



**University of Fort Hare**  
*Together in Excellence*

**A PRACTICAL THEOLOGICAL APPROACH TO HIV/AIDS PANDEMIC  
WITH PARTICULAR REFERENCE TO THE TINIS METHODIST CHURCH  
IN THE NKONKOBÉ LOCAL MUNICIPALITY OF THE EASTERN CAPE  
PROVINCE.**

By

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## DECLARATION

I Thembinkosi M Mpofu hereby declare that the work contained in this dissertation is my own original work and I have not previously, in its entirety or in part, submitted it to any university for degree. The acknowledgements of sources are done in an academic manner.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## **ABSTRACT**

There are essential issues in the Tinis Methodist Church with regard to the HIV and AIDS pandemic. The issues which arise lead some of the congregants to live complicated lives. The migratory efforts contrived by the church are explored and the measures attempted revealed. The study outlines specific strategies put in place to combat the pandemic and to try and help the Tinis Methodist Church. The underpinning values of the efforts by the church programme are the values of Christian faith and the mission of healing service is taken from the mandate of the Methodist church in dealing with HIV and AIDS.

The situation in Tinis Methodist Church indicates that there is still a lot to be done in teaching both leaders and church members with regard to HIV and AIDS. There are different interests of involvements among Church members. Old people are still adhering to the old Church traditions, whilst the younger generation appears to be conforming to the standards set by the secular world. There is not much done in addressing practical situations which the church is having to face at present. The acceptance of Christian values is still a challenge. Tinis Methodist Church seems to be dominated by traditionalists. There is still a dire need of moral regeneration in congregants. The preliminary research shows evidence that there are gaps and obstacles to an HIV response in Tinis Methodist Church.

According to the findings of the research, there are not enough positive responses to the suggested strategies concerning the management of the HIV and AIDS pandemic. The response is still on a minimum scale. To date adults and children are still dying of AIDS-related illnesses.

A Practical theological approach is suggested as a solution, because it is an approach that appropriately reflects the needs of the Tinis Methodist Church. It also reflects on the presence and action of Christians through out the world, sometimes beyond the visible boundaries of the church. A practical theological approach is an approach of theology which functions as a meeting place between different theologies. It is a discipline that borders on a number of disciplines, in the field of anthropology, sociology and psychology.

The leadership of Tinis Methodist Church in its positive response to HIV and AIDS recognised that if the pandemic were to be turned around, life skills and prevention programmes with young people in the mind, as well as a change of mind-set in the older people and the alleviation of poverty need to be the key activities. Some key activities adopted focus on prevention, advocacy, service for orphans and other vulnerable children and interfaith involvement.

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## Abbreviations and Acronyms

ABCD	Abstain, Be faithful, Change your lifestyle or you are In Danger of contracting Aids
AIDS	Acquired Immunodeficiency Syndrome
CQM	Circuit Quarterly Meeting
DEWCOM	Doctrine, Ethics and Worship Committee
HIV	Human Immunodeficiency Virus
L&D	Laws and Discipline
LPA	Local Preachers Association
MCSA	Methodist Church of Southern Africa
M.W.P & SU	Methodist Women Prayer and Service Union
M.Y.W.P &SU	Methodist Young Women's Prayer and Service Union
NGO	Non - Governmental Organization
PLWHA	People Living with HIV/Aids
RDP	Reconstruction and Development Programmes
STI	Sexually Transmitted Infection
WG	Wesley Guild
YMG	Young Men's Guild

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## CHAPTER ONE

### 1. INTRODUCTION AND BACKGROUND OF THE STUDY

The challenge of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome is still capturing a lot of attention among politicians, social analysts, the business sector, academics and the community at large. First, it must be stated that one of the impelling factors that triggered the author's interest in the subject mentioned, was his personal experience as a minister with a passion for family life and the challenges that threaten family life. Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome being one of those threats, the author decided to investigate the possible theological-responses to the challenge. The author had realized that HIV/AIDS is not only found in the homes of non-believers, but that it is also prevalent in the homes of believers. An observation was registered that many Christian families, women, men and children have always fallen prey to this dangerous disease.

This research intends to present the result of a practical theological approach of the Methodist Church of Southern Africa to HIV and Aids pandemic. The aim is to map out the church's responses and the process of theological reflection on the HIV and Aids pandemic. There is a hope and expectation that it might contribute positively to the work of the Methodist Church response to HIV and Aids pandemic. Much has already been done in this field of research. Numerous materials on HIV and AIDS by different scholars and different church leaders are available. This paper is to point out that while different views and issues continue to be the focus of discussion there is no proper implementation of the results in HIV and AIDS programmes. The Methodist Church of Southern Africa has developed a revised HIV/Aids strategy and implementation plan as a theological reflection for Methodist church members.

The Methodist Church points out that there is a need to put people living with HIV/AIDS on the top of the Church agenda. The question one would ask is: Is it really possible, or is it just a matter of theory and an academic research? Christians live in a society that is based on a traditional worldview as well as on concepts and values that is important in their own context. There is a need to consider different contexts and backgrounds of societies. The focus of the research is in the Tinis Methodist church. Tinis Methodist Church is a local congregation of the Methodist Church of Southern Africa in Tinis located in the Fort Beaufort area of the Eastern Cape Province. The Tinis Methodist Church is made up of nine hundred and twenty seven congregants. It comprises thirty five percent male and sixty five percent female. It is made up of forty percent youth and sixty percent adult. There have, however, been an unprecedented number of deaths witnessed in the

congregation across congregants of all ages. Alarm was raised when the Christian community was now burying between four and seven members per month. According to the death register of the Tinis Methodist church sixty two church members died in 2010 and fifty nine church members in 2011. For a small community this is overwhelming. The illnesses the people suffer are HIV/Aids related diseases such as TB and pneumonia. This issue alone bothers the author though he also realizes that it can be an issue that could still be investigated separately.

The church works very closely with the Ministry of Health which enables it to join in the fight to serve as well as save the community under the HIV/Aids pandemic siege. The aim of this partnership is to fight the spread of HIV/Aids. This partnership is helpful to church leaders because it gives more knowledge and strategies to fight the spread of HIV/AIDS. The Methodist church teaches moral values which include responsible behaviour and faithfulness in marriage, as well as abstinence for those outside wedlock. The teaching of moral values and responsible behaviours has not taken root up to the level of expectation by of the Methodist Church of Southern Africa as indicated in the HIV/Aids implementation strategy plan. This is evidenced in that congregants continue to be heavily ravaged by the Aids pandemic which is mostly sexually spread. Numerous campaigns by the Church, NGOs, the Ministries of Health and Education and local religion ministers have been intensively done, to no avail. This is the background that has aroused this researcher's interest to investigate the challenge of HIV/Aids. Despite the highly publicized recent discovery of the microbicide gel, we should not lower our guards.

The next section of this thesis will focus on the following aspects; 1.1. The research problem statement, 1.2.The research questions; 1.3. The research aims and objectives, 1.4. Definition of terms, 1.5.The rationale of the study, 1.6.The significance of the study, 1.7. Delimitations of the study, ethical consideration, the research methods, theoretical framework, and lastly conclusion

### **1.1 The Research Problem Statement**

Implementation of programs for the prevention of HIV/Aids faces a variety of barriers and challenges. Despite the Methodist Church's teaching of Christian- anchored values of living honest lives where couples only have sacred sexual relations with their spouse, the unmarried abstain from sex till married and a person should only have one faithful partner, HIV/AIDS is still a challenge to the church. The Aids pandemic and HIV infection continues to spread and threatens the livelihoods of communities and Christians in Tinis Methodist Church. What seems more intriguing is the fact that HIV/Aids education and awareness have been prioritized with multi- pronged programs and approaches in churches, conventions, in schools as well as from health centres, including the

strategic new-stat centre. In addition to moral values, cultural teachings of a people with traditions of sex education in church, where at puberty among the Xhosa young people are taught values of self-respect and pride, holding their virginity sacred till the marriage bed, young people continue to act recklessly, falling into the trap of the killer HIV/AIDS pandemic because of peer pressure. Some contributing factors could be the enticement of alcohol, wild music and bashes, drugs, and sex movies that sway church youth to fall to HIV/AIDS pandemic. This could be investigated.

Given the above contradictions to expectations, the study seeks to investigate the dissonance of why so much teaching and campaigns appear ineffective and also to assess the implementation of the church programs as to whether these meet intended objectives as outlined in the Methodist Church mission and vision statements: "God calls Methodist people to proclaim the gospel of Jesus Christ for healing and transformation." The vision is "A Christ healed Africa for the healing of nations" (MCSA 2011 year book: 2.) This study also seeks to investigate the reasons for not achieving the goals of value education in family and in schools.

## **1.2. Main Research Questions**

Why is there dissonance between the Christian values and attitudes Christians in the Methodist church hold and their sexual behaviour in view of the HIV/AIDS pandemic?

### **1.2.1 Sub-research questions**

- What specific Christian values are taught in the Methodist Church relating to sexual behaviour and the HIV/AIDS pandemic?
- What strategies do church ministers use in planning and delivery of HIV/AIDS teachings?
- What qualifications and experience do church lay leaders and ministers need to effectively teach and achieve intended objectives in regards to HIV/AIDS?
- What facilities are available at the Tinis Methodist church to affect the HIV/AIDS campaigns?
- What support mechanisms are provided in the Tinis Methodist church for HIV/Aids campaigns?

### **1.3 The Research Aims and Objectives**

The aim of this research is to examine whether Christian values and doctrine related to HIV/AIDS in the Tinis Methodist church achieve their intended objectives.

The objective of this study is to explore the ways of reducing the stigmatization of the personal and social impact of HIV/AIDS in the Tinis Methodist Church. It also seeks the supportive environments that minimize the spread of HIV/AIDS and provide maximum care for those living with and affected by HIV/AIDS. It also aims to create minimum successful strategies to track the spread of the epidemic, and effective programmes of care, treatment, and support that are highly contingent on contextual factors, such as epidemiological context.

Another objective is to assess the implementation and develop strategies of The Methodist Church of Southern Africa policies in regards to the HIV/AIDS pandemic.

### **1.4 Definition of Terms**

- Practical theological approach: This is an approach that is appropriate for each place and time. It also reflects on the presence and action of Christians in the world, sometimes beyond the visible boundaries of the church. A practical theological approach is an approach of theology which functions as a meeting place between different theologies. It is a discipline that borders on a number of disciplines in the field of anthropology, sociology and psychology.
- HIV: Is the Human Immuno-deficiency Virus. It is a virus that is found only in human beings, and it attacks and slowly damages the body's immune system.
- AIDS: Is the Acquired immune Deficiency Syndrome.
- Pandemic: Refers to a disease prevalent throughout an entire country, continent or the whole world.

### **1.5 RATIONALE OF THE STUDY**

Issues raised in research questions in this study provide the first step in understanding the problem. Furthermore there is a deficiency of research exploring behaviour of Christians and their response to urgings of church leadership to upholding values and attitudes that can help curtail the HIV pandemic. It is crucial then that research is carried out to fill the knowledge gap. Among the challenge of a knowledge gap the research identified is the teaching of Methodist doctrine of

salvation, the use of HIV/AIDS terminologies. Among others is the doctrine of sanctification. David Williams (2010:1) describes sanctification as not the lack of holiness at the root of much of the weakness of today's church, but as a centre on what the Trinity has done to make us holy. Trends in new infections are the best indicators of the effectiveness of prevention measures. More investment is needed to validate and implement new methods that facilitate direct measurement of HIV incidence.

### **1.6 Significance of the study**

The study will benefit the youth and Christian body at large by contributing to curbing the loss of lives of Christians in the Tinis Methodist church.

It is hoped findings will help in re-focusing ministers and other campaigners to effective programme strategies and strengthening church values. Focused behavioural studies are essential for the understanding of why biological trends have been explained by variables defined.

It seems true to state that it took nearly a decade before African Christian responses to HIV and AIDS were formulated. Fredericks, M (2008:7) argues that the traceable first written response from African Christian perspective is from a Ugandan Bishop from 1989. The available literature reveals that there is a knowledge gap as to why so much teaching continues without visible significant change in behaviour.

### **1.7 Delimitation of the study**

This study will be located in the Tinis congregation. It will only involve Xhosa Christians in the Methodist Church. The subject will be limited to Christian teaching of values and the caring ministry related to HIV/Aids pandemic and the perceived challenges of non-compliance of the congregations.

### **1.8 ETHICAL CONSIDERATIONS**

- Ethics in research is very important because it prescribes what is permissible or not when conducting research (Kalof, Dan and Dietz: 2008: 14).

In the context of this research, some ethical issues will be;

- Confidentiality: There might be some issues of confidentiality from some church leaders and members.
- Cultural sensitivity: The research should be sensitive to the cultural context of the local church, religion, beliefs and customs and expected to adjust to prevailing norms doing so, but does not violate biblical principles.

- Privacy: The right of an individual to control distribution of personal information. The research should invade the privacy of participants as minimally as possible.
- Integrity: Relates to the honesty with which he or she undertakes an investigation.
- Voluntariness: This is the consent which ensures each participant's ability to exercise the power of free choice without the intervention of force, fraud, deceit, duress or other forms coercion (Drew, Hardman, and Hosp 2007: 79).
- Bias: Asking objective questions.

In this study, ethical considerations will be guided by the guidelines spelt out by the Fort Hare University Hand Book Postgraduates qualification policies and procedures 2010.

## **1.9 The Research Method**

In this section the author will look at three research methods: 1.9.1. The research paradigm, 1.9.2. Qualitative approach and 1.9.3. The research design. These elements will be explained further as the research develops.

### **1.9.1 The Research paradigm**

The choice of paradigm for this study is the practical theological approach. The choice was arrived at because the interest of the researcher is to understand the phenomena that is latent and causes participants to act in the way they do. The practical theological approach allows a researcher to explain in depth and unearth people's experiences and insights. It details beliefs that influence their choices and events in their quality of lives.

### **1.10.2 The Qualitative Approach**

The prime goal of studies using a qualitative approach is to describe and understand rather than explain human behaviour. Denzin and Lincoln (2005:4) insist that qualitative researchers study things in their natural settings, attempting to make sense of or interpret phenomena in terms of the meaning people bring to them. Babble and Mouton (2005:270) declares that, "the researcher is seen as the main instrument in the research process." Babble & Mouton (2005) point out that a qualitative researcher produces rich and thick in-depth descriptions. Explaining this important feature, King and Horrocks (2010) say qualitative research is idiographic as it makes detailed descriptions of people and their experiences and feelings in their natural surroundings. There is emphasis of context in qualitative research.

### **1.10.3 Research design**

The design for this study will be a case study. The research design is the blueprint for conducting the study (Denzin & Lincoln, 2005). As Maree (2007) argues, the research design is a plan that develops from the underlying philosophical assumptions to specifying the choice of respondents, the data gathering instruments to the nature of data analysis opted for.

### **1.10 Case study**

Yin (2009:26) defines a case study as “a logical plan for getting from here to there.” He further explains the “here” to be the initial set of questions asked and “there” to be the answers or conclusions about the questions. Yin also refers to the design as the blueprint that contains the steps of identifying the question to ask, the relevant data, the data to collect and the manner of analysing the data. In reference to a case study, Cohen, J. (2006) explains that its objective is to create interpretations of experiences that are close to unique; context and reality are richly described to the point that a sense of witness-account is felt. A case study is particularly relevant to study socially disapproved behaviour (Yegidis and Weinbach: 2002). The case study in this research will focus in the Methodist Church’s response to HIV/Aids. Tinis Methodist church is situated in Tinis Township in Fort Beaufort in Nkonkobe local municipality in the Eastern Cape Province in South Africa.

### **1.11 The sample**

A sample is a subset of the population and is chosen from a sampling frame. The sampling frame is a list of all members of a population (Mason: 2002). Mason (2002:120) The implementation of programs for the prevention of HIV/AIDS faces a variety of barriers and challenges. The assessment of these challenges has generally been conducted in Tinis Methodist Church. Six lay leaders and twenty Quarterly Meeting members of different ages were interviewed. This sample is a fair representation of Tinis Methodist church because these are members of the Circuit Quarterly Meeting. The Quarterly Meeting is responsible especially for planning, promoting and monitoring the spiritual life and the mission of the church in the local church. It is a policy and decision making body, and oversees mission implementation and projects evaluation in a local Methodist church.

The Level of knowledge on HIV/AIDS was assessed. HIV/AIDS infections have escalated in Tinis Methodist Church because the Church is not seriously implementing the Methodist Church Strategy Implementation plan on HIV/AIDS prevention guidelines up to the level of expectations of the Methodist church. Also Tinis Methodist church is not seriously using the Methodist Church of Southern Africa’s doctrinal teachings in regard to HIV/AIDS to their level best.

According to research findings the following challenges are identified.

- Church members' attitudes towards HIV/Aids programmes.
- Christian values, sexual behaviours and morals of Tinis Methodist Church members.
- Lack of funds and resources to implement HIV/AIDS programmes.
- Knowledge and age gap between Tinis Methodist church leaders and HIV/AIDS facilitators.

These challenges will be addresses in the later stages of the study.

### **1.12 Theoretical Framework**

This research is based in a practical theological approach to HIV/AIDS pandemic. Julian Muller (2003: 5) argues that practical theology includes a number of disciplines, the fields of anthropology, sociology and psychology, among others, being neighbours of practical theology. A Practical theological approach is an approach of theology which functions as a meeting place between different theologies. The Christian approach when dealing with HIV/AIDS pandemic is more holistic. In this research more emphasis is put on a practical theological approach as a 'doing theology', also as a combination of different theologies as many theologies deal with the practical context.

A practical theological approach in this context and situation is going to be more reflexive. According to Muller (2003) a practical theological approach takes the circular movement of practice theory and practice seriously and brings it into operation. Practical theology cannot function in a general context. This study is located, concrete and specific in the Tinis Methodist Church in Tinis location in Fort Beaufort in the Eastern Cape Province, not excluding the Methodist Church of Southern Africa as a baseline of policy formulations for HIV/AIDS. The study reflects on global, national and local social and Christian challenges caused by the HIV/AIDS pandemic.

### **1.13 CONCLUSION**

This chapter shared the initial work on the research. It helps to provide tools of the research model to be followed by the researcher and explain how different instruments will be used in this research. Chapter two will develop a prime goal of the study. It is going to focus more onThe Methodist Church doctrine and teachings on HIV/AIDS. It also investigates the attitudes of church leaders to HIV/AIDS programmes. Challenges, cultural practises and the psychological effect of HIV/AIDS in Tinis Methodist Church will be investigated.

## Chapter two

### Literature Review

#### 2.1 Introduction

There is still uncertainty about issues regarding HIV and AIDS. However there is a wealth of information we can share to empower people and change behaviour patterns. This chapter presents a literature review from works of different scholars on HIV and AIDS in the field of practical theology. The researcher will present four focus areas of approaches used by different scholars in response to HIV and AIDS pandemic.

The chapter deals with the following sub-themes: 2.1.1 Understanding the concept HIV/AIDS pandemics. 2.1.2 Origins of HIV/ AIDS, 2.1.3. The contributing factors to HIV/ AIDS pandemic. 2.1.3.1 Social factors, 2.1.3.2 Economic factors, 2.1.3.3. Spiritual factors and 2.2 Psychological and Emotional impact, Practical theological approaches to HIV and AIDS pandemic. Practical theories in HIV and AIDS approach, 2.4 Conclusion

##### 2.1.1 Understanding the concept: HIV and AIDS Pandemics

Scholars do agree that there is a need to understand HIV/AIDS in order to respond appropriately. A virus has been sweeping the world for more than two decades, causing a disease which has killed millions of people and which looks likely to kill millions more. (Van Dyk: 2013) Scholars agree that there is a crisis of forty million people living with HIV and thousands of people dying of AIDS every day locally and globally (Baard: 2008, Maluleke: 2003). The virus is called HIV, which stands for Human Immunodeficiency Virus. After a period of time this virus damages the immune system, and this causes a variety of symptoms known as AIDS. This time period varies, depending on factors such as access to AIDS drugs, and possibly such factors as nutrition, the presence of other medical conditions and stress. In the absence of treatment the average time between HIV infection and progression to AIDS is around ten years (Van Dyk: 2013, NAIDS: 2001, Vitilo: 1989)

All scholars do agree about the definition of HIV and AIDS. In order to respond appropriately to HIV and AIDS one need to understand the definition and terminologies.

HIV: Is the Human Immune-deficiency Virus. It is a virus that found only in human beings, and it attacks and slowly damages the body's immune system. HI virus is extremely small. After a person has been infected, the virus starts breaking down the immune system, and after some time the person's immune system is so weak that they become susceptible to a variety of illnesses. So a

person who is HIV- positive has the virus in the body, but does not yet have AIDS. As time passes, the immune system will deteriorate as the HIV multiplies and destroys the CD4 cells, and the person develops AIDS. (Greyling: 2008, UNAIDS: 2006, Maluleke: 2003)

- AIDS: Is the Acquired immune Deficiency Syndrome. One acquires the virus causing this syndrome to spread from someone else. The virus is not transmitted through the air. One can get it through unprotected sex. It has grown into proportions mainly through people's ignorance concerning its spread. (Conhrane:2006)
- Epidemics: The term epidemic is used when HIV and AIDS are widespread in a community. HIV and AIDS is a complicated and hugely important world issue. There has been a great deal of study into the medical and social aspects of the world's epidemics, which has generated a great deal of data. This information is often presented as long numbers, graphs and tables. Estimates based on surveys give the proportions of people living with HIV, as well as other statistics, according to assumptions.(Van Dyk: 2013)

### **2.1.2 Origin of HIV and AIDS**

It is still uncertainty about the origin of HIV and AIDS. Some scholars state that HIV and AIDS first became apparent in the United States of America in the early eighties when doctors began noticing a rare skin cancer occurring more frequently in homosexual male patients(Brown:2005,Greyling:2008,Hippler:2011). In February 1999a group of researchers from the University of Alabama announced that they had found a type of virus that was almost identical to HIV-1. This particular strain was identified in a frozen sample taken from a captive member of a group of chimpanzees from West – Africa. This claimed that this sample proved that chimpanzee were the source of HIV-1. They were hunted and eaten or their blood got into the cuts and wounds of hunters.

### **2.1.3 Impact and contributing factors to HIV and AIDS**

As early as 1986, it was estimated that worldwide there were between five and ten million people infected with HIV. In 1998 the estimated figure was thirty to forty million. According to a local hospital report more than fifty percent of hospital beds were occupied by AIDS patients. (ECPC 2008:5) The research reveals that, much of the attention has been given by different scholars to demonstrating the complexity of the HIV and AIDS pandemic, showing how economic, social, spiritual and psychological factors have all contributed to the pandemic.

### **2.1.3.1 Economic impact**

Scholars have noted that social disadvantages such as homelessness and migratory labour create circumstances which are more conducive to Aids. This creates a link between vulnerability to HIV and AIDS and poverty.

Poverty: Scholars agree that in some of the worst affected people, the living standards were already deteriorating before they experienced the full impact of the epidemic. In general AIDS – affected households are more likely to suffer severe poverty than non- affected households. This is true for areas with a low prevalence as well as those with high rates. Dube: 2003 and Masenya: 2001 argue that poverty and hunger lead to migration. People migrate to other places looking for jobs, leaving their partners behind. The only way to satisfy their sexual needs is to have extra-marital sexual relationships. Some of them exchange sex for money in order to support their families. Mlobeli: 2007, Saayman: 1992, Phiri: 2004 agree that there is a link between AIDS and poverty. When finances are so low that children's needs are not met, for example food, clothing, uniforms, school and hospital fees resulting in entangled marriages. The support programme for people living with AIDS must include the provision of basic needs. The body needs certain food substances to remain healthy and fight HIV successfully as well as warm clothing and blankets for people living with HIV and AIDS.

When a disease attacks the youth and working age adults, production is decreased (UNAIDS: 2004, Baylies:2002, Barnet and Whiteside:2002, De Waal and Tumushabe:2003). When Aids attacks people, production is also lowered to unsustainable levels because even those members who are well and strong lose hours caring for the sick and dying. In terms of agriculture, harvests are seriously reduced (Liere, 2002; Piot, 2003; World Food Summit Report, 2003; Barnet and Whiteside, 2002). This means communities are poverty stricken because they face food deprivation and risks. When a community has no food reserves, it becomes susceptible to multifaceted problems such as diseases due to poor nutrition, theft and debt (Maqoko Z and Dreyer Y: 2007).

The researcher is aware that feeding practices and infection or the combination of these, are major factors contributing to ill health mostly in the Tinis Methodist church members. HIV/AIDS is probably the most severe epidemic to befall humanity. It has seen communities wiped out by its scourge and many afflicted in the ill and dying stages. The dead leave behind orphans who may not be well and struggle to find care (Brinkman: 2002). The researcher's perspective concludes that there is a need for a lot of financial support for orphans because they suddenly lose their parents

and are thrown into despair caused by the unfortunate situation as well as requiring physical help in the form of shelter, food and clothing.

### **2.1.3.2 Social impact**

With enhanced genetically modified foods, a good economy where government grants help to sustain good nutrition for most households, adolescents are maturing earlier and having sexual encounters at 12 years (Maree and Abersohn, 2002). Most children at this age consider sex to be fun and highly entertaining and it may be considered to be a sign of manhood and virility (Morellet al.2001). Condom use is also low because such protection is believed to diminish the enjoyment and pressure to go ahead with the experience without a condom to hand because such encounters are opportunistic, together with low perceptions about risk and a belief that real men only have proper sex when it is penetrative.

### **2.1.3.3 Spiritual impact**

Scholars agree that faith plays an important role in the lives of the people. Personal belief systems drive and sustain individuals and teams. Tinis Methodist church views their response to the HIV and Aids pandemic as a call from God, intimately linked to its mission in the world. The researcher agree that a response must be based on and reveal fundamental gospel attitudes and values such as compassion, solidarity, care for the vulnerable, striving for justice and commitment to overcoming unjust structures in society.

### **2.1.3.4 Psychological and Emotional impact**

All scholars agree that HIV and AIDS cause psychological and emotional effects in the life of both infected and affected. Many scholars argue that, when parents die and leave children behind, their life automatically becomes complicated. The children are often left in the care of relatives who may only be interested in capturing the properties left behind but not the responsibilities of the children. For that reason the young people often suffer both physically and psychologically. Scholars established that children caught in the HIV and Aids web start suffering during the prolonged illness of parents and this continues through the bereavement period. Observing this, some scholars say 'HIV undermines and often destroys the fundamental relationships considered essential to healthy family life and child development. Children suffer anxiety and fear during the years of parental illness, then grief and trauma when a parent dies (Maqoko and Dreyer: 2007) Less tangible than the violations of other rights that these children suffer, these psychosocial problems are rarely addressed in programmes, and yet can have long-term impact on development' (UNICEF 2001). As a church, the pain of children in the pandemic circumstances is well understood because the clergy

and church elders have been sensitized to take care of such problems. Unfortunately psychological challenges faced by the youth sometimes lead to high levels of stress when they fail to handle challenges that come with the death of parents.

#### **2.1.4.1 Cognitive effects of stress**

Scholars argue that stress also affects the mental state of a person and there are many established links between stress and cognitive challenges faced by youth who have undergone HIV and Aids pandemic problem situations. Youth congregants who have lost parents or have guardians who are ill or those who are ill themselves show such symptoms as forgetting things, finding it hard to concentrate, worrying about things, difficulty processing information and view themselves poorly resulting in them uttering negative self-statements (Breetvelt :2011).

#### **2.1.4.2 Emotional impact of stress**

Visser Makin and Lehobye (2006) argue that the HIV and AIDS pandemic associated challenges have impact on the emotional state of a person. Some of the known effects are increased irritability or anger, anxiety or feelings of panic and lack of rational thinking in some issues. Some men have multiple partners to prove manhood, while some cultures require their youth to stray to prove fertility. Scholars agree that, these emotions may be addressed through spiritual intervention and practical pastoral approaches.

### **2.2 Practical Theological Approaches to HIV and AIDS Pandemic**

Byansi (2006) argues that the Christian approach to dealing with the HIV and Aids pandemic is more holistic because it deals with the practical context. There is a huge debate on this idea. McCann (1983:111) and Fowler (1983:160) both argue that a practical theological approach to HIV and Aids need to be “orthopraxis”- the right sort of praxis. They both argue that, it is obliged to be committed to Christian social action. McCann (1983:115) argues that practical theology and social action always inevitably proceed through the discipline of ethics, both at a personal and social level.

Some scholars argue that HIV and AIDS affect every religion and that there is a need for an inclusive response. The researcher is mindful that while the Christian response to HIV and AIDS is inclusive, the term itself excludes other faith religions. Terminologies are very important in the HIV and AIDS response. De Gruchy (1994) suggests a practical theological approach and doing theology as the indication that, theology is not simply something one learns about through reading textbooks or listening to lectures, but through engaging in doing theology in particular contexts and situations.

The researcher is aware of the fact that the context and situation in this research is an approach of the Tinis Methodist church to HIV and AIDS. Carson, France, Motyer and Wenham (2010) suggest Contextual perspective as a positive response to HIV and AIDS pandemic.

These scholars describe it as the ongoing act in its context A dynamic event in a setting is always in flux. An act is never isolated. Its immediate context grows out of the past and affects the future. Individuals set goals within a particular context as they perceive it, and then select new goals within the new context that they seek out or that then presents itself. It includes a person's own aspirations, beliefs, and interpretations. Individuals influences and are influenced by the context of which they are a part. Contextualization views development as both quantitative and qualitative ;it looks for changes in what people do as well as in how much they can do in their own context and situation. The context and the situation in this research are the HIV and Aids pandemic in the Tinis Methodist Church.

The researcher is of the opinion that a practical theological approach in this context and situation is going to be more reflexive. According to Muller (2003) a practical theological approach takes the circular movement of practice theory and practice seriously and brings it into operation. Practical theology cannot function in a general context. This research is located, concretely and specifically in the Tinis Methodist Church in Tinis location in Fort Beaufort in the Eastern Cape Province, not excluding the Methodist church of Southern Africa as a base line of policy formulations for HIV and Aids. The research reflects on global, national and local social and Christian challenges caused by HIV and Aids pandemic.

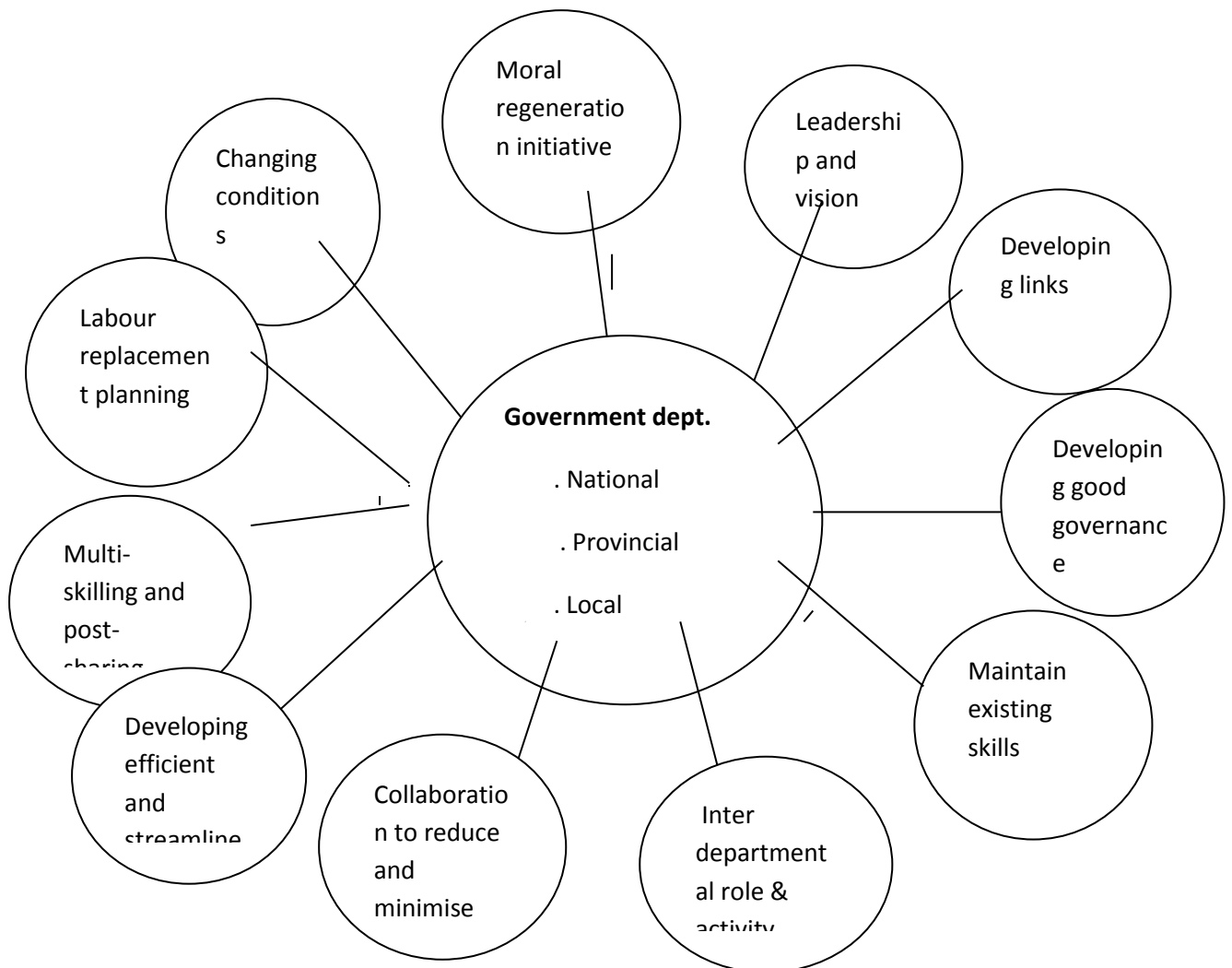
Daniel Louw (2003) argues that social change and normative is a challenge to practical theological approach to HIV and Aids. He also argues that the building of a just society grounded on the principle of freedom, justice and equality, but there is also an increase in the crime level and criminal violence. Phiri, Haddad, and Masenya, (2003:269) argues that the child and women abuse together with the existing prejudices has created tension between church leaders and followers, among social and Christian values, among HIV infected and affected. Out of these tensions emerges a practical theological approach. Some scholars argue that a practical theological approach to HIV and Aids is a challenge to the church regarding church social responsibility. It is based on materialistic values (Crewe 2006:14). Louw (2003) suggests that this can be used to develop effective communication structures and opportunities between different social groups in order to remove prejudices, and combat stigmatization and labelling, the voicing of underprivileged people's suffering through the technique of storytelling and listening. It all boils down to the role of the church in creating opportunities for constructive communication and negotiation. These scholars

suggest that the church needs to reflect anew on the effectiveness of the local congregation mostly on HIV and Aids. The congregational ministry must be opened to the future, and present the present realities. In this research the present reality is the response to HIV pandemic,

Snyman (2004) suggest that, the response to the HIV and AIDS pandemic occurs on numerous levels, the four major ones being religious, cultural, political and socio-economic levels. These four levels give Africa its theological agenda. All are rooted in the teaching of Christian values and morals. He also argues that these levels give rise to anthropological pauperization. Indeed it is the pivot on which all relevant African theological interpretations and methodological considerations must rotate. African theological reality includes cultural norms and values. In this research the African reality is the challenge of the HIV/Aids pandemic. Clinebell (1986:25) suggest that, pastoral care and counselling is appropriate in HIV and AIDS response. In our world of continuing challenges, pastoral care and counselling is relevant to the HIV and Aids response. Pastoral care and counselling must be guided by an evolving vision of Christian values and morals.

James Cochrane (2006) suggest that religious health assets are deeply rooted in the foundational theory and norms of Christian faith traditions for which reason a concern for health is understood comprehensively. A Practical theological approach can be used as a properly targeted response to HIV and Aids pandemic, because it poses the relation to the potential of Christian communities and churches to contribute to the massive challenge posed by HIV and Aids.

### 2.2.1 Government responses to HIV and AIDS



***This graph illustrates the involvement of Tinis Methodist Church in some of government programmes.***

Effective solutions and vision come through effective partnerships. This notion of partnership against AIDS was first developed in 1998 by former President Thabo Mbeki when he was still a deputy president. (Social Development resource document 2003: 64) When he found that there was a common misconception in the population of South Africa that there was no cure for HIV

and that there was nothing that could be done once someone discovered that they were HIV positive.

Although there is no cure for HIV and AIDS something needs to be done. In the same manner it is also important to know that HIV can be managed. National government departments of Health, Social development, Education and Agriculture, as well as some other departments, were identified to achieve the overall goal of managing and reducing the impact of HIV and AIDS. Priority should be given to children and women. Several priority objectives are required.

### **2.3.2 Non- Governmental organizations**

HIV and AIDS pose a unique challenge in South Africa by creating the opportunity for all government department, civil society, NGOs and CBOs to work together towards a shared vision where those who are uninfected will have the care, respect and dignity they deserve and that a new and stronger country will emerge as we come through and beyond this epidemic. The government realised that in order to have a positive impact, there is a need for collaborative work with other non- governmental organization. The pandemic requires an extensive network of partnerships which are interlinked but which allow for a wide-ranging and flexible response.

### **2.3.3 Churches response**

The HIV and Aids pandemic has caused a lot of suffering to communities including congregants in churches. It has resulted in the reduction of resources on which Christians rely (Brinkman, 2002). Holmwood (2005) suggests that the practical theological approach, based in two theories, the functional and critical theory is an amicable response to the HIV and AIDS pandemic. In functionalist theory, authorities like Parsons believe that society is made up of a network of cooperating groups who through value consensus strive for order and equilibrium. Members of society agree on what is worthwhile and create a set of norms and rules in accordance with this common value system. Those who excel in performance are ranked highly and rewarded by becoming leaders. The non-excelling are obliged to follow in subordinate positions of service.

In such a society harmony is maintained by requesting that schools/churches teach functional values to the youth to eradicate dysfunctional behaviours. All organs of society (institutions) function to contribute to society's survival. Society uses merit and stratification to select those to serve as leaders and those to follow (Holmwood: 2005). For this research, the functionalism approach enhances values taught to societal members such as faithfulness in marriage for partners, respect, and honesty. Such values combat the spread of HIV /AIDS. The task of the practical theological approach is to present, at a high level of generality, the basic theme that

belongs to a Christian understanding of reality. In this research practical theological approach is a particularly useful theory for addressing church leaders' behaviours expected to contribute to church effectiveness.

The researcher suggests that in the practical theological approach the leader's main job is to see that whatever is necessary to a group or individual's needs is taken care of. Teaching and coaching of others is the key focus function in the researcher. On the other hand, critical theory is an assessment and questioning way of looking at society. Since society is made up of groups competing for power and scarce resources, critical theory is used to examine and explain the interactive dynamics that occur. Dominant groups tend to oppress the less dominant ones, resulting in dialectical forces and dissonance in society. Equilibrium is only reached when groups negotiate shared participation.

For the researcher, the element of dissonance that accompanies the hierarchical inequality of status exists even in churches. The researcher will explore the impact of this context on HIV and Aids and teaching in religious circles. The researcher suggest that in HIV and AIDS response critical theory can be used to explore and understand the dynamics between the led, who are the congregants, and the leaders, who are the clergy, and how the synergies in-between affect HIV teaching, expected behaviour modification and practiced results of campaigns in the Methodist Church. According to critical theory, strategic practical theology begins with a description of theory laden congregational practices. Ogletree (1992) asserts that the description of practical theology includes theological and ethical convictions, since they are embedded in congregational practices. This includes what is going on in a situation. It also furnishes resources for critically assessing concrete practice.

The Department of Practical Theology at Stellenbosch University suggest a number of Psycho – pastoral theories. Among them they suggest a "Pastoral Psychology of healing". In this theory the emphasis is that every person in her or his personal relationship and professional activities is guided by a complex, often tacit, theory of healing, comprised of judgements about illness or suffering in the health of a person. This theory asks some questions such as what is wrong. What is possible? What ideas? Creating, trajectory from one to the other. How do we get there? And factors that enhance as well as inhibit movement along that trajectory. What should we do?

Examining and comparing a range of theories of healing in psychology, medicine, Christian traditions, world religions and non- Western cultures which equip us to reflect critically upon, amend, if not to reconstruct, our respective theories of healing. Tamired Farirai (2013) suggest a

theory of “Psychoanalysis of / and spirituality” in addressing HIV and AIDS. This theory examines the growing engagements between psychoanalysis and spirituality. Historically this has been contested ground with psychoanalytic theorists having little regard for religion and spirituality beyond the realm of a psychological interpretation. Over the last decades, this has shifted and a number of works have been written about psychoanalysis as spirituality, psychoanalytic spiritual practices, and /or psychoanalysis of spirituality. The emphasis of this conversation has resulted in conferences dedicated to the topics as well as psychoanalysts specializing in spirituality. The impact on studies in spirituality produced a conscious interest in the relevance of the psychodynamic perspectives of spirituality and spiritual direction.

Other scholars suggest that “Pastoral theology and psychology” is the appropriate intervention to HIV and AIDS pandemic. Dreyer (2013) argues that Practical theologians, pastoral theologians and pastoral psychologists focus on different subject matters, use different methods, and address different audiences. Nonetheless, they share a common purpose to diagnose accurately and in depth, concrete problem of the human condition, for example suffering and evil in order to construct effective ways of intervention and strategies of care. The researcher examines contributions by theologians, and practical, psychologists in order to provide a context in which the researcher may investigate research problems that are especially relevant to their respective communities and traditions, as well as their particular vocational objectives.

## **2.4 Conclusion**

This chapter highlights different views of different scholars in understanding the concept of the HIV and AIDS pandemic, the impact and contributing factors to the HIV and AIDS pandemic, the practical theological approaches to the HIV and AIDS pandemic and also practical theories in HIV and AIDS approaches in every sector of population, in government and in church. The HIV and AIDS response needs good governance and the creation of a viable future is likely to be profound. Rather than HIV and AIDS being a cause for defeat and pessimism, this chapter highlights the fact that it is possible to rise above this pandemic using different approaches and different theories to create new communities and new citizens. It requires that HIV and AIDS does not overwhelm society, but rather inspires it to deal with the multiple challenges.

The next chapter will provides research methodology, study techniques, study site selection, the research paradigm, sampling techniques, qualitative and quantitative research methods, participants to the research, limitation of study, the theoretical framework of the study, ethical

issues and ethical principles suggested by pastoral theology and psychology to focus on HIV and AIDS, using the interview research method in the Tinis Methodist Church.

The pastoral theology and psychology theory will help the researcher to investigate the contributions and attitudes of a local pastor, church leaders and church members, as well as church traditions with regards to HIV and AIDS.

## **Chapter Three**

### **Research Context and Research Methodology**

#### **3.1 Introduction**

The previous chapter dealt with the literature review and it has successfully helped to understand the meaning of the concept. The chapter also looked at the causes, consequences and also exposed the challenges posed by HIV/AIDS. Some of these challenges have already presented themselves at Tinis where some of the members of the church became victims. The purpose of this chapter is to map out the context and research methodology of this study. This kind of approach will assist in understanding the nature of the problem and its impact. It will also help to know whom to select and from where to sample the participants for interviews. The chapter also considers the geographical setup, the socio-economic situation of the area and the theological context of developing the implementation of programmes of HIV/AIDS.

#### **3.1 Research Site**

##### **3.1.1 Geographical setup of Tinis**

The Tinis Methodist church is in Tinis Location in Fort Beaufort. Fort Beaufort is in the heart of the Nkonkobe local municipality and is an administrative seat of the Nkonkobe local municipality. There are twenty one wards within the municipal area. Approximately seventy four percent of people living within the Nkonkobe municipal are indigent. Seventy two percent of the population reside in villages and farms, and twenty eight percent reside in semi urban settlements. Urbanization is mainly concentrated in Alice and Fort Beaufort. Travelling to Alice, Fort Beaufort Town is on the R63 road. The Tinis Methodist Church is situated approximately 500 metres towards Alice in the Tinis Location.

##### **3.1.2 Socio- economic status of Tinis**

The research findings reveal that Tinis attains a relatively low standard of education. Approximately 43.8 percent of people above the age of twenty passed grade seven. The increase in the numbers of children not continuing to tertiary education may be attributed to a lack of financial resources. Reflecting on the congregation of Tinis, 72 percent of congregants are classified as living in poverty. As a result of the extreme levels of poverty, 66 percent of people rely on a social grant. 46 percent of people live in RDP houses, 32 percent live in traditional structured dwellings, 10

percent live in the informal settlements and 12 percent live in modern houses. Tinis is challenged by social factors such as moral degeneration and a breakdown of family structures and values. (Statistics SA: 2007) All the above challenges contribute to the spread of HIV/Aids. The Tinis Methodist church leadership tends to be seen as having a negative response to change by membership.

Having done this general survey of the socio-economic status of the Tinis community, one may conclude that this also presents a big challenge for the church as a whole within that area, not only the Methodist Church. This also means that there is a great need for the church to re-align its ministry and find some strategies to respond to big social challenges.

- Strategies such as being positive or persuasive will be counterproductive as they tune into the logic, reasons, culture and traditions rather than feelings.
- The key task of people is to listen and then empathize rather than try to convince.

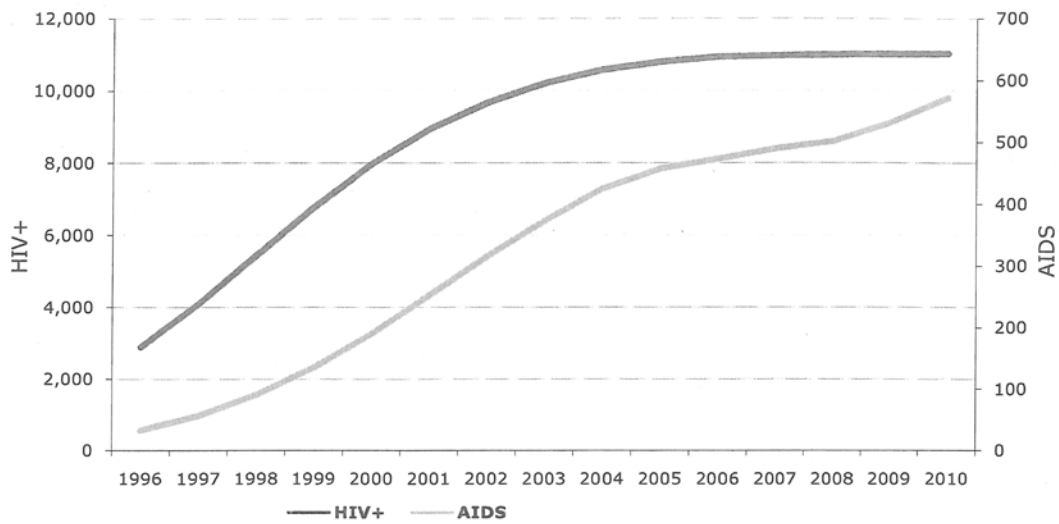
### **3.1.3 Population of the location.**

The Nkonkobe local municipality has an estimated total population of one hundred and thirty five thousand, six hundred and sixty. There are twenty one wards within the municipal area. Approximately seventy four percent of people living within the Nkonkobe municipal are indigent. Seventy two percent of the population resides in villages and farms, and twenty eight percent resides in semi urban settlements. (Statistics SA: 2007) Urbanization is mainly concentrated in Alice and Fort Beaufort. Tinis Methodist church is a congregation of the Methodist Church in Fort Beaufort.

### **3.1.4. Prevalence of HIV/AIDS in Nkonkobe Municipality**

The researcher has decided to find some statistics that will be a true reflection of the prevalence of HIV/AIDS. The graph below depicts how the HIV/AIDS epidemic has escalated between the years 1996-2010. This research project is done every five years to assess the infection rate of the local municipality.

### HIV+ /AIDS profile EC127: Nkonkobe Local Municipality



Source: IHS Global Insight Regional eXplorer version

#### 1.4 Development

##### 1.4.1 Human Development Index(HDI)

HDI is a summary of composite index that measures a country's average achievements, in the three basic aspects of the human development: longevity, knowledge, and decent standard of living. Longevity is a measurement by a combination of adult literacy rate and the combined primary, secondary and tertiary gross enrolment ratio and the standard of living is measured by GDP per capita. The Human Development Index (HDI) reported in the HDI report of the United Nations is an indication of where a country is, in terms of development. The index can take value between 0 and 1, countries with an index over 0.800 are part of the high Human Development Group and countries between 0.500 and 0.800 are part of the medium and countries below 0.500 are part of the low HDI group. The human development for Nkonkobe Municipality is sitting at 0.60. This shows that the levels of human development are still very low.

##### TOTAL NUMBER OF HUMAN DEVELOPMENT INDEX

YEAR	2008	2009	2010
TOTAL PERCENTAGE	0.49	0.49	0.60

### 3.1.5 Composition of the Tinis congregation

The research results from the 2013 membership register reveals that the Tinis Methodist Church is made up of 927 committed congregants and more than 1000 adherents. Adherents refer to two categories of people who claim their membership to the denomination by virtue of their baptism. Some are children who are members of the Sunday school and also adults who are not yet confirmed into full membership. The membership fluctuates from time to time. According to the

Methodist Church of Southern Africa demarcations, it is in the Grahamstown district, in Alice region, a society of the Katvalley circuit. According to sample results in the research questionnaire, of the committee members it revealed that the congregation is made up of twenty percent male, eighty percent female, and of those forty percent are youth and sixty percent are adults. Because of age and their locality, culture, traditions and language are important to many congregants; this is influenced by age and locality. They are all Xhosa speaking people, practicing Xhosa culture and traditions. Twenty five percent of members are single parents. Fifty seven percent never married and eighteen percent are widows and widowers. The Church still depends on the older people, aged between fifty and seventy, from which to elect leaders. There are very few leaders providing persuasive arguments and strong vocal leadership in dealing with the HIV/AIDS pandemic.

### **3.2. Research methodology**

This section presents and justifies the research methodology and the research paradigm and techniques used in this study. Yin (2003:4) posits that a paradigm is “the philosophical assumptions, values and theories which inform and support or underpin the way in which a particular research method is used.” Principles and assumptions influencing the methods for the study are important to elucidate (Babble and Mouton: 2005). Methodological framework in this study is described as the lens through which church leaders and HIV and AIDS participants can view the HIV and AIDS world to find inclinations. This is a cross sectional study. It involved two tangible components, a literature review and field survey of the Tinis Methodist church.

#### **3.2.1 Study techniques**

Sampling involves selecting individual units to measure from a larger population (De Vos, 2005). The study will use probability sampling and the type of sampling that will be used will be random sampling. This research adopted both qualitative and quantitative methods of data collection. Semi- structured questionnaires were used to interview twenty six Tinis Methodist church leaders. In addition to research participants used other qualitative methods included personal observation and encounters by the researcher.

#### **3.2.2 Study site selection**

The following criteria was utilised to select participants

- Position of participants in the Tinis Methodist church
- Ages of participants
- Gender

- Education qualification.

Using the criterion a total of twenty six lay leaders were selected with the help of two quarterly meetings. The July 2012 quarterly meeting was used to distribute research questionnaires and explain the processes to be followed. The October 2012 quarterly meeting was used to collect the research questionnaires. Two people were also selected in the July 2012 Tinis quarterly meeting to assist in the process. They were trained by Channel of Hope, a World Vision programme, and by Africare, in the specific method of HIV and AIDS education. These people were selected according to the knowledge and fluency in the local congregation policies, as well as their involvement in HIV and AIDS programmes.

### **3.2.3. The Research paradigm**

The choice of paradigm for this study is the psycho-pastoral approach and it is underpinned by the practical theological approach. This choice was arrived at because the interest of the researcher is to understand the phenomena that is latent and causes participants to act in the way they do. The practical theological approach allows a researcher to explain in depth and unearth people's experiences and insights. It details the beliefs and life events that influence their choices and quality of life.

### **3.2.4 Sampling Techniques**

The Tinis Methodist Church quarterly meeting was used to select the participants. The participants include youth, adults, male and female, and also leaders of different church organisations. This sample is a fair representation of the Tinis Methodist Church because these are members of the Circuit Quarterly Meeting. The Quarterly Meeting's responsibilities include planning, promoting and monitoring the spiritual life and the mission of the Church in the local church. It is a policy and decision making body, it implements mission and evaluates projects in a local Methodist church. The Level of knowledge on HIV and AIDS is assessed.

### **3.3. The Research methods**

This study use both qualitative and quantitative research methods.

### **3.3.1 Qualitative research method**

Qualitative study is to do with the use of spoken or written accounts of events to describe situations (Drew 2008: 19). In other words, Qualitative research is a situated activity that locates the observer in the world (Lincoln 2011:3). According to Denzin and Lincoln (2011:4) qualitative research consists of a set of interpretive, material practices that make the world visible. They turn the world into series of representations including field notes, interviews, conversations, photographs, recordings and memos to the self. Qualitative research therefore emphasises qualities of entities and processes and meanings that are not experimentally measured in terms of quantity, amount or intensity or frequency. This is in contrast with quantitative research which focuses on numbers. Qualitative research emphasizes words and aims at finding the causes of phenomenon and understanding people in the way they make use of their settings and experience (Bryman: 2004:20). In qualitative research the stress is on the social nature of reality. According to Kalof (2008:78) the goal of qualitative research is to perceive processes, experiences and meanings people give to things.

The prime goal of using a qualitative approach in this study is to describe and understand rather than explain human behaviour in the Tinis Methodist church with regard to the HIV and AIDS pandemic. Denzin and Lincoln (2005:4) insist that qualitative researchers study things in their natural settings, attempting to make sense of or interpret phenomena in terms of the meaning people bring to them. The researcher is seen as the main instrument in the research process. Babble & Mouton (2005) point out that a qualitative researcher produces rich and thick in-depth descriptions. Explaining this important feature, King and Horrocks (2010) say qualitative research is idiographic as it makes detailed descriptions of people and their experiences and feelings in their natural surroundings. In this research the emphasis is in the Tinis Methodist Church. A sample will be used in describing the experience and feelings of Tinis Methodist Church members in their own context.

### **3.3.2 Quantitative research method**

Quantitative research is linked to positivism whereby reality is seen as “stable, observable and measurable” (Cressel, 2003:39). Quantitative research seeks causal determination, prediction, and generalization of findings. It focuses on collecting numeric data which is then analysed statistically. Some researchers believe that qualitative and quantitative research approaches can be effectively combined in the same research project (Strauss and Corbin, 1990; Patton, 1990). Russek and Weinberg (1993:39) claim that using both quantitative and qualitative data can give insights that neither type of analysis could provide alone. The purpose of using quantitative methods in this study is to describe, explain and predict the phenomenon of effects of HIV/AIDS at Tinis.

Quantitative method is used for data analysis. Quantitative data was edited. Manual counting was used to analyse data, tables used to illustrate consolidation of data. The age and church position of participants is taken into considerations. The numbers of organizations and number of members participating in HIV and AIDS programmes are assessed.

### **3.4.1 Data collection instruments**

The study employed semi-structured interviews and focus group discussions. Researchers obtain information through direct interchange with an individual or a group that is known or expected to possess the knowledge they seek (DePoy and Gilson, 2008: 108). The interview is a social relationship designed to exchange information between the participant and the researcher. Interviews were conducted through the use of an interview guide, and open-ended questions were mostly used to allow participants to express themselves fully and freely.

#### **3.4.1.1 In-depth interview schedules**

In-depth interviews were used in assessing the impact of HIV/IDS in the Tinis area. An interview guide with unstructured questions was used as a data collection tool to guide the one-on-one in-depth interviews. The interviews were recorded with consent from the participants and information gathered was also transcribed. Field notes were also taken to complement the recorded data.

Purposive sampling was used for participants that were interviewed using in- depth guide. It allowed the identification and selection of participants that are knowledgeable about or experienced with the phenomenon of interest. The process enabled the researcher to select participants that appropriate to answer the research question and meet objectives (Babbie, 2011). These participants were selected according to what the researcher considers to be typical participants as they will be purposefully selected to obtain rich data.

#### **3.4.1.2. Focus group discussion**

The researcher also made use of focus group discussions when gathering information from different Church Association groups. A focus group involves a number of people often with common experiences or characteristics who are interviewed by a researcher for the purpose of eliciting ideas, thoughts and perceptions about a specific topic or certain issues linked to an area of interest (Holloway and Wheeler, 2010:125).The researcher had four focus groups, and all of them were made up of ten participants each.

### **3.4.2. Participants**

<b>Position in the church</b>	<b>Ages</b>	<b>Number of participants</b>	<b>Gender</b>
<b>Youth</b>	<b>17-35</b>	<b>20</b>	<b>8 Males &amp; 12 Females</b>
<b>Adults</b>	<b>36-72</b>	<b>20</b>	<b>10 Males &amp; 10 Females</b>
<b>Total</b>		<b>40</b>	

The above table illustrate the ages, numbers of participants and Gender sampling. It shows number of youth, and the adults that were interviewed.

### **3.4.3 Focus Groups participants**

<b>Associations</b>	<b>Number of participants</b>	<b>Gender</b>
<b>YMG</b>	<b>15</b>	<b>All male</b>
<b>M.Y.W.P&amp; SU</b>	<b>15</b>	<b>All females</b>
<b>M.W.P &amp; SU</b>	<b>15</b>	<b>All females</b>
<b>LPA</b>	<b>15</b>	<b>9 Males &amp;6 Females</b>
<b>Total</b>	<b>60</b>	

*The above table illustrate the name of organization, the number of participants and their gender.*

The total number of participants in the focus groups was 60. These focus groups were divided into four groups according to the Associations. The Associations that participated were the following:

Young Men’s Guild (YMG), Methodist Young Women Prayer and Service Union, (M. Y. W. P& SU)- 15 participants, Methodist Women Prayer and Service Union (M.W.P & SU) also 15 participants and lastly, the Local Preacher’s Association (LPA) with 15 participants.

### **3.4 Limitation of study**

There is no literature available about the Tinis Methodist Church's response to HIV and AIDS because there is no study that has been carried out on the Tinis Methodist Church on HIV and AIDS. The level of understanding on HIV and AIDS by participants was a challenge. This resulted in educating participants on HIV and AIDS pandemic before conducting interviews.

### **3.5 Theoretical framework**

This research is based in a practical theological approach to the HIV and AIDS pandemic underpinned by a psycho-pastoral approach. Julian Muller (2003: 5) argues that, practical theology is disciplines that borders on a number of disciplines, the field of anthropology, sociology and psychology, among others, are neighbours of practical theology. A Practical theological approach is an approach of theology which functions as a meeting place between different theologies. The Christian approach when dealing with HIV and AIDS pandemic is more holistic. In this research the more emphasis is put on "a pastoral and psychological approach" (Farirai 2013:4). It is a doing theology also as a combination of different theologies as many theologies are dealing with practical context.

A psycho-pastoral approach in this context and situation is going to be more reflexive. Muller (2003: 42) argues that pastoral and psychological approaches are both practical theological approach. It takes the circular movement of practice theory and practice seriously and brings it into operation. Practical theology cannot function in a general context. This study is located, specifically in the Tinis Methodist Church in the Tinis location of Fort Beaufort in the Eastern Cape Province, not excluding the Methodist Church of Southern Africa as a baseline of policy formulations for HIV and AIDS.

A theory of "Psychoanalysis of / and spirituality" Tamired Farirai (2013) in addressing HIV and AIDS will be used. This theory examines the growing engagements between psychoanalysis and spirituality. Historically this has been contested ground with psychoanalytic theorists, having little regard for religion and spirituality beyond the realm of a psychological interpretation. Over the last decades, this has shifted and a number of works have been written about psychoanalysis as spirituality. Psychoanalysis of spiritual practices will be used in analysing Tinis Methodist church approach to HIV and AIDS pandemic. The emphasis of this conversation has resulted in meetings dedicated to the topics as well as psychoanalysts specializing in spirituality.

The impact on studies in spirituality produced a conscious interest in the relevance of psychodynamic perspectives of spirituality and spiritual direction.

This study used pastoral theology and psychology to focus on HIV and AIDS matters, using the interview research method and behaviour analysis. It is hoped that it will encourage the Methodist Church of Southern Africa to develop a practical response to the HIV and AIDS-related problems in the Tinis Methodist church. The interventions and strategies of care for people living with HIV and AIDS are investigated. The Pastoral theology and psychology theory helped the researcher to investigate the contributions and attitudes of a local pastor, church leaders and church members, as well as church traditions with regards to HIV and AIDS. As this is the response of the church, the theology of pastoral presence plays a more significance role. A lot of pastoral energy is therefore geared towards ending the isolation of people living with HIV and AIDS and ensuring that they remain part of the community.

### **3.3.6 Ethical issues and ethical principles**

In the context of this research, some ethical issues that are addressed are as follows:

**Confidentiality:** There might be some issues of confidentiality for some church leaders and members with regards to the HIV and AIDS pandemic. Existing debates and disagreements among church members regarding confidentiality in HIV and AIDS emphasise the need to discuss related ethical principles. AIDS has evoked widespread fear, panic and anger. Maluleke (2003:10) states that AIDS ought to be approached from a liberal perspective to give people an opportunity to pursue and enjoy their individual life span. Individuals can exercise their autonomy to choose to accept and submit to the authoritative demands of an institution or tradition.

**Cultural sensitivity:** The research should be sensitive to the cultural context of the local church, religion, beliefs and customs and may be expected to adjust to prevailing norms doing so, provided that this does not violate biblical principles.

**Privacy:** The right of an individual to control the distribution of personal information. The research should invade the participant's privacy as little as possible.

Under certain circumstances an individual surrenders his/her privacy when visiting a physician for medical examination, here the physician is granted access to personal history and the body for diagnostic and therapeutic purposes. The results may pass through several people before being reported to the owner.

**Integrity:** Relates to the honesty with which he or she undertakes an investigation.

Voluntary compliance: This is the consent which ensures each participant's has the ability to exercise the power of free choice without the intervention of force, fraud, deceit, duress or other forms coercion (Drew, Hardman, and Hosp 2007: 79).

Bias : Asking objective questions.

Christian Ethics: In this study the ethical issues and principles will be based in Christian ethics. Christian ethics are Bible centred. Ethics will proclaim the standards set by God in Tinis Methodist Church, God's will as explained in Scripture. As AIDS is a sexually transmitted disease, sexual behaviour patterns will also be culturally determined. Villa-Vicencio and John De Gruchy (2003:174) agree that AIDS must be thought of as a socio-cultural disease and any discussion about AIDS from an ethical perspective must therefore take the social and Christian epidemiology of the AIDS epidemic very seriously.

Tinis Methodist Church members believe that both the Old and New Testaments in the Bible are important ways in which God speaks to us and therefore they take what the Bible has to say very seriously; it is not just a matter of personal preference. One of the core convictions of the Tinis Methodist Church is that the Bible is the authoritative word of God and makes a decisive claim on our lives as followers of Jesus, given the decisive influences of the Bible on our lives. We need to be very careful to understand exactly how the Bible is God's authoritative word. Tinis Methodist Church believe that if we get it wrong, we end up using the Bible in ways that God does not intend, claiming biblical authority for conviction and actions that are simply not there. (Exodus 21:8-11, Leviticus 20:2, Leviticus 20:12-13). Lower moral standards give cause for rejection from society and from God's people. Christians should be different from all other parts of society

They need to maintain God's law seriously. For this study, it is such values which are based in Christian scripture that anchor the teaching of Christians in the Tinis Methodist church, including the ones in the case study. The norms and values taught and followed are scripture based. All behaviour is subject to judgment under God's law (Psalm 119:97, Jeremiah 31:33, Romans 13: 10). God has laid the foundation that we ought to fully obey without question (Psalm 119:4).

The above scripture references indicate that God is a personal God entering into intimate relationship with his people. Because his people would not maintain that relationship, He promised to initiate a new covenant which would change their hearts. The Bible is a living book which invites our fresh engagement in every generation. It tells the remarkable story of great plan of a loving God to heal and restore the entire world. Westermann (1964: 42) argues that people's sexuality needs a change of heart to follow God's law of faithfulness.

In this study, ethical consideration will be guided by the guidelines spelt out in the Fort Hare University Hand Book for Postgraduate qualification policies and procedures 2010.

### **3.3.7 Conclusion**

This chapter dealt with research context and research methodology where it highlighted the following factors geographical setup, the socio-economic situation of the area, the population of the location and the prevalence of HIV/AIDS at Nkonkobe Municipality. Secondly, in dealing with Research methodology, it looked at the following: study techniques, study site selection and research methods such as qualitative and quantitative. Sampling and sampling strategy was outlined in terms of participants profiling, gender, age and status. It helps to provide tools of the research model to be followed by the researcher and explain how different instruments will be used in this research.

The next chapter will deal will with the data collected, data analysis and data interpretation.

## **CHAPTER FOUR**

### **Data Analysis, Interpretation and Presentation of findings**

#### **4.1 INTRODUCTION**

The previous chapter discussed research context and research methodology where it highlighted the following factors: geographical setups, the socio-economic situation of the area, the population of the location and the prevalence of HIV/AIDS at Nkonkobe Municipality. Secondly, in dealing with Research methodology, it looked at the following: study techniques, study site selection and the Research methods, such as qualitative and quantitative. Sampling and sampling strategy was outlined in terms of participants profiling, gender, age and status. It helps to provide tools of the research model to be followed by the researcher and explain how different instruments will be used in this research.

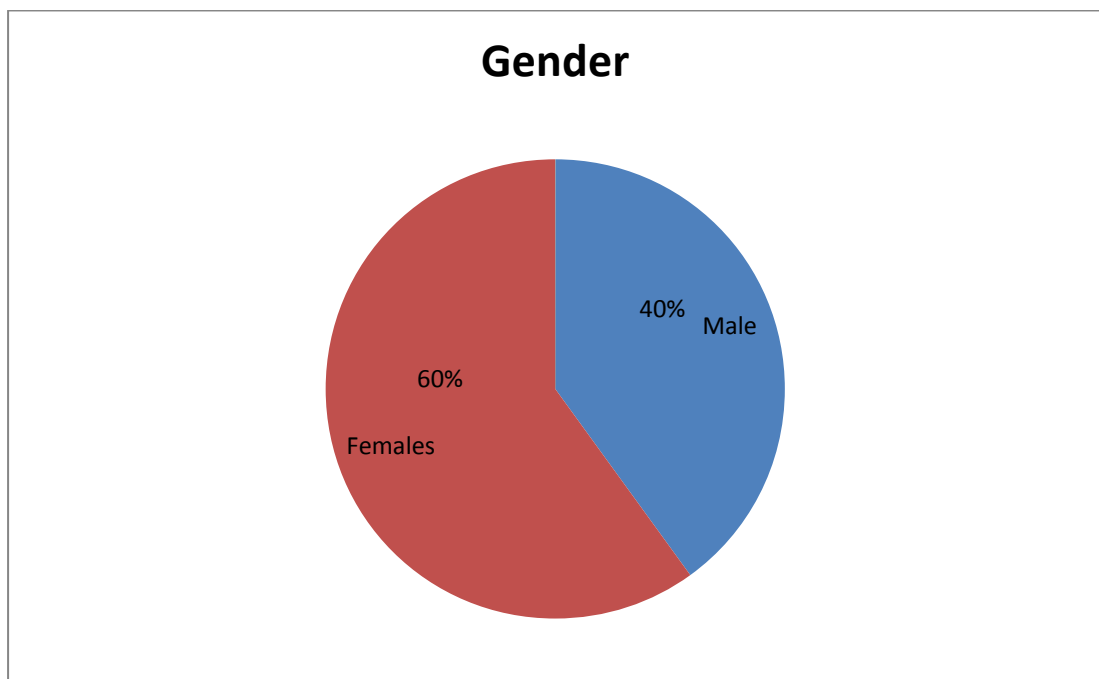
This chapter largely hinges on presenting the empirical findings of the results that were drawn from the qualitative investigations of the challenges associated with HIV/AIDS at the Tinis community and the response of the Tinis Methodist church. A qualitative analysis was undertaken through the use of in-depth interviews and focus groups to solicit the interviewees' attitudes, beliefs and experiences about the phenomenon under study. The study was conducted at Tinis location in Fort Beaufort. Fort Beaufort is in the heart of the Nkonkobe local municipality it is an administrative seat of the Nkonkobe local municipality. The samples comprised of 20 young people of different ages and 20 adults, four focus groups of 15 each from the YMG- with 15 participants, M. Y. W. P& SU- 15 participants, M.W.P & SU also 15 participants and lastly LPA with 15 participants. In total 100 people participated in making this study a success. The information regarding their demographic profiles is tabulated below. The data collected was categorized according to themes derived from the main objectives of the study.

#### **4.2 BIOGRAPHICAL INFORMATION OF THE PARTICIPANTS**

Profiles of the participants selected for individual interviews was summarized according to participants' age, level of education, socio-economic status, year of circumcision and season, nature of circumcision accident as well as circumcision school status. The advantage of having a variety of participants was to acquire different schools of thought and variety of responses on the questions put to the participants.

Individual participants	Gender	Age	Marital Status	Level of Education	Socio-economic status
Young people	Both males & female	18-21yrs	Married	Grades 1-6	Employed
		22-24yrs	Divorced	Grades 7-10	Unemployed
			Widow	Grades 11-12	Self-employed
			Single	Tertiary	
Elderly	Both males & females	25-35yrs	Married	Grades 1-6	Employed
		36-45yrs	Divorced	Grades 7-10	Unemployed
		46-55yrs	Widow	Grades 11-12	Self-employed
		56-65yrs	Single	Tertiary	Pensioner

#### YOUNG PEOPLE GENDER PROFILING

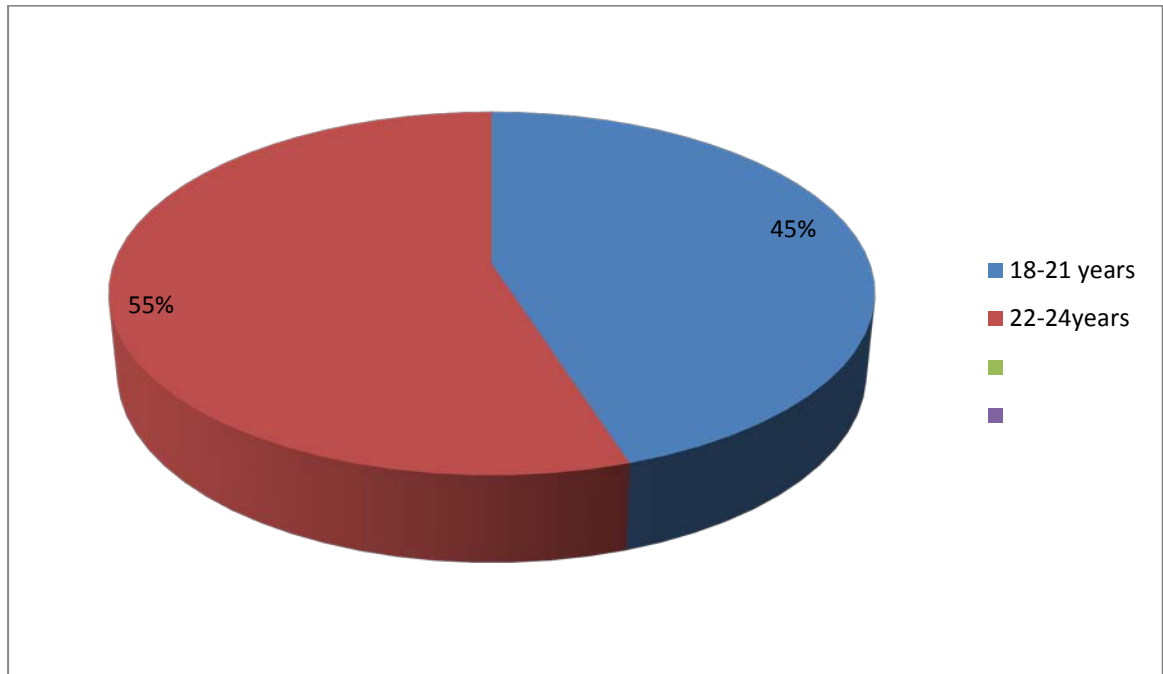


**Table 1**

As shown in the above table 1 study findings on gender are seriously skewed with females at 60% and males at 40%. This clearly reveals that females are in the majority and also that they are the worse victims or easy targets. Females can have great influence on decision making but because in the traditional, hierarchal structures in the family and community males still dominate that space.

Through their practices, behaviour and abusive tendencies they can easily put women at risk. This means that a lot of work needs to be done by the church to prevent such things from taking place.

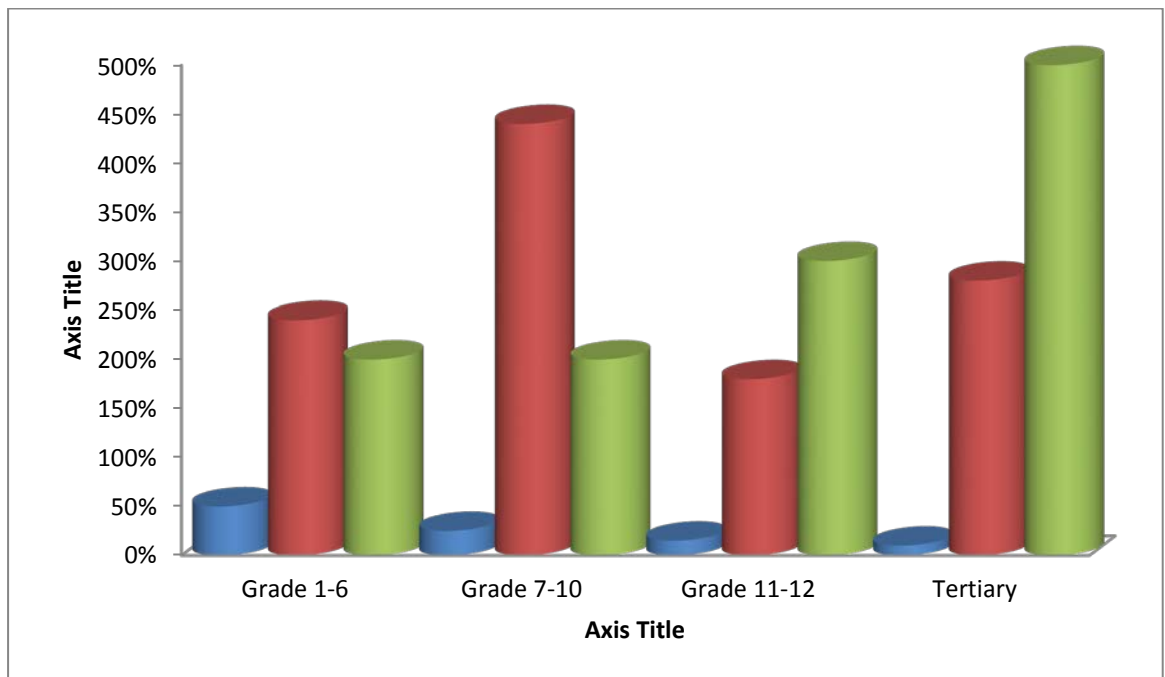
**Age Group of Participants**



**Table 2**

Study findings from Table 2 and age graphic representation Figure 1.2 confirmed that this is the most affected age group by HIV/AIDS epidemic. Most of them in this age group are not married yet. The ages 18-22 constitute 45% of the youth in the community while the ages 22-24 years constitute 55%. This age group is also exposed to number of challenges and most of them have no commitments and are also doing drugs. They are also exposed to different types of abuses that are taking place within the community which in turn can result in the possibility of being infected. The research findings also reveal that among this category of people, most of them are hardly found in churches and this can be estimated at 60%, especially if the church does not provide exciting programmes that attract young people.

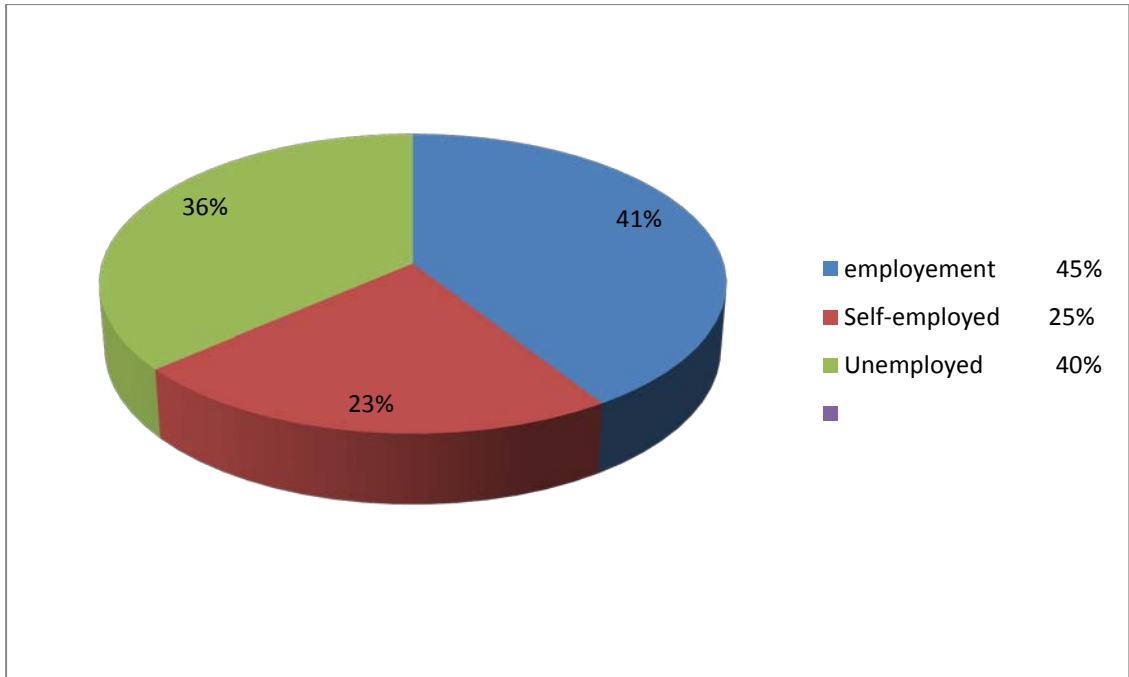
### Level of Education of Participants



**Table 3**

With regard to literacy, the study findings from table 3 and education level graphic representation in table 3 revealed that while 50% had managed to attain between Grades 1 – 6, only 15% had completed Grade 12 and 25% had achieved between Grades 7 – 10. This implies that most young people were school drop outs. This indicates a possibility of low literacy levels of young people in the area they hail from. There is also a possibility that those who drop out of school can easily be ignorant of the dangers of HIV/AIDS because of their level of understanding. Illiteracy can be a high risk for young people in the Tinis area.

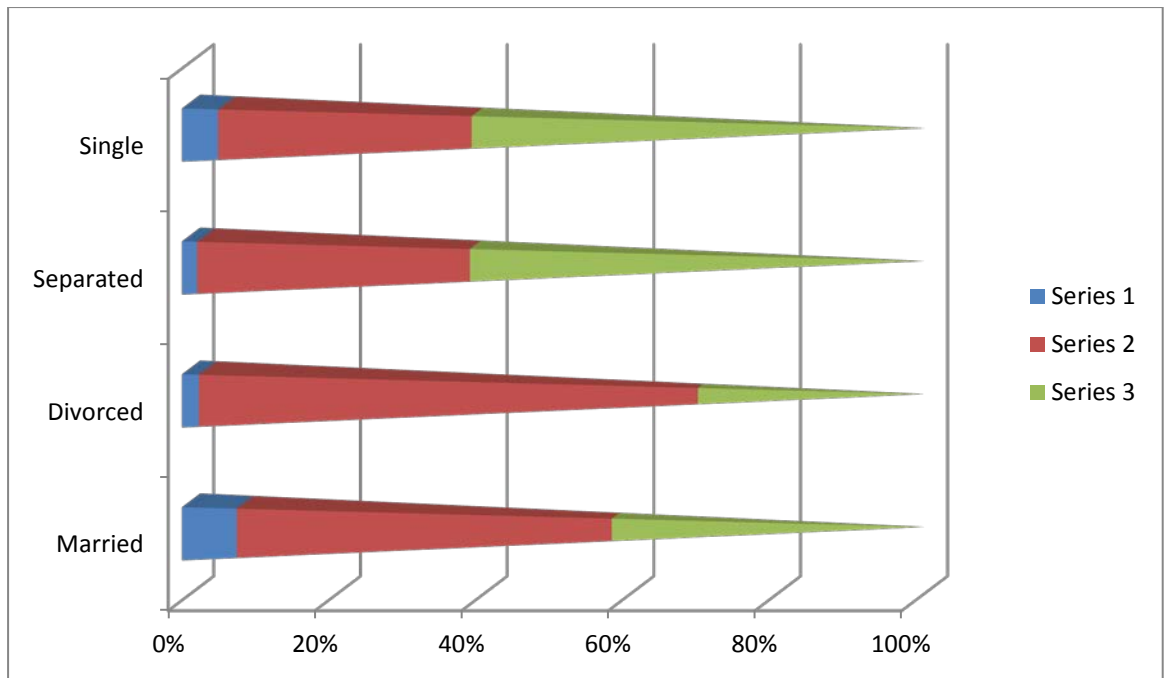
### Socio- Economic status



**Table 4**

Almost 41% of the young people in this table 4 confirmed that they are employed by different institutions and on different levels with some sort of income. 23% are self-employed and so support themselves making them suffer abject poverty. However, 36% are unemployed, though they are eligible to work while others are still under age and therefore ineligible to work due to age restriction by various legal frameworks including labour law. Furthermore, participants reported they depended on their grandparents' old age pension grants, while other participants reported that some parents had no source of income or qualified for an old age pension grant. The state of unemployment facing the youth at Tinis and lack of meaningful sources of support among them indicated high levels of economic malaise and psychosocial dysfunctionality in their lives. This could further herald a higher degree of stress and despondency in the event that anyone gets infected or affected by HIV/AIDS.

#### **MARITAL STATUS**

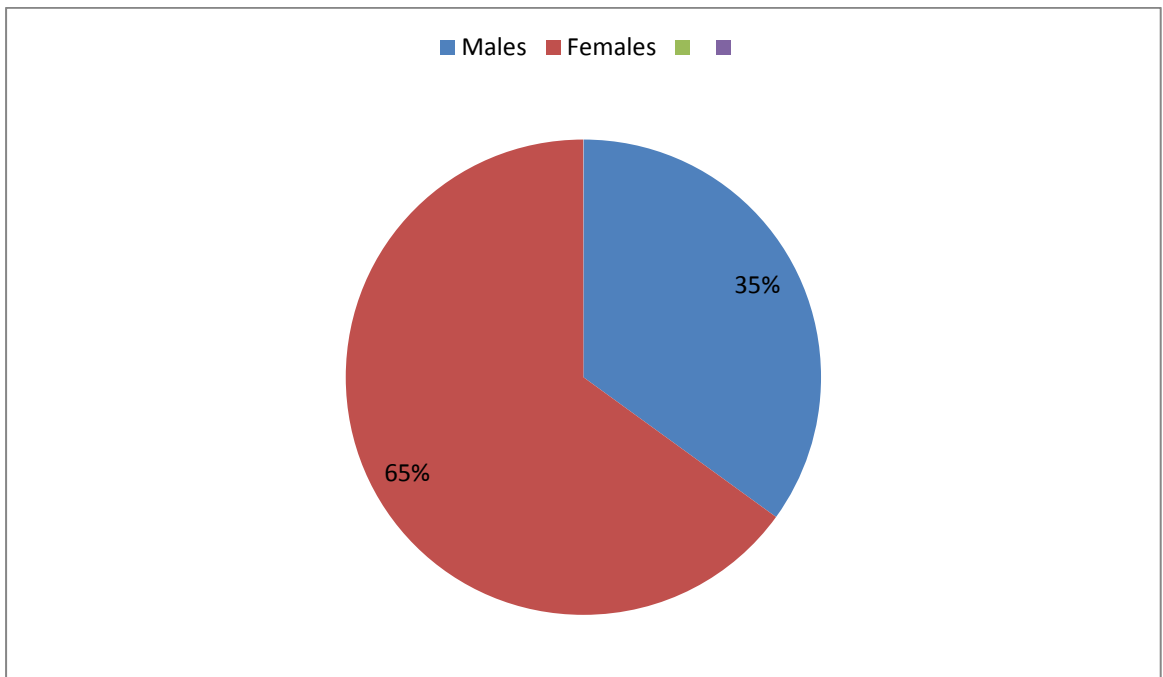


**Table 5**

On marital status as depicted by this table 5 indicates that 35% of the adult study participants are remarried. It also reveals that 40% are single and those who are separated and widowed each 10%. Divorced participants make up 15% of the study. Some married people were not living with their spouses, due to work responsibilities and in order to support their families. This implies that the responses came from personalities of different statuses. This was critical in ensuring data validity, reliability, trustworthiness as well as diversity of opinions. These statistics indicate a certain level of chaos and confusion in family life and put people at a high risk of being victims of HIV/AIDS, if not already affected.

### 4.3. PROFILE OF THE ADULT PARTICIPANTS

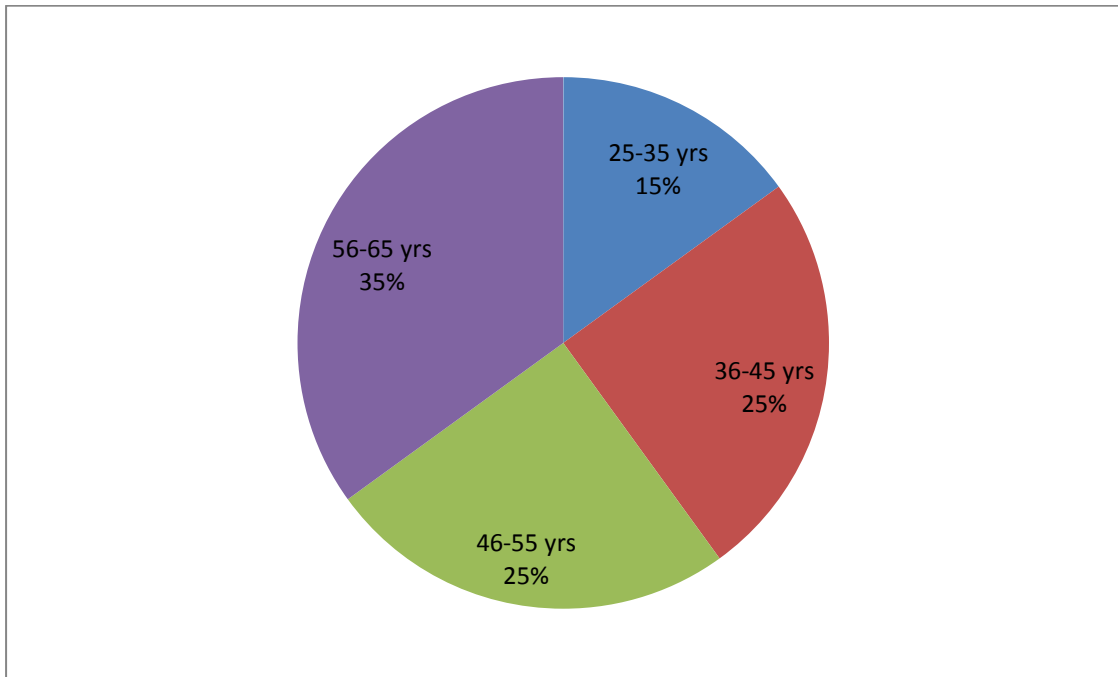
Gender Profiling



**Table 6**

byGraphic table number 6 indicates a gender bias, with 65% being women and only 35% being men. Such findings revealed both an inconsistency and an incongruence with the “modus operandi “of parenting process which is overly dependent on women due to the nature of family structures whereby men are expected to fulfil minor roles. Their biggest role is that of providing for the family, going out to search for employment and bring the necessities for the family.

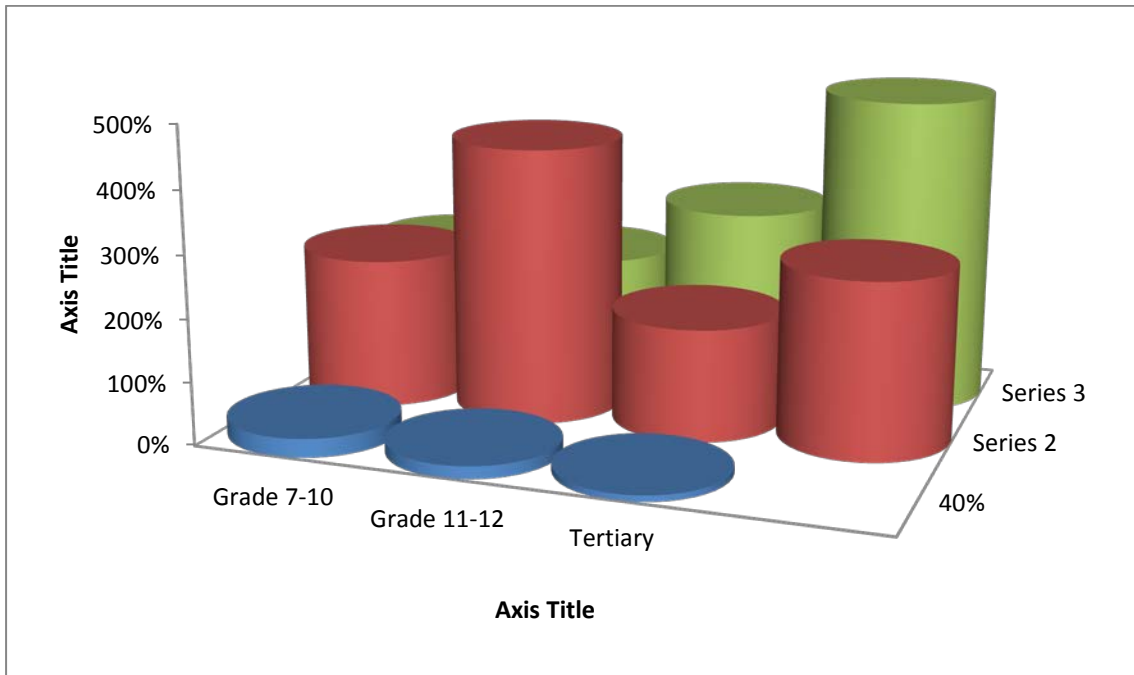
### Age of Participants



**Table 7**

Study findings in table 7 indicated that participants who took part on the individual interviews discussions had age ranging between 36-65 years. While the youngest community members belonged to the youth age bracket of between 25-35 years, three participants were adults aged between 56-65 years. Although none of the participants was above 65 years, the variation of age can be considered satisfactory and likely to give valid and reliable opinions pertaining to the impact of HIV/AIDS within the Tinis community.

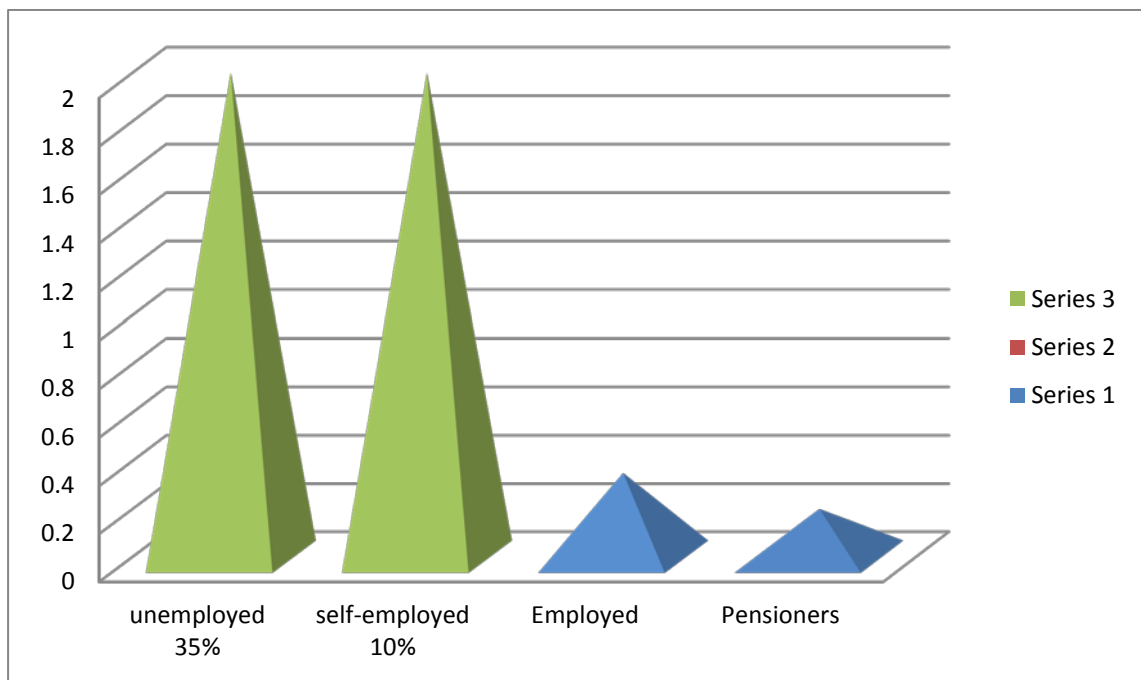
### Level of Education



**Table 8**

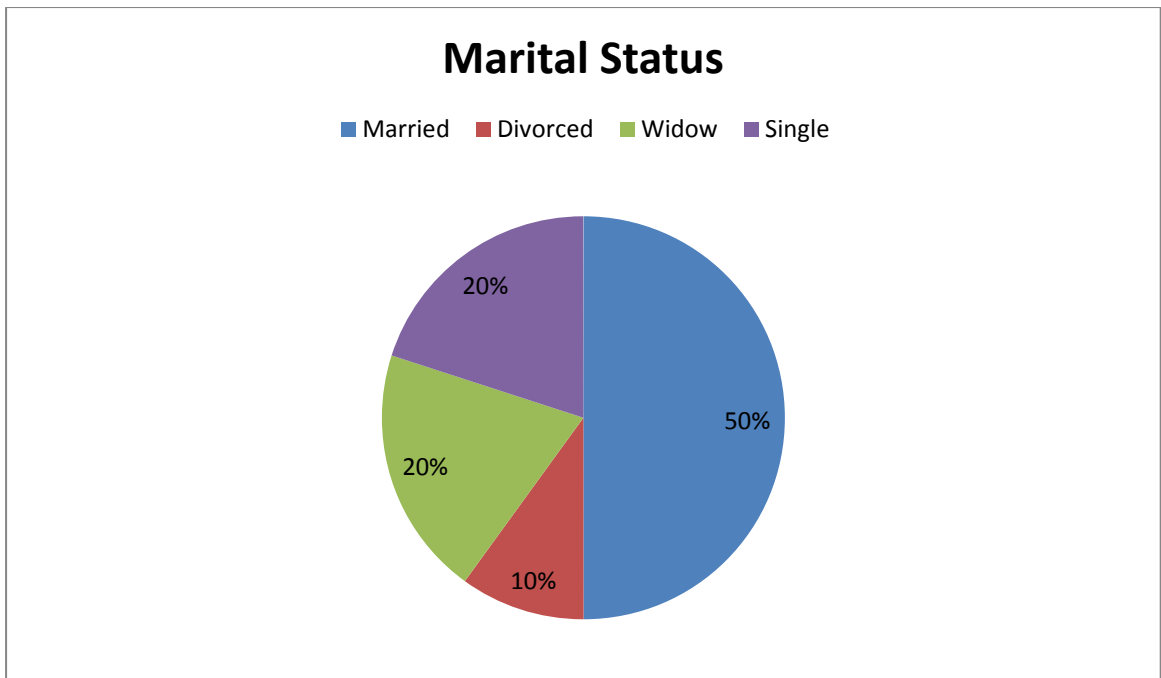
In terms of literacy, the study findings in table 8 revealed that the majority of the participants had completed Grade 1 to Grade 6, and that is at 40% of the total participants. While 30% have completed between Grades 7-10. On the other hand, 20% have successfully completed between grades 11-12. Lastly, only 10% received education at a tertiary level. So although literacy levels were of a low standard at Tinis, the level of literacy of the community members was promising to enable this group to have a relatively good understanding of the dynamics that the researcher was interested in. This was a possible boost to data reliability.

### Employment Profile of Participants



**Table 9**

The results depicted in table 9 above show that the majority of participants that took part in this study in the Tinis area were unemployed and were at 35% which made their livelihood arduous and difficult. Explicitly, participants were involved in self-employment undertakings (10%) or receiving some kind of income (pensioners, 15%) and some did not qualify for a welfare grant. Only 35% had employment, which could be full time or part-time employment. This could possibly explain why there is a high rate of HIV/AIDS at Tinis and also a high rate of poverty. Additionally, the poverty or lack of income could also mirror weak or inadequate psychosocial support from the community members to those who fell victim of HIV/AIDS.



**Table 10**

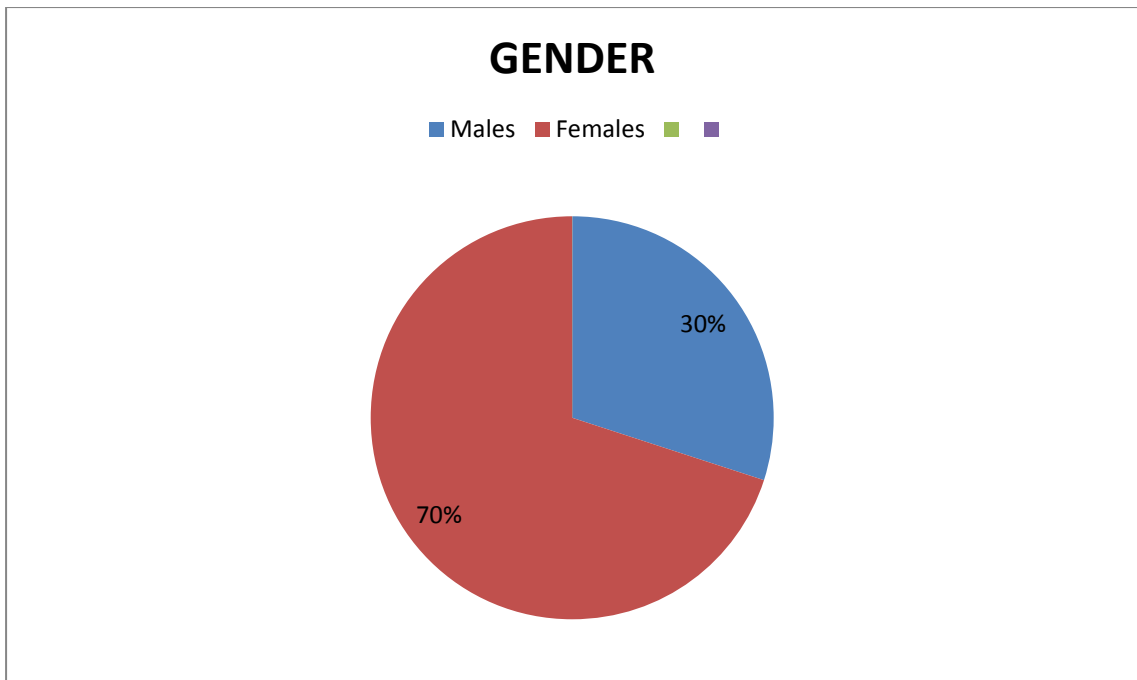
Table 10 indicates that the majority of the study participants were married and is 50%. It also revealed that 20% was single and 20% was both those who were separated and widows. 10% was those who were divorced. To the contrary, some married were not living with their spouses, due to work responsibilities in order to support their families. This implies that the responses came from personalities of different statuses. This was critical in ensuring data validity, reliability, trustworthiness as well as diversity of opinions. This of situation also causes a lot of chaos and confusion in family life and put people at high risk of being victims of HIV/AIDS if not affected.

#### **4.4. DEMOGRAPHIC PROFILE OF CHURCH ASSOCIATION'S MEMBERS FROM FOCUSGROUP**

##### **DISCUSSIONS**

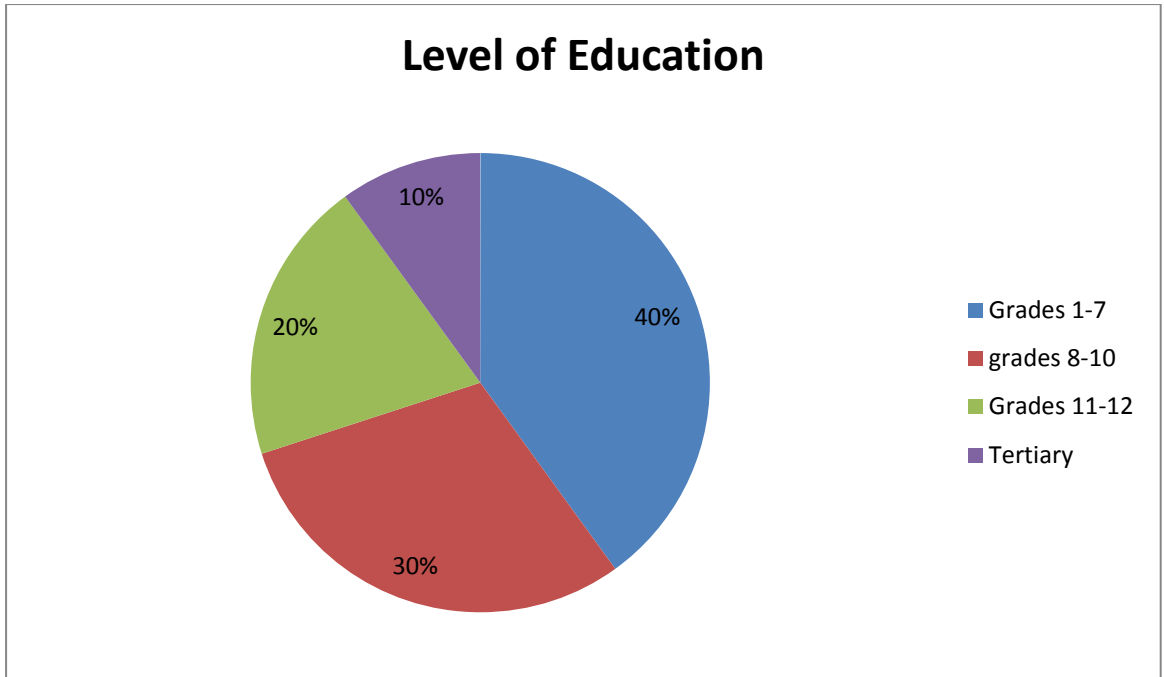
The four church association's members that participated in focus group discussions provided their information which is presented in the table below gave some good reflections. The names of the associations are also provided as follows: (M.W.P & SU) Methodist Women Prayer and Service Union, (YMG) Young Men's Guild, (M.Y.W.P & SU) Methodist Young Women Prayer and Service Union, (LPA) Local Preachers Association. The demographic profile includes gender, age, marital status, level of education as well as socio-economic status.

<b>Focus groups participants</b>	<b>Gender</b>	<b>Age</b>	<b>Marital Status</b>	<b>Level of Education</b>	<b>Socio-economic status</b>
<b>YMG</b>	All males	25-35yrs	Married	Grades 1-6	Employed
		36-45yrs	Divorced	Grades 7-10	Unemployed
		46-55yrs	Widow	Grades 11-12	Self-employed
		56-65yrs	Single	Tertiary	Pensioner
<b>M.Y.W.P&amp; SU</b>	All females	25-35yrs	Married	Grades 1-6	Employed
		36-45yrs	Divorced	Grades 7-10	Unemployed
		46-55yrs	Widow	Grades 11-12	Self-employed
		56-65yrs	Single	Tertiary	Pensioner
<b>M.W.P &amp; SU</b>	All females	25-35yrs	Married	Grades 1-6	Employed
		36-45yrs	Divorced	Grades 7-10	Unemployed
		46-55yrs	Widow	Grades 11-12	Self-employed
		56-65yrs	Single	Tertiary	Pensioner
<b>LPA</b>	Females	25-35yrs	Married	Grades 1-6	Employed
	Males	36-45yrs	Divorced	Grades 7-10	Unemployed
		46-55yrs	Widow	Grades 11-12	Self-employed
		56-65yrs	Single	Tertiary	Pensioner



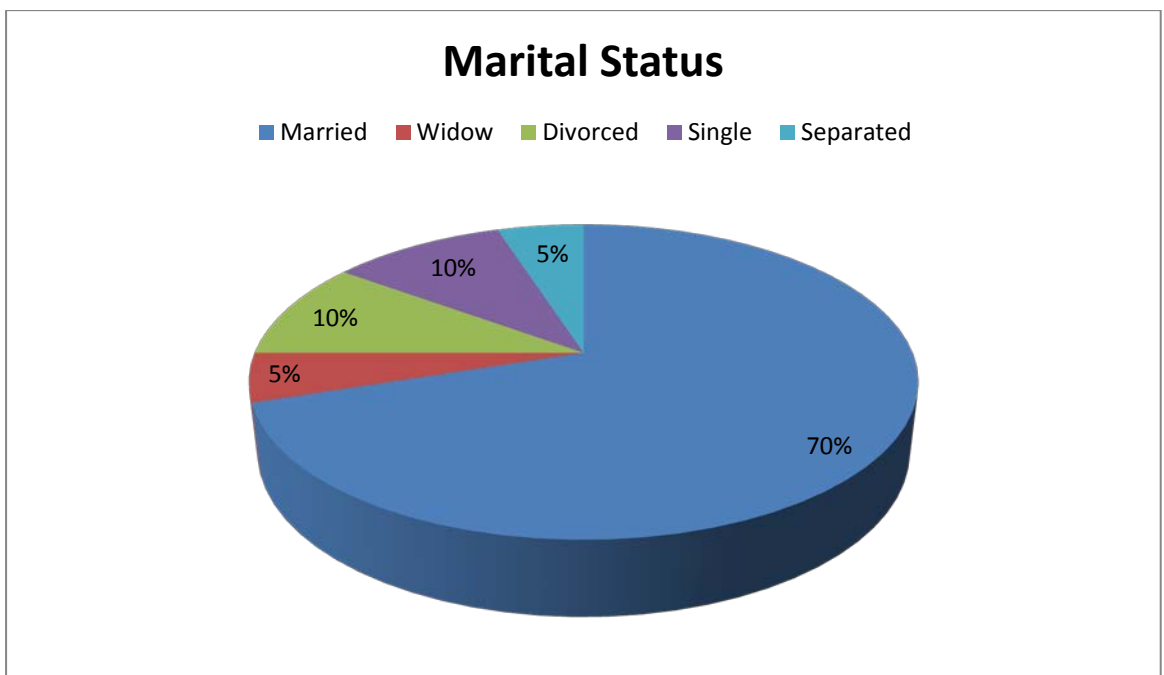
**Table 11**

As shown in the above table 11 study findings on gender indicated that females who participated were more than male participants. Females reflect 70% while males on the other hand reflect 30%. This also shows the level of participation in religious activities at the Tinis Methodist congregation. It also mirrors the fact that females in the Methodist Church in Southern Africa are in the majority and are dominant in church activities while males remain a minority. Males can be regarded as minority agents of ministry at the Tinis Methodist church.



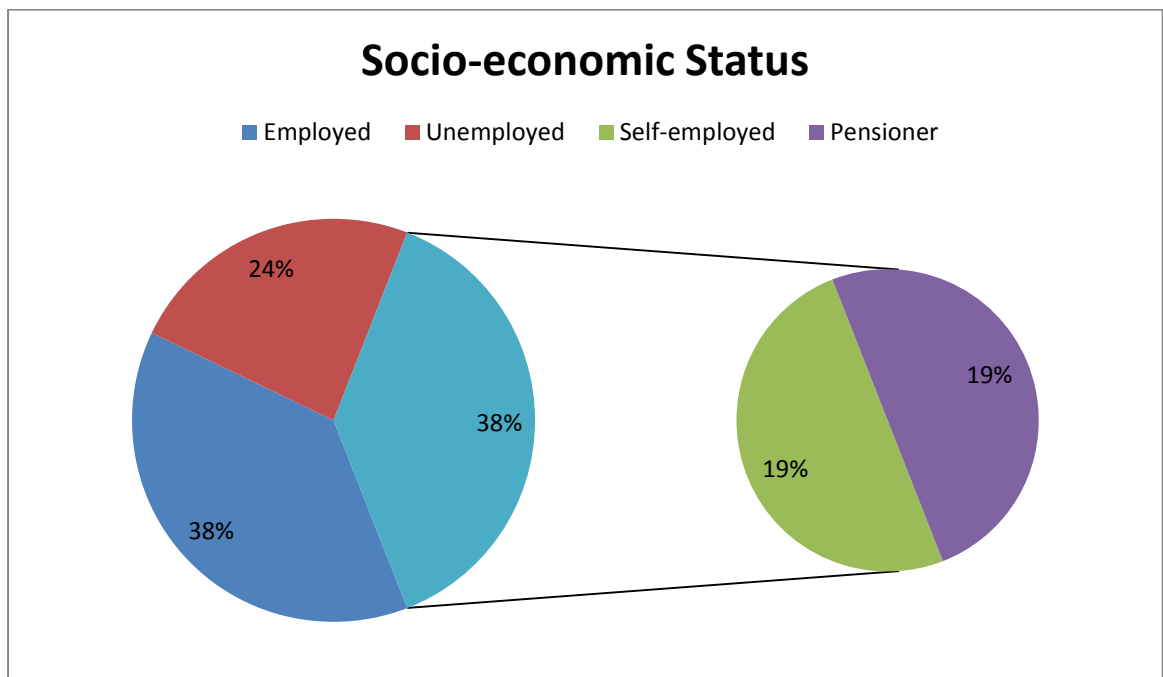
**Table 12**

With regards to literacy, the study findings in table 12 revealed that the majority of the participants had completed Grade 1 to Grade 7 (40%), while 30% had completed between Grades 8-10. A few of them had achieved Grades 11-12, (20%) and therefore the level of literacy of the participants was promising to enable this group to have a relatively good understanding of the dynamics that the researcher was interested in. This was a possible boost to data reliability.



**Table 13**

It was pertinent to consider another fundamental dimension, the marital status, of the participants. As graphic presentation of table 13 above depicts, the study findings indicated that the majority of the participants were married, being 70% of the total. On the other hand there was a balance between the divorced members of the focus group and the widows, with the total of each being 10%. However, marital status was not a very important issue as far as answering the questionnaire was concerned. The researcher thinks it is the individuals' capacities to know and contribute to information pertaining to the issue of pastoral approach to HIV/AIDS that was important.



**Table 14**

The results depicted by the graph in table 14 showed that 38% of the study's participants received some sort of income through employment or social grant, but they live just on the poverty line,

making life arduous. Explicitly, participants were either involved in self-employment undertakings or receiving grants as kind of income and some did not qualify for welfare grant. Unemployment statistics of the participants was 24% while self-employment and pensioners shared the same statistic of 19%. This could possibly explain why the majority of young men and women became victims of HIV/AIDS at Tinis. Putting their lives at risk by indulging in unprotected sexual activities for majority of them as a way of earning income was a good option. Above all, poverty and lack of other forms of financial income could also reflect on a weak or inadequate psychosocial and spiritual support system from the community members as well as the faith communities could give to young men and women who fell victim during the processes of finding a better life.

Age

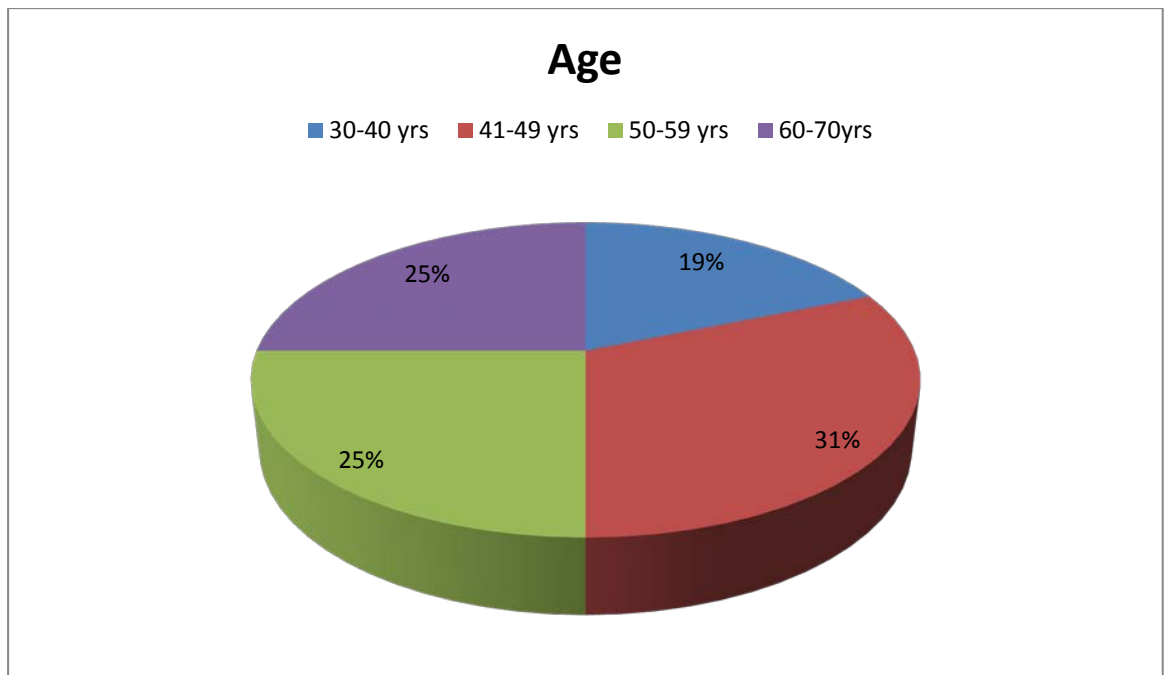


Table 15

On the question of age, study findings Graph in table 15 indicated that the adult participants who took part in the focus group discussions had age ranging between 30-70 years. The youngest group

of adult participants belonged to the age bracket of between 30-40 years, and they constitute 19%. The majority of adult participants (31%) were between the ages 41-49. Participants ranging between 50-59 years made up 25% of the sample and the eldest group of participants were between the ages 60-70 and they reflected 19%. Some among this group were receiving Old Age Pension Grants. The variation of age can be considered satisfactory and likely to give valid and reliable opinions pertaining to the causes and impact of HIV/AIDS and also offer good reflections on what could be done about the challenge.

#### **4.5 TEACHING MINISTRY OF THE CHURCH IS INCREASINGLY MISSING**

With regards to the teaching ministry a concern was raised by most participants on three matters: Lack of Discipline, Lack of emphasis on Christian moral values, Minimal reference to sex education and sex before marriage. There were also questions around the provision of marriage education and its sanctity.

##### **4.5.1 Traditional teachings in the church**

Research findings reveal that there is no adequate teaching in the church about social issues especially related to HIV/AIDS. The only time that the church speaks about HIV/AIDS is during December when the churches and other organizations celebrate 1<sup>st</sup> of December as World Aids Day. Findings from the majority of the respondents who participated in this study indicated that the lack of traditional teaching in the churches today has made most people lose respect for life and human dignity. Instead of benefiting from the traditional teachings that are meant to advance lessons on discipline, respect and moral development, that vacuum has brought sorrow and misery into the lives of individuals and families, their parents and relatives, as well as the community at large. As a result of this people do not fear doing wrong and portray bad behavioural habits, leaving others injured and wounded and victims of their bad conduct. This is where the spread of HIV/AIDS becomes a possibility. This implies that traditional teaching is the goal posts of ensuring safety and

living in harmony with one another, therefore these teachings were increasingly being compromised. These findings find expression from the following sentiments echoed by almost all the participants.

Respondents stressed the importance of churches to be more involved in teaching about HIV/AIDS. It became evident from the findings that most people are still ignorant if not careless when it comes to HIV/AIDS matters.

#### **4.5.2 Dwindling state of discipline**

Virtually all the respondents that took part in this research echoed that there is a greater element of lack of discipline than before. People find themselves engaged in other unwanted activities that make them to regret at the end of the day because lost discipline under the influence of drugs and alcohol. This is an indication of evidence of dwindling grip of discipline that people used to get through religious teachings. People are no longer demonstrating the culture of seriousness about lifestyles and the culture of inculcating discipline even to the young ones.

This is an indicator that the culture of discipline and cultural development appears to be in disarray. This is evidence of dwindling of discipline that people have been adhering to in the past. Perhaps this is happening because the discipline custodians and community members are no longer seriously scrutinizing the process to young people within our communities.

#### **4.5.3. Lack of emphasis on Christian moral values**

The research findings reveal that there is also lack of emphasis on Christian moral values. historically, the term 'Christian values refers to the [values](#) derived from the [teachings of Jesus](#) and taught by [Christians](#) throughout the history of the religion. This actually refers to issues related to sex education and respect for the marital relationship.

The research findings reveal that talking about sex and sexuality is something that many ministers and lay leaders in the Tinis Methodist Church find difficult, because of cultural values and traditions. In the Xhosa tradition, it is taboo to talk about sex and sexuality in public. The language used in sex education is not user friendly. Xhosa people are not allowed to call private parts by name. Age differences in the congregation makes it too difficult to discuss the sexual issues. According to Xhosa custom, one talks about sex only with his/her peers. In this regard most HIV volunteers are young people and it was difficult for them to discuss HIV and AIDS matters as there is a belief that HIV and AIDS is transmitted through sexual intercourse most of the time.

The issue of sexual activity and sex education was raised by respondents as well as the culture of silence by the church on this matter. This was seen as more prevalent in African cultures and this could be another contributing factor. It means that the more the church is silent on sex education the more the youth are exposed to sex in practice before they know much about its consequences or how to protect themselves. While the church is silent, mass media, especially TV makes this worse by contributing to the myth that sex is cool and a normal part of any casual relationship.

#### **4.5.4. Silence of the church on use of condoms**

The issue of the church not making a public pronouncement on the use of condoms by young people was raised as another problematic matter that poses a challenge for the church community members. This reflection charges one to think what Jesus would say today in the era of HIV/AIDS if faced with the question of the use of condoms. Would he prevent people from getting access to them? With the hope that they would refrain from promiscuous sex, or would He make them available, and explain the different points that a person needs to take a decision about them ( such as safety, self-respect and mutual respect in relationships, the principle of marriage) and then leave them to decide for themselves?

The consequences of not making them available can be very serious, especially given what has been said about the many pressures exerted on an individual as a result of the sinfulness of our society as a whole. The question that one can ask is, do we have a moral right to withhold condoms, which are one possible way that people could protect themselves from this unspeakable evil, this terrible epidemic that has grip on our world? The church should stop avoiding talking about the use of condoms.

#### **4.5.5 Marriage Education and its sanctity**

From both discussions the participants are of the opinion that, there is a great need for marriage education. It has been highlighted that there is a lot of unfaithfulness from married people. Some become careless in those relationships and, as a result, they infect one another. Emphasis on marriage education, especially on the principles of marriage will help in creating a shield or protective fence against HIV infections thereby countering the spread of HIV. Some findings seem to indicate the painful experience associated with unfaithfulness.

Among other things it was highlighted that South Africa's apartheid history resulted in the break-up of many families due to migrant labour. This break-up of families increased the number of single parents, the number of men who were alienated from their families and the number of youth

taking responsibilities on their own beyond their age. All these deeply affected relationships between adults and youth, as without clear parental guidance young people are unable to make wise and responsible decisions.

#### **4.5.6. Inadequate use of available resources**

The entire sample of respondents indicated that there were lots of resources that are not adequately utilized in Tinis. The key source materials are from Non- government organisations, Government departments as well as Faith Based organisations. These resources included the following; books, posters, charts, films, drama, workshop material and magazines. The use of video and having literature available for congregants to read on HIV and AIDS is important. The use of computers, CD's and televisions to aid in the teaching about HIV and AIDS would be much more helpful but these resources are minimal in the Tinis Methodist Church and few people can use these facilities because of their education level. It was reported that even available resources are not used as teaching aids to help people to understand the impact of HIV/AIDS. This information was not accessed by the members of the congregation.

According to research findings this material is not meeting its intended recipients. Due to the congregational age and the education profile of the congregation, it only benefits twenty percent of congregation members. The sexually explicit language and images used in the teaching materials are not welcomed by the members of the Tinis Methodist Church.

#### **4.5.7 Existing HIV and AIDS programmes in the Methodist Church not utilized**

The respondents reported that the existing programmes developed by the denomination and adopted are utilized in some local congregations including the Tinis congregation. It was not clarified whether the problem was with the leadership of the congregation or whether funding was a challenge. Although the HIV and Aids, Childcare and Youth Desk is established as one of the major mission policies of Methodist Church, its implementation is still a matter of choice and context. It means that there are gaps between policies and their implementation within the Tinis congregation. It is important to keep in mind that some people still see HIV/AIDS as a shameful or embarrassing issue. It is also important that as churches and congregations we need to be sympathetic to other viewpoints and take it upon ourselves as our responsibility to educate others.

The feeling of the respondents was that these programmes should be integrated into more aspects of the life and work of the church. This means that even in the ministry of the church associations their year plans should reflect their response to HIV/AIDS as associations. Reflection from the respondents, both within the individual sessions and focus groups, shows that HIV/AIDS

must not be treated in isolation, as a medical phenomenon. HIV/AIDS is intertwined with social issues that may attempt to make a meaningful impact on our daily lives. These issues include poverty, unemployment and lack of recreation opportunities unequal gender relations. This calls for the establishment of contextual programmes on HIV/AIDS to be integrated in the ministry of the congregation as a response to this growing challenge. It is believed that the church can only begin to be effective in its fight against HIV/AIDS when it recognizes that AIDS is not confined to those outside faith, and that people within the church community are infected and affected by HIV/AIDS.

The lack of integrating HIV/AIDS programme in the plan of the church life is bound to result in people living with HIV/AIDS and their families feeling marginalized and isolated in their struggles. Above all the members of the community are likely to find it difficult to trust in a church that gets involved in the community while denying that HIV/AIDS also exists within its own walls. Also it is likely that people in the community that are living with HIV/AIDS and receiving ministry in the church may wish to join the church. How will people find space and place in the congregation if it is silent or judgmental around HIV/AIDS?

#### **4.5.8. Insufficient support**

Research findings on psycho-pastoral against psychosocial support provided by both the church and community networks towards the victims and their families revealed mixed feelings, emotions and reactions. Almost half of the participants acknowledged some minimal contribution made by the congregation in a form of informal or formal support. Some of the participants shared their sentiments and unfortunately these are not recorded verbatim.

This simply means that it is evident that the respondents were not happy with lack of psycho-pastoral support. This kind of support could be physical and material support, emotional and spiritual support. Church Associations are often very good when it comes to issues of caring for people within the congregation. These days' people are afraid, including those living with HIV/AIDS, to disclose their status. One of their fears is that they may no longer receive visits, prayers and material help from the church and instead they will be judged for having a disease associated with sexual sin and disgrace. People living with HIV/AIDS need to be supported spiritually, emotionally

and physically. The church needs to take this seriously as part of their calling to care for the flock. This could also be assigned to the congregation associations and individual congregants.

#### **4.6. Conclusion**

The chapter has with the data analysis and findings. The profiling of the respondents was done followed by graphs explaining the nature of the respondents. Themes developed from the responses were discussed. The following chapter will propose the recommendations based on the findings.

## **Chapter Five**

### **Summary of the Findings and Recommendations: "A Pastoral Theological response of the Church**

#### **5. Introduction**

In the previous chapter the data analysis of church leaders of the Tinis Methodist Church, different Associations members and individual interviews of people from Tinis Township was discussed according to the objectives of the study.

This final chapter includes a summary of the research, recommendations for providing support to the groups that are fighting against HIV/AIDS at Tinis, preventative measures, and to encourage The Methodist Church of Southern Africa in the Fort Beaufort Region.

#### **5.1. Summary of findings**

This research was undertaken to make a contribution to the Tinis Methodist Church's role in the fight against HIV/AIDS in the Tinis community and was conducted on site. The big question that the study asked was 'what could the church do in combating HIV/AIDS?' The work was fairly scattered throughout Fort Beaufort Region.

#### **5.2. The aims and objectives of the study were**

The aims of this research were to examine whether Christian values and doctrines relating to HIV/AIDS in the Tinis Methodist church were achieving the intended objectives.

The objective of this study was to explore the ways of reducing and de-stigmatizing the personal and social impact of HIV/AIDS in the Tinis Methodist Church. It also sought the supportive environments that minimize the spread of HIV/AIDS and provide maximum care for those living with and affected by HIV/AIDS. It also created minimum successful strategies to track the spread of the epidemic, and effective programmes of care, treatment, and support that are highly contingent on contextual factors, such as epidemiological context.

Another objective was to assess the implementation and develop strategies of The Methodist Church of Southern Africa policies with regard to HIV/AIDS pandemic.

#### **5.3. A Pastoral Theological response of the Church**

### **5.3.1. Integration of HIV/AIDS to the life and work of the church**

This section attempts to answer the bigger question *“What can the church, the congregation and the individual members of the congregation at Tinis community do about this challenge facing their community?”* This would be achieved by reflecting on the outcomes of the research especially the specific issues raised as to gaps in the ministry of the Tinis congregation. This will measure the effectiveness of the church/congregation in its fight against HIV/AIDS in the community. It will also prove to those who are critical to the minimal if not complete non-involvement of the church or the Tinis congregation in the fight against HIV/AIDS. By so doing the congregation will actually show that the challenge of HIV/AIDS especially in the Tinis area, is not only confined to those who are outside the faith community. It will acknowledge that also people within the church community are affected, if not infected, by HIV/AIDS. Therefore the lack of integration of HIV/AIDS programmes into the life and work of the Tinis congregation will be addressed to also make a contribution towards decreasing the high level of infection within the community.

It has been revealed through the individual interviews and focus groups that there is a need for the Tinis congregation to re-enforce its church programmes by integrating HIV/AIDS into their plan. Also to establish some of the programmes that did not exist. This section will provide some ideas for the type of support programmes that can be established and re-enforced in the ministry of the Tinis Methodist Congregation. This approach will actually answer the many questions that many outside the community of faith are asking with regard to the congregation’s involvement. The programmes will include the following: Encouraging people to speak out; Awareness and Education; Spiritual support; Emotional support and Physical support. In most churches the congregation is divided into different sections and different Associations and the ministry of that particular congregation is mostly done in those categories. Therefore these ideas can be actually applied in those associations and sections of the church. These groups specifically in the Tinis Methodist congregation include the following:

M.W.P & SU	Methodist Women Prayer and Service Union
YMG	Young Men’s Guild
M.Y.W.P &SU	Methodist Young Women Prayer and Service Union
LPA	Local Preachers Association
WG	Wesley Guild

#### **5.3.1.1. Encouraging people to speak out**

Most of the time in the churches people are encouraged to give testimonies and they are not afraid and ashamed to talk about those testimonies. The researcher is of the opinion that the same approach should be used to encourage people to speak out about their challenge and their status pertaining HIV/AIDS. This kind of approach will actually enhance awareness and banish any stigma and discrimination towards those who are living with HIV/AIDS within the Tinis Methodist

congregation. As mentioned earlier the church has a sizeable audience every Sunday and the pulpit can be used to encourage people to love, and care for those who are living with HIV/AIDS.

Those who are living with HIV/AIDS within the congregation and preferably for a start those who are not members of the congregation can be invited to come and share their stories as well as their experiences with the congregation. This will help the members of the congregation who are HIV to be encouraged to come forward and speak out about their own status once they have heard others sharing publicly. By acknowledging the reality of HIV/AIDS in the Tinis Methodist Church the congregation will be beginning to respond to the dilemmas and problems of people living with HIV/AIDS. Speaking out means that we do not pretend as though nothing is happening. This approach also helps to break the silence and the secrecy around HIV/AIDS.

### **5.3.1.2 Awareness and Education**

As part of the ministry of the congregation it is important that awareness should be done for the members of the congregation on different issues that are affecting the community including matters related to HIV/AIDS. It may be possible that some members of the congregation do not know anything with regards to HIV/AIDS. This should be seen as giving people skills to deal with challenges that they are faced with in life. Life skills are an important part of the church's ministry with regards to education. Sunday school children, Youth and Confirmation candidates can benefit from this kind of a programme. HIV/AIDS is crucial at this age, if not earlier. Most of the young people receive little or no sex education at home, and the church needs to fill this gap.

There are different ways of doing this kind of ministry:

- It could be through speaking to parents about their crucial role at this time of their children's lives.
- Organise youth exposure programmes.
- Young people are known to be experimenting in life, and often make mistakes. It is important that the church leadership should think about creating an atmosphere of acceptance rather than condemning the kids who have experimented sexually, so that they can reconsider their options in a safe and loving environment.
- Group discussions can be established where the benefits of being in a relationship can be openly discussed and what they want from such relationships. This could also be an opportunity to talk about the use of condoms as part of prevention.

### **5.3.1.3 Church and Sex Education**

It has been clearly stated in the findings that the church did not want to teach their members about sex and sexual activities. Talking about sex in the church especially during the service was taboo. Again the research findings revealed that the church has been comfortable with the fact that sex education is the responsibility of the Government, schools and NGOs. Even African culture has contributed to the present state. Khathidi G, in Dube (2003:5) explicitly states that the demonizing of sex has a long history in the Christian Church. He maintains that the tragic separation of sexuality and spirituality can be traced back to some prominent theologians in Church History such as Augustine who actually condemned sexual activity. To this day some Christians feel that a person who is a Christian cannot love both God and sex.

As we struggle with the fight against HIV/AIDS it would be helpful if the church members avoided the old sayings that sex is wrong, sex is evil, sex is a bad thing. People should be encouraged to use words like abstinence and faithfulness. These two words are seen as mild and positive to everybody. People should be taught to control themselves sexually. Again as we wrestle with the issue of building good human character, messages of abstinence and faithfulness needs to be emphasised. Talking openly about sex to children and adults will help even to make teachings on HIV/AIDS simple for those who are involved in the teaching ministry in the church.

Khatidi in his essay in Dube (2003:6) concedes that the church needs to demystify sex. This simply means, according to Khathidi, that the blanket of mystery on sex and related issues needs to be removed once and for all. The cultural and spiritual barriers prohibiting any discussions on sexuality must be destroyed. Open discussion on sex will go a long way in helping us grapple with the scourge of HIV/AIDS in a meaningful way. Therefore sex education should constitute part of the church associations' empowerment programmes. Pastors, Reverends and Preachers should find a way of including these very important issues in their sermons so that people should begin to appreciate it and handle this activity with respect. People should be assisted not to view teaching about sex as being rude. They should be helped not to see sex as evil and sinful. Lastly, we should find a way of relieving those who are afraid to talk freely about sex openly. That alone will open a way for the couples, children and parents as well as religious communities to also talk openly about sex.

In concluding these arguments Pastors, ministers and church leaders need to be liberated from the fear and shame of talking about sex openly. If this process is not being followed they will not be able to deal with the situations that they are confronted with in their congregations like the Tinis Methodist church. Also the problems that they are confronted with in their own lives and their family challenges and moreover the congregations that they are supposed to minister to. Talking about sex does not lead to corruption or corrupting others.

#### **5.3.1.4 Establishing systems of communication**

It was mentioned in the findings that communicating important issues like the use of condoms becomes very difficult for the church leadership. As we are in an era where we struggle with the challenge of HIV/AIDS we still find ourselves challenged to communicate with people on how they could perhaps get helped. The church needs to develop its own language to publicly address her audience on how to use condoms to minimize the spread of HIV/AIDS. Good communication is a key to success. It is also a challenge as everyone needs to needs to be kept abreast of what is happening to get maximum involvement. Church is one institution that always gets an opportunity to meet with hundreds of people in ordinary Sunday services, funerals or weddings and those gatherings can be taken as an opportunity to address the masses on those particular challenges. Especially in the case of HIV/AIDS, communicating positive tools to fight it should not be a major problem.

There are two main types of communication, the formal and informal. Informal communication basically means chatting over a cup of tea or after a service. In the case of church addressing HIV/AIDS, young people can be asked to do some role plays or drama to communicate the importance of the use of condoms especially by highly sexual people. This will be a way of alerting people or letting them to know what is happening, what needs to be done and how it needs

to be done, also hearing their responses in an informal way. It is also important that what is heard this way should be communicated formally. It could be brought to formal meetings or conferences to find a way of how things should be done or how they are being done.

Formal communication takes place during meetings and through leaflets and newsletters. In the case of communicating the use of condoms the church will have to set up meetings with its local leaders meeting to discuss the matter and encourage discussion and reflection. In those meetings a space to do spiritual reflection will have to be created. This will actually also discuss the future plans and the impact of the work already done. The church will have to develop regular newsletters or provide information every week on pew leaflets or on the special days that the leadership has agreed upon. This will help the congregation to see the seriousness of the church through its leaders on that particular matter.

### **5.3.1.5 Establishing Church support programmes**

This section will look at the following support programmes; Spiritual support, Emotional support and Physical support. It must be noted that as has been mentioned earlier in this chapter, these support programmes can be facilitated by church associations in order to fulfil this responsibility within the Tinis Congregation. These programmes will somehow respond to a practical theological approach to HIV and AIDS pandemic which is underpinned in a psycho-pastoral approach.

#### **5.3.1.5.1. Emotional support**

Emotional support is absolutely important in encouraging people with HIV/AIDS to be more positive, and not to default on their treatments. Generally speaking, emotional support helps one to remain in the best possible health depending on the circumstances. Although it is possible to receive training in HIV/AIDS and other related counselling methods, in some way every Christian is a counsellor because as children of God we are called to be there for one another. Support means 'being there'. One is not obliged to solve somebody's problems; support may be all that a person needs to have the courage to struggle on.

The following are the simple things that people should actually do in showing emotional support;

- To offer encouragement
- To show love and compassion
- Do not avoid people living with HIV/AIDS. We need to instil hope in them
- To create a safe place for support groups.

Through the findings in this research work it is recommended that emotional and psychological support programmes to the infected and affected church members and to the Tinis community at large should be offered. The youth in the Tinis Methodist church face serious challenges relating to situations of HIV and Aids that impact on them. When parents die and leave children behind, their life automatically becomes complicated. The children are often left in the care of relatives who may only be interested in capturing the properties left behind but not the responsibilities of the children. For that reason the young people often suffer both physically and

psychologically. Anger, despair, isolation and guilt are identified. Programmes addressing those challenges are recommended such as Trauma support counselling which is intensified using Social development as well as human capital available in the local congregation.

It is recommended that the Tinis Methodist Church should also learn from other institutions and establish children support programmes. These can also be offered during Sunday school programmes and be included in their curriculum. It will not be enough to offer it to Sunday school kids but also to confirmation classes which assist those who are coming to church for the first time, preparing for admission into full membership. These might be helpful because there is likelihood that among the group there might victims who came to church to find comfort and healing.

Some scholars say 'HIV undermines and often destroys the fundamental relationships, considered essential to healthy family life and child development Children suffer anxiety and fear during the years of parental illness, then grief and trauma when a parent dies ( Maqoko and Dreyer 2007). These could perhaps be seen also as violation of other rights that these children suffer, these psychosocial problems are rarely addressed in programmes, and yet can have long-term impact on development (UNICEF, 2001). As a church, the pain of children in the pandemic circumstances is well understood because the clergy and church elders have been sensitized to take care of such problems. The question becomes, 'are they doing enough to address this challenge?' Unfortunately psychological challenges faced the by youth sometimes lead to high levels of stress when they fail to handle challenges that come with the death of parents.

The research findings proved that some congregants among the youth show signs and symptoms of stress such as anger, anxiety, headaches, lack of rational thinking, the use of drugs and alcohol abuse. Programmes that are dealing with these challenges are recommended to be available in the local congregations or make referrals if the church is under resourced. It has been observed that symptoms that are associated with prolonged stress can be harmful. The adverse effects of stress can include exhaustion, depression and ill health. High levels of stress involving poor management can contribute to mental health problems (e.g. anxiety, interpersonal difficulties), behavioural instability (e.g. excessive alcohol intake, drug abuse, eating disorders) and sometimes involve medical consequences (e.g. headaches, bowel problems, heart attacks.) When young people experience lack of physiological care, they may show signs such as upset tummy and nausea, constipation, headaches, fatigue and losing touch with friends, loss of weight and loss of sleep and looking morose all the time. These signs can lead to stress.

#### **5.3.1.5.2. Physical support**

There are lots of things that can be provided as part of physical support and some of these things we do not value as we should. People who experience crisis as a result of illness or HIV/AIDS do often need this kind of support. Church members and different Associations within the congregation have a lot to offer when it comes to physical support. They can collectively offer the following to people living with HIV/AIDS:

- Offer assistance with cleaning
- Provide meals for people with HIV/AIDS
- Collect food, toiletries and other items that might be of help to sick people.
- Sometimes one's presence might be helpful and appreciated by a sick person.

- Provide entertainment in terms of playing music for a person, those who enjoy listening to stories read to them will appreciate that.
- Financial aid to those families that are poor and need money for their daily expenses.
- Some might need assistance with their dirty washing and sometimes to be washed themselves.

Therefore, these are some ideas of what the church could do as a response to physical support. This does not mean that people have nothing to offer to people living with HIV/AIDS.

#### **5.3.1.5.3 Spiritual Support**

It is always immeasurably comforting for those who are ill to know that they are being supported spiritually by their fellow congregants. The congregation should be encouraged to always remember to uplift in their prayers those living with HIV/AIDS. For that matter the congregation should develop liturgy that will include them in Sunday services.

Messages of support to people living with HIV/AIDS must be include in the preachers sermons. Also in the Church Associations these attempts to spiritually support people living with HIV/AIDS should be observed by their leadership. This support to families should not only come during funerals, it must be something that is on-going.

### **5.4. The Calling of the Church**

#### **5.4.1. The mission of the church**

Throughout this research it has been observed that a re-look at the ministry of the Tinis Methodist Church is something that needs to be considered especially on the question of HIV/AIDS. It has also been discovered that not much emphasis has been put on use of the strategy and implementation plan of the Methodist as the response to HIV and Aids.

These strategies have the endorsement and are supported by the Presiding Bishop, Reverend Ziphozihle Siwa, and the Bishops of the Methodist Church of Southern Africa. One of the major things stated in the strategy plan is that the church is called to take decisive action on the issue of HIV/AIDS. A decisive action is to uphold the value and dignity of every human being. (MCSA HIV/AIDS strategic and implementation plan: 2005). This means that once that sinks in the minds of this Christian community everyone will see the need to act in an attempt to respond to the challenge.

This research recommends among other things, Care of the affected people with HIV and AIDS. This could be done by doing things like helping those who are suffering with washing the clothes of the affected and provide them with healthy food. Although the issue of HIV/AIDS is a well-known challenge, there is a lot of silence within the families about their member's status. For an example in African communities during funerals people seldom disclose the cause of death and they

will prefer to give the disease another name. Therefore the new mission that is proposed here is to break the silence by speaking the truth in love (Ephesians 4:15) Rick Warren (1995:95) describes the mission of the church as the mission with a clear purpose. The clear mission of the Tinis Methodist church in HIV/AIDS should be to provide support to HIV/Aids infected and affected. The mission of the church is to uphold the dignity of and worth of every human being. The Methodist Church's response to HIV and AIDS requires the commitment of ministers, and laity in implementing the plan at all levels: Connexional, District, circuit and societies or congregations.

It is encouraged that the Tinis Methodist church utilizes church buildings and institutional facilities as places of tranquillity and discretion where people can let themselves be tested. The leadership of the church should also encourage people to offer voluntary HIV testing before every wedding or for that matter even before they engage themselves in sexual activities and then regardless of the results, encourage the love between people and strengthen it in the sacrament of matrimony. What a wonderful symbol that could be. This approach will open people's minds not to judge and condemn, but assist HIV positive people and their family life. Breetvelt (2011) argues that the church needs to have a theology of HIV/Aids and be able to minister effectively to HIV and AIDS positive people. The mission of the church is to reconcile people with God and to bring spiritual healing.

#### **5.4.2. To be Christ- Ambassadors**

The idea of being ambassadors for Christ becomes helpful. This means that through the Church as the community of believer's fulfils God's desire to reconcile the world to Christ. As an ambassador for Christ the church practices living according to the disposition of Christ by demonstrating living care, forgiveness, and acceptance of those who are HIV positive in order that God's mission in the world can be accomplished. All the efforts to image Christ and the concept of ubuntu to the world will fail unless the Church accepts in faith that God's spirit is in the Church, working ceaselessly to accomplish God's will through the Church. Therefore the Tinis Methodist church can also learn some lessons to this concept to identify her with the community and participate in the challenges of the community. This idea will strengthen its ministry to the community and involvement in the daily experience of the people.

This kind of response could actually be channelled through the Tinis Methodist church organizations and Associations by including HIV and AIDS prevention and education programmes in their planning. De-stigmatization of HIV and Aids by all church members as individuals and at organizational level should be the key in their programmes.

### 5.4.3 Christian Service

Christian service in serving God's people in practical acts of love and compassion is recommended, and this could be a very best practice in the Tinis Methodist Church. This research recommends that church liturgies and songs confession of sins need to be inclusive. In this regard it is recommended to include HIV and AIDS wording in a positive manner. It would be much appreciated that service and liturgy should reflect the concerted acts of Christian charity to complement those of secular bodies and bear witness to God's love for the world. The church practices should value the whole of human life. Browning (1983) states that separating "body" and "soul" and deeming the soul more worthy than the body is not biblical. It inevitably leads to neglect or devaluing of the body and a spiritualizing of human suffering.

Christian communities of faith and churches recommend seeking wisdom for daily living by drawing on scripture and traditions and teaching through the ages. The responsibility of the church is to search continually for answers with the wisdom that comes from the Holy Spirit, because the church must progress beyond simplistic solutions to creative ways of living in the midst of HIV and AIDS as God would have us do. This research recommends that the Tinis Methodist church should deal with issues of human sexuality and HIV and AIDS death in a mature and responsible manner. Seeking guidance on how to deal effectively with HIV and AIDS should always be undertaken in truth and with a humble spirit.

Byamugisha and Williams (2006:15) believe that many people who are HIV positive are stigmatized and are excluded from the church because of the attitudes of church leaders who claim to be Christians. In the Christian community it creates "unfair discriminatory and judgemental attitudes and actions" (Recktenwald 2008:373).

On the other hand Adam and Hiltner (1970:169) believe that the ministry of Christ is prophetic servanthood. This research recommends that Christians need to be Christ-like. The Tinis Methodist Church as an institution has to give people love and acceptance, as it represents God in the world. The church is part of wider society. The church has to move from symbolic reality to practical reality (De Marins 1993:70). The symbolic reality is to say what ought to be, or what is supposed to happen but practical reality is to be involved in what is happening. This research recommends that the Tinis leadership be involved in the reality of the fight against the spread of HIV and AIDS

This research recommends that the Tinis Methodist Church takes an active stance in the formulation of principles and norms of justice, equality and love between women and men so that

child sexual abuse will be reduced. Sexual abuse often takes place in the contexts where adults do not have adequate parenting skills or they abdicate their responsibilities towards their children.

#### **5.4.4. A Healing Church for the healed Society**

Healing is a dominant theme in the world's religions. (Germond and Molapo 2006:27) Healing is also one of the most fundamental concerns recommended as a response to the HIV and AIDS pandemic. It is recommended that different healing methods are to take place in different beliefs and in different contexts. The Tinis Methodist Church should be part of such communities that need healing and also be involved in the healing programmes, especially the spiritual aspect in an attempt to give hope to individuals and families who are affected by HIV/AIDS.

A healing church for the healed world is a recommended programme in order for the church to develop some outreach programmes. Cochrane, (2006:18) when he talks of a healing Church for the healed world, sees a church that takes a preferential option for the health of the poor. He explains this kind of church as faithful to the healing and wholeness of humanity. Christo Greyling (2008:1) states it is clearly what IS expected out of the Church and Christian communities. "Christo Greyling dreams of the Church of Christ that is serving people infected and affected by HIV/AIDS with compassion and care. This research encourages the Church to move away from judgment and discrimination to move towards unconditional love". The Eastern Cape Provincial Council of Churches shared the same dream by providing a church led HIV initiative (ECPCC 2008:1).

On the other hand Judge Edwin Cameron (2005:13) describes these diseases with virtually no exception. The Reverend Canon Gideon Byamugisha and Williams (2006:8) supports Judge Cameron's statement by expanding more on this matter and says that "Millions of people throughout the world continue to become infected with HIV and die of AIDS." Therefore this means that the war is not ended

The Tinis Methodist church should encourage their church leadership to educate people that HIV is not a death sentence, rather the beginning of a new life with different challenges. These challenges compel the church to rethink its ministry and participate in HIV and AIDS programmes and to new mission responses to the HIV and AIDS pandemic.

#### **5.5 Conclusion**

God calls the Tinis Methodist Church to respond to the HIV and AIDS pandemic. The Methodist Church has the Godly calling to bring hope and save lives. HIV and AIDS have caused a wide variety of reactions amongst Christians and members of other faiths in the Tinis community.

This research will assist the Tinis Methodist Church to move from making judgements towards HIV and AIDS infected and encourage the Church to acts in compassion. Jesus demonstrated His love in the most radical way possible. He was filled with compassion as he looked at the people around him.

Every Christian believer is called by God to stop judging others. Members of the body of Christ are called by God to care for those who suffer. This responsibility should also be a reminder to the Tinis Methodist church members in responding to the suffering of people. The main worry for the researcher is that there are only few people taking part in responding to HIV and AIDS programmes.

The Church is undoubtedly in a unique position to implement a holistic response to HIV and AIDS at a community level. Most people, especially Africans, are deeply spiritual and are not embarrassed to talk openly about their spiritual roots and faith experiences. Every small rural town and big city has a church. The Tinis Methodist Church does not have enough outreach programmes to adequately implement and sustain HIV/AIDS education and assistance. The Tinis Methodist church should promote positive living for those with HIV and AIDS and help children, families and communities to cope and to survive.

The response to HIV and AIDS in the Tinis Methodist Church includes people living with HIV and AIDS, prevention and care, spiritual outreach and theological debates. A psycho-pastoral response will encourage the Tinis Methodist Church to reflect on HIV and AIDS and lead a community to reconciliation, between individuals, in communities, and also between people living with HIV and God.

This research will help to eradicate discrimination in the Tinis Methodist Church against those living with HIV and AIDS, it will keep families and community together, and provide caring support for the affected and infected.

Above all this research intends to give hope to the HIV affected people in the Tinis community, appropriate care for HIV and AIDS affected and infected. It hopes to promote positive behaviour to youth, a positive attitude to HIV and AIDS patients, strengthened faith, and support for family and community. The aim is to encourage those living with HIV to live longer and have more meaningful and dignified lives.

The adoption of psycho-pastoral care in the Tinis Methodist Church will bring hope to children who have been orphaned and all people affected by HIV and AIDS. A psycho-pastoral approach is a practical theology that is local and contextual, but in such a way that it also identifies

the people about whom the context speaks. It is not a system of theories which are formulated and imposed on a certain situation, but a story of understanding, which grows from a real situation.

There is a great understanding that the Tinis Methodist Church is a church wishing to serve the whole community. The Tinis Methodist Church believes that it can play a bigger role if more resources can be made available. The research findings reveal that only a minimum number of people respond positively to HIV and AIDS programmes because there is a lack of resources in the Tinis Methodist Church. The Tinis Methodist still needs more resources in order to make a positive, practical theological impact. A positive psycho-pastoral impact is effective through a positive mind-set to HIV and AIDS participants. The minister in the Tinis Methodist church inculcates a positive mind set to the youth and to church leadership in order for them to drive HIV and AIDS programmes.

It is noticed that despite all efforts of teaching moral values in the church gathering, there is still a lack of serious commitment and belief among the Tinis youth. The development of a positive mind-set of the Christian community in some of the Tinis Methodist Church leadership in order to walk the talk is still a challenge. Others preach the word of inclusion and others preach the word of exclusion.

Despite those challenges there is room for all. At the round table the Tinis Methodist church celebrates diversity and inclusion of all, irrespective of gender, age, physical ability, sexual orientation, race, class, HIV status. There is a space for all.

This research identifies that there is a challenge to some of Tinis Methodist church people to accept a positive psycho-pastoral respond to the HIV and AIDS pandemic in every corner of the church. In the Methodist church "All persons are welcomed into membership who sincerely desire to be saved from their sins through faith in the Lord Jesus Christ and show the same in life and conduct." (MCSA Laws and Discipline: 2) Those people who do not accept others are contrary to the laws and discipline of the Methodist Church of Southern Africa.

In the Tinis Methodist Church there is an invitation even to all those who feel excluded, marginalized or stigmatized because of their HIV status. There is a promise before Almighty God and to each member that the Tinis Methodist Church will henceforth live and work to bring into reality the concept of the one and undivided church with the inclusion of every church member including those who are HIV and AIDS positive. Church participation should be central to the transformation of the church response system to the challenges of HIV and AIDS. Some practices become unacceptable while new ones are introduced. Church teaching becomes more widely diffused in the Tinis Methodist church community. It should become more acceptable for women and girls to

become more involved in decisions affecting themselves and thus affecting their sexual and social lives. Positive responses occur very slowly. Psycho-pastoral response to HIV and AIDS helps the Tinis Methodist to respond appropriately to the HIV and AIDS pandemic.

## References

- Adam, JL and Hiltner, S (1970) *Pastoral Care in Liberal Churches*. Nashville: Abingdon.
- Ackerman, DM (2003) *After the Locusts. Letters From a Landscape of Faith*. Grand Rapids: Eerdmans.
- Babble, E and Mouton, J (2005) *The Practice of Social Research*. Oxford: Oxford University Press.
- Black, M and Rowley, HH (1967) *Peake's commentary on the bible*, Great Britain: Thomas Nelson.
- Balcomb, A (2006) *Sex, Sorcey and Stigma. Probing Some No-Go areas of the denial syndrome in the Aids debate*. Pietermaritzburg: School of Religion and theology University of KwaZulu Natal.
- Baylies,C (2002) *The Impact of Aids on Rural Households in Africa*. Hague: Institute of social studies.
- Barnet, T and Whiteside, A (2002) *Aids in the Twenty first Century, Distance and globalization*.
- Breetvelt J. (2011) *Church theology and HIV/Aids: African Church's involvement in the struggle against HIV/Aids*.
- Brinkman,B (2002) *Competencies for Rural Development Professional in the Era of HIV/Aids*. Netherland :Wageningen.
- Brown, W (2005) *Journal of Psychology Christianity*. Volume 24: Christian Association for Psychological Studies.
- Browning ,D S (1983) *Practical Theology*. San Francisco: Harper & Row.
- Briggs, A R G and Coleman, M (2007) *Research Methods in Educational Management*. Harlow: Longman.
- Byamugisha, G and Williams, G (2006) *Positive voice, religious leaders living with or personally affected by HIV and Aids*. Oxford: G & A Williams.
- Cameron, E (2005) *Witness to Aids\_ Cape Town: Tafelberg Publishers*.
- Campbell, C (2003) *Letting them Die. Why HIV/Aids Prevention Programmes fail*.  
Cape Town : Double Story Books.
- Caron, J. J (2005) *DSM at the movies: Use of Media in Clinical or Educational settings*.
- Carson, D France, R. TMotyer, J.A & Wenham (2010) *New Bible Commetary*, England:

Inter – Varsity Press.

Cohen, L Manion, L & Morrison, K (2000) *Research methods in education*. (5<sup>th</sup> ed)

London: Routledge Publishers.

Cohen, J (2006) *The Challenge of Assessing data*. Stanford: Stanford University.

Coombe, E (2001) *Education as a Vehicle for Combating HIV/Aids*. Addis Ababa: Uneca.

Cochrane, JR (2006) *Bodies, Barriers Boundaries and Bridges: Ecclesia practice in Face of HIV and Aids*, *Journal of Theology for Southern Africa*. Cape Town: Department of religious studies.

Clinebell, H (1986) *Basic Types of Pastoral Care and Counselling*. Nashville Abingdon Press.

Chifunye, Benoy and Mukiibi (2002) *An Impact Evaluation of Student Training in HIV/Aids*. Harare: Uniceff.

Curnock (1967) *John Wesley's 44 Sermon on Several Occasions*. London: Epworthpress.

Crewe, M (2006) *Review and Discussion of the HIV and Aids programme: Anglo Platinum Centre for study of Aids*, University of Pretoria.

Cressell, J. (2003) *Research Design: Qualitative, Quantitative and Mixed Approaches*. (2nd Ed.). Thousand Oaks: Sage.

Daily Dispatch, Thursday December 1 (2011) Local Newspaper.

De Gruchy, J Villa- Vicencio, C (1994) *Doing Ethics in Context. South African Perspectives*, Cape Town :David Philip

De Marins, MV (1993) *Critical caring*. Louisville: John Knox Press.

Denscombe, M. (2010). *The Good research guide for small scale social research project* (4<sup>th</sup> Ed). New York: Open University Press.

De Vos, A.S., Strydom, H., Fouche, C.B. & Delmont, C.S.L. (2011). *Research at grass roots* .4<sup>th</sup> ed. Pretoria: Van Schaik.

De Waal, A and Tumushade, J (2003) *HIV/Aids and Food Security in Africa*: DFID

Denzin, NK and Lincoln, YS (2005) *The Handbook of Qualitative Research Method*. 3<sup>rd</sup> edition. America: Education Research Association.

Disciple Study Bible (1988) International Version. Nashville: Cornerstone Bible Publishers.

Dorrington, R and Moultrie, T (2008) Southern African Journal of Demography, Volume 2. Roundersbosch: Centre for actuarial research.

Drew, JC Hardman, ML and Hosp, JL (2007) Designing and Conducting Research.

Dube, MW(2002) Theological Challenges. Proclaiming the fullness of Life in the HIV/Aids and Global Economic: EKA.

Durkheim (1999) Theory of Social Class. Brooklyn: Brooklyn College.

ECPC(2008) Family Values and Monogamy. East London: ECPC.

Fredericks, M(2008) HIV and Aids. Mapping Theological Response in Africa.

Netherlands: Department of Theology, Faculty of Humanities Utrecht University.

Fowler, J (1983) Practical and the Shaping of Christian Lives. San Francisco: Harper and Row.

Germond, P and Molapo, S (2006) In Search of Bophelo in a Time of Aids. Seeking a Coherence of Economies of Health and Economies of Salvation. Journal of Theology for Southern Africa, Johannesburg: Department of Sociology University of Witwatersrand.

Gibbs, P (2007) Australia Journal of Theology Narrative and Contextual in a Practical Theology for Papua New Guinea. Guinea: Gibbs SVD.

Godbole, S and Malendale, S (2005) HIV/Aids Epidemic in India. Risk Factors, Risk behaviours and Strategies for Prevention and Control. India: National Aids Research Institute.

Greyling, C (2008) Channels of Hope, Presenting HIV and Aids for Churches and Faith Community. South Africa: Christian Aids Bureau.

Gubrium, J (1995) Qualitative Research Methods. London: Sage publishers.

Henriot, P J (1983) Social analysis linking faith and justice, Blackburn New York:

Dove communication, Orbis books.

Hippler, S (2011) HIV, AIDS and Hope. Centre for applied psychology. Pretoria. Dept. Of psychology.

Hofstee, E (2006) Constructing a Good Dissertation. South Africa Sandton: EPE publishers.

Holland, J and Henriot, P (1983) Social Analysis: Linking Faith and Justice. Washington DC: Orbis books.

- Holloway, I. & Wheeler, S. (2010). *Qualitative research in nursing and health care*. 3<sup>rd</sup> ed. USA: Wiley-balckwell.
- Holmwood, J (2005) "Functionalism and its Critics" in Harrington, A (Ed) *Modern Social Theory*. Oxford: Oxford University Press.
- Holstein, JA and Gubrium JF (1995) *The Active Interview*. New Pack: Calif Sage.
- Horrocks (2010) *A Practical approach to qualitative interview*, USA: Nova Southern University.
- James, S (2008) *Peace Education Exploring Ethical and Philosophical foundation* Charlotte information: Ages publishers.
- Jennings T W,(1982) *Transcendence, Justice, and Mercy. Towards a ( Wesleyan)Reconceptualization of God*. Nashville: Discipleship resources.
- Kalof, L Dan, A and Dietz, T (2008) *Essentials of Social Research*. Glasgow: Bell & Bain Ltd.
- Kelly, MJ (2000) *planning for Education in the Context of HIV/Aids*, Paris: International institute for education .
- King, N and Horrocks, C (2010) *International Journal of Social Research Methodology* London: Routledge Publishers.
- Kinicki , A & Kreitner, R (2009) *Organizational Behaviour. Key concepts, skills & best practices*. Boston: Mcgraw-Hill.
- Kysar, R (1991) *Called to Care, Biblical Images for Social Ministry*. Minneapolis: Fortress Press.
- Lenkabula, P (2002) *From the Womb into a Hostile World: Christian Ethics and Sexual abuse against Children in South Africa: Journal of Theology for Southern Africa*.
- Liere D, (2002) *New Trends In Measuring the environmental Attitudes. The Society For the Psychological Study of Social Issues: Netherlands*.
- Louw, DJ (2006) *The HIV/Aids Pandemic from the Perspective of a Theology of Resurrections*. South Africa: University of Stellenbosch.
- Louw, DJ ( 2003) *Normativity and Social change as a Challenge to Practical Theology. Towards a Reconstruction Model for Southern Africa: Journal of Theology for Southern Africa*.
- Lynch, CA (2003) *Association of Research Libraries*, Washington: Clifford A Lynch.

Maddox, RL (1998) Rethinking Wesley's Theology for Contemporary Methodist. Nashville: Kingswood books.

Magezi,V and Louw,D( 2006) Congregational Home Based Pastoral Care: Merging the African family and the Church Family systems for Effective HIV Ministry, journal of theology for Southern Africa.

Maluleke, TS (2003) Towards an HIV/Aids – Sensitive Curriculum. HIV/Aids and the Curriculum : Methods of integrating HIV/Aids in Theological programmes, Geneva: WCC

Maqoko,Z& Dreyer, Y (2007) Child Headed Household because of the Trauma Surrounding HIV/Aids HTS Theological Study Vol 63 No 2 pp 717-731

Maree, JG and Abersohn,L (2002) HIV/Aids and Trauma Among Learners. Sexual Violence and Deprivation in South Africa. Cape: Heinemann Publishers.

Maree, K (2007) First Steps in Research. Pretoria: Van Schaik.

Marshall, IH. Millard, AR. Packer (2010) New Bible Dictionary. Third Edition. England Inter Varsity Press.

Martey, E (1993) African Theology, Inculturation and Liberation, New York: Orbisbooks.

Mason, J (2002) Qualitative Researching. London: Sage Publications.

Mason, J(2005) Enriching student learning structuring task to as to limits possible generalization, symposium paper.

McCann , DP (1983) Practical Theology and Social Action. San Francisco :Haper& Row.

MCSA, (2003) DEWCOM .Cape Town: Methodist Published House.

Methodist Church (2011) Yearbook. Cape Town: Methodist Publishing House.

Methodist Church (2008) Yearbook. Cape Town: Methodist Publishing House.

Methodist Church (2007) Laws and Discipline, 11<sup>th</sup> edition. Cape Town: Methodist Publishing House.

Morell, R Unterhalter, E Moletshane, L ( 2001) Dis Articulating HIV/Aids in South Africa, Policies, School and Gender Identities. London : University of London Institute.

Muller, J (2003) HIV/Aids, Narratives Practical Theology and Post foundational the Emergence of anew story. Pretoria: Department of practical theology. University of Pretoria.

Muller,J(2004) The influence of cultural practices on the HIV/Aids pandemic, Pretoria  
University: Department of practical theology.

Ogletree, TW (1992) New Haven: Ted and Winnie Brock.

Online<http://www.Counselling.org/Resources/library/VISTAS/vistas05/Vistas05.art38pdf>

Peltzer, K (2000) Knowledge and Attitudes about HIV/Aids of a School Teacher in South  
Africa, Psychology Research.

Petty, A (2009) Marriage Guidance. Facilitative couples counselling. Pretoria: UNISA Department of  
Social work.

Phiri, IA , Haddad, B, and Masenya, M(2003) Dealing with HIV/Aids, African woman HIV/Aids and  
faith community, Pietermaritzburg: Cluster publications.

Piot, P(2003) Global Challenges/ Delayed Action in Fight Against Aids, Means Long  
Term Costs. The Washington Post November 27,A17.

Recktenwald, L (2008) Theology Today. Louisville: Westminster John Knox press.

Ruele, MA(2009) Facing the Challenges of HIV/Aids in Southern Africa: Towards a Theology of life.

Russek, B. & Weinberg, S. (1993) Mixed Methods in a Study of Implementation of Technology-Based  
Materials in the Elementary Classroom. Evaluation and Program Planning. 16(2), 131 –142

Smart,(1999) Children living with HIV/Aids in South Africa. A rapid appraisal. Pretoria: Department of  
health and save the children.

Smith, AM ( 2004) HIV Prevention from the perspective of a faith- based development agency.  
London : CAFOD.

Snyman, MH 2004 The Monitoring and Evaluation of HIV/Aids. Prevention programs Paper read at  
the South African Sociological Association Annual conference. University of Bloemfontein :  
Bloemfontein.

Steintz, LY (2006) Making it Happen. A Guide to Help your Congregation do HIV/Aids work. Oxford: G  
and A Williams.

Strauss, A. & Corbin, J. (1990) Basics of Qualitative Research: Grounded Theory Procedures and Techniques. Newbury Park, CA: Sage Publications Inc.

Strong, D (et al)(2010)Reclaiming the Wesleyan tradition John Wesley's sermon for today: Nashville : Discipleship Resources.

Villa- Vicencio,C and De Gruchy, J (1994) Doing ethics in context. Cape Town: David Philip.

Walker, S (2003). Film therapy can engage clients. *Clinical Psychiatric News*, 31, 4

Warren ,R (1995) The Purpose Driven Church. Michigan: Zondervan.

Wesley J (1967) Sermons on Several Occosions, Nashville: discipleship resources.

WestermannC (1964) Essay on Old Testament Hermenuetics, Richmond Virginia: John Knox Press

Williams, DT (2010) Sanctus, Christian Sanctification. Bloomington: Westbow Division of Thomas Nelson.

Visser,MJ , Makin, JD &Lehobye (2006) Stigmatizing Attitude of Community towards People living with HIV/Aids. *Journal of Community and Applied Psychology*.

Yegidis, BL and Weinbach, RW (2002) Research Methods for Social Workers. Boston: Allyn& Bacon.

Yin, R K (2003) Case Study Research Design and Methods Thousand Oaks: Sage Publications Inc.

Yin, RK (2009) Case Study Research Design and Methods Thousand Oaks: SagePublications Inc.

UNAIDS(2004) Aids Epidemic update. Geneva

UNAIDS (2006) Aids Epidemic update 2004: USA.

UNAIDS(2010) HIV/Aids Epidemic: USA.

UNICEFF (2001) HIV/Aids Statistics: USA

# **APPENDIX 1**

Research Questionnaire

**HIV/Aids Education Study for Church Congregants 2011**

**( By Rev Thembinkosi M Mpofu )**

**Location of study:** This study will be undertaken within selected Christian denomination in Tinis Township in the Fort Beaufort area in the Nkonkobe local municipality in the Eastern Cape Province in South Africa.

**Message to participants**

Thank for participating in this research. Please make sure that you answer all questions. You will need to be aware of the following information before granting your informed consent.

- Your voluntary participation in this study is appreciated.
- The purpose of this study is to find out effective strategies the church uses to educate congregants on the HIV/Aids pandemic.
- You will all time remain completely anonymous and will be identified within the research by a pseudonym.
- The information you provide will be kept confidential and your survey data will only be made available to the research supervisors.
- Findings of this study will be used in academic presentations and or publications, but will always exclude any information that could reveal your identity.
- You may choose to withdraw from the study at any time.
- If for any reason you find that during or after the research process you need emotional assistance as a result of confronting issues discussed, please contact the researcher for assistance.
- Kindly answer all question as honestly as you can.

**Section 1**

1.1 Age range : 18-28	<input type="checkbox"/>
29-29	<input type="checkbox"/>
30-39	<input type="checkbox"/>
40-49	<input type="checkbox"/>
50-59 and up	<input type="checkbox"/>

1.2 **Gender** : Female

Male

Other

1.3 **Marital status** : Married

Single

Divorced

Widow/er

1.4 **Position in the church** :

1.5 **Years in the church** : less than 5 years

6- 10 years

11-20 years

More than 20 years

1.6 **Level of education** literate

Matric

Diploma

Degree

Post-graduation

## Section 2

### Christian values taught in the church relating to sexual behaviours

2.1 Is there a problem of HIV/Aids among Christians in the congregation?

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-----  
2.2 May you identify the values taught in the church on sexual behaviour?

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-----  
2.3 Please explain how these values influence the behaviour of the congregation on HIV/Aids.

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-----  
2.4 Have you seen change of behaviour as a result of the campaigns and teachings in the church?

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-----  
2.5 Which age group shows response to the teaching?

-----  
-----  
2.6 Explain in what way the teaching shows positive effect?

**Section 3**

**Strategies used by ministers in HIV/Aids teaching delivery**

3.1 What strategies are used to deliver teaching on HIV/Aids?

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-----  
3.2 Among the following methods explain which ones you find effective, give reasons?

- Preaching

-----  
-----  
-Drama

-----  
-----  
-Music

-----  
-----  
-Poems

-----  
-----  
-Doctrinal teachings

**Section 4**

**Facilities Available for HIV/Aids education**

4.1 What facilities are available to ministers to teach HIV/Aids?

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-----  
4.2 Are Videos on marriage and courtship available?

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-----  
4.3 Is there literature available for congregants to read on HIV/Aids?

4.4 Does the church have computers, flip charts, CDs, TVs boards to aid in the teaching of HIV/Aids?

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**Section 5**

**Support provided by the church for HIV/Aids campaign**

5.1 Does the church provide funding for mounting HIV/Aids campaign?

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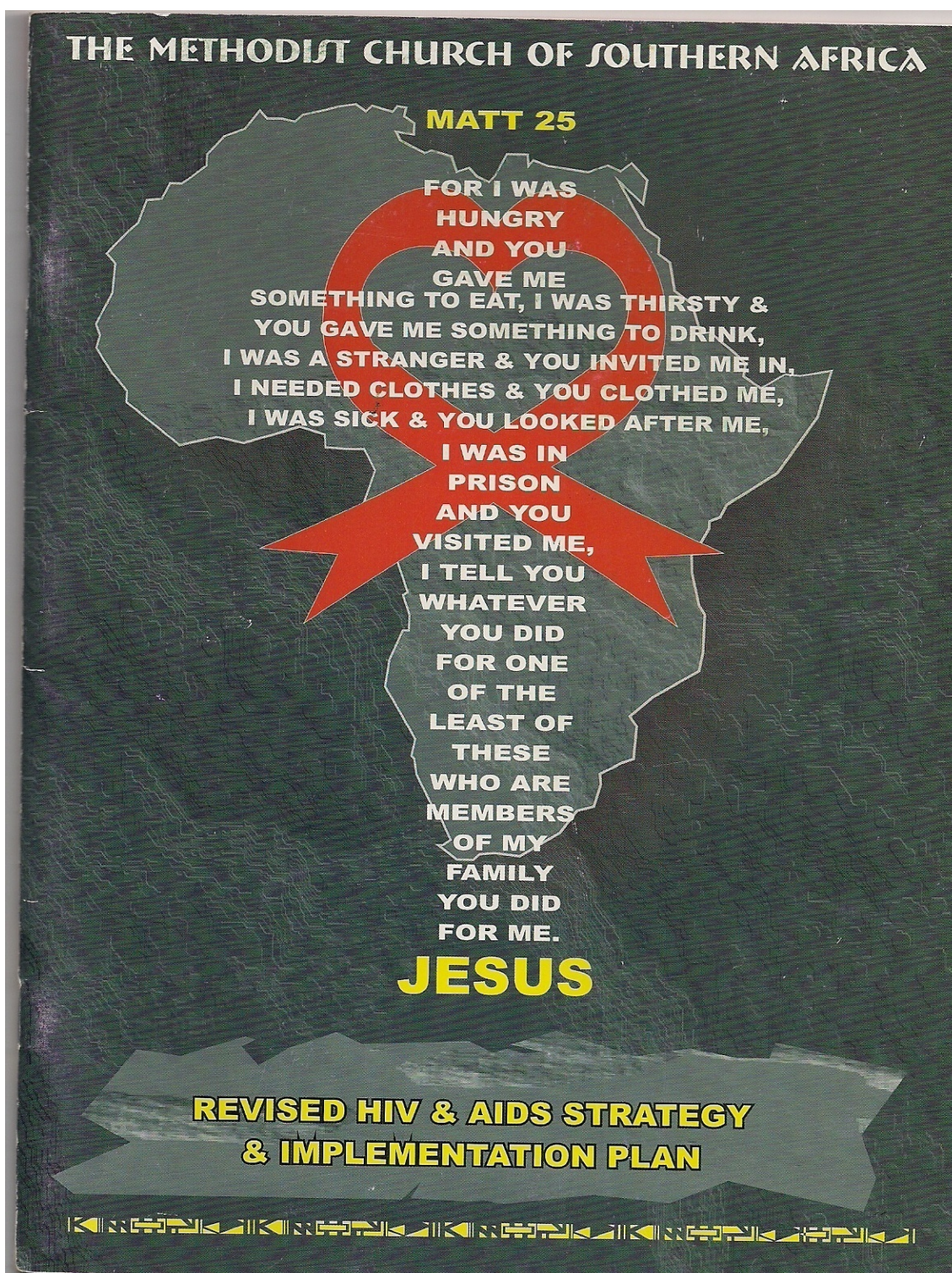
5.2 Does the church fund guest speakers and health workers to collaborate on campaigns?

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5.3 Does the church purchase adequate and updated material for HIV/Aids education?-----

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## APPENDIX 2



## **STRATEGY AND IMPLEMENTATION PLAN**

### **OUR THEOLOGY**

Our Lord Jesus Christ came to save *the* whole world so that all may enjoy life in all its fullness. He was associated with the sick, the outcast and the marginalized in society. During His ministry on earth, Jesus spent time in healing ministry in order to concretize the reality of the Vision of the Kingdom of God on earth. In performing miracles, Jesus Christ demonstrated His power and desire to bring healing and wholeness to all people who were afflicted by disease and other infirmities,

Jesus never despised those who were rejected by society. Instead He demonstrated love, care and compassion for them. There are numerous examples, (cf; Mark 2: 13-17; Matthew 11: 19; 21 :31-32; Luke 15: 1), the simple (Matthew 11:25), the little ones (Mark 9:2; Matthew 10:42; 18: 10 and 14), the least (Matthew 21:31; Luke 18: 11-14), women with a dubious sexual history (Luke 7:36-50; John 4:8-18). The Gospel of Jesus Christ obliges all Christians to embrace and be in solidarity with those who are living with HIV and AIDS, and provide care and support for those infected and affected.

The whole church is called not to judge, but to be an agent of reconciliation and healing in a broken world; to devise ways and means of removing stigma from those who have been stigmatized.

The Policy of the Methodist Church of Southern Africa is to embrace in its membership EVERYONE irrespective of their health status. This means that those who are living with the HI Virus or AIDS should not be discriminated against. All Methodists are to collect those living with HIV and Aids with respect, love and dignity, and above all to promote healthy lifestyles. Remember, to be diagnosed HIV positive does not imply a death sentence.

Above all, the Church is by definition, "A Caring Community".

### **KEY COMPONENTS OF THIS INTEGRATED PLAN**

*This PLAN* - consists of TEN key elements

1. Prevention

2. De-stigmatization
3. Mobilization
4. Training
5. Education
6. Health care
7. Counseling
8. Welfare and support
9. Project development
10. Funding

## **OBJECTIVES**

This plan is *guided* by the pursuit of FIVE overriding objectives:

1. Preventing the spread of AIDS;
2. Care for those infected and affected by HIV/AIDS;
- 3.Reducing the personal and social impact of HIV/AIDS
4. A special focus on Orphans and Vulnerable Children (OVC)
- 5.Mobilizing national and local resources.

## **CAUSES OF HIV AND AIDS**

HIV is found in body fluids such as blood, semen, vaginal fluids and breast milk. It is passed on from one person to the other and is primarily linked to: Transmission through sexual intercourse infected blood (e.g. Contaminated blood transfusions or unsterilized needles, blades and syringes, open wounds) Mother-to-baby transmission (childbirth, breast feeding)

## THE HIV/AIDS CRISIS

The HIV/AIDS virus has now infected about 70 million people worldwide since its onset 25 years ago. Over 95% of all cases and 95% of AIDS deaths occur in the developing world, mainly among young adults and women. The largest percentage of people living with HIV and Aids is attributed to Africa.

### SOUTH AFRICA

South Africa is the site of one of the fastest growing HIV epidemics in the world. It is now estimated that at least 3 000 persons are being infected with HIV on a daily basis. About 6 million South Africans are said to be infected with the deadly Virus. Over 60% of adults are infected before the age of 25.

### STATISTICS FOR REGIONS OF THE MCSA (Source: UN/2005)

Sub-saharan Africa has highest concentration of people living with HIV/AIDS-30 million

### BOTSWANA

HIV/AIDS	DEATHS	ADULTS (15-49)	WOMEN (15-49)	CHILDREN (0-15)	ORPHANS (under 15)	LIVING ORPHANS (under 15)
350 000	33 000	310 000	190 000	20 000	120 000	120 943

### LESOTHO

HIV/AIDS	DEATHS	ADULTS (15-49)	WOMEN (15-49)	CHILDREN (0-15)	ORPHANS (under 15)	LIVING ORPHANS (under 15)
400 000	30 000	360 000	190 000	40 000	70 000	70 000

### MOZAMBIQUE

HIV/AIDS	DEATHS	ADULTS (15-49)	WOMEN (15-49)	CHILDREN (0-15)	ORPHANS (under 15)	LIVING ORPHANS (under 15)
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1.3 million	98 000	1.200000	650 000	100 000	100 000	100 000
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#### **NAMIBIA**

HIV/AIDS	DEATHS	ADULTS (15-49)	WOMEN (15-49)	CHILDREN (0-15)	ORPHANS (under 15)	LIVING ORPHANS (under 15)
210 000	20 000	190 000	95 000	20 000	20 000	20 000

#### **SOUTH AFRICA**

HIV/AIDS	DEATHS	ADULTS (15-49)	WOMEN (15-49)	CHILDREN (0-15)	ORPHANS (under 15)	LIVING ORPHANS (under 15)
6.29 million	370 000	6.1 million	3.3 million	105 000	1 500 000	1500 000

#### **SWAZILAND**

HIV/AIDS	DEATHS	ADULTS (15-49)	WOMEN (15-49)	CHILDREN (0-15)	ORPHANS (under 15)	LIVING ORPHANS (under 15)
220 000	17 000	210 000	110 000	10 000	65 000	65 000

According to projections, there will be 1.5 million AIDS orphans under the age of 15 years by the years by the year 2005, rising to about 2.5 million by the year 2010.

#### **METHODIST CONFERENCE 2005 RESOLVED:**

To adopt the Manual *The Church in all HIV+ World* as a resource book and that each minister and at least one lay person in each Society have a copy of that Manual.

That every District runs a workshop to be attended by every minister and at least one lay person from each Circuit, in which the Manual is explained and utilized as a resource, by June 2006.

That each District and Circuit 'will have established a multi-disciplinary HIV/AIDS Action Group including leaders of each Department and Organization of the Church and shall have established an HIV/AIDS Programme by the end of 2006.

That the Presiding Bishop becomes the champion for the Church's response to HIV/AIDS within the MCSA

That HIV/AIDS becomes part of the Agenda for every Leaders Meeting, Quarterly Meeting, mod and Conference.

That the Strategy and Implementation Plan of the MCSA will be made available to all Circuits.

A multi-disciplinary coordinating body be established at all levels, viz. Connexion, Districts, Circuits and Societies.

Conference resolved that a special Fund for the HIV/AIDS Programme of the MCSA be established and that an amount be allocated from the Mission Fund, the Millennial fund and the Cash Management Scheme.

Circuits and Societies are asked to allocate a portion of their funds and to do fundraising for the HIV/AIDS ministry.

Churches are urged to form partnerships with other Faith Based Organizations, (FBO's), NGO's government and other role players in the fight against HIV/AIDS.

Churches develop a program to capacitate and empower leadership,(including clergy, evangelists, deacons, bible women, preachers, stewards and leaders of all organizations and departments), to find creative ways of removing stigma and discrimination.

All ministers and stewards need to be held accountable for HIV/AIDS programmes and projects in their Circuits and Societies.

#### **WHAT CAN METHODISTS IN SOUTHERN AFRICA DO?**

- ❖ Make HIV and AIDS our AGENDA and not just part of our agenda.
- ❖ Embrace people living with HIV and AIDS.
- ❖ Use our pulpits and meetings to spread the message about HIV and AIDS.
- ❖ PROMOTE open discussion of sex and sexuality in Church and Society Encourage, empower and train parents to talk openly to their children about sex, the HIV/AIDS epidemic and other Sexually Transmitted Diseases.
- ❖ Impart to young people the vision of a lifestyle governed by informed choices, shared responsibility and healthy sexuality and the ideal of Christians marriage consult the affected
- ❖ Promote healthier and safer sexual behavior through education and social integration
- ❖ Prioritize preventive programmes for men and young people
- ❖ Explore models of support and care for AIDS orphans
- ❖ Embark on poverty relief programmes for affected households
- ❖ Provide information and support systems to private and public health structures
- ❖ Advocate delivery of basic programmes and health care
- ❖ Provide resources (human/material) to care for the sick and dying
- ❖ Establish HIV/AIDS community-based homes and places of care for HIV infected and especially for AIDS orphans
- ❖ Promote anti-retrovirals to prevent mother-to child transmissions
- ❖ Reduce stigma and discrimination, "fear of contagion" and anticipatory grief through care and counseling
- ❖ Work with ecumenical and inter-religious partners, and government and societal structures at all levels
- ❖ Explore every possibility to ensure that orphans remain in school
- ❖ Speak out at every opportunity against the commercialization of sex

- ❖ Ministers to be encouraged to find resourced people to communicate this message at congregation level
- ❖ Provide moral leadership in society

## **PROGRAMMATIC RESPONSE TO THE HIV/AIDS PANDEMIC**

### **OUR APPROACH**

#### ***An integrated response to HIV/AIDS***

A key principle will be that people with HIV and AIDS will be consulted with regard to all prevention, intervention and care strategies.

### **GOAL OF THE MCSA HIV/AIDS PROGRAMME**

- ❖ Prevent the transmission of my Provide care for people infected with and affected by HIV/AIDS.
- ❖ Provide a forum for Methodists in Southern Africa to become involved in efforts to combat the spread of *HIV/AIDS*. Mobilize national, international and local resources to be deployed in the fight against AIDS
- ❖ Protect the legal rights of people infected with AIDS and reject all forms of discrimination

### **AIDS AWARENESS EDUCATION**

One of the myths about addressing the HIV/AIDS issue in Southern Africa is the notion that people are not AIDS-aware. It is a fact that government and non-governmental agencies and civil society have created a largely AIDS aware population.

Publicity and education campaigns have failed to alter behavior by inducing fear. Even more morbid are instances where PJDS awareness is linked to a fatalistic world view: HIV/AIDS is the judgment of God". Negativity, fatalism, sense of doom, and erasure of hope win not guarantee proactive response to HIV/AIDS. HIV/AIDS is not the judgment of God on the Infected. It is an opportunity for Methodists to love and care for the affected.

Fear and anxiety alone will not persuade behavioral change in people. Christians should alert people to the calamity of HIV/AIDS through educational programmes. Such programmes should be implemented with sensitivity and professionalism based all accurate information, love and compassion and with concern and respect for human rights.

The church needs to re-examine the human conditions that promote HIV/AIDS and advocate Christian values for "behavioral change" and address the root cause of vulnerability. The Church's teaching should give special attention to gender issues including: the empowerment of women and girls.

Information and behavioral change programmes should be developed to sensitize and mobilize men and boys. The necessity of men to change their behavior and take responsibility for containing the spread of HIV/AIDS should be emphasized. The Church should help men re-examine male and female social, customary and cultural roles and the benefits of these in combating the spread of HIV/AIDS

#### **PRESERVATION OF CONFIDENTIALITY**

It is very important that the Methodist HIV/AIDS work is embedded within the Human Rights framework. Disclosure of the HIV/ AIDS condition has serious personal and social consequences for the patient. He/she could be isolated, rejected or abandoned by others which may lead to increased anxiety, depression and psychological conditions that tend to hasten the onset of full-blown AIDS, In every case the person's right to disclosure should be respected.

#### **RESPECT FOR CULTURE, TRADITION AND PRACTICE**

The Methodist response to people living with HIV/AIDS should be sensitive to people's culture, traditions, customs and religious practices. Our approach must encourage those aspects of culture that promote healing and wholeness (death and dying, communal care for the dying, bereavement and mourning and the care of AIDS orphans). In line with Christian ethics we will commit to identifying and challenging harmful rituals and practices where culturally supported behavior makes people more vulnerable to HIV.

#### **SUPPORT & POVERTY ALLEVIATION**

There is a link between AIDS and poverty. The support programme for people living with AIDS must include the provision for basic needs. The body needs certain food substances to remain healthy and to fight H1V successfully. An HIV positive person needs a special daily minimum diet.

The Methodist HIV/AIDS Programme will make provision for poverty alleviation and food supply for those infected by HIV and families affected by it after careful needs assessment and reference to POSITIVE HEALTH guidelines. One of the best methods of staying healthy with HIV is to keep the body warm. Therefore assistance should include provision for warm clothing and blankets for people living with AIDS. People living with AIDS and those affected by it require spiritual care, emotional support and advice someone to talk to and pray with.

Issues to be addressed include personal and social consequences of being HIV positive, stigma, recrimination, discrimination, fear of contagion, isolation, rejection, abandonment, anxiety, anticipatory grief, depression and psychological conditions that tend to hasten the onset of full-blown AIDS. If care is to be manifested in practice one of the things the Church needs to do is to identify and reverse attitudes and acts of "carelessness" in our communities.

## **TRAINING**

The MCSA Mission Unit will provide training for volunteers, Church AIDS workers, community counselors and Care-givers in home-based care. It will also provide for training of trainers for the various care and support services.

### **❖ HIV/AIDS PROJECTS**

The MCSA Mission unit encourages the development of projects that make a direct impact on people living with AIDS and the families affected by it. This means that projects should be directed at making a significant impact on the "quality of life" of the affected. ie. Home-based care in families and communities for those who are HIV positive. In African cultures placing the care of children of departed members falls on the "village", the community and the extended family. Placing children in institutions and homes established outside their community of birth represents a loss of an important cultural value. In impoverished communities people living with HIV/AIDS and their families can cope with material, pastoral, voluntary, and social support with help from the Church, the community and the State.

**NOTE:** The Care of orphans in homes and institutions falls within the mandate of the Department of Social Development and churches taking this approach need to contact the Department of Social Development for help and guidance with regard to regulations governing such care of orphans and the funding thereof. Projects that are aimed at the care of AIDS orphans within the families and communities in which they live come under the HIV/AIDS Programme. Requests for MCSA funding will be considered only if the Project is 'METHODIST' i.e managed controlled within Methodist Church structures (District, Circuit, Mission, Society) and the Bank Account is in the name of the Methodist Church. Projects of an ecumenical nature (with other churches, denominations, agencies) should direct funding requests to the relevant ecumenical agency or through the nearest Regional Council of Churches to the South African Council of Churches HIV/AIDS Programme.

## **Funding Criteria**

The MCSA Mission unit will seek funding for Projects established by Methodist Churches that fulfill *the* following criteria:

- ❖ Evidence that the Project was initiated in consultation with people living with AIDS and/or those affected by it.
- ❖ That the project is based on an accurate needs assessment
- ❖ That the cultural context and location of the affected is taken into consideration.
- ❖ Evidence of the church's own contribution, (financial, staffing, administration, other)
- ❖ That administration and staff costs do not exceed 8% of the total budget.  
Regular reporting and financial accountability
- ❖ Regular monitoring, inspection and evaluation by the MCSA maximum funding limited to R30.000 per project.

### **NOTE:**

Application for project funding must fulfil the MCSA "funding criteria". The application must be endorsed by the Bishop of the District before submission to the Director, MCSA Mission Unit application for funds for the erection, renovation, or purchase of buildings and land will NOT be considered by MCSA .Applications for funds for salaries of managers, supervisors and coordinators will not be considered.

The MCSA Mission unit will:

- ❖ Seek funding from the South African Government for the implementation of the 'plan"and the Methodist response to HIV/AIDS.
- ❖ Seek funding from other national and international donors, agencies and the business community.

## **NETWORKING**

### **THE MCSA Mission Unit will**

Network with ecumenical, inter-faith, government, non-governmental, and international partners at all levels in implementing the plan and the Methodist response to HIV/AIDS in Southern Africa.

Work with participating churches and partners from the ecumenical family (SA Council of Churches, Ecumenical Advocacy Alliance) on strategies and priorities common to our witness and work

### **SUPPORT FOR THE PLAN**

The Strategy and Implementation Plan and the Methodist response to HIV/AIDS had the endorsement and support of the Presiding Bishop and the Bishops of the Methodist Church of Southern Africa.

The Methodist response to HIV/ AIDS requires the commitment of ministers and laity in implementing the plan at all levels: Connexional, District, Circuit, Society.

### **INFORMATION SURVEY**

In order to establish what Methodists are doing in HIV/AIDS ministry and assess needs an information survey will be conducted by the MCSA Connexional task force on HIV/AIDS. The survey is to be completed by all Ministers in the Connexion.

### **MOBILIZATION OF MINISTERS AND LAITY**

### **PUBLICITY AND PROMOTION**

The MCSA Mission Unit will publicize and promote the Strategy and Implementation Plan and what Methodists are doing around the Connexion in response to HIV/AIDS.

**A POSTER** promoting the MCSA HIV/AIDS programme will be distributed throughout the Connexion.

### **BUDGET**

The MCSA Mission Unit will solicit funds for the HIV/AIDS Programme.

### **THE CHURCH AS A COMMUNITY OF CARE**

"The churches have strengths, they have credibility, and they are grounded in communities. This offers all opportunity to make a real difference in combating HIV/AIDS. To respond to this challenge, the churches must be transformed in the face of the HIV/AIDS crisis, in order that they may become

a force for transformation bringing healing, hope, and accompaniment to all affected by HIV/AIDS”  
(WCC)

### **Appendix 3**

#### **5.8.2 A THEOLOGICAL REFLECTION ON AIDS**

##### **Theological Considerations**

##### **Did God send AIDS into the world?**

When terrible things happen to human beings, people's faith in God as a God of love and power is often questioned. We may think of human and natural disasters like the recurrent outbreaks of the plague in medieval times, of earthquakes, floods, famine, the Nazi concentration camps, genocide, nuclear disasters, terrorism and war. Events such as these have made people ask whether God exists at all and what kind of God would *send* such evils to us or allow such terrible things to happen. And of course the HIV/AIDS pandemic raises the same questions about God and about evil that people have struggled with throughout the centuries. It is good for us to question and search but there are depths of mystery in this search, which will not allow us to reach a clear-cut, simple and final answer. God is the Great and Holy Mystery before whom we stand in awe but whom we cannot

understand. Human free choice and the repercussions of our choices for good and evil are also part of a profound mystery.

We also have to allow for a certain random element which is present in creation, for inherited traits of wellness, weakness or disease within nature and for the interaction among various parts of creation as the cosmos evolves.

When we look at Jesus as the one who came to reveal God to us, we come to know God's compassion. God has Love and mercy. God is not a punishing God and does not send illness or suffering to punish us. If we accept the God revealed in Jesus, we simply cannot believe that God sent AIDS (or any other illness) into our world. To imagine a deity who could deliberately inflict so much pain and suffering is to imagine not God but a monster. It makes no sense that the God of love would send AIDS or any other illness or suffering into the world. It is true that God does not intervene when natural disasters happen. Neither does God intervene in the random events within the cosmos, which are part of nature within the processes of natural selection, evolution and survival. God does not usually work miracles to intervene in these situations of pain and suffering, whether in the workings of nature or in the abuse of human free will. But God works in and through situations of suffering and evil, calling us to self-transcendence and transforming humanity and the church in the process. This is the saving God at work for the salvation of the world and the entire cosmos.

### **God's response to suffering and evil in Jesus**

God is intimately involved in our world and its suffering. This is shown most clearly in Jesus, who came to take on our humanity and who suffered at the hands of those who hurt, abused and killed him. By going through all these evils, Jesus went beyond them into new life. In Jesus, God's commitment to overcoming the evil in the world is made manifest. Jesus overcame evil by his solidarity with humanity in the midst of suffering and evil. He chose to spend time with the poor, the sick and the outcast, with children and with those who were regarded as "sinners".

### **Our call to discipleship of Jesus**

We in turn are called to solidarity with those who are suffering to continue the saving, healing mission of Jesus in the world. Jesus came to be with us and walk with us and we are called to be and to walk with those who are suffering and do all we can to alleviate and overcome it. Jesus wept at

Lazarus' tomb and God weeps when we suffer and shares our pain. God continues the compassionate mission of Jesus through us. Through our response God is transforming the world. God constantly calls us to transcend ourselves as we face suffering and evil. Spiritual growth is all about self-transcendence. We are called to hold and to live, the values of Jesus, so that we become people of compassion and genuine love. In the living-out of these values, we ourselves are transformed.

### **Jesus lived and worked locally, as most of us do**

Jesus lived and worked among a relatively small group of people. He chose a small group of men and women as his disciples and formed them into a community. With them he moved around locally, healing and teaching the values of the-kingdom of God. This was also how the church started: there were small local communities who felt inspired by Jesus and called by God to live out the mission of Jesus. This is happening all over again in our time. God calls us to form local communities who continue the mission of Jesus. Many local communities of people feel impelled to do something about AIDS or children affected by AIDS, at national and international level we do need groups like the SACBC AIDS office to co-ordinate local projects and co-operate internationally so that the wider human community can give the most effective united response. When each of us faces God one day to give an account of how we have spent our lives, the greatest indictment would be not to have done anything about the enormous needs around us. Indifference is the greatest sin. There is no doubt that the greatest need of our time is HIV/AIDS and the many related challenges, like the growing number of orphans, the whole Question of gender inequality and the abuse of women.

### **Advocacy**

Before his death, Jesus promised his disciples he would send the Spirit, whom he called the Advocate. The Spirit-Advocate is with us as we become the voice of the voiceless. We need to be advocates for AIDS awareness and education, for AIDS children and orphans, for funding, medication and everything else that is needed to overcome the AIDS pandemic.

### **AIDS is a justice issue**

According to UNAIDS, 95% of people infected with AIDS live in developing countries, where millions of people have no clean water, basic health care, primary education, sanitation or proper nutrition. AIDS is a justice issue rather than a sex issue. Behaviors that transmit HIV are strongly influenced by social conditions. Issues of justice such as the low status of women, an exploitative global economic system which influences the marketing of medicines, globalization which results in terrible poverty

among the oppressed and racism all contribute significantly to the spread of AIDS and must be addressed in the fight to *overcome* the disease which is the greatest challenge of our age.

### **The impact of religious organizations in promoting HIV/AIDS prevention**

(Revised version of paper presented at "Challenges for the Church: AIDS, Malaria &TB" (Conference Title), Christian Connections for International Health, Arlington, Va. May 25-262001. (Available in French): Edward C. Green, PhD., Consultant, Synergy Project and Harvard School of Public Health. e-mail: [egreendc@aol.com](mailto:egreendc@aol.com); [egreen@hsph.harvard.edu](mailto:egreen@hsph.harvard.edu))

During the early years on the HIV/AIDS pandemic, many people who worked in HIV/AIDS prevention thought of religious leaders and organizations as naturally antagonistic to what they were trying to accomplish. *In* many minds, the stereotype of a religious leader was that of a conservative moralist who disapproved of any form of sexual behaviour outside 01 marriage (especially male-male sex), as well as what was seen as the "only solution" to HIV infection, i.e., condoms.

### **Guidelines for the giving of pastoral care to those persons who are Infected/affected by HIV/AIDS**

*(The author of this article is unknown to the editor of this manual.)*

#### **1. The first question to ask is not "How did you get infected?"**

We do not ask someone who has cancer, lupus, or suffered a heart attack how they got sick: so why should we ask that of someone with HIV? When someone tells us their HIV status, they are usually dealing with the present and future *more* than the past. There may be lifestyle issues that need to be discussed at a future time, but our initial reaction needs to be compassion- not questioning.

#### **2. Avoid the "blame game"**

Spending time blaming people who are HIV positive for their illness distracts from the most important issues. The truth is that we have all done things in our life that involved risk. For the most part, we have been spared the consequences of those acts. We are hypocritical when we blame others if they suffer the consequences of their acts. The "blame game" prevents us from giving beneficial pastoral care to those who need it.

### **3. Compassion is the key**

Compassion is being a channel of God's grace and coming to the side of one who is hurting. We suspend judgmentalism and focus on the needs of others. Compassion is shown in gentleness, kindness, acceptance, and love. Pastoral care that lacks compassion is not helpful. Compassion is the way of Jesus.

### **4. Confront your own fears**

Fear leads some pastors and churches to reject people infected/affected by HIV/AIDS. They may refuse to visit or care for them. We must confront our fears with facts, put judgmentalism and prejudice behind us, and get on with the privilege and obligation of ministry.

### **5. Focus on life, not death**

A person infected with HIV will eventually die. So will a person who is not infected by HIV. We all will die; none of us knows when death will arrive. Therefore, our focus needs to be on how we will live the rest of our life. Focusing only on death gives the impression that we have given up hope and are just waiting for the person to die. Focusing on life declares that the person has a lot of living yet to do.