Full name of Course

Your Name

Omega Graduate School

Date (e.g. June 20, 2021)

Professor

Dr. Professor’s Name

SR 890-42: DSL Action Research Project Prospectus (Fall 2024, Subterm A)

Core 4: Assignment #1: Introduction and Problem Statement

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Professor: McCullough, J. Andrew,

**"Exploring the Impact of HIV/AIDS on Poverty Reduction Among Women and Children."**

**Introduction**

According to UNAIDS (UN Joint Programme on HIV/AIDS) at https://www.unaids.org/sites/default/files/media\_asset/2019\_women-and-hiv\_en.pdf, the prevalence of HIV/AIDS is disproportionately high among young women in Kenya. The Kenyan Ministry of Health emphasizes that young women and girls are more susceptible to HIV due to their increased exposure to violence, poverty, and social injustice. Statistics reveal that HIV prevalence is markedly higher among young women than among young men, with rates of 2.1% and 1.2%, respectively. Additionally, the persistence of HIV-related stigma remains a significant challenge in addressing the spread of the virus among this demographic.

HIV/AIDS in children has been identified as a significant factor contributing to poverty, particularly in rural Kenya. According to the Ministry of Health in Kenya, a study published in PLoS revealed that KENPHIA identified a considerable number of HIV-positive children, leading to an HIV prevalence of 0.7% (95% CI: 0.4%–1.0%) and an estimated 138,900 (95% CI: 84,000–193,800) cases of HIV among children in Kenya. This situation has had profound implications for the affected communities, especially among women and children. The sustained prevalence of HIV/AIDS has resulted in socioeconomic challenges, exacerbating poverty levels, particularly in rural areas of Kenya.

**Statement: 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 a result of HIV/AIDS.

According to UNAIDS (UN Joint Programme on HIV/AIDS) at https://www.unaids.org/sites/default/files/media\_asset/2019\_women-and-hiv\_en.pdf, the prevalence of HIV/AIDS is disproportionately high among young women in Kenya. The Kenyan Ministry of Health emphasizes that young women and girls are more susceptible to HIV due to their increased exposure to violence, poverty, and social injustice. Statistics reveal that HIV prevalence is markedly higher among young women than among young men, with rates of 2.1% and 1.2%, respectively. Additionally, the persistence of HIV-related stigma remains a significant challenge in addressing the spread of the virus among this demographic.

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.

**Widening the scope**

The researcher Borowik (2023) & Hiebert (2021), argues that the church can play a significant role in driving social change. By providing pastoral and spiritual services, the church can support couples in overcoming challenges and conflicts while exemplifying the love of Jesus through tangible actions. Moreover, accessible education at all stages of life can catalyze poverty reduction, as it has the potential to increase enrollment in formal education and create greater earning opportunities. Notably, the education of girls and women can have far-reaching impacts on their communities, influencing factors such as marriage age, health, economic prospects, social standing, and overall well-being.

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 her general future well-being. Education is vitally important to women and girls.

**Issues Articulation**

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

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. This kind of sociology was applied by Jesus, and 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**

The church, the community, and the government agencies should, without disruption, be willing to link together to 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. In conclusion, the church needs to have a secure and accessible system for managing and distributing resources to those in need. This can be achieved by setting up a designated fund, organizing regular community events, and establishing partnerships with local organizations to provide additional support where needed. By being physically present and involved in the community, we can better understand the struggles of those we are serving and effectively address their needs.

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The assignment response starts on the third page.

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