SR 950-32: Clinical and Applied Sociology

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Assignment #3 Essay

Professor:

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**Poverty reduction among women & children is caused by HIV/AIDS.**

According to UNAIDS at https://www.unaids.org/sites/default/files/media\_asset/2019\_women-and-hiv\_en.pdf,

**HIV/AIDS in young women**

The Kenyan Ministry of Health claims that HIV can affect young women and girls more than other demographic groups because of their disproportionate exposure to violence, poverty, and injustice. HIV prevalence is nearly twice as high in young women as it is in young men (2.1% versus 1.2%). HIV-related stigma is still a major problem.

**HIV/AIDS in children**

According to the Ministry of Health in Kenya,

According to PLoS ONE 2023, “KENPHIA identified 57 HIV-positive children, translating to an HIV prevalence of 0.7% (95% CI: 0.4%–1.0%) and an estimated 138,900 (95% CI: 84,000–193,800) HIV among children in Kenya. According to research findings, HIV/AIDS mostly affects women & children, meaning that HIV prevalence remained unchanged for a short period and caused poverty mostly in rural Kenya.

**Introduction and Personal Observation**

In my past and current experience working with people living with HIV/AIDS, the pandemic is one of the most common contributors to poverty in rural Kenya. The disease weakens the body and causes stigma, discrimination, and disintegration of the victims from society. There are strong bi-directional linkages between HIV/AIDS and poverty in resource-poor settings. The long-time experience with HIV/AIDS is that it is both a manifestation of poverty conditions that exist, taking hold where livelihoods are unsustainable, and the result of the epidemic's impact on social and economic conditions. Observation of families and individuals affected and infected with HIV/AIDS indicates that poverty is at the same time a cause and an outcome of the disease, and poverty is also both a cause and an outcome of HIV/AIDS.

It has been observed that women who have children and are widowed are vulnerable to sex with any man who can provide a single meal for the day for her kids. These women can do anything to place a meal on the table, and for that reason, there are high chances of contracting HIV/AIDS. HIV/AIDS also causes impoverishment when working-age adults in poor households become ill and need treatment and care because income is lost when the earners are no longer able to work. Expenditures increase due to medical care costs. Poor households often expand their savings and lose their assets to purchase medical care for sick members. Assets may have to be sold when many households face the same need, and in such distress, sales are often ill-timed and at a loss. Productivity can be drastically reduced even when assets are preserved; for smallholder farmers, this can be due to a shortage of workers with the necessary physical attributes. Physical labor may be the only productive asset available to the extremely poor in the informal and rural sectors—and it is also the one they can least afford to lose.

HIV/AIDS slows economic growth and poses a significant challenge to sustainable development in many countries. The disease has a significant impact on the labor force, productivity, and the economy as a whole. HIV/AIDS hinders the development of human capital, which is essential for economic growth and sustainable development. The loss of human capital can have a significant impact on economic growth. Applied clinical sociology in this study creates a creative, humanistic, and interdisciplinary specialization that seeks to improve the quality of people’s lives.

**Applied Clinical Sociology and the Need for Social Change**

The researcher believes that the church can take responsibility for social change. Pastoral and spiritual services could help couples overcome challenges and conflicts and provide spiritual guidance to society by showing them the love of Jesus in deeds, not words alone. Education at any age and at any level may reduce poverty. Affordable education could increase population enrollment in formal education and allow higher-earning possibilities, eventually reducing poverty. The education of girls and women can impact the rest of the societies in which these girls and women live. A woman’s education degree can be linked to the age at which she marries and has children, to her health and diseases, to her economic opportunities, to her social standing, and her general future well-being. Education is vitally important to women and girls.

The church can take responsibility for social change. In the paper ‘Social Change and Medicine’, a team of researchers from Kenya (2022) found that women also turned to religious institutions for help. Pastoral and spiritual services could help couples overcome challenges and conflicts. This can be our first step to addressing these issues, as the church provides spiritual guidance to society by showing them the love of Jesus in deeds, not in words alone.

Education at any age and any level may reduce poverty; affordable education could increase population enrollment in formal education and allow higher-earning possibilities, eventually reducing poverty. The education of girls and women can impact the rest of the societies in which these girls and women live. A woman’s education degree can be linked to the age at which she marries and has children, to her health and diseases, to her economic opportunities, to her social standing, and to her general future well-being. Education is vitally important to women and girls.

The paper by Adventure Mulbah Trye, Ph.D. Assistant Professor of Education, Adventist University of West Africa, Liberia (2020) research on education agreed that education should be the integration of faith and learning, and the practitioners must be able to develop an integrated curriculum that includes the focused, intentional, and targeted integration approach as recommended in the paper. The integration should include various aspects like the programs of study, the lesson plans, and the evaluation of learning activities. Furthermore, the integrated curriculum should be designed to include faith aspects in learning through intra-disciplinary, multidisciplinary, interdisciplinary, and trans-disciplinary approaches

**Applied Clinical Sociology in Reducing Poverty**

1. To effectively combat poverty, it is crucial to prioritize and target HIV prevention efforts toward key populations. By promoting treatment adherence and raising awareness about the potential complications of HIV and related illnesses, we can alleviate the strain on healthcare services.
2. Additionally, we can employ various strategies to reduce disease transmission, such as educating PLWHAS about blood-borne STIs. Training sessions can cover a range of topics, including nutrition, therapy, emergency response, and education, all of which can contribute to poverty reduction. Nutrition interventions, including therapeutics, emergencies, and education, can also play a crucial role in poverty reduction.
3. By linking agriculture, HIV hygiene, health, and nutrition, we can improve the overall health of residents and PLWHAS.
4. Finally, the development of field farming schools for agricultural products can provide a sustainable solution to poverty reduction and healthy eating habits to promote immunity
5. Love is a powerful tool; it prevails overall. We need to come closer to the poor and identify with them. Clinical sociology Applied by Jesus, as a result, we are here, righteous and rich “Have this mind among yourselves, which is yours in Christ Jesus, who, though he was in the form of God, did not count equality with God a thing to be grasped but emptied himself by taking the form of a servant, being born in the likeness of men. And being found in human form, he humbled himself by becoming obedient to the point of death, even death on a cross. (Philippians 2:5-8)

**Conclusion**

Applied Clinical sociology means the church and the government agencies linked together could win the fight against poverty, which causes stigma, discrimination, and disintegration. Good News for the Poor (Luke 4:18): Bible Commentary for the New Baptist Covenant by Darrell Gwaltney Aug 16, 2007 Opinion: I quote: This “good news” finds its particular expression in the word it brings to the poor. Jesus says he will “bring good news to the poor.” This focus on the poor appears 10 more times in Luke. In each case, the text calls attention to Jesus’ ministry to the poor. The poor are blessed (6:20). The poor are the subject of the good news (7:22). They are invited to the banquet when other guests do not appear (14:13; 14:21). The poor, such as Lazarus, receive special attention and favor (16:20, 22). Jesus challenges the rich man to give away his wealth to the poor to demonstrate faithfulness (18:22). Zacchaeus’ immediate response to Jesus is to give his money to the poor (19:8). The poor widow's offering in the Temple receives Jesus’ notice as an exemplary gif (21:2–3). The term for the poor (ptochos) refers to those who are abjectly poor or utterly destitute. The most popular word for poor in the Hebrew Bible, "ani," connotes not only a lack of resources but also oppression, exploitation, and suffering. In conclusion, HIV/AIDS is a significant contributor to poverty in rural Kenya. The disease weakens the body, causes stigma and discrimination, and poses a significant challenge to sustainable development in many countries. The church can take responsibility for social change, and education at any age and any level may reduce poverty. Jesus’ example of proximity provides a valuable lesson for applied clinical sociology. As sociologists, we must be physically present and involved with the communities we are serving. Jesus humbly sacrificed his position to be physically near us and ministered to those in need. He listened patiently to their stories, cared about their wounds, and even felt their pain. As applied clinical sociologists, we should follow Jesus' example and be physically present in the communities we serve. We should listen to their stories, empathize with their struggles, and help heal the broken. It is not enough to simply pray for the poor, sick, and broken people of the world. We must physically go to them and stand next to them. Through Jesus' example, we learn that proximity is crucial in applied clinical sociology. It is only through physical presence and involvement that we can truly understand the struggles of those we are serving and effectively address their needs.

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