

**HOW CAN THE YOUNG MEN'S GUILD (YMG) RESPOND TO THE NEEDS  
FOR THE PREVENTION OF HIV (MCSA): WITH SPECIAL REFERENCE TO  
KING WILLIAM'S TOWN CIRCUIT**

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**By**

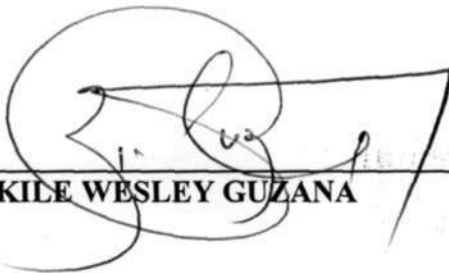
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**I sincerely declare that this thesis work is my own original work.**

  
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12-03-2007  
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## **DEDICATION**

I dedicate this thesis work to my lovely wife, Pumeza, and my three sons, Mfanelo, Lubabalo and Odwa.

## ACKNOWLEDGEMENTS

I am indebted to various persons whose effort and contribution led to the success of this research work. My sincere gratitude goes to all members of the YMG in Bisho Society who gave their precious time in my interviews. I particularly register my appreciation to the Vice President of the YMG in King William Town Circuit, Mr. Sivuyile Ngcetane.

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Special thanks go to Putlako Tsusi who tirelessly printed for me this whole thesis. Sometimes I had to call her at awkward times and she responded without complaining. To her I say: *Maz'enethole, ukwanda kwaliwa ngumthakathi*



## **ABSTRACT**

This research undertook to establish how the YMG in KWT circuit become fruitfully involved in the prevention of HIV and AIDS. It is argued here that the YMG is strategically situated in the church to address issues in the Xhosa-Christian culture that exacerbate the spread of HIV. These include issues like maleness and gender inequality, safer sex practices and the place of condoms and the promotion of sex ethics. The YMG is historically a centre for peer education, resilience in suffering, and morale building. It was the YMG that enabled the church to stand and strategise against apartheid. It is therefore a suitable space for Aids debate, education, and strategising on prevention methods. The YMG is also a well-to-do forum for airing the voices of the Xhosa-Christian men on AIDS issues. It is, as well, a good support forum for addressing treatment and bereavement in an attempt to demythologise the Aids disease.

However, it is the submission of this research that the YMG needs certain focusing in order to become fruitfully involved in prevention efforts. It is therefore recommended that the age disparity within the study circles of the YMG be resolved in order to create openness and comradeship. The membership of YMG at the present stretches from 17 years to 70 years. Members of YMG with this age disparity cannot talk freely on sexuality and HIV unless the groupings are systematised. There is also the need to bring on board such church leaders in the circuit so as to address morality and sexuality within the Methodist doctrinal perspective.

## **ABBREVIATIONS**

ABC:	ABSTAIN, BE FAITHFUL, AND CONDOMISE
AIDS:	ACQUIRED IMMUNE DEFICIENCY SYNDROME
ARV:	ANTI RETROVIRALS
BCM:	BUFFALO CITY MUNICIPALITY
BMS:	BUFFALO MISSIONARY STATION
HIV:	HUMAN IMMUNO DEFICIENCY VIRUS
KWT:	KING WILLIAM'S TOWN
MCSA:	METHODIST CHURCH OF SOUTHERN AFRICA
PE:	PORT ELIZABETH
PEP:	POST EXPOSURE PROPHYLAXIS
PMTCT:	PREVENTION OF MOTHER TO CHILD TRANSMISSION
VCT:	VOLUNTARY COUNSELLING AND TESTING
YMG:	YOUNG MEN'S GUILD

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<b>TABLE OF CONTENTS</b>	<b>PAGE NUMBERS</b>
DECLARATION.....	iii
DEDICATION .....	iv
ABSTRACT.....	v
ACKNOWLEDGEMENT.....	vi
ABBREVIATION.....	v
<b>CHAPTER ONE: INTRODUCTION.....</b>	<b>1</b>
1.1 Statement of the Problem.....	1
1.2 Motivation of the study.....	2
1.3 Research Objectives.....	3
1.4 Limitations and Delimitations.....	4
1.5 Literature Review.....	5
1.6 Research Methodology.....	8
1.6.1 Literary Study.....	8
1.6.1.1 Magazines and Brochures.....	8
1.6.1.2 Books and Articles.....	8
1.6.1.3 Unpublished Materials.....	9
1.6.2 Action Research.....	9
1.6.3 Oral Study.....	10
1.6.4 Conclusion.....	10

<b>CHAPTER TWO: CHURCH AND DESEASE .....</b>	<b>11</b>
2. Introduction.....	11
2.1 Disease in the bible.....	11
2.1.1 Disease in the Old Testament.....	11
2.1.2 Disease in the New Testament.....	12
2.2 The MCSA's tance on HIV and AIDS.....	13
2.3 Methodist Church's teaching on sex and sexuality .....	14 ✓
2.4 The Methodist response to HIV and AIDS in Southern Africa.....	15 ✓
2.5 The advantages and disadvantages of the MCSA's strategy.....	19
2.6 Conclusion .....	20
<b>CHAPTER THREE: HIV AND AIDS IN KING WILLIAM'S TOWN.....</b>	<b>21</b>
3.1 Introduction.....	21
3.2 Geographical location of King William's Town.....	22
3.2.1 Location.....	22
3.2.2 Brief history.....	22
3.2.3 Population (Tribes and races).....	25
3.3 Epidemiological Statistics.....	26
3.3.1 HIV Impact and People's original Response in King William's Town.....	26
3.3.2 Economic Situation and Poverty.....	28
3.4 Conclusion.....	33
<b>CHAPTER FOUR: THE YOUNG MEN'S GUILD.....</b>	<b>34</b>
4.1 Introduction.....	34
4.2 Background of YMG.....	34
4.3 The History of YMG.....	34

4.4 The Constitution of YMG.....	37
4.5 The Role of YMG.....	38
4.5.1 Evangelism.....	38
4.5.2 Gender Education.....	39
4.6 YMG’s attitude towards HIV.....	41
4.6.1 Collection of data in YMG fellowship.....	42
4.6.2 Data analysis and interpretation.....	43
4.7 Impact of HIV to YMG.....	45
4.8 YMG’s response to HIV and AIDS.....	46
4.9 General contribution of YMG to HIV prevention.....	49
4.10 Conclusion.....	53
<b>CHAPTER FIVE: RECOMMENDATIONS.....</b>	<b>55</b>
5.1 Introduction.....	55
5.2 Poverty Alleviation.....	56
5.3 Cultural issues.....	58
5.4 Gender issues.....	59
5.5 Conclusion.....	61
<b>CHAPTER SIX: SUMMARY AND CONCLUSION.....</b>	<b>62</b>
6.1 Summary.....	62
6.2 Conclusion.....	65
<b>BIBLIOGRAPHY .....</b>	<b>66</b>
<b>APPENDIX .....</b>	<b>69</b>
Appendix 1.....	69
Appendix 2.....	69

# **HOW CAN THE YOUNG MEN'S GUILD (YMG) RESPOND TO THE NEEDS FOR THE PREVENTION OF HIV (MCSA): WITH SPECIAL REFERENCE TO KING WILLIAM'S TOWN CIRCUIT**

## **CHAPTER ONE SETTING THE SCENE**

### **1.1 Introduction**

This chapter is an introductory one to the thesis. In it I shall discuss the problem of the study, the background information to the area of study, as well as the research objectives. I will discuss the methodology and the literature review of the study. In other words, I shall in the same section set the scope of the research.

### **1.2 Statement of the Problem**

HIV is a national, indeed a worldwide, catastrophe that requires the response of all sectors of society. The church in general and particularly the Methodist Church of Southern Africa (MCSA) have the responsibility of engaging the community creatively in order to minimize its spread. In 2002, the MCSA developed an HIV and AIDS policy which was articulated by Sol Jacobs in the book published under the title, *The Methodist Response to HIV/AIDS in Southern Africa: Strategy and implementation plan*. It was endorsed by the MCSA Connexional Task Force on HIV and AIDS. The Young Men's Guild (YMG) is the men's movement within the MSCA. The YMG as an organization within the MCSA has not taken any firm stand on the matter of prevention of the spread of HIV among its members and the entire society. Indeed, Sol Jacobs is certain that the YMG has not taken any action so far in educating or enhancing prevention of the disease spread.<sup>1</sup>

The King William's Town (KWT) circuit of the MCSA is located in the Eastern Cape Province of the Republic of South Africa. The YMG in KWT circuit mainly focuses on

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<sup>1</sup> Sol Jacobs, Interview by author, Digital recording, 10<sup>th</sup> September 2006.



prayer, evangelism and mutual fellowship. With the worsening AIDS pandemic in the region, its members have largely been both infected and affected by the disease. A number of its members are dying. However, the movement has not embarked on any organised strategy to respond to this crisis. The YMG has a broad network of systems which is in touch with men in the region. The importance of the Men's role in HIV prevention cannot be over emphasized and because of the strategic positioning of YMG, it is only essential that YMG become involved in the HIV prevention campaign.<sup>2</sup>

There is therefore a definite need to explore preventive strategies that the YMG can employ in curbing the spread within its members. This study is aimed at looking at the creative means that the YMG in the KWT circuit can use to reduce the spread of HIV. The research question that is being answered here is: *how can the YMG in KWT circuit become fruitfully involved in the prevention of HIV?*

### **1.3 Motivation of Study**

After I have read a number of books about the MCSA and the YMG I was disturbed to realise that very little has been done by the YMG in the light of the challenges that are currently posed by the HIV/AIDS pandemic. Whilst the YMG was originally found on the basis of a strong spirituality oriented towards a disciplined personal life and social engagement aimed at political and economic transformation, it was in the light of the challenges that were faced by the YMG on the face of HIV that the need to give a theological reflection has become more urgent than before. My decision to undertake this study was thus twofold. Firstly, I needed to bring to ecclesiastical awareness on what the YMG, equipped with their rich spirituality of active social participation could accomplish locally and nationally in facing the challenges that are posed by HIV. Secondly, On the face of the marauding HIV pandemic, spiritual revivalism can be an effective tool towards combating the pandemic.

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<sup>2</sup> Ibid.

As one who has worked with this movement from a young age I was aware of the potential it has. I felt that this potential is not being used to face the challenges of HIV. So I founded ways through which it can be enhanced. In addition to the above I was also disturbed by the number of YMG members I had to bury each year who have died of this disease and felt that the YMG must do something about it. According to the death register held at the Zwelitsha Methodist Church office I have noted that two YMG members are dying each year with the AIDS related illnesses.

It has been established that South Africa is one of the countries in the sub-Saharan Africa that is mostly affected by HIV. This has been confirmed by Barnett, T. and Whiteside, A. 2003. *Aids in the twenty-first century: disease and globalisation*, London: Pgrave Macmillan. Data for South Africa shows that in the 1990s there was a steady increase in the death rates among adults. This has been supported by Weinreich, S. and Benn, C. 2003. *AIDS-Meeting the challenge: Data, facts, background*. Geneva: WCC Publications. I was disturbed with the silence and importance of the YMG in addressing this issue. It is out of these issues that I decided to research on this topic because I also believed that men (YMG) should be part of the prevention campaigns. The strength of this association needs to be diverted to the social issues such as HIV that affect the community and their congregants, the issue of HIV and its prevention.

#### **1.4 Research Objectives**

Since the YMG operates within the broader context of the Methodist Church, issues that concern this research also regard the HIV policy of the Methodist Church of Southern Africa. This research has endeavoured to understand what the YMG can do to foster prevention of HIV in line with the stipulated policy of the MCSA and the practical context of YMG in King William's Town. It is aimed at marrying objectives of the two, both MCSA and the YMG in the interest of HIV prevention.

This study is therefore a critical investigation into how the Young Men's Guild (YMG) can creatively become engaged in the prevention of the spread of HIV within the KWT



circuit. This broad objective can be broken down into several other specific objectives. The study therefore is aimed at:

1. Establishing the impact of HIV and AIDS on the YMG members in KWT circuit.
2. Identifying the attitudes of the YMG members towards HIV and AIDS?
3. Understanding how the culture of the YMG members influences their understanding of HIV and their response thereto.
4. Establishing the programmes of YMG and how the AIDS subject can be creatively intergrated.

It is therefore the concern of this research to investigate how YMG can become a helpful space for reflecting on the Aids pandemic as well as challenging the members on a creative response. This research intends to suggest a way forward in the church involvement at the HIV campaigns in KWT as a model for the entire MCSA.

### **1.5 Limitations and delimitations**

The YMG is a large body extensively covering all circuits where MCSA is represented. It is not the intention of this study to investigate the entire body. As much as the study of the larger body of the YMG is necessary, this is beyond the scope of this research. Whereas the findings of this study could be almost directly applicable to other circuits, this research study is limited to KWT circuit. The KWT district is a big region as well which is not wholly covered by the MCSA. Therefore, this study did not target on all men in the district. It is limited to the membership of the MCSA within the district. This leaves majority of men in the district out of the coverage of this study.

The prevention of HIV is still a controversial subject in many churches including the MCSA. Methods of HIV prevention have been debated along theological and ethical perspectives. It is not the objective of this study however, to engage in a debate over the applicable methods of prevention in KWT circuit. Its aim is primarily to engage the

YMG membership in preventive campaigns on the bases of the MCSA HIV and AIDS policy. Besides, the discussions on the challenges faced by YMG are restricted to a particular theological standpoint, faith-based active participation of a believer to the challenge posed by HIV. The methodological significance of the research is to develop strategies and methods of intervention by the YMG.

The impact of this research cannot be over limited either. It is the first study of its kind in the YMG. It was conducted with the openness to possibilities of direct applicability to other regions beyond KWT circuit. The study was also conducted with the relevance of the Greater KWT context in consideration. Its recommendations can therefore be applicable to other churches operating in the district. It can serve as a perfect example to other faith based organizations in the country.

### **1.6 Literature Review**

There is virtually very little written on the YMG. Until proven otherwise, there is absolutely nothing in print on the YMG and the AIDS pandemic. The written history of YMG is in separate districts. There is no comprehensive work on the YMG history on print. The most conclusive work is a history of the YMG in a book published in 2005 by the MCSA under the title: *Imbali ya: 75 Eminyaka Yamadodana Esithili Ikomani (1930-2005) – MCSA*. This work was compiled by a committee of researchers who included M. Godlo, S. Ngcetane, Mhlauli, R. Gobingca, G. Gubuza, and G. Malusi. This volume was helpful in this research in highlighting the nature and composition of the YMG.

The only publication on Methodism and AIDS in Southern Africa is one done by Sol Jacobs. Jacobs is an ordained Methodist minister, a member of the YMG, and an AIDS activist. His work, *The Methodist Response to HIV/AIDS in Southern Africa: Strategy and Implentation Plan*, is a practical challenge to the MCSA to get involved in the HIV campaigns. It points to areas of strategic engagement that the church can use. However, it falls short of noting the place of the YMG in strategically responding to the HIV pandemic. This is an indicator into the unique contribution and the ground breaking essence of this research. Nevertheless, Jacobs work was a helpful book to this research in

keeping the entire MCSA in focus even as the YMG role is explored.

The two major works of Ronald Nicolson were particularly helpful to this research. Both the *AIDS: A Christian Response* (1995) and *God in AIDS* (1996) are Nicolson's evaluation and recommendations on how the churches can become involved in a creative response to the pandemic. Ronald Nicolson is an ordained Anglican priest who served as a professor of religion at the School of Religion and Theology of the University of KwaZulu-Natal. He has not talked particularly on the men's organization efforts in the AIDS campaign but his works are generalised thoughts on a fruitful response by the church. His work was indeed a major contribution to this research.

Two recent publications had an enormous impact on this work that merit mention here. The first is the recent publication by Barnett, T. and Whiteside, A. *Aids in the twenty-first century: disease and globalisation*.<sup>3</sup> Their epidemiological and medical contribution was outstanding. Second is the Weinreich, Sonja and Benn, Christoph's 2004 publication entitled, *Aids-Meeting the challenge: Data, Facts and Background*. This work was helpful in setting the larger context in the HIV pandemic. It looks at the African countries and the extent of the epidemic.

There are also books and reports on prevention and also on what organisations are doing to help with prevention. For instance I have read a book written by Taylor-Brown, S. and Garcia, A. (1999) on *HIV Affected and Vulnerable Youth: Prevention Issue and Approaches*. I have also read a document by UNAIDS, 2005. *A Report of a theological workshop focusing on HIV-and AIDS-related stigma*. There are also a number of reports that focus on the statistics and impact of the disease especially in Sub-Saharan Africa. These reports are from UNAIDS, *AIDS Epidemic Update*, December 2005, available on [www.unaids.org](http://www.unaids.org) and from Bauer, R.W. "HIV-and AIDS- Related Stigma: *A Framework for Theological Reflection*". 2005. There are also a number of books that were written to encourage the church to be involved in this problem. Another important book is one that

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<sup>3</sup> Barnett, T. and Allan Whiteside, A. 2003. *Aids in the twenty-first century: disease and globalisation*, London:Pagrave Macmillan.



was edited by Daniela Gennrich of Pietermaritzburg Agency for Christian Awareness (PACSA) titled *The Church in an HIV+ World: A Practical Handbook*.

A number of research studies have also been conducted in order to understand the impact of the disease especially with regard to women, children and rural people. Despite the fact that men are understood as important carriers of the virus, not much work has been done to study the challenges they face from HIV and also the ways they can be involved in responding to the problem. This study intends to investigate the context of the YMG and establish how it can effectively become actively involved in the prevention of HIV.

After reading a number of books and papers about the MCSA and the YMG I was disturbed to realise that very little is being done by the YMG in the light of the challenges that are currently posed by the HIV pandemic. Whilst the YMG was originally founded on the basis of a strong spirituality oriented towards a disciplined personal life and social engagement aimed at political and economic transformation, this is not reflected when it comes to the prevention of HIV. My decision to undertake this study is thus twofold. Firstly, I need to bring to ecclesiastical awareness the factors that inhibit the YMG from participating in the prevention of HIV. Secondly, I would like to explore what the YMG, equipped with their rich spirituality of active social participation, can accomplish locally and nationally in facing the challenges that are posed by HIV.

As one who has worked with this movement from a young age I am aware of the potential it has. I feel that this potential is not being used to face the challenges of HIV. So I would like to find ways through which it can be enhanced. It has been established that South Africa is one of the countries in Sub-Saharan that is mostly affected by HIV and AIDS.<sup>4</sup> Reflecting on the data for South Africa, Weinreich and Benn show that in the 1990s there was a steady increase in the death rates among adults.<sup>5</sup> I felt uncomfortable with the silence of YMG in addressing this issue. It is on the basis of these issues that I

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<sup>4</sup> Barnett, T. and Allan Whiteside, A. 2003. *Aids in the twenty-first century: disease and globalisation*, London: Pgrave Macmillan.

<sup>5</sup> Weinreich, S. and Benn, C. 2003. *AIDS-Meeting the challenge: Data, facts, background*. Geneva: WCC Publications.

decided to undertake this study because I also believe that men (YMG) should be part of the prevention campaigns. The strength of this association needs to be directed to the social issues that affect the community and the congregants, such as the issue of HIV and its prevention.

## **1.7 Research Methodology**

In this research I used three phased methodology. These included: literary study, Action Research (AR), and an oral study.

### **1.6.1. Literary Study**

In the first phase I consulted various written materials in order to gather relevant information.

#### **1.6.1.1 *Magazines and Brochures***

In order to gather information on individual churches and the programmes of such departments within the church, like the men's associations, I read magazines and brochures. These also enlightened me on the spread of HIV and AIDS. I used local magazines and brochures. A special emphasis was laid on those that had something to say about HIV and AIDS in KWT. These I got from church archives in the KWT circuit.

#### **1.6.1.2 *Books and Articles***

I also consulted various books on both the Methodist Church and the AIDS subject in order to capture the general picture of the church in dealing with the pandemic. The current 2006 year-book of the Methodist Church of Southern Africa contains information about the latest prevention programs in place. I used the information from books in the libraries and articles from journals to see what others have done in relation to my research topic.

### **1.6.1.3 Unpublished materials**

Unpublished thesis research works were found to be of great help. The minutes from the YMG meetings in KWT district will guided me in areas of response or on policy that the association is intending to use in prevention of HIV/AIDS pandemic in the region. I have used a number of unpublished materials such as papers, reports and thesis on this subject from the university library that used.

### **1.6.2 Action Research**

This research adopted the Action Research (AR) methodology. The AR method is closely related to the participatory research method because of the subjective involvement of the researcher. I am indebted to Knight who describes Action Research as "often participatory ... always geared to making a difference ... can hardly be called objective and it is often a passionate matter for the researcher, who may bring considerable commitment" Action research was found to be suitable for this study because the researcher is a member of the YMG in KWT circuit. It is my intention to assist the YMG in serving the community in the prevention or minimization of the HIV spread.

My ministerial experience in the suffering caused by HIV and AIDS both in the church and in the community had a considerable bearing in the research process. As an insider of the suffering community, I used AR so that, in line with Leun and Greenwood's evaluation, I may engage the YMG community in a participatory "analysis of its own reality in order to promote social transformation for the benefit of the participants..." This study critically analysed the stories and the experiences of YMG so as to promote social transformation. Therefore, as an affected member of the YMG and a servant in a church with AIDS, I was able to articulate and observe carefully the findings based on my experiences.



### **1.6.3 Oral Study**

I conducted group interviews with ten selected members of the YMG in the Bisho society of the KWT circuit. This was introduced through the ordinary meeting times in the YMG programme in KWT circuit. There were twenty sessions in total with a period of forty five minutes each. In these groups, the men discussed issues to do with HIV and their possible contribution in reducing the spread of the disease by first protecting themselves as YMG members. The data was tape- recorded, transcribed and analysed. The selection of the interviewees was based on age. Three were above 45years of age, three were between 30-45 and four were between 18-30. This age disparity was intended to bring about the various views and experiences. They were all members of the YMG at Bisho society.

### **1.6.4 Conclusion**

In this chapter I have dealt with the statement of the problem, motivation of study, research objectives, limitations and delimitations, literature review and oral study. In the oral study I have conducted some interviews with structured questions.

The questions also reflected the reflections of the interviewees own experiences on HIV and Aids. Those affected and infected by HIV or Aids were allowed to tell their stories which were in turn recorded in the tape. Therefore, the interviews were open to the interviewees own contributions and not necessarily limited to the interview questions. They included their experiences as well as suggestions on possible solutions that the church could adopt in HIV prevention.

## **CHAPTER TWO**

### **CHURCH AND DISEASE**

#### **2. Introduction**

In this chapter I will show how the bible in the Old Testament potrays diseases as well as the New Testament. I will also deal with the MCSA's stance on HIV and AIDS, Methodist Church's teaching on sex and sexuality, The Methodist response to HIV in Southern Africa and the advantages and disadvantages of the MCSA's strategy.

#### **2.1 Disease in the Bible**

##### **2.1.1 Disease in the Old Testament**

Yahweh in the Old Testament was understood as the God who punishes disobedience with disease. This is manifested in Deuteronomy 28: 19 to 20 where the Bible says,

Cursed shall you be when you come in, and cursed shall you be when you go out. The Lord will send upon you curses, confusion, and rebuke, in all you undertake to do, until you are destroyed and until you perish quickly, on account of the evil of your deeds, because you have forsaken Me.<sup>1</sup>

This text is normally quoted erroneously to show that HIV is a disease sent by God to punish those people that are purported to have committed sexual sins. In this punitive thinking it is believed that God is judging the offenders by way of incurable disease.

However, the above interpretation is not in line with the entire Old Testament scriptures. It is evident that God intervned in times of sickness and disease to provide a solution and a healing. This is supported by the narrative in Numbers 21: 8 – 9. In this narrative God punishes the peoples' disobedience through the snake bites. But God provides a solution through Moses where he was advised to make a fiery bronze serpent. He placed it on a high place so that those who were bitten by the snakes would gaze at the bronze snake and receive their divine healing. In this story therefore, God not only punishes but also provides a healing. He is a healer not just a judge. It is therefore erroneous to

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<sup>1</sup> Deuteronomy 28: 19-20 – New American Standard Bible.



interpret HIV as a punishment from God on the basis of the Old Testament.

### **2.1.2 Disease in the New Testament**

In Jesus times people were becoming sick with certain illnesses but He never questioned about where they got the diseases. He will just ask from the patient if she/ he wanted to be healed and continue with the miracle of healing them. Jesus usually touched or manipulated the affected part of the body. At times he allowed healing power to pass through his clothes, as is also alleged of ancient healers (Mark 5: 27-29). Jesus often instructed his disciples to use oil in healing and it seems from the story of the Good Samaritan that it constituted a sample dressing for wounds (Mark 6:12-13; Luke 10:34). Finally, the characteristic gesture of laying hands upon the sick was so common among healers as to be a synonym for healing itself. In Jesus' day, causes of diseases were often attributed to spirits, for they had not yet known that certain diseases are caused by infection, that is, by bacteria or viruses.

In view of the above, this research employs the Methodist theology on disease and healing as explored in the Methodist Response to HIV by Sol Jacobs.<sup>2</sup> Its conceptual basis is the biblical framework on disease and healing especially explicit in the teachings of Jesus Christ. That the presence of a disease in one's body does not necessarily indicate the sinful life of an individual or an ancestral curse but rather indicates a mandate upon the caring community to bring God's glory through acts of mercy is the prime lesson of Jesus in John 9: 1-5. That if a community turns to God and responsibly responds to a calamity it can turn the sickness and suffering, yes even death, to a glorious and victorious healthy living is manifested in John 11: 40-42. Indeed, the teachings and deeds of Jesus Christ are in unanimous agreement that the community as a whole has a duty toward healing. His healing of the ten leprous men as well as the other leprous man at the city gates (Luke 5:12-5) and the commission that they go and show themselves to the high priest is a interpreted as a challenge upon the religious leaders to respond to the

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<sup>2</sup> Sol Jacobs, *The Methodist Response to HIV/AIDS in Southern Africa: Strategy and Implementation Plan* (Cape Town: Methodist Publishing House, 1999).

leprous crisis. In fact Jesus was an active participant with his community in both suffering and contemplative provision for solutions upon health calamities that faced his society. This is a challenge upon today's religious engagement in seeking solutions to the HIV crisis.

Such texts depict victorious actions by communities against sickness and suffering to demonstrate that YMG can actually overcome HIV. I also used this biblical framework to dispel negative thoughts that escalate stigmatisation and irresponsibility among YMG members.

## **2.2 The MCSA' Stance on HIV and AIDS**

The rapid spread of HIV and AIDS caught the Methodist Church off-guard in the Eastern Cape as well as in other parts of the country with regard to an effective teaching on sex and sin. Whilst the disease was causing social and emotional havoc among the YMG members as Saturday funerals from HIV caused illnesses became too numerous to manage in Parishes, silence on the cause of death and the appropriate response to be given within the Church was common place. Sermons that were frequently delivered on these funerals have always emphasised a gospel of social action and zealous piety among believers as guarantees to a life after death for a believer. It took the Church a long time to admit that its members were being killed by HIV and that there was a need for the Church to be actively involved and to initiate programmes that could help in the prevention of HIV and AIDS.

My own reading of this tragic situation is that Methodist theology of sex and sin has never been strong enough for an effective conscientisation among its own members. There haven't been programmes in place that were aimed at teaching its own members on the Church's sexual ethics and its theology of sin. Recent campaigns by the Methodist Church against HIV have only come after a lot of damage has been done. For example, one finds that the response that was issued by the Methodist Church at a Conference it

hosted in 2001 has come fifteen years late after HIV was already described by health officials as a disastrous epidemic. My main concern in this chapter is to explore how effective the Methodist's theological teaching on sex and sexuality has been to the prevention against the spread of HIV and AIDS.

### **2.3 Methodist Church's teaching on Sex and Sexuality**

Taking into account the fact that Wesley's teaching on ethics was always centred on love, perfection and the infallibility of human beings, one can also say that such a teaching encourages strictness in one's sexual behaviour whilst at the same time leaving room for the fact that human beings are sinners who will always be in constant need for forgiveness. For this reason, Wesley made a distinction between mistakes and sins. In interpreting this distinction, Leonard Hulley said that, "Wesley argues that when a believer's acts are infractions of the will of God, of the divine law, they need to be forgiven, although they may be motivated by love and therefore strictly speaking not sinful. He says that even those who love God with all their hearts 'can sincerely say, forgive our trespasses'. For as long as they are in the body, they are liable to mistake, and to speak and act according to that mistaken judgment".<sup>3</sup> While striving for perfection should be the main goal for all believers, here we are also reminded that this striving for perfection should not overshadow the realisation of our human imperfection(s). It was Wesley's teaching that the state of human perfection was something that was derived from God's grace instead of sheer human effort. It is my own observation here that such a theological stand gave room to the idea that whilst a Christian may be perfect, he or she is also expected to identify with the concerns or wellbeing of others in society. From the teachings of Wesley, faith was supposed to be concretised by doing good works to others. This is the idea which we find in Hulley when he summarised Wesley's teaching on good works as follows, "We can say that in the final analysis Wesley regarded good works as possible only after one entered into a relationship with God, and that such a

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<sup>3</sup> Hulley, L. D. 1987 *Wesley: A Plain Man for Plain People*, Westville: Local Preachers' Department, 78-79.

relationship necessarily issued in good works".<sup>4</sup>

However, it is at this point that we can see that the teaching of Wesley was mainly based on a combination of doing good to others as well as loving one's neighbour. These two aspects of being a Christian seem to be the main guiding lines in the Methodist Church's response to the prevention of HIV. Within this response one finds that reflection is made on the scriptures as the main guiding source for the believer's response to the HIV.

#### **2.4 The Methodist Response to HIV in Southern Africa**

In the document that came from the Methodist Church conference of 2001 the opening paragraphs are mainly concerned with the theology behind the Methodist Church's response to the HIV epidemic in Southern Africa. It is stated here that, "The Gospel of Jesus Christ offers to the world life in all its fullness. The vision of the kingdom of God, brings near the hope and reality of a society built on the foundation of an all embracing love, alternative lifestyles, compassion and decency".<sup>5</sup> In other words, the Gospel of Jesus Christ is an offer of life to the world. Since this gospel is mainly based on offering life in its fullness to people, it also follows that the kingdom of God, which the gospel is all about, should also be all embracing to such an extent that no one should be discriminated against on the basis of their situation in life or sexual orientation. The focus in this theory is put on inclusivity as the meaning of the Kingdom of God which the gospel of Christ is a testimony to. The vision of an all-inclusive Kingdom of God is well summed up when the bible says:

Jesus does not despise those whom society rejects, he shows compassion for them and loves them: the publicans and prostitutes (Mark 2: 13-17; Matthew 11: 19; 21: 31-32; Luke 15: 1), the simple (Matthew 11: 25), the little ones (Mark 9:2)...those who practised despised professions (Matthew 10: 42)...women with a dubious sexual history (Luke 7: 36-50; John 4: 8-18). The proclamation of 'the Good News' in Jesus Christ requires that Christians openly embrace those infected by HIV/AIDS, in self-sacrificing love and care for those

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<sup>4</sup> Ibid. 71.

<sup>5</sup> Jacob, S. 2001 *The Methodist Response to HIV/AIDS in Southern Africa: Strategy and Implementation Plan*, Pietermaritzburg: Methodist Church of Southern Africa Mission Unit, 4.

who are suffering.<sup>6</sup>

As we can see from the above quotation, the Methodist's theology of response to HIV/AIDS is based on the understanding of Jesus as someone who was compassionate, all-embracing and infinitely loving to those who were mostly despised by society. In this way of reading the Gospel, it is thus implied that the Church's response to HIV in Southern Africa must be guided by the attitude of Jesus towards those members of community who were mostly marginalized in the Jewish Society of Jesus' day. It is also implied in the above quotation that if the Church is committed to Christ and the Kingdom, such a commitment has to be demonstrated by embracing those members of society that mostly suffer from ostracism such as those who suffer from HIV and AIDS. One of the stigmas that have been suffered by those who suffer from HIV is the idea that HIV is a punishment from God. By emphasising the fact that those who suffer from HIV are equally welcome in the Kingdom of God, the Methodist Church has demonstrated forcefully and rebuked this punishing morality. By distancing itself from this punishing morality (HIV and AIDS as punishment from God), and emphasising the reality of an all-embracing love of Christ, the Church is also telling its members that the most effective prevention against HIV which the believer can effect should be based on an all-embracing outlook towards those infected and affected by HIV.

The idea of encouraging an all-embracing outlook towards those who suffer from HIV was reiterated where the document says:

The Church and Christians are called to be the instruments of the incarnational presence of Christ and as such are called to express the love of Jesus for those who are infected by HIV and AIDS, and to treat them with compassion and care. They are not to engage in self-righteous judgement (Matt. 7: 1-5). The Methodist Church of Southern Africa does not exclude from its membership those who are positive or those who have AIDS. It calls on all Methodists to act with love and compassion towards the victims in the present HIV and AIDS crisis in our country.<sup>7</sup>

As shown in the above quotation, the Methodist Church's pastoral theological teaching

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<sup>6</sup> Ibid. 4.

<sup>7</sup> Ibid. 5.

on HIV and AIDS is mainly based on the realisation that since the gospel of Christ was based on love, compassion and care, as followers of Jesus Christ, Methodists are expected to express these same characterisations of the gospel in their day-to-day encounter and intercourse with people living with HIV. Within this type of theology one can clearly see a bold move from an age-old moral model which said that HIV and AIDS must be a punishment from God against the sexual permissiveness of the modern age. By rejecting such an age-old moral model, room is created to the effect that HIV needs to be seen and understood like any other disease, and that in our day-to-day dealing with people suffering from HIV, we need to treat them just in the same way as we would treat someone suffering from any other disease or ailment. This is completely different from other Christians who see HIV as a natural outcome of an immoral lifestyle which is ultimately a rejection of God. Contrary to this fundamentalist stance, Methodists are called upon to embrace HIV sufferers with love and compassion instead of being judgemental towards them.

However, after enumerating the causes and consequences of this epidemic, the document goes on to discuss what Methodists can do in the context of South Africa amidst this pandemic. The first objective in the prevention against HIV and AIDS is educational. As it is stated:

- Promote open frank discussion of sex and sexuality in Church and Society
- Encourage, empower and train parents to talk openly to their children about sex, the HIV and AIDS epidemic and other Sexually transmitted Diseases[s]
- Impart to young people the vision of a lifestyle governed by informed choices, shared responsibility and healthy sexuality and the ideal of Christian marriage
- ...Promote healthier and safer sexual behaviour through education and social integration.<sup>8</sup>

Whilst the topic of sex and sexuality has been a taboo in the Church, in the light of the above educational proposals, it is evidently clear that there is a radical change in the

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<sup>8</sup> Ibid. 6.

sense that Methodists are actually requested to embark on sexual education as one of the ways and means of combating the spread of HIV. There is also a strong suggestion that educational information should be made available to the youth and their parents. This suggestion is very radical indeed when one takes into consideration the predominant attitude of Africans towards discussing sex and sexuality with their children. Obviously the Church has come to the realisation that the urgency of the situation calls for the implementation of radical measures that go beyond cultural and dogmatic conservatism. In this regard, the Methodist Church's educational preventive measures can be said to be pragmatic at best. The educational programme that is envisaged in this document is mainly focussed on praxis rather than a theoretical theological stance.

The Methodist Church also suggested some practical measures to be taken in the fight against HIV. Among these measures is the suggestion that the treatment of people suffering from HIV and AIDS needs to be treated through the use of modern as well as African traditional medicines. Here the Church emphasised the need for medical treatment of people living with HIV and AIDS as the first priority, and then went on to mention how this treatment needs to be followed up with the need to alleviate poverty as integral to the fight against HIV and AIDS. As it is put,

There is a link between AIDS and poverty. The support programme for people living with AIDS must include the provision for basic needs. The body needs certain food substances to remain healthy and to fight successfully. An HIV positive person needs a special daily minimum diet. The Methodist HIV and AIDS Programme will make provision for poverty alleviation and food supply for those infected by HIV and families affected by it after careful needs assessment and reference to positive health guidelines.<sup>9</sup>

Obviously the Methodist approach to prevention against HIV differs remarkably from that of the South African government in the sense that while it prioritises the provision of medical care, it also recognises the fact that such medical care would remain inadequate without the provision of nutrition. The Church here is not only giving some theoretical analysis on the situation, rather it is also committing itself to poverty alleviation and food supply to those who are in need. This commitment has also gone hand-in-glove with a

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<sup>9</sup> Ibid. 11.

commitment to funding of projects that deal with HIV. Lastly, this document recognises the fact that, in its fight against HIV, the Church needs to collaborate with other denominations as well as with people who are living with HIV. Thus it is submitted,

Christians should join forces with people living with HIV/AIDS in their complex struggle to re-humanise their world. They should be helped to rediscover the realities of their lives and their full God given potential. ...When people living with HIV/AIDS are empowered to make decisions about themselves and take action to re-form power and rebuild their lives their reality is transformed. In so doing, the people themselves are transformed – losing alienation, fear, discrimination and stigmatisation, gaining self-esteem and confidence in themselves and rediscovering the image of the human face of God.<sup>10</sup>

As shown in the above quotation the Church's approach in fighting against HIV is based on mutual participation between those who are infected and the Church. In other words, the idea is to avoid paternalism whereby those who are infected by HIV and AIDS are mostly treated as people who simply need help without helping themselves. According to my evaluation, it is in this light that I deem the Methodist's Church's prevention against HIV to be appropriate.

## **2.5 The Advantages and the Disadvantages of the MCSA's Strategy**

The Methodist's response to HIV and AIDS was evidently very pragmatic as it can be deduced from the given summary to the document *The Methodist Response to HIV/AIDS in Southern Africa: Strategy and Implementation Plan*. In this document it was clearly stated that the Methodist's response to HIV and AIDS was mainly guided by the teachings of the gospels. An element that was emphasised in the teachings of the gospels was the love in the Kingdom of God that emphasised love of one's neighbour. This love of one's neighbour is supposed to be concretised in one's care for those whom society considers as outcasts – namely those suffering from HIV and AIDS.

It was explicitly made clear that the prevalence of HIV in society was an invitation to express Christian love and care. The document did not remain on theological statements;

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<sup>10</sup> Ibid, p. 24.



rather, it went on to give practical suggestions as to how the Church should carry out this task of fighting against HIV in society. Some of the strategies suggested were prevention measures against the transmission of HIV and AIDS. These prevention measures included national mobilisation, AIDS education awareness, care and support for those living with HIV and AIDS, medical intervention and poverty alleviation. Whilst this response was pragmatic as stated earlier on, a possible critique that can be raised here is that such a response has come too late when the damage has already been done.

### **Conclusion**

In this chapter we have demonstrated that HIV is not a curse from God. This is supported by the Old Testament and the New Testament. We have also demonstrated that the MCSA's position on HIV is explicitly biblical and practical. My next chapter will deal with the geographical position of King William's Town.

## **CHAPTER THREE**

### **HIV AND AIDS IN KWT**

#### **3.1 Introduction**

In this chapter I will deal with the historical background of HIV in KWT, geographical location of KWT, epidemiological statistics and HIV impact and people's response in KWT.

When HIV was first talked about in King William's Town, not so many people took the threat of this disease seriously. Some people described it as an American idea of discouraging Sex. Some people were of the view that it was one of those complicated Sexually Transmitted Diseases. Their hope was that one day a cure for this disease would be found. Not many people ever believed that there was no cure for this disease at all. Some people were also of the view that HIV and AIDS was only a disease that infected prostitutes. To those who got infected with the disease, people considered them to have contracted this disease because of their promiscuity thus leading to stigma. In other words, there was a mixed reaction towards this disease when it first appeared in King Williams Town. The issue of prevention was also complicated by the fact that sex and sexuality have never been given pastoral attention within the Church and society in general.

Sometimes those who were infected were either considered to have been cursed by God or by their ancestors. In other words, HIV and AIDS was considered as a disease that was sent by God as punishment to those who lived promiscuous lives. In other instances it was considered as part of the wrath of ancestors to those who failed to live according to African religious traditions. Whenever a person died from HIV and AIDS related illness, people would conceal the cause of illness as much as they could for fear that they would be laughed at by the community. Sometimes those who felt that they were being punished by ancestors ended up resorting to traditional medicines and consultations. Within KWT, this epidemic undermined previous primary healthcare efforts towards TB control<sup>1</sup>.

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<sup>1</sup> Eastern Cape Epidemiological Notes. [Http://www.acpror/documents/publication](http://www.acpror/documents/publication)

## **3.2. Geographical Location of King William's Town.**

### **3.2.1 Location**

King William's Town is one of the towns of the Eastern Cape Province. It is situated at 1534 km by rail and 1103 km by road from Cape Town and 54 km North West of East London. It is an area of 2220 km. It is an agricultural district, bordered by the districts of Stutterheim, Cathcart, Victoria East, Peddie, East London and Komga, and is one of the most thickly populated parts of the Eastern Cape.<sup>2</sup>

### **3.2.2 Brief History**

The site of the town is that of the Buffalo mission station founded in 1825 by John Brownlee. KWT is a product of missionary expansion into the Cape hinterland. In May 1826, Reverend John Brownlee of the London Missionary Society built a mission house on the east bank of the upper reaches of the Buffalo River. Today the Residency, one of the numerous national monuments in King William's Town, stands on the site of the original mission house. There was at that time no organised community at the spot and the indigenous inhabitants of the region: the Bushmen, Hottentots and Xhosa were scattered in distant directions.

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<sup>2</sup> Bronchure of King William's Town, *Municipality of King William's Town*, 1988,8.

As John Brownlee's missionary work progressed, more buildings were erected around the mission house and the settlement was eventually called the Buffalo Missionary Station. This missionary station was twice destroyed during the early frontier wars, but rose again from its ashes. 3

The name KWT emerged in 1835 when the Cape Governor Sir Benjamin D'Urban issued a proclamation declaring the town Capital of the Province of Queen Adelaide. The area that has today come to be known as the Border region of the Province of British monarch at the time, King William IV.4

This newfound status served as catalyst for unprecedented growth and expansion. More and more buildings including a military fort, sprung into existence. The missionary complexion of the town was quickly transformed into that of a trading station and halfway house. The proclamation was however short-lived and was repealed seven months later effectively reverting control of the town back to the missionaries.5

The outbreak of the war in 1846 saw the re-occupation of the frontier, and the town, by British forces. On 23 December 1847, the Cape Governor and High Commissioner Sir H.G. Smith issued a proclamation establishing a new Crown colony called British Kaffraria. King William's Town became Capital of this colony.6

Growth and expansion was immediately revived. The first road was laid out, more and proper buildings were erected and a military reserve was established. The military authorities established a bank, post office, hospital and a church. In the 1850's military pensioners were encouraged to settle in the town. British and German legionnaires arrived in large numbers. Their civilian countrymen who settled in farmlands surrounding King William's Town followed the Germans. Today the settlements of Hanover and Frankfort (German's

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3 Ibid, p. 8.

4 Ibid

5 Ibid

6 Ibid. p.9

settlement areas) as well as the neighbouring town of Stutterheim and Berlin stand as reminders of those early days of German expansionism.<sup>7</sup>

King William's Town was the headquarters of the then Department of Bantu Administration for the then Ciskei region. Its main water-supply comes from the Maden Dam, with subsidiary supplies for industry from the Rooikrans Dams, and electricity is supplied by Eskom. Industries include the manufacture of soaps, candles, footwear, confectionary and textiles. The Kaffrarian Museum house one of the world's finest collections of mammals, including the well-known hippo Hubarta. There are facilities for most sports, a fine swimming bath, and a floodlit ruby field. Fort Murray, which is near-by and well preserved, and Grey Hospital, built by Sir George Grey in 1819, are both rational monuments.<sup>8</sup>

Situated at the entrance to King William's Town on the road from Port Elizabeth, is a grave of Steve Biko, the famous political martyr from Ginsberg who began the Black Consciousness Movement in South Africa before dying under mysterious circumstances in police custody. The place where Steve Biko was buried is known as the Steve Biko's Garden of Remembrance.<sup>9</sup>

There is a Statue of Queen Victoria in Maclean Square, following the public terror occasioned by the celebration of Queen Victoria's Diamond Jubilee. In 1887, a committee was formed to investigate the possibility of erecting a statue, to the monarch, paid for by public subscription. A bronze statue, weighing 30001bs, was cast in England and shipped to King William's Town. It was officially unveiled on the 24<sup>th</sup> May 1889. Four smooth bore, bronze, muzzle-loading guns were donated by Col. J.R. Style in 1903. These guns were accepted and later placed around the statue of Queen Victoria, the scene of many skirmishes in the "Frontier Wars" or "Wars of Resistance" between the local indigenous amaXhosa and the British. The town continues to play a prominent role in the history of South Africa. It is the cradle leaders who fought against apartheid policies, Steve Biko being the most famous.

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<sup>7</sup> Ibid., 26-28. See also <http://www.cs.sun.ac.za>

<sup>8</sup> The Illustrated London News, 3 April 1847, page number missing.

<sup>9</sup> <http://www.eastlondontourism.co.za>

### 3.2.3. Population (Tribes and Races)

King William's Town is not complete if I do not mention the rural areas that make King William's Town to be what it is today. Xhosa and Fingo tribal life is to be seen under natural conditions, the greater part of the district consisting of Bantu areas. These are Balasi; Skobeni; Tyutyu; Tshatshu; Mlakalaka; Bonke; Rayi; Ngxwalane; Kwa-Masingata; Quzini; Tolofiyeni; Mdingi; Dubu; Godidi; Ndileka and Tyutyu village. There are also three townships that fall under King William's Town. Zwelitsha residential area is 7km; Ginsberg is 2km from town and Pakamisa is 8km from the town. Bisho town, the capital of Eastern Cape, is situated 7km North East from King William's Town.<sup>10</sup>

Small numbers of Whites and Indians are found right in the city centre. Majority of Blacks and Coloureds are found inside and outside the town, mostly in these rural areas that are bordering the town.

After 1994 (democratic elections), King William's Town was divided into 5 wards.

WARD	MALES	FEMALES
10	6493	7230
11	7508	8204
12	8259	9931
13	11922	13503
16	8048	8811

These figures give me a total number of 89909 which is derived from the census of 2001.<sup>11</sup> Ward 1-9, 14 and 15 is composed by the rural areas that are surrounding King William's Town and due to limitations I could not find the population figure of these areas and the current statistics.

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<sup>10</sup> Geographic Information System. <http://eltcl-gos/intranet/census/ward.php>

<sup>11</sup> Ibid

### **3.3 Epidemiological statistics**

Epidemiology has been defined as the “study of the distribution and determinants of health related conditions and events in populations and the application of this study to control of health problems”.<sup>12</sup> Epidemiology has to do with data, but the data “may be interpreted according to biases which people bring depending on their discipline, politics, or paymaster”.<sup>13</sup> This statement from Tonny Barnett and Alan Whiteside is true because when I was doing this research in King William’s Town, I bumped against certain limitations because people who are loyal to their pay masters could not give me access to the full information I wanted.

Before I discuss about the epidemiological statistics of KWT district, first of all I have to look at the statistics of Eastern Cape Province because KWT falls under the jurisdiction of Eastern Cape Province. Eastern Cape Province is divided into seven district municipalities, that is: Alfred Nzo, Amatole, Cacadu, Chris Hani, Nelson Mandela Metropol, O.R. Tambo and Ukhahlamba District Municipality. KWT falls under the Amatole District Municipality.

The 2004 HIV and Syphilis survey findings suggested that there was a slight increase of HIV prevalence from 27.1 percent in 2003 to 28 percent in 2004. However, it should be noted that this increase was statistically insignificant which further confirmed that HIV prevalence has reached its maturity period in the province. <sup>14</sup>

#### **3.3.1 HIV Impact and People’s Original Response in King William Town**

HIV has impacted King William’s Town differently in the sense that it eliminates mostly those members of society who are the most productive population group and most responsible for the success of the community. The HIV prevalence in KWT, which is 23%,

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<sup>12</sup> Tonny Barnett and Alan Whiteside: 2002, *AIDS in the Twenty-First Century. Disease and Globalization*: Palgrave Macmillan: South Africa: Pietermaritzburg

<sup>13</sup> Ibid

<sup>14</sup> Eastern Cape Epidemiological Notes: Eastern Cape Department of Health HIV and Syphilis Antenatal Sero-Prevalence Survey in Eastern Cape. 2004, p. 2.

cannot be a true reflection of HIV prevalence on this town because the data has been collected from the 5 clinics that form the Buffalo City Municipality (BCM).<sup>15</sup> The data from the surrounding hospitals was not available due to the fact that it is being taken to another town (East London) where the district offices are situated. The numbers of males who have been tested positive are 76. This is the figure that has been collected from five clinics of BMC in the period between January to December 2005. Within the same period females who have been tested HIV positive are 241. The HIV test with discordant results gives us a figure of 11 people. Within the same period, there are 461 antenatal clients who have been tested positive. <sup>16</sup> According to the information above it proves that women are the most vulnerable to HIV in KWT area. Again please be mindful of the fact that the figures given here are that of the 5 clinics covering the town and the surrounding townships such as Zwelitsha, Breidbach, Ginsberg and Schornville.

Tonny and Alan in their book, *AIDS in the 20<sup>th</sup> Century*, on page 159 says:

Epidemic impacts are history-changing events. They terminate some lives, incapacitate others and stunt the capabilities of those who have to divert energy and time into care. In the end, sufficient numbers of deaths and illness make a society take a path other than that which it would previously have followed.<sup>17</sup>

HIV epidemic have made an impact in KWT district. Before I go on let me tell you what I mean by impact. Impact is “the increased morbidity (sickness) and mortality in populations at precisely those ages where normally levels of morbidity and mortality are low.”<sup>18</sup>

HIV is a challenge in livelihood that impacts on many facets of people’s lives. “HIV and AIDS is not only a health issue that demands prevention and care for the sick, it is also a livelihood issue, since, if AIDS depleted households are not the target of particular support, the precarious livelihoods of survivors are likely to collapse under the impact of epidemic”<sup>19</sup>. Most households in KWT area have a traumatic experience of HIV and AIDS. It drains the household financially thereby hitting the family spiritually, physically and

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<sup>15</sup> Ec Emanthole PHC-Monthly Orgunits 5 Indicators 2005 (Monthly Data 2005)

<sup>16</sup> Ibid

<sup>17</sup> Tonny Barnett and Alan Whiteside: 2002, *AIDS in the Twenty-First Century. Disease and Globalization*: Palgrave Macmillan: South Africa: Pietermaritzburg

<sup>18</sup> Tonny and Alan, *AIDS in the 20<sup>th</sup> Century*, p. 159



emotionally. Allan Whiteside and Clem Sunter argued that because of the prolonged exhaustion of the sad resources as a result of AIDS, households have to endure greater hardship than when faced with other calamities.<sup>20</sup> They further express that unfortunately there are no studies in South Africa on the effect of AIDS on households and presents a challenge to the effectiveness and relevancy of interventions to assist families cope with severe impact of HIV and AIDS.

Janet Seeley and Colin Pringle echo the same sentiments by saying that in their study, they have found no in-depth research on the impact of HIV and AIDS on livelihoods and exploring ways in which people adapt.<sup>21</sup> They then recommend that research that builds on people's strength to cope with the wide-ranging impact of HIV and AIDS is required. Seeley and Pringle further argue that "livelihoods approaches offer a holistic way of addressing HIV and AIDS epidemic which promotes joint-up thinking across sectors and disciplines, that can look not just at the impact on health but also at the impact of social support, finances, housing, land-use, and land tenure.

### **3.3.2 Economic situation and poverty**

KWT is one of the areas in the Eastern Cape which is poor, and which fills the impact of HIV because it is the area which is two thirds rural. Husbands tend to work in the mines leaving the household with little support systems. When they come back they infect their wives because they do not even know their status. Their wives become ill and need treatment. In the absence of treatment, because the wives are not working, they experience a long period of illness that culminates into death. HIV therefore has an impact in the individual's health. One woman by the name of Noma-indiya (not her real name) who lives at Balasi valley and is currently positive told me that because of unemployment she had to sell all her chickens in order to buy treatment.<sup>22</sup> The Eastern Department cannot provide ARV's adequately,

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19 Judith, Appletion: *Gender and Development*, 2000

20 Alan and Clem, AIDS, p.45

21 Janet, Seely and Pringe Colin, "Sustainable Livelihoods Approaches and the HIV/AIDS Epidemic. A Preliminary Resources Paper," 15<sup>th</sup> December 2001 at <http://www.deserve.co.29/seeley%20>

22 Recorded interview with Noma-Indiya on the 10<sup>th</sup> April 2006.

making the poor individuals to dispose all their resources. All the clinics are distributing ARV's. Bisho hospital, which is 8,5km from the city centre and caters all the people that comes from the rural area, also distribute ARV's. There are only 100 people who are on ARV's in the KWT area.<sup>23</sup> The average of people dying every month in the KWT area with the suspected AIDS related illnesses is 423.<sup>24</sup> In some other cases where a person is due for ARV's, the local hospital has to make that person wait for another six months, and by the time six months elapsed, the person is already dead. What I have noticed, poor people suffer the most with AIDS. Only the well-to-do can survive for a long time. Judge Edwin Cameron in a speech to the V111 International Conference on HIV and AIDS said:

I can take these tablets, because on the salary I earn as a judge, I am able to afford their cost... in this I exist as a living embodiment of the iniquity of drug availability and access in Africa... My presence here embodied the injustices of AIDS in Africa because, on a continent in which 290 million Africans survive on less than one US dollar a day, I can afford monthly medication costs of about \$400 per month. Amidst the poverty of Africa, I stand before you because I am able to purchase health and vigour. I am here because I can afford to pay for life itself.<sup>25</sup>

The quotation above depicts the situation in King William's Town and the entire Eastern Cape, where people cannot afford to pay for medication and the government is dragging the feet to cater for its own citizens.

The following statistical data bears testimony to the fact that HIV/AIDS has become the most devastating pandemic ever experienced in the history of epidemiology in South Africa:<sup>26</sup>

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<sup>23</sup> *Epidemiological Comments*, 2005.

<sup>24</sup> Home Affairs Official Document No.11 of 2006, King William's Town,p.9

<sup>25</sup> Edwin Cameron, "Human Rights Legal rights and the Battle against HIV: Outline of Key role and address: Conference on 'Aids and Litigation: 21<sup>st</sup> September 2003.

<sup>26</sup> The Values Book: 2006, A Discussion Guide for Christian Leaders, p. 5. or visit [www.heartlines.org.za](http://www.heartlines.org.za)

**Estimated Number of People (15-49) Living with HIV in King William's Town, 2005<sup>27</sup>**

<b>Age Group (Years)</b>	<b>Estimated Female Population (15-49 yrs)</b>	<b>Estimate Number of HIV+ve Females</b>	<b>Estimate Male Population (15-49 yrs)</b>	<b>Estimated Number of HIV+ve Males</b>	<b>Total Estimated Number of HIV+ve Population</b>
15-19	409,441	55275	264,525	49288	104563
20-24	276,026	86948	264,999	70953	157901
25-29	232,484	90901	197,003	65316	156217
30-34	199,008	62887	158,192	42490	105377
35-39	205,066	44089	148,690	27173	71262
40-49	379,835	81665	275,384	50326	131991
<b>Total</b>	<b>1,701,860</b>	<b>478223</b>	<b>1,473,823</b>	<b>350770</b>	<b>828993</b>

Lori Bollinger and John Stover observed that,

<sup>27</sup> These survey findings show that 57.7% women (15-49 years old) are living with HIV compared to 42.3% males. Epidemiological Research & Surveillance Management Directorate Eastern Cape Department of Health, 2005 *Eastern Cape Department of Health HIV and Syphilis Antenatal Sero-Prevalence Survey in the Eastern Cape, Year 7, No. 28, p. 12.*

[HIV/AIDS] is different from most other diseases because it strikes people in the most productive age groups and is essentially 100 percent fatal. The effects will vary according to the severity of the AIDS epidemic and the structure of the national economies. The two major economic effects are a reduction in the labour supply and increased costs: The loss of young adults in their most productive years will affect overall economic output. If AIDS is more prevalent among the economic elite, then the impact may be much larger than the absolute number of AIDS deaths indicates. The direct costs of AIDS include expenditures for medical care, drugs, and funeral expenses. Indirect costs include lost time due to illness, recruitment and training costs to replace workers, and care of orphans. If costs are financed out of savings, then the reduction in investment could lead to a significant reduction in economic growth.<sup>28</sup>

Whilst Bollinger and Stover were mainly concerned with the economic impact of AIDS, they have broadened their analysis in a way that included other spheres of social existence as equally affected by AIDS such health, transport, mining, education and water. These two authors said that AIDS impacted the health sector for two reasons Firstly, it will increase the number the number of people seeking services. Secondly, health care for AIDS patients is more expensive than for most other conditions. The number of people infected by AIDS who are seeking health care is too high to such an extent that most hospital beds are now occupied by AIDS patients. These authors went on saying that, "On average, treating and AIDS patient for one year is about as expensive as educating ten primary schools students for one year".<sup>29</sup> Bollinger and Stover went on saying that taking into account that most of the people who are infected with AIDS are in the school going age group "the education system also faces a special challenge to educate students about AIDS and equip them to protect themselves".<sup>30</sup> In the same vein, Karl Maier said that, "The impact on Africa's drive to reverse generation of economic decline will be devastating as scores of workers, educated civil servants, and young mainly women farmers are lost."<sup>31</sup> While the economic impact of HIV and AIDS has been the major focus of many governmental health prevention efforts, an equally important impact of HIV and AIDS which has not be given enough attention is the socio-psychological vulnerability which the pandemic has created.

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<sup>28</sup> Bollinger, L. and Stover, J. 1999 "The Economic Impact of AIDS", (Glastonbury: The Futures Group International) [Unpublished Paper], p. 1.

<sup>29</sup> Ibid, p.6.

<sup>30</sup> Ibid, p. 7.

<sup>31</sup> Maier, K. 1998. *Into the House of the Ancestors: Inside the New Africa*, (New York: John Wiley & Sons, Inc.)p. 80.

Barnett and Blaikie are of the view that AIDS in Africa should be seen as a disaster that differs from other short term disasters such as earthquakes, Rather we should see it “as a *long wave* disaster in which the major effects have already begun to occur long before the magnitude of the crisis is recognised and any response is possible. Parallels may be drawn here with similar long wave disasters such as global warming or the effects of acid rain”.<sup>32</sup> As a long term disaster, “the different stages of coping are extended and delayed”. These two authors identified two stages of coping with long term disasters. The first stage involves identifying the disease and explaining it. The second stage is that of employing traditional mechanisms for coping with the aftermath of a prolonged disaster.<sup>33</sup>

Within this coping process, people are mostly concerned with the idea of caring for the sick and orphans, and they are in most cases preoccupied with the idea of how to avert this prolonged disaster from visiting their family again. In most cases recourse is made to the help of tradition healer or prophet mostly for two reasons. Firstly, to establish the cause of death within the spiritual realm, and secondly to ensure that their solidarity with the ancestors can spare them of the scourge from recurring. Such methods of coping with the AIDS pandemic arise mainly from the African religious conviction that sees the universe as an interrelated whole in which everything has explanation in relationship to everything else. Such an outlook entails that apart from the exhausting physical care they do give, the family has to provide spiritual care as well.<sup>34</sup> Both processes are exhausting to those infected and affected such that they impose a strong psychological strain. Another area that seems to cause a lot of stress and depression in coping with AIDS is that of death. Barnett and Blaik found the prevalence of fatalistic attitudes towards life among many African men. Such attitudes come

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<sup>32</sup> Barnett, T. and Blaikie, P. 1992 *AIDS in Africa: Its Present and Future Impact*, (London: Belhaven Press), p. 56.

<sup>33</sup> Ibid. p. 58.

<sup>34</sup> Ibid. p.59.

in the form of responses such as, "What benefit do people get if they die late of old age?; Bodies are all buried the same way; ... Who is never going to die?".<sup>35</sup>

Such an attitude is not only about fatalism in the face of a fatal disease, but a way of coping with a disaster amidst hopelessness. This encourages people to think mainly on a short-term basis when the future is gloomy. Smangaliso Mkhathshwa observed that,

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<sup>35</sup> *Ibid.* p. 61

The AIDS epidemic is indeed the wounded hollow in the side of humanity. Yet if we tackle it courageously we will find here the opportunity for our roots to run closer, for our branches to lean on one another, for our weakest moment to become a new strength as a human community....AIDS is not about disease. It is about *persons* with a disease. The personal dimension of AIDS is about vulnerability, shown in ignorance, fear separation, loneliness, alienation, stigma, judgement, pain and death...One could say that the worst virus is not the AIDS virus but the virus of prejudice, the virus that attacks our minds and leads to hatred and fear.<sup>36</sup>

Whilst the AIDS pandemic has created various emotional reactions in people as a way of coping, the idea which is being put forward by Mkhathshwa is that we should see it as a tragedy that is fundamentally affecting all of us as human beings.

It is through ignorance and prejudice that our coping mechanisms are always filled with fear. Prejudice and fear has been central to the way people have coped with HIV and AIDS within society and Church congregations and especially to YMG.

### 3.4 CONCLUSION

In this chapter I have started by introducing it, the geographical location of King William's Town, its brief history, its population, HIV and AIDS in KWT and its epidemiological statistics and the its impact and people's original response in KWT. In view of the above, the following chapter has to deal with the YMG and their response to this HIV pandemic since they are part and parcel of KWT.

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<sup>36</sup> S. Mkhathshwa, "Personal Relationships: Family, Sexual Relationships and the AIDS Epidemic," in *The Moral Renaissance: Government, Politics, Ethics and Spirituality* Vol 2 (Feb 2000).

## CHAPTER FOUR

### YMG'S ATTITUDE TOWARD HIV AND AIDS

#### 4.1 Introduction

In this chapter I will deal with the background of YMG, its history, its constitution, its role, its attitude towards HIV, HIV impact to YMG and the response of YMG.

#### 4.2 Background of YMG

The Young Men's Guild, commonly known as the YMG, is a Men's movement of the Methodist Church of Southern Africa. The acronym YMG stands for Young Men's Guild. The reason for them being called Young was to emphasize the point that they never grow old or tired of spreading the good news of Jesus.<sup>1</sup> It had nothing to do with the age of its individual members. In fact, the name of the movement explains its characteristics. It is young at heart; it is a men's movement and only males are allowed to become members; it is a guild, an association of like minded people.

In this chapter, I discuss the YMG in its larger context of the MCSA and in South Africa as a country. My keen interest, of course, shall be the YMG in the Eastern Cape and most specifically in the KWT circuit. In this chapter, I shall endeavour to demonstrate the history, the constitution, and the role of the YMG as an organization. I shall also in this chapter analyse the attitudes of the YMG members towards HIV as demonstrated in the interviews.

#### 4.3 The History of YMG

The name Guild has a historical connection with a business association of foreign men in England in the 17<sup>th</sup> century.<sup>2</sup> The guilds had fled persecution in France and landed in

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<sup>1</sup> Mahabane, E. *The Young Men's' Guild* in Garret, E. *Methodism in South Africa* (Cape Town: Methodist Publishing House, 1955), 65. The other fact is that young men in Entembeni under the leadership of a junior minister the Rev. Gideon Baqwa started this movement.

<sup>2</sup> L. Jaffa, Superintended KWT.



England as refugees. They formed themselves into guilds with a single purpose of enhancing business among themselves. Some of these were cotton spinners, weavers, sail cloth makers, glass workers, tapestry weavers, paper workers, silk weavers, hat makers, and carpet weavers. The YMG started under the same notion but with a different business, winning souls for Christ. The religious guild is indirectly related to John Wesley's 'Holy Club' at Oxford. The goal here was "holiness to the Lord; it was to be like Jesus; it was to advance the spirit of brotherhood or Christian comradeship".<sup>3</sup> They ended up being called 'Methodists' because of their code of conduct. It is not surprising to find the YMG often calling themselves: *Amaadodana ka Dyan Weseli* (Sons of John Wesley). The reason behind that description is that they assume the characteristics of early Methodism.

The YMG seed germinated under the prevailing conditions found in the mining industry in South Africa. In this culture of mines virtues were disappearing. Men in these circumstances had been uprooted from their familiar surroundings in the rural areas. They had been separated from their kinsmen, wives, parents, and girl friends. At work, they could not fill the loneliness because work demanded their utmost attention. They thus tried to feel the vacuum with prostitution relations, and indulged in rape and drugs. The YMG became handy in this environment that necessitated spiritual revivalism. It combined both Christianity and African ethics and preached a lifestyle of no prostitution, respect for the opposite sex, no rape, marital chastity, and devotion to God.

In the Eastern Cape the growth of the YMG is associated with the powerful evangelistic ministry of Charles Pamla<sup>4</sup> at Etembeni and Gideon Baqwa who was probation minister at Elukholweni under Pamla, the Superintendent<sup>5</sup>. This was around the year 1866. It was here that the first group of YMG was started under the name *IMBUMBA (Unity)*. *BAQWA (umfundisi omncane* in the Natal West district language) gathered around him

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<sup>3</sup> Ibid.

<sup>4</sup> Charles Pamla was a popular Methodist minister, who was great with his preaching and is understood to have made the ministry of missionaries successful. He interpreted for Bishop Taylor. See also Balia, D. *Black Methodists and white supremacy* (Durban: Madiba Publications 1991) 21

<sup>5</sup> *Indodana Official Mouth Piece of the YMG Vol.01 N1*

group of young men for fellowship and secret prayer.<sup>6</sup> We are not sure of the exact date that it was formed but we know that if Pamla arrived in Etembeni in 1866 and left in 1882 then it was between those years 1866-82. It faced opposition from some black clergy and white people who were opposed to the adoption of *isicathamiya* and *ingomabusuku* type of music that this movement adopted. White people did not like the style and equaled it to paganism. At first the leadership at connexional<sup>7</sup> level was under a white president by the name of Cyril Wilkinson's. He even wrote the constitution of the movement. It was accepted by the Conference in 1929.<sup>8</sup>

However, the name of the association was not to easily come by. In 1918 the name was 'Native Young Men's Christian Association. According to the recommendations sent to the Methodist convention in 1921, in the minutes of the synod, the name of the organization was 'Young Men's Christian Association'. In the minutes of the 1930 synod held in Mount Coke, the name of the association is provided as 'Young Men's Manyano of the Wesleyan Methodist Church of South Africa'.<sup>9</sup> In this synod the badge (*imbasa*) was agreed to include the initials 'Y.M.M'. The name 'Young Men's Guild' was accepted in a majority vote during King William Town conference in 1940.

The year 1933 witnessed a great expansive growth of the movement as circumstancing the first annual meeting which was held in Albert Street, Johannesburg. It was understood as the "Sons of John Wesley" and its motto was Jesus Christ for Africa.<sup>10</sup> It was only in 1947 that the first black minister could be appointed as a president of the YMG. This was the Rev. Z. R. Mahabane. It is notable that Mahabane had been president of the ANC in the early 1940s. All the annual conventions up to 1941 were held on Good Friday. Interest continued to grow and the number of delegates was becoming a problem as far as accommodation was concerned. It was decided that a three- day convention be tried the following year in May 1942. This convention had all circuits paying a levy of ten

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<sup>6</sup> Indodana 2000:12

<sup>7</sup> In the MCSA leadership structure, Connexional office represents all the districts in a single region, connexional level.

<sup>8</sup> Indodana Official Mouth Piece of the YMG Vol.01 N1.

<sup>9</sup> Ibid.

<sup>10</sup> Ibid.

shillings. The theme of the convention was: 'ye shall be my witnesses in Jerusalem and in all Judea and Samaria and unto the utmost parts of the world (Acts 1: 8)'. The movement has since the 1950s grown immensely. Today "it is rare to find a black Methodist minister who is not a YMG member".<sup>11</sup>

The uniform of the YMG became a contested issue in the 1930s. The importance and the role of the uniform as a mark of equality and comradeship was accepted in all provinces. However, the colour and the type of uniform had not been unified. In Cape Town, the waist coat was red, whereas Grahamstown, Port Elizabeth and Queenstown had a coat with red regalia from the right shoulder up to under the left arm. In Natal, the jacket was white in colour whereas in other districts the jacket was black. In 1941 a conference was held in East London which attempted with minimum success to unify the uniform. The late B. M. Cebindevum and M. M. Mvinjelwa were the pioneers of this red waist-coat that is worn today. This was accepted as the YMG uniform in the Transvaal during a triennial held in King Williams Town under the presidency of the reverend E. N. Baartman. It was the confirmation and the endorsement of the move which was put forward by the Mthatha triennial of 1992 under the presidency of Rev. E. S. Fatyela. The agreement was that a black blazer, a grey trouser, a black pair of shoes, black socks, white shirt and red waist coat be the uniform.

The uniform of the YMG has a theology behind it. The black colour symbolizes our dark past. The members were dark in sin but have been cleansed by the blood of Jesus Christ which is symbolised by the red jacket. White colour represents the purity which has come on the members after the cleansing.

#### **4.4 The Constitution of YMG**

The present constitution of the YMG was formulated in the early 1950s when Rev. Price S. Mbete was a connexional president of the YMG. This constitution makes provision in its programme for the YMG to have social and educational programmes at circuit,

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<sup>11</sup> L. Jaffa, The History of YMG, Superintended of KWT Circuit.

district, and connexional levels.<sup>12</sup> It is in this light that Rev. T. S. Gqubule appealed to the YMG “to have issues of agriculture and the use of land in its programmes in circuit and district conventions as well as at connexional level”.<sup>13</sup>

In all the twelve districts of the MCSA, including Swaziland, Lesotho, and Namibia, the YMG is alive and is, in many ways, the spearhead of the church. There are district conventions each year. Once in three years, there is the Triennial Convention held in different districts of the connection and attended by representatives from all the districts. The president of the Triennial Convention is a member of the Annual Conference of the said MCSA while in the district synods, the presidents of the district conventions are automatically members. This indicates that the YMG is a fully recognised part of the church. The YMG has a typically African flavour which is easily noticeable whenever they take the platform to conduct their services. The distinctive uniform of the YMG is a black jacket, a grey pair of trouser and black shoes, white shirt and a black tie. In official meetings and in major services, members of the YMG identify themselves by this uniform.

#### **4.5 The Role of YMG**

The YMG in Methodism is involved in many roles. The chief ones include evangelism and gender education.

##### **4.5.1 Evangelism**

One of the primary goals of the YMG has been to evangelize.<sup>14</sup> Today we live in a Post-Christian era where Christianity is no longer the only selling product, but rather it is competing with other religions, (Muslims), technology and sports. In the early days when the YMG did a street revival it came with a lot of converts. In contrast to today, they face

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<sup>12</sup> The Laws and Discipline of the Methodist Church of Southern Africa: Tenth Edition, 2000. The Methodist Publishing House p. 177.

<sup>13</sup> T. S. Nqubule, *The YMG and Socio-Political Issues*, in the MCSA, *Imbali ya 75 Iminyaka* (Pretoria: MCSA, 2005), 31.

<sup>14</sup> Mahabane, E. *The Young Men's' Guild* in Garret, E. *Methodism in South Africa* (Cape Town: Methodist Publishing House, 1955), 65.

sarcasm and come back disillusioned. The YMG is still doing evangelism but the challenge has been how do you do it in a context like ours which is pluralistic and faced with poverty. In my experience evangelism for the YMG is one that is spreading religious tolerance, whilst not losing what it is as a Christian movement. Secondly evangelism for the YMG means adopting strategies of offering a holistic gospel to the whole person. This will mean embarking on projects and ministries that will offer practical solutions to people's problems instead of a 'pie in the sky'. The form of evangelism today must be dialogical, that is, it must engage the real experiences of people.<sup>15</sup>

I therefore concur with Raymond Kumalo that evangelism must be dialogical by engaging the community in changed behaviour as a result of conversion. Sin must be condemned, including sexual sins like adultery and fornication. In the YMG evangelism message, it should be emphasized that spiritual rebirth leads to moral change which is the only sure way of preventing the spread of AIDS.

#### **4.5.2 Gender Education**

Sex among the Xhosa people belongs to men. It is a property owned by and availed at the demand of men. The entire issue of sexuality is male dominated with little if any recognition of women's role or concern. Polygamy is culturally provided to help men satisfy their sexual appetites when one of the wives is pregnant or nursing an infant, or even when she is sick. This value is so culturally embedded that women who question this order of things are seen as outcasts and insubordinate. Pressure is also culturally exerted on men who fail to live to this value system. If a man is not "satisfied sexually" by the wife, he is advised by the elders to marry another maiden. A major crisis is experienced when cultural expectations clash with judicial rights of women at the context of Christian marriage. Polygamy is not a popular option among Christian circles. When women try to demand from their husbands some compromise considerations and this does not come through it is normally followed by what has come to be termed as sexual violence. The media is full of ugly stories of murdered women at the escalation of sexual

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<sup>15</sup> Simanga Kumalo, *The Role of the YMG in a Transforming Society*, unpublished essay, 18 March 2006.

violence. This is a major challenge considering the recent problem of HIV and AIDS. These two crisis, sexual violence and HIV/AIDS, are such related that none can be looked in isolation of the other. Beverly Haddad is in agreement that the two crises not only exist side by side but that "each crisis relates to human sexuality and to unequal power relation between men and women".<sup>16</sup> The Xhosa culture renders women powerless in asserting their fears and taking measures against HIV and AIDS. They are expected to agree with anything that suits the husband even if it increases the risk of contracting the HIV virus. Yet, the family loss, pain and burden of care at the crisis of AIDS fall squarely on the woman.

Gender talks have tended to center on women alone leaving men out of the picture. Yet men are the key figures to address if gender disparity and its place in reducing the spread of HIV are to be reduced. It is here that the YMG comes handy. It can contribute to teaching men on what it means to be a responsible African Christian man. African men feel threatened by the power that women are gaining in society, through political positions, education and economic power. Recently we have seen how men are abusing women and children. The YMG can be a space where men can be trained to be comfortable with whom they are and find power in their position to satisfy them.

If the YMG can take a resolution to speak about this problem in its meetings then there would be a significant reduction in the spread of HIV. In the Xhosa culture, younger men were taught by their elder brothers and fathers about how they must treat women, especially when they get to puberty, they were guided. They would be taught to behave morally, not to sleep around or to force women. As a result a young man would resort to *Kusoma*, not to rape women and abuse small children. Today there is no platform from which to learn that way of life. The YMG can become a place where men sit down with elder brothers and fathers and discuss these problems and how to control the behaviour. Secondly one of the open secrets is that some marriages that are breaking down are either because the man is not honest or not being satisfied by his wife. It could also be because

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<sup>16</sup> Beverly Haddad, "Gender Violence and HIV/AIDS: A Deadly Silence in the Church," *Journal of Theology for Southern Africa*, 114 (November 2002) 93-106.

he is not satisfying his wife, then the wife leaves. Can the YMG be a place where we can talk about how to be a man that satisfies your wife in your house and who is being satisfied by his wife? Christian sexuality education can be done here and it will change our world.

Christianity must confront the Xhosa culture in the areas that it becomes abusive against either sex. Masculinity and responsibility can be redefined in a Christian way through reflective participation of the YMG members. The YMG is therefore a conducive space in dealing with the gender factor as a key spread of HIV.

#### **4.6 YMG's Attitude towards HIV (information from interviews)**

Having seen the history of HIV in King William's Town District in chapter three, and having reflected on the epidemiology of HIV and AIDS in KWT District which includes the current response by the YMG, we now turn to evaluate the aims, the objectives, the strengths, and the weaknesses of YMG and its attitude towards HIV and AIDS in the light of the responses from the interviews. This will be done by seeking to analyse and interpret the data collected in YMG (Young Men's Guild) in KWT Circuit. In other words, the collected data will enable us to look at the creative means that YMG can use to reduce the spread of HIV. This is because a movement like YMG should participate in the fight against the HIV and AIDS epidemic for it is exceptionally positioned in the society so that it can effectively engage in the war against AIDS.

This process will lead to the analysis and interpretation of each of the ten sessions I conducted the interviews in YMG. The analysis presents a critical evaluation of the work of YMG in King William's Town Circuit in general. Given the geographical and the unique social circumstances in which the YMG operates. The organisation's interventions should be seen as what the church should do in the whole of the Methodist church and what it should do to complement the government's and other agencies' efforts in the fight against HIV and AIDS epidemic. The focus of the chapter is on how the YMG can become involved in the prevention of HIV and I will use the data collected

from the fifteen men in this fellowship. In the process an attempt is made to test my hypothesis namely: the YMG might be a fruitful experiment of the church's involvement in the fight against the HIV and AIDS epidemic.

The chapter is divided into three sections. The first section briefly gives the collection of data. The second section is about data analysis and interpretation and the third section is about general contribution of YMG to HIV prevention.

#### **4.6.1 Collection of data in YMG Fellowship.**

In order to give accurate information on which the YMG can be involved in the prevention of HIV and AIDS the researcher has intentionally opted to be flexible in data collection methodologies. Thus a combination of structured questionnaires and open-ended interviews were used in tandem to increase the areas of information available. The data were collected during the ten days I have been fellowshipping with the fifteen members of this organisation. Each day I could present a particular question and the members were able to respond and discuss the question. To reach those who were not there I could send questionnaires to them at home and I could ensure that they were returned the following day (please see appendix 1). In total I interviewed twenty people; fifteen were orally interviewed while five used questionnaires and all of them were under the conditions of anonymity. The reason for using questionnaires for some is because some of the officials were too busy to come every week for YMG fellowship. What I realised is that, in terms of cost, self-administered questionnaires were cheaper than interview schedules and the fellowships I attended. In this regard, ten questions were formulated as we will see below. Again what surprised me is that all the questionnaires were returned; something which rarely happens to questionnaires because the researcher is not in control of the conditions under which the data are elicited.

Similarly, this research adopts the Action Research (AR) methodology I could participate in whatever they were discussing. This is because in the Action Research



method a research is participatory. This agrees with Knight who describes Action Research as:

often participatory ... always geared to making a difference ... can hardly be called objective and it is often a passionate matter for the researcher, who may bring considerable commitment...<sup>17</sup>

I prefer using Action research because I want to assist the YMG in saving the community from the escalating HIV spread and again I wanted to get an opportunity of first-hand experience and observation of the data required.

#### **4.6.2 Data analysis and interpretation**

Margaret Peil reminds us that:

whether data come from documents, through observation or interviewing, the process of analysis involves organisation, manipulation and considering of their meaning.<sup>18</sup>

Through the data presented at the YMG fellowship, I examine and evaluate the work of YMG especially in regard to HIV and AIDS prevention. As mentioned earlier, all the interviewees preferred to keep anonymity in their interviews and we agreed to name them by codes made from the first letter of their first names, surname and the middle names for some. For instance, if the person is called Mswadile Zondo, he will be called MZ. If another one is called Linda Lumka Mbeki, she will be called LLM. We will start by putting together the interview statistics of each day and then analysis and evaluate thereafter. We begin with the general information of the members in our study group. In the YMG fellowship the following information was gathered:

- (a) Nineteen are blacks and one is a coloured.
- (b) Thirteen stay with their families in town while seven don't stay with their families.

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<sup>17</sup> P. T. Knight, *Small Scale Research* (London: SAGE Publishers LTD), 2002, 37.

<sup>18</sup> Margaret Peil, *Social Science Research Method: A book for Africa* (second revised edition), Nairobi: East African Publishers, 1995 p. 130.

- (c) Eight are unemployed; five have their own business while five are employed by the companies and two are employed by the government.
- (d) Among the twenty, one person has a primary school level education, seven have done matriculation, and four have university degrees, while eight have college diplomas.
- (e) Among the twenty YMG members interviewed six are living with the HIV virus and they don't have a support group though they have openly declared their HIV status to the congregation. The above is summarised in the table below:

**Table 1: The general survey of the YMG study group**

Item	Number	Level of education	Race	People living with AIDS (PLWA)	Those staying with their family
Employed by the Government	2				
Self employment	5				
unemployed	8				
Employed by the company	5				
Primary school		1			
Secondary school		7			
Diploma		8			
University		4			
Blacks			19	5	12
Whites			nil	nil	nil
Coloured			1	1	1
Indians			nil	nil	nil
Total	20	20	20	6	13

From the data above we note that the majority of the people who are most affected by HIV and AIDS are black people. The data also indicated that most of those who are affected don't stay with their families in this town and again they have a low level of education compared with the rest in the fellowship. Similarly, we note that they are also unemployed or they are self employed. Perhaps we can say that lack of education, unemployment, staying far from their families and poverty could have contributed to the high spread of the virus. We now turn to listen to their stories and experiences which were collected for ten consecutive weeks. In this everything that each individual said is recorded so that it can help us in analysing and evaluating the data.

#### **4.7 Impact of HIV to YMG**

The chapter was set to evaluate the aims, the objectives, the strengths, and the weaknesses of YMG and its attitude towards HIV/AIDS in the light of the responses from the interviews. This drove us to listen to the voices of some of the YMG (Young Men's Guild) at King William's Town Circuit members, analyse and interpret the data collected. From the reflection of the data collected we were able to look at the creative means that YMG can use to reduce the spread of HIV. The chapter has revealed that for YMG to be effective it should adopt methods that will enable it to reduce the prevalence of HIV and AIDS in the community. From the data evaluation and analysis we have seen that there is need for new approaches and methods that YMG needs to put in place to be effective in the war against HIV and AIDS. First, the chapter has suggested that YMG should start formulating their HIV and AIDS materials, pamphlets, newsletters, stickers, leaflets and posters which have religious values, to sensitize the community on the prevention methods. The second method suggested is that of the education method of prevention. It is seen that YMG has the capacity to develop audio tapes and videos in the local languages and dialects which could be used and shown in YMG meetings, in town, workshops, conferences, churches and in the open Air or on open fields. The study notes that because a movement like YMG is rooted at the local level, it should participate in the fight against the HIV and AIDS epidemic for it is exceptionally positioned in the society so that it can effectively engage in the war against AIDS. And in revisiting the

prevention method, the chapter has taken cognisance of the fact that there are other NGOs who have also trod on the area of prevention and as such the YMG should join them by emphasising abstinence, be faithful and condomising. This was seen as the best way to fight the HIV and AIDS epidemic. This has therefore prepared us to summarise and conclude the whole thesis. To this we now turn.

It has also been established that HIV has a great impact on YMG members. This has been evidenced by the number of YMG members who are buried per year in the circuit, which are at least two. The evidence is that they are dying with AIDS related illnesses such as pneumonia, pulmonary tuberculosis and meningitis.<sup>19</sup>

#### **4.8 YMG's Response to HIV and AIDS**

People's response towards HIV and AIDS can be characterised as follows. Some have responded to this pandemic as punishment from God whilst others have responded to it as punishment from ancestors. This response is in line with Christine Gudorf's observation that some Christians have adopted an attitude of blaming the victim or sufferer for wrong doing.<sup>20</sup> Those who suffer from AIDS are usually blamed for indulging in sex outside of marriage or for being unfaithful to their marriage partners. Hence those who suffer from AIDS are considered to have lived sinful lives. Sometimes religious fundamentalists have used the prevalence of this epidemic in King William's Town as empirical evidence of the wrath of God towards sinful living. There are those African traditionalists who say that "AIDS is caused by a malicious wind brought on by the government's decision to take away the powers of the traditional leaders over judicial matters and land".<sup>21</sup> In this response, AIDS is interpreted as a disease that was set in motion by African post-colonial governments' embrace of modernity. Within such an interpretation, the problem that confronts YMG is that the Church has always preached a gospel of purity or a gospel that

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<sup>19</sup> Death register at Zwelitsha Methodist Church, compiled by the King William's Town Circuit.

<sup>20</sup> Gudorf, C. "Parental Rights in the Age of AIDS", Wolfe, R. W. & Gudorf, C. E. (eds.), *Ethics & World Religions: Cross-Cultural Case Studies*, (New York: Orbis Books, 2000), p. 381.

<sup>21</sup> Maier, p. 97.

encourages people to turn away from their traditions, hence the YMG has never been comfortable with such a position.

Whilst the general governmental response to HIV and AIDS has also involved campaigns within the modern healthcare and traditional healthcare domains the YMG's participation in these domains has remained ineffective because its evangelical and spiritual outlook has never been reconciled with the African traditional healthcare domain. This also implies that its participation in combating this epidemic has remained exclusivist in the sense that most of the campaigns are mostly flavoured with lots of ambiguities. The popular idea that HIV and AIDS can be prevented through the use of condoms carries with it lots of ambiguities. For example, in African culture, sex is not supposed to be spoken about in public. Here is an observation that was made by Musa Dube comes to mind, especially. She said that "most African nations have not allowed themselves to officially name HIV and AIDS in African languages that would speak to African people, who are among the hardest hit by this pandemic".<sup>22</sup> The point that is being made by Dube here is that there is a deficiency in the naming of HIV and AIDS in a way that will make it intelligible to the majority of the African people. Equally, the famous HIV and AIDS prevention strategy of ABC – Abstain, Be faithful and Condomise is also full of contradictory messages. If one looks at it from a critical angle, an impression is created that if someone cannot abstain and be faithful to one partner, they should resort to the uses of condoms. Here the implication is that it is acceptable for someone to be promiscuous as long as they can use a condom.

The continuous prevalence of HIV and AIDS among the youth is yet a demonstration of the fact that the use of a condom is not the ultimate weapon in the fight against HIV and AIDS. There are also stories that many young men have always resisted using a condom on the grounds that 'one should not eat a sweet with its cover'. In this regard, the main presumption is that an unprotected sex act is more preferable than a protected one. Another problem tied up with the use of condoms in the prevention against HIV and

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<sup>22</sup> Dube, M. W. 2006 "Adinkara! Four Hearts Joined Together: On Becoming Healing-Teachers of African Indigenous Religion/s in HIV& AIDS Prevention", in Phiri, J. A. and Nadar, S. (eds.), *African Women, Religion, and Health*, Pietermaritzburg: Cluster Publications, p. 135.

AIDS is that it puts the safety of women during sex entirely in the hands of men.<sup>23</sup> Whilst Christian sexual ethics does prohibit the practice of sex before marriage, the high prevalence of HIV and AIDS deaths among the youth is yet an empirical affirmation of the fact that people do practice sex before marriage. An argument that has been raised by AIDS activists against this Christian sexual ethic is that to teach people not to use the only weapon they have (condom) in the face of a catastrophic pandemic is irresponsible. It is in the light of this type of argument that a confusing message on the prevention of HIV and AIDS through the use of condoms has remained problematic in the Church's ministry amidst the epidemic.

Within such a situation, a gospel challenge that confronts YMG is that of trying to come to terms with the idea that as members of the Church they are called to be committed and compassionate to people who are suffering. Within the YMG, it has been my observation as a member that people living with HIV and AIDS are discriminated against. In a situation of stigmatisation, prejudice and gossip, those who are living with HIV and AIDS and the congregation at large are less likely to accept the presence of HIV and AIDS in their midst and co-operate in the prevention of the factors which lead to the increased vulnerability to HIV. The Christian moral principles of justice, compassion and love of one's neighbour as oneself are violated. Benezet Bujo emphasised the importance of compassion and solidarity towards those suffering from HIV and AIDS when he said,

Might it not be that AIDS, as an acquired immunity deficiency even towards minor infections, is perhaps a symptom of a deeper spiritual immunity deficiency? ...The question mentioned here seems to be of great importance for theological ethics. Ethics has to be formed in an ecclesiastical way. If the Church is a community of believers in Jesus Christ, communitarian thought and action are part of her. It is her task to make it possible for each individual to lead a life of human dignity.<sup>24</sup>

In the light of the above quotation, Bujo is emphasising the importance of communal caring and solidarity with those who are suffering from HIV and AIDS as a true reflection of what it means to be a Christian. It is through being a caring community of

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<sup>23</sup> Ibid. 137.

<sup>24</sup> Bujo, B. 1998 *The Ethical Dimension of Community: The African Model and the Dialogue Between North and South*, (Nairobi: Paulines Publications Africa), pp. 186-188.

believers that Christians will be able to live their Christian vocation to the fullest. Being a solidaristic and caring community is seen as the most effective way of fighting against HIV and AIDS. This idea was also made by Musa Dube when she said that,

Prevention calls for a community-centered approach in which the whole community works for its own health and the healing of its members. Community consultation will be needed to divine the broken relationships as well as to undertake the necessary actions to mend them. I see this approach as central to the prevention of HIV and AIDS, given the pandemic's dependence of broken or unhealthy relationships, that is, social injustice.<sup>25</sup>

In this way of reasoning, it is evidently clear that from a Christian perspective, the prevention against HIV and AIDS can only be effective from the communitarian understanding of the Christian gospel. The implication here is that YMG are also called and challenged by the Gospel to live lives that express or show concern and care for those who are infected and affected by the HIV pandemic.

#### **4.9 General Contribution of YMG to HIV Prevention**

Listening to the voices and experiences of the YMG members from the stories that I have recorded, I noted that among the issues which surfaced from the day one interview is that YMG is totally ignorant on the issue of the HIV and AIDS epidemic. The general perception is that the organisation assumes that HIV and AIDS affect others and not them and yet six members of this team are living with the virus. We also noted that they don't have a support group and if they have then it is not in YMG. In particular YMG is not living in accordance with the organisation goals and objectives because if they are living to that standard, then they could not allow some of their members to suffer from loneliness. In fact YMG fellowship can be a good place to start a support group for those who are both infected and affected. This is well articulated by ST, who argues that the YMG should wake up from its slumber land and join other development agencies in the fight against AIDS and they can start by teaching their members on the preventive measures in the fellowship. What this implies is that most of the people in this organisation feel that YMG has the capacity to engage all men in the organisation in the fight against AIDS. On the other hand most of the members have a feeling that the

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<sup>25</sup> Dube, "Adinkra! Four Hearts Joined Together", p. 145.

guiding philosophy of YMG should be based on the assumption of including everybody in the fight against AIDS. This is because HIV is not just there as most of the members presume, but it is with us in our church, in our community and in our home. For that reason YMG should act as an energizer or catalyst and should aim at promoting prevention methods because the HIV and AIDS epidemic is preventable and manageable. What is clear from day two is that seven people out of fifteen who answered the above question agree that YMG does not discuss the issue of HIV in their programmes. In the same way, we noted that three are not sure of whether the organisation has ever discussed the issue of HIV in their programme. Therefore this makes a total of ten people who believes that YMG does not discuss the issue of AIDS in their programme. Even though five people believed that YMG discusses the issue of AIDS in their programme, nevertheless, there is a very clear indication that this organisation does not consider the issue of HIV and AIDS as a priority in their programme. The interpretation of this data reveals a number of crucial facts. First we realise that YMG is a sleeping giant and if it is awakened it can do a recommendable work. For YMG to be silent when even some of her members are struggling with the disease is refusing to face the reality.

In fact there is a need for an organisation like YMG to start breaking the silence which surrounds the subject of HIV. This is because when the community is silent about AIDS it often perpetuates discrimination and stigmatisation. The faith community like YMG should wake up and start raising its voice against these kinds of activities if it wants to have a healthy community, as God desires for the faith community. In fact we have realised that where an organisation like YMG has broken the silence. That progress has been made especially in preventive measures. For instance, the experience of a country like Uganda demonstrates that when the culture of silence is broken, combined with strong leadership and comprehensive plans to combat HIV and AIDS the spiralling new infection rates can be reversed.<sup>26</sup> This makes faith-based community programmes non-discriminatory, accessible and equitable to both individuals and communities.

It further reminds us that a church organisation like YMG has social workers, counsellors, dieticians, doctors and nurses, who are capable of facilitating programmes on

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<sup>26</sup> Church Missionary Society (UK), *Action against AIDS* (London: CMS Publication, 2003), p 3.



HIV and AIDS in YMG. Furthermore, the outpouring of love and support as a church, as individuals and as an organisation keep many people going through the most difficult first month of mourning for their loved ones who have died of AIDS. For this reason YMG should break the silence and integrate HIV and AIDS prevention measures in their programme for it is by so doing that the organisation will be able to bring real hope in their lives of their adherents and the community at large. In fact at the end of this session, I encourage everybody to pray for these issues so that we can start being practical on the issues we have discussed.

From the data collected it is impractical to believe that there is any method if there is one at all which is not known by 80% of the members. The data above reveals that the YMG do not have any method that they can say they are using in HIV and AIDS prevention. For this reason I would suggest that YMG should agree on the methods they can adopt to fight the HIV and AIDS epidemic. This is because the time has come for religious organizations to formulate methods and strategies that they can use to fight AIDS. Furthermore as a religious organization they need to advocate an enabling environment that protects and promotes the rights of the people infected and affected in the communities.

The YMG should play a vital role in the fight against HIV because it has the capacity to engage the community to participate in the war against AIDS. In the same way we note that YMG is capable of drawing more human resources from various people in the congregation and since the majority are the pillars of the church, they can be able to mobilise the church to fund the programme. This is because HIV and AIDS is not only a health issue, but it is also a socio-economic issue. Health is related to economic and individual wealth. People need good nutrition to maintain their immune systems, which protect them from AIDS-related illness. Drugs used to prolong the quality of life for people living with AIDS are costly, so poverty associated issues such as the high level of unemployment, crime and illiteracy need attention. Thus, AIDS is an issue of social justice. YMG should therefore come back to the track and start using perhaps ABC methods of prevention.

If the fight against AIDS is to be won YMG should engage all her members in HIV and AIDS education. This would include teaching on behaviour change. However, behaviour change would require more knowledge and providing of HIV and AIDS awareness. This is because people need information and education to stop them being infected with HIV virus. As Tony Hope and Jeremy Hope remind us, we can say to YMG that it should start translating information materials from being those of information –for –decisions to those of the behaviour influencing kind, with the primary aim of influencing people to make the desired change.<sup>27</sup> In fact this can help to reduce the incidence and prevalence of HIV and AIDS within the community. In the same way, YMG should start formulating their HIV and AIDS materials, pamphlets, newsletters, stickers, leaflets and posters which have religious values, to sensitize the community about the prevention methods. Another education method of prevention the YMG can develop is audio tapes and videos in the local languages and dialect which could be used and shown in YMG meeting and in the open Air or on open fields. This method is effective especially to those who can read and those who cannot read. In fact this methodology is very important if the YMG can adopt it. Furthermore, since the organisation is grounded in the grassroots it could be able to involve many people and have maximum impact.

The data from the four and five week shows that about 90% of the fellowship members agree that the church has been teaching about abstinence and according to them this is not adequate especially to the youth and some men. Even though some of the interviewees found nothing wrong with the church telling them about abstinence, nevertheless, 90% of them felt that the church can do more than that. Indeed, they argue that the engagement of the church in HIV work is seen not only in providing charity such as food and clothing to the orphans living with AIDS but also in promoting abstinence , faithfulness, giving spiritual guidance and putting all other preventive measures forward that can save souls and lives. Though they have seen that the church is not doing enough in this area, they

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<sup>27</sup> Tony Hope and Jeremy Hope, *Transforming the bottom line: managing performance with real numbers*, (Boston Harvard Bussiness school Press, 1999), p. 185.

still believe that the church has the capacity to do so. In fact 95% argue that the YMG should engage in condom promotion in addition to abstinence.

In view of this, the YMG should also promote the use of condoms as one of the prevention measures in its war against HIV and AIDS. This is in line with Njongonkulu Ndungane who argues that, "the church must teach and promote faithfulness, but the use of condoms must be promoted. Our vocation is to save souls, but we must also save lives."<sup>28</sup> Of course we know that some Christians oppose the use of condoms as a preventive measure for AIDS, but it could be seen as being the same as not using nets to avoid a bite from anopheles mosquitoes which spread malaria. This should not raise an argument, but the reality is that condoms help those who cannot do without sex for long. Building behaviour change does not happen overnight. There needs to be an aim at increasing wider accessibility and consistent use of condoms as a strategic prevention approach. One could do this by directing the congregation to the relevant health centres for advice and support. Therefore YMG should speak openly about the use of condoms to its members, the congregation and to the community. This is because there are people within the congregation who need to hear their church's stand about condom use. The YMG mainly focuses on prayer, evangelism and mutual fellowship but with the threat of the AIDS pandemic, its members have largely been both infected and affected by the disease. This kind of thinking is being challenge by the interviewees who believe that this organisation has the capacity to do more than evangelism, fellowship and prayers. For instance, many women in the Methodist church are happy when seeing their husbands promoting the use of condoms because in most cases, it is men who normally have to put condoms on when having sex. As from our data above, YMG should therefore embark on a vigorous campaign on HIV prevention measures using the methods mentioned above.

#### **4.10 Conclusion**

In this chapter I started by introducing background of YMG, the history, the constitution, the role of YMG and their attitude towards HIV. I gathered information from the

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<sup>28</sup> CMS(UK), Action against AIDS, p 9

interviews, collecting the data and analysing it. I have dealt with the general contribution of YMG to HIV prevention and their response to HIV.

I have also raised some of the challenges that are faced by YMG in their fight for the prevention of HIV. These challenges were also raised in the background of the impact of HIV in King William's Town. It was shown that there were those who read the scourge of HIV as meaning punishment from God as well as those who read it from the traditional African background in which they saw HIV as a punishment from ancestors against government. None of these responses are helpful to the fight against HIV. I have also shown that some of the efforts that are aimed at preventing the spread of HIV within the Church and society at large are also inadequate on the grounds that some of the teachings at the disposal of Church and society on the prevention against HIV are mostly confused. An example that was given in this regard pertains to the issue of the efficacy of a condom in the fight against HIV. It was within this background that it was lastly shown that the prevention against HIV has to be focussed on the Christian gospel of compassion, solidarity and care. It is these moral qualities that are seen as guiding posts in the prevention of HIV.

## CHAPTER FIVE

### RECOMMENDATIONS

#### 5.1 Introduction

In this chapter I will forward recommendations that may help the YMG in their strategies of the prevention of the spread of HIV, and that will include poverty alleviation, cultural issues and gender issues.

The statement of any organisation is the one which helps any organisation to remain focused on the issues it anticipates doing or has been doing. Therefore, the YMG should formulate a mission statement which can enable her to come up with an Aids strategic plan and a vision which will assist her in remaining focused in the fight against HIV and AIDS. This is because a vision is a key factor in successful leadership and without a vision there “will be no adequate mission.”<sup>1</sup> Similarly, without a mission there is no prospect of a productive goal’s programme and without goals leadership is fragile. This can cause the organisation to crumble. However, this does not mean that YMG does not have a vision. Rather, I am arguing that her goals were set when HIV and AIDS was not an epidemic and as such the members have not adjusted or changed with time. As a result their constitution and mission statement does not address the issue of HIV. In fact by listening to the voices and experiences of the members it became very clear that there is nothing as HIV and AIDS in their programmes and even the YMG constitution is silent about it. The suggestion here is that the whole team should be involved in evaluating the needs of the organisation and together they should work for a shared or corporate vision thus involving them in formulating the mission statement of the organisation that can address the issue of HIV and AIDS. It is therefore clear that the process of formulating the mission statement would involve several phases such as making everyone in the organisation aware of the importance of the mission statement which will be focusing on the organisation vision, leading to the vision-making process and encouraging the

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<sup>1</sup> Haggai. Lead on: Leadership that endures in a changing World (Singapore: Kobrey Press) 1986 p.16.

examination of the vision from time to time as people and conditions change.<sup>2</sup> In this case the leaders should ensure that all members grasp the vision and accurately communicate this shared vision of the organization.<sup>3</sup>

Haggai validated this position by concretely asserting that “the leader’s grasp of the vision begins with a clear understanding not only of his vision, but of his/her potential under God.”<sup>4</sup> What this means is that it requires faith to cherish the vision and mission statement, convert the vision into a mission, implement it with a proper goals programme and mobilize others to execute their own real needs. Therefore YMG leaders should aim at taking the organization from where it is to a better future through mobilizing the people, convincing them, sticking to the mission statement, implementing it and inspiring everybody in the organization to own it and understand that there is need for fighting HIV and AIDS. This is very important to an organization for it is the ideal which every YMG member should strive to achieve.<sup>5</sup>

## **5.2 Poverty Alleviation**

Seeing that the large numbers of YMG members are those who are unemployed, I rather recommend that certain help schemes must be in place and other projects such as vegetable gardens so that they can drive poverty away. It is believed that HIV is exacerbated by poverty. Sonja Weireich and Christopher Benn are supporting my statement in their book when they say,

Poverty fosters the spread of HIV and exacerbates the impact on individuals, communities and societies. Globally, HIV and AIDS is a disease associated with poverty, it disproportionately affects people in poor countries and the poorer population groups within the rich industrialized countries.<sup>6</sup>

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<sup>2</sup> Apps. W. J. *Leadership for the Emerging Age* (San Francisco: Jossey Press) 1994 p. 153.

<sup>3</sup> Ngara. E. (Nairobi: Paulines Publications Africa) 2004 p. 40.

<sup>4</sup> Haggai. (Singapore: Kobrey Press) 1986 p 17.

<sup>5</sup> Apps. W. J. *Leadership for the Emerging Age*. (San Francisco: Jossey Press) 1994 p.126.

<sup>6</sup> Weinreich, S. and Benn, C., 2004. *Aids-Meeting the Challenge: Data, Facts, Background*, Geneva: WCC Publication, p. 40.

The progression of HIV leads to AIDS status where a member of a family will be sick and ultimately dies. The family will then have to cater for the funeral expenses that result to poverty. Musa Dube is correct when she says, "HIV and AIDS adversely affects people's economic performance, due to increased absenteeism by employees who are ill and stay at home to recover, who look after the sick, or who attend funerals. All these factors lead to low productivity, minimal savings and investments, and ultimately poverty".<sup>7</sup>

This study would recommend that the YMG should start sex education in its programmes as a way of fighting HIV and AIDS. Even though this has been a taboo in the Church, YMG should open up and embark on sexual education as one of the ways and means of combating the spread of HIV/AIDS. In the same way educational information and materials should be given to the youth and their parents.

It is my recommendation that the age brackets in the YMG membership be made more specific in order to create a suitable forum for the HIV and Aids debate. I found out that YMG membership accommodates youths (18 years) as well as adults (70 years). This wide gap in years among the members does not create a conducive environment for comrade moral building. The differences in years also indicate difference in responsibilities and experiences. An 18year old youth has different sexual experiences and needs as opposed to a 70 year old man. Therefore, for the YMG, to become better involved in HIV prevention has to reduce the gap and create discussion groups that have the same needs and experiences.

On the other hand, YMG should engage in these prevention programmes which include national mobilisation, AIDS education awareness, care and support for those living with HIV/AIDS, medical intervention and poverty alleviation. Additionally the organisation should break from the traditional understanding of the past and start distributing condoms

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<sup>7</sup> Dube, M. W. 2003. HIV/AIDS and the Curriculum: *Methods of Integrating HIV/AIDS in Theological Programmes*. WCC Publications, Geneva. P. 79.

to its members as it continues preaching faithfulness and abstinence.

The YMG as an organisation should Network with other NGOS and government if it is going to maximise its impact in the society. Therefore, the organisation should collaborate with other development agencies, church denominations as well as with people who are living with HIV/AIDS so as to fight HIV and AIDS. This will help the organisation to distribute HIV and AIDS materials, pamphlets, newsletters, stickers, leaflets and posters which have religious values, to the wider community.

On the other hand, future research should try to find ways that YMG can use to fund its projects so that the organisation can start funding those who are living with AIDS, the orphans, the widows and widowers. In addition to that, research should be done to see how the women (Manyano groups) can co-work with YMG so as to maximise their impact on the fight against AIDS. This is because the war on AIDS cannot be left to one particular group in the church. Therefore there is a need for a collaborative effort which needs to be put in place and this, calls for more research. Another area which needs to be researched is on how YMG can start distributing ARVS to the infected members in the organisation. In the same way YMG programmes need to be evaluated now and then to ensure there is effectiveness and to ensure that such programmes are not outdated. This would include researching on the educational materials and teaching technique.

### **5.3 Cultural issues**

It is also the submission of this research upon its finding that the YMG must become culturally sensitive. Culture is dynamic. Consequently, men must be brought to the point of seeing the dynamics of the Xhosa culture that enhance the spread of HIV. Certain cultural values held by men in the Xhosa community must be confronted by men themselves.

The problem of culture in South Africa, such as polygamy, exacerbates the spread of HIV because it is still being practised in the rural areas of the former homeland called Ciskei and Transkei. You will find also that some of the YMG members are practising this



culture where one has a wife in the rural areas and another wife (*umfazi wephepha*) where he works. My recommendation is that the church must come stronger against this practise especially in this HIV age.

A man is allowed cultural to marry as many wives as he can so long as he can pay the dowry. The more people you have sex with, the more likely you have sex with an infected person. One has, to a large extent, “consider the cultural perception of disease, its cause and affect, as well as the cultural context of sexuality, with all its moral connotations and consequences.”<sup>8</sup> The definition of the word culture, according to Musa Dube is “a particular way of life, whether of a people, a period, a group or humanity in general. It refers to the material production of a society,” which becomes a “central system of practise, meanings and values and which we can properly call dominant and effective.”<sup>9</sup> She further says that “culture does not always serve the needs and interests of all the people who belong to it.”<sup>10</sup> The Xhosa culture favours men only and makes women vulnerable to men’s sexual egos. It therefore “sanctions the suppression of certain members of the society”.<sup>11</sup> This lead me to recommend to YMG to talk about gender issues in their programmes.

#### 5.4 Gender issues

Makahye defines gender as a societal construct that encompasses widely shared expectations, norms, customs, beliefs, and practises within a particular society.<sup>12</sup> It is about roles and responsibilities as determined by different societies. HIV and AIDS is a gender issue all over the world particularly in South Africa. According to Sonja Weinreich and Christopher Benn, gender is defined as,

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<sup>8</sup> Weinreich,S., Benn, C., 2004. *Aids-Meeting the Challenge*: p. 92.

<sup>9</sup> Dube, M.W. 2003. HIV/AIDS and the Curriculum: *Methods of Integrating in Theological Programmes*. P. 89.

<sup>10</sup> Ibid.

<sup>11</sup> Ibid.

<sup>12</sup> Makahye, 2005. In eds. Karim A. and Q.A. *HIV/AIDS in South Africa*. Cambridge: Cambridge University Press. P. 313.

the expectations and norms within a society with regard to appropriate male and female behaviour and roles, which attribute to women and men different access to status and power, including resources and decision-making power.”<sup>13</sup>

Sonja also believed that this HIV and AIDS pandemic in South Africa is to a greater extent driven by gender inequity that infringes on women’s social and sexual rights.<sup>14</sup> Dube argues that gender is socially formulated within a culture, from birth to death. She starts by defining gender as “a social construct of men and women.”<sup>15</sup> Dube states that gender is neither natural nor divine, has to do with social relationships of women and men and can be reconstructed and transformed by the society.<sup>16</sup>

Gender and culture interlinks. It is the culture of black South African men to place women inferior in the society where they regard men as public leaders, thinkers, decision makers and property owners.<sup>17</sup> Sometimes men believe that women are their properties.<sup>18</sup> That is why women have got no say in sex matters. They cannot negotiate sex or safe sex because they have a fear of losing their relationship or marriages.”<sup>19</sup> The women “run the risk of appearing unfaithful if she presses to have condoms used within marriage.”<sup>20</sup> Beverley Haddad says, “as a South African society we are faced with an enormous crisis regarding the prevalence of sexual violence. Each crisis relates to human sexuality and to unequal power relations between men and women.”<sup>21</sup> Sexual violence against women is high in South Africa. Harrison supports the argument when he says, “the gender norms are manifested in young women lessened ability to negotiate the terms

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<sup>13</sup> Weinreich, S., Benn, C., 2004. *Aids-Meeting the Challenge*: p. 24.

<sup>14</sup> Ibid.

<sup>15</sup> Ibid. p. 86

<sup>16</sup> Ibid.

<sup>17</sup> Ibid. p. 87.

<sup>18</sup> Ibid.

<sup>19</sup> Weinreich, S., and Benn, C., 2004. *Aids-Meeting the Challenge*: p. 26.

<sup>20</sup> Ibid

<sup>21</sup> Haddad, B., 2002. Gender violence and HIV/AIDS: A deadly silence in the Church. *Journal of Theology For Southern Africa* 114 (November 2002) p. 93-106.

of their relationships and sexual activity.”<sup>22</sup>

Masculinity must be redefined. What it means to be a man in the Xhosa culture must be confronted with the realities of HIV context. The YMG is the right forum where we can deal with masculinity because it involves men alone at the absence of women. I also recommend taught how to behave (tender care) towards women as Christians and that their Christian principles must super cede culture. It is my earnest recommendation therefore that the YMG address the debate of gender and masculinity as perceived by Christian Xhosa men.

### 5.5 Conclusion

In this chapter I have dealt with recommendations about what YMG members should look at such as poverty alleviation, cultural and gender issues. I also believe that the YMG AIDS message must be inclusive. The way of reading the Bible must be in consideration of the suppressed minority groups. It must be destigmatised to allow those that are HIV positive feel accommodated. The YMG must become the healing place for those infected and affected by HIV and AIDS.

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<sup>22</sup> Harrison, A., 2005. Young people and HIV/AIDS in South Africa: Prevalence of infection, risk factors and social context. In eds. Karim A. and Karim Q.A. *HIV/AIDS in South Africa*. Cambridge:Cambridge University Press. P. 265.

## **CHAPTER SIX**

### **SUMMARY AND CONCLUSION**

#### **6.1 Summary**

In the introduction to this thesis, the study set out to unveil the statement of the problem, *how can the YMG in KWT circuit become fruitfully involved in the prevention of HIV and AIDS?* Right from the beginning we noted that the prevention of HIV and AIDS is still a controversial subject in many churches including MCSA. This is because the prevention methods of HIV have been debated along theological and ethical perspectives. We also said that the objective of this study is not to engage in a debate over the appropriate methods of prevention that YMG can adopt but its aim is largely to involve the YMG members in preventive campaigns of HIV and AIDS. The introduction thus launched the study by providing the historical background, the theoretical framework, the research objective, the methodology and the analysis of the significance of the study.

Chapter one provided the background of the whole study and the chapter covers the motivation of the study, the problem formulation, the methodology and the definition of terms. Chapter two highlighted some of the challenges that the YMG is facing in their fight against HIV and AIDS. In fact these challenges were put into a wider context and then reflected against the background of the impact of HIV and AIDS in King William's Town. The chapter observes that there are those who perceive HIV and AIDS as a punishment from God and there are those who see it in the perspective of the traditional African culture where they think that HIV and AIDS is castigation from ancestors against our contemporary society. And as a result, the chapter noted that the above responses are retrogressive to fighting against HIV and AIDS. Dejectedly, the chapter noted with shock that that some of the preventive measures the Church and society are employing are undoubtedly insufficient because some of the Church and society teachings on the prevention methods are not only confused but they are also difficult to implement.

The third chapter was set to survey the role of the Methodist Church in the changing

world that is experiencing the HIV pandemic. The chapter evaluated the policy of the Methodist Church on HIV/AIDS and its theology of sexuality and sin. The chapter was able to demonstrate that, as in the words of Wesley's teaching, ethics was focused on love, perfection and the infallibility of human beings in which such teachings promoted strictness in one's sexual behaviour thus ignoring that humans are weak and are sinners who need for forgiveness. This Wesleyan teaching created a distinction between mistakes and sins and argues that when a believer's acts are infractions of the will of God, of the divine law, they need to be forgiven, although they may be motivated by love and therefore strictly speaking not sinful. In general, the chapter has strengthened our hypothesis by its findings that the vision of the kingdom of God, brings near the hope and reality of a society built on the foundation of an all embracing love, alternative lifestyles, compassion and decency".<sup>1</sup> This is because Jesus Christ offered life to the world and his gospel is essentially based on giving life in abundance to the world. In the same way the kingdom of God embraces that there should be no discrimination against any one on the basis of sexual orientation. This love of one's neighbour was supposed to be concretised in one's care for those whom society considers as outcasts such as those suffering from HIV/AIDS. Therefore it is perceptible that the prevalence of HIV/AIDS in our contemporary society is a request to express Christ love and care.

Chapter four provided an exploration of the history, the constitution, and the role of YMG within the Methodist church. This chapter endeavoured to demonstrate that the YMG is a suitable space and forum for HIV and AIDS debate. Its aptness in dealing with the struggle, the pain and the suffering in times of the apartheid regime among the black population sets it strategically in dealing with the HIV in the post-apartheid era. Indeed, YMG was demonstrated to be a centre for morality building, comradeship and concerted response. It is within the YMG that the blacks found a space for the expression of solitude, togetherness and comfort. It is the YMG that provide many black Christians with an identity, an explanation for their loss and fears. Therefore, the YMG was a handy space in fighting apartheid. It is argued that it could serve as a necessary space in fighting

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<sup>1</sup> Jacob, S. 2001 *The Methodist Response to HIV/AIDS in Southern Africa: Strategy and Implementation Plan*, Pietermaritzburg: Methodist Church of Southern Africa Mission Unit, 4.

## HIV and Aids.

It was also demonstrated that the YMG is a favourable space for peer education on such matters as maleness and gender issues, HIV and prevention methods, economic empowerment in an HIV and AIDS context, as well as sexuality. Since the YMG is a forum of same sex peers as well as in religion and cultural articulations, it provides a conducive environment for discussions and deliberations. These men, when they come together under the umbrella of the Methodist Church, they can discuss at length cultural practises that they share yet are exacerbating the spread of HIV. Gender issues are largely factored by men. The YMG is therefore a good forum to discuss how men can be masculine enough without undermining the rights of women or subjecting them into vulnerability of HIV infection. Masculinity is therefore a key factor in the prevention of HIV among the Xhosa people. It is within this space that it can be best addressed.

Chapter five took the study a step further by analysing and evaluating the aims, the objectives, the strengths, and the weaknesses of YMG and its attitude towards HIV/AIDS in the light of the responses from the interviews. The data collected in YMG (Young Men's Guild) at Bisho Society of the King William's Town Circuit are interpreted in this chapter. In other words, the collected data enabled the chapter to come up with a creative means by which YMG can reduce the spread of HIV and went beyond it by working out the methods that YMG can use in the fight against AIDS. These "additional" areas are the finding of this thesis and are meant to be put into practical use by YMG. In the same climactic chapter (five) the voice of those who were interviewed are recorded as it was spoken. This gives the chapter a sense of originality in that every voice and experience of YMG members in the fellowship was considered. The chapter notes that YMG has social workers, counsellors, dieticians, doctors and nurses, who are capable of facilitating programmes on HIV and AIDS and as such the organisation is capable of breaking the silence. In view of this the chapter suggested that YMG should integrate HIV and AIDS prevention measures in their programme for it is by so doing that the organisation will be able to offer hope, love and care like Jesus did. The chapter concluded by proposing two methods that the YMG can adopt so as to be effective in their war against HIV and AIDS.

Chapter six provided some insights in to the study, conclusion and recommendations of the entire study. These insights include how the YMG can put in place effective prevention methods. This now drives us to conclude the whole study and to give recommendations.

## **6.2 Conclusion**

In conclusion, the YMG prevention programme can be effectively encouraged. After data analysis and evaluation, the study concludes that there is a need for engaging YMG in the prevention of HIV. The study argues that new approaches and methods are needed to enable YMG put in place effective measures against HIV and AIDS. The study suggests that YMG should formulate their HIV and AIDS materials, pamphlets, newsletters, stickers, leaflets and posters which have religious values to sensitize the community on prevention methods. The study further suggests that since YMG has the capacity to develop audio tapes and videos in the local languages and dialects which could be used and shown in YMG meetings, in town, workshops, conferences, churches and in the open Air or on open fields, it should embark on such programmes. Furthermore there is a need to put up clinics and VCT centres in the church premises so that those who have opportunistic diseases can get treatment near their homes.

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## **Appendix 1 – Interview Questions**

1. Describe the most common attitudes to HIV and AIDS that you find in the YMG?
2. Are HIV and AIDS discussed in YMG programmes?
2. What methods are being used by YMG in the fight against HIV and AIDS in the church?
3. What is the Methodist Church's teaching on HIV and AIDS and how effective is it in the YMG?
3. In the light of our faith and your faith as YMG, what help can you give to those who are affected and infected by HIV?
4. What do you think YMG should do to help prevention of HIV among its members and the community at large?
5. What is your answer to those who say HIV and AIDS is a punishment from God?
6. Do you think the church should be involved in prevention campaign?
7. What do you think the message of YMG in regard to condom use is concerned?
8. Is abstinence enough in curbing AIDS in King Williams Town?

## **Appendix 2: Listening to the Voices and Experiences of the YMG Members**

The following are the responses from the fifteen interviewees. In each case, a question was asked in a week's session and after summarising their interviews on every question a brief analysis was given.

### **Week one**

In the first week of the interview the members were first asked to describe the most common attitudes to HIV and AIDS in their fellowship and their response were:

**LF:** In the YMG I find a negative attitude when it comes to the HIV and AIDS matters

**TM:** They are ignorant about it, thinking that it is the thing for other people.

**TK:** The HIV and AIDS is another way of judging the world.

**TT:** They think that its punishment from God and they do not accept those who are infected.

**LM:** Seriously, discipline seems to be there but in reality adultery is common and this is encouraging the spread of the virus.

**LS:** People don't want to disclose their status because of the stigma.

**ZD:** The fellow members are sympathetic and want to start caring for those who are sick but they don't know how.

**PJ:** We are ignorant and we fear being associated with those who are sick.

**MG:** Very rarely do we discuss about AIDS epidemic.

**VN:** We believe that HIV is real and is there in the society.

**NK:** We believe that HIV is there but still believe that it is a women thing.

**TK:** Men are silent about HIV but YMG knows that it is there even though we do not talk about it.

**KS:** We take it as something that belongs to the youth and women.

**MT:** We think HIV can be cured by prayers and we believe HIV is for everybody.

**ST:** YMG sees HIV and AIDs like any other diseases; however there is need to talk about it in the community and in the fellowship.

### **5.3.3 Week two**

In the second week of the interview the members were asked whether the issue of HIV and AIDS is discussed in YMG programmes and their response were:

**LF:** No

**TM:** No, only by chance or bypass

**TK:** Not in deep details

**TT:** Yes

**LM:** No, only very little is mentioned during the daily meetings or annual conferences

**LS:** In some workshops

**ZD:** Yes prayers are offered to those who are sick and sometimes something is mentioned during the preaching section

**PJ:** No

**MG:** There is no programme and there is no formal discussion on the subject

**VN:** No, sometimes in passing but not in the programmes of the organisation.

**NK:** Yes they are discussed but not so often.

**TK:** Yes but there is no programme put in place.

**KS:** It's rare or may be it is done during prayers for we do not have any programme focusing on the HIV and AIDS epidemic.

**MT:** No, except once in the YMG convention during the Bible study session.

**ST:** Yes.

### **Week three**

In the third week of the interview the members were asked about the methods that are being used by YMG in the fight against HIV and AIDS in the church. The responses given are:

**LF:** In my understanding YMG does not fight against HIV and AIDS

**TM:** As far as I know there is nothing of that kind

**TK:** Nothing at all

**TT:** Maybe abstinence but I am not sure

**LM:** They speak about it when praying

**LS:** Maybe in a workshop bible study last year.

**ZD:** One nurse talked about it in our church during the preaching section

**PJ:** No methods because we don't have such a programme

**MG:** No method because YMG is a stereotyped organisation and again such thing is not in their constitution.

**VN:** No method so far.

**NK:** Maybe distribution of condom.

**TK:** I don't know but it seems they don't have any method

**KS:** There are no methods because we don't talk about HIV epidemic.

**MT:** They don't have budget for such programmes.

**ST:** Maybe in their day to day work they create awareness.

	Number of people	Method mentioned
Those who said there are methods	4	-condom - creating awareness -preaching -when praying
Those who said there are no methods	11	Nil

#### **Week four**

In the fourth week of the interview the members were asked about the Methodist Church's teaching on HIV and AIDS and how effective is it in the YMG. The responses given are:

**LF:** The Methodist church teaching is that people that are affected and infected by HIV and AIDS are still our friends and as a church we must fight against HIV.

**TM:** They teach abstinence but some youth get pregnant every day and people are dying of AIDS related illness.

**TK:** The teaching is about abstinence and to stick to your life time partner if you cannot abstain.

**TT:** The Mission unit is doing well in distributing knowledge in the church

**LM:** We teach abstinence but it is not effective

**LS:** The church teaches faithfulness and abstinence.

**ZD:** The church teaches about care, love and medical help.

**PJ:** The church teaches about abstinence.

**MG:** They teach about abstinence but it is not effective because they don't practise what they preach.

**VN:** Abstinence but it is not effective

**NK:** They tell us to abstain but it is not effective

**TK:** I don't know but the church is silent.

**KS:** They say we must abstain but it's not possible.

**MT:** The church teaches about abstinence but this is very difficult for the youth.

**ST:** They teach abstinence and faithfulness.

### **Week five**

In the fifth week the interviewees were asked about the help that YMG can give, which is compatible with their faith, to those who are affected and infected by HIV and their responses were:

**LF:** By giving advice, encouragement, giving hope and also support them in eating good health food.

**TM:** To support the affected spiritually.

**TK:** I don't know.

**TT:** Encourage those who are affected and affected, encourage those living with virus to accept their status by giving them counselling.

**LM:** Accepting as any other disease and changing the way of life

**LS:** By praying for those who are sick and preaching about faithfulness.

**ZD:** To provide an acceptable environment so as to create enabling and curing space.

**PJ:** To counsel them.

**MG:** Give love and support to the infected and affected and counsel them professionally.

**VN:** Counsel them and to support them physically and spiritually.

**NK:** Let us give help to them and love them

**TK:** They should be given funds to support themselves and also counselling

**KS:** They should be given medical attention and they should be helped to live positively.

**MT:** They need counselling and care

**ST:** They should be prayed for.

### **5.3.7 Week six**

In the sixth week the interviewees were asked about what they think YMG should do to help in prevention of HIV among its members and to the community at large and their responses were:

**LF:** YMG should teach about HIV and AIDS and try to give people a clear understanding.

**TM:** To support the affected spiritually.

**TK:** I don't know.

**TT:** Encourage those who are affected and affected, encourage those living with virus to accept their status by giving them counselling.

**LM:** Accepting as any other disease and changing the way of life

**LS:** By praying for those who are sick and preaching about faithfulness.

**ZD:** To provide an acceptable environment so as to create enabling and curing space.

**PJ:** To counsel them.

**MG:** Give love and support to the infected and affected and counsel them professionally.

**VN:** Counsel them and to support them physically and spiritually.

**NK:** Let us give help to them and love them

**TK:** They should be given funds to support themselves and also counselling

**KS:** They should be given medical attention and they should be helped to live positively.

**MT:** They need counselling and care

**ST:** They should be prayed for.

### **Week seven**

In the seventh week the interviewees were asked their view about those who teach that HIV and AIDS is a punishment from God and their responses were:

**LF:** AIDs spread most of the time is a result of failing to follow God's directions for sexual relationships. But it is not God's judgement on a particular person. It certainly



helps us see this when we recognise that the results of sexual sin affects both the guilty and the innocent.

**TM:** No it is not, AIDS is like any other disease like the ones in the bible and any other in our contemporary world.

**TK:** No, AIDS is not a punishment from God for it is like leprosy but now is under control.

**TT:** No, AIDS is not a punishment from God for it is like any other disease and it is like leprosy in the bible and many others.

**LM:** It is a punishment from God and this is my opinion.

**LS:** It is true AIDS is a punishment from God and what is important is to know how to respond to God's call.

**ZD:** God never punishes those who repent, but provides a helpful/helping and supporting hand.

**PJ:** I believe it's a punishment because people go against God and they don't listen.

**MG:** No, AIDS is not a punishment from God.

**VN:** I believe it is a punishment from God.

**NK:** No, it is not a punishment from God for God does not kill. AIDS is the work of the devil

**TK:** They are wrong it is a thing that Jesus is coming to judge the world.

**KS:** No, this is a prophetic disease.

**MT:** Yes it is God's punishment for a person goes out and refuses to listen.

**ST:** God can never punish the people in that way..

### **Week eight**

In the eighth week the interviewees were asked about how they think the church should be involved in a prevention campaign. They responded in the following ways:

**LF:** Yes the church must be involved in the HIV and AIDS programmes

**TM:** Yes, the church should be involved because it is among the community.

**TK:** Yes

**TT:** Yes it should be involved.

**LM:** Yes it should be involved in the community.

**LS:** Yes, we need to help people spiritually and morally because it is our responsibility to care for the people.

**ZD:** Yes, we need to be involved as a church because it is our call to be caring.

**PJ:** Yes this is because people believe in the church

**MG:** Yes because the church is not an Island.

**VN:** Yes, people trust Christians

**NK:** Yes, the church needs to be involved

**TK:** Yes the church is in the midst of the community.

**KS:** Yes everything is in the bible that can control the behaviour of the people.

**MT:** Yes for prayers and spiritual enlightenment.

**ST:** Yes.

### **Week nine**

In the ninth week the interviewees were asked about what they think the message of YMG should be in regard to condom use and their responses were:

**LF:** YMG should preach and teach people to condomise.

**TM:** I don't have a problem with condoms, they are safe.

**TK:** Condomising is the alternative to abstinence because condom is not all unreliable therefore it can be trusted.

**TT:** Christians should not use condoms and those who want to engage in sex they should do it in marriage.

**LM:** Condoms are encouraged since sisters are getting unwanted pregnancy and AIDS is spreading very fast.

**LS:** I can say that if we are realistic, let's encourage people to abstain or be faithful to their partner.

**ZD:** Whatever method that is there to stop infection should be supported.

**PJ:** Let us preach condom use because people do not abstain.

**MG:** YMG should not talk about condom because that is the part of NGOs, it should talk about abstinence.

**VN:** Condom should be used because people find it hard to abstain.

**NK:** Condoms should be used. We want to abstain but flesh overtakes us.

**TK:** I don't have a problem with condom use.

**KS:** YMG should advocate the use condoms

**MT:** Its good for the church members to use condoms and YMG should promote it besides abstinence.

**ST:** The youth should use condoms but not the old men.

### **Week ten**

In the tenth week the interviewees were asked whether abstinence is enough in curbing AIDS in King William Town and their responses were:

**LF:** No, people still get pregnant meaning that they don't abstain or condomise.

**TM:** No, people should be empowered to do more about prevention

**TK:** It is the best

**TT:** No

**LM:** No, people's morality is not right.

**LS:** No

**ZD:** No, abstinence and capacity building should be supported.

**PJ:** No, because the rate of death is high in KWT. People are misinformed or are lacking information.

**MG:** No, abstain from what and why? YMG should start workshops to teach people about condom use..

**VN:** No, abstinence is not enough, people need to condomise.

**NK:** Abstinence is not enough people should be educated and informed about condom use

**TK:** No.

**KS:** No, let us change the attitude of people.

**MT:** No

**ST:** Yes people should abstain this is God's rule.