An Exploration of Challenges Posed by the HIV-AIDS epidemic on the Holiness Union Church Leadership in Pietermaritzburg KwaZulu-Natal: Towards a Holistic Pastoral Care model.

By

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DECLARATION

I, Emmanuel A. Mboya, hereby declare that this dissertation titled: **"**An Exploration of Challenges Posed by the HIV-AIDS epidemic on the Holiness Union Church Leadership in Pietermaritzburg KwaZulu-Natal: Towards a Holistic Pastoral Care model", is my own work and all sources used or quoted have been indicated, acknowledged and listed in the references.

16th December 2013

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Emmanuel A. Mboya DATE

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_____ _____

Signed Date

DEDICATION

This dissertation in dedicated to my family and to the LORD God Almighty

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ABBREVIATIONS

ABC	Abstinence, Be faithful, and used Condom
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
NGOs	Non-Government Organization
PLWHA	People living with HIV and AIDS
WCC	World Council of Churches
KZN	KwaZulu-Natal
UKZN	University of KwaZulu-Natal
HUC-PMB	Holiness Union Church Pietermaritzburg
NIV	New International Version

ABSTRACT

This study explores the challenges posed by the HIV-AIDS epidemic on the Holiness Union Church leadership in Pietermaritzburg KwaZulu-Natal: towards a holistic Pastoral care model. South Africa has the highest prevalence rate of HIV infection in Sub-Sahara Africa and the province of KwaZulu-Natal is the epicentre of the epidemic. This motivated the researcher to investigate the role of the HUC-PMB leadership in the struggle against the HIV-AIDS epidemic within and outside the Church. The Church leaders in this context of the HIV-AIDS are expected to play a significant role, so that the campaigns of HIV prevention, intervention, care and support for those living with the HIV-AIDS should have positive impact in the Church and the community. The literature review argues that this can be achieved when church leaders are well trained and equipped with all necessary skills and acquire comprehension information about the HIV-AIDS.

The study adopted an empirical research using qualitative using interview schedule, focus group discussion and church archives for data collection. Five Church leaders and four church members participated in the study. The investigations were led by the following research question: What are the challenges posed by the HIV-AIDS epidemic on the HUC leadership in Pietermaritzburg KwaZulu-Natal? In order to address the main question of this study, the following questions were formulated. What is the current situation of the HIV-AIDS epidemic in the HUC-PMB? How is the HUC-PMB leadership response to the HIV-AIDS epidemic? What kind of Pastoral care model that would enhance the HUC leadership holistic response to the HIV-AIDS epidemic?

The study findings show that the Church leaders at HUC-PMB do not officially engaged in the struggle against the HIV-AIDS epidemic in the church and in the local community. This implies that the HUC-PMB has limited spiritual and support work for those who are HIV infected and affected within and without the church. The study thus recommends that knowledge on the HIV-AIDS epidemic is vital to all people especially the church leaders; and the church must use its pastoral approach to pursue this goal; the leaders must be thoroughly educated and equipped on the HIV-AIDS related issues, so that to be able to minister (w)holistically in the light of the HIV-AIDS epidemic; the Church and its leaders is also recommended and called to be HIV-competent in terms of their belief approach in dealing with epidemic and stigma within and outside the church context.

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CHAPTER ONE
STUDY ORIENTATION

1.1 Introduction

This study is concerned with the challenges posed by the HIV-AIDS epidemic to the leadership of the HUC-PMB. There seems to be no concerted response by the leadership as seen in the lack, for example of an HIV-AIDS policy that guides the response of the HUC-PMB. In the midst of this lack of response the HIV-AIDS epidemic is infecting and affecting both church members and non-members. This chapter provides background to the study, rationale, the research problem (problem statement), purpose, key questions, sub questions, research design and methodology, and finally structure of the dissertation.

1.2 The Study background

This research focuses on the challenges posed by the HIV-AIDS[1] epidemic on the HUC Leadership in Pietermaritzburg KwaZulu-Natal. It aims to investigate the role the HUC-PMB leadership plays regarding HIV and AIDS in the church and in the local community. The prevalence of HIV-AIDS, both within and outside of this religious circle, has necessitated an institutionalized response to it. Therefore, for the HUC-PMB, curbing the spread of the virus becomes an important mission priority through a holistic pastoral care ministry. Such a pastoral care ministry draws its inspiration from the Gospel of Matthew (8:17): "He took up our infirmities and carried out our diseases". The mission of Jesus was not only to save souls but he ministered and healed all who were sick in their physical body. In the context of the HIV-AIDS, the pastoral care ministry needs to be one that is relevant and meets the needs of the whole person, catering for the spiritual and bodily needs of both the infected and the affected. In this chapter, the researcher will introduce the purpose of the study and the research problems underlying this study. The chapter further outlines the research rationale and key issues to be explored. Ultimately, the researcher gives a brief outline of the contents of the chapters that make up this study.

[1] AIDS is an abbreviation for Acquired Immune Deficiency Syndrome and is a disease caused by the Human Immunodeficiency Virus, abbreviated HIV. HIV is a virus not a death sentence

The HUC in Pietermaritzburg is located at Four Burger Street in the Pietermaritzburg old prison premises, where alongside other Christian denominations, uses the Gateway Christian School hall. The HUC in Pietermaritzburg KwaZulu-Natal started in 2002 as a branch of the Holiness Union Church, Sweet-waters. HUC congregations are autonomous, though have communal relationship with other HUC congregations in South Africa and abroad. The doctrinal underpinnings and the nature of the pastoral ministry for each congregation are dependent on the pastorate of that particular congregation. The HUC-PMB believes in the salvation through the grace of God and the gospel of love.[2]

The HUC-PMB has about two hundred and fifty five members as of March 2013. This membership is composed of about one hundred and fifteen women, thirty five men, sixty three youth and forty two children. The membership is international, with members coming from South Africa, Zimbabwe, Tanzania, Swaziland and Lesotho. The laity is the source of the financial income of the Church through Sunday collections, pledges and tithing. The membership is about seventy per cent employed people and well educated with a variety of educational qualifications ranging from Matric to post graduate levels. In addition, there are church members who own properties such as businesses, houses, and farms. This is seen by the church as a symbol of blessings from God for people who are obedient to the word of God. The other 30% of the Church members is a composed of students and children.

The HUC-PMB leadership comprises the senior pastor and a pastorate team of seven couples[3]; pastors and their wives. However, final decisions on issues of ecclesiastic importance are reached only by the senior pastor and the other male members of the pastorate. There are two young single pastors, one, male and the other, female, who are currently serving as youth pastors. They both graduated from the Union Bible Institute in Pietermaritzburg in 2011, but they are not yet ordained and do not participate in the church decision making. The Church has six elders and Church group leaders from women, men, and youth and children groups. The pastorate team of HUC-PMB, apart from making decisions concerning the Church, has the duty to teach and instruct members of the Church on both spiritual and social matters. The senior pastor and the pastorate team decide on the doctrinal life of the church and the membership is

[2] March 2006 News Letter: Fountain of Love. A Pietermaritzburg Assembly of Holiness Union Church. This News Letter too has a vision and Mission statement of the Church.

[3] The males are the ordained ministers while their wives are not ordained

bound to follow the pastoral decisions without questioning, since the pastorate is believed to be inspired by God in whatever it says and does. In the HUC-PMB, opposing the ideas of the leadership is tantamount to opposing the Church as a whole. A leader in the HUC does not necessarily have to undergo theological training, as long as one is believed to be filled by the Holy Spirit and speaks with inspiration believed to be from God; such a person becomes part of the pastorate team, and eventually can be ordained.

Theologically, the Church believes that God blesses those that do well in keeping God's words while sinners are subject to punishments such as poverty, unemployment and disease. Furthermore, the church teaches that sinners will not inherit the Kingdom of God, and so salvation is must through believing in Jesus Christ (Mt 5:8; Gal 5:21). The lay leadership is composed mainly of elders and leaders of organizations and their role is to implement and monitor the decisions of the pastorate.

According to Denis, the first diagnosis of HIV-AIDS epidemic in Southern Africa was in 1982 (2009:67). Among all nine provinces of South Africa, there is considerable inconsistency as to the prevalence of HIV infection across the country. The highest rate of HIV infection among people aged 15-49 year old has been recorded in the province of KwaZulu-Natal, which remained stable at 39.5% on 2009 and 2010.[4] The latest South Africa Global AIDS Response Progress Report 2012 in agreement with Tumai is that the prevalence rate of HIV remains constant. This means that the number of people living with HIV is still very high, as is shown by a survey from pregnant women and the household survey[5] (2012:2 and 2009:1). HUC members in Pietermaritzburg cannot be immune from these statistics. Certainly, the HIV-AIDS situation in the HUC-PMB is critical. As a member of the HUC-PMB, the researcher feels concerned because there are no formal structures by which the Church can deal with this dreaded disease. Whilst there may only be a few HIV positive people in the HUC-PMB, almost all members are affected by the epidemic. In one way or another most members are affected, for instance, by having to stay home to care for an infected patient or by losing their loved ones who in some cases are the bread winners of the household (Mwaura 2000:95). This is plainly evident in the number of orphans, young widows and people living on ARVs in the HUC

[4]Global AIDS Report (2012: 34).

[5]The Latest Global AIDS Response Progress Report (2012:2).

congregation. Most probably, because of a lack of an official doctrinal position concerning HIV-AIDS, there are few people who have come up openly with their HIV status. Currently, there are only three people in the church (one male and two females), 1.17% of the entire congregation, who have disclosed their HIV positive status. While this situation has existed ever since the Church was established, there has never been any engagement by the HUC-PMB leadership with the HIV-AIDS. The HUC-PMB leadership has been silent despite the fact that individual Christians have shown their compassion and care for those who are infected and affected by the epidemic. There has been no coordinated response to HIV-AIDS by the pastorate. For instance, Some individual HUC members have taken initiatives to take care of orphans and they also provide food parcels for those who are in need, but not much has been done in terms of the HIV-AIDS epidemic. The question the researcher is asking is why the HUC-PMB leadership is silent about HIV-AIDS epidemic in church as well as in the local community?

It is this silence that has motivated the researcher to undertake this study in order to develop an understanding of why the church leadership is silent and not formally responding to challenges posed by the HIV-AIDS epidemic at HUC-PMB and the local community. Why is the church leadership not creating a platform from which the HIV-AIDS and other issues concerning sexuality can be discussed? This question becomes even more pressing in the face of the fact that the HUC-PMB has adequate resources, both material and spiritual, which can be invested on the whole issue of preventing and managing the epidemic. Aja contends that Churches have prospects to help their members through the assets it possesses. They have the properties and facilities to engage positively in the struggle against the HIV-AIDS epidemic (2012:12). The researcher assumes that the church leadership can be effective in dealing with the challenges posed by the HIV-AIDS by breaking the silence surrounding the epidemic. Since HUC leaders are the guardians and custodians of the role the Church is called to play in the wider world, it is their responsibility to lead the Church positively in this reality of the HIV-AIDS epidemic, by caring and supporting those infected and affected by the epidemic. Kiriswa argues, "A Church that is not in solidarity through concrete and meaningful action with those who are suffering especially people living with HIV-AIDS today, risks being irrelevant to the needs of the society" (2004:87).

The main concern of the researcher is that HUC leaders are silent about the HIV-AIDS epidemic as if it does not exist or it does not have bad impacts in the HUC-PMB and in the

local community. The research question thus which the study seeks to address is this: "Why is the HUC leadership silent about the HIV-AIDS epidemic?"

1.3 Rationale

The relevant Ministerial Studies Discipline (Practical Theology) offers a course on Transforming Christian Pastoral Ministry. Firstly, I am inspired and motivated by Lewis who writes about transformational leadership. In a nutshell, Lewis asserts that a transformed leader is also a transformer of the Church and community (1996:6). Secondly, another course which has motivated me to engage on the issue at hand is the tacit response most church gives to the severe menace of the HIV and AIDS epidemic. As one of the HUC-PMB pastorate team I was also motivated by the nonchalant attitude of most church leaders towards the HIV-AIDS.

1.4 The Research Problem

The broader issues to be investigated include the pastoral role of Church leadership in responding to crises, such as sickness, death and dying in the Church and in society. Kenneth describes how pastors or Church leaders can be relevant to people who are in crisis, and how a pastoral care model is chosen for ethical decision making. For instance, the caring and helping aspect in pastoral care is to be applied to sick persons and their families (2007:58). Pastors are to minister to all people who are in crisis equally, due to the fact that all people are equally the image of God, and so their dignity is to be respected even at their last moments. "The fact that the image of God is universally characteristic of all human beings leads to the truth that every person has inestimable value, inherent personal worth, and equality as members of the human family (2007:58). Consequently, every person deserves and ought to be given sufficient attention by the Church, despite their HIV-AIDS status. One profound common characteristic of pastoral care ministry is that it is not only offered to the sick, but to the healthy as well (Taylor 1983:15; Wright 1982:102). The HUC-PMB leadership is expected to be responsive in their ministering to people in all the aspects and spheres of life, including the situation of HIV-AIDS, where the Church leaders have been shockingly silent. According to Mottram, "Christian leaders have a call to advocate for all those under their ministerial care" (2007:62). This suggests that people who are infected and affected with HIV-AIDS in the HUC are to be ministered to with a holistic pastoral care, in order to effectively meet their needs.

1.5 The key research question for the study

- What are the challenges posed by the HIV-AIDS epidemic to HUC leadership in Pietermaritzburg KwaZulu-Natal?

In order to address the main question of this study, the following sub-questions have been formulated:

1.5.1 Sub-questions for the study

- What is the current situation of the HIV-AIDS epidemic in the HUC-PMB?
- How can the HUC-PMB leadership respond to the HIV-AIDS epidemic?
- What kind of Pastoral care model would enhance a HUC leadership's holistic response to the HIV-AIDS epidemic?

1.6 The key objective of the study

- To explore the challenges posed by the HIV-AIDS epidemic to the HUC-PMB leadership in Pietermaritzburg KwaZulu-Natal.

1.6.1 The sub-objectives of the study

- To investigate the current situation of the HIV-AIDS in the HUC-PMB.
- To determine the HUC-PMB response to the HIV-AIDS epidemic.
- To ascertain the kind of Pastoral care model that would enhance a HUC-PMB leadership's holistic response to the HIV-AIDS epidemic.

1.7 Research methodology

This is an empirical study that uses a qualitative approach. According to Terre Blanche et al (2006:47) qualitative researchers collect data in the form of written or spoken language or in the form of observations that are recorded in language and analyse the data by identifying and categorizing themes. The main reason for using qualitative research methodology is to more effectively obtain information on the ground, face to face with participants in their context, where life is actually lived and experienced. Also, using open ended interviews obtains deeper results and more reliable responses from the participants than that of questionnaires, which tends to limit answers (Kombo and Tromp 2006:92; Savin-Baden and Major 2013:359). In this

study, two principal methods of data collection were used, the interview which is the source of primary data collection and focus group. However relevant range of literature was consulted to critically engage and justify the claim made in this thesis. Thus books, theses, journals, articles, magazines, and the internet search engine were the major sources of written information.

Meanwhile, five members of the pastorate team were interviewed. Four members of the church leaders were interviewed during the focus group discussion. The main reason for using the focus group interview is to be able to obtain diverse perspectives on the matter concerning how things actually are on the ground from HUC members (May 2011:143). Data collected were recorded, transcribed and analysed using open coding system to ensure that the research questions are adequately answered. The thematic approach was used to identify the emerging themes and sub-themes during data analysis.

1.8 Validity and reliability

The researcher has used a suitable research instrument, unstructured interviews, to collect the data intended to answer the research question. The church leaders and a focus group have been interviewed concerning the HUC-PMB leadership role in the light of HIV-AIDS within and outside the church. The expectation is that the research instrument which was used will yield the expected outcome. According to Kumar, validity is the ability of an instrument to measure what it is designed to measure (2005:153). Smith defines validity as the degree to which the researcher has measured what he has set out to measure (1991:106). A research instrument or tool, which will give the same meaning now and then, greatest consistency and stability in an instrument, can be highly dependable. Unstructured interview as a research tool in qualitative research will definitely be reliable as a tool, because it will be used to interview both Church leaders and a focus group. With respect to ethical issue confidentiality was strictly observed to avoid causing harm any and to all participants in the research. Consent form was administered and permission was secured from the University Ethical council for this study to be carried out at hand.

1.9 Structure of the study

Chapter one provides a general introduction to the study. This introduction includes an enunciation of the background of the study, research problems, objectives and questions,

research methodology and methods, ethical issues, limitations of the study, the structure of the thesis and conclusion.

Chapter two reviews literature that is relevant and deals with specific issues of interest for this research. The chapter also explores the theoretical framework used by this study.

Chapter three presents the methodology and methods of the study, which has been employed to answer the research problem of the study.

Chapter four presents the research findings and resume discussions which lead to analysis in chapter five.

Chapter five discuses and analyses the data to ensure that the research questions are properly answered. The chapter proposed the Holistic pastoral care model in the context of HIV-AIDS.

Finally, chapter six summarises the study, provides conclusions and recommendations that emanate from the data.

1.10 Conclusion

This chapter presented the study's motivation, background, rational, problem statement, purpose, critical questions and objectives of the study. It also discussed the research design and methodology, and structure of dissertation. The next chapter presents local and international literature relevant to this study.

CHAPTER TWO
LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

In this chapter the researcher reviews relevant literature that deals with specific issues of interest for this research. The literature review tackles topics such as Church leadership and HIV-AIDS, Church and HIV-AIDS, Pastoral care Ministry, and Church Leadership.

2.2 Church leadership and HIV and AIDS

Haddad in her article '*We pray but we cannot heal'*, postulates that Church leaders are very much concerned with the HIV-AIDS scourge, and that they admit it is not just a disease; it brings so much suffering and death in the society. Haddad observes that Church leaders are silent and do not act immediately as they should, be it on prevention or on alleviation of the HIV-AIDS epidemic (2006:86). Haddad argues that there is a cultural, structural and theological confusion, which Church leaders are facing (2006:87). Haddad also points out that culture contributes hugely to the HIV-AIDS problem. Due to cultural mentalities, Church leaders are silent or unable to talk and teach openly about sex and sexual issues in the Church and in their local community. Culture oppresses women more than it opposes men, as a result, women do not make decisions on how they should use their own sexuality and that itself works against HIV prevention efforts. Haddad further suggests that the good side of sexuality must be enjoyed, because it is a gift from God, but where it is abused, it should be strongly discouraged as a way of preventing the spread of HIV (2006:89). Structures are to be just or fair in the Church as well as in the society, if Church leaders are to contribute positively to the struggle against HIV-AIDS epidemic. The structural injustices which are in place, alongside some bad cultural elements against women, all make it difficult for women to voice their concerns, and these are barriers to the emergence of voices from the lower as well as higher stratus of society. One may argue that this inequality in social and cultural standards regarding sexuality serves as a stumbling block for the Church leaders to effectively participate on HIV prevention efforts in the Church as well as in the community, and more especially in an African environment.

Dube, in a journal article *Theological challenges: proclaiming the fullness of life in the HIV/AIDS & global economic era* argues that the Church should be a people-centered mission. The Church proclaims life to all, dying and living; to those who are dying that they may die in

hope and dignity, to those living that they may be cared for and supported in all aspects of their lives. Dube notes, in the context of HIV-AIDS, all who are victims of this epidemic actually are representing Jesus, and so in the same manner, it is serving Jesus himself when Christians are serving those infected and affected by the HIV-AIDS epidemic. The attitude of stigmatizing, isolating and rejecting those who are living with HIV-AIDS is, in a certain sense, stigmatising Jesus who is located among the sick and the poor. According to Dube, Jesus is always crucified in the Church in all the women who are unable to protect themselves due of their femaleness, the needy widows, and the so many orphans in the Church who are not being cared for (2002:540).

However, Dube proposes that the Church is here to minister to all who are infected and affected with HIV-AIDS. The Church has a duty to challenge all structural injustices as well as fight to dismantle systems and organizations that contribute to violence, unfairness and self-interest, and all wrong cultural beliefs in the society. The mandate of the Church should be to prepare a favorable environment in society whereby God's creation will prosper (2002:548).

Meanwhile, Moyo, Herbert, in chapter two of his Masters' Thesis: *Jesus is HIV positive: The body of Christ - the church has AIDS*, postulates that the Church must have a theology of sexuality and HIV-AIDS that condemns stigmatization against persons infected and affected by HIV-AIDS (2006:28). Moyo points out that the body of Christ has HIV-AIDS due to the fact that if one part in the body of Christ is infected or affected by HIV- AIDS, then the whole body of Christ is affected. This analogy of the Body of Christ which Moyo employs, challenges the Church's denial of the presence of HIV-AIDS in the Church (2006:29). Moyo suggests that the Church needs first to repent of this denial, and then to start dealing with this dreaded disease within the Church before initiating efforts to curb the spread of HIV-AIDS outside the Church. The reason is that HIV-AIDS is already in the Church (in the Body of Christ) and is already causing so much suffering and death. It is a reality that people who are infected and affected by HIV-AIDS need full attention from the body of Christ (2006:29).

Similarly, Moyo argues that it is theologically fallacious to assume that HIV-AIDS is punishment from God, especially since HIV-AIDS is often equated to promiscuity. The question, which he asks concerns why people who are not involved in sexual activities, such as faithful partners and unborn babies are to be punished through HIV-AIDS. At the same time, we also see that marginalized and victimized people in the society are the most hit by the

pandemic. Some HIV patients also believe that they have been punished by God, because of the wrong things they did in the past. Moyo stresses the point that responding to HIV-AIDS is not merely responding to the symptoms; rather the Church should challenge the root-cause of the problem. For instance, poverty is one among other root-causes which are socially, culturally, politically and economically embedded in society (2006:32).

Denis, Philippe in his article *The Church's Impact on HIV Prevention and Mitigation in South Africa. Reflections of a Historian,* discusses the steps, which were taken or did not take place towards minimizing or stemming the effects of HIV-AIDS from the time it first appeared in Southern Africa in 1982 (2009:67). The Church in Southern Africa started responding to the epidemic only in the mid-1980s. Denis argues that although South Africa is 78% Christian and Christian teaching would have served to reduce the spread of the HIV-AIDS, the rate of infection of the HIV-AIDS is still higher (2009:67). The moral teachings of the church which were supposed to help in this context were found wanting. He warns Church leaders who equate the HIV-AIDS and promiscuity, saying that sure attitude only results in the stigmatizing and discriminating of HIV infected people and that itself is an obstacle for HIV prevention efforts. Denis suggests that, henceforth, religion and Christianity are to be used to facilitate all the efforts of prevention and elimination of the epidemic through the teachings given to the community. Denis in agreement with Kuman and McMillan states that Church leaders alone with their Churches cannot be effective in this struggle against HIV-AIDS; they are required to cooperate with other stake holders, in order to obtain the required results (2009:67 and Kuman and McMillan (2013:84). For Denis, Church leaders and their churches often focus on providing care for those infected and affected by HIV-AIDS rather than being involved on both efforts of caring, prevention as well as mitigation of HIV-AIDS (2009:70). Denis opposes the idea espoused mostly by Church and the public Health institutions that HIV-AIDS is an individual illness, and that a change in lifestyle of people would curb the virus. His argument is that there are many factors which contribute to the epidemic, and should be tackled all together in a cooperative way. "This sort of representation of HIV-AIDS leaves aside phenomena such as gender violence, wars, migration, social inequality and poverty which prevent individuals from exercising any real control over their sexual lives, thus these are situations which contribute a lot to the spread of the disease"(2009:71).

Swann argues that Church leaders are challenged to balance the holiness of God and the love of God, while ministering to those who are living with HIV-AIDS. In the ministry of Jesus,

holiness and love were the key factors that drove the work he did. Jesus responded in a reactive and proactive manner; he let the people come to him who could, and went to those who could not. On every occasion, Jesus was proactive, which compels the Church leaders, representatives of Christ on earth to do the same, more especially in the contexts of HIV-AIDS (2008:213). In addition, Swann contends that Church leaders can break the silence on HIV-AIDS, through their positive theological approaches to ending the spread of HIV. The stigma caused by the HIV-AIDS can be reduced through ministry which balances the holiness of God and the love of God. Jesus is the role model of Church leaders in being both reactive and proactive in their pastoral care of those infected with and affected by the HIV-AIDS epidemic (2008:214).

All the above literatures converge on the point that Church leaders are either silent or slow in responding to the HIV-AIDS scourge. In some cases, church leaders have wrongly responded to HIV-AIDS by stigmatising and moralising around it. The above literature has also shown that structural injustices are the main factors that hasten the spread of HIV, and that effecting change is no longer the responsibility of one individual alone. Stigmatization opposes any efforts at HIV prevention, and the analogy of the Church as the body of Christ can help Church leadership and members to fight the stigmatization of the HIV-AIDS patients. Church leaders should join forces with other stakeholders in the struggle against the HIV-AIDS. The gap in the above literature concerns the question of why church leaders (the clergy) are silent or passive about the HIV-AIDS, while the laity is already responding to the HIV-AIDS epidemic in a variety of uncoordinated ways.

2.3 The Church and HIV-AIDS

This section deals with the Church and HIV-AIDS. It is essential in this discussion to attempt an understanding of 'Church'. This will add clarity to our discourse as we proceed. Therefore the definition of "church" will be provided in advance of the actual discussion on available literature on "Church and HIV-AIDS".

What is the Church? The Church is all people who have accepted Jesus Christ to be their Lord and Saviour. According to Christensen (1991), the Church is any person who confesses Jesus Christ as Saviour, and is part of the one, holy, catholic, and apostolic church (:72). In this study the Church also refers to those people who fellowship at HUC-PMB (Fountain of Love). The Church and HIV-AIDS reveals how the Church has responded positively, on the one hand and

negatively, on the other hand, in the context of the HIV-AIDS since the epidemic came onto the scene.

Parry, S. (2008), in his book '*Beacons of Hope: HIV Competent Churches: A framework for Action'* argues that apart from knowledge and resources being the bridge between inner and outer competence, Church leaderships have the Christian faith which obliges them to respond effectively to any need in the world, as is the case with HIV-AIDS. Parry sees the issue of training to be of much influence either in a negative or positive way. The teachings and values which are imparted on Church leaders during their leadership training are to play a role of making them relevant to the current situation whereby HIV-AIDS prevention and mitigation are the real issues. The Church is HIV-AIDS competent if its leaders have been trained to be HIV-AIDS competent.

Olivier and Clifford have written in theirs article '*Religious care and support in the context of HIV and AIDS: Outlining the contours'* that the religious sector has done and is still doing great works in responding positively to HIV-AIDS epidemic. Little has been written about the greater potential the religious sector has (2011:369). At the local level, there is much support and services are provided to the needy, but especially to people living with the HIV-AIDS who are not publicly recognized. This provides practical and critical evidence that the church is still vital in the struggle against HIV-AIDS (2011:369). Church infrastructures are all important resources in the offering of effective pastoral care ministry to all infected and affected by the epidemic. Oliver and Clifford in agreement with Kuman and McMillan say, there are some initiatives being established with some Church members as health providers. All these form part of the Church's effectiveness in taking care of HIV-AIDS victims in society (2011:373; Kuman and McMillan 2013:95). Another unique contribution the Church is offering towards stemming the HIV-AIDS scourge is the spiritual care through her pastoral care ministry to all people who are infected and affected by the HIV-AIDS epidemic (2011:381). The Church has done great deeds and is still doing, and has all the potential to do more in the struggle against the HIV-AIDS epidemic. Our task is to appreciate and accommodate the Church more closely in this HIV-AIDS global operation.

Chitando, and Gunda, write that a re-reading of the Hebrew scripture in the light of HIV and AIDS, will change the situation now for the better. Although the Church in Southern Africa is doing well in the struggle against the HIV-AIDS epidemic, there is still a challenge for the

church to eliminate stigma and discrimination (2007:185). Chitando and Gunda argue that a re-reading of the Hebrew Bible in the light of HIV and AIDS shows that God, in the Old Testaments, is more concerned with preserving life than in destroying it. This contradicts the stance of those who use the Hebrew Bible to justify the stigma and discrimination which they impose on those living with HIV-AIDS (2007:194). "In the Hebrew Bible, salvation entails the liberation of the community from forces that threaten health and well-being" (2007:197). Therefore, the HUC-PMB leadership, by breaking the silence on HIV-AIDS, will eventually help reduce stigma around it, sourcing their inspiration from the Hebrew scripture. The next paragraph deals with some negative responses the Church is offering in context of the epidemic.

According to Mantell et al, the Church does not support one of the primary HIV prevention methods, which is the use of condom; instead her emphasis is on abstaining and being faithful to one's partner. The basis of this stance is that the Church feels that allowing the use of condom will be seen as the Church condoning promiscuous behaviour (2011:197). In addition, Mantell argues that Christian denominations differ when it comes to preaching HIV prevention messages. They are some church leaders who perceive that addressing the issues of sex, condom use and HIV in the Church is not biblical, whilst some church leaders are aware and cautious of the issues of HIV prevention methods. They only allow the use of condom for those who are in marriage; they say nothing about the use of condom to the rest of the people (2011:198). The prevailing messages preached on the pulpit is all about refraining from sexual activities and being faithful to one's partner. The church embraces the cultural behaviour of not talking or preaching about sex, sexuality and HIV-AIDS from the pulpit, because it is believed to be a taboo to talk about it in public (2011:195). Thus, the HUC-PMB and her leaders feel obliged only to emphasize moral sexual lifestyle. Talking openly about sex and sexuality in the Church has proven difficult for preachers. This is one of the negative responses the Church is displaying within the Church and in the community in the light of the HIV-AIDS epidemic.

Magezi under one of his subtitles "*On being the Church: A System Approach"*, contends that a Church is made up of individuals who make up units that function to the benefit of the whole system. A practical example is that if some Christians are in pain, this affects the whole system in one way or another, and this demands that all Christians are to carry the burden together, in order to lessen or remove the pain(2007:102-103). The mandate Christians are given is to offer

care for all believers and non-believers with unconditional love; this reflects how Jesus cared for all human beings who needed help.

Theologically, the church is there to care, with compassion, for people who are in need and who are suffering. The parable of "the good neighbour" challenges the Church to offer the ministry of pastoral care without discrimination. As Christensen puts it, Jesus taught that a neighbour is someone who sees the need of another person and is willing to help. It is important to care for other people in need rather than having religious or social excuses for not doing so. The neighbour is any person who needs help regardless his or her wrong behaviours. The judgemental attitude towards people living with HIV-AIDS is not helpful (1991:37). Christensen asks this question "Is AIDS God's Judgement?" His response to this question is that, AIDS is not punishment from God. God can not punish those who have done nothing wrong, such as new born babies, caretakers, faithful partners. The author argues that it is unlike the way God acted in the New Testament, granting mercy through Jesus Christ. This ought to serve as an inspiration for the Church in its work of pastoral care to all who are living with the HIV-AIDS (1991:64). "The response called for is compassion that breaks down the barrier of "us" and "them" that commits to exclusivity within the Body of Christ, and treats people with HIV-AIDS with equal concern and care regardless of how they got infected" (1991:68).

Kharises asserts that women with the HIV-AIDS often tend to suffer more, and so the church ought to offer them especially effective pastoral care ministry to meet their needs. The church has the mandate to respond to the HIV-AIDS problem because it is theological and moral to do so. The Church possesses resources such as financial, material possessions, spiritual gifts as well as its own presence in the community (2001:36). These are among of the important resources in the struggle against the HIV-AIDS in the Church and in the community as well.

According to Kuman and McMillan, the Evangelical and Pentecostal Churches in Papua New Guinea are playing a key role on prevention of HIV, and in the whole issues of the struggle against HIV-AIDS. Churches provide support to people living with HIV, care and treatments (2013:83). But Church leaders are divided in to two groups, those who are conservatives and those who are liberals. Church leaders who are conservatives hold that an individual is totally responsible of his/her infection, while church leaders who are liberal understand that structural injustice plays a big role in the spread of HIV.

The above literature on church and HIV-AIDS have shown that there is little written about the many positive responses the Church is offering in the HIV-AIDS epidemic contexts. The great contribution the Church is offering is more on the grass-roots level, where services such as providing home-based care, health services, visits, food parcels, transport, and spiritual care (Olivier and Clifford 2011:369; Kuman and McMillan 2013:83). The Church on the other hand has some big challenges for fuelling the epidemic through her silence about sexuality and HIV-AIDS epidemic, and the stigmatization and discriminations which are still evident today.

2.4 Pastoral care

Taylor in his book titled "*Learning to Care: A Christian Reflection on Pastoral Practice*" defines pastoral care as the help given to all people so that they may live a full life or, a life 'in abundance', whether they have any physical ailment or not. "Pastoral care is interested in humanity in its strength as well as its unavoidable weakness" (1983:15). This implies that God is not only for those who seek help in their troubles, but also to those in peace and prosperity. In the context of the HUC-PMB, pastoral care ministry helps both people living with HIV to learn to live positively, and those HIV negative to stay that way. Pastoral care ministry helps everyone to support each other.

Pattison in his Book "*A Critique of Pastoral Care*" in the chapter titled "What is Pastoral Care Anyway?" postulates that pastoral care is a discipline of deeds, it is not just the theorizing of pastoral theology. The whole church is to get involved in both theorizing and practicing a pastoral care ministry (1993:5). Furthermore, Pattison emphasizes that pastoral care needs to be contextual; it should address a specific human need, at that particular location and on time, otherwise it will be an irrelevant ministry given in the same manner in the different contexts. Though pastoral care has no boundaries, it needs to operate consistently, wisely and should have a visible centre where theoretical and practical direction are given to all pastoral care givers by their Church leaders or pastors (1993:18). While Pattison is in agreement with Stone that pastoral care is a practical ministry with actions, Stone argues that pastoral care is the ministry done with Christian representatives, the next paragraph indicates this point of view.

Stone in his book titled "Theological Context for Pastoral Care Giving: Word in Deed" asserts that pastoral care givers have religious resources which are essential and expected to be used in the situations of crisis in people's lives. Pastoral care has its resources from a church

historical tradition, biblical heritage, and from the past experiences of ministers and believers (1996:18). In the same debate Stone is in agreement with the point of view of Oden.

Oden says pastoral ministry is to be led by Christian ministers. He comments in the chapter sixteen '*Ministry to the sick'* of his book, that pastoral care ministry is for both the clergy and laity; they are supposed to minister to all who are unwell. Nevertheless, the ordained ministers are the ones who are to usher or facilitate in the process, due to their call and the requisite skills they have acquired for the ministry. The other task of the clergy is to minister directly to those who are sick (1983:249). According to Oden, the ministry to the sick is informed and commanded by the Lord Jesus Christ himself and the apostles, who have laid an example by ministering to the needy in their time [Matt 25; James 5: 14] (1983:250). In addition, Oden argues that the analogy of the 'suffering Christ' helps the clergy and the laity to show that God suffers with those who suffer, and that God is present even when people are in pain. Drawing from Gregory's insights, Oden notes that Christ has gone through pain in his flesh and was patient (1983:254). Oden emphasis that there are many and different approaches to doing pastoral care due to the fact that there are also many different needs in the lives of people, so the clergy and laity are to be well equipped to be able to curb all these needs, (which means pastoral care is not only for the sick persons) in the Church as well as in the community at large (1983:269).

Patton, J in his book "*Pastoral Care an Essential Guide"* comments that care is pastoral once it deals with issues beyond the present situation of the lives of people, and at the bottomless pits of the situation, pastoral care tells the persons about their relationship with God and that theologically and practically, they are children of God (2005: 3, 30, and 47). Patton proposes that a pastoral care giver is supposed to be very receptive to the current feelings of the sick person, and their condition of mind instead of attempting to make the sick persons feel otherwise. If the situation of the sick persons and their family, looks miserable, then it is the task of the pastoral care giver to find out what are the real needs of the sick person, so as to respond effectively to the actual need (2005:65). People living with HIV in HUC-PMB have different needs, so it requires Church leaders and members to identify those needs in order to be relevant to their situations, and this requires a holistic approach to ministry.

In addition, Noyce, argues in his book titled "*Pastoral Ethics*", that the current tendency in pastoral conversation is to use psycho-babble and pop philosophy to find civic justifications

for public action rather than applying the word of God. God gave himself through Jesus as a sacrifice for all who are in bondage, so the bible ought to serve as the source of the pastoral care offered; no one has to claim self-achievement without referring to the image of God in him or her. "The responsibilities of ministry mean two things: the respect to the Bible, therefore faithfully and regularly steeping ourselves in scripture, and a conscious, intelligent effort in preaching, pastoral work, and organizational leadership to ground the life of the community of faith in the lively word" (1988:59). In other words the pastoral care ministry is to be grounded in the scriptures, the living word of God (Hebrew 4: 12).

Furthermore, Stevenson-Moessner in her book *A Primer in Pastoral Care* suggests that the scriptures are the prism of pastoral care, and so it important for the caregiver to know that there are many images of pastoral care which one can discover for him or herself (2005:37). As far as Stevenson-Moessner is concerned, pastoral care ministry is not limited to one image, it has the potential to serve in different creative ways as long as it is based on the love of God, fellow citizens, and loving oneself (2005:41). Stevenson-Moessner stresses that pastoral care is to be offered according to the situations and contexts. It is a requirement to be available to different individuals and accept the diversity of each personality. Basically, all pastoral care gifts are to be well utilized for the benefit of all people in their diversity (2005:40).

Gerkin in his book *Crisis Experiences in Modern Life: Theory and Theology for Pastoral Care* states that towards a theology of crisis ministry, pastoral theology has the task to restore people's faith in God as the source of life for all. Pastoral theology is the only means through which final security and divine intervention for all people are promised and revealed. But also, the participation of the human potential to give life is incorporated. When all human resources are limited in time of crisis, a divine transcendent help is needed (1979:310). Furthermore, Gerkin postulates that a person who is in crisis is passing through a sort of transformation, which demands change in an individual so as to respond properly to God's disclosure in that particular situation. And so, it is the pastor's role to be present and facilitate the spiritual formation, whereby faith in God is restored (1979:329-330).

Cole proposes first, that pastoral care necessarily embraces what has traditionally been called "the care of souls". Pastoral care is ministry of caring for the soul. Second, pastoral care takes place in the foreground of what is called "the Christian story." This means that biblical

narratives and theological principles essentially shape the way pastoral care is perceived and practiced (2010:715).

While all the above writers agree that pastoral care is religious-based and should be done by religious persons, in the next two paragraphs, Wright (1982) and SteinhoffSmith (1995) write as well from the biblical perspectives that any ministry of care is pastoral as long as it offers help to those in need.

Wright in his book "Pastoral Care for Lay People" writes that pastoral care can be offered by any person. Wright treats all actions of care as pastoral, and so it is not confined to professionals of religious orientation or Christian representatives (1982:3). For lay persons to care is vital because it is on one hand a response to unconditional love of God, offering help to those in need wherever they live (1982:6). Wright argues that pastoral care ministry should not only be done in the Church, but also in the community where care ministry is needed. Lay persons are the ones who must practice care in their society or community (1982:10).

SteinhoffSmith in his article "The Politics of Pastoral Care: An alternative politics of care" challenges Clebsch and Jaekles' definition of Pastoral care, according to which pastoral care does not include acts of care done by those who are not Christian representatives. He argues that any act of care is pastoral, even if it is done by an ordinary Christian or a non-Christian. He draws his insight from Jesus' teaching about who one's neighbour is. In this matter, a Samaritan, though he was not a Jewish religious representative offered pastoral care to the man attacked by armed robbers (Luke 10: 25-37). SteinhoffSmith furthermore suggests an alternative politics of care that no power relationships is supposed to be impose on the care receivers, but that both parties, the care givers and the care receivers are to participate in solving the problem concerned (1995:148).

One may argue that in some situations it needs first the humanitarian service to the person in crisis, and then latter the gospel of peace[6] can be as effective as it should to that particular person. The researcher poses one question to each part in these arguments. This question is addressed to the former eight writers, "Do all crisis need only Christian representative or church members to solve them?" The other question is addressed to the latter two writers; "Do all

[6] See Ephesians 6: 15, one of the full armour of God is to be ready to share the gospel of peace with other people, in this context a person may need a physical help first before sharing the word of God with that person.

crisis need only physical help? This also supports the point that pastoral care is not only for people in crisis, but for the healthy people as well (Wright 1982:102; Taylor 1983:15). This is applied to the HUC-PMB leadership in the contexts of HIV-AIDS that all people within and outside the Church, those living with HIV or those who are HIV negative, all need a holistic pastoral care. The people living with HIV-AIDS are supposed to live positively and those not infected are encouraged to embrace the life styles that assist them to remain HIV negative.

2.5 Church leadership

Church leaders are the key focus in this research; they occupy a very important position, which can be for better or for worse. This means they are the ones to lead the Church in all the Church is supposed to serve God and people. The next section gives the meaning of what is leadership? What is Leadership? Northouse, defines "Leadership is a process whereby an individual influences a group of individuals to achieve a common goal" (2010:3). In the context of the HUC-PMB, leadership is how a group of people called by God are able to lead others to serve God and their fellow human beings according to instructions God the Holy Spirit gives[7]. The researcher agrees with Northouse that a Church leadership is a function and not position, although a position may help a leader to influence and execute what the group wants to achieve (2010: 3). But what a leader does is that all is needed, the HUC-PMB leadership in the context of HIV-AIDS needs to demonstrate this quality.

Similarly, Lewis asserts that God calls people to transformational leadership. Transformational leadership requires Leaders who have a dream of where to lead people, who are well equipped with leadership skills, who are motivated to lead, who are willing to be transformed and to help others in the process of change (1996:2). This point of view Lewis is addressing is supported as well by Bank, R and Ledbetter, B. M (2004:125). Lewis describes transformation as a change in people's thinking. Leaders who are ready to accept change that goes with the will of God and his word, who are also willing to take action to meet the needs of others (1996:6). Lewis argues in relation to transformation of church leaders that leaders in the church deliberately and intentionally ought to submit to the Holy Spirit for their own transformation first, then as a result, will be enabled to influence change in the Church and in the lives of people. In the

[7]Definition of Church leadership according to HUC-PMB leaders.

same context, Lewis asserts that it will require a transformational leader to participate in God's mission so that the vision given by God could be fulfilled (1996:95).

The gap in the above literature concerns the vital question of why church leadership (the clergy) have mostly remained passive while the laity is already responding to the HIV-AIDS epidemic in a variety of un-coordinated ways. The literature has also revealed that the participation of both clergy and laity is the best way of dealing with the HIV-AIDS epidemic. This means that the laity alone or the clergy alone cannot effectively stem the spread of HIV-AIDS.

2.6 Theoretical frameworks

The theoretical framework of this study will be based on the pastoral care approach. Lartey, E (2003) writes seven pastoral care functions while W.A. Clebsch and C.R. Jaekle (1975) identified only four functions of pastoral care; these are healing, guiding, sustaining and reconciling. Then, the fifth function known as nurturing was added by H. Clinebell (1984). Lartey (2003) added the last two functions; these are liberating and empowering, hence these make up seven functions of pastoral care. The researcher will use these pastoral care functions as lenses in this study, to explore the HUC-PMB leadership role in the light of HIV-AIDS epidemic within and outside the Church.

According to Clebsch and Jaekle, healing as a pastoral care is a function that deals with the wholeness of a person; "the wholeness that comes by leading a person to advance beyond his (sic) previous condition. The wholeness, which pastoral healing seeks to achieve is therefore not simple restoration of the circumstance that prevailed before impairments began" (1975:33). The authors acknowledge that the healing, which pastoral care offers is not only of the soul, but refers also to physical body. "The Christian ministry of healing has often been exercised by especially charismatic persons. Some men and women with special healing powers have become holistically renowned as having healing gifts" (1975:36). Thus, healing as a pastoral care function in this study is concerned with both soul and body.

In "sustaining," as a function of pastoral care, deals with giving comfort to troubled people, though they may not be healed from their sickness. "Pastoral consolation serves to relieve one's sense of misery by bringing the sufferer in understanding that he (sic) still belongs to the company of hopeful living" (1975:45). For instance, people living with HIV, are encouraged to live a positive lifestyle. "Guiding," as one of the functions of pastoral care, has to do with

guiding or directing the persons in need in a Christian way. "The director is to help the penitent to know wisdom when a person sees it and to shepherd a person towards and into a disciplined Christian life" (1975:51). Church leaders are expected with church and community members to give guidance which will be appropriate no matter the circumstances a person is going through. "Reconciling" is the pastoral care function that deals with the cure of souls, and this means "helping alienated persons to establish or renew proper and fruitful relationship with God and neighbour" (1975:56). These are four pastoral care functions as far as Clebsch and Jaekle are concerned about the ministry of the Church to the people in crisis.

Clinebell adds a fifth function to Clebsch and Jaekler's functions of pastoral care, which he calls 'nurturing'. "The aim of nurturing is to enable people to develop their God-given potentialities throughout the life journey with all its valleys, peaks, and plateaus" (1984:42). In addition, nurturing as one of pastoral care function is important since people who are infected and affected by HIV-AIDS face a lot of challenges from which they need to rise and continue living their lives healthily. Nurturing is all about giving support, encouragement. As a consequence, pastoral care ministry is a daily need in the lives of people. It brings new growth at every stage of life. There is an individual and communal healing and growth when pastoral care is taking place in the Church and in the local community.

Lastly, there are two more pastoral care functions adding up to make a total of seven pastoral care functions, and these are liberating and empowering (Lartey 2003:41). Lartey suggests the need for a pastoral care ministry to be both liberating and empowering, and so these are practical pastoral care functions, especially in the context of HIV-AIDS, whereby people need to be liberated from self-stigma and stigmatization from the society (2003:41). According to Lartey liberation is a process whereby one person or a group of people, are made aware of the foundations of and the reason for oppression and domination in society, so that in turn they should free themselves. This oppression can be imposed on an individual or on a group by structural sources creating inequalities in that particular society (2003:42). All seven goals or functions of pastoral care are suitable for assessing how the HUC-PMB leadership can respond effectively in the light of the HIV-AIDS situation. One of the characteristics of all these pastoral care functions is that of their interdependence. All together when applied in any situation have the ability to offer the holistic pastoral care ministry. This might be a practical response to those who are HIV positive and others who are affected by the epidemic to receive a holistic ministry. These pastoral care functions are indispensable for such a holistic ministry. Thus, there is a

need for the Church leadership to look at this matter urgently, so as to curb the continuing spread of HIV infection through a holistic pastoral care ministry.

The elements of the theoretical framework provide the platform and help the researcher to identify ways in which the church can strengthen its pastoral care process. Furthermore, all seven pastoral care functions provide a wider approach or a wider range to be able to touch the whole person concerned. The framework also helps the researcher to argue that these functions of pastoral care are not seasonal, at our contemporary time in the light of HIV-AIDS epidemic, all pastoral care functions are needed due to their interdependence.

2.7 Conclusion

In this chapter, the literature review on Church leadership and HIV-AIDS, Church and HIV-AIDS, Pastoral care ministry, and the Church Leadership have been presented and discussed. The review has shown that church leaders are a vital part of the Church in the struggle against HIV-AIDS if the Church is to respond positively. The theoretical framework has been deployed in an analytical and critical way to access research findings of this study. The next chapter deals with research methodology and research design of this study.

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction

This previous chapter provided the literature review and theoretical framework. This chapter presents the methodology and methods used by the study for data collection to ensure that the study's critical question is adequately answered. The chapter also presents the limitations of the study.

3.2 Research design and paradigm

This study adopted empirical research methodology. This study was designed within the interpretive paradigm. The interpretive approach allows for meaning to be sought within context through interviews, and conversation with people in their own environment (see Kalof, Dan & Dietz: 2008). According to Cohen *et al.* described interpretive the research paradigm as a process which "begin with individuals and set out to understand the interpretations of their world around" (2007: 22).

This study adopted qualitative approach using personal interviews and focus group. According to Terre Blanche et al. "Qualitative researchers collect data in the form of written or spoken language or in the form of observations that are recorded in language and analyse the data by identifying and categorizing themes" (2006:47). The main reason for using qualitative research is to be able to get the profound information of life on the ground, face to face with participants in their context, where the actual life is lived and experienced. For instance using a technique of open ended interview gives more and reliable responses from the participants than that of questionnaires, which has been criticised for its limitation of bounded questions (see Kombo and Tromp 2006:92; Savin-Baden and Major 2013:359).

3.2.1 Personal interview

The interview was the primary source of data collection. Unstructured interview questions were designed to enable the participants freely discuss that subject matter of the interviews. The reason behind using unstructured interview is that, it is flexible to ask respondents more question for clarity and profound meaning (Savin-Baden and Major 2013:359). Unstructured interviews have the benefit of obtaining deep information from the respondents (Terre Blanche et al. 2006: 47). Using an unstructured interview method, this helped the researcher to ask

more emerging questions for more details and clarifications during the interview session (Kombo and Tromp 2006:100). Five pastors were interviewed after having signed the consent form. The participants (or pastors) were selected based on availability and intelligibility resulting from their long-years of experience in pastoral service.

3.2.2 Focus group

The main reason for using the focus group interview is to be able to hear another perspective on the matter, on how things actually are on the ground from HUC members' perspectives, and not only the perspectives of the HUC leaders, which may tend to be an official one in nature due to their position in the Church and in the local community (May 2011:143). In order to ensure availability of the participants and considering the timeline of the study, the researcher approach six people who are in the Praise and Worship team, which encompasses men and women, young and old. Among the seven prospective focus-group participants only four were available and were used for focus group discussions.

Focus group is described as group in-depth interviews (Welman *et al*., 2005). The group consist of a small number of individuals or interviewees that are drawn together for the purpose of expressing their opinions on a specific set of open questions. According to Fontana and Frey (1994), focus group approach, the researcher directs the interaction and inquiry either in a structured or unstructured manner, depending on the aim of the investigation. The aim of using group interviews is not to replace individual interviewing but to gather information that can perhaps not be collected easily by means of individual interviews. For instance, a researcher may be interested in the discussion of opinions by members of an organisation and use focus groups to try to establish how they react to each other's arguments. Focus group can also serve as elicit responses between the members of the groups. Focus group provides sources of information that can be obtained rapidly and at a low cost (Stewart and Shamdasani 1990). The disadvantage of focus group is that some respondents are unable to express their feelings freely because they are intimidated by the presence of other respondents in the group (Stewart & Shamdasani, 1990; Babbie and Mouton 1998:166).

3.3 Ethical issues

The researcher had observed all issues concerning code of ethics before starting embarking on data collection. The consent letters were first sent to the Church authority asking for the permission to interview church leaders and few church members who were going to be in the

focus group discussion. The consent letter explained the purpose of the study and that the participation would be based on voluntary participation in which the participants are free to withdraw at any point in time. The issue of confidentiality was also addressed to the respondents before interview was scheduled and identities of participants kept anonymous (Kumar 2005:214; Flick 2011:219; Babbie and Mouton 996:523). The research provided the demographic forms, which had unstructured interview questions that needed not to reveal names or identities (Wassenaar 2006:76). Also Ethical Clearance authorisation was obtained from the Higher Degree Committee of the University of KwaZulu-Natal to enable the research to be conducted.

The church's archival documents such as schedules, duty lists, minutes of church meetings, minutes of the church wings meetings, church flier[8] Church Newsletters[9] and the vision and mission statement were also analysed and used as secondary source of information. The information obtained from this source helped to establish the culture of the church, so as understand how it contributes either positively or negatively to the role of church leadership in the struggle against the HIV-AIDS epidemic.

3.4 Data Analysis

The data collected through interview and focus group was recorded, transcribed, and analysed using open code system. Thematic approach was used to identify themes and sub-themes that emerged from the data analysis. Thematic analysis allows in some instances for participants to be quoted verbatim in order to emphasise the point made (Cohen *et al*., 2007). Wilkinson (2000:77) suggests that the task of analysis is to assist the researcher to arrange data in a significant way using the emerging themes and sub-themes to present the emerging issues. The following steps were taken to analyse the data for this study:

Firstly, the collected data was organised in smaller units as an initial coding process, then read through the data several times in order to get a sense of emerging themes. The dominant themes and sub-themes were identified as they began to emerge. At this point, the identified themes

[8] The church's flier: Fountain of Love "Emthonjeni WoThando". Welcome to the PMB Assembly of Holiness Union Church. This Church's flier has a vision and Mission statement of the Church.

[9] March 2006 News Letter: Fountain of Love. A Pietermaritzburg Assembly of Holiness Union Church. This News Letter too has a vision and Mission statement of the Church.

and sub-themes were classified and categorise in chronological order. These themes and sub-themes were compared and contrasted against a wide spectrum of the literature and theoretical framework in search for commonalities and discrepancies. These themes were presented, integrated, summarised and justified for the readers' easy understanding.

3.5 Validity and Reliability

This study has applied the concept of validity in using two types of data collection methods, which are appropriate to answering the research question. These data collection methods are interviews and literature consultation. Kumar writes that the capability of being able to measure what was intended in the research project that is called validity (2005:153). Babbie writes "validity refers to the extent to which an empirical measure adequately reflects the real meaning of the concept under consideration" (1990:133). The task of the researcher is to ensure that the methods used to collect data, and the data gathered are appropriate for the study. Reliability deals with the research instruments which give consistent measurement. In other words, the research instruments used were capable of giving an accurate outcome. This was achieved by the researcher obtaining the real and actual data from the field, because after the interviews, the researcher was able to reengage for further clarification where necessary.

3.6 Limitation of the Study

The study adopted qualitative methodology. This does not mean that using quantitative method would not add some value to the study. Secondly, the data collected was quite bulk that it was challenging to see the entire data as a whole. The researcher being a member of the pastoral team might have overlooked some questions which could have elicited important data for the study.

3.7 Conclusion

This chapter have presented detailed methodology adopted by the study. This included the use of interview and focus group to ensure that the research questions are adequately answered. The next chapter is going to present the data.

CHAPTER FOUR
DATA PRESENTATION

4.1 Introduction

This chapter presents the study's findings and analyses. The data presentation was constructed in two phases. This includes group discussion and personal interviews. The interview involves five HUC-PMB leaders while the focus group discussion consists of four Church members of the HUC-PMB.

4.2 Personal interviews

4.2.1 Responses on Church leaders and their responses to pastoral leadership

- The first question required church leaders to define what their leadership role was in the HUC-PMB?

According to the first respondent, the leaders and the system that oversees the spiritual wellbeing of the Christian community comprises what is regarded as the HUC-PMB. The spiritual wellbeing of people is cultivated through preaching, teaching, pastoral care and counselling, bible studies, prayers, fellowship and offerings. Church administration is responsible of the day to day managing of church activities, resources and properties. The church leaders plan what should be done and how best to achieve set goals; they evaluate the resources needed, with the goal of Christian evangelization constantly in mind. In the context of HIV-AIDS, the Church leadership does play an important role in providing pastoral care to those infected and affected. In this case, the HUC-PMB leadership uses its spiritual and material resources in order to be able to minister holistically in the context of HIV-AIDS epidemic within and outside the Church.

Similarly, the responses from other two church leaders perceived church leadership as a spiritual and visible structure to enable church leaders to demonstrate and facilitate the process for church members to serve God and their fellow human beings according to their Christian faith.

4.2.2 The role of church leaders in terms of HIV and AIDS epidemic

- What is the role of HUC-PMB leadership in the context of HIV and AIDS epidemic?

The respondents to the above question tend to corroborate one another. They perceived leadership in ways that elucidate leadership as being an essential church structure. They all also agreed that pastoral leaders and leadership are perceived as service (or servants) to God; church counsellors; facilitators, God's own shepherds; social workers, educators, pastoral care givers.

The respondents unanimously showed that they have limited information and training in terms of the subject matter in general. This lead to the next corollary question of how do they hope to improve? And whether they would like to collaborate with health experts to boost their knowledge and awareness?

4.3 Responses on church leaders' collaboration with health experts as educators

- The next question required church leaders to define what their leadership role was in the HUC-PMB?

Three church leaders re-called a time when the church used to invite HIV positive people to come to church and testify and share their experiences. It helped people to hear what a church leader might not teach about or dare to share in the public. The working together of the Church leaders and these individuals who are HIV positive helped to educate people on some issues regarding HIV-AIDS epidemic. One of the respondents mentioned that the church leaders and experts must be willing to collaborate in educating the church and community members towards the prevention of HIV-AIDS.

Thus experts from the health department can be invited to address some of the issues relate to HIV-AIDS, which require explanation from professionals. Church leaders at this point in time must assume responsibility as educators and facilitators to ensure that people understand necessary information in relating to the epidemic. The collaboration between church leaders, people living with HIV, and professionals in the medical field is more efficient than when one group works alone.

4.4 Identification of the specific needs

- The next question requires the leaders to explain how they may like start educating the people about HIV-AIDS?

One pastor respondent had a strong point that since the HIV-AIDS epidemic issue is too huge to deal with; it requires church leaders to do their part. Another respondent suggested that the leaders need to begin with identifying the most pressing needs of the people.

Another church-leader respondent corroborated the above suggestion and give an example that are to the leaders of the church can start by supporting orphanage centres or orphaned families. The respondent further that leaders need to take this serious and handle it as a project that requires time in church schedule, financial support, and proper planning processes.

The identified issue of selecting the need may help church leaders to be strategic and specific in dealing with HIV-AIDS epidemic in the affect areas. The planning aspect must include sustained shun wasting resources in given crucial pastoral care.

4.5 Proactive Church leadership

- The respondents were also asked on what the church can do in the context of HIV-AIDS?

All church leader respondents suggest that proactive church leadership in the context of HIV-AIDS is a prerequisite. Another respondent indicated that Church leaders need to be exemplary; thus the church can effectively participate in awareness creation and prevention.

The respondent when asked to explain what provocation implies. The respondent replied that Church leadership must be the sign and responsible and active towards achieving of the vision and mission of the Church. Another leader emphasises that Church leaders themselves undergo transformation, which propels them to be active and skilled in the fight against HIV-AIDS. The proactive church leaders must be seriously involved in prevention, mitigation and campaigns for reducing HIV-AIDS. Church structures and policies must align with community goals and objectives in terms of HIV-AIDS prevention.

4.6 Transformed leadership that transforms the church and Community

- What is meant by transformed and transformational leadership in the context of HIV-AIDS epidemic?

One of the respondents raised the issue of empowering church leaders, members together an effective way of empowering the entire community. It is important to note that all the respondents tend to agree that transformed and competent church leaders will lead to transformed congregators and the community in general. The pastoral care function known as

empowering enables people living with HIV-AIDS to challenge or confront all cultural, political and socio-economic ills which tend to exacerbate pain of the people living with HIV-AIDS.

4.7 Church and the improvement in her tacit approach to HIV-AIDS issues

- Does the church work with the community in the struggle against HIV and AIDS?

A respondent to the above question who is a renowned church leader responded "no" to this question. The leader added that the church is doing very little and the worse is their tacit response to most issues about the epidemic. For instance, the use of condom being not promoted and in some cases regarded as a "sin".

Other two church leader respondents emphasised that collaborating with professionals in different matters helps to achieve a desired result both in the church and in the community. For instance, the church needs to encourage members who are medical doctors and nurses to participate even if it calls for volunteering. Another respondent added that transformed church leaders need to minister to professional; form organisation and platforms that can allow the community to benefit from their different skills.

The respondents however disagreed on the possibility of, and doubt the Church leaders' successful collaboration with the experts without the church being transformed in its certain principles and traditions. The advantage of this collaboration between church leadership and experts is that the HIV-AIDS burden is shared among all stakeholders, unlike if the Church leaders are working on their own.

4.8 The church's theological approach towards HIV-AIDS epidemic

- What is the theology of the Church in the light of HIV-AIDS epidemic?

All participants support the ABC model: **A**bstinence, **B**e faithful to your wife/husband, use **C**ondom if appropriate, and young people are encouraged to postpone sexual activity until they get married; although the use of condom is not supported by all.

Other two church leaders perceive the importance of using condoms but for those who are not born again Christians, but they are in church. One of the leader mentioned that condom may

be allowed where married people are not faithful to each other; if one suspects or has evidence that there is infidelity in their marriage relationship.

Most of the respondents tend to suggest that the Church should allow the use condoms for other benefits necessary to protect life and consolidate matrimonial affairs. The respondents however support the efforts of other organizations for insisting on the use of condom. This leads to a dilemma of the church leaders compromising their beliefs laid down by the church and of which the ministers are called to protect.

4.8.1 The denial of the epidemic

- The respondents were also asked in their opinion whether HIV-AIDS affects the church?

One respondent conceded that there was some sort of HIV-AIDS denialism in his Christian families of which is traceable to how the church views the pandemic. Secondly, when people are expected to be born-again Christian couples, in that manner denialism becomes the order of the day. The respondents also claim they have a mutual fidelity in their relationship, but their body language (as observe by the researcher) also show some level of insincerity.

One of the respondents when requested to talk about any of the relative's attitude to HIV prevention. The respondent acknowledged that some relatives are HIV positive. These relatives were positive because they are neither born again Christians nor members of the church. This raises an issue of whether the church does not need to lower its perceptions when it comes to HIV-AIDS pandemic.

4.9 The focus group discussion and responses

The responses from the focus group discussion are presented according to the flow of the discussions, as well as the flow of the emerging themes in relation to the study critical questions. The themes and sub-themes presented in this second phase of data presentation aims to answer the research questions as indicated in chapter one.

The discussions are stated below:

4.9.1 The HIV-AIDS consciousness

Under this theme, two respondents in the focus group discussion remembered that four years ago, the church used to have a 15 minutes slot before the preaching session to create HIV-

AIDS awareness. The Church leadership used to make the Church conscious about HIV-AIDS by inviting those who were already living with HIV to testify on how they are coping and the best ways to protect one's self from being HIV infected. The Church leadership also invited experts from the department of health to address the church on how the disease has developed and to suggest ways of preventing the rapid spread of the virus. Also, these health officers used to offer advice on how to take care of those who were HIV infected. This was especially important due to the fact that during the process of caring for those who were sick with HIV-AIDS one might get infected. The other two participants, who are suspected to join the church at a later stage, were amazed to hear about this attempt, and they were asking why the programme is no longer operating at this contemporary time, when it seems to be needed the most. So their suggestion was that the programme has to start again. Their reason for this is that the Church has children and new believers, who definitely will benefit from these sorts of programmes.

Church leaders are expected to be role models in this mission. Unlike other civic and social organizations who merely deal with social issues, the church leaders deal with both spiritual and social matters, including the HIV-AIDS epidemic.

4.9.2 The formalization of HIV-AIDS programmes in church

All respondents in the focus group agreed that it is vital for the Church leadership to formalize their efforts towards curbing HIV-AIDS, which means, it should be among the programmes of the Church. One respondent pointed out that church groups are not involved in any HIV-AIDS awareness activity. For instance, youth wing programmes only focus on how youths can get involved or be in healthy (good) relationships. And so he think the perception might be that the Church leadership assume that already young people know about HIV-AIDS as something which is dangerous. Therefore, they call for the church leadership to make this issue official. One of the respondents emphasized that not every member might be well aware of the dangers of the epidemic, or has enough information as the Church leadership might like to think, and so it is not helpful to generalize this matter.

4.9.3 The access of comprehensive HIV-AIDS information

The information on the HIV-AIDS should be easily accessed for young people, although all people in the Church and in the community need information. Church leaders are expected to

be informed in the HIV-AIDS. It is a wrong perception, all in the focus group discussion agree, for the church leadership to assume that already young people know about HIV-AIDS.

4.9.4 The Church Activities to Integrate HIV-AIDS

One of the respondents commented the importance for the HIV-AIDS to be part of the church activities For instance in the sermons, Bible study, Church wings gatherings and speeches. It is the church leaders' intention and deliberate effort which can even be more creative to make sure the HIV-AIDS massage is clearly delivered to the people. All respondents agree on church leadership role to make it possible that the HIV-AIDS is part and parcel of the programmes that operates within and outside the Church.

4.9.5 The Incorporation of HIV-AIDS in the Church Programmes

All respondents in the focus group discussion comment that there is no activities relating to the HIV-AIDS in the church. One respondent contends that even the wings of the church are not involving in any HIV-AIDS awareness activity. For instance youth wing programmes are only focusing on how youth can get involved or be in healthy (good) relationships. So the perception is that young people already know about HIV-AIDS. The researcher observed several men's meetings; none of them brings in a topic of HIV-AIDS. The topic which dominates is men should not behave violently towards women, men should take care of his health and man should have healthy friendships. There is no specific topic on HIV-AIDS. The Church leaders are to see the opportunity that every wing Church meeting provides as a means to spread the message about HIV-AIDS. One however may argue that if church leaders do not initiate this, it is much difficult for a church member to try and raise this matter.

4.9.6 The church and the Management of stigmatisation

The church leadership has the mandate to create a space favourable for people who are in crisis that they should be able to share their concerns with confidence. Otherwise in the light of the HIV-AIDS, if one may rather keep quiet, stigma and discrimination will not be avoided. In addition, friendly environment for HIV positive people to disclose their HIV-status must be put in place, so that self-stigmatization, stigmatization and discrimination from family, friends and people in the community are minimized. One of the focus group members suggested that the Church leadership ought to be open and closer to the people so that some who are infected or affected should find it easy to disclose their HIV status and also help others who are in the same situation. The onus is on the Church leaders to make sure that those who have gone out

for whatever reason, including being HIV positive, are brought back to the fellowship of all believers. Church leaders are also responsible for reconciling the community with those who have been stigmatized and discriminated or even being isolated from the daily activities and social life of the community. The same participant stressed that as a church "We are lost for not helping the lost (survivors of HIV-AIDS epidemic).

4.9.7 Retribution theology and the perceptions towards HIV-AIDS

The stigma and discrimination in the church and community is perhaps what makes some people with the virus perceive themselves as unworthy and unwelcomed. The Church leaders for not addressing the whole issue of the HIV-AIDS and its related diseases create the ground whereby the PLWHA feel that they are not identified specifically in their needy situations. One respondent in this focus group raised the issue of retribution theology that the Church is preaching in all other sorts of issues, for instance giving offering. They seem to say that if a person does not give, the blessings of God will not come to the person. This implies that if a person does something wrong; he/she will eventually reap it. In the context of the HIV-AIDS even if church leaders do not point fingers to HIV-positive people, this is the general understanding, namely, that HIV is because of their wrong actions. Some of the PLWHA have internalised this type of theology. The PLWHA are self-stigmatizing by accepting what other people say about their condition.

4.9.8 The silence and none actions on HIV-AIDS epidemic

One respondent gave an example about her sister. "I have a sister who felt she didn't deserve to be helped and loved, until the family came close and helped her to understand that they are there for her." They showed her love and practically supported her with whatever she needed.

The silence also tends to stigmatize victims of HIV, because they feel that may be church leaders and church members you are shy to talk about their problem. The issue of sexual misconduct is considered among the major means of HIV transmission. This too contributes to stigmatize and discriminate HIV positive people. Thus, Church leaders or the HIV victims both contribute to the stigma. One respondent commented that sermons are to be one of the ways to take the message of HIV-AIDS across to people. The pastors or church leaders should be sensitive and sending positive message about HIV-AIDS. Thus the messages that promotes life not otherwise.

Church tacit response is attributed to Fear of offending or stigmatized people living with the HIV-AIDS. All respondents had an assumption that church leaders do fear to offend and stigmatize people by talking about the HIV-AIDS epidemic in Church. So the strategy used is to keep quiet until a person shows up and discloses his or her HIV status, and then the church leaders will not accept and offer any kind of help they can to this person.

4.9.9 HIV-AIDS association with Promiscuity behaviour

All respondents agree that the big problem of HIV-AIDS related diseases is how they are associated with sexual misconducts. Without doubt the main means of transmission remains to be through sexual activities. But they are people who contacted the virus by other means. So linking the HIV-AIDS and promiscuous behaviour is just for some people, and so those people should not represent others in that category. One participant argued that the reason why church leaders are not talking about the HIV-AIDS is because it's mainly transmission method is through sexual activities.

4.10 Conclusion

In conclusion both the responses obtained through personal interviews and focus group discussion reflects on how church members of HUC-PMB perceive the issue of the HIV-AIDS epidemic and what the role of Church leadership within and outside the church would be. The next chapter engages discussions and analysis based on the data presented in this chapter.

CHAPTER FIVE
DATA ANALYSIS AND DISCUSSION

5.1 Introduction

The previous chapter presented the data collected using interview and focus group. This chapter discuses and analyses by weight the theoretical framework of pastoral care with the study's literature review to ensure that study's critical questions is adequately addressed.

The key research question to be answered is: *What are the challenges posed by the HIV-AIDS epidemic to HUC leadership in Pietermaritzburg KwaZulu-Natal?*

5.2 Challenges posed by the HIV-AIDS epidemic to HUC-PMB

5.2.1 Culture of silent

The findings have revealed that breaking the silence on issues relating to sexuality is one of the powerful weapons against the rapid spread of HIV, but at HUC-PMB this is far from being realised. There is a tendency of saying, it is an African culture not to talk about sex in the public. This scenario worsens the state of the HIV-AIDS epidemic as such brings more harm within and outside the church. Khathide (2003:2-3), in the article *Teaching and Talking about Our Sexuality A Means of Combating HIV/AIDS*, argued that to break the habit of silence around sexuality, it has to start at home between couple. Then there is a need to create a space and preferable environment for parents to talk about sex with their children because it is paramount important for the HIV prevention interventions to succeed. The church leaders therefore are challenged to encourage discussions on sexuality and sex as that may help to improve the awareness creation. One may argue that culture should not be as an excuse for parents not to do their parental duties on issue of cultures as in other spheres of life. Furthermore, Rose Materu, (2011:192) asserts that the Church's response has not been effective; one of the challenges is for the church to be more gender-sensitive in the context of the HIV-AIDS epidemic. "Breaking the silence around sexual matters through open dialogue which involves both men and women can eliminate risky behaviour by individual or couples, thus creating an atmosphere of love and mutual trust" (2011:192). Thus, church need to develop the proper theological stand and that can directly speak to patriotism, gender inequality and

discrimination that are gender based, violence against women and children. These are factors that reinforce that menace of HIV-AIDS.

Another important aspect which contributes to the silent on HIV-AIDS epidemic in and outside the church is the rigid and fundamentalist theology around sex and sexuality which has taken prevalence in the church. Khathide challenges a traditional theology that sex has been regarded as an evil thing, which belongs to the devil. There is an understanding that one cannot love God, as well as sex at the same time. One should love others as one loves oneself and should not be made to choose between God and sex (2003). According to Khathide human sexuality is a gift given from God and it should be used properly, especially in the context of the epidemic (2003:6 and Haddad 2006:89). The finding seems to suggest that the church leaders have the duty to teach proper Christian education that also addresses and leads to the defeat of HIV-AIDS scourge. Sexuality has not been treated in equal manner, men have been dominating women's sexuality, and so the HIV spread is inevitable. This happens when a married man who is HIV positive demands sexual intercourse to the wife without any protection for his wife. Or a widow who the husband has died due to HIV-AIDS-related diseases agrees to sleep with a brother or relative of her husband without protection.

Culturally, a lot of negative attitude toward HIV prevention are the outcome of the exiting cultural practices found in different African countries. These practices include ritual such as cleansing. In addition, Khathide writes "more specifically, oppression is seen in sex, where a woman is considered as an object with no sexual feelings of her own. Married women must be able to feel free to express themselves sexually and in making decisions concerning sex and their health ((2003):7). The Church leaders are accountable to make sure culture does not contradict the scriptures which acknowledge that all people are equal before God[10]. Galatians (3:28) "There is neither Jew nor Greek, slave nor free, male nor female, for you are all one in Christ Jesus". And that all people are the image of God[11], Genesis (1:27) "So God created man in his own image, in the image of God he created him; male and female, and he created them" Therefore the scriptures are calling for dignity and respect for all people in all spheres of their lives.

[10] See Life Application Study Bible. 2005. *New International Version*. Illinois: Tyndale House Publishers, Inc.

5.2.2 Stigmatization

This study has also shown especially from the focus group discussions that stigma is in itself a "killer" of the struggle against the HIV-AIDS. Stigma should be minimized if not totally eliminated in the church as well as in the local community. The word 'stigmatization'[12] in the light of the HIV-AIDS it means to treat unfairly and disapproving those who happen to be HIV-infected and affected. Stigma is obvious within and outside the church, and so it demands efforts from both church and community participation on eradicating it from the society. One awful effect of stigma is that makes people get afraid even to go for HIV test, and if this the CD4 count in the blood to become low, due to delaying for medications, then the HIV starts to diminish the body immune system[13]. Van Dyk states that the earlier the better for HIV infected person to start treatment (2012:107). Thus, the HIV medications assist to enhance the immune system and also more important a person needs to change the lifestyle and live the healthier one.

Stigmatization does cause people not to disclose their HIV status. One factor is the tendency of people associating HIV infection to sexual misconduct. Scientifically, the HIV-AID has been known to be transmitted through other means other than sexual activities. The fact that HIV-AIDS is transmitted through sexual intercourse does not justify the condemnation often imposed on those living with the virus, innocent people (fidelity men and women) and children. Magezi points out that in Africa the HIV infections are mostly due to negligence, except when it comes to children who are being raped (2007:28). In addition, Magezi (2007:17) asserts that "In South Africa, which could also the case in other African countries, sexual HIV transmission is responsible for 86% of case (i.e. 79% heterosexually and 7% homosexually)" (2007:28). The church and her leaders have been part of those who have said HIV-AIDS is a punishment from God[14]. In this study has not plainly revealed that HUC-PMB leaders are preaching this message, but for HUC-PMB leaders to be silent in this context, one may presume that the

[12] See Cambridge Advanced Learner's Dictionary 2008. 3rd Ed. Cambridge: Cambridge University Press.

[13] SAVE TOOLKIT. *A Practical Guide to SAVE Prevention Methodology*. INERELA. See under the section 'What is HIV? : Why is HIV different? 10.

[14] Gerald West, Reading Job 'positively' in the context of HIV/AIDS in South Africa. Concilium 4 (2004): 112-124.

Church has the same stance regarding HIV positive people being punished by God, unless the church leaders break the silence around the HIV-AIDS within and outside the church.

However, Van Klinken writes that the church's responses to HIV-AIDS has been through community based responses and prevention through moral teaching. "It follows from this that HIV is not considered as something outside the church, but as something affecting the church precisely because it affects people in the community…Apparently the Bishops are aware that the moral discourse on HIV runs the risk of stigmatizing people living with HIV, as they state in a nuanced way that 'the cause of the disease itself is not a sin. Hence they emphasize that the church should not judge but rather show compassion following the example of Jesus Christ" (2011:89-91).

5.2.3 The Need for the development of a theology of life

The study has also made known the need for a theology of life promoted especially places where little has been done by the government towards the prevention of HIV-AIDS. Ruele, in the article '*Facing the Challenges of HIV/AIDS in South Africa: Towards a Theology of life'* writes that theology of life emerges out of the experiences people face, these be pain and suffering, which have been caused by someone or something to threaten life(2003:78). Ruele further argues that HIV-AIDS is threat to the life of mankind as it affects social, economic and political affairs of the people (2003:79). Theology of life comes as a response to all these life frightening aspects, church leaders are to lead the church and community and allow theology of life be reflected in all aspects which endanger life, in this case HIV-AIDS is one in particular. HUC-PMB must ensure through their pastoral care that lives of people in and outside the church are not endangered and frightened by HIV-stigmatising reactions. This is in alignment with Jesus' declaration in John's gospel that Jesus came to offer life to everyone in full (10:10b).

5.2.4 Inability of the Church to build successful culture of communalism

This study shows that HIV-AIDS is a serious epidemic ever emerged, and so requires everyone, everything, and every method to be combined together so that to be able to tackle the issue holistically. It also suggests that if one part does not play its role, the other parts get affected. As one of the strategies of fighting the HIV-AIDS, the analogy of that the Body of Christ has AIDS, is so powerful. This however motivates the spirit of people to work together, whether in the church or in the community towards the eradication of the epidemic. Moyo points out that the body of Christ has HIV-AIDS due to the fact that if one part in the body of Christ is infected or affected by the epidemic, this implies the whole church is affected. As a result, this

analogy of the Body of Christ, according to Moyo, challenges the denial attitude of the Church that HIV-AIDS is not in there (2006:29).

The research also shows that HIV-AIDS is present in the church, and so this demands all church leaders and members in and outside the church to set aside all their difference according to their faith affiliation, race, ethnic groups, political party, and with all the means they have and resources are to be used to stop and alleviate HIV-AIDS epidemic. In other words, for African people the concept of Ubuntu has to be embraced on these HIV prevention interventions, care and support for those living with HIV.

5.2.5 Negligence to the sign-of-the-time role of a leader

For this study, the leadership which is portrayed with HUC-PMB leadership is likely to fall under the type of transactional leadership, which has the mandate to make the church operate smoothly for its own sake. Alternatively transformational leadership which can always attempt to make a difference in precarious situation, whereby HIV-AIDS epidemic is affecting both church and community members. Lewis contends that Church leaders ought to be devoted under the leadership of the Holy Spirit to allow their own transformation first, while at the same time to be the driving force of the transformation of their churches and communities (1996:14). The church leaders can initiate transformation or hinder it in themselves or in the church, which in the process affects their communities as well. Haddad (2006) points out that the church leadership is responsible of making sure the Church is a place of redemption from all sexual and gender oppressions. Culture transformation is needed where women are not allowed to practice their sexual life with dignity, whereby men are the ones who dominate sexually. Thus, the transformational leadership is the ideal in pursuit for HIV-free generation. James as a member from a focus group discussion had this to say on behalf of people who are infected and affected by HIV-AIDS in the HUC-PMB: “They feel Church leaders are not closer to them as it should be, the principle of “batho - pele” putting people first, is not evident at HUC, more especially in the light of HIV-AIDS epidemic.” Another respondent from the focus group discussion by the name Thando had this to say against HUC-PMB leadership “There is nothing going on as far as HIV-AIDS is concerned, the church leadership has no any policy or guiding principle around this matter”. Therefore the role of HUC-PMB leadership has been challenged in the context of HIV-AIDS on behalf of those who are infected and affected.

5.2.6 The problems associated with patriarchal and hierarchal leadership

The church structure which is hierarchal in its leadership system is ineffective in the struggle against the HIV-AIDS epidemic. This does not take seriously the issue of participation of all people in the Church. For instance, women Church leaders are important. They are the majority in church and allowing them participation will bring in voices which were missing. The ministry of helping those who are in need is the responsibility of all believers, both leaders and members of the church. Church leaders are responsible for influencing the whole church and community to participate in the HIV prevention intervention and offer care and support to those in crisis.

5.2.7 The Denial of Church leadership towards HIV-AIDS epidemic

All focus group participants suggested under this theme that denial about HIV infection is still alive. On the side of Church leaders the denial is that there no cases of HIV infection in the church, while the reality is that they are HIV positive people in church. Another aspect of denial is that of the myth of being immune to HIV, because one is a believer or born again Christian. Pastor Job said this in the interview "I have not taken serious this issue of HIV, up to the time you asked if you can interview me, because I think I am safe and the way I conduct myself and my wife, we are safe"[15]. The doctrine of the church says the Gospel of love[16] will be preached, unfortunately, this is contrary to what Pastor Job is saying, just because he and his wife are safe from HIV infection, and then others are to face the consequences of their actions.

The fact that believers who are following the suggested HIV-prevention methods are hardly going to be infected by the virus, but this is not the case. HIV epidemic is a universal problem; it is either you are affected or infected as the case may be. The reality in this contemporary time is that in the church people lack mutual fidelity for all sorts of reasons, and so it is for church leaders and pastors to acknowledge this problem and be responsible for any plausible pastoral remedy. Denis) says "this sort of representation of HIV-AIDS leaves aside the phenomena such as gender violence, wars, migration, social inequality and poverty which

[15] Church leadership interview, the researcher interviewed Pastor Job as one of the HUC-PMB leaders

[16] From the Church's vision in March 2006 News Letter: *Fountain of Love*. A Pietermaritzburg Assembly of Holiness Union Church

prevent individuals from exercising any real control over their sexual lives, thus these are situations which are contributing a lot to the spread of the disease"(2009:71).

However, facilitation is crucial when the church is working together with community members who are not necessarily part of the church. Faith and denominational differences are more likely to well tackle when church leaders are adequately equipped to ensure the common good is served for all people in the society. The issue of mutual collaboration with other organizations is also vital as HIV-AIDS is no longer a personal matter but a question of human rights.

5.3 Church leaders as agents of change and hope

All respondents in the interview schedule and focus group discussion agree that leaders in the church as well as in the society are perceived to be the agents of change and hope. The issue of change in any organization or society involves the process of transformation. Church members or people in that particular society are aware of the challenges or difficulties they face and so they want solutions to the problems. One might argue that the HIV-AIDS is a real problem at HUC-PMB, and it requires change in terms of ministering and getting involved in the HIV prevention campaigns. This should be done in both the church and the community. The fact that Church leadership at HUC-PMB has been silent in this matter is worrying. In addition one may suggest that it takes church leaders to influence and do the implementation of strategies of HIV interventions programmes. Lewis points out that a transformational leader is weighed in a way he or she empowers others to become part and parcel of decision making so as to sponsor a holistic approach in societal problems (1996:31).

The Focus group discussion respondents agreed that the impact of HIV is felt in the church as it is in the community. The challenge is that people are not so much open with their HIV status, and some do not go for HIV test. This makes it difficult for church leaders to know exactly the statistics of the HIV prevalence. Two church leaders tried to estimate the percentage rate of the HIV prevalence in the church one said it can be 20% and the other said 30%. This says something about the reality of the HIV-AIDS epidemic in the HUC-PMB. Church leaders need to get comprehensive information on prevalence rate of HIV infections in their location and strategize on how to respond positively to the epidemic. Church leaders must have correct information for them to respond correctly. Estimation will not reveal the actual situation of the epidemic. According to Minister of Health Dr. Aaron Motsoaledi KwaZulu-Natal province is still leading with the highest prevalent rate of HIV infections in South Africa. Haddad says:

“For these leaders, funerals are the order of the day with burials of young people occurring weekly. Because it is their job to deal with death they, more than most, experience the reality of rising rates of morbidity. Death, it seems is all around them” (2006:83). Although Haddad did her research at Vulindlela community, both HUC-PMB and Vulindlela community are in the same Msunduzi District.

What is needed for HUC-PMB leadership is to respond positively to the epidemic. The statistics of the highest prevalence rate of HIV infections in KwaZulu-Natal shows how serious need for church leaders to get involved as soon as possible and in an effective manner as well. One may agree with Parry that in the present of HIV mitigation and prevention failure the HUC-PMB cannot be exonerated from the failure. The participation is need. The HIV-AIDS epidemic must be prevented at all cost and with all available means.

However, breaking the culture of silence is a serious concern. One may argue that for church leaders to be silent on the light of the HIV-AIDS means they are not willing to give support to those infected and affected by the HIV-AIDS. The influence of this silence could be religious or cultural. Whatever the influence is, silence does more harm without any good. Silence also tends to stigmatize those who are HIV positive. The issue of unspoken sexual misconduct is the major cause of HIV transmission; and this contributes to branding the infected as sexually perverse. Thus, Church leaders and HIV victims both contribute to the stigma. Church leaders have to mention that the HIV-AIDS must not be equated with promiscuity. People living with HIV are required not to allow the self-stigma or stigma from others to rule their lives.

Church documents clearly show that the Church ministers to all irrespective of age, gender, and situational groups in the Church. Meeting has also been convened to tackle relevant HIV issues and members of the church have played a role in conducting these meetings, yet more need be done. The study has discovered that the church members living with HIV do not have a support group because it is assumed that church members do not suffer HIV-AIDS. There is increasing need for relevant support group to be formed by the church to support people living with HIV towards the benefit of the entire community. The support group would provide the platform whereby the infected can deal with their problems, rather than the church leadership trying to solve problems for them - which also is not practical or effective. Lartey argues, pastoral care and its purpose is more than the care offered by social workers, community

workers, nurses and therapeutic counsellors, because of its spiritual aspect it possesses. The pastoral care ministry assists people to know their own experiences in life. It makes them aware of Christian meaning in their lives (2003:61). Thus, the point the researcher is making is that all pastoral care functions are there to complement each other, for church leadership's role to be effective against the impacts imposed by the HIV-AIDS within and outside the Church.

5.4 Stigmatization, Discrimination, and Isolation of the infected

There is great potential for HIV person who is afraid of stigma not to disclose his or her HIV status. This may result in spreading the virus intentionally or unintentionally. All Church leaders and focus group members are determined to make sure they have strategies in place which will discourage any tendency or attitude of stigmatizing those infected by HIV. They have realized that to be able to succeed in the HIV prevention intervention campaigns, stigmatization, discrimination and isolation have to be vehemently discouraged. Church leaders are to be a good example against stigma through their attitude and ministry. The theology of life must be embraced so that Church leaders are able to handle this issue of HIV-AIDS in a manner that will accept and support those infected. Theology of life affirms life giving actions and decision making. Jesus Christ as the role model for church leaders offers life and life in full[17]. The research has demonstrated that education on the HIV-AIDS is vital; people need to be educated on how to protect oneself and others from HIV infections and to treat those who are HIV infected with respect and dignity if the struggle against the epidemic must succeed. Church leaders can acquire more required skills and they have influence needed already; they are the potential candidates of leading the fight against stigmatization. One pastor shared that his sister is HIV positive and because they used to warn her the way she was behaving sexually, now she feels like she does not deserve to be with them; she tends to isolate herself. The focus group discussion came up with an example of another person who was isolating herself from the family after she discovered she was HIV positive. Fortunately, the family understood the situation and went to see her and offered care and support. In this situation church leaders have the task to educate people that it is not God punishing those who are HIV positive, as some of

[17] John 10:10b Jesus said "I have come that they may have life, and have it to the full". See New International Version. 2005. *The Life Application study Bible.* London: Tyndale House Publishers. The Bible text used in this edition of the Life Application Study Bible is Holy Bible, New International Version.

them such as children have done nothing wrong. The HIV/AIDS can be contracted unfairly, and even if it contracted through reckless behaviour, those infected have to be accepted and supported in either way for them to live positively and have access to ARVs.

5.5 Empowering Church leaders and members

The issue of empowerment[18] in the church and community on the HIV-AIDS epidemic requires Church leaders to be empowered first, then their followers. Two church leaders asserted that Church leaders are to be empowered so that in turn they will be able to empower their church and community members. There are different levels of empowerments; one can be for an individual as a person, or for the church and for the whole community. But all will follow the same processes that are: participation, collective decision making and collective action[19]. Understanding how to be effectively involved in the HIV prevention, care and support of those living with HIV, these require for participation in dialogue and well as in action[20]. During the focus group discussion respondents suggested that church leaders' training or empowerments is inevitable across the board, for the whole church to make a significant difference in this era of HIV-AIDS epidemic.

In Swahili there is a proverb which says '*Umoja ni Nguvu'* (Unity is power); it implies that all hands must get dirty in the struggle against HIV-AIDS. It is on this ground that church leaders are called to be proactive in initiating the process of HIV prevention with love, so that the whole people of God are encouraged to participate. In the ministry of Jesus all people were accepted to be part of the church or followers of Jesus Christ as long as they believed in him. For instance, the story of Jesus and adulterous woman; Jesus handled the issue of the woman caught in adultery by pastorally disarmed the mob that was ready to stone her to death. Jesus did not condemn her as the crowd that brought her to him expected; instead Jesus challenged the people wanting to stone her, that they had no right because they were sinners too. Jesus

[18] Empowerment is the process by which individuals and communities are enabled to take power and act effectively in transforming their lives and environments. Or the ability of people to gain a critical understanding of the social, cultural, economic and political forces that structure their reality and to assess to what extend the WHO's fundamental conditions apply to their situations. See Van Dyk, Alta C. 2012. *HIV and AIDS education, care and counselling: a multidisciplinary approach*. Cape Town: Pearson Education, under the *Theories of Behaviour Change: Aids Education and empowering* 149pg.

[19] See Van Dyk, Alta C. 2012. *HIV and AIDS education, care and counselling: a multidisciplinary approach*. Cape Town: Pearson Education, under the *Theories of Behaviour Change: Aids Education and empowering* 149pg.

[20] See Gadotti, M. 1996. *Pedagogy of Praxis: A Dialectical Philosophy of Education*. New York: State University of New York Press.

gave the woman a second chance to live, and for doing this, Jesus saved the woman from both physical and spiritual death (John 8:1-11)[21]. Today the church leaders and members are challenged not to judge people living with HIV, instead to serve them with God's love, even if some may be guilty of being HIV infected. In addition, empowering people to do the right thing with love helps to avoid an attitude of judgement. Gaga, (2010:87) points out that "It is therefore imperative for church leaders to deal with stigma within and outside the church, and to educate people not to condemn PLWHA as being punished by God. This can go a long way in accommodating PLWHA as full members of the church and the community". Therefore trainings to acquire necessary skills in order to serve people in the context of HIV-AIDS are vital for the whole church, starting with Church leaders.

The above biblical illustration should be regarded as the mission HUC-PMB has accepted to undertake in this era of the HIV-AID epidemic. On the contrary to this mission led by Jesus is the today's silence and tacit response the church shows towards the epidemic. Again this is another way the church can be an exemplary of God's unconditional and unfolding love by demonstrating radical love and action towards the "needy."

Dortzbach and Long write that the majority of people who are unable to access treatment and proper food nutrition and favourable environment to live in are at risk of dying instead of being able to survive. The access of all these essentials of life is necessary for people living with HIV, if they must live longer and healthier ((2006:104). In addition, Dortzbach and Long suggest that the access to ARVs is as important as the access to balanced diet and other medicines. Nutritious food assists the sick person to recover and without it; the person taking ARVs cannot not live long and healthy. The medications for other infectious diseases need to be available as well ((2006:109). The HUC-PMB leaders might not be at a position of supplying ARVs, but the church have a lot to provide to people living with HIV, that is care, acceptance, support, and encouragement.

Church leaders and focus group discussion have one thing in common: that in this era of HIV-AIDS epidemic, one church cannot succeed alone trying to struggle against the epidemic, and

[21] See New International Version. 2005. *The Life Application study Bible.* London: Tyndale House Publishers. The Bible text used in this edition of the Life Application Study Bible is Holy Bible, New International Version.

so the church leadership should corporate with other organizations. As Denis (2009) contends, Church leaders alone with their Churches as an individual cannot be effective in this struggle against HIV-AIDS; this requires them to combine forces with other stake holders, in order to achieve the required results (2009:67; Kuman and McMillan 2013:84).

5.6 Potential remedies

In ensuring adequate response to the study critical question, the problems facing the church HUC-PMB were discussed above as they emerged from the study's findings. In relation to the above identified challenges facing the church the following possible solutions have emerged:

5.6.1 The corporation between Church leadership and community

For the HIV prevention to be a success, the church and the local community should work together because church members also form the community and are part and parcel of the struggles the community embarks against the epidemic. In other words, the wellbeing of the Church community has impact in the local community and so both communities need each other, and they can complement each other on shortcomings. For instance, the stance of the church concerning the usage of condoms as one of the HIV preventative methods is not easily acceptable with some church leaders, but other organizations can promote condom use because not all community members are Church goers or believers in those churches. Also regarding the spiritual aspect which other organization do not offer to people living with HIV, the community of faith (the church) is there to cover for this solution.

5.6.2 Developing a Culture of Communal living

As African church leaders the aspect of community is still alive, and so church leaders are to take advantage of that as a strategic feature in the HIV prevention campaigns and in the efforts of caring and supporting HIV infected and affected people. In South Africa the term Ubuntu plays a significant role that people are there for each other. Ubuntu draws from biblical teachings. The metaphor Saint Paul uses concerning the unity in the body of Christ reflects the actual practices of Ubuntu. According to Paul (1Cor 12:12-26), there are many different parts forming one body. All these parts perform different functions, but for the sake of the wellbeing of the whole body, and so if one part will not perform its duty, the whole body gets affected. "If one part suffers, every part suffers with it, if one part is honored, every part rejoices with it" (Moyo 2006:26). Therefore, in the scenario of HIV-AIDS epidemic, the issue of human

beings helping each other is important otherwise the survival of one human being leads to the survival of all in the long term bases. Moyo writes "An individual can only function in communion with others. If one person is not well in our community, all people are affected and would all want to do something to help the affected member" (2006:29). Ubuntu implies that one person is a person among other persons; they depend on each other[22]. The HIV-AIDS problem demands this concept to be fully used within and outside the church. Magezi in the chapter titled *Home-Based Care: A responsive Paradigmatic Approach to the HIV/AIDS Pandemic in Africa* argues that the African church needs to borrow from African extended family system, which practices societal relationships, helping one another in crisis (2007:177). "Koinonia imparts a role of loving service among believers. The for-each-other formula within koinonia creates a network of caring relationships" (2007:177). Church leaders at HUC are to initiate a caring spirit towards people living with HIV-AIDS.

For church leaders to be silence on this issue of the HIV-AIDS epidemic does not mean the church is not affected or vulnerable. Therefore, this calls for Church leadership to immediately get involved in the struggle against the HIV-AIDS epidemic in the Church and in the local community. But because the epidemic is a complex issue and permeates every sphere of the lives of people, one church cannot tackle everything at once. As one church leader has suggested, there should be an identification of a single problem the church is able to deal with so that the church can focus on it. If it is well managed, then the second issue can be also undertaken for solutions needed as far as HIV-AIDS is concerned.

5.6.3 Encouraging a culture of respect for human rights

In the society governed by culture and human rights influences, these can be challenges to the church, because not all culture elements and human rights are biblically correct. So it demands church leaders who are skilled and educated to make sure these two aspects do not get in the way of HIV prevention intervention campaigns. When one cultural element perpetuate the rapid spread of HIV the Church leaders are supposed to step in and stop that cultural practice. An example is *ukhutwala*, whereby without their consent girls are forced to be married to someone at an early stage in life. The issue of someone not to disclose his or her HIV status

[22] See Mbiti (1975:108) quoted in Magezi, V. (2007) Only in terms of other people does the individual become conscious of his own being, his own duties, his own privileges and responsibilities towards himself and towards other people. When he suffers, he does not suffer alone but with the corporate group; when he rejoices, he rejoices not alone but with his kinsman, his neighbours and his relatives whether dead or living

sometimes contribute to HIV proliferation. Some people who are infected can deliberately infect others. The theology of life giving would be one of the theologies to tackle these inhuman deadly actions. Pastoral care and counselling can offer real help to minimize or if not to eliminate totally this type of altitude in the minds of those infected by the virus. The massage will be simple that there is no excuse for cultural or human rights reasons, for carelessly infecting other persons while the person is known to be HIV positive. One may suggest that to educate both men and women to use condom in every sexual act is compulsory if one wants to be protected from any sexual diseases, including HIV infection, and this should not confined to marriage people only. If one partner disagrees then that should be a dangerous sign behind that particular person's intention.

5.6.4 The Church's mission: prioritising HIV-AIDS

The focus group discussion suggested that people are to be the main focus of the church mission. This implies that people living with HIV are included and more than that, they are to be given the first priority due to the kind of a virus infection they have, which up to date it is incurable and it opens up to opportunistic infection such as TB[23]. One church leader contended that HIV-AIDS is to be regarded as any other disease, meaning it should not be elevated above more than other infectious diseases. But according to Van Dyk HIV infection allows all other diseases to attack the HIV-infected person more easily, and that is the main point for the church leaders not to handle this matter lightly, but seriously and with compassion (2012:79). Another point is that HIV-AIDS has no cure and a HIV person who takes medication (ARVs) need to do so for the rest of his or her life, so that to avoid the reproduction of HIV, therefore from this understanding HIV-AIDS cannot be equated with other diseases[24]. The mission of the church today will be relevant and meaningful when people living with HIV are being accepted and supported against the struggle of the HIV-AIDS epidemic. According to Magezi there is connection between poverty and HIV/AIDS infection. Poverty increases vulnerability to HIV infection and plunges the family into deeper poverty and HIV/AIDS exacerbates poverty (2007:49). The church therefore tackles HIV-AIDS alongside with other related factors such as poverty, gender inequality, to mention but few regardless of insufficient resources. Magezi

[23] See TB is most serious and most common opportunistic infection that attacks HIV infected people, especially in Africa. The combination of TB and HIV (TB/HIV co-infection) is dangerous combination, expensive treatment is required and hospitalisation for about 22 months (:79; 87). Van Dyk, Alta C. 2012. *HIV and AIDS education, care and counselling: a multidisciplinary approach*. Cape Town: Pearson Education,

[24] SAVE TOOLKIT. *A Practical Guide to SAVE Prevention Methodology*. INERELA. See under the section 'access to TREATMENT pg 7.

contends that when women are being exploited due to the poverty in the context of HIV-AIDS epidemic, their children are more affected with poverty than their parents, because poverty-HIV/AIDS cycle repeats itself in the community (2007:54). The church leaders are therefore to prioritize HIV-AIDS in their mission, because that is purely the gospel mandate, to bring life to people who are in need the life in abundance[25]. There is great potential to demonstrate the unconditional love of God in the light of the HIV-AIDS scourge.

5.6.5. HIV Prevention Strategy via ABC method

The presentation of data earlier on this study has shown that at least some Church leaders and members interviewed, they do accept the ABC as one of the HIV prevention methods. The main challenge in this ABC method is who should be allowed to use condom and under what circumstances? Church leaders are avoiding the promotion of promiscuity and infidelity among church members by allowing them to use condom. Dladla is one of the pastors who were interviewed and he said "But the church should have a written constitution on how to deal with HIV as a way or a method of preventing the rapid spread of the virus. Church should have a policy which will help church leaders to implement what is required on this issue of HIV-ADS"[26] The fact is, though condom is not giving hundred percent protection, it helps to reduce HIV infection. According to Hallonsten, church leaders "…have almost come to terms with the fact that marriage couples that are discordant (a couple where one is HIV-positive) are allowed to use condom for the purpose of prevention" (2012:107). For Hallonsten this is a sign that church leaders and their members have started to know the importance of using condom as a way of preventing someone from being infected by the HIV. The researcher wants to stretch beyond this reason that condoms need to be available for anyone, not only for couples, but also to those who are sexual active such as young people, some of single parents and some of widows or widowers. The Bible speaks about helping those who are in weak faith, so those strong ones are ought to help the weak brothers and sisters (Rom 14; 151:3). The groups mentioned earlier represent some people who are weak in faith and they can be vulnerable when it comes to sexual matters due to their situations. Although this does not mean that other groups of people do not have people who are weak in faith, no, therefore condom in this case might help to reduce HIV infected, at any sexual activities.

[25] See Life Application Study Bible. 2005. New International Version. Illinois: Tyndale House Publishers, Inc.

[26] Church leadership interview, Dladla was one of the Church leaders.

5.6.6 Production of HIV-AIDS-Competent Church leaders

This task demands that church leaders are committed to what they want to do in HIV prevention interventions, care and support for those living with HIV-AIDS. This also need to collaboration between the church and other stakeholders on the struggle against HIV-AIDS epidemic. The pastoral care ministry need to be a holistic one, which deals with a person in wholeness. Unlike other stakeholders who deal with physical aspects only in the context of the HIV-AIDS epidemic, church leaders are called to mediate those people living with HIV with God who is ever present in their suffering and pain, to comfort and guide through a caregiver. In addition, Oden contends that the analogy of the Christ as a sufferer helps the clergy and the laity to show that God is also suffering with those who are suffering and that God is present even when people are having uncured diseases(1983: 249). Oden notes that Christ has gone through pain in his fleshy and was patience, so he teaches us the total dependency upon God, even if death is certainly going to happen (1983:254). The Church leaders are to demonstrate their competence in all spheres of their lives, this includes what they say and practice in their daily lives and in the ministry wise as well.

5.7 Conclusion

This chapter has discussed and critically analysed the findings toward identifying problems facing HUC-PMB in responding to HIV prevention. The chapter also outlined solutions in view of making recommendation in the next chapter. In general the respondents tend to agree that the church and its leaders have the potential to effectively engage HIV prevention, awareness creation, and care and support as long as the church can embark on overall capacity building. The next chapter summarises, concludes and make plausible recommendations.

CHAPTER SIX
SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

The previous chapter discussed and analysed the findings to ensure that the research questions are adequately answered. This chapter presents the summary of the findings, conclude that study and then make recommendations that emanates from the study.

6.2 Summary

In the chapter one of this study, the researcher has presented the HIV-AIDS epidemic situation at HUC-PMB. The main focus was the HUC-PMB leadership on how it engages with the epidemic within and outside the Church. The purpose of this research was to investigate the current church leadership involvement in the struggle against HIV-AIDS. This leads to the chapter two. Chapter two is where literature have revealed the study gaps on which, despite the fact that church members are trying to respond to the HIV-AIDS epidemic impacts, the church leadership is silence. The HUC-PMB need to fill these gaps of lack of church leadership, as far as the HIV prevention interventions, care and support for people living with HIV is concerned. The fact is that up to date no cure has being found yet, this in my opinion is a call for the church and community leaders to reinforce values that have potential of breeding HIV preventative culture. The prevention strategies, values, behaviour change and cautions are critical and must be initiated and implemented from the pastoral and family level. Of course a holistic pastoral care model is indeed way forward. Chapter two also presents the theoretical framework under the study, which is pastoral care and with all its seven functions, as a holistic pastoral care model which is examined through in this study. In the Chapter three, the researcher has dealt with the methodology of this study on how to go about answering the research question. Research design however outlines the method and methodology deployed for data collection.

Furthermore, chapter four presents the research findings, which indicates that HUC-PMB leadership is aware of the HIV-AIDS situation. The findings also indicated that the challenge faced by the church includes how to seriously engaging with the HIV-AIDS epidemic. The findings further revealed that breaking the silence on issues relating to sexuality is one of the weapons against the rapid spread of HIV-AIDS. It is an African culture not to talk about sex in the public, but it is the same means the epidemic uses to bring more harm within and outside

the church. Khathide argued that to break the habit of silence around sexuality, it has to start at home between couple. Then the need to create a space and preferable environment for parents to talk about sex with their children is paramount important for the HIV prevention interventions to succeed. Therefore church leaders are challenged to talk about sexuality and sex openly, if the church has to be relevant in the light of the HIV-AIDS epidemic (2003:2-3). One may asserts that culture should not be used as an excuse for not doing the right thing, talk openly about the danger elements on sexual matters in the context of HIV-AIDS epidemic, so with church leaders. Chapter five analyses the data presented in chapter four as well as expounds on how the church leadership can be involved effectively in the HIV prevention intervention, care and support.

6.3 Conclusions

In conclusion the study's main idea that emerged from this study is that church leaders are expected to proactive using the Gospel of love[27], in the fight against HIV-AIDS epidemic. The study shows that HUC-PMB leaders are not serving people in the context of HIV-AIDS according to the doctrinal standard of the church, which emphasize on serving people with the Gospel of love. Thus, church members alone without church leaders at HUC-PMB cannot defeat HIV-AIDS epidemic. In addition, one organization or one method, also cannot win the battle against HIV-AIDS epidemic, instead it demands all people, organizations, and different methods to be accommodated. All hands must be on desk including those who are infected or affected. The church leaders and members with required skills and experiences must join hands with the community in the fight against HIV-AIDS infection.

It is diabolical and developmental a shortcoming for church leaders to become ideological and perceivably critical of HIV-AIDS prevention strategies. Thus this qualifies as a form of oppositions and can undermine efforts put by other sectors of the society expel the government. The point here is not to undermine the efforts of church leaders but to highlight their limitations. Despite resource constraints confronting the church and related organizations in their efforts to work directly with communities, they also faced with critiques and 'ideological' oppositions from the religious leaders. For example, during the recent African Synod in Rome (2009) where

[27] The doctrinal standard of the HUC-PMB states that the church reaches out people with the "Gospel of Love" in March 2006 News Letter: *Fountain of Love*. A Pietermaritzburg Assembly of Holiness Union Church

the Catholic Bishops quorate to discuss important issues facing the Church in Africa; the Pope Benedict (XVI) openly condemn contraceptives (i.e., Condom). He crafts his argument on the premise that contraceptives are 'unnatural' and against God's commandments therefore must be shunned by every Christian in the world. This is a clear case of the dilemma and impasse against women activism and the fight against HIV-AIDS epidemic in developing countries. The church leaders need to be more aware the impact their fundamental church traditions and positions can undermine the fight against HIV-AIDS.

6.4 Recommendations

Recommendations made in this study tend to elucidate possibilities on how the Church leaders can effectively participate in tackling the prevention and infections of HIV-AIDS in South Africa. The recommendations are as follow:

- The first point is that the church leaders are ought to be the role model in the struggle against HIV-AIDS epidemic, because it is where faith should be demonstrated with unconditional love.

- Knowledge on HIV-AIDS epidemic is vital to all people, although church leaders are to be through equipped so that to be able to minister holistically in the light of HIV-AIDS epidemic. This calls for the Church and church leaders to be HIV-competent in dealing with epidemic.

- The spiritual aspect in the struggle against HIV-AIDS is only found in the pastoral care ministry the church and church leaders are offering, which means civic and social care are limited without spiritual aspect.

- Pastoral care ministry in the context of HIV-AIDS epidemic should not be confined to the clergy only; all people are to participate, including the HIV positive people in decision making and in the implementation as well.

- The (w) holistic pastoral care model with all its seven functions is to be applied in the struggle against HIV-AIDS epidemic, so that to minister to the whole person and with a wide range approach in the contexts.

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Appendix 1: Semi structured Interviews questions (with Church Leaders)

The unstructured interview questions were around the main research question and the sub questions as follows: What are the challenges posed by HIV-AIDS epidemic to HUC leadership in Pietermaritzburg KwaZulu-Natal? In order to address the main question of this study, the following sub-questions were formulated: What is the current situation of HIV-AIDS epidemic in the HUC-PMB? How can the HUC-PMB leadership respond to the HIV-AIDS epidemic? What kind of Pastoral care model would enhance a HUC leadership's holistic response to HIV-AIDS epidemic?

And then, other follow up questions emerged as the interview continued, in order to attain deep meaning, feelings and experiences of the respondents in this particular context. As James A. Holstein and Jaber F. Gubrium postulate that "The respondent authentically communicates from an emotions and wellspring, at the behest of an interviewer who knows that mere words cannot draw out or convey what experience ultimately is all about (2003:72). Thus, the first task the researcher did before the interview session was to give the respondents the demographic questionnaires, before the actual unstructured interview questions were given so that to have each individual's information.

1. Demographic Profile Questionnaires

This questionnaire is entirely anonymous and the information herein provided was used exclusively for the purpose of the designated research project. The names and details of all respondents were treated with the strictest confidentiality.

Please indicate the following:

2. Personal and domestic

Gender:

Gender	*Male*	*Female*
Tick (x)		

Age:

age	*18-30*	*31-40*	*41-50*	*51-60*	*61-70*	*71-80*	*81-90*	*91-100*
Tick (X)								

Sexuality:

Sexuality	*Heterosexual*	*Gay*	*Lesbian*	*Bisexual*
Tick (x)				

Relationship status:

Status	*Single*	*Marriage*	*Divorced.*
Tick (x)			

If you are in a relationship, for how long? (Optional).

Number of dependents (Children and Others):

3. Economic

Level (formal) education*:*

Level	*Primary completed*	*Secondary completed*	*Post-secondary*
Tick (x)			

Employment Status:

Status	*employed*	*unemployed*	*Grant supported*	*family supported*	*self-employed*
Tick (x)					

Average monthly income (optional):

Health

5:1. Do you know your HIV status?

5:2. If tested, when were you last tested?

5:4. Is there anyone in your household who is HIV positive? Stipulate (Partner, child, other)

5:5. What is your level of knowledge about HIV and AIDS?

Level	*Basic*	*Adequate*	*advanced*
Tick (x)			

5:6. Which is the nearest health Centre to assist you with treatment? Stipulate approximate kilo meters

5:7. How would you say are the levels of acceptance from your congregation/church to people who are HIV positive?

Level	*Excellent*	*Good*	*Adequate*	*poor*	*Very poor*
Tick (x)					

35:8. Whatever your response is, can you please give one main reason for it?

4. Moral Leadership

6:1. Have you counselled someone with HIV? (In the Church or in the community)

6:2. Do you regard HIV-AIDS involvement as part of the Church's role?

6:3. As an individual how is your involvement in the struggle against HIV-AIDS?

6:4. On a scale of 1-5 how high HIV-AIDS epidemic issue should it be on the priorities or missions of the HUC?

Appendix 2: Semi-structured Interview question (Focus Group)

1. What are the challenges posed by HIV-AIDS epidemic to the HUC in Pietermaritzburg KwaZulu-Natal?

2. What is the current situation of HIV-AIDS epidemic in the HUC-PMB?

3. What is the situation of those who are infected and affected by HIV-AIDS epidemic?

4. How can the HUC-PMB leadership respond to the HIV-AIDS epidemic?

5. What kind of Pastoral care model would enhance a HUC leadership's holistic response to HIV-AIDS epidemic?

Appendix 3: Informed Consent Letter

Study Title:

An Exploration of Challenges Posed by the HIV-AIDS epidemic on the Holiness Union Church Leadership in Pietermaritzburg KwaZulu-Natal: Towards a Holistic Pastoral Care model.

Researcher: Emmanuel. A. Mboya (MTh candidate)

Description of Procedures

Dear Sir/Madam,

If you agree to participate in this study, you will participate in the interview schedules, which will be conducted by the researcher (Emmanuel A. Mboya). During the interview Schedule, you will be asked to provide answers around the following questions: What is the cause (s) of the silence of the HUC leadership on HIV-AIDS? In relation to this, one can also ask this question "What is the pastoral role of the HUC-PMB leadership in the context of HIV-AIDS in the Church and in the local community? In order to address this main question of the study, the following questions have been formulated, and these are: What are the challenges faced by the HIV-AIDS infected and the affected in the HUC-PMB in the light of the silence of the church leadership? What is the current pastoral role of the HUC-PMB leadership in the context of HIV-AIDS?

The answers you will provide will be available to you in case you may wish to make any clarifications or corrections. The language which will be used in the interview sessions is English. The interview schedule is likely to take 30 minutes or more.

Voluntary participation

Participation in this study is voluntary. It is completely up to you whether to participate or not. You may withdraw at any time, if you feel doing so.

Benefits

By participating in this study and sharing your experiences, you will be contributing to the body of knowledge in the area of Church leadership contributions in the struggle against HIV and AIDS epidemic in the Church and in the local community.

Confidentiality

The researcher will keep all your responses confidential. No names will appear on any research forms or paper, which has all the responses from the participants. When the results of the research are published, be assured that no information will be included that would reveal your identity. Participants are expected to maintain strict confidentiality about the information you encounter during the discussions.

Questions

Questions of any nature concerning my research must be addressed to:

Emmanuel. A. Mboya (Researcher).

School of Religion, Philosophy and Classics, University of KwaZulu-Natal

Private Bag X01, Scottsville,

3201, Pietermaritzburg,

E-mail: eamboya@gmail.com

Cell phone (0793421924)

Agreement to Participate:

I have read the above information, and I am here to volunteer to answer any question about this study, as my participation in the study.

_____ _____

(Printed name) (Date

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Appendix 4: Authorisation from the Church

Holiness Union Church
Fountain of Love Church
Suite 138
Postnet X9005
Pietermaritzburg
23 September 2013

The Dean of Faculty
School of Religion, Philosophy and Classics
University of Kwazulu-Natal
Private Bag X01
Scottsville
3209

Dear Sir/Madam

PERMISSION TO INTERVIEW CHURCH LEADERSHIP AND FOCUS GROUPS: EMMANUEL MBOYA

Emmanuel Mboya fellowships at the Fountain of Love Church in Pietermaritzburg. He recently requested to conduct interviews with the Church Leadership, different members and focus groups of the congregation in our Church for his studies.

I hereby confirm that **Emmanuel** was granted permission to interview the following groups within the congregation:

a) The Church Leadership
b) The Worship Team as a focus group
c) Myself (S. D. Nkosi), the undersigned.

As a Church we hope the student was able to obtain the required information for his studies.

Yours faithfully

S. D. Nkosi
.....
S. D. NKOSI
(CHAIRMAN OF COUNCIL)