992) saying:

“Certainly there are several other motivations which compel HIV-positive women to have children, so as to overcome death through giving life. It is a well-known fact that refugees who have escaped death or have lost some relatives have a high birth rate. But I think that the belief in an afterlife phenomenon as ancestor has an influence on their behavior.” (p.161)

Magesa (1997), quoting Kisembo and his colleagues rightly, says that the proper expression of sexuality resulting in the birth of legitimate children is indeed the

cornerstone of life and happiness in the African community (p.95). One of the major consequences of HIV and AIDS being the fact that life expectancy in is reduced, has made HIV and AIDS be seen as something evil.

4.8.3 Literature Review of Assumption Three

The third assumption stated: there are some traditional rituals in the Abalogoli community regarding burials that are not to be performed on/for those who die of AIDS. Talking about initiation, Magesa (1997) says:

“It does not refer exclusively to induction into physiological maturity, as is often reductionistically thought. It refers inclusively to all those rites that Arnold Gennepe calls “rites of passage,” or which can otherwise be referred to as “moments of crisis” that span the period from birth to death [...] it refers to the process of induction into certain groups and societies, blood-relationship, oaths of secrecy, or commitment to a certain cause.” (p.95)

Death is a rite of passage from this life to the other. Magesa (1997) says that:

“Mortuary rites in Africa show very clearly the belief that out of death comes life, beginning with the prayers said during death and burial. Almost all the prayers begin by sending away the spirit of the death person, by asking it not bring trouble to the living.” p.158)

Magesa (1997) also stresses that mortuary and funerary ceremonies emphasize the two characteristics of the death-event that are “sending away, and the amplification of earthly life” (p.158). As far as HIV and AIDS is concerned, fear and dread has been present. Scholars like Du Plooy (2004) after Van Dyk (2001) points out that in Africa AIDS is generally not seen as a simple illness, but is regarded as a deadly modern and foreign illness (cf. p.36). As a consequence those who die of AIDS have considered to have died a bad death. Talking about bad deaths, Caplan (1985) refers to them as “Peey” (ghosts). Caplan (1985) defines Peey as:

“The ghosts of those who were bad characters or committed crimes in their lifetimes [...] who died untimely or inauspicious death, and so roam the earth in search of humans against whom to vent their anger and frustration at having been denied their full measure of life and happiness.” (p.113)

4.8.4 Literature Review of Assumption Four

The fourth assumption stated: there are some traditional Abalogoli beliefs/practices that contribute to the stigmatization of PLWH. Here the issue was about the cultural knowledge that sustains the stigmatization of PLWH. There were indications that this assumption was supported various authors. In classical Hellenic Greek, the word stigma meant an actual physical mark, cut or burn into the person’s skin, designating the individual’s particular defect. With such a bodily sign, Smith (1988) says that: “the rest of the society could recognize the identity of the disgraced, infamous, or flawed person and avoid contact with such undesirable people” (p.97).

Nowadays, when we speak about stigma, we refer to the ways in which society dealt with undesirable differences. Smith (1988) in his book entitled “AIDS, Living and Dying with Hope”, argues that not only people living with HIV and AIDS are stigmatized but also high risk groups (p.98). Terms such as junkies, druggies, whores, faggots and queers symbolize the stigmatization of each of those so-called socially deviant groups. PLWH do suffer from labeling. Talking about labeling of PLWH, Smith (1988) says:

“Although AIDS is a syndrome of diseases; the acronym has become a new stigma label. Person with AIDS are legitimately afraid that others will learn of their diagnosis, realizing that they will be stigmatized further if such knowledge is communicated” (p.98).

Mbiti (1975) found that among the Akamba people, young girls were taught to be reverential, show respect and responsibility by being involved in decision making in the family (p.155). As Kagoni (1988) put it, courage, respect and truthfulness are virtues for the Abalogoli (cf. p.30). Boys and girls among the Abalogoli were taught to protect the

younger ones, protect wives and children by being always strong and alert. Nobody wanted a drunkard or a murderer as a spouse, so all were taught to nurture and protect life, not to kill for the sake of killing. According to Mbiti (1975), ladies were taught which types of food to eat and which types to avoid during pregnancy; through marriage and child bearing, are able to achieve something of the original immortality.

Scholars have addressed taboo about boys and girls relationships. From most of the authors, it emerged that girls were taught not to say yes to a man very easily: a serious person will hang up. According to Mbiti (1973), young boys and girls would have common activities in public while grown up men/women watch. For Kenyatta (1938), promiscuity was discouraged. Young boys were told not to have many girl friends, because a promiscuous man would not be able to be a stable husband, he may have children outside wedlock, leaving children outside the kinship.

Premarital sex was discouraged, pregnancy before marriage was a very serious matter: a man could be heavily fined. It emerged from the study that an Abalogoli woman could be ostracized or in some places she could be killed in case of adultery. Going further, Jiodio (2004) quoting Katola argues that incest, rape and bestiality (sexual acts with animals) were abominations that were dealt with in a serious manner. Most the African elders argued during the research that sexual misconduct was believed to bring misfortune upon the family of the individuals who committed it and above all on the lineage and the clan at large. The implication of the above situation, as far as morality is concerned was that HIV and AIDS was looked upon like a punishment for sexual misconduct of a relative (cf. Jiodio, 2004). Nevertheless, most ethnic groups could heavily fine the men while almost all ethnic groups would ostracize or even put the woman to death showing a form of stigmatization of women.

Sexual misconduct was believed to make the ancestors angry and attracted the ancestors' wrath. Even when done in the dark and never discovered, the calamities and different misfortunes that affect the whole community were suspected of being as result of

sexual misconduct. Malusu (1978) hinted that there was a close relationship between good life and good morality when he said that a dead person who had lived a bad life has nothing worth imitating because of the way they lived or ended their lives. Such persons are a threat to the social order and thus there is the need to forget them.

Those warnings embody moral rules and accepted norms of conduct of the society that the ancestors lived fully and handed over to those left behind. As Bujo (1988) puts it, those left behind were “taught what must be avoided in order not to endanger life, one’s own life and that of the whole community, living and dead” (p.7). When excessive number of people are dying in a short period of time (as it is with HIV and AIDS) there must be something wrong somewhere.

Chipfakacha (1997), quoted by Du Plooy (Jan 2004), in his study believes that traditional healing offers some advantages compared to scientific medicine:

1-The whole family is involved in the treatment, the focus attention being not only the patient but also the reaction of the family and any close relatives.

2- The healer explain matters to the patient and to his or her relatives and the family and answer their queries.

3- Traditional healers use every day language. During consultation they share the same worldview as their patients and there is a closeness and informality in their approach.

4. The traditional healer reinforces and articulates the cultural values of the community to which the patient belongs. Modern physicians, by contrast, are separated from their patients by class, economic position, specialized education and cultural background (p.41). The four suggestions by Chipfakacha (1997) show that in a healing or curing process, stigmatization of PLWH is possible as families fail to attend to those who have AIDS related sicknesses. This proved that the fourth assumption of this thesis: there are some traditional Abalogli beliefs/practices that contribute to the stigmatization of PLWH was valid.

4.8.4 Literature Review of Assumption Five

The fifth assumption stated: stigmatization of PLWH goes beyond the grave. This assumption came out to be fully confirmed by the literature. Ackerman quoted by Phiri, I. A., and Sonojini (2006) argues that stigma is experience at three levels: 1- The societal level where laws, rules, policies and administrative procedures have consequences of HIV and AIDS-related stigmatization. 2- The individual level where PLWH withdraw into silence in order to protect themselves from their extended family, friends and faith community. 3- Stigma is internalized; here, the person blames oneself and become self-destructive (p.229).

In the African world view, the world of the living affects the ancestral world and the ancestral world affects the present world. Morality permeated the two worlds. Morality is about good life, prosperous life or life in peace; suffering is perceived as a consequence for sin, for breaking of taboos. In that sense, any hardship, any danger or sufferings of individuals or groups are to be seen as punishment for unethical behavior (Ikpe, 2005, p.79). Misfortunes are warnings that show that people ought to examine their moral behavior more closely. What have I/we done? Whom have I/we/they wronged? Who is against me/us/them? The above questions are inquiries that aim at removing for the society all source of evil. Stigmatization of PLWH is somehow rooted in the depth of people in an intricate manner. For Ackerman (2006), “culture and societal understanding, family attitudes and personal experience of shame and guilt are deeply observed, hindering life-giving responses to stigma” (pp.221-242). Another scholar, Parker (2002) writes:

“Perhaps the greatest tragedy of all is that HIV and AIDS related stigmatization causes much of the energy that could be useful to prevent infection to be displaced. People are victimized, social division are reinforced and reproduced, and new infections continue to take place so long as people continue to systematically misunderstand the nature of the epidemic and its causes” (p.22).

4.9 Literature Review of the Scope and Limitations

This thesis studies the socio-anthropological and eschatological dimensions of the human person, among the Abalogoli of Kenya, in the context of HIV and AIDS. The researcher does not claim to have exhausted the whole understanding about death in the Abalogoli community.

4.9.1 Vihiga District

Writers like Monekosso (1994) and Dowden (2009) share their ideas and thoughts about HIV and AIDS, Smith (1988), Shorter (1998) and NASCOP (2005) studied the impact of HIV and AIDS in the lives of people both in rural and urban areas. This study put an emphasis on the afterlife of the PLWH; this was made possible by looking at the attitudes, beliefs and saying of the Abalogoli of Vihiga District. One particular limitation to this work was spatial; in the sense that the researcher concentrated only on Abalogoli. The sample and data collection gives the whole picture of the relevant population for this study was however relevant for this study.

4.9.2 African Traditional Understanding of Life After Death

Less attention was given to religious factors Christian and Muslim's understanding but rather to the African Traditional understanding of death and after death. So, the study was mostly interested about the Abalogoli traditional realities in regard to life after death. This study quoted writers like Dowden (2009), Chirongoma (2006) who gave an African approach to the reality lived by PLWH and those who are affected by HIV and AIDS. Immortality came out to be a reward for a good moral. Excluding evil doers from the community and from the ancestral life appeared to be a way of dealing and coping with the un-known brought about by HIV and AIDS.

4.9.3 People Living With HIV and AIDS (PLWH)

Writers have written people infected and affected by HIV and AIDS; most writing about PLWH as victims. This study looks positively at PLWH and gives them an opportunity to talk about their life and their hopes. Most writings about PLWH portrait

them as victims; few writers looked at them as care receivers in this life and in the life-after (WCC, 2004). PLWH were considered in this study; though they are a minority, their participation in the study is a breakthrough in the sense that by the time the study was conducted (March- April 2007), few people were ready to reveal their status (as to fill in the questionnaires and be part of the group discussions).

In this study, majority of respondents were those directly or indirectly affected by HIV and AIDS. Among the professionals there were: medical doctors, nurses, VCT counselors, traditional doctors, religious leaders and teachers all from the Abalogoli of Vihiga District. Hence this research went further than that the one by Du Plooy (2004) who interviewed only five persons, health workers of Soshangwe, give recommendations in order to make some adjustments to the HIV and AIDS programs in which they were involved. (cf. p.45).

4.9.4 Marital Status

Quoting UNAIDS (August 2004), Chirongoma (2006) argues that statistics reveal that a woman who gets married doubles her risk of infection the day she marries because she loses the cultural and religious right to protection because she now needs to conceive (p.182). For Africans, marriage goes after death; in this study, marital status was viewed as an important matter in people's life; so, informants were expected to be either: married (polygamous or monogamous), single or widowed. Chirongoma (2006) argues that married women are more likely to become infected as men dominate when it comes to sexual matters. Thus, even if a husband is unfaithful, wives are powerless to negotiate for safer sex (p.182). HIV and AIDS has challenged the marriage institution.

HIV and AIDS has brought fear of the sickness, suspicion between the spouses make division possible in this life and in the afterlife. One scope of this study is that it has looked at the issue of HIV and AIDS in Abalogoli families in general; the issue of discordant couples was not considered in the work even though at least two nurses came up with the issue.

4.10 Critique and Summary

In the literature review the researcher determined the studies that have been done in order to avoid duplicating. Books, reviews, articles and electronic databases were considered. This section also enabled the researcher to identify research strategies and instruments that have been found effective in investigating them, thus avoiding mistakes made by other.

The literature that was reviewed had many limitations in that most of the studies were done in urban settings. Studies about traditional beliefs in relation to HIV and AIDS were done mostly in South Africa and in West Africa urban setting. For example, the aim of the study of Du Plooy (2004) was meant to show how traditional African values manifest in a present-day, urban South African setting and whether these values could have an impact on HIV and AIDS prevention programs. Mentalities in urban settings are usually watered down as far as African traditional belief is concerned. This study was done in a rural setting among the Abalogoli, the researcher was able to have first hand responses of the elders.

The present literature review shows that little has been done on the Personal in the Context of HIV and AIDS in Africa. This study did it and applied to the Abalogoli of Vihiga District, Kenya. Scholars have written about personal immortality in the world religions, few did in the African religion and in the Context of HIV and AIDS in Africa.

Chapter Five

Discussion

5.0 Introduction

This chapter makes a synthesis of all the materials of the research. It discusses data and information for further study and challenges of the topic of focus. It explores the questions raised during the research. It lists flaws and omissions in the research design. It gives some conclusions drawn from the research and suggests recommendations about immortality in the context of HIV and AIDS.

This chapter considers the extent to which the data collection techniques were relevant in addressing the issues posed by the study. There is a discussion and interpretation of the results of the study in order to grasp the implications of the study for stigma management.

A total of two hundred and thirty two (232) respondents participated in this study: one hundred and twelve (112) males and one hundred and twenty (120) females. They were married, divorced, separated and single; some of them were people living with HIV and AIDS (PLWH). More attention was given to African traditional religious factors than to the Christians and Muslim ones because the researcher was mostly interested in the cultural factors around immortality in the context of HIV and AIDS.

5.1 Discussion of the Thesis Topic

I had the presumption among the Abalogoli there was a shift in the understanding of immortality in the context of HIV and AIDS. Research and literature affirmed that presumption. In fact, the Abalogoli believe that PLWH and those who have died of AIDS immoral; and due to their immorality they were associated with evil and did not qualify for immortality just as thieves, murderers, childless people. As far as the Abalogoli are concerned, naming a child after somebody who died of AIDS and who was known by the community was impossible.

Writers like Hick (1966), Asare (1987) and Mbiti (1969) say that among Africans, there is the belief that physical death is not the end of life. Unlike Christianity that understands the afterlife as life in paradise in terms of contemplating God's splendor, the immortality has to do with both the ancestral life and the present life. According to Mbiti (1969), "(personal) immortality is externalized in the physical continuation of the individual through procreation, so that the children bear the traits of their parents or progenitors" (p.163).

Informants make statement like: "If somebody dies of AIDS, that person cannot become an ancestor" (App. A, no.36), "Evil is not tolerated, that is why by all means it must be removed even if it means ostracizing all those who are associated with that evil" (App. A, no.38). Mbiti (1969) goes further when he comes out with some reason why remembering the departed is important: "procreation is absolute way of ensuring that a person is not cut off from immortality". Data showed that the immoral behavior was considered a disqualifying factor on to becoming an ancestor and enjoying immortality. Though science and awareness have shown that HIV could be acquired even if one is not immoral, the situation among the Abalogoli was that HIV and AIDS was still perceived as an evil.

Research and literature concur that that immoral behavior are punishable by the ancestors, that immoral behavior could disqualify people from ancestral life. Some punishments were: not to name people after those who died of AIDS, and rejection of the orphans. I was surprised to see that rejection was not explicit, for the informant said they would not mind taking in their relatives orphaned by AIDS, but homes for orphans in rural Vihiga pointed to the fact that there were Abalogoli orphans who have not been accepted in their larger families.

The reality is that right from the beginning, PLWH and those who have died of AIDS were considered immoral. My conviction is that in the name of justice and fairness towards those who died of AIDS the abalogoli evaluate the cultural content of immortality

and the new content immortality conveys in the context of HIV and AIDS. I believe that the new discoveries about HIV and AIDS give new starting point of looking at PLWH as patient who need medical attendance.

5.2. Discussion on the Problem Statement

Going to the field, I wondered how HIV and AIDS was still perceived as evil, PLWH and those who died of AIDS were still considered evil though there was the realization and awareness that HIV and AIDS could be contracted by ways that were neither evil nor immoral.

From research and literature it came out that HIV and AIDS was still perceived as evil. So the problem of a breakage in the link between immortality and the understanding of morality/immorality among the Abalogoli was addressed. Informants and writers argue the fact that there is a new demand compelling the Abalogoli to reconsider their views about the possibility of immortality for PLWH and those who have died of AIDS, creating a choice between the cultural understanding of immortality, immorality, morality in connection with HIV and AIDS and the new understanding of HIV and AIDS.

I observe that, the Abalogoli focus on the effect of new realities on the community. From this perspective, the main problem is that “AIDS destroys peace and harmony in the community” (App. A, no.8). Most respondents emphasized that the great numbers of deaths due to HIV and AIDS has disrupted the community practices. As a result, HIV and AIDS is enemy of life; and PLWH are immoral. My impression is that the HIV pandemic has influenced the Abalogoli values, culture, beliefs and socio-economic fabric.

Informants in the questionnaires agree that some traditional rituals were not performed or were avoided about those who died of AIDS, families; especially close relatives were still open to name their children after those who died of AIDS. Scholars like Moore and Hogg (2004) came out with the powerful idea that changes that happen in a community do not always depend on the cultural background. Moore and Hogg (2004) found that decline of HIV prevalence in Uganda did not depend of the

geographical/cultural background, in fact their Kenyan counterparts who were sharing the same border and the same culture did not have the same experience.

In line with writers like Moore and Hogg (2004) I believe that stigma do play a great role in the HIV prevalence. In fact Participant observation and further interviews confirmed that the PLWH were still experiencing stigma. Naming a child after someone who died of AIDS was a great issue in private interviews. What appeared here was an internal fight within the Abalogoli, a fight between their knowledge of the HIV and AIDS pandemic and their cultural beliefs.

These findings pointed to the fact that there was a change in the understanding and belief/practice of immortality especially when the person who died of AIDS was a close relative of those who are giving a name to the child. That was a readiness to accommodate those who have passed on because of HIV and AIDS which was contracted with no fault of their own. With the realization and awareness that HIV and AIDS could be contracted by ways that are neither evil nor immoral, this study will challenge the Abalogoli and make them realize that PLWH and those who died of AIDS be considered patient rather evil-doers.

5.3 Discussion on the Hypothesis of the Thesis

The hypothesis of this study was: the Abalogoli perceive HIV and AIDS as something totally evil that those who are infected can no longer qualify for ancestral life. In other words, there is a significant relationship between the Abalogoli people's perception of HIV and AIDS as something evil and the disqualification from ancestral life.

Needless to say that HIV and AIDS has had a devastating impact in the African countries. Writers like Dowden (2009) writes: the "countries' usually pyramid-shaped populations are being hollowed out at the middle and bottom as the young and middle age die off and fewer children are born" (p.326). The research has made clear that HIV and AIDS have brought changes in the life of people; the life-giving sexual relationship has become a "death-giving act" with the new reality of HIV and AIDS.

Both informants and writers emphasize that people have become hopeless in front of the reality brought about by HIV and AIDS. Data points to the fact that the dying and the sufferings of many have brought to the front the question of afterlife. How to stop or prevent the dying from entering ancestral life? How to block the evil (AIDS) from coming back into the family and the clan?

I found from both the research and the literature that HIV and AIDS is evil and PLWH are considered evil. In fact, I got from the research that 85.2% of Elders (46) and 85.2% of the Youth (54) agree to the fact that HIV and AIDS is a bad sickness because it has no cure. This particular finding revealed to me that there was no relationship between age and perception of HIV and AIDS evil. Across age, the Abalogoli are consistent that HIV and AIDS is evil.

My presumption was that: there is a significant relationship between the perception of HIV and AIDS as something evil and the disqualification from ancestral life. I intended to test my hypothesis according to the independent variables: age, gender, marital status, and occupation. I realized that apart from the issue of revealing one's status to a spouse, widow guardianship and the issue of being ashamed for getting infected but HIV, the independent variables did not have much impact. Informants without distinction gave me the same impression that anything and anybody who is infected by HIV, or those who died of AIDS and even those who are infected are evil and should be feared. Fear was very visible in the responses of the people, PLWH, even those who live positively fear to be forgotten.

Writers like Mbiti (1973) and Wiessel (1995) concur with the informants on the urge of Africans to be remembered. In fact, it appeared to me that the fear of being forgotten is manifested in the struggle to beget children even though they have the knowledge of the risks of possible infection and re-infection. Hence, unless the African culture is taken into consideration, the response to HIV and AIDS will bear little fruits; this means that the spectrum of death, poverty and suffering brought about by HIV and

AIDS is continuing. The Abalogoli are more and more conscious that HIV and AIDS threaten their community. The attitude of excluding those who have died of AIDS from ancestral life is not a deliberate discrimination against PLWH but somehow a way of deep longing for life. A life received and transmitted to the next generation; a way of contributing to the continuation of life and the perpetuation of the Abalogoli community.

I believe the material from this study challenges the Abalogoli is to borrow from their cultural inheritance the strength to go forward; they should know that their fear of death, their fear of the virus is to be transformed into care-giving for the sick. For by doing good to their sick ones, they will be calling down upon themselves blessings from the ancestors. The Abalogoli should continue taking care of their community members using their traditional value of holistic health provision.

5.4 The Significance of the Thesis

This section is a discussion on the reasons why the researcher considers this thesis to be important.

5.4.1 Sayings about HIV and AIDS

Much has been written about HIV and AIDS in Africa; the experience people have had about HIV and AIDS has been negative. For example, Whiteside quoted by Dowden (2009) called HIV and AIDS the “long wave” for it spreads though decades. some call it “a spiral of death”, other call it “slim” or the “radio disease” because people hear of it from the radio and people die of opportunistic diseases and not of AIDS.

With the different sayings about HIV and AIDS, both from literature and informants, I came to the realization that the knowledge about HIV and AIDS has not been well understood by people. I found many who look at HIV and AIDS as a curse, as a punishment for breaking taboos. In spite the above, I believe that education can reverse the situation. Stanley (2000) is radical in his stand when he advocates a total change of minds and habits. I believe that this study invites the Abalogoli to use the traditional channel of education to instill the knowledge: folk tale, initiation instructions, and pre-marital advice.

In today's situation, education is still relevant and applicable especially in homes for orphans. With the advent of HIV and AIDS, there are a lot of orphans who do not know their culture. So, through cultural activities like acting, traditional dances, plays, riddle competitions, the orphans could be introduced to their cultural heritage and values. Unless that cultural nurturing is done, there will be a generation of adults who grow without any traditional cultural background. The knowledge of a problem is very important for the sake of getting a good response.

Another importance of the thesis is that the data proves that without taking into account the Abalogoli mindset, self help groups and/or NGOs will find it difficult to help PLWH among the Abalogoli. I came to the realization that in Vihiga district, self help groups have contextualized poverty alleviation programs, in empowering people and improving the living standard, imparting PLWH with skills so that they may care for themselves. More groups could help in this area; it should be the concern of all those who are in authority: traditional, religious, governmental as well as non-governmental ones.

5.4.2 Nature of Evil

This study is important for it articulates the mechanism that made HIV and AIDS to be seen as something morally evil and brings awareness to the Abalogoli that HIV and AIDS is a sickness but not the epitome of evil. This study shows that the Abalogoli's notion of evil is broad. Evil is an action, bad eye, suffering, sickness and a bad person. The Abalogoli like most African communities do not separate the sin from the sinner. Thus, HIV and AIDS is not just a sickness, but also the PLWH is the sinner and even he or she is sin.

Much has been written about evil especially sexual evil. According to writers like Crewe (1992), Van der Hoeven (1992) some African cultural practices have a consequence in the spread of HIV and AIDS with tremendous repercussions in the African society. I came across health services with more than 50% of hospital beds are occupied by people suffering from AIDS-related complications. Even if scholars like Dowden

(2009) give some selfless and successful study of women responding to HIV and AIDS, I was particularly struck when I found some patient with no relative to watch over them. I saw suffering, death and evil added to the immense strain on limited medical facilities. I strongly believe that suffering, death and evil will be overcome only when building on cultural values of care and life for the weak relatives.

5.4.3 Reasons Why PLWH are more likely to be Considered Evil

Various informants and writers like Stanley (2000) concur that there are states or ways of life considered evil: commercial sex work, homosexuality and extreme sadness. I came to the realization that tampering with a ritual is found to be a way of preventing someone from qualifying for ancestral life. Informants told me that some traditional rituals and practices had been tampered with as far as people who died of AIDS were concerned. The rituals and practices that were tampered with are: the handling of the corpses with fear, the vigil around the corpse, the reluctance to name one's child after those who die of AIDS, the issue of widow guardianship and the slaughtering of cows. In fact, few cows or bulls are slaughtered due to poverty and to the fact that less people attend funeral when there was a suspicion that somebody died of AIDS.

This study is a challenge to the Government and to the NGOs which open children's homes and put up programmes that cater for children orphaned by AIDS. It also challenges the Abalogoli in that they cannot cater for their orphans, especially the children orphaned by AIDS. The challenge to the Government and NGOs is whether they are doing a favor to people by confronting their concept of evil, or rather are they confirming their concept of evil by taking away children orphaned by AIDS.

My challenge to the Abalogoli is to know whether they are comfortable when Government and NGOs come in and care for their orphans, especially children orphaned by AIDS. In this study, I challenge not only the practices of people but also their concepts hence advocating for a behavior change. I hope that using the material of this study, the

Abalogoli will reconsider their concept and understanding of evil especially with regard to their definition of HIV and AIDS, the labels tied to HIV and AIDS.

5.4.3.1 Immortality, Morality and Immorality: the Link

5.4.3.1.1 Morality and Immorality

In this study, it came out that the Abalogoli's understanding of morality and immorality was very narrow. The views of the informants concurred with Girmay (2005) who pointed out that "when people speak of moral behavior or moral misconduct they automatically associated it with sex and sexual behavior, this reflects that sexual life is very important in community life" (p.8). This narrow view of morality and immorality resulted in that the community peace and harmony was guaranteed mostly through taboos and the fear instilled in people about breaking taboos. Because HIV and AIDS was associated with sexual immorality, people who strive to avoid sexual offences tended to distance themselves from PLWH, with an attitude of rejection.

Writers like Nyamiti (1987), Du Plooy (2004) and Girmay (2005) represent morality and immorality as "fear driven". For morality and immorality to be driven by fear means that there are some inner dynamics that guarantee morality: the reward from God, the ancestors and the spirits that guarantee the respect of the cultural beliefs. Two things are very clear to me: that immortality, morality and immorality are linked and that life here on earth is governed by moral norms.

I agree with the Abalogoli that life here and hereafter is guided by morality and that immoral acts or immoral behaviors can be punished by God, ancestors, or the spirits. However, I think that the Abalogoli by using this material will not cut off from the community or from the family here in this life and disqualify from immortality the people who died of AIDS.

5.4.3.1.2 Bad and Good Persons

As far as immortality is concerned the Abalogoli believe that some characteristics of the deceased can be transmitted to person who bears his/her name. So, the Abalogoli

believe that when people die, their names or some important aspects of their personality become part of the person who is named after them. That is why the abalogoli are very keen in screening the lives of the person they want to name their children after them. The name of a good person can be given to a child; this belief crosses the whole the Abalogoli community. One nurse said: “I cannot name my child after somebody who is a notorious evil doer” (App. Ano.13)

During the fieldwork it appeared to me that a good number of PLWH have adopted a “let it go attitude”; they had given up on life. One of the reasons for that attitude was the low self-esteem. Girmay (2005) come out with another reason that is not always obvious: fear. Fear coupled with low self esteem is source of destruction and a recipe of failure for any genuine response to HIV and AIDS. I strongly believe that it is important to inspire confidence in the PLWH and their relatives so that they may know that there is a future. It would help those who are infected by HIV to come up and reveal their status. It will reduce hiding because they would know that the society accepts them. Self-esteem will help PLWH understand that they have a grave moral responsibility not to expose others to the virus. This study is an invitation to the Abalogoli to fully involve PLWH in their care; this involvement is important both for their well being and for their relatives that are caring for them.

All people are to be encouraged to respect the dignity of others, in their personal feelings and interactions with others and the society. Counselors could bring a great help to the people of the area under study. And also many programs of self awareness should be conducted to help the people accept their situations. This study is significant for peer education in the aspect of behavior change programs or life choice programs. The study found that behavior change or life choice programs can be of great help because they allow people to talk openly about the sex matters; sex relations being the most common means of getting HIV.

This study is important because it has highlighted the new information about HIV and AIDS and how HIV could be acquired through no immoral ways. I hope that this study will help the Abalogoli change their concept of immorality, increase their knowledge about the sources of HIV and AIDS and become more humane, merciful, compassionate and so incorporate PLWH in their belief of immortality.

5.4.4 Cultural Dynamism

“People are concerned with the well being of the family, people do what they do to avoid all the curses, not upon themselves but upon the community” Girmay (2005, p.14).

The study is important for doctors and counselors in the sense that they have to seriously take people’s beliefs into account. The study has shown that scientific medicine cannot prove or disapprove whether people become ancestors if they have grandchildren. The fact is that many African couples would still want another child even when they are HIV positive. I came across nurses complaining that many Abalogoli couples rarely considered the medical advices during Prevention of Mother to Child Transmission (PMTCT) on the ground that they feel well (meaning they are not bedridden). As a consequence there is among the Abalogoli who are HIV-positives, the tendency to forget about PMTCT-instructions and do not foresee risk for their lives and the lives who the children to be born. This seemingly careless attitude reveals something about the beliefs of PLWH; they want to out-live the pandemic through their children.

It struck me that even for the Professionals, having children in spite of the advice from the Voluntary Counseling and Testing (VCT) was very common. I interpret this to mean that knowledge about HIV and AIDS and VCT were not effective among the Abalogoli on cultural basis. Scholars like Burkholder et al (1990) bring also social reasons to the failure of HIV prevention: people distance themselves from the sick members of a group that perceive themselves to be at lower risk.

This study has significance in the field of health care services, in the sense that it advocates that all medicines and medical discoveries should take into consideration the

culture of the beneficiaries, and borrow from their cultural values too. Traditional medicine and modern medication should be explored in the response to HIV and AIDS. Traditional healing methods could help substantiate the modern methods of counseling and medication for the benefit of PLWH. Though the Anti Retroviral Treatments (ARTs) are free in public hospitals it is funded by donors; thus its sustainability could be threatened in the long term. Structures that assure continuation of the services after the donors funding is over, should be put in place and involve the beneficiaries. This involvement of the beneficiaries will be effective only if their culture and their beliefs are taken into account.

Writers like Mbiti (1969), Badham (1987) point to the fact that those who have died do have their own existence that is independent from them being remembered or not. Such thinking gives room for immortality for people who died of AIDS. Anthropologically, this information about HIV and AIDS is a call to help in the human development of the individual to become tolerant and accepting of PLWH. With this study I wish not only to influence the concept of immortality of the Abalogoli but also a challenge to other such like-minded groups such as the Abalogoli.

5.4.5 Pre-Requisites of Policy Making

This study hopes to be useful to governments, NGOs and faith based organizations in drawing policies for responding to HIV and AIDS pandemic.

Before implementing any program that is a government's response to HIV and AIDS, knowing the recipients is important. I agree with Girmay (2005) that: anything that disturbs or disrupts the community is eliminated. According to me, Governments, Faith Based Organizations (FBOs) and NGOs ought to know the beliefs of the populations and consult the traditional authorities before reaching the populations through common channels like media, Barazas and/or posters. The study is important because it suggest consultation in contemporary decision-making: let the beneficiaries be consulted in what is good for them. Hence, families and community elders are to be involved at all the stages

of the projects and programs. I hope that his be done in fostering: Prevention mother to child transmission (PMTCT), Voluntary Testing and Counseling (VCT), Anti-retroviral treatments programs.

In field of moral theology and pastoral theology and religious, this study gives significant information to the pastoral and moral ministers to have a proper understanding about PLWH in a special way those pastoral ministers working with and for the Abalogoli. Using the three categories of Nyamiti (1995) I confidently argue that the macro-cosmic dimension of sickness (sickness as a result of a breakage of a taboo and punishment by the ancestors or the spirits) and the micro-cosmic dimension of the sickness (sickness as a result of a germ) should be taken into account. HIV and AIDS is a sickness just as STIs are. Nevertheless, it is always important, as Mullen (1995) say, to be aware that individuals be opened and slowly integrate new medical expertise; people should not always find a responsible for their sickness: “some believe that their cancer and AIDS is caused by another person who has bewitched them”.

The study is important because it give importance to the community and to its leaders. A good and stable leadership creates conscious awareness among the people, which boost individual morality and consequently builds up the human sense of justice and peace. This study is important to moral and pastoral leaders because it hopes to help such ministers to be open to PLWH, to help people who have misguided concept about PLWH to challenge their wrong understanding and to create an atmosphere of welcome and ultimate accept immortality for the people entrusted to their care.

5.5 Research Questions

This section discusses the five research questions that guided the study.

5.5.1 Immortality, Morality and Immorality from the Abalogoli's Perspective

The first research question was what: “what is the Abalogoli's understanding of immortality, morality and immorality? I was surprised to see the disjointedness between knowing what immorality was and the actual behavior of the informants. In fact I found

during the interviews that the Abalogoli tend to reduce immorality to sexual misconduct that results in STIs, HIV and AIDS. The literature on it part linked immorality to death. Nyamiti (1988) talk of the cycle of life from birth to death as guided by morality/immorality, Asare (1987) brings in the idea that sexuality is an antidote of human extinction. Both research and literature agree on the continuation of life passes though sex, but I found though the Abalogoli, especially the youth were already engaging in sexual activities with more than one sexual partner.

Morality and immorality in literature came out to be associated with naming. Writers like Mbiti (1969), Ray (1976), Nyamiti (1988) emphasize the relationship between naming and morality. In the same like with Malusu (1978), I found among the Abalogoli there was the belief that children could acquire the character of an ancestor or any other person after whom they are named (Jiodio, 2004), for the Abalogoli the character is intrinsically related to the moral values of the person.

As far as marriage is concerned, I was faced with a paradox; I found that even though young abalogoli have engaged in sexual activities, the community still expected their male children to get married to girls who have not engaged in pre-marital sex (immorality). What I understood is that for the Abalogoli, lack of virginity is the cause of early birth and early divorce (cf. App. A, no.2), however in practice, girls do engage in sexual relationship. As a result, I believe that the seriousness of the immoral act is gender bounded. I found from the informants that sexual education is mostly provided by the school and the media; the role of parents came out to be minimal. Sexual education in not always very adequate, Botchway (2004) says: in an African context sex education was limited to menstruation, growth of breast and other signs of maturity, only during initiation was explicit reference mentioned. Because modernity has tempered with initiation ritual among the Abalogoli, I tend to believe that lack of proper knowledge about sex education is hindrance to proper response to HIV and AIDS.

Something that struck me is that for men, sexual experiences before marriage is an occasion to prove their manhood, but also the reality is that engaging in multiple sexual relationships opens the door to STIs, HIV and AIDS and it shows also that youth do not care; as long as nobody knows, they believe they can keep on. I believe that any response of HIV and AIDS among the Abalogoli must go through addressing first their understanding of immorality.

5.5.1.1 Implication of Immorality

From the field I found that punishment of immorality was gender bound. Majority of the informant agree that an unfaithful woman more severely punish than an unfaithful man. This finding concurs with what Jiodio (2004) already found: barren and unmarried are considered immoral, especially when they are female. I also found that immortality is intrinsically linked to immorality; the link was that immortality is a reward for a morally upright life. Hence, punishment of immoral acts happens both in this life and in the ancestral life. Literature agrees with the interviews when it says: a name confers a personality (Jiodio, 2004), names have moral implication (Mbiti (1969), Nyamiti (1988).

I tend to believe that unlike in the Christian and other monotheistic religions where punishment happens after death, Africans believe immoral acts are punished already in this life. Drought, death of cattle, floods, and sickness are seen as a consequence of the taboo breaking. Whereas good harvest, healthy children, wealthy people, harmony in the community are signs of moral up righteousness. In literature, I found the names convey moral messages: petitions and circumstance of birth (cf. Jiodio, 2004).

In the discussion, I found some un-answered questions that bother the Abalogoli, especially as far as the implication of immorality are concerned: what have I done wrong? Who is against me? How did bad luck come to my house? Those questions brought to my mind the understanding of problems and sickness in the African context. In literature, I found Van Dyk (2001) and Du Plooy (2004) who tackle the issue of sickness in an African perspective; what I understand for the Abalogoli is that immorality is something caused by

an evil person or caused by somebody who indulges in evil. This vision of evil is obviously what is applied when it comes to the HIV and AIDS pandemic.

5.5.2 Abalogoli's Understanding of Evil

A Zimbabwean traditional healer once said: "AIDS is clever, it does not kill people, it hires others to do that for it" (Dowden, 2009, p.323).

5.5.2.1 What is Evil

The second research question is: what is the understanding of evil according to Abalogoli? Both the data and literature argue that evil came as a result of the disruption of the community. This means that evil is that which is detrimental to the community. Nyamiti (1995) argues that life is the highest form of reality (p.40); hence absence of life is evil. Other scholars even go further, Mbiti (1969) and Bujo (1998) write about the communal and cosmic dimension of evil. Nyamiti (1995) insists on moral evil: it has sacrilegious aspect and often demands purification through rituals.

I was surprised that the informants and the literature agree on the fact that evil has originated and still increases because of women. "Up to now evil has increased because of the sin caused by a woman" (App. A, no.19). Women as the cause of evil goes in line with the response that attributed evil to human being: people according to the majority of the informants are the cause of evil.

From the informants, I found that not only the actions of a person are evil, but the person is also evil. In fact the Abalogoli do not dissociate the person from his or her actions. To be evil is to do evil acts; this joins the biblical saying that "a good tree is recognized by its fruits" (Lk 6: 44). But unlike Christianity that does not equate the sin with the sinner the Abalogoli conception does not make the difference. A bad person will according to the data always be bad, there is a certain consistency in actions and being. Talking about human beings, Nyamiti (1995) says that they are the chief source of evil (p.70); this actually means that humanity is the center and the subject of the world.

In this study, both discussions and literature agree that during the early spread of the HIV and AIDS, the big number of people who died of AIDS left people desperate. For example Monekosso (1994) and Dowden (2009) write about the optimistic diseases that have left many young people lifeless so much that in many homesteads only elderly people and very young children were found. The Abalogoli have not been spare the pain of the lost of loved ones. I witnessed many experience of helplessness among the Abalogoli that I attribute not to the number of people who died of AIDS, but rather to the Abalogoli perception of HIV and AIDS as evil and those who were infected looked on as evil. It is my hope that this study will challenge the Abalogoli to look at HIV and AIDS as a sickness.

5.5.2.2 Consequence of Evil

I found from the informants that evil has a lot of consequences both on human being and on nature. Effect can be both physical and intellectual, spiritual. Literature agrees with that finding. According to Nyamiti (1995) evil affects not only the individual, but also the community, the world of the spirit and even nature in general. One of the good things is that the consequences of evil are not irreversible. I found for example that some kinds of people were forbidden to come closer to evil people: babies and pregnant women. As a consequence people were not expected to carry or touch the corpse of those who died but were considered evil.

Rituals are used to cast out evil or at least minimize its effects. For example, I found the okuswakira, a ritual for health meant to handle a sickness characterized by an extreme thinness. Services of stranger to prepare a corpse for burial signified already the will not to come in contact with evil (the wrong the deceased did). The rituals performed over a bad person are meant to prevent evil and evil people continuing their evil deeds in the ancestral world. I also found some rituals preformed on the body of evil people to make sure that they do not enter ancestral life or acquire immortality. Piercing of the buttocks or piercing of the genital parts, the throwing away of a goat slaughtered, not

naming a child after an evil person were ways of discouraging evil; those were ways of making sure evil consequences do not befall those who have remained attached to the taboos. Most of the Abalogoli Elders told me that evil is a consequence of mingling with evil people and/or eating with those who have broken taboos.

Except from Jiodio (2004), I found no literature dealing with evil as a consequence of relating with evil people. My conviction is that for the Abalogoli evil remains evil even when it is done unconsciously. I found a particular woman who was convinced that people who have unknowingly welcomed in their house a person who committed great evil (like murder) became evil. My point of view about this is that unless the Abalogoli purifies their understanding of evil, new challenges coming to them will always threaten the fabric of their community.

5.5.3 Perception about HIV and AIDS

“I always thought the virus was in other people, till I came to know that my uncle was infected” (App. A, no.37).

The third research question asked: “what is the view of Abalogoli about HIV and AIDS?”

5.5.3.1 On HIV and AIDS

The findings showed that all the participants in the study were aware of the existence of HIV and AIDS. It struck me that most people knew it as a sickness and all have witnessed a neighbor, a friend or a relative who was infected and who is now dead. Literature abounds on the issue of death and dying as a consequence of the HIV and AIDS pandemic. I found writers like Levinson and O’connell (1991), O’dell (1992) and Chiwala (2004) who wrote about pathological life removing complication of AIDS. I can say that nobody has been spared, either a relative, a friend, a neighbor has been infected: “HIV and AIDS has affected everybody in this District” (app. A, no.17).

It is true that many people have died of AIDS. Chiwala (2004) insist that being a medical practitioner is not automatically translated in having a mature understanding of

evil. This particular finding from literature was confirmed by the interviews when I found that the length of the sickness and the multiple complications and related opportunistic sickness increased the dread of HIV and AIDS among all the Abalogoli without any distinction. Some respondents knew a sickness characterized by extreme thinness, (people growing thin till death), that sickness was handle by a curative ritual called okuswakira; (App. A, no.13). Some informant equated AIDS to the traditional sickness of thin people (App. A, no.1).

I totally agree with Monekosso (1994) that different theories about the origin of the virus did not make things easier. For example from the field I found that some reasons upheld by some respondents are that HIV and AIDS is a sickness of the “wazungu” (white people) or a foreign sickness. According to me the above puts the blame on somebody else and has made most Africans feel less guilty when they are infected. One social worker said that according to the government, black polythene bag were meant to isolate the corpse and prevent eventual contamination. This attitude revealed also the ignorance of the public authorities of that time. One informant made the point that traditionally, the Maragoli used to bury their departed covered within fresh animal skin; skin of a white bull for the male and skin of a white cow for the women (cf. App. A, no.34 and 36). My point of view is that any response to HIV and AIDS to be successful must take into account the traditional belief of the recipients.

I think that Government of Kenya with the good will of limiting infection through body fluid used black polythene black that have a negative meaning for the Abalogoli. In fact, for the Abalogoli, white color means peace; and in the case of the deceased it means smoothness in entering the ancestral world. Black color on the contrary would signify the world of the evil spirit. So, the association was unconsciously made between the black color of the polythene bags and the sending of the deceased to the world of evil. Hence, the cause of the death, HIV and AIDS, was something evil.

The washing and preparation of corpse being done by outsiders from the mortuary was a way of excluding the close relatives who were traditionally expected to wash the corpse. The implication as it came out from the field is that those who died of AIDS were considered an abomination (cf. App. A, no.8 and 27).

I found to my dismay that in spite of all the campaign around HIV and AIDS, the informants had an average knowledge about HIV and AIDS, how it is contracted, how it is prevented and what are the symptoms. I was tempted to put the lack of knowledge on the account of lack of education. But, to my dismay I found that the professionals' views on HIV and AIDS did not differ from the Elders'. Most of the informants did not properly know about the new discoveries about HIV and AIDS. Prevention mother to child transmission (PMTCT), the use of ARTs was mostly known by the Professionals and few youth. Most got their knowledge through the media, their sharing among friends and their experience of a relative who passed away.

Most of the informants perceived HIV and AIDS as a bad sickness. King (1983) and Plooy (2004) that many people have limited knowledge about HIV and AIDS. I believe that experience with people developing AIDS related sickness is usually painful; the image people have about HIV and AIDS therefore becomes negative: "it is a curse", "it is a consequence of witchcraft", and it is a punishment of sexual misbehavior" are some expressions about it. It requires lifelong care and treatment and causes: multiple sicknesses, painful death, financial strain on the family economy, poverty, etc. I believe that by using the material of this study the Abalogoli will be encourage upgrading their knowledge about the new discoveries about HIV AND AIDS, and this new knowledge will help them change their attitude toward PLWH.

5.5.3.2 Early Stigma around HIV and AIDS

Most writers like King (1983), Smith (1988), Agadzi (2004) and Botchway (2004) emphasize that stigmatization is very present around HIV and AIDS. Stigma is not always

visible at first sight. For example, Dowden (2009) talks about the noble AIDS program that was meant to fetch children orphaned by AIDS forth and back to school, writes:

“When it all started, a bus with the red ribbon of AIDS program painted on the side used to drive to the town’s schools every day and pick up the children. Before long they found none wanted to board it. Those who went by the bus were ostracized in school and were branded as sinners because they had AIDS or were orphaned by AIDS” (p.328).

It has been scientifically proven that crying releases tension. I understood from some informants that the louder the wailing the closer the relation to the deceased is shown. To have prevented some Abalogoli from mourning their dead, who died of AIDS could be associated to a form of emotional excommunication. Failure to mourn or fear to be fully involved expressed stigmatization.

The views of the respondents are that stigma is present, in action and in deeds towards PLWH. PLWH are discriminated but there is no agreement between the respondents as to whether PLWH should be blamed. I found the writings of Burkholder et Al (1990) to be in line with internal conflict that the respondents go through. Agbazi (1989) and Du Plooy (2004) argue that there are many traditional practices that encourages if not causes stigma as far as HIV and AIDS is concerned. It appeared to me that within the Abalogoli there was conflict between feeling and behavior; people behave in one way but feel sorry in the other way. I have mixed feelings when I see that the respondents could say one thing in favor of PLWH and later on explain a discrimination attitude vis-à-vis PLWH.

What strikes me is that stigma is present but perceived differently by the individuals of that community. I bring a challenge to the Abalogoli to be careful especially as far as HIV and AIDS is concerned: the painful slow death of a relative and the stigma attached to the sickness due to the common perception of HIV and AIDS as being the

result of sexual immorality and therefore evil will make the Abalogoli become less sensitive vis-à-vis their own people.

5.5.4 Impact of the New Discoveries about HIV and AIDS

The fourth research question was: to what extent, are the Abalogoli aware that HIV and AIDS can be acquired even if one is not immoral? And what are your views of immortality for such persons? Governments, faith based institutions and NGOs come together for the response to the HIV and AIDS pandemic. Finances and strategies have been put into place. At all the levels; international, national, local and even individual, awareness is the main preoccupation

As far as the knowledge about the new discoveries are concerned, scholars like Chiwala (2004) point out that in spite of all the new discoveries around HIV and AIDS there are some resistances to put the changes into practice. Even though governments and other institutions have advocated for the use of condom as a way of prevention, many resist the use of condom on both religious and cultural grounds. On the cultural ground the condom use is said to be referred to as “un real” sex; real sex being a sexual intercourse that does not tamper with the manhood of the male. Thus condom is culturally resisted on a gender ground.

New knowledge about HIV and AIDS has not been easily translated into a behavior change. Kitaura et al (1997) are convinced and I agree with them that everybody even medical practitioner need to upgrade their knowledge about HIV and AIDS. I found from the informants that in spite of the fact that people are aware that HIV and AIDS can be contracted through ways that need not to be immoral, the reality is that no difference is made with the sickness and the way the person contracted it. “There should be a reason why this person ended up being infected by HIV” (App. A, no.17).

According to me the Abalogoli believe that there is always a reason for something to happen and something evil to befall one person and not the other person. I do not agree

with the Abalogoli and I think that the mastering and use of Universal Precautions (UPs) can help minimize stereotype cultural beliefs that are scientifically explainable.

5.5.5 Stigma against PLWH

“My late husband refused to go for testing” (App. A, no.24).

The fifth research question asks whether the informants think that those who died of AIDS qualify for immortality. Data and literature showed that stigma against PLWH was present. I found people living in a tension because of the expectation that are put upon them. Writers like Malusu (1978) emphasizes that there should be a balance in the expectation. I think that the reality of HIV and AIDS has brought extra tension for the Abalogoli. I found that the Abalogoli think that most Abalogoli look at evil as something done by one individual and that has repercussions not only on the individual himself or herself but also on the community.

Jiodio (2004) goes hand in hand with finding from the interviews that the happiness of the family is about the good name of the family. Other scholars like Ikpe (2005) point out the fact that the ancestors play a role in the preservation of the good name of the family. I think that people dread stigmatization not for themselves, but because of the family name of the person. I challenge the Abalogoli to be more opened and accept HIV and AIDS as a sickness of an individual not as a death sentence over the whole community.

5.5.5.1 Suspicion and Disruption of Community Peace

According to Mbiti (1969), unless a person has close relatives to remember him when he has physically died, then he is nobody and simply vanishes out of human existence like a flame when it is extinguished (p.159). It struck me to see that in Vihiga district, there are children left unattended; that made think that failure to care for the children orphaned by AIDS mean breaking of all links with the deceased, a kind of anticipation of the extinction of the deceased from the state of immortality. Actually, orphans left alone are most likely to forget their traditions. This is the reason as to some

end up as “street children,” others are adopted or put in children’s homes. A social worker confirmed that in Vihiga Division only, there are hundreds of associations dedicated to the caring of children orphaned by AIDS (Appendix A, no.9). The consequence is visible in the increasing number of children’s homes, orphans’ homes and other institutions caring for people affected with HIV and AIDS approximated at 3000 (cf. App. J). With this study I encourage the Abalogoli to believe that through the orphans, regardless of the way their parents passed away, the name of the deceased continues and the deceased enjoys immortality.

Another thing that I found is that sharing one’s status is not easy, because HIV and AIDS bear with it the stigma of being immoral, to come openly and reveal one’s status is not easy. Civil law make it compulsory for the doctor to respect the medical secret vis-à-vis PLWH and leave to them the task of making their status known. Suspicion was also manifested in the unwillingness to go for testing. Scholars like Chiwala (2004) and Dowden (2009) talk of voluntary counseling testing (VCT) as something dreaded by people. I interpret this finding to mean that the one of the strongest reasons that can explain why stigma does not stop with the death of the victim is that people have a fear of PLWH and by extension the family of the PLWH. People refrain from associating with the relatives of PWLH.

Respondents explained this attitude by the fact that the Abalogoli used to excommunicate those who were considered source or potential sources of danger for the community. During the study, it came out that the homestead of PLWH could be deserted, especially when people were expressly told not to associate with them. The fear of the virus and the stigma around the sickness forced people to run away from caring for orphans. Culturally, for most African communities, caring for the orphans meant continuation of the relationship with the deceased. I encourage the Abalogoli to believe in their culture value of “large family” and be more companionate with their departed one, especially those who died of AIDS.

5.6 Assumptions

This section discusses the five assumptions of this study.

5.6.1 Evil Hinders the Harmonious Flow of Life

The first assumption stated that for the Abalogoli, evil is anything that hinders the harmonious flow of life. The results from the field and literature affirmed this assumption, because on one hand the HIV and AIDS has claimed and continues to claim lives, and on the other hand most of the energies of most of the families are put into caring for their sick members.

From the findings, it emerged that the traditional Abalogoli practice of sending out of the community the evil doers, such as murderers could be a possible root cause or an explanation of stigmatization against the PLWH. Interviews showed that at the origin of HIV and AIDS pandemic, the belongings of the deceased were discarded, burned or buried with them. The burning of the belongings was not in conformity with the traditional practice the Abalogoli have of sharing the belongings of the deceased. The sharing which meant: sharing of wealth, remembering of the deceased through the use of his/her belongings.

It also came out during the interviews that many homesteads had been deserted when some relatives died of AIDS. Deserting a homestead and letting it be invaded by wild grass could be associated with a traditional Abalogoli practice of destroying and/or burning to the ground all the possession of someone who was excommunicated for a very grave offence from the community. Abandoning the homesteads of someone who died of AIDS implied that the sickness was evil, and it has been shown in this study that anything evil was to be done away with by the Abalogoli.

It was seen during the field work that something is done in order to prevent the to-be-born children and the newly born children to be infected by the virus. Actually, contemporary scientists have developed what is known as: Prevention of Mother to Child Transmission Counseling and Testing (PMTCT). During the study I found one lady who

was HIV-positive said that she was lucky that she had her children before she was infected. She did not have to die without leaving a child behind (cf. App. A, no.24). What the lady calls “being lucky” is what Kenyatta (1938), Mbiti (1973) and Musunda (1986) call the necessity of transmission of life. I think that many young African couples really suffer when they find that they are infected by HIV. Many nurses that participated in the study confirmed that most African women who are HIV positive would try to get pregnant again after their previous child has died of AIDS; they hope to have healthy children later on (Joinet, 1992, p.159).

Having a child is very important for a couple that is married. Some Abalogoli who are HIV positive told the researcher that they have already tried to get pregnant even after their first children have died of AIDS; they hope to have healthy children later on (cf. App. A, no.30). The hope to get a child who is HIV negative was not based on their knowledge of PMTCT, but on their own belief that everything will be fine. The truth about many African women is that if they consent not to have children, they will be very upset, experience a tremendous sense of emptiness and a feeling that they have no future. According to Shorter (1998) it is a discrimination against women to coerce or pressure them to have abortions or be sterilized because they are HIV-positive (p.30). It has emerged from the field that Abalogoli women have refused abortion and only a few have gone for sterilization; “they still hope that the next child will be healthy” (cf. App. A, no.32).

I believe that the root cause of such an attitude of refusing abortion is that they fear there will be nobody to remember them. Nobody will be there to speak for them and ask help from them, they will not become ancestors and they will completely not be remembered. Many scholars like Hammond-Tooke (1989) and Magesa (1997) argue that African reject anything that threatens the transmission of life. What is understood is that Africans look at their children as their assurance for immortality. Through their children they are speaking out their desire to be ancestors. Their attitude is based on a traditional

belief that is deeply rooted in them. Mbula (1982) is very clear when he says that the duty of every individual to contribute towards society by giving it new members, thus carrying on the chain of humanity: “For Africans therefore, children are not just one of the limits of marriage but essentially and ultimately the only fruit of marriage and happiness, joy in the land, being together and others are only but consequences of procreating” (p.88). The first assumption: evil is anything that hinders the harmonious flow of life was valid. I can say that because the virus has put into question the once taken for granted assurance of leaving behind children who have ones’ blood and name, the virus has been looked on as something intrinsically evil.

5.6.2 Impact of HIV and AIDS

“There are so many deaths and so many families that are mourning in the village that it seems that the dead are controlling the village’s life” (App. A, no.9).

The second assumption states that HIV and AIDS have been seen as something evil by the Abalogoli because it undermines life. From the findings it was obvious that all the respondents have suffered the loss of a loved one. It even appeared that some were discouraged by the large numbers of the dead (App. A, no.17, no. 34 and no.47).

Both the research and the literature agree that Africans put the human person at the center of everything (Nyamiti, 1995), the logical implication is that the human person is the chief source of evil. As a result PLWH rather than the virus is evil. That is why bodily calamities or other kinds of misfortune are often believed to have been caused by human neighbors. It emerged out from the field that the mystery about HIV and AIDS does not only lie in the fact that it has no cure; but also in the fact that, because of the virus, life leaves the body slowly through chains of physical, physiological, psychological complications. The end result is that the body of the patient is worn out and literary left lifeless (cf. App. A, no.37).

Scholars like Monekosso (1994) and Dowden (2009) say that at one point in time, thinness is one common consequence of AIDS (cf.). For example in Uganda HIV and

AIDS is called “slim”. I found the same thing on the field the thinness of the body may be associated with a sickness known by the Abalogoli as okuswakira. From the interviews, I understood that not all the Abalogoli associate the cases of thinness to HIV and (cf. App. A, no.13). One Abalogoli Elder pointed out that at the beginning of the pandemic, a rapprochement was made between the wounds found on the bodies of those who had died of AIDS and those that were traditionally known to appear on the bodies of those who died from witchcraft. The consequence of treating AIDS as a form of curse or witchcraft is according to Shorter (1998) a form of exculpation, blaming the sick for their own illness. People are less sympathetic to the sufferer if they think the disease is caused by a curse (p.63).

Signs of dementia as complication of HIV and AIDS when the virus affects the spinal area were looked upon as cases of spirit possession. It was confirmed by Levinson & O’Connell (1991) that about 65% of HIV patients in the late stage develop cognitive deficit, and this is associated with depression, loss of memory and apathy (p.690). McReynold (2001) rightly says that PLWH are usually emotionally affected and the mental state of the person may be negative because of the uncertainty of the disease progression, health status, future plans, family, work and relationships (p.117).

Smith (1988) gives a very good summary of the effects of the virus on the whole fabric of life. He says that the vulnerability of humans is made more acute by the fact that the virus has no regard for sex, age, class or race, it has affected a significant numbers of otherwise healthy and vital youth, men and women, a large percentage who have died or are dying (cf. p.80) The implication of the bodily disfiguration coupled to emotional depression in relation to the topic of this thesis is that patients are worried about their afterlife. Could it be that those who would go to the ancestral world with disfigured bodies would be such in the other world?

The primeval presentation of the HIV and AIDS caused the Abalogoli to perceive HIV and AIDS and PLWH associated as morally evil people. This was a result of

association between what is already known and was coming being revealed and what is not yet well known: HIV and its opportunistic sicknesses.

For Africans, poverty is evil; when somebody is poor, that person cannot afford enough to sustain life. HIV and AIDS bring sickness and poverty. Kusimba (1996) and UNAIDS (2002) concur that the commonest impact of HIV and AIDS are poverty and death, and that there is a drastic reduction of income and productivity and often occurs as expenses to care for the sick begin to accumulate. The finding of this thesis showed poverty was the greatest threat to the lives of HIV-infected patients. For example, interviews with nurses showed that many patients have died because they could not take their ARTs on an empty stomach (cf. App. A, no.10, 12, 13 and 22). I think like Shorter and Onyancha (1998) that there is a dramatic linkage in the field of HIV and AIDS between prevention and care. Actually, they implied that the response to AIDS was seriously compromised by poverty (p.128).

5.6.3 Funeral Rituals as Regard to HIV and AIDS

The third assumption says that there are some traditional rituals in the Abalogoli community regarding burials that are not to be performed on/for those who die of AIDS. In spite of the fear of HIV and AIDS, the Abalogoli families continue to bury their loved ones. Data showed that some practices around the burial have either been postponed at one moment or avoided, as far as those who have died of AIDS are concerned. Avoiding of postponing any funeral ritual for a deceased signified a disqualification from immortality.

I found a particular scholar Luvai (1986) who wrote about the olovego ceremony. It is ceremony that is held four days after burial and puts a closure to the mourning. It includes shaving the hair, deciding who should “guard” the widow and how the property should be divided among the deceased family members (pp.39-40). I understood that at the beginning of the pandemic in the late 80s, the olovego was overlooked and sometimes ignored. The shaving of the hair in the Abalogoli settings means a symbolic goodbye to the deceased and allowing life to continue. It was done as the starting point of putting an

end to the mourning. It was revealed that in certain places of Vihiga District, some people were discouraged from mourning those who died of AIDS. This was because it was believed that they had brought it upon themselves and thus deserved to die. I am in line with Luvai (1986) who thinks that the Abalogoli will benefit a lot if they revive the olovego.

I found two other traditional practices that have been influenced by HIV and AIDS: naming and widow guardianship. It struck me that informants and a scholar like Caplan (1985) argue about the fact that people who are not given full burial disturb the living. I found they were afraid to give to their children names that are outside the family realm in the hope that it would keep the virus outside their family (cf. App. A, no.13). I also understood that the fact of shying away from that widow guardianship on the basis of eventual infection has been a tool for further discrimination. With assumption three I hope that the Abalogoli traditional rituals regarding burials will be performed on/for every departed even those who die of AIDS.

5.6.4 Traditional Beliefs and Practices that Contribute to the Stigmatization

The fourth assumption of this thesis states that there are some traditional Abalogoli beliefs and practices that contribute to the stigmatization of PLWH. The manner in which the first Abalogoli were buried portrayed them as outcasts. Corpses were wrapped in polythene bags, and buried under police escorts. This change in handling the corpses of those who died of AIDS was similar to the way thieves, the barren and the unmarried used to be buried in the past (cf. Jiodio, 2004).

I found that right from the beginning, PLWH were considered immoral. As a consequence, bereaved families faced a double challenge namely, the death of a relative on one side, and the reality of HIV and AIDS on the other. The reaction of many families was to hide the cause of the death of their loved ones and bury the person very quietly. The other reaction was to dissociate oneself from the sickly relative. People would be

abandoned in homes or hospitals; others could not stay back till the whole funeral ceremonies are over.

Chipfakacha quoted by du Plooy (2004) praises the traditional healing over the scientific and in a very good way argue that Africans love life. I found the same thing from the informants when they say that transmitting life through procreation is a duty and anything that goes against life is totally evil and should be removed from the world. Evil should be neutralized so that it may harm no more. Bujo (1988) in this line writes that people “were taught what must be avoided in order not to endanger life, one’s own life and that of the whole community” (p.7).

As far as HIV and AIDS and those who are infected and affected are concerned, discrimination and stigmatization is a real threat. It is a problem that needs a real solution. Scholars like Mbiti (1975) and Kagoni (1988) advocated education to values as way forward to fight discrimination. I wholeheartedly agree with them and believe that there is need at all levels, for empathy, creative and critical thinking, so as to reach an objective solution of the situation of crisis created by HIV and AIDS pandemic and give objective recommendations for the future.

5.6.5 Stigmatization and Life after Death

The fifth assumption said that stigmatization of PLWH extends beyond the grave. I fully agree with Sonojini (2006) that stigmatization has many faces. In fact Sonojini (2006) present three levels of stigmatization: societal, individual and internal. With assumption five, I suggest another level of stigmatization: the after-life level. I found during this study that to be stigmatized beyond the grave means to be disqualified from ancestry on the grounds of morality.

From the study, it emerged that those who die without children have their immortality compromised. Failing to leave behind children is failing to qualify for ancestral life. The attitude of many couples of PLWH was to live with shame (cf. Acherman, 2006), and try by all means to get children, is explained by the unconscious

desire to beat death through their children. In that sense all the Abalogoli who died of AIDS and childless have been buried do not qualify for immortality. At this point, I think like Parker (2002) that much of the energy that could be useful to prevent new infection is lost by stigmatization. I found that even though majority of respondents agreed that HIV and AIDS was a bad sickness mostly acquired through promiscuous behavior, they believed that once someone dies, it is taboo to continue talking ill of that person because of his or her actions when alive.

This attitude of avoiding talking bad of those who died is shown by the fact that families never mention HIV and AIDS as the cause of their relative's death. The best explanation of the silence on the cause of the death is that during the speeches that precede the burial and during the olovego meetings (cf. Luvai, 1986), people do not speak badly of those who die.

In the literature review, it appeared that the remembrance of the deceased is the manifestation of the reality of immortality. The study found that even though people do not talk about those who died of AIDS, the remembrance of the deceased remains tainted with impact of HIV and AIDS. Even if it came out from the field that the virus is not transmitted by the name, a good number of respondents held that they would be reluctant to name their children after someone who died of AIDS.

I affirm that immortality among the Abalogoli has been affected by HIV and AIDS. I found many informants referring to the orphans and to the relatives left behind as: "the family of so and so who died of AIDS". What I understood is that belief in immortality has been compromised in the sense that those who remain are discriminated against and bear the stigma of being members of the family of "so and so who died of AIDS".

Another example that shows that immortality is affected is the struggle to assure a share in the ancestral life. I hope that the Abalogoli will use the material from this study to fight back their unconscious struggle to gain immortality through children that will be left

behind, and the Abalogoli will value their departed ones for what they are and not in term of the progeny they leave behind.

5.7 Scope and Limitations

This section discusses the Scope and Limitations in the light of the data and literature.

5.7.1 Vihiga District

Keeping a rural setting on mind was very important for this work. The rural area allowed us to get to know how people from a rural setting that is still under the influence the Abalogoli traditional belief compared to the town setting. The study was conducted in Vihiga District; this made it possible for the researcher to assess the impact of HIV and AIDS on the cultural beliefs of the Abalogoli. The availability of the Elders gave a plus to the study.

Vihiga as a rural setting was also a limitation because I found that people have little knowledge about the recent discoveries compare to those who are from the urban setting. However it was found that even the professionals did not understand all the new discoveries about HIV and AIDS.

5.7.2 African Traditional Understanding of Life After Death

For the research, the link between the perception of HIV and AIDS as something evil by the Abalogoli was made possible by reference to their traditional beliefs and values surrounding death. The behavior of the Abalogoli toward PLWH came out to be explained in their traditional belief and it is in that realm that lays the inner strength for a behavior change. The knowledge of the new discoveries about HIV and AIDS can initiate a behavior change only if the traditional belief is understood and the new reality placed within it.

5.7.3 People Living with HIV

PLWH have valuably contributed in this study. They have talked from their experience with the sickness. Hope was visible in the sharing of PLWH; PLWH were

aware that there was a future. It was a future where families and relatives will be more than ever before required to provide love and care for PLWH, both at the physical and the spiritual levels with reference with immortality.

5.7.4 Marital Status

Most of the informants were married or widowed. Marital status was important to get the views of those who have officially entered the institution that prepares them to officially get children who will make them qualify for immortality; through proper naming and burial rituals. The reality of HIV and AIDS has challenged the marriage institution.

It came out from the field and literature that widow guardianship among the Abalogoli included: 1- The designation of the kwilanyia umwandu (the family male who was to “guard”, meaning to care of the widow) and 2- The distribution of the property among the family of the deceased. Women were never forced to be guarded. The findings confirmed that Abalogoli women are not forced to enter into levirate marriage. It emerged from the field that people have moved away from participation in this inheritance ceremony when they came to know that their deceased relative had died of AIDS. As for the widowers, they were still allowed to marry again even after their wives had died of AIDS. These findings confirmed the pre-eminence of marriage (marital status) over the security of the future spouse whose safety will not be assured in the marriage with a PLWH.

It was found that fear of the sickness and suspicion between the spouses has made separation possible in this life and in the afterlife. Among spouses it came out that couples usually find it difficult to disclose their sero-status especially when they have tested positive for HIV. Women came out to be more ready go for VCT and to let their spouses and eventually their larger family know about their status. The issue of discordant relationships/couples was not addressed in the study; the Abalogoli look at HIV and AIDS as an evil for the whole family independently of who is already infected and who is not yet infected.

5.8 Conclusion

Towards the end of this study, reflection on the literature and data make possible some conclusions. The Vihiga District Strategic Plan (2005-2010) rightly said:

“The impact of HIV and AIDS is already evident in the District. There is a decrease in agricultural productivity because agriculture in the districts is labor intensive. Children are being denied an opportunity to be educated and get relevant skills after they lose their parents and also the increases in the number of homes headed by grandparents. Coupled with strong negative cultural beliefs, poverty in community, stigmatization of infected/affected people and the fact that fight against HIV/AIDS was initially left to only Ministry of Health has only made the situation worse” (cf. <http://www.ncapd-ke.org>).

Another important thing to note is that the majority of PLWH are those between 15 and 49 years: “as this generation of parents dies young, many families will have not grandmothers. This problem will grow incrementally as one un-parented generation breeds another. Caring for the orphans is going to be one of the most costly and difficult tasks in the twenty-first century” (Dowden, 2009, p.328-329).

As the virus spreads and the advances in sciences increase the Abalogoli will have to come into term with the fact that their people who died of AIDS are still members of their families. Relatives will be more and more aware of their moral responsibility to care for and to provide for PLWH despite the common belief, though it is not actually voiced out but is already influencing the attitudes of the Abalogoli.

The perception of HIV and AIDS as something evil has made the Abalogoli become more selective in the caring for their sick ones. This is more true as it has been proven that there are PLWH who have acquired HIV by means that need not immoral and with no fault on their part. Therefore families have the moral obligation and ethical obligation to care for all their relatives. The study showed that relatives did not only

ostracize PLWH because of their probable involvement in immoral acts, but also for the fear of infection.

It was found in this study that indeed there were some traditional beliefs and practices that could foster infections: sex with a virgin with the belief that it cures AIDS, sex with animals, widow guardianship that increases the number of sexual partners, traditional cleansing of the body that facilitates the contact with body fluid (cf. Du Plooy, 2004). It was also proven that science and new discoveries provide better preparations that reduce contagion. With this in mind there are enough elements to take into consideration the door to open trustful and collaborative relationship between PLWH on one hand and their relatives and/or neighbors on the other hand in the response to HIV and AIDS.

The study has shown that lack of knowledge about HIV and AIDS affects negatively the care for PLWH and is most likely to increase stigmatization. The more the people acquire the knowledge about HIV and AIDS, its transmission and prevention, the better the attitude towards PLWH. In spite of the increased knowledge about HIV and AIDS, the advance in information and the attitude of families in Vihiga has been slow. During the study, informants said they would allow their relatives to marry from families where some people have died of AIDS. Also almost all the informants said that they were reluctant to name their children after somebody who died of AIDS. This brought to the surface the divide between belief and practice within the Abalogoli as far as immortality is concerned in the context of HIV and AIDS.

The divide can be expressed in that the Abalogoli have a conflict between the family demands of caring for their suffering ones and the need for protection of the individual and the community from infection. This divide is manifested as an exaggerated fear by the Abalogoli towards PLWH. Fear of being associated with HIV and AIDS, fear of PLWH, fear materialized in the discrimination and stigmatization that goes beyond the grave on the refusal of immortality to those who died of AIDS by not naming children after them and by judging them on the basis of immorality that is linked to HIV and AIDS.

Though the attitude towards PLWH has improved, some informants said that they will not mind naming their children after those who died of AIDS. Some reasons went like this: “AIDS is not acquired through the name”; “AIDS is not in the family lineage”. However, anxiety related to HIV and AIDS remains and that anxiety is seen in the views of the majority of the informants who are still reluctant to name their children after those who have died of AIDS.

Negative attitude towards PLWH was found among the Elders who said that they would refuse to inherit the belongings of relatives who died of AIDS; informants also said that they will not receive the orphans. Not to receive an orphan is to be less interested in the life after death of a relative when we know that it is the orphans who, once they grow and get married, are expected in first place to name their parents.

Data and literature review have shown that the first experience the Abalogoli had of the pandemic left them disoriented. The Abalogoli knew that HIV and AIDS is a sickness transmitted by a virus through sexual intercourse, and through direct contact with the blood or internal fluid of an infected person. But the truth is that majority of the Abalogoli also believe that HIV and AIDS is a curse, a punishment from the ancestors; the effect of witchcraft.

Talking about the Abalogoli values, culture and beliefs, the researcher saw elements of the Abalogoli culture and belief that have contributed to make them perceive HIV and AIDS as something evil:

- * HIV and AIDS kills children.
- * HIV and AIDS cannot be cured.
- * HIV and AIDS is linked with sexual immorality.
- * HIV and AIDS breaks peace and harmony in the community.

* HIV and AIDS is detrimental to the community, in the sense that it causes disruption in families. It is responsible for the reversal in family leadership, whereby we

have children headed families. This is the communal and cosmic aspect of evil (Nyamiti, 1995).

* HIV and AIDS is looked upon as a curse and so refers to the religious aspect of evil, in the sense that it is influenced by the world of the spirits, the ancestors and to some extent God.

This study showed HIV and AIDS has affected many aspects of life that have been taken for granted. Many reasons can fit into Nyamiti's (1995) dimensions of evil in the African context:

* HIV and AIDS is evil because it is inimical to life, and it leads towards laziness, idleness, weakness and death that is the vitalistic and dynamic aspect of evil.

* HIV and AIDS is evil because it affects people and it is transmitted to people by other people. This presents the anthropological aspect of evil (Nyamiti, 1995).

* HIV and AIDS is evil because there is a need for empathy; that is the ability of situating oneself in another's experiences in order to understand how they feel or their pain.

HIV and AIDS has been perceived as something evil because of its advent has encountered in the Abalogoli cultural beliefs some realities that were considered evil. Lack of proper knowledge about HIV and AIDS also explain the fact that the Abalogoli's attitude towards PLWH has been slow to change. The perception HIV and AIDS as something evil can also be explained on an intellectual ground.

5.9 General Conclusion

“Mass murder and wars have an end. After killing a new start is possible. But AIDS destroys the future” (Dowden, 2009, p.325).

This quote by Dowden (2009) seems pessimistic as PLWH suffer, die and many more are infected by HIV. The researcher believes that the role of cultural values should not be underestimated in the response to HIV and AIDS; namely togetherness in the

family, care-giving mentality, for the sick and the weak, consideration of life here and in the hereafter.

5.10 Summary

This thesis bring some light on Immortality in the Context of HIV and AIDS among the Abalogoli of Vihiga District: hence suggesting some of the solutions that might help to improve the situation of PLWH, their relatives, NGOs, faith based organizations, the Government and all stakeholders. This general objective was divided into five specific areas.

The study clarifies the concepts of immortality, morality and immorality among the Abalogoli. It goes without saying that the Abalogoli believe that ‘good people’ are those who have lived a morally upright life in the community. The Abalogoli also believe that “bad people” are immoral and that their names are meant to disappear. However, few Abalogoli do keep in mind that there are also people who are no longer remembered at all even though they have lived a morally up right life, this does not automatically mean that it is an end of them. The Abalogoli are to consider that there are PLWH and those who have died of AIDS that got infected through means that need not be immoral.

The way the Abalogoli treat ‘good and bad people’ helped them keep the community together, and safeguard their morals and peaceful life in one way or another. Human beings need to see, and experiment things in order to believe and change their lives in the way that is meaningful for them. So, knowing that ‘bad people’ were ritually cast away, never to be renamed, disregarded after their physical death, those still alive could adjust their ways of life so as never to be forgotten. That attitude can be qualified as a “sense of survival”. However when a “sense of survival” works without discernment about the actual responsibility of the individual concerned, innocents run the risk of being excluded from ancestral life (there are PLWH that have been infected with HIV by accident). The Abalogoli are encouraged to continue respecting their departed, and never to forget the moral values that keep them, the yet to be born, the living dead and the

ancestors together. This is how they will know their origins, and will be able to borrow from them (origins) vital insights that will make them overcome the existential, cultural, and moral challenges brought by modernity.

The findings demonstrated that morality among the Abalogoli is influenced by their understanding of evil. For the Abalogoli, evil came out to be anything malfunctioning in the course of life. Evil was also said to be equal to absence of life. The Abalogoli value life so much that they judge and evaluate the reality in relationship to life. Hence, it appeared in this study that evil is that which is inimical to life, and all that induces weakness or death. The Abalogoli appeared to consider as moral a life that was not in disagreement with the tradition and taboos.

Reasons as to why children were infected by HIV though they had not been immoral were that either those children had been named after some immoral deceased relatives, or they are infected as a punishment to the parents for their breaking of some taboo: indulging in extra-marital sex, prostitution, theft.

Respondents believed that the STIs in general and HIV and AIDS in particular were punishments for immoral conduct (cf. App. A, no.16). The findings revealed an internal fracture in families whereby blame for bringing the sickness into the family is put on one another. Joinet (1992) refers to that fracture as “family breakdown”. Joinet (1992) argues that what he finds terrible about HIV and AIDS illness is that not only the physical pain involved but also the suspicion that it has brought into married life and the doubts created before marriage (p.185).

Immortality gets a full meaning for the Abalogoli and in the Abalogoli cultural setting. However, we would invite the Abalogoli to agree with Mbiti (1969) that: “life of the dead is a reality and it does not even depend on the remembrance of them by those who are living on earth. This means that the dead have their own independent existence and they do not continue to live because they are remembered in the hearts of those who have been left behind” (p162-163). For the Abalogoli, there is a relationship between life

and death and the naming practices. Naming is the way of assuring the continuity of life on behalf of the departed. Actually, it came out from the field that for the Abalogoli, death was not an end in itself. As Mbiti (1969) puts it, death is a process which removes a person from the present period (sasa) to the future (zamani) (pp151-152).

As far as the Abalogoli are concerned, failing to live according to the expectations of the community, as we have seen, compels the community to ‘actively forget’ those known as ‘bad people’ through appropriate ‘casting away funeral rituals’. The ideas about death and Immortality are not intended to encourage the illusion of escaping the reality of death. On the contrary, while living, the Abalogoli are fully aware of their mortality (they keep it strongly that the body dies but the person is still alive). We have seen how the Abalogoli have provided their members with a real meaning of death and life after death and the significance of it within the context of the totality of human life (life according to the moral norms and taboos of the community). The Abalogoli have granted their members with the tools to overcome their mortality so as to get immortality (in the way that meets their needs): naming.

Ancestral names given to new born children means immortality is a reality. That was a way to have the ancestors continue living and never be forgotten so as to enjoy immortality. Actually when the community sees a child carrying an ancestral name (which for the Abalogoli always has a moral weight), they are reminded of their communitarian responsibilities of living a moral life so as to enjoy immortality.

A breaking of a taboo was for the Abalogoli a reason for not accessing immortality. As a consequence the Abalogoli are not opened to name their children after “immoral” deceased relative and, as this study showed it, after their relatives who died of AIDS.

The proof of the existence of the afterlife of the death even though they are not remembered is found in the fact that in traditional liturgies and commemoration, people do pray to the known and unknown ancestors (cf. Badham, 1987, p.19).

On morality and immorality, the respondents, especially the Elders held that among the Abalogoli, virginity was valued and a woman who lost her virginity was a disgrace to the family. It appears that the Maragoli would be fined in case of adultery; women were more heavily fined. The severe treatment against women was explained by the fact that the Abalogoli is a male oriented society. A particular interviewee said that the Abalogoli believed that a husband could die as a result of his wife's adultery (cf. App. A, no.13). The findings confirmed this severity against women in case of adultery. A good number of respondents who filled in the questionnaires agree that an unfaithful man can be forgiven, but an unfaithful woman should not.

In agreement with Smith (1988), the study argues that even though the Abalogoli know the consequence of immorality they have been slow in changing their behavior. Though knowledge about HIV and AIDS has become available, it appears that the Abalogoli have not been transformed, could it be that the knowledge has not reached them in their depth. The cultural beliefs of the Abalogoli guide their attitude towards PLWH. HIV and AIDS perceived as something evil has prevented the young Abalogoli from initiating or experiencing a change of their behavior.

According to Smith (1988), "Motivations and emotions that influence our behavior are often unconscious. All the same they strongly influence our behavior. If such is the case, a change of behavior is very difficult, because it must reach very deep into our personality" (p.175). For Girmay (2005), one important reason explaining the fact why knowledge does not induce a change of attitude. Girmay (2005) talks about the lack of traditional means of imparting education to the young ones: age group socialization, folk and tales, initiation instruction (p.9). Education is very important in imparting knowledge and experience that will in turn create a behavior change. According to Smith (1988), "motivations and emotions that influence our behavior are often unconscious. All the same they strongly influence our behavior. If such is the case, a change of behavior is very difficult, because it must reach very deep into our personality" (p.175).

The study argues that the Abalogoli have come to look at HIV and AIDS as something evil. HIV and AIDS was said to be a disturbance to the communal and organic harmony in the cosmic world. HIV and AIDS is the great evil that leaves behind a lifeless body; HIV and AIDS is a threat to life. It came out from the field that new discoveries about HIV and AIDS were not mastered by most of the Abalogoli. The Professionals who knew about PMTCT said they needed more knowledge.

The study found that families that were once united had ended up divided because of HIV and AIDS. Lack of knowledge emerged as the main reason for families break down. Knowledge about HIV and AIDS was mostly through the media. The findings showed that majority of the respondents came to know about HIV and AIDS through the media. This means that the Government of Kenyan has successfully used the media in its campaign on the awareness of HIV and AIDS. It was also revealed that the campaign of prevention against HIV and AIDS has been centered on abstinence, fidelity and use of condoms. The fact that the three methods of prevention are sex oriented has had as consequence on the fact that HIV and AIDS was viewed as exclusively transmitted through sexual intercourse.

Some interviewees said that it was unheard of in the past to see a teenager suffering from Sexually Transmitted Infections (STIs), but now they witness so many youth suffering from HIV and AIDS. According to the informants, the youth of today are sexually active (cf. App. A, no.1). This finding confirms the report by UNAIDS (2002) which attributed the prevalence of HIV and AIDS among the youth to their risky sexual behavior or substance abuse, to lack of information and preventive services, or for economic, social and cultural reasons.

This study affirms that knowing something and putting it into application are two different things. The Abalogoli know that people can get infected by HIV without necessarily being immoral. The study argues that the as far as HIV and AIDS is concerned, the Abalogoli do not look at the individual person but rather they look at the

consequences HIV and AIDS has on the community. Even the Professionals who have been through formal education were found to still be moved by their cultural beliefs that: there is no difference between the evil and the evil doer. The impact of HIV and AIDS on the community was enough to give the Abalogoli an idea about PLWH as evil; education is the way forward.

A study by Kusimba (1996) showed that one strong impact of HIV and AIDS was that children's basic health and socialization needs were inadequately met. Frequently the children themselves become caregivers to sick parents rather than attending school and receiving care from their parents (pp.27-28).

The views of informants indicate that stigmatization goes beyond the grave because the children left behind will always put the blame on their late parents: "if they had behaved well they would still be alive, I would be in school" and "my friends would not be laughing at me". Such remorseful thoughts haunt the orphans and affect their wellbeing. Actually, it has been shown in a study by Kusimba, et al (2004) that the children of those who have been victims of traumas are most likely to fall into the same trap as their parents (p.695). In the case of children orphaned by AIDS, it would mean that they would also fall into sexual misconduct leading them to eventual infection. However, in this study it has been revealed that among the Abalogoli, there were children headed families that were stable, this means that some Abalogoli children have been able to withstand the risks of being infected by the virus by adopting responsible attitudes like caring for their younger siblings. Abalogoli are invited to change their perception of HIV and AIDS and see it not as evil, nor a curse, but as a sickness that is been handled by scientists. There are few signs that with better education, the attitude of stigmatization of PLWH displayed by the Abalogoli will be replaced by the care giving mentality, for the sick and the weak, something that is already is rooted in the Abalogoli culture. This study hopes that the Abalogoli with time will become more conversant with the new discoveries about HIV and AIDS: infection, prevention, ARTs. By borrowing from their traditional

values, the Abalogoli will revive their traditional care for the orphan, their values of togetherness in the family; this will put strong basis for them to accept immortality for PLWH.

5.11 Recommendations

What follows are recommendations to the reader and for further study.

5.11.1 Recommendations for the reader

This thesis looks at immortality in the context of HIV and AIDS. By using questionnaires and interviews, the main aim was not to judge but to understand to what extent the Abalogoli have experienced to HIV and AIDS pandemic. To the reader, who can be an individual or a group, as a starting point for their journey of reflection, I recommend:

Inform and educate people about HIV and AIDS and its related issues in order to eradicate ignorance hence reduce stigma, individual stress and encouraging positive living. People should be provided with comprehensive HIV and AIDS education which:

- * Imparts accurate medical information and challenges misinformation.
- * Motivates individuals to accept the responsibility for choices and actions.
- * Confronts discrimination and fosters compassion.
- * Promotes justice and compassion through policy making on stigmatization.

The Government of Kenya should identify HIV and AIDS as a leading cause of death and then foster further education for people about HIV and AIDS and its associated problems.

The Government of Kenya should provide information and build knowledge about GIPA (Greater Involvement of People Living with HIV and AIDS) Principles for the stakeholders involved in implementing its various policies. It is important that “the lead in GIPA be assumed by PLWH so as to avoid dilution of the initiative. Nonetheless, those most affected must also be included - with clearly defined boundaries and roles - and

allowed to have an impact through GIPA initiatives as those closest to PLWH are often equally affected by the epidemic - albeit in different ways". (cf. UNAIDS 2004).

The Government of Kenya should empower the families with knowledge. When families are knowledgeable about HIV and AIDS, the anxiety they will experience when caring for their relatives is reduced.

The Government of Kenya and all other stakeholders are encouraged to continue to finance and foster the use of antiretroviral (ARTs), because the use of ARV has been found to have direct incidence on infection. Put into place more "friendly VCT" where people feel welcomed; infection by HIV will not be reduced unless diagnosis is timelier. (cf. Bezemer et al, 2008).

Enhance the control program for HIV and AIDS in the District in the location, in the village by involving everybody. This will be done through proper financing and accountability of the stakeholder.

Measures to eliminate the stigma and support the infected and affected for different target groups also need to be instituted. This could be done in setting special tribunal in each County; and ruling for some cases of stigmatization that could be used as jurisprudence.

Encourage Voluntary Counseling and Testing (VCT) especially for men and continuing the campaign for male circumcision. Foster a counseling that is useful in support, prevention and care for HIV and AIDS programs. Through counseling it is expected that challenges such stigma, discrimination, low-self esteem, failure to disclose the sero-status especially for persons who have tested positive could be addressed.

Instruct both men and women about PMTCT; it will enable the spouses to combine strength in preventing a child from getting infected and will help reduce the negative attitude towards HIV as a sickness that cannot spare even unborn and newborn babies.

Finance and multiply the Home-Based Care (HBC) programs and encourage the creation of self-help groups. This could be done by sponsoring research project in the

universities around the country and make sure the findings of the researchers are implemented.

Provide an ongoing formation for Professionals; once they are well equipped they will definitely play the role of counselors, imparting knowledge and reassuring the PLWH. Professionals must be well informed and be knowledgeable about HIV and AIDS, its transmission and prevention, as they are an important source of information for their patients.

As far as discordant couples are concerned, counseling, support in addressing that could lead to family disintegration could be overcome. Discordant couples and the larger families of spouses who are in discordant relationships must be supported, counseled and accompanied by VCT counselor well prepared.

Encourage in the working place and in local communities a trustful and collaborative work of assistance to family members living with HIV.

5.11.2 Recommendation for Further Study

This study opens new avenues for more research. In the present society there are new challenges that people face deep in their cultural beliefs. Challenges like rape, abuse (sexual, physical, emotional, child). There are challenges like natural disasters and accidental death among many other; studies could be done to see and evaluate the impact of such challenges on the culture of the people.

This study has opened a road that paves the ways for studying the culture of the people in order to allow them go out of their “their cultural cocoon” and face the new challenges not as a threat to them but as an opportunity to grow and give new meaning to their wellbeing.

It is hoped that this research will significantly motivate other researchers to dwell into the other aspects of the life and cultural understanding of people and generate new understanding on rape, abuse (sexual, physical, emotional, child), murder by self defense,

accidental death... so that they can challenge these understandings of evil like this study has done toward immortality, morally, immorality and PLWH.

Recognizing that there are always children orphaned by AIDS, parents who belong to the Abalogoli raise a red flag that these children could be possibly ostracized from their own people. This is a cause of concern and future studies on how the Abalogoli (and other peoples with similar cultures) can be challenged to incorporate these children as part of the family, part of the community, part of the culture.

Possible studies could be done to understand the traditional beliefs and the values which play a part in the lives of PLWH themselves. In other words a study could be done to understand the world view of PLWH of how they understand themselves, their culture, their people, and their concepts of evil, morality and immorality.

Through counseling and continued support, even the seemingly helpless and wearying situation which could lead to HIV infections and family disintegration can be overcome. Study could be done on the following topics: Sero-discordant couples and relationships in Africa; Risk of HIV transmission in discordant couples, Social challenge for discordant couples in Africa, African traditional family and sero-discordance. Such studies could come up with the challenges discordant relationship face in Africa.

This study was mostly concerned with the traditional beliefs around life after death. Another study could be done to assess the impact of HIV and AIDS on the faith of PLWH in order to see the role that religious belief can play in the reduction of stigma and boost the response to HIV and AIDS.

This study used variables like: gender, marital status, occupation and age. But it came out that those variables did not have much significance on the findings. Other researchers can come up with another research instrument in order to deepen the same topic while emphasizing the same variables and many other variables e.g. religion.

Research can also be done to understand the concept of evil, morality, immorality with respect to various social issues like rape, abuse, discrimination of People with

Disabilities (PwDs). Such studies can help rejuvenate pastoral, moral and religious agents' involvements among their people and they themselves can undertake studies to understand issues of moral values, pastoral values and religious values keeping in focus the understanding of the people with respect to evil, morality, immorality, etc...

As an outcome of this study is the challenge to MIAS to design a course where students can be challenged to focus on the concept of evil, morality, immorality among the different cultures of Africa, and to compare and contrast it with the new knowledge that is constantly evolving about the various issues that confront the concept of evil in the African cultures.

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Appendix A: Field Work

n.1. 11 March 2007, Manyatta, mixed group discussion with 8 participants, in a Self-Help Group. The discussion was about answers that the modern Maragoli are given to current issues, the knowledge about HIV and AIDS.

	Age	Profession	Marital status
Female	30-34	House wife	Married
Female	35-39	House wife	Widow
Female	45-49	Teacher	Married
Female	25-29	House wife	Married
Male	25-29	Farmer	Single
Male	40-44	Farmer	Married
Male	50-54	Business man	Married
Male	60-64	Retired teacher	Married

n.2. 11 March 2007, Chango, to interview Mzee Francis, 70, about the origin of the Abalogoli people and their cultural value.

n.3. 11 March 2007, Chango, to interview Marten Luvai, 88, about the Maragolian ways of worship and the way of casting out devil.

n.4. 12 March 2007, Mbale market area, to interview a 56 years old lady, retired teacher and widow; to talk about evil in the Abalogoli culture and how evil was dealt with.

n.5. 12 March 2007, Mbale, group discussion with four youth student about morality among young Maragoli.

	Age	Occupation	Marital status
Male	Under 18	Student Form 3	Single/catholic
Male	Under 18	Student Form3	Single/catholic
Male	Under 18	Student Form2	Single/catholic

n.6. 12 March 2007, St Claire Secondary School, Hambale Catholic Church, to have a group discussion with three youth, two of them were under eighteen, one was 19th. The topic was: morality among young Maragoli girls and the dangers about STIs.

	Age	Occupation	Marital status
Female	19-24	Student Form 3	Single
Female	Under 18	Student Form2	Single
Female	Under 18	Student Form2	Single

n.7. 13 March 2007, Vihiga District Hospital, to get information about Compressive Care Centers CCC (IMPACT/JHPIEGO)

n.8. 13 March 2007, (name of the place withheld for confidentiality), Group Discussion with PLWH, about how people associate with AIDS victims.

	Age	Profession	Marital status
Male	40-44	Adherence counselor	Married
Male	55-59	Jua Kali	Married
Female	25-29	Secretary	Widow
Female	35-39	Farmer	Married

n.9. 13 March 2007, Vihiga District Hospital, to interview a social worker in her 40's, about stigmatization of PLWH in Maragoli land.

n.10. 13 March 2007, Vihiga District Hospital, to interview a 30 years, single, male nurse about VCT pre-counseling procedures.

n.11. 14 March 2007, Lyanaginga, to interview a 24 year old, single, female nurse about VTC post counseling procedures.

n.12. 14 March 2007, Vihiga, to interview a married male nurse, in his early 40's about VCT for couples.

n.13. 14 March 2007, Vihiga, to interview a 26 year old, married female nurse about PMTCT (Prevention of Mother To Child Transmission Counseling and Testing)

n.14. 15 March 2007, Mugomati, to interview a 60 years old married man, about the origin of Evil among the Maragoli.

n.15. 15 March 2007, Mugamati area, Lusiola, to interview a 70 year old man, a retired health worker, about the story of evil among the Maragoli.

n.16. 15 March 2007, Magomati, a group discussion with an elderly couple. The man was borne in 1929 and the woman in 1933, about Maragoli funeral ceremonies and the problem of immorality and naming.

n.17. 16 March 2007, Mahanga, to interview of a 72 year old, female, church elder, widow, about the origin of death among the Maragoli.

n.18. 16 March 2007, Mahanga, to interview of 70 year old, female, farmer, widow, about the Maragoli rituals around the origin of death among the Maragoli before the coming of Christianity.

Maragoli Version	English Translation
Mama mbe zimbindi nzie kumiza) 2 Nzie nzie nzie nzie kumiza Kilavula kitiezo ngani inzara yakwita Nololi kanyama usiezanga Nogonga nzie nzie nzie nzie kumiza.	Mother give me seeds to go and plant) 2 I want to go and plant Had it not been <i>*Kitizeo</i> we would have died of hunger. And now when you get meat you go to grinding meal with happiness. So give me seeds to go and plant. (* <i>Kitizeo</i> is a tree shrub edible that resist drought)"

n.19. 16 March 2007, Mahanga, to interview a 28 year old, married female nurse about the procedures to be taken when breaking the new to sero-positive pregnant women.

- n.20. 18 March 2007, Hambale, to interview a 56 year old married man, a Justice and peace officer (JPO), about Maragoli culture
- n.21. 18 March 2007, Mbihi, to interview an elder, married with three wives, farmer, in his 70s. The interview was about the Origin of the Maragoli and the Maragoli Worship Place.
- n.22. 18 March, Vihiga, to interview a 33 years, single, male nurse about VCT (Voluntary Counseling and Testing).
- n.23. 19 March 2007, Kegoye, to interview a 19 years old female, student, single, about the Maragoli youth and modern challenges youth are facing in their lives.
- n.24. 19 March 2007, Kegoye, to interview a Widow, 56, farmer, mother of 7 who is living positively with HIV-AIDS.
- n.25. 19 March 2007, Kegoye, to interview a 25 year old, married man, shoe maker, and a 20 year old married lady, a shopkeeper. The discussion was the life of the modern Maragoli youth and the problems they face.
- n.26. 19 March 2007, Vihiga, to interview a 35 year, single female nurse about DTC (Diagnostic Testing and Counseling)
- n.27. 20 March 2007, Lusiola, to interview a 47 year old, married, female Community Officer National Aids Control Council about HIV-AIDS Support Group in Vihiga Division.
- n.28. 20 March 2007, Lusiola, to interview a social development Officer, married, in her late forties, about Self Help Group in Maragoli.
- n.29. 20 March 2007, Lusiola, to interview a Widow of 44 mother of two about her way of living positively with HIV-AIDS.
- n.30. 20 March 2007, Lusiola, to interview a 18 year old female orphan, who has been taking care of her sibling since her parents died of HIV-AIDS.
- n.31. 21 March 2007, Lyanaginga, to interview a married, 47 year old teacher about evil in the community.
- n.32. 21 March 2007, Lyanaginga, to interview a woman, Nurse. She was in her early 50s. The interview was about PMTCT meaning how to deal with sero-positive pregnant women and girls.
- n.33. 21 March 2007, Lyanaginga, to interview a 32 year old, single Maragoli nurse about Home Based Care (HBC) for AIDS patients.
- n.34. 22 March 2007, Kegoye, to interview a 67 year old man about the burial ceremonies among the Abalogoli
- n.35. 22 March 2007, Kegoye, to interview a 68 year old woman about naming after those who died of HIV-AIDS.
- n.36. 22 March 2007, Kegoye, for a group discussion in a mixed group about burial ceremonies among the Abalogoli.

Female	56	Retired Teacher	Married
Female	60	House wife	widow
Male	70	Farmer	Married
Male	55	Farmer	Married

n.37. 23 March 2007, Vihiga, to interview a 20 year old Lady about the impact of HIV-AIDS in Abalogoli families.

n.38. 23 March 2007, Vihiga, for a group discussion about handling relatives who are HIV positive.

Female	36	Teacher	Married
Female	30	Farmer	Married
Male	30	Farmer	Married
Male	25	Farmer	Married

Appendix B: HBC Report

HOME BASED CARE (H.B.C.) REPORT

Name of HBC: _____

Division:

Location:

Sub location:

Village:

Health facility attached to:

ACTIVITY	EXPLANATION	F	M	TOTAL
A No. Of new clients	All new cases or suspected HIV individuals who benefit from HBC			
B. No. of patients Enrolled in HBC	Individuals who are already sick or Showing signs of illness			
C. No of patients on ARTs.	No. Of HBC clients on ART drugs			
D. No. of patients on TB Treatment.	No. Of HBC clients who are also on TB treatment			
E. No. of Deceased	No. Of HBC clients who have died			
F. No. of community Health workers providing Comprehensive care.	No. Of people usually volunteers trained to guide and facilitate HBC activities in the community. They usually offer support to family caregivers and arrange for referrals to peripheral health units.			
G. No. Of patients Support services provided in the support center (indicate	Services offered in the centers set aside for patient education and other support programs. Counseling Referral Education Financial support to (fare to health facilities).			
H. No. of Home based Care kits supplied.	Home based care kits supplied.			
No. of Home based care units used	Home based care kits consumed			
J. No. of Homes Visited				

Remarks

Appendix C: Request for Research in Vihiga District Hospital

JIODIO MARIUS,
C/O UTUME DON BOSCO,
P.O. BOX 24370,
KAREN, NAIROBI.
0722154788.

THE SUPERINTENDENT,
VIHIGA GENERAL HOSPITAL,
P.O. BOX
MARAGOLI.

Dear Sir/Madam,

Ref: ASSISTANCE FOR RESEARCH.

I humbly request for assistance in completion of questionnaire by the HIV infected and affected people who are positively living with this reality and some professionals attending to them.

I'm looking for five infected or affected and five professionals particularly Maragoli cultural background and from Vihiga Division.

This would enable me meet part of the requirement for a Masters Degree in African studies for which I am writing a thesis.

I pledge to abide by the provision of confidentiality.

P.S: Attached, find a copy of each questionnaire.

Thanking you in advance.

Yours faithfully,

Deacon Marius.

Appendix D: Questionnaire for Elders

Student: JIODIO TSAFACK MARIUS JEAN PIERRE
 Address: Utume Don Bosco, PoBox: 24370 Karen 00502 Nairobi
 Phones: (Hse) 883315, Mob: +254722154788, 0736160358
 Fax: 883318

Dear friend

I thank you for accepting to take part in this research. I am a graduate student at the Maryknoll Institute of African Studies of St. Mary's University, MN. The information I am seeking to collect from you is to help me in my research, which is part of the requirement for the award of a Masters Degree in African Studies.

You are kindly requested to give your views freely according to your understanding, experiences and convictions. Everything you say is confidential. Please don't write your name if you don't want. Thank you in advance.

Section A: Biographical Information

Your name: (Optional) _____

1- Sub-ethnic group: _____

2- Gender: Male, Female

3- Your age:

40-44	45-49	50-54	55-59	60-64	65-70	Over70

4- Marital status: _____

5- Employment/occupation _____

Section B: The Understanding of Evil among the Abalogoli

6- Do you know any Maragoli myth or story about the origin of evil?

Write in the space provided (use the back of the page if necessary): _____

7- What is evil in your opinion?

- A person that causes harm
- A curse
- Something that causes harm
- Something that goes against the community

8- What causes evil?

- People
- Nature
- God's punishment
- The devil
- Others _____

9- How does someone become a witch?

- By inheritance
- By learning from someone else related to them
- Others _____

10- When does evil befall someone/your community?

- When they fall sick
- When they cannot have children,
- When the harvest is not well
- When floods destroy things
- When bad event happen in the family
- Others _____

11- What do people do when they experience misfortune or evil?

- Look for a Diviner,
- Go to a medicine man
- Go for prayer in a church
- Pray to God
- Go to the hospital
- Others _____

12- In the past, how were the evil people treated in the traditional Luhya society?

- They were killed
- Buried outside the homestead
- They were sent away from the community (outcast)
- I don't know
- Others _____

13- What is immorality?

Explain _____

14- Who was considered an immoral person?

- A thief
- Unmarried person
- Barren person
- Adulterous
- Lady who lost virginity before marriage
- Sexual misconduct
- Stingy person
- A witch
- Others _____

15- Do you agree or disagree with the statement that: “an unfaithful man can be forgiven, but an unfaithful woman should not”.

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- No idea

16- What was the consequence of immortality?

Explain _____

17- How was your community dealing with immoral people?

Explain _____

Section C: The Traditional Rituals Ensuring the Continuity of Life After Death among the Abalogoli.

18- Do you know any Maragoli myth or story about the origin of death?

Write it in the space provided below (use the back of the page if necessary): _____

19- Where does your community bury their dead?

- In the family compound
 In the cemetery
 Others _____

20- What do you think happens to a person after death?

- Goes to heaven
 Goes to hell
 Joins the spirit world
 Goes to the ancestors
 Others _____

21- Do people who have died continue to interact with those who are alive?

- Yes, No.

22- What does your community do to be sure of a good life after death?

- Live an upright life
 Avoid evil
 Do good things to others
 Make sure one leaves children behind
 Die of old age
 Others _____

23- How do you ensure that the deceased has a good life after death?

- Give to the deceased a good funeral and send off
 Perform all the burial Rituals
 Be named after
 Other _____

24- Is everybody given proper burial and proper send off ceremonies?

- Yes, No

25- If No is 24, who are those who are not given proper ceremonies when they die?

- Those who die at a young age
 Those who die unmarried
 Those who are killed in tragic accident
 Those who die by suicide
 Without a child
 As a notorious thief
 With HIV-AIDS
 Others _____

26- What rituals are done when a person dies?

- Neighbors, relatives and friends come to comfort and support the bereaved family
 Cows and chickens are slaughtered for the mourners
 Hair is shaven
 Belongings and properties of the deceased are divided among close relatives
 Others _____

27- Where do you believe those who were not given proper burial ceremonies go?

- They roam around the village
 They try deceiving people by bewitching them
 Only God can save them,
 I don't know
 Others _____

28- Can a deceased who was not given proper burial rites disturb the living?

- Yes, No.

29- If Yes in 28, what are their effects?

- They bring poverty
 They cause lack of peace and stability
 Cause death of livestock
 Cause famine and bad harvest

- Cause sickness and bad health
- Cause death of children
- Induce people to immorality
- Others _____

Section D: Knowledge about HIV and AIDS

30- How did you first know about HIV and AIDS?

- Electronic/print media (TV, radio, Computer, Newspaper, magazine)
- HIV and AIDS meetings and seminars
- Discussions with friends
- In school (as part of the lessons)
- In church
- Others _____

31- What is the cause of AIDS?

- A virus,
- Sexual promiscuity
- Punishment from God
- Anger/curse of the ancestors
- Others _____

32- Which of the following have you seen suffering from HIV and AIDS?

- A neighbor
- A friend/a boy/girl friend
- A teacher
- A pastor/priest
- A sibling (Brother, Sister)
- Parent (Father/Mother/Grand-parent)
- Close relative (Uncle/Aunt, Cousin/niece)
- Others _____

33- According to you is HIV-AIDS a bad sickness?

- It has no cure
- Those who are infected can get children that will probably be infected with HIV.
- It divides families
- It kills innocent people
- Those who die of it don't become ancestors
- Others _____

34- Is there a difference in handling the corpse of someone who died of HIV-AIDS and that of someone who died from other sickness? Yes No

Explain _____

35- Is handling to corpse of a woman who died of AIDS different from that of a man who died of AIDS? Yes No.

Explain _____

Section E: Abalogoli Understanding of Evil Affected by the HIV and AIDS Pandemic

36- Were people who died a peaceful death at old age and those who died a "bad/violent" death buried the same way? Yes No.

Explain _____

37- Which of the following statements would you agree with regarding HIV-AIDS?

- It is a curse
- It is a sickness
- It is punishment from the ancestor

- It is result of sexual misconduct
 Others _____

38- Do you agree or disagree with the statement that “people with HIV virus should be blamed for bringing the disease into the community”?

- Strongly agree
 Agree
 Disagree
 Strongly disagree
 No idea

39- Do you know how the first Luhya people of your village who died of AIDS were buried? If yes, How?

- Like any other Luhya
 In plastic bag
 Very deep in to ground
 Like outcast people
 Others _____

40- Are those who died of HIV-AIDS named after? If yes, it is because:

- One is reborn in the child that carries his/her name
 One is alive in the memories of the living
 It is sign that the departed lived a morally upright life
 It shows one is in the ancestral world
 One becomes protector of the living
 Others _____

41- If No in 40, it is because:

- The child can carry HIV-AIDS
 The child can behave like the departed
 Curse can come back in the family
 Others _____

Section F: Stigmatization of HIV-AIDS Infected and Affected People.

42- Do you think people with HIV should tell others their status?

- No
 Yes, to spouse
 Yes, to relatives and family members,
 Yes, to friends
 Yes, to employer
 Others _____

42- Do you agree or disagree with the following statement: “PLWH virus should be ashamed of themselves”.

- Strongly agree
 Agree
 Disagree
 Strongly disagree
 No idea

43- Are newborn babies named after people who died of AIDS?

- Yes, No.

44- If you ticked No in 43, it is because:

- The child might be also HIV Positive
 They are promiscuous people
 They have been punished by the ancestors
 The child might follow their example
 They will bring bad luck to the whole family/clan
 Others _____

45- Suppose your relative is an evil person, known as such by all, would you name one of your children/newborn relative after that person? Yes No.

46- If No in 45, it is because:

- It will bring shame to the family
 One of the relatives might want to be reborn in our family

- It is not safe for my family
- I just don't want
- Others _____

47- Suppose a relative was HIV-positive, would you name your child/newborn relative after him or her? Yes No.

Explain _____

_____.

48- Suppose you were HIV-positive, would you like to be named after when you die? Yes, No.

Explain _____

_____.

49- Suppose your child or relative tells you he/she wants to marry into a family where a parent or relative died of AIDS, what would you do?

Explain _____

_____.

50- Would you inherit property from a relative who died of AIDS?

- Yes No.

Explain _____

_____.

51- Would you take care of the orphans of a close relative who died of AIDS?

- Yes No.

Explain _____

_____.

52- Are people living with HIV and AIDS (PLWH) stigmatized?

- Yes No.

53- If Yes is question 52

Explain _____

_____.

54- Do you think that stigmatization against PLWH goes beyond the grave?

- Yes, No.

a) If Yes why?

Explain _____

_____.

b) How does this happen?

Explain _____

_____.

Appendix E: Questionnaire for Professionals

Student: JIODIO TSAFACK MARIUS JEAN PIERRE
 Address: Utume Don Bosco, PoBox: 24370 Karen 00502 Nairobi
 Phones: (Hse) 883315, Mob: +254722154788, 0736160358
 Fax: 883318

Dear friend

I thank you for accepting to take part in this research. I am a graduate student at the Maryknoll Institute of African Studies of St. Mary's University, MN. The information I am seeking to collect from you is to help me in my research, which is part of the requirement for the award of a Masters Degree in African Studies.

You are kindly requested to give your views freely according to your understanding, experiences and convictions. Everything you say is confidential. Please don't write your name if you don't want. Thank you in advance.

Section A: Biographical Information

Your name: (Optional) _____

1- Sub-ethnic group: _____

2- Gender: Male, Female

3- Your age:

< 24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60>

4- Marital status _____

5- Profession if working (write here): _____

Section B: The Understanding of Evil among the Abalogoli

6- In your opinion what is evil?

- A person that causes harm
- A curse
- Something that causes harm
- Something that goes against the community

7- What do people do when they experience misfortune?

- Look for a Diviner,
- Go to a medicine man
- Go for prayer in a church
- Pray to God
- Go to the hospital
- Others _____

8- In the past, how were evil people treated in the traditional Luhya society?

- They were killed
- Buried outside the homestead
- They were sent away from the community (outcast)
- I don't know
- Others _____

9- according to you, what is immorality?

Explain _____

10- Who was considered an immoral person in your community?

- A thief
- Unmarried person

- Barren person
- Adulterous
- Lady who lost virginity before marriage
- Sexual misconduct
- Stingy person
- A witch
- Others _____

11- Do you agree or disagree with the statement that: “an unfaithful man can be forgiven, but an unfaithful woman should not”.

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- No idea

Section C: The Traditional Rituals Ensuring the Continuity of Life After Death among the Abalogoli.

12- Where does your community bury their dead?

- In the family compound
- In the cemetery
- Others _____

13- What do you think happens to a person after death?

- Goes to heaven
- Goes to hell
- Joins the spirit world
- Goes to the ancestors
- Others _____

14- Do people who have died continue to interact with those who are alive?

- Yes, No.

15- In your community is a newborn baby named after those who have died?

- Yes, No.

16- If Yes in 15; does the fact of giving the name of a departed to a newborn child have an effect on the child and/or on the departed?

- Yes, No.

Explain _____

17- What are the rituals done when a person dies?

- Neighbors, relatives and friends come to comfort and support the bereaved family
- Cows and chickens are slaughtered for the mourners
- Hair is shaven
- Belongings and properties of the deceased are divided among close relatives
- Others _____

Section D: Knowledge about HIV and AIDS

18- How did you first know about HIV and AIDS?

- Electronic/print media (TV, radio, Computer, Newspaper, magazine)
- HIV and AIDS meetings and seminars
- Discussions with friends
- In school (as part of the lessons)
- In church
- Others _____

18b- Which of the following have you seen suffering from HIV and AIDS?

- A neighbor

- A friend/A boy/girl friend
- A teacher
- A pastor/priest
- A sibling (Brother, Sister)
- Parent (Father/Mother/Grand-parent)
- Close relative (Uncle/Aunt, Cousin/niece)
- Others _____

19- Do you think that HIV and AIDS is a serious problem that requires very serious attention?

Explain _____

20- Why is HIV and AIDS a very serious sickness?

- It has no cure
- Those who are infected can get children that will probably be infected with HIV
- It divides families
- It kills innocent people
- Others _____

21- To your knowledge, was there (or is there) a difference in handling the corpse of someone who died of HIV-AIDS with that of someone who died from other sickness?

- Yes No

Explain _____

22- What is your source of information concerning the latest developments on HIV and AIDS and its transmission?

Write in the space provided (use the back of the page if necessary): _____

23- Do you think you have adequate information on HIV and AIDS?

Write it in the space provided below (use the back of the page if necessary): _____

24- What are the areas regarding HIV and AIDS you would wish to receive more knowledge in?

Write in the space provided (use the back of the page if necessary): _____

Section E: Abalogoli Understanding of Evil Affected by the HIV and AIDS Pandemic

25- Which of the following statements would you agree with regarding HIV and AIDS?

- It is a curse
- It is a sickness
- It is punishment from the ancestor
- It is result of sexual misconduct
- Others _____

26- Do you agree or disagree with the statement that "People with HIV virus should be blamed for bringing the disease into the community"?

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- No idea

27- Do you know how the first Luhya people in your village who died of AIDS pandemic were buried? If yes, How?

Explain _____

Section F: Stigmatization against People living with HIV and AIDS (PLWH).

28- Do you think PLWH should tell others their status?

- No
 Yes, to spouse
 Yes, to relatives and family members,
 Yes, to friends
 Yes, to employer
 Others _____

29- If you ticked No in 28, what are your reasons?

Explain _____

30- Do you agree or disagree with the following statement: "PLWH should be ashamed of themselves".

- Strongly agree
 Agree
 Disagree
 Strongly disagree
 No idea

31- Do people from your community name their children after relatives who died of AIDS?

- Yes No.

32- If No in 31, suppose you were HIV-positive, would you like to be named after when you die? Yes, No.

Explain _____

33- Suppose your child or relative tells you he/she wants to marry from a family where a parent or relative died of AIDS, what would be your reaction?

Explain _____

34- If your reaction is negative in 33, what would be the main reason?

- It will bring shame to the family
 One of the relatives might want to be reborn in our family
 It is not safe for my family
 I just don't want
 Others _____

35- Would you take care of the orphans of a close relative who died of AIDS?

- Yes No.

Explain _____

36- In your opinion why do you think that PLWH are more likely to be stigmatized:

Explain _____

37- In your opinion, do you think that stigmatization of PLWH goes beyond the grave? Yes, No.

a) If Yes why?

Explain _____

_____.

b) How does this happen?

Explain _____

_____.

Appendix F: Questionnaire for PLWH

Student: JIODIO TSAFACK MARIUS JEAN PIERRE
 Address: Utume Don Bosco, PoBox: 24370 Karen 00502 Nairobi
 Phones: (Hse) 883315, Mob: +254722154788, 0736160358
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Dear friend

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You are kindly requested to give your views freely according to your understanding, experiences and convictions. Everything you say is confidential. Please don't write your name if you don't want. Thank you in advance.

Section A: Biographical Information

Your name: (Optional) _____

1- Sub-ethnic group: _____

2- Gender: Male, Female

3- Your age:

Under 18	19-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-70	Over70

4- Marital status: _____

5- Employment/occupations: _____

Section B: The Understanding of Evil among the Abalogoli

6- What is evil in your opinion?

- A person that causes harm
- A curse
- Something that causes harm
- Something that goes against the community

7- What do people do when they experience misfortune?

- Look for a Diviner,
- Go to a medicine man
- Go for prayer in a church
- Pray to God
- Go to the hospital
- Others _____

8- In the past, how were the evil people treated in the traditional Luhya society?

- They were killed
- Buried outside the homestead
- They were sent away from the community (outcast)
- I don't know
- Others _____

Section C: The Traditional Rituals Ensuring the Continuity of Life After Death among the Abalogoli.

9- Where does your community bury their dead?

- In the family compound
- In the cemetery
- Others _____

10- What do you think happens to a person after death?

- Goes to heaven

- Goes to hell
 Joins the spirit world
 Goes to the ancestors
 Others _____
- 11- Do people who have died continue to interact with those who are alive?
 Yes, No.
- 12- Is everybody given proper burial and proper send off ceremonies?
 Yes, No
- 13- If you ticked No in 12, who are those who are not given proper ceremonies when they die?
 Those who die at a young age
 Those who die unmarried
 Those who are killed in tragic accident
 Those who die by suicide
 Those who are without a child
 Those who are notorious thief
 Others _____
- 14- Where do those who were not given full burial ceremonies go?
 They roam around the village
 They try deceiving people by haunting them
 Only God knows
 I don't know
 Others _____
- 15- Can a deceased who was not given full burial rites disturb the living?
 Yes, No
- 16- If Yes in 15, how?
 They bring poverty
 They cause lack of peace and stability
 Cause death of livestock
 Cause famine and bad harvest
 Cause sickness and bad health
 Cause death of children
 Induce people to immorality
 Others _____
- 17- In your community is a newborn baby named after those who have died?
 Yes, No.
- 18- If Yes in 17, does the fact of giving the name of a departed to a newborn child have an effect on the child and/or on the departed?
 Yes, No.

Explain _____

Section D: Knowledge about HIV and AIDS

- 19- How did you first know about HIV and AIDS?
 Electronic/print media (TV, radio, Computer, Newspaper, magazine)
 HIV and AIDS meetings and seminars
 Discussions with friends
 In school (as part of the lessons)
 In church
 Others _____
- 20- What is the cause of AIDS?
 A virus,
 Sexual promiscuity
 Punishment from God
 Anger/curse of the ancestors
 Others _____

21- How did you learn more about HIV and AIDS?

- Discussion with friends
- HIV-AIDS meetings and conferences
- Video and film shows
- TV and Internet
- Relative or close friend infected
- Seeing people with AIDS
- Attending funeral of someone I knew who died of AIDS
- Others _____

Section E: Abalogoli Understanding of Evil Affected by the HIV and AIDS.

22- Which of the following statements would you agree with regarding HIV and AIDS?

- It is a curse
- It is a sickness
- It is punishment from the ancestor
- It is the result of sexual misconduct
- Others _____

Section F: Stigmatization of people living with HIV and AIDS (PLWH).

23- Do you think people with HIV should tell others their viral status?

- No
- Yes, to spouse
- Yes, to relatives and family members,
- Yes, to friends
- Yes, to employer
- Others _____

24- If you ticked No in 23, what are your reasons?

- Stigmatization by the community
- Desertion by spouse
- Loss of employment
- Others _____

25- Are newborn babies named after people who died of AIDS?

- Yes, No.

26- If you ticked No in 25, what are the reasons?

- The child might be also HIV Positive
- They are promiscuous people
- They have been punished by the ancestors
- The child might follow their example
- They will bring bad luck to the whole family/clan
- Others _____

27- Would you like to be named after when you die? Yes, No.

Explain _____

28- Are PLWH stigmatized?

- Yes No.

29- If Yes in question 28:

Explain _____

30- Do you think that stigmatization of PLWH goes beyond the grave?

- Yes, No.

a) If Yes why?

Explain _____

b) How does this happen?

Explain

Appendix G: Questionnaire for Youth

Student: JIODIO TSAFACK MARIUS JEAN PIERRE
 Address: Utume Don Bosco, PoBox: 24370 Karen 00502 Nairobi
 Phones: (Hse) 883315, Mob: +254722154788, 0736160358
 Fax: 883318

Dear friend

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You are kindly requested to give your views freely according to your understanding, experiences and convictions. Everything you say is confidential. Please don't write your name if you don't want. Thank you in advance.

Section A: Biographical Information

- Your name: (Optional) _____
 1- Sub-ethnic group: _____
 2- Gender: Male, Female
 3- Your age: _____
 4- Marital status: _____
 6- Your occupation: _____

Section B: The Understanding of Evil among the Abalogoli

- 7- What is evil in your opinion?
 A person that causes harm
 A curse
 Something that causes harm
 Something that goes against the community
- 8- What causes evil?
 People
 Nature
 God's punishment
 The devil
 Others _____
- 9- What do people do when they experience misfortune?
 Look for a Diviner,
 Go to a medicine man
 Go for prayer in a church
 Pray to God
 Go to the hospital
 Others _____
- 10- What is the cause of immorality according to you?
 Explain _____

- 11- Which of the following are cases of immorality according to you?

- Having a mistresses
 Incest/rape
 Insulting one's parents
 Theft
 Loss of virginity

- Indecency in dressing
 Having more than two boys/girls friends at once
 Add other(s) _____

12- How many boys/girls friends have you ever had in your life?

None	1	2	3	4	At least 5	Cant count

13- who should provide sexual education to youth?

- School (teachers)
 Church
 Parents
 Media
 Others _____

14- Do you agree or disagree with the statement that: "an unfaithful man can be forgiven, but an unfaithful should not".

- Strongly agree
 Agree
 Disagree
 Strongly disagree
 No idea

15- what are the consequences of immorality?

Explain: _____

Section C: The Traditional Rituals Ensuring the Continuity of Life After Death among the Abalogoli.

16- What do you think happens to a person after death?

- Goes to heaven
 Goes to hell
 Joins the spirit world
 Goes to the ancestors
 Others _____

17- Do people who have died continue to interact with those who are alive?

- Yes, No.

Section D: Knowledge about HIV and AIDS

18- How did you first know about HIV and AIDS?

- Electronic/print media (TV, radio, Computer, Newspaper, magazine)
 HIV and AIDS meetings and seminars
 Discussions with friends
 In school (as part of the lessons)
 In church
 Others _____

18b- Which of the following have you seen suffering from HIV and AIDS?

- A neighbor
 A friend/a boy/girl friend
 A teacher
 A pastor/priest
 A sibling (Brother, Sister)
 Parent (Father/Mother/Grand-parent)
 Close relative (Uncle/Aunt, Cousin/niece)
 Others _____

19- What is the cause of HIV and AIDS?

- A virus,

- Sexual promiscuity
- Punishment from God
- Anger/curse of the ancestors
- Others _____

20- How did learn more about HIV and AIDS?

- HIV and AIDS meetings and conferences
- Video and film shows
- TV and Internet
- Relative or close friend infected
- Seeing people with AIDS
- Attending funeral of someone I knew who died of AIDS
- Others _____

21- According to you why is HIV and AIDS a bad sickness?

- It has no cure
- Those who are infected can get children that will live to have children
- It divides families
- It kills innocent people
- Others _____

Section E: Abaligoli Understanding of Evil Affected by HIV and AIDS

22- Which of the following statements would you agree with regarding HIV and AIDS?

- It is a curse
- It is a sickness
- It is punishment from the ancestor
- It is result of sexual misconduct
- Others _____

23- Do you agree or disagree with the statement that “PLWH should be blamed for bringing the disease into the community”?

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- No idea

Section F: Stigmatization of people living with HIV and AIDS (PLWH).

24- Do you think people with HIV should tell others their viral status?

- No
- Yes, to spouse
- Yes, to relatives and family members,
- Yes, to friends
- Yes, to employer
- Others _____

25- If you ticked No in 23, what are your reasons?

- Fear of stigmatization
- Desertion by spouse
- Loss of employment
- Others _____

26- Do you agree or disagree with the following statement: “PLWH should be ashamed of themselves”.

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- No idea
- Yes No.

27- Suppose a relative of yours was HIV-positive, would you name your child/newborn relative after him or her? Yes No.

Explain _____

28- Suppose you were HIV-positive, would you like to be named after when you die? Yes, No.

Explain _____

29- If you come to know that the parents of your boy/girl friend are HIV positive or have died of AIDS, what would you do?

Explain _____

30- Are PLWH stigmatized?

Yes No.

31- If Yes in question 30:

Explain _____

Appendix H: Interview guide for Elders, Professionals and PLWH

Section A: Background

Your name: (Optional) _____

1- Sub-ethnic group: _____

2- Gender: Male, Female

3- Your age: _____

4- Marital status: _____

5- Employment: _____

6- Profession if working (write here): _____

Section B: the Interview Questions

1a- Do you know any Maragoli myth or story about the origin of evil?

1b- What is your understanding of evil?

2- What is the difference between a good person and a bad person?

3- How does the community deal with good and bad people?

4- How does one become a bad person?

5- Does morality affect the way someone is buried?

6- When a Maragoli Elder died, which are the rituals that are done to honor him or her?

7- Are people who die of AIDS given all those rituals?

8- How were those who died of AIDS buried in the 90's?

9a- What is HIV and AIDS? How is it acquired? How is it prevented?

9b- Is handling of corpse of a woman who died of AIDS different from that of a man who died of AIDS?

9c- Do you know the recent discoveries about HIV and AIDS?

10- Describe the practices and ceremonies involved in giving a name to a newborn child?

11- What is the significance of the naming practices and ceremonies in your community?

12- Suppose your relative is an evil person, known as such by all, would you name your child after that person?

13- Suppose a relative was HIV-positive, would you name you child after him or her?

14b- Suppose you were HIV-positive, would you like to be named after when you die?

15- Suppose your child or relative tells you he/she wants to marry into a family where a parent or relative died of AIDS, what would be your reaction?

16- Would you inherit from a relative who died of AIDS?

17- In your opinion, do you think that stigmatization of PLWH goes beyond the grave?

18- Give a final comment you may have

Appendix I: Interview Guide for Youth

Section A: Background

Your name: (Optional) _____

1- Sub-ethnic group: _____

2- Gender: Male, Female

3- Your age: _____

4- Marital status: _____

5- Occupation: _____

Section B: Themes/Questions

1- Immorality among the youth.

2- Consequences of immorality.

3- Sex education among young Abalogoli.

4- Maragoli youth and modern challenges

5- Early pregnancy among young Abalogoli.

6- Stigma against PLWH.

7- Orphans and street children today.

8- Virginity Among young Abalogoli today.

9- VCT and Counseling.

Appendix J: Letter Consent for PLWH

LETTER OF CONSENT

I, I freely and voluntarily consent to participate in the research project by Jiodio Tsafack Marius Jean Pierre.

I understand that the study is to establish Immortality in the context of HIV-AIDS Pandemic Among the Abalogoli of Vihiga District. I also understand that it is hoped that the information gained in the study could assist governments, NGOs and Faith Based Organizations (FBOs) among others, in the formulation of training programs and decision-making in the fight against HIV-AIDS.

I understand that I might withdraw my consent and discontinue my participation in this study at any time without prejudice to me. I have been given the right to ask questions and have them answered to my satisfaction. I have read the contents of this form and have received a copy.

.....
Witness Date

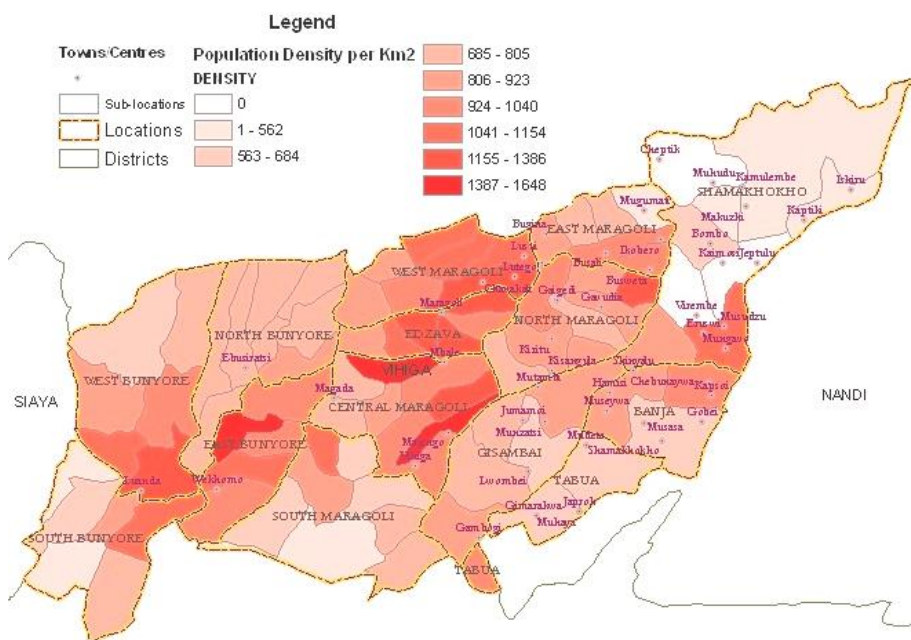
.....
Participant Date

I have explained the research procedure to which the subject has consented to participate.

Researcher: Jiodio Tsafack Marius Jean Pierre
Address: Utume Don Bosco, PoBox: 24370 Karen 00502 Nairobi
Phones: (Hse) 883315, Mob: +254722154788, 0736160358
Fax: 883318

.....
Researcher Date

Appendix K: Map A, Vihiga District



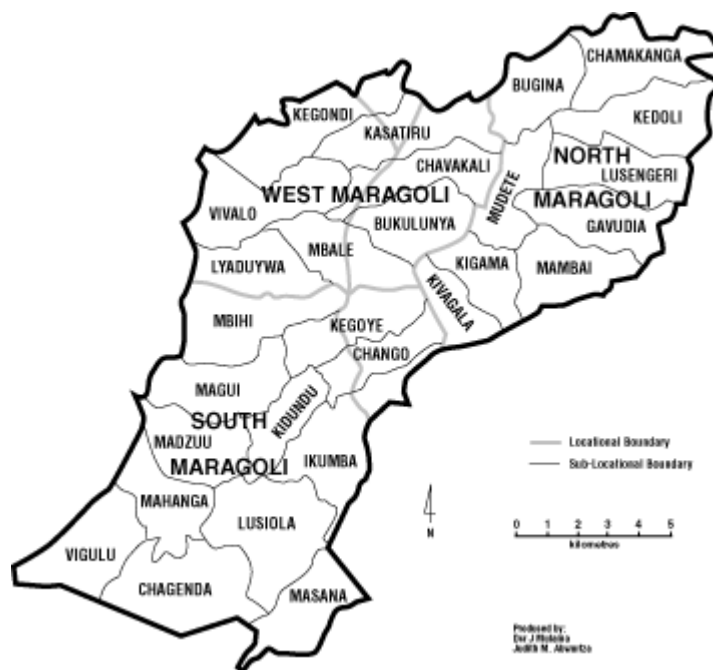
Source: Vihiga District Strategic Plan 2005-2010

Appendix M: Map C, Western Province and Kenya, East Africa.



Source: Abwunza (1995).

Appendix N: Map D, Maragoli Western Kenya.



Source: Abwunza (1995).

Appendix O: Table of Population, Vihiga Division

Population by Sex, Number of Households, area and Density. (Kenya Census 1999)

			Male	Female	Total	House- holds	Areas in Sq- Kms	Density
Vihiga			38823	44172	82995	17882	90.3	919
	Lagaga		5109	5805	10914	2338	12	910
		Vunandi	1535	1767	3302	704	4	826
		Magui	1712	1853	3565	741	3.4	1.049
		Muhanda	1862	2185	4047	893	4.6	880
	Wamuluma		7132	8163	15295	3303	11.4	1.342
		Mbihi	3572	4227	7799	1768	4.9	1.592
		Kegoye	2011	2297	4308	876	3.4	1.267
		Chambiti	1549	1639	3188	659	3.1	1.028
	Central Maragoli		10263	11313	21576	4788	17.6	1.226
		Kidundu	2270	2606	4876	959	4.7	1.037
		Chango	2528	2776	5304	1113	4.5	1.179
		Ikumba	2669	2818	5487	1294	3.2	1.715
		Emanda	2796	3113	5909	1422	5.2	1.136
	South Maragoli		7883	8736	16619	3521	28.4	585
		Lusiola	1505	1579	3084	662	4.7	656
		Ideleri	1924	2183	4107	918	5.8	708
		Masana	2254	2512	4766	944	6.8	701
		Chagenda	2200	2462	4662	997	11.1	420
	Mungoma		8436	10155	18591	3932	20.9	890
		Kisiena	1080	1271	2331	502	2.6	897
		Madzoo	1854	2490	4344	887	3.8	1.143
		Mahanga	2929	3346	6275	1313	6.8	951
		Vigulu	2593	3048	5641	1230	7.9	714

Appendix P: Table of Population, Vihiga Division

Population evolution 1979, 1989, 1999, 2009.

<u>Name</u>	<u>Abbr.</u>	<u>Status</u>	<u>Capital</u>	<u>A (km²)</u>	<u>Cf 1979-08- 24</u>	<u>Cf 1989-08- 24</u>	<u>C 1999-08- 24</u>	<u>C 2009-08- 24</u>
i Central	CE	Prov	<u>Nyeri</u>	13,176	2,345,833	3,116,703	3,724,159	4,383,743
i Coast	CO	Prov	<u>Mombasa</u>	83,603	1,342,794	1,829,191	2,487,264	3,325,307
i Eastern	EA	Prov	<u>Embu</u>	159,891	2,719,851	3,768,677	4,631,779	5,668,123
i Nairobi	NA	CpDst	<u>Nairobi</u>	684	827,775	1,324,570	2,143,254	3,138,369
i North i Eastern	NE	Prov	<u>Garissa</u>	126,902	373,787	371,391	962,143	2,310,757
i Nyanza	NY	Prov	<u>Kisumu</u>	16,162	2,643,956	3,507,162	4,392,196	5,442,711
i Rift i Valley	RV	Prov	<u>Nakuru</u>	173,868	3,240,402	4,981,613	6,987,036	10,006,805
i Western	WE	Prov	<u>Kakamega</u>	8,360	1,832,663	2,544,329	3,358,776	4,334,282
Kenya	KEN		<u>Nairobi</u>	582,646	15,327,061	21,443,636	28,686,607	38,610,097

<http://www.citypopulation.de/Kenya.html>)

Appendix Q: Basic Fact Sheet on HIV and AIDS in Kenya

NASCOP 2010

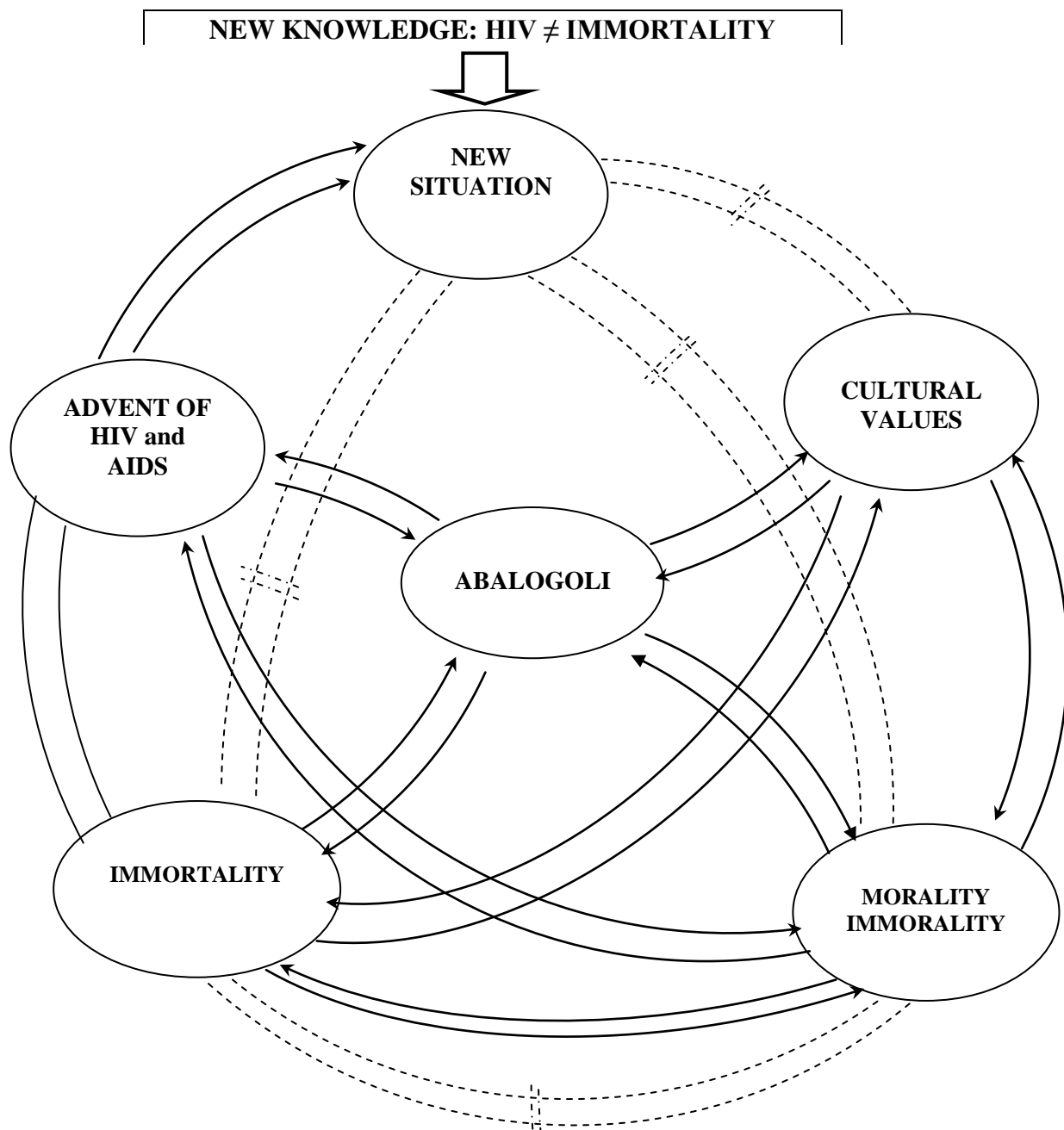
Case diagnosis in 1984, incidence continues to be very high with an estimated 122,000 new infections- adults 100000 and 22000 for children (April 2010 estimates used for Universal Access (UA) 2009 and United Nations General Assembly on HIV and AIDS (UNGASS) reports.

- Prevalence peaked in late 90s at around 14 per cent followed by a steady decline since then ,with current adult prevalence at around 7.4 per cent in age group of 15 to 49 and at 7.1 per cent in age group 15 to 64 (KAIS,2007;6.3 per cent in 15-49 (KDHS,2009).
- Urban prevalence is still high at 8.4 per and 7.4 per cent for rural areas (KAIS, 2007); 7.2 per cent urban and 6 per cent rural (KDHS, 2009).
- Younger women are three to four times likely to be infected than boys of the same age group, with the overall female prevalence standing at 8.8 per cent as compared to 5.5 per cent among men of 15-49 years of age group.
- Prevalence among uncircumcised men is four times higher than for the circumcised.
- Prevalence among men is 5.5 per cent, and among women is 8.8 per cent for those aged 15 to 49 (KAIS 2007, KDHS 2009); 4.3 per cent among men and 8.0 per cent among women aged 15 to 49 (KDHS, 2009).
- There is wide regional variation in adult HIV prevalence, ranging from 14.9 per cent in Nyanza Province to 0.8 per cent in North Eastern Province (KAIS, 2007); 13.9 per cent in Nyanza and 0.9 per cent in North Eastern (KDHS, 2009).
- People Living with HIV estimated to be (approx.) 1.4 million (KAIS, 2007).
- Orphans and vulnerable children (OVC) and pediatric epidemic: an estimated 12 per cent of all Kenyan children - 2.4 million – are orphans. By 2010, the number of orphans is expected to grow to more than 2.5 million. It is estimated that HIV is the cause of death for one or both parents of 700000 children.

- Epidemiological characteristics: Kenya is experiencing a mixed and geographically heterogeneous HIV epidemic, with characteristics of both a ‘generalized’ epidemic among the mainstream population, and a ‘concentrated’ epidemic among specific groups (Commercial Sex Workers, Men, who have Sex with Men and Injecting Drug Users).
- Number of Adults with advanced HIV infection receiving ARV therapy: 138,000(KAIS, 2007); 308,610(Kenya UNGASS Report 2009); 380,000 (program reports 2010).
- Number of HIV infected children (0-14 years) on ART: 28,370 (UNGASS Report 2009).
- HIV testing and counseling: 40.4 per cent male and 56.5 per cent female ever HIV tested (KDHS, 2009).
- Prevention of Mother to Child Transmission (PMTCT): By end of 2009, 3,397 health facilities were offering PMTCT services (66 per cent) of health services of all health facilities). In 2009, an estimated 960,000 pregnant women accessed HTC in MCH facilities and approximately 58,591 HIV infected women received ART.
- Percentage of infants born to HIV-Infected mothers receiving any ARV for PMTCT: 24.2 per cent (28,370/117,000) Kenya UNGASS Report, 2009)
- Percentage of HIV positive pregnant women who received anti-retrovirals to reduce the risk of MTCT: 72.33 per cent (58,591/81,000) (Kenya Universal Access Report, 2008)
- Number of HIV testing sites (excluding PMTCT sites):4,115(Dec 2009 UA report).

Source: www.aidskenya.org/public_site/webroot/cache/.../NAS COP_Pg_2_1.pdf (19 Feb. 2011)

Appendix R: Conceptual Framework



THE CONCEPTUAL FRAMEWORK OF THE ABALOGOLI WITH REGARD TO IMMORTALITY, MORALITY/IMMORTALITY and HIV and AIDS

Explanation

—————> Interrelation that exists between variables within the Abalogoli mindset allows them to look at the world and give meaning to issues and events.
 - - - - -> Breakage appears when a news reality cannot fit in the Abalogoli experience.

In front of new situation brought about by HIV and AIDS news links have to be built. So, the response to HIV and AIDS will bear fruits if and only if the breakages are repaired; this will first happen within the Abalogoli mindset.

Appendix S: Table, Abalogoli clans

1. Avalundanya	24. Avamuku
2. Avabasinde	25. Avamaroro
3. Abamushilu	26. Avalugili
4. Avakulima	27. Avababengo
5. Avanondi	28. Avasalia
6. Avamuhiga	29. Avasagala
7. Avagisemba	30. Abayonga
8. Avamasero	31. Avasanga
9. Avamalielo	32. Avasalia Avasweta
10. Avatemboli	33. Avamuluga
11. Avamuluga Vamugenya	34. Avakisama
12. Avatambali	35. Avadindi
13. Avamavi/Avalogovo/Avamutenbe	36. Avasaniaga
14. Avamudeya	37. Avakavera
15. Avamuli	38. Avasachi
16. Avamigangu	39. Avakevembe
17. Avasuba	40. Avakayere
18. Avamugetsi	41. Avamulunga
19. Avagonda	42. Avagamuguywa
20. Avakoyeni Avasali	43. Avafunami
21. Avakizungu	44. Avakizungu Avadidi
22. Avamasingila	45. Avandega
23. Avang'ang'a	

Appendix T: Thesis Proposal Approval

MARYKNOLL INSTITUTE OF AFRICAN STUDIES
OF ST. MARY'S UNIVERSITY
NAIROBI AND WINOWA, MN

Student: Jiodio Tsafack Marius Jean Pierre
Address: Utume Don Bosco, PoBox: 24370 Karen
00502 Nairobi
Phones: (Hse) 883315, Mob: +254722154788, (Fax) 883318

(Student's Signature)

(Date)

(Thesis Advisor's Signature)

(Date)

Thesis PROPOSAL Approved _____

Thesis proposal not Approved _____

Program Director's Signature

(Date)

Recommendation:

Resubmitted _____ (date)
Approved _____

Approved _____ Not

Program director's signature

Date: _____

Appendix U: Research Methods Approval

MARYKNOLL INSTITUTE OF AFRICAN STUDIES
OF ST. MARY'S UNIVERSITY
NAIROBI AND WINOWA, MN

Directions: Please complete this form in order to secure approval for collecting research data or information from sources external to the institute. Included are experiments involving human subjects, surveys, structured interviews, and other methods for gathering research information from sources other than published materials. This approval process documents the human subject review function; please use the back of this form if additional space is required to complete the following items. Return the completed form to the program director. Attach to it a copy of the Thesis proposal, together with all the data collection instruments, correspondences with the sources, and release forms. ATTN: If the language of the data collection instruments is not English, then an English translation must be attached.

Student: Jiodio Tsafack Marius Jean Pierre

Address: Utume Don Bosco, PoBox: 24370 Karen 00502 Nairobi

Phones: (Hse) 883315, Mob: +254722154788, (Fax) 883318

Title research: Immortality in the Context of HIV and AIDS Among the Abalogoli of Vihiga District

Purpose of the research: To examine the cultural knowledge that sustains the personal immortality among the Luhya of Kenya. And To investigate the reasons why those who are infected and affected by HIV and AIDS came to be associated with moral evil.

Population and sample: The study targets infected and (directly and indirectly) affected young adult and elder members of the Abalogoli community of Kenya. The research samples consist of men and women, rich and poor, married, divorced, separated and/or single. It involves people with or without formal education and also professionals.

How are the sources or subjects chosen? Informants will be purposely chosen among the Abalogoli of Kenya. The informants will be explained the purpose of the study and given the assurance that the information gathered will be treated with anonymity and exclusively used for the purpose of writing of the MA thesis and that the finding will be available at the MIASMU Library. To those who participate in questionnaires, interviews and focus group discussions, a copy of the written text from the interviews/discussions will be handed down to them to assert that it corresponds to their ideas, and that they (written text) will be destroyed after MIASMU accepts the report.

How will the results be used? The results will be used for the Master Thesis in African Studies and later for a book, articles and lectures.

Researcher's signature

Date:

Thesis Advisor's signature

Date:

Program director's signature

Date:

Decision: Approved _____ Not Approved _____

Remarks:

Appendix V: Permission to Schedule Colloquium

MARYKNOLL INSTITUTE OF AFRICAN STUDIES
OF ST. MARY'S UNIVERSITY, NAIROBI AND WINONA, MN

Permission to Schedule Colloquium

Student: Jiodio Tsafack Marius Jean Pierre
Address: Utume Don Bosco, P. O. Box: 24370 Karen 00502 Nairobi
Phones: (Hse) 883315, Mob: +254722154788, (Fax) 883318
Thesis Title: "Immortality in the Context of HIV and AIDS Among the Abalogoli
of Vihiga District"

We have reviewed this thesis and agree it is ready for colloquium

Dr Michael Katola

Thesis Advisor

Prof. Mary Getui

Thesis Reader

Prof. Michael Kirwen

Program Director