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GRANDMOTHERS IN MAI MAHIU, KENYA CHALLENGE PASTORS ON BEING CHURCH

Pauline Wanjiru Njiru

Background

The story of HIV & AIDS¹ has been told from different perspectives. This includes the focus on orphans, widows, stigma and discrimination, and others. The diverse ways in which it has been told has not given much visibility to the grandmothers in Mai Mahiu. This chapter tells the story of the grandmothers² of Mai Mahiu³ grappling with the challenge of HIV. It focuses on how HIV has affected them, and how they have gained strength from their suffering, leading them to become a living church, hence, their desire to teach the pastors the same. The chapter describes how the grandmothers, and the pastors encounter each other and how the pastors⁴ learn from the grandmothers, challenging them to practically re-define being Church in the era of HIV & AIDS. The chapter further brings to light the muted voices of grandmothers that have not been heard in academic theological circles in the era of HIV & AIDS. Nyambura Njoroge has encouraged the church and theologians in Africa to sit at the feet of the people of God in order to acquire wisdom from interacting with the

¹ HIV basically stands for Human Immuno Deficiency Virus while AIDS is the Acquired Immuno Deficiency Syndrome. Mai Mahiu has suffered one of the most devastating pandemics. HIV & AIDS when mentioned alongside Mai Mahiu has the overtones of sex work, death and pain.

² In this chapter, grandmothers refer to the women of Mai Mahiu whose children have died from HIV related illnesses, leaving behind children, and these children are now under the care of grandmothers.

³ Mai Mahiu, is a town located in the Rift Valley of Kenya. It lies along the Eastern Africa transport corridor and is a major stop over for long distance truck drivers, en route to or from Mombasa, Kampala, Kigali or South Sudan. This has rendered it an HIV & AIDS “hotspot.”

⁴ In this chapter, pastors refer to leaders of the churches in Mai Mahiu, who may or not be ordained, but are in charge of congregations. The majority of the Mai Mahiu pastors are from Independent Churches and Ministries, with only a handful coming from main-line Protestant churches.

reality on the ground. Cognisant of the importance of this injunction by Nyambura, the chapter focuses on a few of the narratives of the grandmothers raising grandchildren whose parents have died from AIDS. It employs a descriptive narrative methodology to evaluate the interactions between the pastors and the grandmothers. This is the methodology that the Circle of Concerned African Women Theologians have used in both research and engaging the community. The chapter builds on the earlier work on Africa and HIV by the Circle (see for example, Dube and Kanyoro 2004; Amoah, Akintunde and Akoto 2005; Hinga, Kubai and Ayanga 2006).

A brief description of Mai Mahiu

Mai Mahiu is a settlement in Kenya's Rift Valley Province. The name means "hot water" in Kikuyu language. It is a major stop over for long distance truck drivers on one of the major Eastern Africa transport corridors. Many of the hotels and lodgings operate twenty-four hours a day. The town has been known as a sex hub, due to the rampant transactional sex that takes place there. The majority of the people engaging in transactional sex are the long-distance drivers who stop over to rest, the local community members, as well as people from neighbouring towns of Naivasha, Nairobi, Limuru and Narok. This business, which has thrived for a number of years, has contributed to the high rate of new HIV infections and AIDS deaths in the community.

Introduction

My interest in writing this essay arose from a visit to Mai Mahiu Comfort the Children International (CTC), now Ubuntu Foundation, in 2011. A classmate invited me to see the work the organisation was doing with grandmothers who are raising children whose parents died of AIDS. During the visit, I encountered a few grandmothers who sat around me and told me their stories. Two of the narratives stood out, namely, the stories of Wanjiru and Wanjeri.⁵ Wanjiru, seventy-five years old, lost five daughters to AIDS. Humorously, she also explained that her husband, had died of shock after their third daughter died. She had a permanent bent over posture. She explained that a tree branch fell on her, breaking her spinal

⁵ For ethical reasons and confidentiality, the names used here are not the real names.

cord as she was fetching firewood to cook for her grandchildren. I was amazed by the way she told her story with calmness, dignity and passion, which appeared to have been firmly grounded in her faith in God.

Wanjiru had watched her five daughters waste away and finally succumb to the strange disease. She, like many members of her community, knew very little about this body wasting disease. There was so much stigma, shame, denial and discrimination of those who had contracted HIV and were now suffering from AIDS, which worsened the effects of the disease. Her daughters had left behind a trail of orphaned grandchildren.

Wanjeri, was an eighty-year-old grandmother at the time of the study, living with diabetes and high blood pressure. She sat still and listened as Wanjiru narrated her story. When it was her turn to tell her story, Wanjeri told the story of how she takes care of thirteen grandchildren and great grandchildren; she could not manage to do any manual work to earn a living to feed the now too large family and hence, depended on well-wishers. The status of her house confirmed the desperate state she was living in. Of the thirteen children she talked about, a five-year-old was crying for food and there was no food. The house looked empty and dry, there was no indication that there was food or anything had been cooked in the house for several days. Grandmother after grandmother told their story of pain, loss, hope and faith in God. Their pain and loss did not leave them desperate, for their hearts spoke of God who came, comes and will come to their aid.

The narratives and images and the call from this visit remained in my mind for a long time and I made up my mind that I would go back and get to know the grandmothers a bit more. I kept wondering what had given them so much strength amidst such loss, pain and brokenness. How was it possible to trust in God in such circumstances?

Against this background, I sought to expound on the following, firstly, to show the effects of HIV on the grandmothers based on their own accounts. Secondly, to explain what it means to be church in the context of suffering through the eyes of the grandmothers of Mai Mahiu and the pastors of Mai Mahiu. Thirdly, to expose the gaps that exist and suggest a way forward.

Appreciating the Context of the Grandmothers

The grandmothers have walked a long journey of pain, loss, despair. Nevertheless, they retained their hope in God, even as they watched their children suffer from a mysterious disease, they saw them become bed ridden and subsequently die. All they knew was that the disease had no cure. The grandmothers went through the home-based care giving and grieving processes without the much-needed pastoral accompaniment, since neither the community nor the church wanted anything to do with the “homes of AIDS”, as they called them. In most instances, the grandmothers buried their children without the pastors or the church. The children of the grandmothers left their own children behind and the grandmothers are now parenting their grandchildren. Yes, in the midst of old age, poverty and disease, they are learning to be mothers again. Unlike in traditional Africa set-ups where grandmothers spent time with playing with their grandchildren telling stories, sayings, proverbs and riddles as they communicated sex education among other things, the grandmothers of Mai Mahiu find themselves doubling up as the mothers and fathers to their grandchildren. They are taking up the roles of nurturers, providers and instillers of values and discipline. However, sometimes when the grandchildren are disciplined, they respond in a manner that suggests that they are being mistreated and misunderstood.

The grandmothers are learning to be mothers again and they feel they do not have the skills required to raise adolescents and young people in the 21st century. The grandmothers are grappling with serious questions that their grandchildren are asking. They would like to know who and where their fathers are, since most of them know that their mothers died, but have no knowledge of the whereabouts of their fathers. This is a question that the grandmothers do not have a ready answer to. The grandmothers have resorted to giving creative answers to the grandchildren. Because the town is known for long distances trucks, the grandmothers often tell their grandchildren that their fathers were run over by the trucks, and because some of the trucks are very huge, the children somehow believe there were no remains to be buried.

The stories of the grandmothers are real life experiences spreading over a period of more than twenty years. The stories of being ostracised by their loved ones and the church came out strongly as each grandmother shared how they were treated when they sought for help from their families and the pastors. The experiences of the grandmothers were painful, and this

was brought out every time they were prompted to share. They felt that although they had successfully parented their children, they were now reduced to the level of beggars and that every story they shared was an effort to seek for support towards the care for their orphaned grandchildren.

According to their shared stories, Mai Mahiu grandmothers faced many terrible experiences. These included: denial of rights and injustices, exclusion, threats and violence, abandonment, displacement, hunger, being subjected to poverty, lack of knowledge of HIV & AIDS, spiritual poverty, lack of representation and lack of shelter. Most of these problems were aggravated by the stigma that existed around HIV & AIDS.

The grandmothers said that some of their children died even when antiretroviral therapy was available. Some said that the people living with HIV defaulted from taking medication because of stigma and shame. Some people living with HIV did not appreciate the idea of hospital social workers and field officers visiting them with drugs and information. The community stigmatised people whose homes were visited by hospital staff and branded them “the homes of AIDS.” This dampened the spirit of the people living with HIV and they opted not to take the drugs. Therefore, their preventable and postponable deaths were merely due to stigma.

The stories, told by different grandmothers indicated the unchecked forms of denial of their rights and justice. From one grandmother to another, they repeated similar stories which showed a tolerated injustice. One grandmother said that after the death of her daughter who was married to a pastor’s son, the in-laws brought to her the grandchildren, although their father was alive. She was forced to take them and could not get redress, even from the local leaders. She obviously did not have access to the government children’s department and, therefore, had to take care of the grandchildren single handedly.

The grandmothers experienced limited access to support services and exclusion by close relatives and the community. There was self-denial that could also translate or lead to self-stigma. Further, stigma leading to rejection and exclusion from the rest of the community was a common experience for the grandmothers. They faced threats and violence. This form of suffering was heightened by the laxity of the local leadership and law enforcement arm of the government to recognize and offer protection to the people living with or affected by HIV in the region. Grandmothers shared how, even after resisting all forms of threats from their close relatives and reporting to the necessary administration, nothing in the form

of help came their way. They remained to nurse their pain without those entrusted to help them doing their part. Instead, they had to watch them as they waste away in poverty, stress, diabetes, and high blood pressure resulting from their struggles as they offer care for those living with and affected by HIV, mainly their children and grandchildren.

Most of the grandmothers who shared their experiences revealed their frustration of having been abandoned by their relatives for choosing to stand with their children dying from AIDS and grandchildren living with or affected by HIV. They mentioned how their daughters were brought back to their maiden home and kicked out of their matrimonial home after they tested HIV positive. Some of the grandmothers were displaced from their original homes after resisting efforts to discourage them from caring for their orphaned grandchildren. One of the grandmothers shared how she was forced out of her home by her husband after refusing to bury a living two-day old baby (their own grandchild) with her dead mother (their own child). Despite such severe treatment, the grandmother has continued to care for the child who was now in school at the time of writing.

Most of these grandmothers are senior citizens who are not in a position to work for a living. They struggle to get enough to feed themselves and their grandchildren. Despite the lack of food, they remain hopeful of a better future and their anchor remains the sincere prayer they make to the Almighty God every day, to give them their daily bread. Although some have portions of land where they can grow some crops, poor health deters them from getting enough food. The hostile climate of Mai Mahiu is also very unpredictable and cannot guarantee a good harvest.

Most of the grandmothers coped badly with their experiences; some were shocked and distressed to the extent that they developed health challenges, commonly high blood pressure. Others were under enormous stress, especially because they had to depend on hand-outs to be able to feed themselves and their orphaned grandchildren. The grandmothers nursed their sick children single-handed. Sometimes out of love, they risked their lives by not taking precautions, for example, wearing gloves because they felt that if they wore gloves, they would be stigmatising their own children, like the rest of the society around them was doing. These grandmothers knew they had no way out. They had to stand with their children whatever the case because they had birthed them.

These experiences of the grandmothers challenge Deervla Murphy's (1993) idea that HIV was a truck drivers' virus, hence the title of her fictional work, *Ukimwi Road*. Her ride as recorded, restricted her to the road, with stop overs in some of the towns she passed through and Mai Mahiu is mentioned as one of those stops. Due to her limitations or maybe lack of deep interest, she did not delve into the villages of Mai Mahiu and see the pain, and devastating effects of HIV. She does not make the connection between the truck drivers who were presumed to carry the virus with the daughters of the grandmothers of Mai Mahiu with whom they had transactional sex in exchange for the much-needed food and necessary commodities. Neither did she make the connection between the truck drivers and the sons of the grandmothers of Mai Mahiu who also may have had transactional sex with the daughters of the grandmothers of Mai Mahiu or who would have been spouses of the same daughters of the grandmothers of Mai Mahiu. She does not make the connection between the casual and transactional sex happening in the brothels of Mai Mahiu with the pain of the grandmothers of Mai Mahiu or the deep-seated questions of the grandchildren of Mai Mahiu. This is often the delink that exists in the interventions that target HIV as a stand-alone and fail to see the connection of HIV to the social fabric, as well the psychological and economic effects of the same virus. There is need to acknowledge that actually a single infection can go viral to change the entire community's outlook (Murphy 1993).

As the women theologians rightly confirm in Phiri, et al. (2003), women have become the most affected and infected as HIV & AIDS devastate many parts of the African continent. They challenge Christian and cultural traditions and provide concrete suggestions for change in the teaching and practice of the church. It is important to see the parity between the theologies of these 'learned' sisters doing research and writing books, and the struggles of the grandmothers of Mai Mahiu living their theology and experiencing first-hand what it means to follow Jesus. The classroom theology is by coincidence the experienced theology. Whereas the African women theologians have accurately captured the experiences of the grandmothers, can the same be said of the pastors in the church? In the following section, I examine this question further.

What does being church mean in the context of suffering?

For the purposes of this chapter, I will define the church as;

the body of Christ which comprises the believers in all places. Their visible presence is made through the exercising of the divine gifts bestowed upon them by the Holy Spirit and by expression of love which is fruit of the Spirit' (1Corinthians 12 &13).

However, in Mai Mahiu, the understanding and expression of being church was different between the grandmothers and the pastors. According to the pastors, the church is a fellowship of believers gathering in one place to worship and united by baptism and confession of faith in Jesus, giving offering and gifts to support the ministry. The members of the church were distinct in their participation in worship, public confession and giving for the work of God.

According to the grandmothers, the church as expressed by the pastors lacked its value in the face of suffering in the face of HIV & AIDS. The people affected by HIV & AIDS could not go to church to fellowship, they could not participate in giving and in weekly worship, hence, they were not part of the church as defined by the pastors.

The worldview of the grandmothers was alien to the pastors. This created a real gap between the two categories, one challenging the other for not being church. The pastors saw those suffering from AIDS and likewise their caregivers and families as receiving a curse for "their evil deeds." For them, HIV & AIDS was judgement from God for those who are sexually immoral. They therefore, distanced themselves from such people and called on those in the "church" to lead holy lives to avoid being infected by the virus.

The grandmothers were concerned that there were many churches in Mai Mahiu. Actually, the grandmothers described the churches as 'competing for space with the brothels,' meaning that there are as many churches as there are brothels in the town of Mai Mahiu. A few of the pastors were from mainline churches while the majority were from independent churches and ministries without national membership. Each of the pastors understood that for Christians to belong to their church or ministry they had to meet some membership criteria. Committed members are known by giving offerings, gifts and, most importantly, tithing.

The grandmothers felt the church had failed the people living with and affected by HIV, and they attributed the failure to lack of knowledge. For

them, the pastors simply did not know; they were ignorant. When the grandmothers asked for help from the pastors, the pastors sent them away to the clinics and the social workers dealing with HIV. At other times, when the grandmothers turned to the church for help, they were struck by the emptiness in those churches.

The grandmothers felt that the issues they were dealing with were beyond the medical, they felt that the issues were social, economic, political and pastoral. Only a very small number of the grandmothers indicated they had received some form of help from the church, in the form of a visit from the pastor or the pastor burying their dead. Contrary to the expectation of many of the grandmothers, the church led in abandoning and condemning the people living with or affected by HIV. The church referred to them as people reaping from their evil and immoral practices. On turning to their relatives for help, stories of being abandoned on the death bed were told. Unfortunately, many of these stories reflected sheer negligence of the church and the community due to the high level of stigma that existed in the society. The grandmothers experienced similar stigma from the church and from the community. On many occasions, the church leadership failed to stand with the grandmothers in order to build their courage to care for their children living with HIV and to sustain their hope in what they were doing.

It is worth noting that the grandmothers distinguished the church from the Catholic sisters from Naivasha, whom they described as kindhearted as they had taken many of the orphans to school and were providing fees and learning materials. For whatever reason, these were “the Catholic sisters” and not the churches I describe above.

The grandmothers felt they wanted to teach the pastors how HIV is transmitted, arguing that it was not just through sexual intercourse and that some of the orphans they were looking after were born with the virus and they themselves had not been involved in any sexual intercourse. They wanted to inform the pastors that HIV is a virus which thrives in human bodily fluids, mainly in the blood, breast milk, vaginal fluid and semen. The high level of viral load in the said fluids is a contributing factor to the infection, meaning if one living with HIV is under medication and the viral load is suppressed to undetectable levels, they are unlikely to infect another person. The grandmothers needed the support of the pastors to help those living with HIV with treatment adherence and not to condemn them for having the virus. People living with HIV need to be supported to

access and remain in treatment because if they are under treatment and their viral load is suppressed, then they are unlikely to spread the virus; this is the information the grandmothers had received from the health care workers which they felt the pastors were lacking.

The pastors said that they had believed and taught that a believer in Christ cannot contract HIV because it was a disease for sinners and was a result of sexual sin. It was, therefore, judgment from God for the sexually immoral. If one remained sexually pure through sexual abstinence for those who were not married and sexual faithfulness for those who were married, HIV would not strike. The pastors also taught that using condoms was sinful and that condoms were not meant for Christians. One of them, when asked to describe what his church was doing about HIV, loudly referred to Deuteronomy 28:28, pointing out that such diseases followed those who failed to obey the law of God. He added that he had googled and confirmed that HIV was a disease for sinners and that there is no way those who trusted in God could get the virus. For this reason, his church had nothing to do with HIV or those living with the virus. This is the lack of information on the part of the pastors that had prompted the grandmothers to want to teach them, and demonstrate that there was more to HIV than meets the eye, and the pastors needed to educate themselves on matters related to HIV.

The pastors were afraid of the ‘disease’ and they did not have adequate knowledge on the basic facts of HIV, for example, how it is transmitted, prevented and managed. This led the pastors to offer inappropriate interventions. From the faith perspective, they located their theology in Deuteronomy 28:28, on curses and blessings for the disobedient and obedient respectively. Following this theology, some of the pastors prescribed faith healing, which is dependent on the faith of the person who is unwell or who is providing care. They claimed that those who did not get healed did not have enough faith. By regarding HIV infection as a judgment from God, prescribing faith healing based on the faith of the sick person or the care giver, and claiming that those who do not get healed have no faith, the pastors placed the burden of the disease on the person who was suffering. This enhanced the burden of HIV, self-stigma as well as societal stigma where the person feels unworthy and sinful deserving death. The pastors responded in this manner for various reasons.

Firstly, they had inadequate theological education. Only ten% of the pastors interviewed had any form of formal theological education. Only one

had a degree in theology which was an online distance learning course which the Commission for Higher Education failed to endorse for him to proceed to a Master's degree. This shows that most of the pastors did not have any theological education. The pastors applied simplistic and speculative theology which likened HIV to the incurable diseases mentioned in Deuteronomy 28. The pastors observed that church doctrines which have no room for sinners were part of their greatest limitation. The church's sole focus on the subject of sin, led to condemnation of the people living with or affected by HIV in the community and made the pastors refuse to embrace HIV awareness. This heightened their fears; the fear of being identified with sinners and the fear of being labelled HIV positive due to associating those living with or affected by HIV. They were concerned with preserving the church's supposed purity more than sharing the love of Christ.

Secondly, there were connections between HIV and the act of having sex. From the onset of HIV infections in America in the early 1980s, the virus was linked to sexual promiscuity as it was seen as a disease for gay people. When it came to Africa and since LGBTQ issues were somewhat perceived to be Western, HIV in Africa was linked to homosexuality and prostitution. The issues of sex and sexuality in Africa are generally seen as taboo. This link of HIV with sex and especially to sex that is not socially sanctioned, marred the pastors' understanding of what HIV is, how it is transmitted, how it is prevented and how it is managed. When the question of how HIV is transmitted was posed, most of the pastors were quick to say it was transmitted through sex, citing lack of abstinence and lack of faithfulness in marriage as being key in the transmission of the virus.

Thirdly, many of the participating pastors lack access to literature on HIV & AIDS. This limited their ability to understand and address issues related to the epidemic. They lacked tools for biblical interpretation, and in most cases used the Bible and caused more pain than providing life giving theologies to the grandmothers and those living with or affected by HIV. They also did not have programmes in their church that were designed to meet the needs of the people living with or personally affected by HIV.

I concur with Chitando (2007) that there is need for an in-depth understanding and analysis of how churches in Africa are living with the epidemic of HIV & AIDS. Chitando insists that the church must accompany people and communities living with HIV & AIDS on their journeys of faith (See also, Oduyoye and Amoah 2004). He argues that the church in

Africa must be one with friendly feet, which ministers to every need, thus changing its negative attitude as well as the stigma and discrimination surrounding the disease. As it works with and among those living with HIV, it must also interrogate its theology, its attitude to sexuality and its gender insensitivity and awaken to the realisation that it must become an all-embracing community. Chitando further insists that a church with friendly feet does not pose questions about the moral standing of those with whom it is journeying. African churches need friendly feet to journey with individuals and communities living with HIV & AIDS, warm hearts to demonstrate compassion and anointed hands to effect healing (Chitando 2007). And again, he calls upon the African churches to train their voices in speaking out and challenging systems of oppression so that AIDS competent churches work towards the transformation of death-dealing practices while strengthening life-enhancing ones (Chitando 2007).

Outcomes of the interactions between the grandmothers and the pastors on being church in Mai Mahiu

The church in Mai Mahiu has failed to lead by example. The few pastors who had made efforts to embrace the people living with or affected by HIV had also faced serious opposition and were ridiculed openly by other pastors. However, through the efforts of Christian NGOs, for example Comfort the Children international (now Ubuntu foundation), and FBOs like WCC-EHAIA, both the grandmothers and the pastors could express hope for a future without exclusion and rejection of any form. This is because the efforts to build the capacity of the grandmothers and the pastors were yielding positive results.

The pastors had used the scriptures in a manner that the grandmothers who were giving home-based care for their ailing children felt that the pastors and the churches they were representing did not represent the true church. Some of the grandmothers said that they had to bury their own children single handed, without any pastoral accompaniment. They argued that even if it is assumed or it is true that their children had sinned and that is why they contracted the virus, they were still human beings with a soul that yearned and longed for God. When they died, they left behind orphans and they needed to be nurtured and taken care of. They expected the church to express compassion to the sick and the poor. In-

stead, they received rejection and stigmatisation. Story after story disclosed the sort of mistreatment grandmothers experienced from the church leaders. The doctrinal naiveté of the pastors became visible when grandmothers went to seek for decent burial of their dead ones from HIV related infection. CTC has come out a number of times to conduct burial for those rejected by their churches and to provide care for those positively living with HIV, who the churches have rejected. The context of HIV raises important questions regarding what it means to be the church (Phiri and Nadar 2005).

The pastors learnt from the grandmothers, they heard for themselves the tribulations and pain they inflict on the one hand, on the souls of the care providers, in this case the grandmothers, and on the other hand, on those living with HIV and those affected by HIV. They heard first-hand, the impact of their way of reading scripture which condemns the weak and the sick, as well as the impact of their lack of compassion when they fail to offer the dearly desired spiritual and moral support to those living with or affected by HIV. Upon hearing the experiences of the grandmothers, the pastors were repentant and willing to change and began responding in a different and more pastoral and sensitive manner.

Conclusion

While most significant actors, including the church, had retreated in the face of HIV, the grandmothers who had birthed the dying children had no choice but to face it head on. No amount of pain, stigma or denial could deter them from loving their children. They were stuck with it. They bore the brunt of HIV by not only enduring loss and facing grief, but by the sheer fact of taking up roles of parenting once again. One of the orphans interviewed, at age twenty-two, said, “My grandmother is my father. If the role of a father is to provide, she has provided all my life, if the role of a father is to guide his son, she has guided me through to manhood, when I see her, she is my mother, my father, my all”. As much as this is a compliment from the well-meaning young man, it is a confirmation of the burden these grandmothers bear as they grapple with the realities of HIV. The grandmothers have carried out multiple tasks.

Firstly, they give birth to their own children, they nurture them until they are of age, and they continue to nurture them through sickness and into the grave. They grieve on one hand, bury, on the other and with a third

hand they hold the young orphans left behind, while a fourth hand pampers their nagging husbands. Thus, one of the grandmothers said that the husband will demand the special diet the orphaned child has to take to boost her CD4 count, and therefore the poor old lady has made sure there is always extra for the husband, otherwise he will demand the child's share'.

Secondly, they have to explain to their orphaned grandchildren the whereabouts of their absent fathers. And thirdly they have the task of teaching the ignorant pastors on being church. These multiple tasks of the grandmothers challenge the Pauline theology of "women are the weaker vessels" (I Peter 3: 7) for, indeed, the grandmothers of Mai Mahiu have held the fabric of the community together. With their story, they have kept a generation from extinction; the presumed weak have proved beyond any reasonable doubt that they are strong.

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