University of KwaZulu-Natal

The Role of Church Leaders in HIV and AIDS Prevention in the Sweetwaters Community, Pietermaritzburg Area.

By

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Declaration

I John Gaga declare that:

(i)   The research reported in this dissertation/thesis, except where otherwise indicated, is my original research.

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Abbreviations

ABF- Abstinence and Be Faithful

AIDS – Acquired Immune Deficiency Syndrome

HIV- Human Immunodeficiency Varus

NGOs- Non Government Organization

PLWHA- People living with HIV and AIDS

STD's- Other Sexually Transmitted Diseases

WCC- World council of churches

KZN- KwaZulu-Natal

SWC- Sweetwaters community

KZNCC- KwaZulu-Natal Christian Council

CLQ- Church leaders Questionnaire

KJV- King James Version

UKZN- University of KwaZulu-Natal

Abstract

This study sought to investigate the role of church leaders in the prevention and management of HIV and AIDS in the Sweetwaters community. In terms of HIV and AIDS South Africa is the most affected country in sub-Saharan Africa with KwaZulu-Natal as the epicenter of the pandemic. Therefore it is against this backdrop that the researcher articulates the management and leadership roles of church leaders in the prevention of HIV and AIDS as the center of this study. It is imperative that church pastors equip among themselves in order for them to have a significant effect in addressing HIV and AIDS issues in a context like the Sweetwaters community, for example. Church leaders are strategically positioned to play a central role in the combat against the pandemic within their churches and communities.

This study has been undertaken using questionnaires and focus group studies with ten church leaders from Sweetwaters the community. The research seeks to: (a) gain a understanding of challenges confronting church leaders; (b) understand how they can tackle this challenge effectively as regards their leadership role.

The above mentioned is summed up in the main research question of the study, which is formulated as follows: How do the church leaders understand and respond to their leadership role within their churches and the community in the supervision of a diversity of issues arising from the pandemic.

The study pointed out that the involvement of church leaders in the prevention of HIV and AIDS is generally limited to spiritual and relief work. The only structured program available to the particular local churches, and which has been implemented, is to care for orphans. The position taken in this study is that there is a need for church leaders to develop modern realistic HIV and AIDS educational programs and to train their church members to engage in HIV and AIDS issue

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CHAPTER ONE: INTRODUCTION TO THE STUDY

1.1 Introduction

This thesis is an exploration of the role of church leaders in the prevention of HIV and AIDS in the Sweetwaters community of KwaZulu Natal, and aims to contribute towards motivating church leaders to engage the wider community in their church leadership roles in the area of HIV and AIDS. The community under investigation is located in Vulindlela in the Msunduzi municipality, a few kilometers from the city of Pietermaritzburg in KwaZulu-Natal. In this preliminary chapter, the researcher will introduce the purpose of the study and the research problems underlying this study, as well as the Sweetwaters' community context. This chapter further outlines the research rationale and key issues this study explores. Finally, the researcher gives a brief outline of the contents of the chapters that make up this study.

To transform the current response to the pandemics in Sub-Saharan region particular in South Africa, it is imperative that the church in particular, and the world at large, must have inspiring and empowering leadership at all levels of society. However, lack of good leadership and management skills in these parts of the world pose critical obstacles to HIV and AIDS intervention strategies, necessitating the church to take a leading role in HIV prevention, and highlighting the essentiality of equipping church leaders with management and leadership skills to understand their pertinent role in the context of HIV and AIDS prevention. Unfortunately, very few studies focusing on the roles of church leaders in HIV prevention and the leadership skills needed to improve the prevention strategies, have been undertaken. Thus this study represents an effort to seek how church leaders can be helped to understand their leadership and prevention roles, and the skills required to improve their contribution to current epidemic prevention strategies, especially in the contexts of local churches in South Africa.

This study will focus on Sweetwaters, a community in Pietermaritzburg in the KwaZulu-Natal (KZN) Province in South Africa. This community is one of the most affected with HIV and AIDS in KZN (Haddad 2000:58). Prevention strategies that have been employed here by the churches include Abstinence and Be Faithful (ABF) to one another and caring for

orphans, but these have failed to curb the increase of HIV and AIDS in this community and the region. In several other studies, the church has been cited as a worthy partner in HIV prevention, and this study explores how church leaders can understand and respond to the pandemic in general, as well as to the impact of the epidemic on local churches and the wider Sweetwaters community. Of importance in this study is how leadership and management skills can be engaged as effective tools for combating HIV and AIDS within, and beyond the church. Thus this research will mainly focus on church leaders directly linked to HIV and AIDS affected and infected people in the Sweetwaters community.

1.2 The Purpose of the Study

In light of the spread and impact of HIV and AIDS in South Africa, and KwaZulu-Natal in particular, this study explores the role of church leaders in the prevention of HIV and AIDS in the Sweetwaters community, and also attempts to discover what factors contribute to the church leaders' motivation to engage in leadership roles in their churches and in the wider Sweetwaters community.

1.3 Background to the Study

This dissertation is a study of the strategic roles of church leaders in HIV and AIDS prevention in a South African context, and of the necessity of their roles within both the churches and the wider Sweetwaters community. This is prompted by the understanding that church and community members cannot make any meaningful impact on HIV and AIDS prevention unless their church leaders are actively engaged and effectively involved in the change process. For this to happen, church leaders need to be prepared to learn continuously to expand their leadership and management skills in educating their church members and the Sweetwaters community in combating HIV and AIDS. Leadership improvement in skills and roles assumption empowers church leaders to go beyond the church, and to positively affect prevention strategies in the larger Sweetwaters community and beyond in fighting the HIV and AIDS pandemic. Unfortunately, many churches are struggling with a vacuum in terms of effective and successful leaders, especially because church pastors give the false impression

that preaching alone is for pastors, and that leading falls within the public domain, and is a task for secular administrators. In this context therefore, there is need for a new paradigm regarding how church leaders are to be equipped to provide the much needed leadership that will revitalise the church and help in filling the leadership gap in society; and to improve on the potential of the church to develop new forms of leadership and management within, and beyond the church. These issues are examined in this study specifically in the light of leadership roles in and responses to HIV and AIDS prevention strategies.

In the Sweetwaters community, there is a need for change, from the church leadership down to the ordinary church members, as regards HIV and AIDS prevention. This requires church leaders to change their perception about this epidemic and engage in leadership roles, both within, and beyond the church. Church leaders thus can learn to keep up with new challenges in their community as well as provide the needed leadership to design effective tools for combating HIV and AIDS. With the support of the community, church leaders can direct all HIV and AIDS learning programs among church members and the wider community. At presents however, church leaders do not have the training and skills to fulfill these leadership and management roles. The cause of this is in part the belief that pastors and leaders are trained by the spirit of God, and that there is no need for skills training in pastoral roles or in leadership and management roles in the church. This negatively impacts on the leadership quality of the church in reference to HIV and AIDS. In fact, church leaders in the Sweetwaters community, as elsewhere, need to be mentored and assisted to develop the kind of leadership that can help them to strategize effectively on how to manage and or prevent the spread of HIV and AIDS. At present it seems that church leaders in the Sweetwaters community are not fully involved in addressing the HIV and AIDS epidemic in their community.

Ibambsi (1992), Kabir *et al*. (1998) and Kagimu *et al*. (1998), all cited by Surur and Kaba (2000:65-69) argue that well skilled church leaders can be imperative partners in fighting the pandemic within their churches and their communities. They argue that giving vital information to every member of the community is an essential step in the prevention efforts, and in managing the pandemic. Given this background, this study wishes to discuss the

leadership and management roles of church leaders in HIV and AIDS prevention. Thus, the study argues that church leaders, are obliged to learn and be empowered to address issues concerning the pandemic, which is devastating the Sweetwaters community in KwaZulu-Natal and South African as a whole. As a result, church members and their leaders will be enabled to play a strategic and significant role in HIV and AIDS prevention and management in the Sweetwaters in particular, and South Africa in general.

1.4 The Community of Sweetwaters

The Sweetwaters community is a semi-rural or peri-urban community located in Vulindlela, about 12 kilometers from the Pietermaritzburg city centre, within the Msunduzi municipality in KwaZulu-Natal (Lake 2001:3, Municipal Demarcation Board 2004). Prior to 1897, the Sweetwaters community was known as Mooivlakte (Lake 2001:35); but due to its stream water, which was good for drinking, European settlers re-named the area Sweetwaters (Taylor 1979:7, Lake 2001:35). According to research conducted by Haddad (2000:67-68) the estimated population of the Sweetwaters community in 2001 was 35 000 and the major source of income for most households is domestic work and petty trading.

During the field-work research the researcher observed that there are about 24 different churches in this community. Two Methodist churches, one Seventh Day Adventist, one Lutheran, one Catholic, one Church of Christ, one Presbyterian, one Baptist, one Church of England, one Dutch Reformed, one Anglican, one Apostolic Faith Mission, one New Covenant Fellowship, one Shembe Church, five Zionists churches, one 12 Apostles Church of South Africa, One Church of Nazarene, one Sweetwaters Christian Fellowship and two local churches that were members of the African Apostolic Church. The Zionists, 12 Apostles and African Apostolic churches meet and have fellowship in the backyards of their church leaders. The rest of churches have their own defined church buildings, aside from the Shembe church which meets in open spaces.

Like the rest of Vulindlela, the Sweetwaters community is impoverished, with poor infrastructure, water services, sanitation and electrification. Since the 1990s, electrification has slowly been taking place in this community and a water pipeline has been established (Haddad 2000:60). However, due to high unemployment and related problems including poverty in the community, most Sweetwaters residents cannot keep up with the costs of living. For most families, local streams are still their main sources of water, and firewood their main sources of fuel (Haddad 2000:61). As a result of a lack of basic needs such as food, shelter and a proper infrastructure, people are facing severe challenges in this community. These challenges result in young women and men becoming involved in commercial sex and dealing in drugs as sources of income. These activities in turn put many people at risk of contracting HIV and AIDS.

1.5 Research Process

This study is based on documented and undocumented material gathered through conducting empirical research in the Sweetwaters community. It is also based on field work undertaken through focus group discussions and oral interviews with individual church leaders and church youth leaders who took part in this research. The findings will later be used to assess the effectiveness of church leadership in HIV and AIDS prevention, including an examination of their perceptions regarding HIV and AIDS, among others issues.

1.6 The Research Problem

Church leaders in the Sweetwaters community, and elsewhere in South Africa, are failing to make headway in HIV and AIDS prevention and management in churches and the surrounding communities. This is due to the lack of good leadership strategies on how to combat the HIV pandemic. This in turn presents major challenges for the church in the Sweetwaters community, and its leadership, in ensuring that the community attains the necessary leadership and management skills, as well as the knowledge to succeed in HIV and AIDS prevention within their locality. It can therefore be argued that effective epidemic management requires a collective effort by both the church community and its leadership.

This study thus provides a critical assessment of the extent to which church leaders in this community have responded to this crisis. This assessment is intended to try and assist church leaders to come to terms with the barriers they face in mounting effective leadership strategies to combat HIV and AIDS, which in turn may motivate the church leadership in the community to find ways of effectively fighting the HIV pandemic.

The problem of researching HIV and AIDS issues within a church setting is that information may elusive or nuanced. Churches have their own political systems to contend with, and added to this each individual local church has its own belief and faith structures. Further, what is voiced about a topic may be difficult to realise in practice. Thus, only by spending considerable time at the site of study and observing the social dynamics of church leadership in community work will the researcher be able to discover the level of effectiveness the church has in HIV and AIDS intervention strategies. These dynamics, which may be observed in formal and informal interactions between the church and the community, may reveal pertinent issues on how church leadership can contribute to the achievement of are community development. In this research, the researcher gleaned relevant information through listening to what church leaders say about their roles in managing HIV and AIDS during individual interviews and focus group interviews, and through observation of their church services.

In seeking to provide an insight into how leadership is understood by church leaders and to discover what leadership and management skills they have to combat HIV and AIDS, this study aimed at promoting good leadership within and beyond the church setting. While the study does not deny the presences of good leadership in some churches, this needs to be extended to include the majority of churches and from there, the broader community also. In addition, the study acknowledges and highlights that a number of factors that militate against effective church leadership in most South African churches in particular with regard to HIV and AIDS.

1.7 Research Rationale

This study developed from my background in theological studies and from my interest in church leadership. I envisaged it as an initiative to engage reluctant church leaders into playing a central role in HIV and AIDS intervention programs. In the Postgraduate Diploma in Management course module, *Leadership and Strategic Management*, offered by the School of Management at the Pietermaritzburg Campus of the University of KwaZulu Natal, the discourse on church leadership also motivated the researcher. The researcher engaged in conducting an extensive literature review on leadership and management topics to try to understand how these two skills components may be used to empower church leaders in the fight against HIV and AIDS (Blak, 1997; Ibambsi, 1992; Kabir, *et al,* 1998; Kagimu, *et al*, 1998) all cited by Surur and Kaba (200: 67-70). The study was further motivated by the perceived need to improve on church leadership and to contribute towards further research on how church leaders can play an effective role in combating HIV and AIDS in South Africa in general and in the Sweetwaters community in particular. Thus this study has two aims: firstly, to out find what gaps exist on the issues of church leadership and how these can be filled. Secondly, it enables the researcher to reflect on how church leaders are enhanced or hindered by their leadership and management skills, in both their church and community roles.

It is hoped that the findings of this research will provide useful feedback, for the leadership of both church and community, to improve upon strategies for the prevention and management of HIV and AIDS. It is further hoped that this will provide positive results for creating a structure that promotes, develops and supports church leaders to be more effective in the fight against HIV and AIDS. Thus, church leaders and members of the community are encouraged to reflect upon their practices and leadership traits, while churches are further challenged to create the necessary links with civil organizations in the matter of improving the living standards of those with HIV and AIDS. Ultimately, it is hoped that church leaders will become aware of their leadership roles and skills in the church and community and through this, will find ways to effectively engage in HIV and AIDS intervention strategies.

1.8 Aims and Objectives of the Study

The aim of this study is to explore the critical role of church pastors in the prevention of HIV and AIDS and to ascertain how effective their leadership skills are in combating the epidemic in their communities. This research therefore seeks to achieve the following objectives:

- To investigate the leadership role played by church leaders in HIV and AIDS prevention.
- To examine various leadership strategies used by church leaders in the management of HIV and AIDS issues in their churches and communities.
- To evaluate the effectiveness of the leadership and management skills of churches in regard to HIV and AIDS prevention in the Sweetwaters community.

1.9 Key Questions to be addressed in this Study

- What leadership roles should church leaders play in the HIV and AIDS prevention efforts of the church and community?
- How do church leaders in the Sweetwaters community manage HIV and AIDS issues in their churches and in their community?
- What leadership qualities and management skills in HIV- and AIDS-prevention do church leaders in the Sweetwaters community have?
- What methods and/ or activities do church leaders in the Sweetwaters community use in HIV and AIDS prevention and how effective are these methods and activities?
- To what extent do church practices and church culture promote or hinder the development of church leadership?

1.10 Research   Methodology and Design

This research study will employ a qualitative method in understanding the role of church leaders in the prevention of HIV and AIDS in the Sweetwaters community. Qualitative research focuses on the meaning and understanding of interactions and action that took place in situations that occur naturally (MacMillan, as cited by Glatthorn 1998:37, 76) and it is hoped that such qualitative research will help the researcher to effectively investigate the role of church leaders in the prevention of HIV and AIDS within their churches and beyond. Qualitative research thus takes into account events, perceptions, attitudes and contexts. It also involves getting detailed knowledge of issues: in the case of this study, the focus is on current and emerging events (Mouton 1990:162). In achieving this, interviews are employed. Denis (2000:2) states that the main purpose of oral interviews is to answer questions, to gain insights, to uncover the truth and to improve the knowledge of the past. By conducting interviews, the researcher is able to assess the effectiveness of church leaders in managing HIV and AIDS in churches and local communities. This study thus assesses why church leadership is effective, and why it is not, and further asks, what causes it to be ineffective? In addition the study clarifies how different approaches can be employed by church leaders to combat HIV and AIDS.

1.11 Research Paradigm

This study will follow three steps. Firstly, it will find leadership skills-gaps among church leaders in the Sweetwaters community through interpretive research. Secondly, it will reflect through a literature review on how a skills-gap hinders or enhances church leadership. Finally, this study will recommend ways of improving leadership and management roles and skills among church leaders in dealing with HIV and AIDS in the Sweetwaters community and beyond.

1.12 Qualitative Study – research method and methodology

According to Creswell (as cited in Ivankova, Creswell and Clark, 2007:257), the goal of qualitative research is to explore and understand a central phenomenon in a research study. As a qualitative research study on understanding how church leaders can manage HIV and AIDS, this study is explorative in nature. It aims at understanding factors that hinder church leaders from engaging in effective HIV and AIDS intervention programs in the Sweetwaters community. As a qualitative study, this research falls within the interpretive paradigm and aims at capturing data both deeply and analytically. This thus required more time to be spent at the site to interact with participants and to experience what church leaders go through. For an in-depth insight into the views and experiences of church leaders, open ended questions were asked to allow them to express their views and experiences of church leadership role in HIV and AIDS interventions. Interviews were supplemented by observation notes which were taken during informal visits to participants' churches and during social activities, as well as at formal visits to attend Sunday worship services at church.

Generally, this research took a small scale study sample of respondents in the Sweetwaters community of Pietermaritzburg in KwaZulu-Natal. The study carried out an in-depth investigation on the role of church leaders in the prevention of HIV and AIDS, exploring further how this is being undertaken in their respective communities. Ten participants (church leaders) from the Sweetwaters community were randomly selected using purposive sampling to gain insight into whether or not the church promotes leadership and management skills within its structures and beyond in the communities, that can be used in HIV intervention programs. This approach was thus seen to be appropriate for the study since it helped in gaining an understanding of church leaders' attitudes, perceptions, views and standpoints on church leadership and how this leadership is managing HIV and AIDS pandemic.

Further, according to Merriam (1998:29), a qualitative study is characterized as a particularistic stance as it focuses on particular situations. It is descriptive in presenting a

rich broad description of the phenomenon under study and it is heuristic as it illuminates the readers' understanding of the phenomenon and leads to the discovery of new meaning. As per Neuman (2003), the logic of analytic induction is used in the research by considering the specific context of study and by examining how the parts of the study are configured. Considering the source of data, the best approach to answer the critical research questions was by using multiple research instruments in the process. In this study, a multi-method approach was thus used including individual interviews, focus group discussions, observations and document analyses.

1.13 Choice of the Sweetwaters Community

The study was undertaken in the Sweetwaters community in the Pietermaritzburg area, among various individual churches. With the researcher's background of involvement with the KwaZulu-Natal Council of Churches (KZNCC), supporting people who are living with HIV and AIDS, the selection of the specific locality was based on this knowledge. Purposive sampling was deemed the most appropriate in order to gain a representative picture of the churches and the community in this study. Further, convenient sampling in the selection of particular churches within this area, allowed research to take place while the researcher was attending Sunday church worship services since the area is close to the Pietermaritzburg campus. This was also possible during weekday services. The researcher chose the Sweetwaters community as a case study, being one of the areas in Pietermaritzburg most affected by HIV and AIDS. The researcher wanted to understand how churches in this community understand their leadership roles as well as managing HIV and AIDS.

1.14 Choice of Participants

In choosing participants, Nieuwenhuis (2007) states that purposive sampling is usually used in qualitative research since participants are selected according to some defining characteristics, making them own the data needed for the study. Participants for this study included church and church youth leaders in the Sweetwaters community, who had been in leadership positions and/ or had pastoral experience for more than seven years. The motivation was that they have had many years of pastoral teaching experience, and thus to

the status of senior church leaders was another determining factor on the effectiveness of church leaders on HIV and AIDS interventions.

1.15 Outline of Study

The study consists of six chapters. The first chapter introduces the thesis. It outlines the logic of the study and its purpose, giving a brief synopsis of the role of church leaders in the prevention of HIV and AIDS in Sweetwaters community. Further, it discusses the study background, the research process, research problems, by stating what they are and how the research hopes to address them. The chapter also includes the research rationale and the research motivations, presenting the key questions the study addresses. Finally, the chapter gives the aims and objectives of the study as well as its research design and methodology.

In chapter two, the study discusses the literature review and theoretical framework of the study, defining terms such as leadership and management. The chapter outlines how church leaders can theoretically make a difference in the Sweetwaters community and beyond in HIV and AIDS management. Chapter three focuses on research methodology and design. These are explained by presenting an outline and discussion of the research aims and objectives. Chapter four presents the research findings and the data, gathered in the form of a synopsis of the participants' many experiences and perceptions regarding HIV and AIDS prevention. Chapter five focuses on data analysis and chapter six presents the conclusion.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

In the previous chapter the researcher laid out the logic of the study. In this chapter the researcher is going to review literature relevant for the study, in particular for examining the role of church leaders in the prevention of HIV and AIDS. This review includes definitions of terms such as leadership and management, outlining different forms and types of leadership styles in the church that can make a difference in HIV and AIDS interventions. Literature in this study was drawn from both local and international scholars, and was further supplemented by an empirical study on the church leaders' understanding of their roles in leadership and management in HIV and AIDS prevention.

This chapter further gives a brief discussion of the role of church leaders in prevention of HIV and AIDS in the Sweetwaters community with special focus on leadership and management. The study identifies gaps in church leaders' understanding of their roles in the prevention of HIV and AIDS in their community. This chapter also includes the theoretical framework of the study. As its theoretical framework, the study uses situational and participative theory. These situational and participative theories emphasize the benefits of church leaders' implementation of HIV and AIDS programs to the wider communities, while looking at the context or situation and involving participants. In essence, the study asks: how can church leadership and culture understand the factors that restrain or enhance church leadership? This literature review thus contributes to developing a better understanding of the role of leadership and management in preventing HIV and AIDS.

2.2 Theoretical framework

The study will use the concepts of situational and participative theories as explained by Hersey and Blanchard (1988:171), as lenses to look at how church leaders can respond to the situation at hand. Also the theoretical framework will be used to analyse the data, and to guide an understanding of how church leadership emerges and develops effective leadership

skills to deal with community issues. This study will be critical to the top-down approaches prevalent in churches as hindering some church leaders from applying their skills to addressing HIV and AIDS issues. Church structures inhibit church leaders' autonomy to engage effectively wider community social issues such as HIV and AIDS. Spillane (2005:8) argues that leaders, including church leaders for that matter, do not single-handedly lead an organization or church to greatness. Just as management requires that leaders change their mindset and use an array of management skills, so, too, church leadership involves an array of individuals with various skills. In this study, a shift from dogmatic, autocratic and bureaucratic ways of leadership is advocated and, participative and situational forms of leadership are recommended. In this study, participative and situational leadership entails giving church leaders and their community members the opportunity to lead in important decision-making and, to take responsibility for HIV and AIDS prevention in their communities (Harris and Muijs, 2003). Such a view of leadership engages community members and leadership to be participative on issues of HIV and AIDS in their communities. In participative leadership, consultation with group members in information gathering, suggesting and decision making, leads to serious and binding decisions. This model best improves the commitment of followers, and gathers vital information for HIV and AIDS prevention in communities, the church and beyond.

In the situational theory, the effectiveness of a leader is associated with the use of a situational style. This means that a pattern of behaviour suits a particular style, and that its effectiveness in some circumstances fulfils universally appropriate leadership requirements. A particular style of leadership has an impact on various outcomes in some situations but not in every circumstance (Bryman 1992:11). In the context of HIV and AIDS, church leaders need to recognize the specific HIV and AIDS challenges and apply skills that will help to manage and prevent the disease. According to DuBrin (1995:133), situational leadership is a model that represents consensus in thinking, action and behaviour. The situational model is useful because it emphasizes the role of leaders in relationship to a task and to one's behaviour. This model thus opens up avenues for church leaders to improve their skills on how to manage issues such as HIV and AIDS. The situational theory further applies common sense, and is therefore intuitively appealing. Thus church leaders can benefit from this theory

in identify and rectifying the readiness of church and community members in terms of developing and implementing HIV and AIDS prevention strategies within and beyond the churches.

In the situational leadership model, there is no one way to influence group members (DuBrin 1995:132). In a community based program for HIV and AIDS prevention and management therefore, leaders and followers should come up with models that can fit the context. The most effective leadership style is in fact dependent on the readiness of group members to take responsibility. Readiness in situational leadership is defined as the extent to which a group member has the ability and willingness to accomplish a specific task. In this way, church leaders need to importantly consider their leadership roles in the face of the task of HIV and AIDS prevention to determine the styles that can be effective in addressing the situation. Northouse (2004:87) stresses "that leadership is composed of both a directive and a supportive dimension, and each has to apply appropriately in a given situation". This enables to determine what is needed in a particular situation both in term of directing or leading, and in terms of leaders supporting members. Church leaders therefore need to evaluate how HIV and AIDS within churches and communities can be approached, and what appropriate skills can be applied to deal with the situation. In all, effective leaders are those who can recognize challenges around them, and can then adapt their own leadership styles to address the challenges.

Further, in every organization, there is only one main leader, but leadership can be shared, and participative forms of leadership call for collective responsibility. Coleman (2005) argues that these underlying assumptions are found in most leadership theories, and can be employed in managing HIV and AIDS. This means that church leaders can make choices on how to apply their roles. Wasley (1991) cements this by stating that church leaders need to be involved in the process of deciding on what roles if any, they wish to take on, and must then feel supported by the organization's administration in doing so. In addition, church leaders, both formal and informal, can make their own choices on what appropriate and meaningful leadership styles to apply to dealing with the HIV and AIDS pandemic.

Whilst some scholars call a collective form of leadership situational, Ash and Persall (2000:10) refer to it as a formative style. As formative, it is based on the awareness that there are many forms of leadership that apply in different situations. The situational theory states that there are factors determining which leadership style to use to achieve the best results in a given situation. This theory creates a shift in guidelines about which model of leadership can be used and under which circumstances to bring needed results. In the context the pandemic prevention in the Sweetwaters community, the role church leaders play needs to, in the words of Fiedlers adopt "the best style of leadership determined by the situation in which the leader works" (cited by Smit, and Cronje 1997:293). Thus once a leader understands the issues he or she is facing, the leader accesses and applies skills to address the situation at hand. Church pastors and their members need to employ this theory because pandemic related issues are affecting everyone in the Sweetwaters community. In this circumstance, situational theories present a way to achieve consensus in thinking and behavior in relation to HIV and AIDS. This builds on roles leaders can play to fulfill tasks. This theory therefore can provide a useful foundation in training leaders, and in turn can be used to train church members in methods to combat HIV and AIDS.

This leadership style also supports common sense thinking whenever challenges are being faced. Hence church leaders and their communities can benefit from this by identifying what church and community members can choose to do in HIV and AIDS prevention. If church leaders can identify appropriate leadership styles required in a given situation, HIV prevention and management becomes effective. In this, situational leadership becomes vital in HIV and AIDS prevention, and can be used to analyse and determine what leadership styles to use in dealing with critical situations.

In the participative leadership style, ideal leaders take on other people's advice. Freire (1970: 35) states that the participative theory emphasizes the notion that leaders should not think for but think with, those who are directly or indirectly affected by problems. Therefore it is important for church leaders in the Sweetwaters community to encourage their church members to get actively involved in HIV and AIDS prevention and in determining the form such prevention takes.

In general, this paradigm presupposes that experiences are shared at a personal and community level. This style encourages church leaders and the wider community to reflect upon what they have heard and upon how they are impacted by the pandemic. It is therefore essential for church pastors to ask their church and community members how they are experiencing HIV and AIDS and its effects and what recommendations they can make that could be acted upon. These two theories, participative and situational leadership, require churches to "subscribe to the view that leadership resides not solely in the individual, but in every person at every level who, in one way or another, acts as a leader" (Harris cited by Goleman 2002: 14).

Various views on participative and situational leadership open up possibilities for all church and community members to become leaders in fighting HIV and AIDS. However, persons who are able to become leaders, need the capacity to develop their leadership capabilities. In this way, situational leadership sets the tone for church leadership in HIV- and AIDS-management. The situational and participative theories thus served as the lens through which the researcher carried out his research and conducted the research-findings analysis. The purpose of the research is not only to determine whether church leaders tackle HIV and AIDS issues according to their situation, but also to gather information in order for them to be active in their communities as leaders, encouraging their community members to actively participate in fighting the pandemic. Many church and community leaders and members alike, are finding themselves living in an ever-changing world where they're bombarded by new challenges in HIV and AIDS, within churches and beyond. This challenges church leaders to reframe their perspectives on social issues and to clarify their commitment to address them (Cummings and Keen 2008: 11). In the face of HIV and AIDS, church leaders need an approach which is creative, collective and correct.

Heifetz (1994: 17) argues that different situations demand different personalities and call for different behaviors. In HIV and AIDS interventions, leaders of churches need to look at issues around them and choose which leadership style appropriately serves them in a given situation. For example, some situations require controlling or autocratic behavior, while others require participative behavior.

Steady leadership provides followers with a basis for action. In situational theory, some people emerge to become prominent because times and social forces call them forth to act and also provide space for such rise. In this, the HIV and AIDS pandemic is a social force that challenges church leaders to rise to the challenge and act together for the common goal of their communities.

2.3 Definition of Leadership and Management

According to the literature reviewed in this study, leadership and management are seen to have competing definitions. Numerous authors describe the differences in definitions of leadership and management (Kotter, 1990; Conger, 1992; Daft, 1999; Adair, 2003; Northouse, 2004 and Grint, 2005).

Leadership, according to Northouse (2004: 2), has different meanings for different people. This indicates that the definition of leadership is instantaneously determined by culture and context, so that meanings of leadership differ. Leadership, in the view of Adair (2003: 61), involves the "activities of influencing people to pursue a certain course" of life. Grint (2005: 15) argues that leadership is concerned with direction-setting and with innovation and is essentially linked to change, movement and persuasion. On the other hand, management is about executing routines and maintaining organizational ability. According to Kotter (1990: 3), management is concerned with bringing order and evenness through planning, budgeting, and controlling. In the following few paragraphs, the researcher will discuss leadership and management before describing how the two can contribute towards change.

2.3.1 Leadership

Leadership implies the novelty of challenges requiring persons with innovation to design solutions to such problems. Leaders must thus construct a description of the new problem and strategies to overcome it. Northouse (2004: 3) defines leadership as a process or a transactional event occurring between the leader and followers. Thus church and community leaders have church members and the wider community whom they must influence.

Leadership is thus not a "one-way event but an interactive process between leaders and followers" (Northouse 2004:3). Church leaders can encourage church and community members to change their behavioral patterns regarding HIV and AIDS and can design educational programs to put this into effect. Since leadership is a process which influences people to take joint action towards change and improved practice - that enables the community to achieve a shared common goal - this means that in the context of this study, church leaders can work with their communities on strategies to manage HIV and AIDS (Northouse 2004: 3).

Further, Van Rensburg (2007:2) argues that leadership is not a position a person holds but the function which a person plays. Leadership thus has its foundation in the will of an individual to improve the circumstances in which people live and to achieve the aims and objectives of an organization and beyond. In the context of the church, however, one questions whether achieving aims and objectives beyond the prescriptions of the church community are in tandem with the ethical and theological designs of the church. In the situation of HIV and AIDS in the Sweetwaters community, church leaders are challenged to go beyond their call of duty as well as their skills and training. In the context of prevention of HIV and AIDS thus, church leaders who may wish to play their leadership roles in both church and community settings may be challenged on what strategies to apply in guiding members and the wider community. The display of strong leadership in the community would shape the community culture for the next generation, which will in term challenge many people to get involved in HIV and AIDS programs. According to Van Rensburg (2007:8), leadership is about serving others through organized or community arranged structures. It brings in skills to unlock human potential and to improve human conditions of existence. In this, the role of church leaders is to help members and communities to act effectively in response to the pandemic.

Heifetz (1994:14) argues, "Leadership means influencing the community to face its problems." Influence is the mark of leadership. It gets people to accept the leader's vision, and forces people to cooperate in addressing problems. Leaders have mobilization skills to influence people to face their problems, and to make communities address their own

problems progressively. Leaders challenge and assist people in the process. In the context of HIV and AIDS and the role of church leaders in this context, communities are mobilized beyond church leadership capacities, and ordinary people are challenged to act from within and outside the church. In military terminology, leadership is a word commonly used to refer to people in positions of command (Heifetz 1994:15). In this, the leader functions as a focal person and a place and point of focus of the rest of the group. Beyond the focal point, everything organizes itself as required by the leader. The military definition differs significantly from the idea of influence. Bryman's (1992:2) 'social influence' is an idea generated by the understanding that leadership steers members of the group towards achieving a common goal. Essential leaders are individuals perceived to influence others' behaviours (who are commonly known as followers).

In concluding this section, the researcher would like to agree with Heifetz's (1994:22) assumption that for effective leadership, there is a need to adapt to the situation at hand. Thus, in the context of HIV and AIDS the leadership must adopt so as to address the challenge the Sweetwater community facing accordingly. Adapting to the situation in the Sweetwaters community as regards the context of HIV and AIDS may thus assist in bringing solutions to the problems of the disease.

2.3.2 Management

Management refers to the work of the manager who observes and responds to arising situations by carrying out correct and appropriate actions. According to Daft (1999: 39), management focuses on "establishing a detailed plan and schedules for achieving specific results, then allocating resources to accomplish the plan; while leadership calls for creating a compelling vision of the future and developing far-sighted strategies for creating the change needed to achieve the vision".

Further, Smit and Cronje (1999: 11) define management as "the process of planning, organizing, leading and controlling the resources of an organization to achieve the stated organizational goals as efficiently as possible". Northouse (1997: 3) argues that leadership "is a process whereby an individual influences a group of individuals to achieve a common goal while management is about seeking order and ability." In Kotter (1990: 85), leadership is concerned with bringing about movement and useful change, while the role of management is to provide stability, consistency, order and efficiency. In organizations, managers create orderly, predictable results, keep things on schedule and within budget and make things work efficiently. In one way, management is the execution of a vision and the motivation to achieve goals, missions and visions laid down by leaders. According to Du Toit and Motlatla (2006: 122), this is achieved by aligning human, financial, physical and information resources in line with the goals of an organization. Generally, it is agreed that management is necessary for directing businesses towards their intended goals but the many definitions for management demonstrate the differences of opinion between authors and experts on what management activities should be. Planning, organizing, leading and controlling are, however, the components most frequently highlighted.

In conclusion, one may argue that management alone is inadequate in achieving the intended goals of an organization, in the case of this study, the alleviation of the problems associated with HIV and AIDS in the Sweetwaters community. It thus follows that using both management- and leadership-skills is imperative in reaching and maintaining a satisfactory level of effectiveness in HIV and AIDS prevention and management, as well as in preventing the further spread of the disease.

2.3.3 The way forward

It has been seen that leadership and management are two sides of the same coin, each with strengths and weaknesses. While leaders produce important ideas for change and facilitate this vision, management aligns each person's effort with set policy, and keeps individuals focused on the mission and vision of an organization through motivating and inspiring followers (Conger, 1992:9). Thus both tools are essential in the fight against HIV and AIDS.

Leadership and management are different principles, with different central functions, but they are essentially related. In this research, Kotter's and Northouse's theories on leadership and management are useful for understanding the role of church leaders in HIV and AIDS intervention in the Sweetwaters community. They argue that these terms have different meanings for different communities. Church leaders, who are mostly involved and spend time with ordinary people, can instil a sense of purpose into the Sweetwaters community with regards to managing HIV and AIDS. To have church leaders with management skills as well as leadership qualities helps the church and community members to be effective in combating HIV and AIDS. In essence, good leadership and management skills help church leaders to successfully design effective HIV and AIDS programs and to manage them in their churches and the wider community.

In conclusion, the researcher assumes that equipped leaders have the potential to bring change, and to contribute positively towards combating HIV and AIDS in South Africa. Church leaders are essentially and strategically situated in large communities and have a following. Although it does not follow that this is significant for combating HIV and AIDS, leadership and management skills are a necessary resource in the struggle, as are access to and influence over groups of people.

2.4 How church leaders can make a difference

Over the past decade, concerns about the impact of the pandemic on communities have been growing. By 2005, it was estimated that 39.4 million people were living with HIV and AIDS, with a rate of infection of 14000 people a day (The World Bank Group, 2002). Beyond 2005, the rates of infection have become increasingly unsustainable. This has prompted the involvement of all society, including the church, to become involved in HIV and AIDS intervention programs. In this study, we argue that church leaders are strategically positioned to make a difference in the implementation of HIV and AIDS programs and in initiating meaningful social change through engagement in activities in areas such as gender and youth programs.

The researcher observed that the church plays a vital role in areas such as humanitarian relief-aid and submits that it should also be central in managing HIV and AIDS intervention programs. The involvement of church leaders is essential for the effective management of HIV and AIDS within and outside the church: this sounds a clarion-call for church leaders to take on extra-ecclesial duties for the development of their churches and communities. In all, church leaders must be urged to re-examine their leadership styles in performing their duties for the benefit of those unfortunate members of society (Saayman, 1991: 101). In this, church leaders are challenged to engage in acts of charity as well as to support these people in their struggles against disease and other debilitations. Taking on leadership and management roles empowers both leaders and communities in shaping their future.

The assertion is therefore, that the prevention and management of HIV and AIDS by the church can bring transformation to the teaching of the church as well as to the living conditions of society. From another perspective, it may be theoretically true that church leaders provide the best leadership-styles of which they're capable, in accordance with their theological upbringing and to critique this, may appear an imposition against the church's teachings. The context of the Sweetwaters community demands that church leaders be equipped to provide leadership and management, since members of the community, like many other South Africans, are be-devilled by cultural practices that advance the spread of HIV and AIDS.

Further, church leaders are well respected in the Sweetwaters community and are hence a precious resource in combating the pandemic. Church leaders are strategically positioned in fighting HIV and AIDS because of their influence on the community and their involvement in community-development projects. Church leaders, who are known as custodians of their communities, can act as facilitators in educating communities on how to prevent the spread of HIV and AIDS. Using the church's position as well as its theological perspectives can strengthen church leaders' relationships with their religious and secular communities. Katzenmyer and Moller (2001: 2) argue that "within every organization there is a sleeping giant of leaders which can be a strong catalyst for change".

Thus when leaders are challenged to bring change, their influence can be useful for encouraging transformation in the church and community: in this context, transformation associated with HIV and AIDS management in churches and communities.

Further, the church has a belief system and theological framework, which can be used as a resource for church and community programs. However, some problems are beyond the theological and theoretical capacity of the church, and in any case, the church's resources can be strengthened by networking churches to secular and civic organizations. Networking enriches both the church and other organizations, and can build a rich resource for church leadership training materials. As a result, churches can begin to lobby for meaningful change in the situation of HIV and AIDS, and for enriching surrounding communities. When church leaders understand the bigger picture in the debate, broadening their knowledge on HIV and AIDS can aid them in improving both their skills and in attaining their in the struggle against the pandemic. In the end this transforms the church and society to have a better understanding and thus to be more effective in managing the impact of HIV and AIDS.

It needs to be known that church leaders are not going to be "lone rangers" in this because traditional leaders can also play their role. NGOs too, among other community groupings can assist in forging a way forward on HIV and AIDS prevention and management. Within the church, church leaders can lead in challenging their members to engage in HIV and AIDS interventions and theoretical discussions; and can open up new ways of improving their leadership strategies as well as new ideas on how to deal with HIV and AIDS in their communities. Of importance to their work is the creation of youth networks and programs as well as the improvement youth participation, coordination and engagement in planning and response design. Allowing the youth's voices to be heard in HIV and AIDS programs can bring youth organizations together in designing programs that unite the positions of youths and aligning their voices with their needs. In this, church leaders are uniquely positioned to shape social values important for HIV and AIDS interventions in communities, for example church leaders can play their role effectively through HIV and AIDS awareness campaigns Belachew and Seyoum cited by (Surur and Kaba 2000:69). In the end, this allows for training program designers to bring about innovative programs, and to provide follow-up guidelines

for individual groups. This view assumes that church leaders present a focal point in their communities (Lee *et al*, 2003) and that as such church leaders need to sharpen their skills, find training resources and manage HIV and AIDS intervention programs successfully (Lashway, 2003).

A brief synopsis of the history of HIV and AIDS in South Africa reveals that the epidemic is devastating in its scope (Kalichman, 2005). Though the "origin, causes and consequences of HIV and AIDS in South Africa remain contested amongst political and medical elites", Van (Vollenhoven cited by Maclennan, 20003), the methods of transmissions are clear, demanding that churches be part of the process if concerned communities can benefit from the interventions (Gordon, Forsyth, Stall and Cheever, 2005). Accordingly, the consequences of HIV and AIDS infection have led to serious concerns among churches and other institutions, raising issues pertaining to the very integrity of such institutions as well as questions regarding the ethical and practical soundness of their teachings and practices.

Among other things, the question of whether the scientific and practical causes of HIV and AIDS are clear to the church's reality of infection, both within and without the church, undermine the belief that churches are safe havens (Ogina, 2003:1). Unfortunately, these beliefs mean that churches have failed to establish policies and strategies to manage HIV and AIDS. The reasons why some churches believe they are "safe havens" from HIV and AIDS, is because of their theological understandings and teachings that boys and girls must keep themselves sexually for marriage and that, thereafter, they need to be faithful to each other. From this mental model, churches believe that if two uninfected young persons are married and remain faithful to each other, the infection cannot enter into their lives. However, this understanding fails to appreciate that widows and widowers may also marry and that some church-members are married to non-believers or unfaithful partners. Pre-marital sex is also a very common practice. This makes the church endeavor unrealistic.

Drawing on the "UN AIDS Case Study of Uganda", Barnett (2002: 7) argues that church leaders and faith-based organizations can provide an effective program and message on HIV and AIDS prevention. The work of church pastors and faith-based organizations may be

imperative in developing networks to advance the agenda for HIV and AIDS interventions. This is because pastors and leaders from faith-based organizations are deeply-rooted in local communities and structures, and that their social position commands a considerable amount of trust and credibility. They are in an excellent position to manage HIV and AIDS among communities, and church leaders in the Sweetwaters community can thus easily gather an assemblage of church and community members who will as accept their spiritual mandates within and without their churches. Further, these spiritual leaders provide hope to the generation of HIV and AIDS orphans as they act as both spiritual and symbolic fathers to the children. Since some churches operate faith-based organizations, their very presence in communities gives encouragement to members of the society, and especially to those infected and affected by HIV and AIDS. In this, church leaders have an important role to play in teaching and preaching responsible behavior to their followers and society at large. In all, their networks are a further support in relation to HIV and AIDS interventions.

In concluding this section, the researcher reiterates that church leaders can make a difference in their communities by drawing from their credibility, position and authority in both the church and society. To achieve this, church leaders need to be transformed to acquire and adopt a community perspective rather than a sectarian approach to leadership. It is hoped that these will effectively bring transformation in the leadership of the churches.

2.5 Church culture and practices

This study also employed the concept of church culture, to understand its impact on church leadership. Organizational culture embodies the informal features found in organizations and can best be described as "the way we do things around here" (Bush and Anderson, 2003: 89). These informal features focus on the values, beliefs and norms of people in an organizational setting, coalescing into personal perceptions and meanings shared by most organizations. Within church culture are included values, beliefs, traditions, ceremonies, rituals and myths formed over the course of Christian history. This system shapes how church members think and act. Culture therefore relates to patterns of behavior shared in an organization.

Church practices and culture can, to a large extent, exert a powerful and sometimes negative force in the development of church leadership as regards its tasks in preventing the pandemic. In a church culture, change is frequently resisted by those at the top of the hierarchy, such as pastors, elders and bishops. To create a changed organizational culture, church leaders need to acquire different leadership styles such as those outlined above (Ash and Persall, 2000). In all, churches need to create a collaborative environment that supports HIV and AIDS prevention and management.

2.6 Conclusion

In conclusion, this chapter explored the leadership and management theories initially mentioned and further defined them as an over-arching theoretical framework. The chapter further discussed alternatives by church leaders to steer the change process in churches and in the case study (the Sweetwaters community), highlighting the need for leadership and management in HIV and AIDS interventions. To make sense of the research findings, the researcher will employ the situational and participative leadership theories as analytical tools. These tools are inextricably linked to church practice and culture and can inhibit or enhance the role of church leaders in HIV and AIDS prevention and management.

The next chapter will cover the research methodology and design. The research-aims and objectives of the study will be outlined and presented.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

In this chapter, the research methodology and design of the study are explained by presenting an outline and discussion of the research aims and objectives. The research questions along with the research paradigm, an explanation of the data collection and analysis procedures are also discussed. The goal of research is to gather comprehensive reliable data regarding the role of church leaders in managing issues related to HIV and AIDS in the Sweetwaters community. The chapter concludes with the limitation of the research study.

3.2 A brief outline of the HIV and AIDS context among churches

In addressing external matters, such as HIV and AIDS, the church finds itself thrust into very challenging issues, especially where church leaders are involved and where the issues call into question the ethics, values and morals of the society. To engage church leaders thus calls for the need to address morals, the faith, philosophy, and a multifaceted array of sensitive issues (Van Vollenhoven, 2003:243). HIV and AIDS issues discussed in the light of sex, bereavement and other topics lead pious, religious individuals to feel uncomfortable, and so they may wish to dissociate themselves from the discussions. In this research, it has been observed that there is still widespread reluctance among church leaders to openly discuss sexual matters in regards to HIV and AIDS. There is thus the need for careful attention to be given to the personal expressions and official statements made by church leaders on HIV and AIDS. The biggest concern regarding HIV and AIDS perceptions is the disease's connection with sex, and thus its presumed association with promiscuous behavior. In this community, it is therefore taboo to discuss HIV and AIDS in the church because of the theological stipulations, which condemns sexually immorality behavior.

3.3 Research Study Objectives and Questions

This section presents the methods and instruments used in this study, explaining how such instruments used to respond to the study questions were devised. In chapter one, the

researcher indicated that the aim of the research study is to explore the roles of church leaders in the prevention of HIV and AIDS. The particular focus concerns the effectiveness of their training and skills in combating the disease within and without the church.

3.3.1 Main research question is:

The main research question is: What is the role of church leaders in the prevention of HIV and AIDS in the Sweetwaters community of Pietermaritzburg, KwaZulu-Natal in South Africa?

3.3.2 Subsidiary study questions

In order to respond the key question the subsidiary questions are:

- What leadership roles should church leaders play in church and community HIV and AIDS prevention efforts?
- How do church leaders in the Sweetwaters community manage HIV and AIDS issues in their churches and in their community?
- What leadership and management skills in HIV and AIDS prevention do church leaders in the Sweetwaters community have?
- What methods and/ or activities do these church leaders undertake with regards to HIV and AIDS prevention and how effective are these activities?
- To what extent do church practices and culture promote or hinder the development of church leadership?

To answer these questions, this study has designed appropriate data collection tools as well as methods for their analysis. These tools and methods allow the study to make linkages between the hypothesis and practice. Thus, the tools and methods provide responses to the research study questions.

3.4 Research Paradigm

Winberg (1997:14) defines a paradigm as "The collective set of attitudes, values, beliefs, procedures and techniques that create a framework of understanding through which

theoretical explanations are formed". For instance, the paradigm of this research study is interpretive, and thus it collectively considers church leaders' attitudes, beliefs, values, techniques and procedures in handling HIV and AIDS issues in the Sweetwaters community. The methods of prevention of HIV and AIDS infection, used by church leaders within churches and in the greater community, will be analyzed by employing interpretation techniques to understand the data. It will be indicated that church leaders are at the center of the success or failure of prevention strategies. By using the interpretive approach as a theoretical framework, the qualitative methodology of the study will allow for the development of an understanding of the place of church leaders in HIV interventions. The research is interpretive, in that it strives to understand how church leaders, in their own natural contexts, comprehend the HIV and AIDS challenges and provide responses to these challenges. Furthermore, the aspects of quality result from a rich and in-depth data collection-process and the consequent product. This is only possible by using poly-methodic approaches where interviews, focus-group discussions and observations are supplemented by literary reviews.

3.5 Research Methodology

Key to this study is the desire to build awareness programs regarding the HIV/AIDS pandemic and to explore the role of church leaders in the prevention of HIV and AIDS. Furthermore, this study hopes to impact the church and the community, by suggesting ways in which the church organization and leadership can offer better guidance and practical assistance regarding interventions into the pandemic. This re-organization considers what and how, church leadership skills are used in these intervention programs. The HIV and AIDS investigation in the Sweetwaters community focused on health and social issues of particular concern to society, making the focus of the study an appropriate one. The methodological paradigm giving clarity to the study was also appropriate and adequate. The phrase, "methodological paradigm" may be interchanged with "methodological approach" and "methodological framework", comprising ways and methods underlying the purposes of this study as well as the presuppositions of these methodological uses.

In support of this, Cohen *et al* (2007: 187) argue that the central endeavor in the context of the interpretive paradigm, is to comprehend the subjective world of human experience. Nieuwenhuis (2007:47-54) cements this by saying that human life can only be understood from within, that is understanding, interpreting and interacting from within the social environment in which the study takes place. Henning (2005:125) argues further that these are some of the ways researchers gain an insider's knowledge of what is happening in a particular context or setting. Linked with Nieuwenhuis' (2007:75-92) argument is "ontological view of reality from the qualitative perspective which indicates that reality is a social construction and truth is therefore a subjective phenomenon as the research is an interactive relationship between the researcher and participants and between participants and their experiences and how they construct reality based on those experiences". Also, by linking what participants say with actions in human activities, this study was able to gain a better insight into the realities of HIV and AIDS intervention in Sweetwaters community, because what is said and what is done may be the same (indicating the unity of thought and deed) or different indicating that what is said may not be believed with deep conviction.

To collect the necessary data this study carried out interviews. An interview is a discussion that more often than not is conducted between two or more individuals. According to Schostak (2006:10), an "interview can be described in terms of individuals directing their attention towards each other with the purpose of opening up the possibility of gaining an insight into the experiences, concerns, interests, beliefs, values, knowledge and the way of seeing, thinking and acting of the other". In this study, therefore, interviews were carried out with church leaders, and sought to identify and understand the roles and skills required in HIV and AIDS prevention among churches and the Sweetwaters community. In the interview panels, participants included church elders and youth leaders in the Sweetwaters community. The process observed Fielding's (2006:131) view that an "interview is a planned conversation designed to exchange information and attitudes regarding a specific subject". The process drew out church leaders' perceptions concerning HIV and AIDS, the scientific facts of the disease as well as its transmission processes. Since this was carried out in the church context, issues of morality and ethics were central in the discussion. The study took an interpretive approach, making sense of what participants were experiencing in the

community because of their Christian faith. The interaction clarified meanings church leaders ascribed to their role in HIV and AIDS management in their churches and communities. From their stories, the processes and methods of knowledge acquisition, as well as the context of that knowledge were derived. The use of multiple research methods in data gathering revealed epistemologically that in their stories, participants interacted with their environments to acquire knowledge (Nieuwenhuis, 2007:75-91). Thus, the research study was able to gather data that reflected not only the participants' individual and collective stories, but also the environment the is the (Sweetwaters community) in which these stories and the experience they depict, were formed.

Further, this research was qualitative, making research observations another important tool for information collection. The data collection thus demanded closer interaction with and observation church leaders to hear and observe their stories and experiences regarding HIV and AIDS. In this study knowledge construction was therefore conducted through observable ways as well as through analyzing the meanings derived from participants' ideas, ways of life, and morals as well as ethics in the teachings of the faith. This study further observed the underpinning social and cultural frameworks informing church leaders' attitudes to HIV prevention within churches, and their skills and roles in community HIV programs. In this small scale qualitative study of HIV and AIDS intervention in the Sweetwaters community emphasis was put on the quality and depth of information gathering rather than its breadth.

3.6 Research-design

The research-design is a study plan intended to be used in conducting the research study (Babbie and Mouton, 2001:74). In this study, the qualitative approach was used in investigating the life experiences of church leaders in HIV and AIDS prevention. In this, the study undertook interviews with 10 interviewees: four pastors from the mainline churches, three pastors from the Pentecostal churches and three from the indigenous churches. In addition, the study made personal observations and held focus-group discussions with church leaders in the Sweetwaters community. The focus-group discussion was a follow-up to the questionnaires.

The use of interpretive methods helped to show how each member's life experiences were valued in the study and also helped to underscore church leaders' role in HIV and AIDS prevention. In this, church leaders were permitted to look at their own leadership roles, which it is hoped, will lead to an improvement in their leadership and management skills in teaching their parishioners how to manage HIV and AIDS. What leadership and management skills they *do* possess and how these impact upon their leadership styles and practices within churches and communities, were also looked at. It is hoped that these will be improved upon in order to more effectively tackle the pandemic. This study was based upon ordinary church and community members' views on the role of church leaders in HIV and AIDS prevention, which enriched both the researcher's observations and the literary investigations in this study, as it helped present the real situation as it is experienced "on-the-ground".

3.7 Qualitative case study

On qualitative research study, Creswell (2007:39) argues that it "is a form of inquiry in which researchers make an interpretation of what they see, hear and understand". The aims and objectives of research here are to explore and understand the central phenomenon being explored in the study. In this context, the study is an exploration of church leaders' roles in the prevention of HIV and AIDS in the Sweetwaters community, and it also aims at understanding the factors that hinder church leaders from engaging in HIV and AIDS prevention within their churches and communities. To understand these, time was spent in the Sweetwaters community, at a site that made interaction with participants possible, facilitating safe formal and informal discussions. In the interviews, open-ended questions were asked to allow participants the liberty to express their own views and experiences in regards to church leadership roles and skills. During formal and informal visits to churches and the community, especially at church Sunday services and social gatherings, observation notes were taken. These helped the researcher to collate information collected from the literature, focus group discussions and formal interviews.

Generally, this study was small scale although its purpose was to undertake an in-depth research of the task of church leaders in pandemic prevention. The study sought to explore how church leaders manage prevention strategies within and outside churches. In the study, only ten (10) participants (church leaders) from the Sweetwaters community were chosen. Their positions in the church and society, as well as their knowledge and intelligence on leadership roles and skills helped the study to gain an insight into what aspects of leadership promote and enhance HIV prevention as well as what hinders these processes.

Further, the qualitative study approach was most appropriate in helping the researcher to gain an insight into the church leaders' attitudes, views and standpoints on HIV and AIDS issues, and in understanding the church leaders' roles in the prevention of HIV and AIDS. These issues included factors that contribute towards community perceptions of the scientific facts and methods of the spread of HIV and AIDS. Merriam (1998:29) characterizes a qualitative study as particularistic as it focuses on particular life situations and how those involved interact with emerging and persisting problems. Further, the study had to include the descriptive approach because of the rich and broad descriptions of occurrences of HIV and AIDS prevention initiatives in the area of study. This approach is heuristic and illumines comprehension and guidance on the significance of the approaches to HIV intervention in the area of study. Thus with this framework of study, the role of church leaders in HIV and AIDS prevention is particular because it specifically addresses the church's theological position in relationship to practical social realities. Thus the use of the Sweetwaters community as a case study area is helpful or constructive to achieve the proposed objectives of the research study. With a case study, new and holistic meanings on the characteristics of HIV and AIDS prevention are generated, as well as church practices and processes in the Sweetwaters community. The case study is a technique in which an experiential theme is explored through a set of specific procedures of research. The usefulness of the case study is that it deliberately covered the context of church involvement in HIV and AIDS prevention as well as the relevance of church leaders' roles in community interventions in the Sweetwaters community.

3.7.1 Sampling

This study made a purposive sampling of ten (10) church leaders in the Sweetwaters community of the Pietermaritzburg area of the province of KwaZulu-Natal, South Africa. The choice to focus on the role of churches was made against the backdrop of an urgent need to address the rising statistics of HIV infection among the Youth in churches and communities in the area of study. According to Haddad (2005: 2-4), many infected persons have died, and many are threatened by imminent AIDS-related immobility and eventual death. In the Sweetwaters community, the bodies of AIDS victims are buried by surviving family members on the properties of the dead or surviving relatives. In view of these cultural practices, church leaders could be using these events as opportunities by which to educate church members and the community on HIV and AIDS prevention.

The involvement of the researcher with the KwaZulu-Natal Christian Council (KZNCC), supporting people who are living with HIV and AIDS (PLWHA) in the Sweetwaters community, prompted the use of purposive sampling in choosing these churches for this study. The selection of purposive sampling was supported by the notion of convenience sampling because of the nearness of the area to Pietermaritzburg and the University of KwaZulu-Natal. Thus travel costs to carry out focus group discussions, interviews and observations during Sunday church services and social gatherings were minimized. During involvement with the work of the KZNCC in the Sweetwaters community, it was observable that out of every five households, at least two or three had graveyards in their back yards. Further, the researcher was interested both in what church leaders perceive as their role in terms of HIV prevention, and how they engage the wider community to manage the pandemic.

3.2.2 Choice of Participants

The practice of choosing participants in this study was purpose sampling. Nieuwenhuis (2007:47-51) states it is common in qualitative research studies since participants are chosen for their qualities, positions and other important characteristic that give them access to some

information important for the research study. Participants for this study included church leaders and young church leaders in churches in the Sweetwaters community who had been in leadership position for more than seven years for pastors and two years for youth leaders. For pastors, many years of pastoral training and work experience were a motivation for their involvement in the study. The inclusion of youths and other senior church leaders helped to determine whether their statuses had any bearing on their management responsibilities regarding HIV and AIDS prevention within churches as well as in the community.

The pastors and youth leaders who took part in this study were from the mainline churches, Pentecostal churches and indigenous churches. The mainline churches included the Methodist, Presbyterian, Reformed, Congregational, Baptist, Lutheran and Roman Catholic. According to Fahlbusch et al (2005:432) mainline is terminology used to distinguish the nation's religious establishment from younger and independent especially Evangelical, Fundamentalist and the Pentecostal churches. Their theology emphasizes social human rights and feminist issues. Pentecostal churches include the Assemblies of God and employ televangelism; they are also known as charismatic and their theology stresses speaking in tongues and healing and they operate autonomously. The indigenous churches include the Shembe and Zionists; their teaching is that God communicates with his people through their ancestors, as well as referring to other African cultural practices.

3.8 Ethical Issues and Consent

Before carrying out the research study, participants were notified about the intention of this study as well as their expected involvement. Of special attention was the issue of confidentiality as well as participant and or community benefits to be gained from the study. According to Marre and Westhuizen (2000:7) confidentiality is an essential aspect underlying the ethical considerations for any study. Through ensuring confidentiality, the results and findings of the study are reached without compromising the safety or protection of participants, and thus this study concealed the identities of participants. In addition every interviewee was notified of the ethical considerations in the research and the research instruments to be used in this regard. Interviewees were made conscious of principles of

confidentiality as well as anonymity, and were reassured that the research would not put them into unnecessary harm besides the stresses in tandem with the demands of the study. In this regard, participants completed consent forms before participating in the study.

3.9 Data Collection

3.9.1 Interviews

Interviews were conducted to capture the significance of church leaders' thinking processes in their experiences of HIV and AIDS prevention. These Interviews probed into reasons, attitudes, feelings, perceptions and opinions of leaders on their role in HIV and AIDS prevention within and outside their churches. In all extensive attempt was made to capture details of what church leaders perceive regarding pandemic prevention and outlining their roles as well as responsibilities.

3.9.2 Pilot Interviews with Church Leaders.

In order to become familiar with and improve the interview procedures, pilot interviews with church leaders were carried out in the Sweetwaters community. Pilot interviews were useful in that they increased the reliability and validity of interview results for certain questions, which were refined using feedback from participants' initial responses. Initial interviews established the sufficiency of the research questions and drew out constructive responses to the study problems. To facilitate the collection of data, questionnaires for interviews were planned, and these questions were used in collecting the intended data in the study. The pilot interviews also outlined the study constraints critical to each question as well as defining the study tools which are the basis of the research and study information. The research parameters focused on ten (10) church leaders, as the researcher could not interview all church leaders in the Sweetwaters.

As mentioned earlier, data collection techniques included structured interviews and questionnaires, observations and focus group discussions. The questionnaire aimed at gaining an understanding of the churches' practice and culture, by examining the social interactions

within churches between leaders and members; and between churches and the community. In focus group discussions, data was collected with the aim of discovering the knowledge of participants in regards to HIV and AIDS. Furthermore, the study collected data on the roles and responsibilities of participants in regards to HIV and AIDS within churches and the community.

3.9.3 Semi-structured questionnaire interviews

In the study, semi-structured questionnaires were prepared for conducting the interviews. The questions were designed and aimed at investigating how church leaders saw their role in the prevention of HIV and AIDS in the Sweetwaters community. These questionnaires designed for the interviews drew out data important for this study. The following is a list of questions the questionnaire intended to answer:

- What leadership roles should church leaders play in church and community HIV and AIDS prevention efforts?
- How do church leaders in Sweetwaters manage HIV and AIDS issues in their churches and in their community?
- What leadership qualities and management skills in HIV and AIDS prevention do church leaders in Sweetwaters have?
- What methods and /or activities do church leaders in Sweetwaters use in HIV and AIDS prevention; and how effective are these methods and activities?
- To what extent do church practices and culture promote or hinder the development of church leadership?

Jirasinghe, Lyons, and May (1996:15), argue that the interview method using designed questions draw out a significant quantity of vital information and essential insights that could be relevant as data gathered in the research fieldwork. Useful ways of discovering some perceptions are in asking questions in regard to participants' everyday jobs and activities (Travers 1999:3). In this study case would concern the activities pertaining to the church work of the participants. In the context of church leadership roles in HIV and AIDS interventions, questionnaires were designed to help the interviewer gain a sense of the Sweetwaters community HIV and AIDS prevention systems.

Interview guides served as a framework for semi-structured interviews, and were based on key questions addressed by the research. Interview guides are logical and sequential pointers, putting order into the interview process. In following interview guides, the research begins with probes that put participants at ease, and then continues onto further probes that addressed the major part of the study. In this, participants had the opportunity to go beyond the prescribed questionnaires, raising other matters considered pertinent for this study.

Further, designed interview questionnaires were detailed. The interviewer, however, was open to further explorations by asking for further clarifications, explanations or amplifications to participants' responses. According to May (2001:129), these additional probes were an "encouragement to the participant to provide more answers or to clarify an answer" given by an interviewee. Interviewees answered questions according to what they perceived, saw or heard, and answered a range of questions focused on the roles of church leaders to HIV and AIDS prevention. Participants were thus given an opportunity to ask questions for clarification, and to provide additional relevant information on their roles as church leaders, working with communities in HIV and AIDS management and prevention.

3.9.4 Conducting observation

Observation enabled the researcher to collect data on the life of churches in the Sweetwaters community. The data included information on how things were done and who did what in HIV and AIDS prevention activities. These observations helped the researcher to understand churches' practices and culture by observing the social contexts of church leaders in relationship to their denominations. These observations addressed the fourth question: What activities or methods do these church leaders use with regards to HIV and AIDS prevention and how effective are these activities? Two research instruments were used; structured and unstructured observations. A structured observation schedule was used to observe some formal situations such as preaching at memorial services, wedding ceremonies and other church services by pastors and other leaders. Meanwhile, the unstructured observation schedule was used during Sunday church activities to observe the social context of church leaders – their beliefs, norms, values, rituals and routines that constitute the church culture.

Further, using observation schedules enabled the research to verify the content and perceptions of church leaders on HIV management. With observation, data collected during interviews was verified by the data collected in natural social situations. This enabled the study to understand the churches' context and culture in HIV prevention. This in turn facilitated an understanding on hindrances to HIV prevention and management responsibilities. Observation, with distinctive characteristics as a research process, offers the chance to collect current data from logically natural social circumstances (Cohen et al 2007:396). The study thus relied directly on on-site accounts and such observations are useful for explaining behavioral patterns of participants. The advantage of observation is that data is collected and recorded without having to question or communicate with participants. According to Nieuwenhuis (2007:75), observation is an everyday activity in which our senses and instincts assist in gathering bits of data that will allow a close look at the data being collected. It also helps with phenomenon comprehension, for example, the phenomenon of a particular HIV and AIDS related activity by the researcher, which supersedes passive reliance on participants' responses. Furthermore, there may be discrepancies between what people say and so observation provides a check on reality (Robson 2002:296).

Also using observation schedules enables the data to be collected regarding practice and non verbal behavior. In this study, observations at churches comprised of five informal visits to churches in the Sweetwaters community. The researcher also attended five different Sunday church services, one memorial service and one wedding ceremony. The purpose of attending church services was to get a better comprehension of church leaders' involvement in HIV and AIDS prevention, and an understanding of church leaders' roles and responsibilities in HIV prevention. Visits to churches in the Sweetwaters community were carried out at different times, mostly during the afternoons. These visits were useful in understanding the social life of the churches and the community. By observing church processes, the study was able to understand what church leaders went through in their routines, especially as they became involved in HIV interventions in the Sweetwaters community.

3.9.5 Conducting focus group discussions

Focus group discussions created a space for negotiating and recreating meaning, whereby church leaders discussed issues they would not normally speak about. This generated new insight into what the roles church leaders are observed to be by ordinary church members, especially regarding their involvement in HIV and AIDS. In the focus group discussions, the key question was addressed: What leadership roles are church leaders playing in their churches and wider communities regarding HIV and AIDS prevention efforts? Focus group discussions were useful because they allowed the researcher to determine the similarities to and deviances from what church leaders said in individual interview sessions. Focus group discussions are helpful in allowing people space to create meaning together and among themselves (Babbie and Mouton, 2001:153). Furthermore, what church leaders said at focus group discussions linked up with data generated during observations and other interviews. For focus group discussions, Saturday was most appropriate because most participants were free, while on Sundays such meetings would clash with church services.

3.9.6 Document analysis

Private documents such as minutes of church meetings, duty lists and rosters for churches' activities, and church mission statements, helped to shed light on the church's ethos, especially its contribution to promoting or hindering leaders' roles in combating HIV and AIDS. Data from private documents was collected and analyzed. Nieuwenhuis (2007:47-53) argues that in the interest of data crystallization, documents could serve to corroborate evidence from other sources. At first, pastors granted the study permission to review their church documents. However, after a meeting held by pastors with their church boards, private documents such as minutes of church meetings and church mission statements were regarded as official documents of the church and were deemed no longer available to be viewed for research purposes. Nonetheless, during Sunday church services, observations were informally conducted of some church mission statements on notice boards as well as minutes of various meetings.

3.10 Data Analysis

Data analysis began with interview textual analyses. Collected data was carefully put together, and was methodically organized to make sense of what the text of interviews said. Cohen *et al* (2007:461) argues that good data analysis involves organizing, accounting for and explaining data; in short, making sense of information in terms of participants' definitions of circumstances taking note of patterns, themes and regularities. This study is qualitative and interpretative, thus its analysis procedures were aimed at establishing how church leaders make meaning of specific phenomena such as the role of church leaders in the prevention of HIV and AIDS within churches and the community. This was done by analyzing perceptions, attitudes and experiences concerning HIV and AIDS issues. Content analysis was found to be appropriate because it looked at information from different angles with the view of identifying the key issues that would allow the researcher to comprehend and interpret the raw data from the interview text (Nieuwenhuis 2007:75-89).

In the process of context analysis general answers were gathered and expanded into groups to categorize the main answers given by the applicants. In data analysis, we follow an inductive and iterative procedure where similarities and differences in the text are looked at. Subsidiary topics were utilized in order to organize the data and the hypothetical evidence. The comparison of applicants' answers was completed by identifying and creating themes and topics. Themes and topics were organized to reveal the common perceptions that applicants have about the intricacies of HIV and AIDS. In summary respondents' views were thus captured to generate themes and topics on HIV management.

This study outlined the blueprint of HIV and prevention and the commonality of views and events to draw out research results. The researcher classified and systematized data received from interviews, and this data drawn and validated the study results. Eventually, the study recognized general recommendations raised by respondents in this study.

The data presented patterns of practical management in HIV and AIDS prevention and the roles of church leaders in HIV prevention in the Sweetwaters community. Finally, though the

research were conducted in one community, the research study hopes and aims to give a number helpful of commendations for pastoral work in HIV and AIDS prevention, that will be useful in other communities also. This research, in addition, outlines a framework that is applicable to other activities in civil society.

3.11 Validity and Reliability

Vithal and Jansen (2006:183) define validity as an attempt to check whether the meaning and interpretation of events is a sound reflection of what one intends to find out. Cohen *et al* (2007: 397) argue that qualitative multi-methods used in the research must address internal validity by demonstrating that the explanation of a particular event, issue, or set of data, can actually be sustained with such information. In this study, the validity of the study was ensured by making certain that all data, whether gleaned from observation, from interviews or focus group discussion, as well as all information arising from the literature study, answered and were relevant to the research questions.

Reliability in qualitative research, Cohen *et al* (2007:149) argue, can be regarded as a fit between what a researcher records as data and what actually occurs in the natural setting that is being researched. To this end, the researcher enhanced the validity and reliability of findings by returning to the written draft and interview transcripts by respondents. Checks help to ensure the degree of accuracy and comprehensiveness in the study. In some instances, the researcher emailed respondents for further clarifications as well as to gather additional data needed in the study.

Using questionnaires, interviews with focus group discussions, observations and written documents, enabled the research study to compare findings, which enhanced the reliability of the study. Also the researcher kept detailed journal of dates, times and issues discussed. Keeping and recording on the research instruments, data analysis and coding techniques also contributed towards the reliability of the research.

3.12 Limitations of the Research

Vithal and Jansen (2006:178) argue that a limitation allows readers or researchers to realize what drawbacks impacted on the research. In this study, some of drawbacks include the inability to view and analyze church documents containing pertinent material on churches' beliefs and perceptions in regard to HIV and AIDS. However, during the research through observations and community visits, some information was found on notice boards. Information gathering in this way included other interactions with church members. A further limitation was that the study could not involve all church and youth leaders in the Sweetwaters community in the interviews, although this could have contributed more information with regard to HIV and AIDS prevention. Furthermore, this study had limitations that restricted the applicability of a small-scale case study's findings (from a particular context and location) to a broader and generalized context. This study, however, focused on generalizing material found during the study although it aimed to comprehend the framework and background of the study question, especially the particular situation in Sweetwaters and the attitudes of church leaders in this community. Thus while some factors that emerged were shaped by the contexts such in-depth study in order to understand the responsibility of church leaders' in HIV and AIDS prevention in the Sweetwaters community does allow for some extrapolation to other contexts and communities. Finally, the prior involvement of the researcher in food distribution programs to people living HIV and AIDS (PLWHA) in the Sweetwaters community could have had an influence on participant responses. In so doing, it was important to be constantly conscious of the effect of this position prior to commencing the study process, and throughout the data analysis, in order to prevent bias in the research findings.

3.13 Conclusion

This chapter centers on the qualitative nature of the study of how church leaders' roles in HIV intervention are managed, and on the reflections into HIV and AIDS prevention responsibilities in the Sweetwaters community. The study examines a particular case, the

Sweetwaters community, to obtain precise information on the responsibility of church leaders, and how they perceive their roles in HIV prevention. This information was obtained through constructing and analyzing, qualitatively, the experiences and practices of people in the Sweetwaters community on HIV and AIDS prevention using a sampling method. The fieldwork methods for collecting the data were also outlined namely, interviews, focus group discussions, and observation.

Finally, the issues of validity on how relevant the information collected is (to the research questions) reliability (to what degree the data gathered and presented reflect the actual realities on the ground), as well as the limitations or short-comings of the study, were discussed.

CHAPTER FOUR: RESEARCH STUDY FINDINGS

4.1 Introduction

The aim of the research was to explore the role of church leaders in the prevention of HIV and AIDS in the Sweetwaters community in the Pietermaritzburg area of KwaZulu-Natal. Therefore this research study's building blocks are the various study themes building up an inclusive and complex consideration of the church's guidance role in preventing the pandemic in the Sweetwaters community. There is a diverse and complex, or a multifaceted approach to leadership roles among churches on HIV and AIDS prevention. However, the frankness and cooperation of the respondents in the study in regards to their viewpoints on sensitive HIV issues made this research process a success. Participants who were questioned in this research contributed a diversity of understandings and opinions regarding the church leaders' roles in combating HIV and AIDS. Thus the involvement of participants in this study provided helpful information, which is presented and analyzed in this chapter

4.2 Data Presentation

The chapter presents the information collected in the form of a synopsis of the participants' many opinions and understandings regarding HIV and AIDS prevention. Interviews with ten church leaders were carried out to determine the role of church leaders in HIV and AIDS prevention in the Sweetwaters community. The chapter presents major themes and findings which emerged from data collected using questionnaires, focus group discussions and observations. In discussing the research findings associated with the data collection and analysis, the link was made with situational and participative leadership theories which formed the study's conceptual framework.

Data was analyzed using content analysis to determine whether or not church leaders are playing an effective role in managing HIV and AIDS within their churches, and in the Sweetwaters community. Further, in order to find out how church leaders in the Sweetwaters community perceive HIV and AIDS, a question was asked regarding what activities or

methods church leaders use in HIV prevention; and how effective these activities and methods are.

These individuals were interviewed separately, and out of ten pastors interviewed, two were female and eight were male. Female pastors believed that being female was an advantage, since women have stronger listening and team-building abilities compared to males, and such strengths could be used to develop HIV and AIDS related leadership and management programs. In applying Hersey and Blanchard's (1988:171) participative and situational theories of leadership to understand church leaders' leadership roles, whereby this leadership is applied within churches to engage church members, it become clear that as regards participative leadership they all had some HIV and AIDS education and thus knew something of their situation.

4.3 The HIV and AIDS situation: Perception on prevalence and rate of infection

Numerous issues arose when the research set out to establish participants' understanding on the pandemic infection rate and prevalence within churches and the Sweetwaters community. Every participant was conscious of the prevalence of the disease in the Sweetwaters community and beyond, and this data was obtainable from a variety of sources.

One out of the ten pastors in this research regarded his church members as being relatively resistant to HIV infection. His assumption in regard to their invulnerability to HIV and AIDS was based on the nonappearance of incidences of HIV and AIDS among his church members, especially youths. However, most participants indicated that the incidences of HIV and AIDS and of reports among churches were actually soaring, indicating that HIV infection was rife in most churches. The majority of participants ascribed the lack of reports on the high incidence of HIV and AIDS to people's failure to disclose their positive status due their fear of stigmatization and prejudice.

Further, a number of participants held that many persons are living in denial and therefore they are not sharing information with anybody regarding their status. Five pastors indicated

that a lot of people are not comfortable to be acquainted with their HIV and AIDS status. Three out of ten were of the perception that 'witnessing believes', (meaning "seeing is believing") and that for numerous churches, few had had a chance to 'take a look at the pandemic'. Church leaders from mainline churches feel that, besides figures, there were no other facts to persuade people to accept the high rate of HIV and AIDS infection in their churches. This shows that some of the church leaders are not allowing their church members to engage in HIV and AIDS prevention, because they are failing to recognize the extent of the problem.

Although leaders from both mainline churches and Pentecostal churches argued that reported prevalence rates were very low, they believed that leaders needed to take responsibility and accountability by looking at the broader picture of HIV and AIDS in the Sweetwaters community. Church leaders maintained that the broader picture included taking into account data at their disposal and acting responsively and holistically in response to HIV and AIDS. Taking action merely in response to HIV and AIDS incidences in churches was found to be inadequate and inappropriate. Although two pastors from an indigenous church pointed out that there were no reported incidences at their church, one of them was conscious of the soaring disease rates in the surrounding areas in which their churches were found. They feel that it is part of their responsibilities as a church pastors to take the initiative to be active in responding appropriately to the pandemic, as well as to how it could impact on their church and the wider community. The pastor was conscious of the complexity of discussing issues, given that there was no real case of ill members of their church to refer to.

Three church leaders affirmed that they do not need to know the specifics of the pandemic prevalence among their churches, and acknowledged that regardless, the pandemic required proactive response church leaders, as regards their role in HIV and AIDS prevention. Most of them agreed that despite the low level of reported incidences and prevalence rates, they have to focus on at least raising peoples' consciousness on averting the pandemic, and that they must be proactive in this.

Finally, some church leaders were already dealing with an escalating figure of HIV infection in their churches, as well as with the bereavement with co-workers. In order to respond to the growing rate of HIV and AIDS infection and the related deaths, church leaders indicated that they have to move beyond consciousness raising and prevention to support and care for infected and affected.

4.4 The Role of Church Leaders

There was overwhelming consensus on the side of participants that church leaders have the responsibility to use church leadership roles to act in response to HIV infection within churches and the community. Mainline churches stated their awareness of the looming impacts of the pandemic on communities. Furthermore, church leaders acknowledged that churches are complex, merged organizations overseeing rapidly shifting issues and circumstances. In order for them to find methods to improve church leadership in churches, they thus require a more flexible cooperative, amalgamative as well as a less hierarchical organizational structuring in response to this situation. The guidance roles of church leaders were most significant and were emphasized as regards HIV and AIDS management and leadership, and other vital matters with a bearing on church issues. Participants in the study pointed out that church leaders have to apply their skills and their understanding of the pandemic at all representations, in planning, mapping, and synchronizing collaboration or organization and related functions through their roles as leaders.

Mainline church leaders remarked on outside factors connecting to the pandemic that impact on churches, such as creating a visible leadership, and building partnerships with non-governmental organizations (NGOs) and educational programs. There is thus a need to balance leadership and partnership roles within churches. Furthermore, there is the question of what kinds of knowledge are required for a leader to be effective. Out of the ten leaders who took part in this research study, six lack fundamental leadership training regarding the pandemic. From the explanation of participants' experiences as well as their expressed opinions, the role of church leaders emerges as being important for what it means to be a leading church in the fight against HIV and AIDS.

4.4.1 The pastor as an educator within and outside the church

All ten church leaders in this community considered it important to have current information on the pandemic as well as its impact on the church, its mission, its ethos and its needs. This up to date understanding could assist in directing the church in terms of its guidance and mission. In this, a well grounded and comprehensive knowledge of pertinent aspects of the disease become critical in addressing the pandemic. Having appropriate approaches to tackling HIV and AIDS issues are considered essential and require alignment of specialized responses to HIV and AIDS with the knowledge about the disease through good leadership and management within the church and community. Having this knowledge has helped some church leaders in making changes from the general (society at large) to the precise (infected individuals), and theory (ideas) to practice putting ideas to work. It has been found that having comprehensive information has been seen to be essential in the life of the church and community. In most churches, membership comprised of people from a diverse community, and their perceptions of HIV and AIDS was equally different from one denomination to another. Every participant agreed that every church leader needed to acquire an all-inclusive amount of information about the pandemic and that they must be aware of its connotations for the church as well as its potential effect on the community.

Furthermore, local pastors find themselves responsible for teaching individuals how to acquire information on HIV and AIDS, and how to strategize in their approach HIV and AIDS issues. The role of leaders and their ability to teach about HIV and AIDS within the church and beyond was raised as an important issue. Church and community members showed that they expect to be educated about HIV and AIDS by church leaders, and those local pastors were needed to be able to respond to sensitive matters connected to the pandemic. However, certain topics related and relevant to the discussion on HIV and AIDS are not open for discussion within the church. Local pastors from mainline churches on the other hand argued that it was essential for church leaders to take a lead in defining HIV and AIDS issues and the social needs requiring attention. Church leaders needed to extend their role in fighting HIV and AIDS, especially their mentoring of church members.

Finally, most youth leaders remarked that it was important to communicate creatively, using methods that would allow for data distribution and dissemination. The data on the pandemic and its impact thus distributing may be what churches need to increase their focus and encouragement. The roles of the local pastor are inadequate and incomplete as long as they fail to address the need for learning and becoming informed together as a community and church. Church leadership in this study can be described in a variety of ways while mainline churches and their members were more ready to acknowledge the extent of the infection within their churches. The Pentecostal church indicated a wealth of experiences in pastoral care and a rich participation in church activities.

4.4.2 The pastor as an activist

An activist is usually a person with a planned and successive course of actions to respond to issues requiring change. On activism, five church leaders affirmed that the role of a leader is to spear-head education through campaigns, in this context especially educating the church and community about HIV and AIDS. Thus, in educating members of both the church and community, local pastors become obligated to acquire an integrated overview of how to respond to HIV and AIDS as a church and as a society. In this, a planned and successive course of actions makes the pastor an activist. In the study, it was discovered that one of the pastors had been involved in HIV and AIDS advocacy, encouraging his members to abstain from sex, and if they want to marry, to be faithful to one partner, and if they have casual sex, to use condoms. The church also used different methods to convey the message, such as sermons in church, dramas and songs by youths, and workshops for adults. Some pastors thus indicated that they were currently active in HIV and AIDS campaigns and that they were keen to see their bishops taking the lead in such campaigns, and also giving moral support to junior clerics.

Further, it needs to be understood that the work of an activist in HIV and AIDS, especially for church leaders, involves mediation campaigns for specific and general change within the church before going out of those circles. Three participants were forthcoming with ideas on how church leaders could help churches to better comprehend the sensitivity of the revelation

of one's HIV status in regards to the prejudice and stigmatization resulting from HIV infection. However, not many church leaders are presently making changes in response to HIV infection in their churches and communities. The church is therefore demanded to work through its membership to change perceptions, attitudes and plans to achieve the broader goals of HIV prevention, as well as to the acquire benefits from united responses. All of these church leaders found it challenging to keep up with such demands and with the changes in perceptions and perspectives of what church leadership entails in view of HIV and AIDS. One pastor felt that traditional conservative stances on sexual matters should be upheld and he thus undertook to campaign for better moral integrity as well as to oppose other strategies such as the use of condoms. Although no specific approach to HIV prevention was outlined, most churches emphasized that compassion and integrity were central in dealing with HIV and AIDS infected and affected persons.

4.4.3 Pastor as a visionary leader

On vision, church leaders are seen to think beyond the immediate. One pastor from the mainline churches argued that church leaders should be forward thinking to explore methods of developing a new learning environment that will benefit churches and communities. Church leaders, especially from mainline churches, try to envision with co-workers the possible impact of HIV and AIDS within churches and communities. Two of them envisioned their churches becoming models of community churches. All ten church leaders who participated in this study shared the same vision of the mainline church: that the church community is a small community in a bigger and broader context of Sweetwaters and that church collaboration is important in the task of pandemic prevention. On pandemic prevention, a focus on church mission helped church leaders envision what the possibilities are in keeping with the church's needs and potentialities.

According to three church leaders, one from the Pentecostal and two from mainline churches, focusing on church mission helped them to see the opportunities and challenges in educating church members about HIV and AIDS. The common mission of the church is to bring the prophetic word to challenge injustices. Oswald and Fiedrich (1998:117) argue that a well crafted mission statement is powerful and it should capture the soul of the church and

describe how is the church is unique their context. It is important for the church statement to state clearly and positively what is it they are hoping to achieve in terms of fighting the pandemic within and outside the church. The roles of local pastors were thus to take a stand against denominational policy requirements as well as expectations; and to assist fellow leaders in dealing with HIV and AIDS prevention in churches, and in communities. To realize their vision, leaders needed to be involved in transforming and supporting church and community strategic plans. If they are seen supporting such plans, leaders become capable of influencing community interventions such as HIV prevention. For instance, pastors spend a lot of time counseling people in their churches and communities. They also believe that their bishops' support could make a difference in their intervention programs.

According to one pastor, a coherent and mutually supportive approach to HIV and AIDS prevention was important, especially where HIV organizations require the support of the church and community to achieve their goals. Cooperation thus alleviates the pressure church leaders in dealing with HIV and AIDS prevention. However, the local pastor could also initiate and generate new ideas on HIV prevention that could be acceptable and would contribute to a holistic picture of HIV learning purposes in churches and communities. Two pastors from mainline churches complained that a loss in focus would arise because of the church's institutional culture, its HIV and AIDS policy, and its church's mission on HIV prevention. All of these aspects need to be transformed into tools that can be truly useful in the fighting against pandemic.

As regards vision, there are thus two components: the church leaders' visions and the vision advanced by the churches mission. Pastors' visions, however, emerged to centre their focus on individual HIV and AIDS prevention strategies, while the vision of the church's mission may focus elsewhere or more broadly. Church leaders who developed a collective HIV and AIDS vision with church and community members can furthermore shape the general aims of the vision that can assist or persuade members to comprehend these general visions in view of HIV and AIDS realities. In fact, church leaders are seen to possess attributes enabling them to educate their members in regards to HIV and AIDS, and the community too. The linkage between beliefs and visions, or philosophies and missions, within the sphere of church leaders' involvement in HIV prevention is a cause for concern. The problem emanates from the belief that churches have an obligation, first and foremost, to their church

members, and that missions and visions of the church give church members first service priority. Thus some church leaders believe in holistically meeting the requests of church members before those of the community. Pastors value serving church members who support the work of the church, and when they serve the community, they consider it as charity to non-deserving members. If pastors go beyond this, the impact of HIV and AIDS education and prevention strategies may need to be adjusted. Thus these general objectives emerge to be central in assisting church leaders to improve in their HIV and AIDS prevention roles as well as in other roles they may need to perform in the broader community.

4.4.4 The pastor as a facilitator

Pastors from both mainline and Pentecostal churches pointed out that they see facilitating the provision of data, providing continuities, accomplishing the churches' mission, being collaborative and facilitating the incorporation of various perceptions, as important factors in the church leaders' task in preventing the pandemic. Thus by facilitating and enhancing relationships with churches and organizations working on HIV and AIDS, integrating prevention strategies with leadership priorities can develop joint ventures as well as teamwork among churches. Two pastors indicated having observed conflicting attitudes and views regarding the pandemic especially between church board members and pastors. Pastors thought that HIV and AIDS prevention needed to be discussed in the life of the church, whereas church board members thought otherwise. This conflict warranted communication between the two sides as well as facilitating a discussion on HIV and AIDS prevention options. Playing one of their roles, church leaders need to integrate divergent views, beliefs and perceptions on HIV and AIDS in the church and in the community.

Further, all participants remarked on how church leaders can facilitate continuity, without dictating on issues insensitive to church culture. When dealing with church deacons, and church and community members who are uninformed of the implications of the pandemic, church leaders can facilitate the achievement of the church's vision through communicating holistically with these uniformed people, highlighting the church's, mission and approach to HIV and AIDS. This is only possible if church leaders take it upon themselves to facilitate HIV and AIDS prevention training and other development related issues to church and

community members. Preventing HIV and AIDS requires constructive cooperation, networks as well as interaction, which can engage in improving the church's mind-set on HIV and AIDS prevention and in creating joint ventures inside and outside the church. Further, this can assist in maintaining and facilitating better relationships that encourage collaboration among church leaders. Three pastors, however, pointed out that the problem of generation gaps are difficult to bridge within and without the church, especially in areas such as sexuality and sexually transmitted diseases (STDs). Some Pastors worked with very traditional church board members who found it difficult to cope with the challenges of the modern world. The board members may thus fail to engage in conversation and information sharing, leading to the inability to work together and generate integrated approaches to HIV prevention. This has contributed enormously to the feeling that church leaders cannot facilitate community interventions programs such as HIV and AIDS because the church in particular its more traditional elders is unable to relate to nor educate members on social issues. In this case, the matter is complicated by the involvement of other organizations which the church cannot teach or help in HIV and prevention strategies.

However, pastors from mainline churches reported that they were already collaborating with secular and religious organizations in the Sweetwaters community. From this collaboration, churches have benefitted in spiritual and moral support as well as material provisions given by organizations that are now routinely visiting their churches. Some of these churches are integrating their programs with such organizations, especially as regards HIV and AIDS prevention activities. In most programs, church and community members are taking the lead. All ten participants reported that building relationships might be a suitable method of gathering data and resources and initiating a turnaround on the negativity built up by poorly informed perceptions on infected and affected people.

Finally, one pastor pointed out that he has changed his mind-set and he developed better leadership along with church board members in order to facilitate conversations that can assist in redressing opinion. Four pastors from Pentecostal churches pointed out that they have to work with their co-workers in regard to the desires of church and community members to mitigate the effects of HIV and AIDS, and also to change perceptions on related

issues within and beyond the church. All ten participants thus emphasized the need to facilitate communication within churches.

4.4.5 The pastor as a team leader in the local church

As regards the notion of the pastor as a team leader in the local church, three pastors from mainline churches and one from a Pentecostal church insisted that church leaders need to establish coherence between their vision, goals and purposes, for instance, HIV and AIDS issues and the church's preaching and teaching programs. While planning is a step towards fulfilling the church's vision, the logistics of bringing together church and community members becomes quite demanding. Further, following up on church programs, developing and implementing church plans, within the church and without in non-religiously oriented programs on HIV and AIDS, demands that church leaders become visionary as they exercise their leadership roles. Church leaders playing roles in a diverse way facilitated the training of deacons to assist in acquiring necessary tools for implementing these strategies within and outside the church. However, five church leaders saw their leadership and management roles as deficient on HIV and AIDS because they lacked tools in teaching about prevention. Though they identified a gap in this endeavour, they remained committed to direct, motivate and inspire church and community members to get involved in HIV and AIDS activities.

Further, for most church leaders, especially deacons, in regard to their ideas on HIV and AIDS these have been based on a lack of or on poor information. Pastors thus were left with the obligation to track progress on HIV and AIDS prevention practices as well as on the understanding and teachings of deacons on these problems. Thus, pastors, as church leaders need to play the coordination roles. In fact three pastors from mainline churches claimed that coordination was central in HIV intervention. This, as all ten participants agreed, demanded that the choice of approach and strategy to be taken must involve all church members. The practice of making unilateral decisions by church leaders became counter-productive. Thus refraining from such behaviour could allow church and community members to participate in HIV and AIDS intervention strategies and could allow more space to be created for them to contribute their views. In all people cooperate when they become conscious of the state of affairs that needs to be addressing whether within or without the church.

4.4.6 The pastor as a role model within the church and community

As role models, two senior pastors in their congregations considered that it was imperative for them to lead in providing information about HIV and AIDS interventions. Their responsibilities as custodians of morality and order in their churches meant that they needed to bring to the fore HIV and AIDS themes. Most church leaders thus pointed out that they used their positions as senior pastors to reach everyone through an open door policy. Holding important positions within churches and in the community could thus, give them the opportunity to take the lead in HIV and AIDS prevention. If leaders as role models speak openly and compassionately about the disease, others will follow their example. Role modeling then helped in bringing to the fore, social problems such as HIV and AIDS, diseases that had been driven away from casual discussion. Involving the church thus means hidden issues such as HIV and AIDS will no longer be dealt with at home alone, since the people in question will no longer feel humiliated, nor stigmatized nor excluded by others. However, more issues progressively surface when problems like HIV are discussed such as drug abuse, promiscuity and teenage pregnancy.

Most participants empathized with church leaders, for they are sometimes the focus of disappointment and frustration, as well as bearing the brunt of misconception about the pandemic. Three church leaders pointed out that from time to time they are also held responsible for a posture that has been imposed on them by their bishops or church doctrine. For example, one pastor pointed out that sometimes church leaders are blamed for a stance taken by their denominations, making it difficult for them to deal with sensitive issues relating to sexuality, STDs and related issues. Further, two pastors indicated they need to initiate better ways of communicating issues and using strategic approaches to resolve them for the benefit of all concerned. In this, a church leader needs to pay particular attention to influential persons in the community who also carry negative perceptions about HIV and AIDS. Some of these persons are really concerned about the spiritual and social conditions of church and community members, but unfortunately, may have faulty perceptions on matters being communicated to them and by them.

In response to faulty perceptions, one pastor from the Pentecostal church emphasized his new role as a church leader to address the costs of unwise decisions based on wrong information or understanding. One of the perceptions mentioned was that some pastors led their church members to believe that HIV and AIDS would not affect Christians, but only non-believers. At the time of study, the above mentioned pastor was persuading his church members and co-workers to rescind their resolution not to disclose the HIV statuses of family members and friends who had passed away. Revealing such information to church members was an opportunity to give HIV and AIDS a face that would in turn challenge many infected and affected persons to speak out. In this, three pastors indicated that they regularly see themselves playing the roles of diplomats, in terms of employing interpersonal and facilitation skills and compromise. When confronted with conflicting answers to the pandemic, interpersonal and negotiation skills were important, especially where responses to this required positive communication with compassion and caution.

4.5 Challenges

Most pastors from mainline churches used terms such as dissatisfaction, frustration and challenge interchangeably, and all ten participants reported that the role of a church leader was beset by many challenges. By facing these challenges, some church leaders have undergone individual development through their pastoral responses to the problems linked to HIV and AIDS within their churches and community. The church leaders who contributed in this research deal with challenges in diverse ways, such as by focusing on making spiritual links or meanings out of the situation they face, as well as by engaging in interaction within and outside the church.

4.5.1 Discrimination

Gennrich (2004:58) argues that pastors have a captive audience every Sunday and can use pulpits and other platforms such as weddings and funerals to encourage love and care for the infected and affected. This will enhance awareness and banish stigma and discrimination.

According to participants' responses, it was evident that HIV and AIDS persons were stigmatized in the Sweetwaters community. This could be because HIV and AIDS is perceived to be a disease of immoral people. Further, there are people in the high-risk groups, such as prostitutes and drug abusers, who are also stigmatized. All ten participants indeed ascribed HIV infection to heterosexual immorality. For five pastors, two Pentecostal and three mainline, the greatest challenges for church leadership was posed by the destructive media led mind-set promoted by many people that encourages immoral sexual behavior. Indigenous pastors pointed out that discussions on sexual issues related to the pandemic were continuously restrained by cultural controversies caused by differences between church doctrines and traditional society on the one hand, and modern westernized thinking on the other. This contradiction led to frustration, and pastors from mainline churches pointed out that those conservative beliefs in the church and the negative approaches by some church leaders created a major challenge to other leadership-related issues in dealing with HIV in the church. All participants pointed out that such attitudes to HIV hampered progress in teaching on controversial topics regarded as taboo in the life of the church, and this situation is therefore a cause for concern and disappointment amongst leaders. Thus church leaders argued that their bishops and heads of denominations were failing to provide them with guidance on how to address HIV and AIDS issues. Because of this there were no cohesive approaches to intervention strategies because of doctrinal divergences amongst and even within churches, nor on how to deal with the social and moral-related implications of HIV and AIDS.

4.5.2 Leadership approaches

As regards leadership approaches, five participants pointed out that attitudes of church leaders can play a vital role in determining what responses are appropriate to the catastrophe caused by HIV and AIDS. Thus they pointed out that certain attitudes on the part of church leaders could elicit negative responses from within the church and community in regard to HIV and AIDS. Thus, if a pastor displays a negative attitude or appears to show no concern for the HIV and AIDS crisis, church and community members may reciprocate this response. Three pastors highlighted that if a church leader anticipated terror in facing the pandemic, this fear can be seen by congregants and other as a negative mind-set. Participants

emphasized that many church leaders feared the tension caused by stigmatization, and that as a result many could not publicly respond to HIV and AIDS issues. On this, all participants argued that those church leaders seeking to teach churches and communities in regard to HIV and AIDS need to overcome fear, take the risk of being labeled, and encourage strategic thinking and responses to HIV and AIDS in the church and community. Two pastors pointed out that they are expecting their bishops to enhance interaction with key community members, which can boost church leaders' identity and strengthen their leadership role in the community. This also could assist in bringing forth a sense of a link of the church to social and community matters. Thus church leaders had toil assiduously to gain faith as well as trust among the key team members involved in fighting the pandemic in the church and communities, which can further inspire more people to get in HIV and AIDS issues.

With a vision of the desired future and responses based on statistical reports, church leaders from mainline churches pointed out that their guidance on the pandemic was based in part on these realities, and in part on their theological understanding of the work of the church. Most church leaders conceded that their leadership was often hampered by their awareness that the content of their preaching and teaching was resistant to cultural changes. Therefore leaders needed to face this reality and adapt to the present situation. In most cases, pastors' felt that the guidance methods of their bishops are not appropriate for the demands posed by the HIV pandemic. They reported that they were left with insufficient guidance and had to make parochial decisions without seeking a collective vision by sharing with church members beyond their own congregations. Furthermore, church leaders pointed out that they were experiencing information protection and lack of a quick and open flow of data in the church. This further decreased their ability to make appropriate decisions.

4.5.3 Leadership training

Most pastors who participated in this study listed as major obstacles their insufficient understanding of the pandemic as well as their inadequate training to personally answer questions to matters linked thereto. Furthermore, the lack of leadership skills in developing a broader sense of responsibility with regard to HIV and AIDS in the churches and communities was a cause for concern. Matters were exacerbated by lack of leadership

practice specifically on HIV and AIDS issues. For three church leaders in the study, incorporating HIV-responses by trained church members was inconsistent with the church mission because of their inadequate theological training as well as their lack of training on health matters. Local pastors thus reported that it was essential to make sure all church and community members were well-informed regarding the pandemic, increasing their skills and thus strengthening their response strategies to HIV infection. For all ten pastors, this was an exceptionally challenging issue, and it was felt that if this matter was not tackled, it would be damaging to the church in so far as it would prevent the church from making an important input responding to HIV and AIDS issues.

4.5.4 The churches' responsibility

Concerning church responsibility, all ten local pastors agreed that churches were basically responsible for taking up the challenges imposed by HIV and AIDS. Participants in this study believed that efforts to provide information and teaching about HIV and AIDS in the Sweetwaters community would be effective if done in a non-threatening way, and if this was done constructively or in ways that encouraged positive responses to HIV and AIDS prevention. Further, participants felt that taking a lead on HIV and AIDS differed significantly from taking a lead on other church issues. Thus most church leaders were apprehensive of taking HIV and AIDS related issues, and this possibly was due to a fear of stigmatization and prejudice. The church also differed from civic and social organizations that may focus on specifically individual issues like health care. Rather the church deals with many issues at any one given moment, and that church and community members look up to church leaders for direction and encouragement on issues pertinent to their spiritual and social growth and problems, including HIV and AIDS.

Participants reported that the church provided for various social needs of church and community members such as pastoral care and spiritual edification as well as more practice needs. Participants from indigenous churches felt they understood these challenges much better compared to others, given that they dealt with these matters on an everyday basis. However, participants from mainline churches pointed out that they had to increasingly respond to these challenges as the number of dysfunctional families, and single parents, were

on a steady increase. Most participants, however, believed the church can change the culture of community through the influence of its leaders. All ten local pastors remarked that within the church there were values essential to give leadership about pandemic matters, like to those required to give guidance on every church related matter. Furthermore, church leaders commented that the hierarchical structure of the Sweetwaters' traditional society with chiefs at the top and subjects at the bottom did not help to facilitate effective communication at an equal footing and that this was where churches had a role. In fact all ten local pastors emphasized the effectiveness of interaction rather than of hierarchical structures. Apart from facilitating interaction in the Sweetwaters community a less hierarchical structure would give church leaders a better feeling for what was happening within and outside churches. As regards the churches' responsibility, most participants were thus aware of the need for effective leadership in teaching and preaching. Further, they were conscious of the desire to incorporate the pandemic into church programs, and acknowledged the need to integrate HIV and AIDS in broader church programs.

4.5.5 The unified approach of the church

On the subject of, need for, unified approach, five pastors mentioned that it was difficult to promote unified church and community participation in HIV and AIDS. Mainline and Pentecostal church pastors argued that they were trying to get the church and community to work together on HIV and AIDS issues. For all ten participants, the leadership role to communicate on HIV and AIDS in appropriate ways was cited as fundamental. Thus it was no longer appropriate to allow the church to avoid dealing with HIV and AIDS issues, in its mission, vision, goals, and values tied together in its work. Church and community members both recognize the potential of the church to build across relationships to benefit everyone.

Unfortunately, pastors, as core custodians of church and community life, are not well informed on issues related to the pandemic as well as on integrating the church's work with such social responsibilities. The challenge is how to package HIV and AIDS skills development with church leadership, teaching and preaching since not many church leaders are exposed to new and creative strategies of integrating these aspects of their work. Two pastors hoped that church leaders will start to use some very basic epidemic teaching aids within their churches, being fully

aware that involving youths, women and men's groups from within and without the church in such basic teaching could achieve success in this. This would help mitigate attitudinal problems, building a sense of unity in how the church approaches issues related HIV and AIDS prevention. Pastors found it challenging to encourage their church members to be responsible in dealing with HIV and AIDS because of the presumed perception that HIV and AIDS infected people were immoral, and thus unacceptable to church ethics and practice. These perceptions however, were caused by inadequate knowledge of HIV transmission processes and by lack of leadership skills at local church level.

Furthermore, all ten participants acknowledged that upgrading church members' skills in fighting HIV and AIDS was a key factor in motivating them to open up to discuss HIV and AIDS related issues. This upgrading of skills would underpin the engagement of the subject by church leaders with the church and community members. What most pastors found challenging was particularly the act of communicating their needs to hierarchically superior clerics like bishops; it is not easy to connect volumes of HIV and AIDS data concerning the grassroots situation with appropriate church work and decision-making at higher levels. Churches and NGOs working with people living with HIV and AIDS have found it difficult to communicate how HIV and AIDS can be managed effectively in a church context. This has caused anxiety among church leaders, with a direct bearing on the quality of their work, and their support for church activities and community outreach programs, whether these are their own activities and programs, or whether they are being run in association with NGOs.

4.5.6 Means to achieve the churches' goals

The means to achieve the intended goals were based on the availability of skills and resources. Seven pastors pointed out that they lacked knowledge needed to tackle pandemic matters, and had scanty skills or an inadequate comprehending of the pandemic. This presented a major challenge to church. Participants from indigenous churches indicated that this particularly arose from outdated leadership skills incapable of providing adequate spiritual growth and incapable to tackle challenges in the news context of the pandemic. One pastor indicated that a lack of resources to deal with HIV initiatives and the absence of appropriate HIV and AIDS programs presented a huge challenge to church leaders, churches

members at risk of contracting HIV and AIDS. Five church leaders reported that it was exasperating to not know how to proceed; and if one did know, not able to do so given that the lack of trained church members, and of resources.

Most participants believed that satisfying the expectations of church and community members by incorporating and building relationships was imperative for the church today and in the future. Pastors from Pentecostal and mainline churches pointed out that they were actively involved in responding to the pandemic in ways which provide for the practical needs of church members. Participants thus were taking up the challenge to work with NGOs and governmental organizations to facilitate such responses. In this they expected churches to fully engage in information distribution as a crucial resource.

All ten pastors pointed out that they were aware of the need for both churches and communities to understand church leaders' roles in HIV and AIDS prevention, as well as the need for partnerships between the two.

4.6 Cohesive church approaches

Pastors from mainline churches noted the need for them to correct attitudinal problems to HIV and AIDS, and the need to build a sense of a cohesive church approach to the challenge. However this was hampered because great pressure was put on pastors in view of their day-to-day church duties, visiting sick church members, counseling and conducting funerals. Also, differences in church doctrine led pastors to fail to share their problem-solving skills and strategies with co-workers, meaning they lost an opportunity to learn from one another. Two pastors reported that they were seeking to inspire their church to work with other on a response to HIV and AIDS, and to respond as role models in church and community. These represented attempts at acknowledging the importance of cooperation to achieve a meaningful and effective response to HIV infection. Two youth leaders acknowledged the significance of directly collaborating with pastors, to gain their expertise or to influence them in their HIV and AIDS responses. All ten participants reported that what made church leaders effective apart from their leadership and management skills was their sturdy and overt

support for the various pandemic programs that were supported by the church and community including especially the youth.

4.6.1 Strategic preparation

Most participants considered facilitating more interaction, as essential in order to create a less-hierarchical church structure. Furthermore, this interaction helped to gauge the required action that will be most effective, given the need for dealing collaboratively with HIV and AIDS. By collaborative work, it is meant that almost every significant issue needed multiple methods of address and that more than one teaching method was encouraged and used. All ten pastors interviewed, pointed out that planning was fundamental to leadership, in light of the rapid rate of change in the life of the church's teaching and it's work in general. Furthermore, church leaders needed to focus on strategic planning that sets out what the church is seeking to accomplish regarding combatting HIV and AIDS. In strategic planning, the focus is on outcomes, through applying a precise strategy to achieve a precise activity in solving precise problems.

Strategic planning involves setting ways to achieve these goals. Seven pastors pointed out that they found the following very motivating or rewarding:

- to see the church become more supportive towards a more holistic and incorporated approach to HIV and AIDS programs
- to encourage the growth of the partnership between church and community in order to realise the churches' objectives and
- to witness the growing confidence of the church and community in their strategic responses to HIV and AIDS, through achieving their intended task and receiving credit and standing in the community from this.

Pastors from mainline churches and Pentecostal churches agreed that local churches need a specific pandemic strategy-planning in support of the churches' general strategic plans. When church leaders sit down to develop yearly working plans that provide general strategic plans for a church, they need to include planning, in their response to the pandemic as a long-term issue. However, precise responses can also be undertaken on a short-term basis.

Thus three pastors pointed out that planning for the pandemic, should be similar to that used in developing strategies for any other church activity. They additionally highlighted that successful planning is a top priority for the church.

4.6.2 Collective resolution

On collective resolution, local pastors acknowledged the significance of collective decision-making involving all groups as well as key players within and outside the church. Three pastors reported that they made a contra-decision against a narrow view advanced by their mother church board that HIV and AIDS was a punishment from God for sexual wrongdoing, and thus HIV infected persons were living under a curse and already experiencing the wrath of God for living an immoral life. They used their influence to approach the subject, and identified with the vulnerable, using novel leadership styles to counter the narrow views. They, however, did more to advance the church's mission, bringing from their experience new approaches to church administration, and addressing matters in ways they never could have done without such experience. These approaches enhanced their involvement and that of others in church and community matters. These experiences helped them develop a sense of understanding, which was compatible with the church's mission, being compassionate, and which helped them to draw up collected valid resolution.

These successes have, however, been affected by the fast growing problem of HIV infection, and the relative delay in response by churches in the Sweetwaters community have had a negative effect on church and community members. Attitudes displayed by leaders towards the disease have been counteracted by the churches' decisions to condemn those infected and affected by HIV and AIDS. In view of this all participants reported that decisions regarding HIV and AIDS need to be made to determine how they will aggressively move forward towards a united new approach, taking into account increasing reported incidences of infection, church support and function, the role of support groups and the mission and vision of the church towards the community. Integrating church and other business (in this case, HIV and AIDS) was cited as problematic because its contribution to the church's mission was not easy for the church board to understand.

Further, two pastors mentioned that decision-making needs to reflect the collective wishes and, for example, to suggest new ways of teaching and preaching, and to provide improved communication and knowledge about salvation. One way of doing this is to give more time to task activities and improving teaching content. Seven church leaders in this research opposed any prescribed, carefully defined or enforced process from above for implementing an innovative strategy on pandemic. Rather, they recommended that resolutions regarding the pandemic must made at local churches in their context but with the mission and vision of the church in mind. The inclusion of inputs made by ordinary members from both church and community groups was regarded as essential in this decision-making process, which such collectively would not be required nor desired in terms of resolutions concerning the church vision and mission.

Finally, local pastors from the Sweetwaters community acknowledged the significance of working together as co-workers. The church and community members further helped in authenticating the church's position on HIV and AIDS as well as in making the response to critical topics in regards to HIV infection and the need for its prevention, effective.

4.6.3 Participation between leadership organizations

Regarding participation among leadership organizations, two pastors pointed out that working closely together helped church leaders to lead creatively in tandem. Having good working relationships among church leaders were seen as a good way to engage the church and community on HIV and AIDS. Thus good working relationships among key players in church teaching and preaching and in church participation in HIV and AIDS provided more effective results. Involving church members, church boards and the Sweetwaters community in HIV and AIDS prevention, could directly impact on the style and content of church teaching, preaching and mission. Pentecostal pastors and mainline churches indicated that they brought their church members together by organizing activities such as community prayers to pray for various community needs. These pastors hoped that by similarly involving church and community members in HIV and AIDS programs, that more people would be empowered to open up and actively assist in educating other people.

Further, participants felt that the pastor was responsible for engaging top and bottom church leadership such as bishops and deacons, as well as ordinary church members to decide on what should impact church teaching and preaching and how. Most participants hence upheld that pastors needed to be proactive in the issues of pandemic because the church is seen as a place of refuge. This thus demanded that pastors continuously interact amongst themselves, and involve other church and community members in HIV and AIDS programs and in their gatherings. This gives significance to all meetings, formal and informal, in turns helping to make church and community members' conscious of the problems advanced by HIV and AIDS. Gatherings such as these and the information elicited from them put added pressure on pastors who had busy schedules. Pastors had therefore little time to interact with others and therefore had to forgo the opportunity to share ideas and learn from one each other, especially on how to plan strategically and on possible resolutions. A female pastor, however, believed it significant to be near to her church members, exhibiting good leadership qualities of being reachable and approachable. These qualities made it possible for church members and the community to share their views, experience and feeling with their church, family and community.

Finally, all ten pastors recognized the essentiality of interacting with church and community members as a means or method of getting needed informal and formal comment on urgent matters in the church. In this, four of them interacted with their church members by holding informal meetings, fellowship gatherings and sports events. These gatherings elicited important information and decisions on HIV and AIDS related issues.

4.6.4 Programs and other means of involvement

On programs and involvement, the starting point was seen as the provision of Christian teaching for all participants, and secondly there was the need to provide church and community members with suitable HIV and AIDS data that promoted interaction between the two. Furthermore, participants maintained that skills' training was necessary for offering encouragement to church members to get involved in HIV and AIDS issues, connecting a diverse group of individuals living with the disease. This led most participants to insist on putting a human face on HIV and AIDS programs. Involving a diverse group of people

living with the disease in church programs helped to show what being HIV positive implies. This also helped to create solidarity across groups such as gender, age and class.

For youth leaders, HIV and AIDS programs positively impacted those identified with HIV infection, providing must needed support to these PLWHA. This improved how church leaders behaved and thought especially their attitudes and opinions towards HIV infected people. This led them in turn to realize what a positive impact these programs had on youth leaders. Methods for how youths can be motivated and constructively deal with stigmatization and labeling were found through these programs. Questions about their experiences on HIV and AIDS revealed that people appreciated programs that addressed the health and social concerns of infected and affected persons.

Two church leaders mentioned that they were making a concerted effort to build broken and troubled relationships. This effort led to changing attitudes towards HIV and AIDS and to changing opinions on how to address issues related thereto. Further, church and community members involved in HIV and AIDS activities made it easier for some pastors to introduce new programs into their churches since they were already involved in changing the community and they were instrumental in many programs as activists, teachers and preachers. This then served to reach out to others, building relationships within the church and the Sweetwaters community. Finally, it was apparent that church leaders explored opportunities created by HIV infection and took necessary steps to introduce HIV and AIDS issues in their preaching and teaching.

4.7 Pastors' perspectives concerning the use of condoms.

There is a widespread debate regarding the use of condoms among the church pastors. Both pastors from the Pentecostal and Roman Catholic Churches express the concern that acceptance of the use of the condoms may promote promiscuity, infidelity and undermine the message of abstinence, which is regarded as the Godly way by the churches. Further, they argue that promoting the use of condoms within the church, and even outside it, would encourage youth to experiment with sex and would also give married people license to commit or indulge in adultery.

Therefore, in their view, condom-use encourages people to continue sinning and since "the wages of sin is death" (Romans 6:23), pastors from the Pentecostal and Roman Catholic churches discourage the use of condoms. These pastors view sex as a means for procreation and nothing else, according to God's standards and for them, encouraging the use of condoms negates God's purposes. Pastors from the indigenous churches and those from the Pentecostal churches share the same views with regard to the use of condoms. One pastor argued that condom-use is against the African culture because the reason why polygamous African men marry more than one wife is to have many children. They based their argument on the biblical text of Genesis 1:28, which says that humankind must be fruitful and fill the earth. However, the Pentecostal and Roman Catholic pastors do not agree with pastors from indigenous churches on the issue of polygamy, viewing it as sinful. They based their argument on the biblical text of Matthew 19:4, which says that in the beginning he made them male and female.

One of the views of the pastors from the indigenous churches is that the mainline church missionaries misinterpreted the biblical message to African people. They argued that for instance, some of the conditions for becoming Christian, which were laid down by the mainline church missionaries in the mission churches were not accommodating of some of the African cultural practices, such as polygamy.

Conversely some of the pastors from the mainline churches acknowledged the use of condoms as one of the methods of prevention of HIV and AIDS among their congregations. Two pastors from the mainline churches claimed that church leaders should be realistic, and should not engage in spiritualizing HIV and AIDS because it is a biomedical issue that needs to be addressed as a health issue. Thus there were contradictory views regarding the best means of combating of HIV and AIDS. Due to differences in their churches' doctrines with regard to certain issues, the much needed interaction between them, in order to tackle this deadly matter as a team, is hindered.

Some of the Pentecostal pastors regard the promotion of the use of condoms as being an anti-Christian act, and some of the indigenous pastors see it a taboo against their African culture. However, others argued that the church should stop demonizing the use of condoms and start to play their roles as leaders within and outside their churches by promoting ways and means to prevent HIV and AIDS.

The other issue that pastors differ on is theological training that they have undergone. Most of the pastors from the mainline churches undergo theological training before they start practicing their pastoral ministry and for the mainline churches this training is a requirement. On the other hand, pastors from indigenous churches are not sent for institutional training but receive in-service training. They regard pastors from the mainline churches as unspiritual because much of their teaching and preaching focuses on social issues such as politics. One pastor from the indigenous churches claimed that for one to be a pastor within their churches, first one must have spiritual experiences, dreams and visions. Therefore, because of this churches' various doctrines and approaches to church work (ministry), it is difficult to have unified approaches, for example, on how people can prevent HIV and AIDS because they don't agree with methods and means of prevention, nor on the function of and training required in ministry. They thus do not speak with one voice, making interaction and collaboration difficult.

4.8 Conclusion

Several management aspects were discussed as options for church leadership skills and roles. Most significant were focus on individuals' ability to effectively achieve the mission and goals of church programs for the good of the community. All participants mentioned that the success of leaders in HIV and AIDS prevention could only be possible if the church's mission was entered into by addressing societal problems such as HIV and AIDS, as well as by increasing the number of people in the church and community who were interested in HIV and AIDS programs. Thus, having effective church leadership made it possible for individuals to appropriately decide on what steps to take in HIV and AIDS prevention. Thus

there was much discussion about prevention and providing hope for the infected. In summary, the views and perceptions of leaders on their roles can be outlined as follows:

- offering church leadership in HIV prevention and to recognize the part to be played by the broader church membership;

- amalgamating HIV and AIDS matters in all major church programs;

- supporting the church's preaching environment to accept the need to positively address HIV and AIDS related matters;

- providing HIV and AIDS discussion space in the church and linking it with community needs and;

- making sure that resources for intervention access to information and skills on HIV and AIDS is made available to the church, and through these resource, information and skills, assisting the church's in HIV prevention.

In conclusion, this analysis is vital for outlining the multifaceted role of church leaders in HIV and AIDS intervention, especially aspects related to aligning church missions and goals to community needs, and the relationship of church guidance to pandemic prevention in the church and community.

In the following chapter, a further exploration on the theoretical formulation of this study will be made.

CHAPTER FIVE: DATA ANALYSIS

5.1 Introduction

The core aim of the research is to present an investigation into the leadership role of church leaders in preventing HIV and AIDS. The chapter discusses diverse aspects pertinent to HIV and prevention and investigates the questionnaire, relating it to important literature on the subject. Furthermore, this study reviews situational and participative leadership concepts and hypothesizes that these concepts can help inform our findings. The data intended for this segment will is be drawn mainly from the questionnaire given to church leaders to gain data on their leadership role (CLLQ), which corresponds to the main components of situational and participative leadership, the theoretical framework which underlines the research. Informing this section are church leadership aspects, which became more evident as the research progressed. Situational and participative leadership provide vision and a model to foster church leaders commitment and to provide individual, intellectual stimulation and support. Also, the concluding subsidiary section will include other common and general topics which surfaced during the research study. These topics include role reflections, leadership dynamics, and useful functional aspects of leadership in an HIV and AIDS context. Finally recommendation based on challenges being faced, are made.

5.2 Cultural Features

Five church pastors reported that within their churches, the prevalence HIV and AIDS is not growing and that their churches have not seen the effects of HIV and AIDS on its members making it difficult for them to predict the spreading of the disease and hence its prevention. Most of these leaders are in denial because research conducted by Haddad (2005:2-4) in the Sweetwaters community indicates that many people have already died from the disease. In interrogating this, Haddad's research as well as anecdotal evidence indicates that people in the Sweetwaters community are continuing to suffer from HIV and AIDS-related illness.

Relatives of the dead often bury the corpses of their dead on their premises. In this study, it was made also clear that church leaders needed to be supported in their daily prevention of HIV and AIDS as well as the integration of church programs to deal with these realities. With an increasing number of orphans in the community, such programs are in confirmation of the biblical teachings that "pure religion and undefiled before God and the Father is this, to visit the fatherless and widows in their affliction, and to keep himself unspotted from the world'" (James. 1:27, NIV).

While averting as well as managing the pandemic here may involve the training and equipping of church leaders, being conscious of the social effects of HIV and AIDS challenges the theological position of the church. Three pastors from mainline churches argued for the need to acquire progressive skills in order to make the responses to HIV and AIDS possible while maintaining the demands of their day to day pastoral ministries. Thus when well equipped, church leaders can become effective allies with community workers within HIV and AIDS programs (Surur and Kaba 2000:59-63). This can then facilitate prevention within and without the church, making interventions on the effects of the pandemic in all sectors of society. There is a general realization that the church today has been besieged by HIV and AIDS and cannot stand by and watch (Bongmba 2007:23). Three pastors, one mainline and two Pentecostal, reported awareness of PLWHA in the community but were not sure if anyone from their churches was HIV positive. Further, silence from the church on HIV statuses doesn't mean churches are invulnerable to HIV and AIDS. Thus the predominance of HIV infection within the church, and its soaring rates, cannot be denied because "pastors today are spending more time burying members of their churches than ministering to them" (Maingi 2010:1). Not revealing one's status is due to fear of stigmatization, labeling and exclusion associated with the moral views regarded being HIV positive. Five pastors claimed that they were taught to believe that HIV and AIDS was a disease for immoral people and that therefore churches were free from HIV and AIDS. At the same time all participants knew that HIV and AIDS can affect both religious and non-religious persons although promiscuity appears to facilitate the spread of HIV and AIDS since sexual intercourse is major among methods of the spread. In all, church leaders are

influential in the community, and can help reverse this situation by responding adequately to the question of how to prevent the spread of HIV and AIDS.

5.3 Reflection on the Church Leadership Role

What is clear is that there is extensive ambiguity regarding the impacts of the pandemic within and outside the churches. At the same time churches and the community are undergoing profound challenges with regards the reality of HIV and AIDS. These factors underline the importance of church leaders' role in providing leadership in regard to the pandemic. In fact, most church leaders are respected as custodians of society, but it is still not clear how this custodianship plays out in regards to HIV and AIDS. Nevertheless there seems to be general agreement that church leaders have a significant role to play as teachers and educators on HIV and AIDS issues. This ties in with research done by Surur and Kaba (2000:1) which argues that church leaders are beacons of truth in their various communities, and that they have great influence within their churches and the communities. Therefore this challenges church leaders to take a role modeling lead to combat HIV and AIDS.

As has been raised above, spending more time burying the dead rather than teaching and preaching to the living (Maingi 2010:1) is a challenge church leaders have to face, and highlights the fact they can and must contribute in reducing the impact of HIV and AIDS. Pastors across the board acknowledge that they are experiencing the impact of the pandemic in their day to day leadership roles as funerals impede some of their daily routines. Because HIV and AIDS affects churches and society at large, church leaders are under obligation to deal with pandemic related issues affecting church and community life. Church leaders therefore need to prioritize their services and change their approaches to address the problems of the disease. Although some pastors argue that there is a need to rethink ways of addressing the pandemic, church leaders are forced to be inflexible in their roles towards the church's mission and here an adjustment in approach is required. To succeed, effective leaders need to utilize, idealize, influence, inspire, motivate and stimulate debate and discussion on how to achieve better outcomes Smit (2003:13) cited in (Bass and Avolio 1994:3). In this, the leader's position determines the essence and essentiality of what needs to

be done in regards to HIV and AIDS in the community. Thus, the church leader's role is reshaped to respond with responsibility towards HIV and AIDS in the community.

5.4 Situational and Participative Leadership

This research-study considers the need for a movement towards participative and situational leadership. It suggests various ways of considering the leaders' roles, in addition to the diversity of behavioral patterns generated by such positions. Leithoowd *et al* (1999: 15-17) argues that what is essential, is how leaders act in response to the unique situation or problem in an organization, sometimes approaching it from broad differences in leadership frameworks.

The researcher's theological studies in the module "Transformation of Christianity", for the Honours degree at UKZN, Pietermaritzburg campus, has influenced him strongly to believe that the way to help people understand who they are, or for them to resolve their problems, is to engage them in dialogue. With dialogue, people are allowed to participate. Participative leadership thus allows people to engage with each other on how to respond to the reality of their situation. HIV and AIDS thus require people to engage in dialogue and to trust and engage in critical thinking (Freire 1970: 70-73). Dialogue in this context, assumes that people are subjects engaged in naming the realities around them, in order for them to come to terms with these realities and to deal with their situation.

Furthermore, Freire (2007: 92-93) argues that "without dialogue there is no true communication, and without communication there can be no true education." Hence, in the context of the role of church leaders in the prevention of HIV and AIDS, the importance of engaging in dialogue with church and community members becomes imperative, as opposed to using the autocratic (banking) method that simply tells without allowing independent thinking. To make church members independent in thought and action, critical dialogue and reflection is required. Therefore, participative leadership can be described as a paradigm that seeks to encourage people to interpret their lives, relate to others, engage on a common purpose and build up commitment with one another (Sergiovanni 1984: 13).

Dialogue is not imposed upon people; rather, people are taken as participants and subjects that must use their realities to educate themselves for better and improved lives. Church leaders in the Sweetwaters community can adapt these concepts and apply them in their own contexts. In the context of HIV and AIDS, they can affirm people living with HIV and AIDS (PLWHA) as they are helped to reflect on their situations and come up with action plans that reaffirm their humanness. Hersey and Blanchard (1988:171) argue that the basis of the participative theory is that no individual has a clear understanding of complex problems; hence groups and individuals need to tackle issues affecting them without the dominance of a leader. Thus churches and communities will benefit from working together in finding new approaches to issues affecting them. People must critically look at current and subsequent issues affecting their communities such as economic and health problems. It must be noted, however, that participative and situational leadership, like church leadership, are connected to social and organizational formulations adopted from European worldviews. Although organizational systems are often alike, there is shared dissimilarity between different churches and their communities. Hence, cultural situations determine which the approach has meaning for and an impact on people affected by the situation. Customs and practices were compared; differences in context mean differences in approach (Optlaka, 2004:428). A leadership style that "speaks to" the context of the Sweetwaters community thus needs to be developed.

The aim of this segment is to analyze the real context of and reaction of the church leadership to HIV and AIDS. Church leaders who participated in this research gave their perceptions in regards to the church's participation in community HIV and AIDS programs. Further, this section analyses similarities and differences in the presuppositions, structural procedures and leadership responses given by respondents with regards to the issues pertain HIV and AIDS in the Sweetwaters community. A review of the guidance response to the pandemic in the Sweetwaters community reveals that transformation is necessary given the dominance of European perspectives in the leadership styles. Even their leadership style is drawn almost entirely from Western contexts and practices because the inhabitants' church doctrines are entirely Western. Mainline churches are Western in origin, and Pentecostals too follow many

aspects of Western culture in doctrine and leadership. However, indigenous churches systemically combine aspects of Western and African worldviews and culture.

The church leaders' response to social issues affecting church life in practical HIV and AIDS through the employment of appropriate doctrine and leadership styles indicated, as one pastor argued, that church teaching and church cultures which stigmatize the disease and discussion need to be challenged to help church leaders respond to HIV and AIDS issues appropriately. In view of this, one guiding theory for this study, participative leadership, can "provide an opportunity for groups to explore the meaning of creative and constructive change" (WCC 1997:83). Thus three pastors argued that for effective church leadership, it is vital for communities to participate in HIV and AIDS programs run by their leadership. Following the participative approach focus group discussions are organized for church associations such as women's, men's, youths' and children's groups. These are effective ways of educating members on how to manage HIV and AIDS prevention programs. Research done by the World Council of Churches (WCC) indicates that, participatory processes enable villagers to analyze issues and problems raised by HIV and AIDS, and to develop action plans to foster prevention and care. The church leaders' role in HIV and AIDS was dealt with in line with topics that linked the study question to the theoretical framework and hypothesis of the study. This framework is based on the work of Hersey and Blanchard (1988:171) on participation and situational leadership.

These dimensions provide helpful and motivating approaches for church leadership in dealing with social issues. The significance of participation in terms HIV prevention arises from the assumption that it rests in collective endeavors of sharing in ideas and equipping groups with skills (Leithwood et al 1999:15). Two pastors thus developer initiatives on HIV and AIDS that contributed to improved church leadership, such as the creation of social groups (youth groups and women fellowships) and holding workshops on leaderships with regard to HIV and AIDS. In order to make the church participative women and youths in HIV programs became fundamental.

Finally, this segment has analyzed the perception of church leadership on capability. Based on the views of participants from mainline churches, church leaders' individual experiences suggested that competence was required if the mission of the church was to be realized as regards HIV and AIDS. Competence or capability in terms of leadership skills and education (knowledge) on HIV and AIDS related issues were vital regard.

5.4.1 Identifying and communicating a coherent vision

The church is caricatured as consisting of rules, which are irrelevant and which are burdening people without freeing them to explore their world (Welch et *al* 2004:134). This, however, is countered by the establishment of a vision, a fundamental motivation and guiding principle for the life of the church. Characteristically, identifying and communicating a vision is done by way of addressing challenges churches and leaders face practically in their situations. Leaders are therefore challenged to communicate and motivate others to embrace such a vision. Jantzi and Leithwood (cited earlier) argue that leaders need to articulate their visions in inspiring ways, and to focus on the future. Two pastors argued that vision is central to developing a shared common understanding among churches on how to address HIV and AIDS in the church and community. Five pastors strongly believe that church leaders have the prerogative to engage members in their vision, especially in this context in which the church is involved in preventing HIV and AIDS in the Sweetwaters. Pastors from mainline churches are making concerted efforts to transform HIV and AIDS programs, and to initiate church and community program integration. It is through such means that the vision of the church is effectively communicated.

For seven pastors in the sample, being proactive helped in vision building and in guiding the church on how to approach HIV and AIDS issues. Pastors from both mainline and Pentecostal churches claimed that church leaders can have the audacity to articulate their visions to their church and community members on how to appropriately respond to HIV and AIDS in the Sweetwaters community. Thus, giving emphasis on spiritual matters without taking health matters into account was a cause for concern to many church leaders in view of the unsuccessful approaches to addressing HIV and AIDS issues in this community. It is argued that sometimes church leaders were ineffective because they could not balance

internal leadership needs with the difficult external realities. The reasons for this failure may be that leaders were focusing on spiritual issues such as preaching and teaching on the Christian faith. They were thus not connected to the realities of HIV and AIDS, disengaging themselves from all such socio-economic and political issues. Some church leaders even admitted that this disengagement led to their failure to counter the claims that there was no HIV and AIDS among their members, while added to this, the ecclesiastical hierarchy and doctrine remained opposed to the new challenges created by HIV and AIDS, and hence also to new opportunities for tackling the pandemic. Because of church hierarchies, lower level church leaders found it difficult to appropriately deal with HIV and AIDS within their limited powers and strict orders from the heads of their denominations. According all ten participants, the churches' philosophies on leadership were inflexible and hierarchical especially at upper levels. Northouse (2004:3) counters these attitudes that leadership "is not a one-way event but it is an interactive event between leaders and followers". Thus it can be claimed that addressing HIV and AIDS issues within churches, where church hierarchies are not supportive, and are not willing to adjust, made it difficult for low level leaders like pastors to effectively address the effects of HIV and AIDS.

Effectiveness in ministry cannot only be linked to involvement in social issues (like HIV and AIDS) but in willingness to integrate them in the church's teaching and preaching. Vitally, educating church and community members before integrating HIV and AIDS programs led to more effective intervention programs. Following Hersey and Blanchard (1988:171) the research argues that the participative and situational approaches to HIV and AIDS interventions are of significant use. This could help leaders and followers to develop and maintain collaborative relationships in areas of health and education while maintaining their organizational cultures. In this, since participative leadership encourages ordinary people to interpret their own lives and relate to others engagingly, having a common purpose can build membership commitment to the higher ideals of the organization. Church leaders acting in response to HIV and AIDS may be identified as visionary and effective leaders acting to serve their communities.

5.4.2 Providing a suitable approach

The church can develop realistic goals to reduce vulnerability and risk, knowing the effectiveness of different preventative options and relating them to their own situations (WCC 1997:84). On finding an appropriate approach church leaders argued for the need to constantly use their leadership roles to manage and prevent HIV and AIDS, while developing different means for different situation where different resource were available. These approaches can serve as examples for church and community members to follow. To get out the best out of their leadership roles, church leaders symbolized success and achievement, and thereby served as role models. All ten pastors agreed that role modeling was a successful approach to preventing and managing HIV and AIDS, which was seen not to set back the church's preaching and teaching tasks. Besides serving as role models, and indeed, in order to do so, church leaders need to share common values, group visions and community customs. Midthassel *et al* (2000:248) argues that role modeling does much more to mold followers than any other teaching strategies. These management characteristics can thus transform society.

On role modeling, two pastors believed that it was the responsibility of church leaders to preach and persuade members to reject those false beliefs hindering successful and effective intervention within and outside churches. In the Sweetwaters community, traditional norms and values led to leadership complicity, creating a culture of passivity in the church, especially where church boards had counterproductive guidelines.

5.4.3 Promoting teamwork goals

The reality of HIV and AIDS raises many theological questions on human sexuality, vulnerability and mortality. This stirs and challenges church leaders deeply in public and personal ways, questioning the ethical and moral values of such leaders. Churches leaders thus struggle to understand theology in the face of HIV and AIDS, and practically various church leaders differ sharply in the way they respond to the pandemic. To embrace the same vision is important for preventing HIV and AIDS, and it is imperative to working together as one team rather than as a disjointed group. This is only possible if the character of a leader is

collaborative rather than autocratic and if the intention to foster togetherness between followers and leaders is present, as well as the spirit to achieve better alternatives (Jantzi and Leithwood 1996:89).

Further, five pastors claimed that church leaders are obligated to help church and community members develop plans which offer practical strategies to address HIV and AIDS issue. This can help a working towards harmony among the various practices and beliefs, and to improve on prevention strategies. In this unity, it becomes easier for leaders to motivate church and community members to participate in HIV and AIDS activities. For most pastors, Christian education provides teaching material effective for educating people about HIV and AIDS, among other activities. This is where participation remains central, hence participative leadership can be used to promote team-work among both leaders and followers. In teamwork, church leaders work together to achieve the common good of their members and community, encouraging them to talk about social issues threatening their integrity and quality of life. Hersey and Blanchard cited by Smit and Cronje (1997:293) maintain that participative leadership suggests that leaders and their followers share a clear vision of what is to be achieved, how to achieve it, but also processes both followers and leaders contribute towards. Thus by participative approaches, leaders are supported by followers, and they share a common goal, working as team.

5.4.4 Providing individualized support

Individualized encouragement involves a leader's character that respects the organization's work habits as well as individual preferences (Jantzi and Leithwood 1996). In a setting where church leaders are involved, both spiritual direction and moral guidance from such leadership play a crucial role. Pastors in this have a responsibility to both the community and individuals, especially to those infected and affected by HIV and AIDS. According to the World Council of Churches, church leaders can promote personal, cultural and social choices supporting persons in making responsible decisions (WCC 1997:104).

To promote individual support, churches can develop different techniques to deal with individuals within and outside churches. This is useful for transferring essential skills and for

encouraging activists within and without churches to challenge cultural beliefs impeding HIV and AIDS programs. From its stances in theology and philosophy, the prophetic voice of the church challenges society to live a positive life. The church thus challenge negative and judgmental teaching on HIV and AIDS and emphasizes pastoral care, counseling and advocacy in the healing ministry of the church. As custodians of ethics and morality in society, church leaders can empower individuals within and outside the church to get involved in HIV and AIDS activities. In all, church leaders have a responsibility to their members, and to maintain morally beneficial short and long term plans, to help them deal among other factors with the effects of HIV and AIDS.

5.4.5 Providing intellectual stimulation

For intellectual inspiration a leader characteristically challenges organizational leadership. It helps them revisit their presuppositions in regards to leadership, and to re-think on new ways to deal with issues affecting them (Jantzi and Leithwood 1996). Three pastors claimed that church leaders should challenge some of their church policies which are anti HIV and AIDS, and re-examine some of the basic assumptions that can stimulate churches to think about what they can do for their communities. Furthermore, church leaders can challenge and motivate church and community members to be collaborative in working towards a common goal; and to work together to create new approaches on how to execute information that advances the HIV and AIDS agenda. In everything, intellectual motivations, as five pastors argued, are imperative elements for effective church leadership on HIV and AIDS particularly for pastors who are nervous about dealing with health issues. In fact NGOs' agendas can be collated with church agendas and church members can actively participate in implementing their secular HIV and AIDS programs alongside exercising their Christian faith. Church leaders are in a process of creating new approaches to motivate and encourage youths' and women's groups to openly talk about HIV and AIDS issues within and without the church. This improves the church's witness in regards to HIV and AIDS, challenging church members to take charge of HIV and AIDS prevention. In all this, necessary steps towards transformation of the church's perceptions to HIV and AIDS should be taken. This can help members explore issues around stigma and labeling because of HIV and AIDS.

Further, members can seek new ways and approaches to collating church and social agendas, and can bring new attitudes to bear on HIV and AIDS programs.

5.4.6 Preventive programs

Most pastors who participated in this study reported that churches had no official policy on HIV and AIDS prevention and services. NGOs rather provide HIV and AIDS prevention services, which differ from the church in terms of the latter's focus on ethics and spirituality. Infection affects all people regardless of their social beliefs. In the WCC (1997:11), church leaders are seen encouraging members to be involved in indentifying such cultural and social practices that increase or decrease the risk of HIV and AIDS transmission, and formulating appropriate HIV and AIDS education programs. Using people familiar with such social and cultural issues, or using target groups to facilitate this information gathering and dissemination is much more effective in educating people within those groups such as youths', women's or poor people groups. Participatory action as a process of community building empowers ordinary people to identify, analyze and solve problems as a community (WCC 1997:111).

The church can give emotional and spiritual support to those affected by HIV and AIDS, encouraging parents and children to work together in combating the disease. Dealing with HIV and AIDS with children at early age can also foster their future parental responsibility towards their families. The church thus can help family members finding it difficult to discuss sexual issues with their children by organizing workshops and workgroups to acquaint children with the disease on their behalf of them. Youth leaders, like church leaders, can also play a part in HIV and AIDS prevention. This, however, cannot replace government efforts to combat HIV and AIDS. Using the leadership role, church leaders therefore, can play a vital role in preventing the spread of HIV and AIDS in the Sweetwaters community.

5.4.7 Contexts

Five pastors pointed out that the environment or context surrounding churches was vital in shaping the church and the wider community. These contexts are shaped by theological and cultural teachings on the one hand and by social and political events on the other. The context of HIV and AIDS straddles these two realms of the secular and the sacred. Therefore it is important for church leaders to take into account both the context of the church's teachings and the social realities. For two pastors in this study, playing leadership roles was difficult, as churches had their own regulations and boundaries, within which church leaders needed to function. Although some of these rules are not applicable in their local settings, an effort had to be made to honour what the mother-church board authorizes and to engage those church systems that are applicable in the HIV and AIDS context.

Further, most pastors are poorly educated, which affects their daily duties in pastoral care, and thus most will resort to the "As God's Spirit leads" rhetoric, without specifically outlining what such claims entail. Pastors from mainline churches claimed to be more active in educating church members on HIV and AIDS and stated that their church members are very supportive. They are involved in activities organized by NGOs and by their churches. Three pastors argued that for church leaders to address HIV and AIDS effectively within their churches and communities, leaders need to have a framework for communicating their objectives to churches and to supervise, evaluate and coordinate church agendas. Agendas can be used in addressing HIV and AIDS, as well as in integrating the church's needs with social matters, including the pandemic. For example, churches deal with rituals for dead members, marriage, baptism, and communion, all of which demand both immediate and routine planning. If a person passes away, for instance, the church responds quickly in supporting the deceased's family. In this way, the church can be useful in redressing the effects of HIV and AIDS by bringing responses needed by the immediate and distant family and which can be further extended to the community. Depending on the context, the church will act in one way or another to address the situation at hand.

5.5 HIV and AIDS: Church Leadership Challenges

5.5.1 Elitism among churches

An elitist mentality may be defined as when someone feels that they belong to a privileged class. In most churches, pastors may dispute positive perceptions about HIV and AIDS, based upon their prejudices. These prejudices lead to distinctions between 'saved' and 'nominal' Christians. This mentality makes it difficult for some church leaders to bravely address HIV and AIDS issues within churches. For some churches, HIV and AIDS is God's punishment for disobedience. This implies that everyone who is infected is seen as a sinner and is being punished for being immoral, with some churches not accepting people with HIV and AIDS. In most South African communities, traditional religion is accepted as part of people's culture but some mainline churches condemn traditional practice, linking it to HIV and AIDS, for non-church members at least. Thus, churches need to move away from incorrect perceptions of HIV and AIDS that encourage an elitist attitude. This remains a big challenge which requires redress.

5.5.2 Stigmatization

During the conduct of this research, five pastors emphasized that stigmatization, social chauvinisms and not being in possesion of precise and suitable information, are barriers to improved effectiveness in HIV and AIDS prevention. In Africa, it is very common to discriminate against HIV-infected persons. Social stigmatization is evident in church members disassociating themselves from HIV- and AIDS-positive members. This challenge needs to be dealt with aggressively if mitigation, prevention and other intervention strategies are to curb the escalating levels of HIV infection. Intervening to prevent stigmatization is therefore necessary to protect those who reveal their status and to allow such persons to come on board in the fight against HIV infection. As three pastors reported, church leaders can demonstrate the love and compassion of God by reaching out to the needy. This outreach may encourage infected persons to accept their condition and to realize that they have a role to play in preventing HIV and AIDS.

For all ten research participants, abstinence and mutual fidelity were listed as unquestionable routes of HIV and AIDS prevention, while silence on the consistent and correct use of condoms was maintained. This is because before marriage, one needs to abstain and when married, remain faithful, which are the traditional teachings of the church. However on condom use, pastors remain silent because of the view that this would promote promiscuity, which is counter to the traditional teachings of the church.

5.5.3 Breaking the silence on stigma

The research has demonstrated that church leaders can play a major role in fighting wrong thinking in the church concerning HIV and AIDS, which is among the reasons why infected people are stigmatized. Infected and affected people are condemned for living an immoral life style, resulting in HIV and AIDS infection. This adds to the fear of disclosing one's status as well as to reluctance to speak openly about the disease and sexuality. Thus, as three pastors argued, judgmental messages being communicated by church and society members towards PLWHA are doing more harm than good. It is therefore imperative for church leaders to deal with stigma within and outside the church, and to educate people not to condemn PLWHA as being punished by God. This can go a long way in accommodating PLWHA as full members of the church and the community. As an example, research participants from mainline churches argued that church leaders should take the lead in breaking the assumption that PLWHA lived an immoral life. This can be possible if pastors can invite PLWHA to speak in their churches.

Furthermore, because many are infected by unfaithful partners or mother to child transmission not all PLWHA are immoral people. Rather, pastors involved indicated that they should teach the theology of love and care to PLWHA within and without the church. To effectively approach this debate, and to break stigma, church leaders need to organize HIV and AIDS workshops in churches. In the programs, the church's teaching on HIV and AIDS can help set the tone of the agenda, and can be enhanced by PLWHA sharing their life experiences with church members. This can be a stepping stone towards information sharing and awareness among others. This demands that local church leader approaches issues of HIV and AIDS and PLWHA with an attitude of acceptance, love, care and support them.

This can go a long way in challenging the church's doctrine and perception on HIV and AIDS, and to rethinking ways to deal with this.

5.5.4 Church and community involvement

On involvement, two pastors argued that some churches are not ardent in getting involved with HIV and AIDS. Pastors pointed out that they found it extremely difficult to convince church members to be part of HIV and AIDS activities, especially the older generation. Most elderly Christians regard it taboo to be take part in these programs, because it is seen to relate to an immoral life style. However such programs help church members to team up in educating society and to speak with one voice. Church and community leaders can work together and share important information about HIV and AIDS, and take advantage of different platforms at community and church functions.

The more people get involved in supporting PLWHA the more they become knowledgeable about HIV and AIDS. Pastors from mainline churches argued that church leaders should encourage church members to be part of HIV and AIDS programs and to build support groups in their communities, and that they should encourage youths to get involved in the fighting against HIV and AIDS, as the youth are worst affected by the pandemic.

5.6 Leadership approach

Church leaders further need to take a lead in HIV and AIDS programs, and in making followers familiar with systems and relevant guidelines for HIV interventions. In this, church leaders can initiate HIV and AIDS programs and build support groups within and without churches to support those who are infected and affected. Five pastors argued that church leaders in the Sweetwaters community need to set up links with the entire community and find ways to manage HIV and AIDS, and to collectively respond to leadership challenges in the community. This can help in comprehending and communicating effectively the messages affecting PLWHA, as well as those dealing with prevention and can inform leaders on how to handle their daily pastoral practices. In all, church leaders ought to demonstrate their leadership roles and to contribute in managing HIV and AIDS.

5.6.1 Strategic advantages of churches in preventing HIV and AIDS

The church is strategically placed to provide the community with support in HIV programs. As a deep-rooted organization in the community, the church draws its voluntary membership from all sections of society and can offer services thereto. Therefore pastors understand the local situation well enough to underline the needs of the society. For example, two pastors witnessed that they know what their members are commonly going through. With these advantages, church leaders can positively influence HIV and AIDS education programs and how to manage them.

Furthermore, the church serves the whole society, member families and the community. In this group are both rich and poor, and skilled and non-skilled people. From this membership pool, volunteers can take advantage of their skills to prevent and manage HIV and AIDS within and without the church. Using existing structures and associations such as women's, men's, youths' and children's groups, the church can to effectively carry out the vision of both the church and the community. This linked with Gennrich (2004:60) who argues that create safe environment for young women and young men talk about their expectations and hope in relationships, so that they begin to understand one another better. In the end, church leaders act as catalysts for managing and educating communities in regards to HIV and AIDS prevention.

5.6.2 Mobilizing churches to initiate support groups

In following up the notion of being catalysts, two pastors claimed that the first step to mobilizing and motivating people from within and without the church was to talk openly about HIV and AIDS, and that church leaders cannot do this alone. To help in executing effective HIV and AIDS programs, church leaders should consider working collectively in

the campaigns. In this, church leaders need to mobilize communities to initiate HIV and AIDS activities with social activists. As one pastor argued, initiating church guidelines dealing with vital components of church leadership and HIV prevention remains a big challenge. In fact, churches and pastors can manage different support groups to help mobilize for HIV and AIDS campaigns. Church beliefs and policies cannot be imposed on people; rather, people must freely participate in tacking the realities society is facing, and to educate themselves in a way that improves their responses to HIV and AIDS programs. This makes it imperative for church leaders, as five pastors reported, to motivate church and community members to engage in HIV and AIDS issues via support groups both within and without the church. This also reveals how church and community should take their roles as responsible citizens seriously. In this thus, the church can encourage facilitator people from all walks of life to participate in HIV and AIDS activities.

Finally, it is the responsibility of support groups to develop educational plans. As three pastors argued, all tasks must be decided on and acted upon by every member of the group. However, it is not the sole responsibility of pastors to ensure that there is a successful response to HIV and AIDS, and all group members are invited to share in the process as subjects. In all, a successful HIV and AIDS program allows people to reflect on life experiences and to draw out lesson affecting them, and a good vehicle for this is through various individual support groups that people can join, both within and without the church.

5.6.3 Strategic linkages with other organizations

It is know that starting new programs is demanding. A mainline church pastor claimed church leaders can link with existing programs and activities in the community, and can lead to an effective strategy and framework for combating HIV and AIDS. Church leaders need the support of various players operating in the community. Here, each partner can identify and undertake strategic action plans to strengthen existing programs and activities at the community level. In the WCC document on HIV and AIDS (2005:29), it indicated that having partnerships with other organizations playing the same role enables the church to achieve what they cannot achieve separately. In this, linking and working with organizations different from the church brings in a wide range of skills and resources needed by the

community to tack the pandemic. Further, working with all stakeholders in HIV and AIDS programs, particularly PLWHA could help reduce stigma and discrimination, and can send a signal to society to accept and respect PLWHA.

It is thus important for churches to link with professional health care workers to fill in gaps in their professional knowledge, expertise and experience; and to provide information services, treatment and to assist with people psychological needs. Five pastors thus reported that there is uncertainty on the ability of the church to adequately provide all the basics and services sought by in the community. In all, churches could be central in getting people to help and support HIV and AIDS programs, and the church can become a safe haven and refuge of peace and protection for PLWHA.

5.6.4 Supporting community initiatives

Most of those who participated in this study claimed that churches need to demonstrate that they support the prevention programs for HIV and AIDS, and that they support the practical activities churches take up to address social issues. According two pastors, the church needs to educate church and community members to support programs for PLWHA, and to demonstrate their love and care for them. In this thus, church leaders need to team up with community leaders to prevent the negative effects of HIV infection, and to reduce the rate of infection.

5.7 Conclusion

The data analysis in this chapter demonstrates, substantiates, and suggests the need for the social, spiritual, cultural and political context to be outlined in approaching HIV and AIDS. From study participants and literature, it became clear that leadership in HIV and AIDS demands integrating the basic teachings and practices of the church with community matters and social life (the above mentioned context).

This situation is a cause for concern, and it's not enough to just acknowledge particular circumstances of leadership and approaches as suitable for dealing with HIV and AIDS

through the church. Instead, participative and situational approaches should be embraced in order to build capacity and empower leaders to identify, analyze and solve community problems (WCC 1997:110). Through this, various task groups will hear the concerns of individuals and individuals will be encouraged to participate in these groups. It can be acknowledged that consensus in opinion and action can help resolve some of the building common conflicts people struggling with HIV and AIDS face. This consensus is best achieved by following participative and situational leadership options.

Further, churches and community today are typified with swift transformation. HIV and AIDS is one of the changes that are challenging the church and community to rethink their approaches regarding a wide range of related issues. Thus, as two pastors argued, churches need to regularly revise their curricula and approaches to keep abreast with these changes. In all this, appropriate leadership acts to address situations at hand, making calls to church leaders to provide contemporary guidance on church's teaching and preaching as well as new approaches to church leadership. In essence, church leaders can keep up with rapid changes if they keep on educating themselves in regards to current social issues like HIV and AIDS. In all, the aim of the data analysis was to reveal the contexts as well as distinctive features of leaders in the Sweewaters community, and their required roles and skills in HIV and AIDS interventions.

Finally, while an ultimate guidance or management model does not emerge from the research, the characteristics of leadership discussed here fall under the situational and participative models. The research supports such an approach to pandemic guidance or management, as through this church leaders' empathy, love and as skills for teaching and preaching, can be employed effective in dealing with social issues including HIV and AIDS.

CHAPTER SIX: DISCUSSION AND CONCLUSIONS

6.1 Introduction

Leadership, like most other concepts in social science disciplines has no single or distinctive definition. Many authors such as Conger (1987) Kotter (1990), Adair (2002) Northouse

(2004) and Grint (2005) described leadership differently. However, all definitions address common themes and ideas regarding guiding groups in achieving group goals. Hersey and Blanchard, cited by Jones (2005:20), define leadership as the "process of influencing activities of an individual or a group in efforts towards goal achievement in a given situation".

For the aim of this research, church leadership is regarded as a creative relationship requiring interpersonal skills to guide followers on how to act towards HIV and AIDS prevention.

Given the scale of the pandemic in the area under study and HIV and AIDS has no cure at the moment, developing or establishing prevention programs become a priority. This research study believes that awareness, prevention and support for PLWHA can go a long way in addressing problems associated with the spread of the pandemic. In the WCC (1999:23), awareness, prevention and support have been recognized as imperative in preventing the spread of HIV and AIDS. As a collective, churches can acknowledge the realities of the upshots of the pandemic, but also the essentiality of leadership skills and the diversity of human resources in the church. That can be drawn in the fighting against HIV and AIDS and there are pool of skilled people who are willing to volunteer their help and who the church can take advantage of to create strong leadership cohorts in preventing HIV and AIDS within and without the church. In the long term, teaching and preaching in the church can play an important role in dealing with situations which can reduce susceptibility to HIV and AIDS. Further, Kotter (1996:26) argues that effective change is about 60%-80% for the leadership, and only 20%-40% administration. Without comprehending challenges, and the commitment to work towards change, as well as cohesive visions of the church, no change or improvements will be effective. As Middlewood (2004:9-11) claims, effective organization or management focuses strongly on stimulating and developing individuals, instead of setting up and sustaining the church structure. Five pastors who took part in this study claimed that some churches and their leaders were in denial about the extent and nature of pandemic, and could not integrate HIV and AIDS issues in the church and community. Participants in this study thus argued that a lack of coordination co-working together led to ineffective leadership in HIV and AIDS programs, and poor management of such programs.

The starting point for HIV and AIDS programs could perhaps be understood in relation to the teaching of the church which states that mercy and compassionate are paramount and which also plays a powerful educational role. Church pastors however could also focus on giving guidance on participating and initiating church practices in HIV and AIDS programs. The implementation of the pandemic guidelines must go together with thorough comprehension of the unique needs and particular interests of the church.

6.2 Leadership on HIV and AIDS within the church and the community

Action in response to HIV and AIDS within and outside the structures of the church depends on the role of leaders in accommodating an unanticipated transformation. In response, one pastor argued that no church could assert universal methods or formulas on how to accomplish a suitable response towards HIV and AIDS but that each situation required its own response. Gennrich (2004:56) argues that churches can only be effective in combating HIV and AIDS if they recognize that HIV and AIDS is not restricted to those outside the church. People in the church need to know that the infected and affected are part of their community.

The data analyzed here suggests the necessity for a range of social, spiritual and cultural approaches in regards to HIV and AIDS prevention, and this range needs to be examined in relation to leadership within the church and community. Study analyses further reveal the complexity of leadership issues in addressing this multifaceted problem. Pastors' quality of leadership determines the effectiveness and efficiency of church leadership. Thus pastors need to be theologically grounded on the need for love and care to infected and affected persons. Theological grounding is the conceptual framework upon which the church as an organization provides direction and leadership to the world. The lack of this grounding has led to ineffective HIV and AIDS prevention programs. Thus, as one pastor argued, churches today need adaptive leadership to answer the continually changing realities and values of society. In this study, leadership on HIV and AIDS is outlined as among the central tenets in improving intervention strategies. Leadership enlightens and authenticates approaches to HIV mitigation generally, and this applies to leadership roles in particular.

6.2.1 Promoting health education in churches

The purpose of this section is to provide a guide for church leaders on how to develop all-inclusive approaches to addressing HIV and AIDS in the church. In health education, the major contribution of the church is prevention, while community (and increasingly church) health education on the causes of HIV and AIDS may also help in breaking the silence on both discrimination and stigma.

As one pastor claimed, church pastors must recognize and stimulate effective health related activities within and without churches. A holistic approach to address health gives full attention to social problems such as HIV and AIDS; and can be based on the church's health strategy. This however does not deny the place of links to health services and church partnerships with other community players. In the interview with church leaders, a call for support and leadership in the area of health was indicated as useful and effective to sustaining ways of promoting HIV health education comprehensively. According to two pastors, church leaders are central in effecting church health initiatives. Pastors from mainline churches claimed that church leadership has a role of fostering education and bringing awareness. Conducting and collective work on health seeking behaviour, including prevention can thus be regarded as an important part of this struggle.

Centrally, church leadership fosters health education, supporting a conducive environment that guides and facilitates the church's work, and in improving and underpinning how such work can be done. Church leaders' ability to create and maintain such an environment can promote good health within and without the churches. Further, such an environment can go a long way in helping the church and community to confront and reconstruct some of its most harmful cultural perspectives, and to create an educational space for the church and community. The WCC (1997:85), argues that the critical objective of the church is to guide and foster a healthy environment for PLWHA, interacting freely with other people and living prolific lives. Given the large number of infected people in the church, it is important for pastors to treat PLWHA as a resource for the church. In this thus, prevention of new

infections gets the first priority, with PLWHA committing to reduce current and subsequent infections through educating themselves and others good practice.

Further, participants showed that emotional support is absolutely crucial in encouraging PLWHA to be more positive, taking their treatments, and generally remaining healthy in every situation. Further, preaching and teaching cannot skew community programs to spiritual awareness only. The functions of a pastor include engaging people in regards to parley secular or social issues affecting them such as HIV and AIDS. According three pastors, HIV and AIDS in the church needs a vibrant approach to continue mitigating its effects. Observation and evaluation without action is inadequate. Hence leadership elements that understand the church's health agenda are needed to immediately address HIV and AIDS problems. Pastors are mainly responsible for initiating HIV and AIDS programs, establishing and linking networks of church and community health programs with other organizations at local and international level. Linkages are important for encouraging health work in the church. In sum the church developing a comprehensive HIV and AIDS agenda requires a church strategy that instigates and manages prevention, counseling and education programs within and outside the church.

6.2.2 Strategy for combating the pandemic

Leadership in combating HIV and AIDS is a strategy that conveys and executes information necessary for changing participants' attitudes towards HIV and AIDS, and for eradicating the spread of HIV and AIDS in the community. Markham and Aveyard (2003:89) argue that the primary focus for organizational leadership on health promotion is the on capacities within and without the organization. Because of limited agendas within organizations, organizations need to designate space for teaching sessions on health and its promotion. Similarly Dube (2003:215), who argues that the complexity of HIV and AIDS as an epidemic, demands a program and approach that does not simply deal with symptoms. Rather it should fully cross-examine complex factors behind and in front of the spread of HIV and AIDS, seek effective ways of halting its spread, find various means of giving care to the infected and affected as well as equip church members with community leadership and program management skills to be able to be successfully running such programs. This links with Scharmer (2007:1) who

claims that HIV and AIDS calls for a new schema of consciousness and a new collective leadership capacity to meet the challenges in a more intentional and strategic way. The development of such a capacity could allow church leaders to create a future with great possibility on how to deal with HIV and AIDS issues. Church leaders, as they growing face problems relating to HIV and AIDS within their churches combined with the lack of effective leadrship, are increasingly challenged and obliged to respond by providing practical solutions to the leadership gap. In the church services, church members learn how to deal with HIV and AIDS, developing critical and independent thinking abilities, and reflecting on the content of the pandemic material being taught in their churches. Most church leaders who took part in this study noted that there is a need for dependable data as well as leadership regarding HIV and AIDS. As one pastor claims that as HIV and AIDS is transmitted to behaviours, and as behaivours are adaptable, education programs could be effective in the prevention and mitigation of the disease. For the success of this work, participative approaches are required in order to include the target group or the participants as well as other stakeholder in the programs that are established.

In essence, church pastors introduce participative leadership to engage church members in program formulation and agenda setting. This contributes towards making the teaching about HIV and AIDS relevant and meaningful. According WCC (1997:110), participative approaches to HIV and AIDS teaching are thus seen to be effective and meaningful if they involve community participation. One pastor argued that the participative approach is a process of community empowerment that identifies, analyzes and solves issues affecting the church and community.

6.2.3 Church leadership

The section on church leadership focuses on the individual distinctive features of leaders dealing with the pandemic. Leaders have a responsibility to their churches, which depending on the situation being faced, determines what leadership competencies are most important for

the unique circumstances. Five pastors claimed that leaders must discover the significance of health, both their own and that of others, before approaching health issues with the purpose of designing church-interventions regarding the pandemic. To help transform attitudes within and without churches, leaders need to be role-models of a healthy life-style. As Aitkins (2002: 34) claims, a genuine transformation is possible when leaders in an organization show that they are practically collaborating with others regarding individual and community welfare. This brings church leaders in contact with non-religious communities, such as organizations involved with matters relating to the pandemic. Hence it is important for church pastors to be knowledgeable regarding HIV and AIDS. The church is thus given an opportunity to partner with pertinent organizations in fostering HIV and AIDS discussions within the church and to encourage church and community members to participate in such activities. If increasing numbers of pastors attend to HIV and AIDS issues, increasing numbers of ordinary members will eventually become more open-minded and will also get involved in HIV and AIDS prevention activities.

With the importation of guidelines and practices dealing with the pandemic into different cultural contexts, tensions may arise between local indigenous cultures and intruding doctrines and practices. The ability to deal with this conflict depends upon the capabilities of leaders (Dimmock and Walker 2000: 102). This is linked to Scharmer (2007: 1) who argues that "successful leadership depends on the quality of attention and intention that the leader brings to any situation". When leading in new and sensitive issues such as HIV and AIDS, strong leadership is demanded but at the same time, empathy. Leadership from church leaders is necessary when engaging infected and affected people. Scharmer (2007: 2) describes empathy as a deeper level of listening in which a leader engages as they pay careful attention to real dialogues. This could help a leader become aware and be reflective of change within his or her context.

In thus integrating dialogical approaches in their teaching and preaching, pastors could challenge church leaders to put themselves in the shoes of those who are living with HIV and AIDS and begin to see the world through their eyes.

Furthermore, Scharmer (2007:2) argues that leadership is about "shaping and shifting how individuals and groups attend to, or subsequently respond to situations". The importance of church leaders challenging their church members and presenting problems to be resolved goes much further than merely stating spiritual messages and inspirations to be absorbed. This can therefore initiate a dialogue whereby church and community members are able to come up with answers to problems posed by HIV and AIDS. Church leaders have a status to appeal to, and they also have a ready following within their membership who can participate in their programs.

Further, general observations indicated that church and community members disliked social transformation. In regard to HIV and AIDS, the mistrust of such programs was based on the perception that the disease resulted from an immoral life. Positively, if social transformation solves difficult questions in society and churches are willing to change themselves and support the programs then more dynamic responsive and flexible leadership and church will be the result. However, today, HIV and AIDS demands for continuous transformation given the rapidity of disease complications caused by the disease as well as in the face of rapidly expanding scientific research. In all, the church is challenged to transform its leadership strategies as it aggressively enters the HIV debate.

6.2.4 Visionary- mission

As regards the vision and mission of the church, the leadership focuses on transforming the leader's perception of reality. In essence, the vision and mission of the church is salvation for sinners, and enjoyment of the foretaste of eternity in this life. In other words, vision and mission initiates change. In participating in the broad objectives of change, the church executes its duties for the benefit of the suffering – it exists for the needs of others. The challenge however exists within the structures of the church where doctrine determines the pastor's flexibility. As three pastors argued church doctrine is the base of denominational dogma and how its organizational structures. This can be problematic for the required transformation in the new challenges conversely, the church does have social responsibility and it also has human and spiritual resource. It is in using these resources and social realities that a visionary leader can accomplish the mission of the church. For HIV and AIDS

programs, the church should recognize its pastoral role within the context of history, church dogma, and social objectives.

Further, to develop a vision for the church, pastors are challenged to be all-inclusive. This attitude leads to collective visioning, and is essential for designing practical programs for the church and community. Participation ensures that the church does not blindly apply its own parochial and limited ideas of community, and thus its programs are widely enriched by the social realities contributed by members of the community. Most church leaders who participated in this study indicated that church vision drives and sets the goals for church mission. To achieve any goal, church vision informs groups and individuals of the goal post to be reached. In the contemporary society, church visions are being built to address a number of intersecting problems. In this case, it is essential that church vision takes into account the contributions of church and community members for drawing up and implementing programs including those dealing with HIV and AIDS.

Further, vision depends on the capability of church leadership. As one pastor from the mainline churches claimed, leadership capability determines actions and responses that can transform society. Further, such actions and responses can help achieve church objectives, and can convey messages that are effective, consistent and strategic, especially messages to do with prevention methods in the area of HIV infection. In this thus, vision and mission can serve as guides for integrating HIV and AIDS programs into church based activities. The idea of vision here is to justify and communicate the logic of transformation within the church as it is challenged by the realities of HIV and AIDS.

Finally, pastors keen to take responsibility in HIV and AIDS prevention should find how to integrate HIV programs with the broad ideas of church vision and mission. As an ultimate goal HIV and AIDS programs need to focus on prevention of infection, and care for PLWHA. With this done, the vision and mission of the church are accomplished.

6.2.5 Church and community- sustaining programs

To sustain church and community programs, pastors in HIV and AIDS programs should recognize that they are partners with other organizations in the community. Partnership helps to synergize power, build trust and foster unity. This must therefore prompt pastors to realize that although churches are focal points in most communities, they are not capable of doing all the work alone. Churches however, lead the management team and direct the response strategy. It is by meaningful partnership that church leadership can effectively contribute to this intervention. Realizing that churches are multi-sectoral, and that health can negatively affect the life of the church, partnership can go a long way in building associations that will improve community health education among other things.

To reiterate what the researcher said before, the promotion of health education within churches and the community requires collectivism in teaching, programming, participation, and rule or guideline setting within the contexts of social customs and values. Crucial topics have been omitted from the church's programs in the past. These topics include the ethics and morality of sexuality, gender, and sexual orientation among other things. To deal with HIV and AIDS effectively, such issues must remain topical. In this therefore, pastors need to go beyond their religious and cultural limitations to provide information needed for dealing with the spread of HIV and AIDS.

In all, the success of church based programs depends on the quality of church leaders in place. Further, local communities and their organization as it in this case further help in impacting in the work of church leaders. In these local communities, for instance, the Sweetwaters communities, NGOs are operative. Their support in church based programs cannot be underestimated. They can facilitate leadership training, resource mobilization, membership motivation and other provisions that can enhance the church's programs. In all, applying a corporative-based precautionary approach to the pandemic that centers on fortifying or strengthen church and community members in HIV and AIDS prevention is expected to have a positive impact caregivers and care receivers alike.

6.2.6 Involving people living with HIV and AIDS

People living with HIV and AIDS (PLWHA) are often the best advocates and activists for social and behavioural change, they have the experience of infection first hand, and so, it is essential to include them in the development and implementation of prevention programs (Van Dyk 2008:130). As one pastor argued, the individual story of someone living with the disease can present a powerful message that can challenge and encourage other people to accept the reality of HIV and AIDS within and outside the church. With these messages, people can be mobilized for behavioural change, and resources can be effectively used. Also involving PLWHA ensures that prevention programs are relevant and meaningful to the church and community.

As found by experience, no standard measure can be applied to increase the meaningfulness, relevancy and effectiveness in HIV educational programs. Rather, prevention programs should be contextualized, and be sensitive to local customs, cultural practices, beliefs and values. For van Dyk (2008:130), community beliefs and customs must be taken into account when developing HIV and AIDS programs. If teaching and prevention programs are to be effective in African communities it is essential for church leaders to comprehend and appreciate the community's worldview. However, three pastors attested the HIV and AIDS programs have been based on Western ideologies with no attempts to understand and integrate African cultural belief systems. It is essential for church leaders working as HIV and AIDS educators to comprehend what health, sickness and sexuality mean in an African context and how they can be integrated to address the needs of Africans living with the disease or needing to be informed about prevention strategies. Church leaders need to appreciate the significance of these beliefs and values for community life in Africa, and to understand how this impacts on prevention in that context.

6.2.7 The importance of community life in prevention

In an African setting, the community plays a very significant role. A communitarian setting for instance, every member fights for the survival of the group. Awareness to this ethical

norm and value goes a long way in influencing HIV and AIDS ideologies inherited from the West, and in addressing the issues in a contextually relevant ways. Mbiti cited by Dyk (2005:124) argues that:

> when he [an individual] suffers, he does not suffer alone but with the corporate group; when he rejoices, he rejoices not alone but with his kinsmen, his neighbour and his relatives whether dead or living. Whatever happens to individual happens to the whole group, and whatever happens to the whole group happen to individual. The individual can only say: I am because we are; and since we are, therefore I am.

The spirit of collectivism defines who an individual is, and understanding this in the context of HIV and AIDS empowers church counsellors, teachers, and activists working with communities to engage collectively in spiritual and emotional healing sessions. In fact, church leaders need to creatively integrate these ideas in their counselling sessions and training programs. In communicating the threat brought by HIV and AIDS to society, social forms of sharing, of rituals, of story-telling, of drama, of singing, drumming and dance, need to be used to communicate this message. For pastors from mainline churches, community involvement in planning, implementation and evaluation is thus essential for the effectiveness of HIV and AIDS programs.

6.2.8 Combating stigma and stereotypes within the church and the community

As regards stigma, there is need for providing support and care to PLWHA; and pastors need to act as role models in fighting stigma, discrimination and stereotyping in HIV and AIDS prevention as well as other social areas such as politics, economics, religion and culture. Prevention strategies within and outside the church could be more effective if PLWHA are treated fairly. To do this, two pastors in the study argued that churches should provide support, counseling, education and care as a strategy for prevention.

In the church, pastors have a huge responsibility. For instance, the preaching and teaching language that condemns, victimizes PLWHA as those being punished for their statuses.

When teaching about HIV and AIDS, appropriate language must be applied, and unexplained fears addressed. Thus this language empowers members for their own ministries in HIV and AIDS prevention. In the end, members will develop plans and solutions that can effectively execute HIV and AIDS prevention programs.

Further, skilled leadership can effectively reduce stigma and stereotypes, while addressing existential suffering for PLWHA. Members who are equipped with knowledge and skills to respond effectively to HIV and AIDS begin to live a true religion. Villa-Vicencio (1992:40) argues that "theology that fails to address the realities faced by ordinary people is a false theology". In this thus, true theology is a theology that addresses human problems. In a way, as pastors engage members to address PLWHA, they begin to live a theology that is relevant to modern challenges, taking this relevance from the engagement at deep level with backdrop of disease, pain and death.

6.2.9 Integrating HIV and AIDS in church programs

Integrating HIV and AIDS in local church teaching and preaching improves how church and community members understand HIV and AIDS issues. To benefit these members, these preaching and teaching programs should provide information that adequately empowers church and community members on how to adapt their programs for HIV and AIDS prevention campaigns. To achieve this, it is essential to actively involve church and community leaders at every stage of program development (van Dyk 2005:147). To have a successful program, all stakeholders need to be involved from the onset. Further, there is need for reflection, from the perspective of theology, culture and ethics within and without the church. This reflection allows for the integration of church programs with HIV and AIDS prevention programs. As stated earlier, fellowships in the church; men's women's, and youths' groups, play an important role as regard peer counseling sessions. For instance, it is easier for pastors to teach Sunday school classes on HIV and AIDS because of their familiarity with church culture, and they are probably best equipped to use their theological training to do so. Thus knowing the best strategies that are suitable for church groups important on one hand, while understanding and to convey the teachings is crucial on the other hand.

Further, in teaching redesigned church programs, it is essential for pastors to encourage church and community members to actively participate by providing an interactive environment in which they can share their daily life experiences. This links with Benn (2004:59) who claims that teaching, sharing information and communication are crucial for conveying knowledge about HIV and AIDS. In countries where prevention was effectively implemented, church education programs were adopted for community empowerment.

6.2.10 Empowering the church and the community to raise awareness

A community-based leadership approach in HIV and AIDS prevention is a viable strategy to empower groups through participation and involvement. It is essential for local pastors, as leaders within and outside their churches, to develop a community-based leadership approach to address social issues. This approach helps to break some dogmatic systems in the church, and to empower individuals to actively participate in the process of addressing such social problems. Further the language of communication can be tailored to suit the levels of participants. Among most Africans for instance, idioms and local languages are an effective strategy for addressing social issues. In community-based approaches, local languages and idioms are well understood and effectively interpreted. Further, when members are appropriately empowered, such messages are passed on through participatory approaches around a fire, social drinking or travelling. For some, music furthers the process, and others can effectively disseminate such messages through lyrics, dramas, stories and poems. Empowering church and community members thus enables them to effectively prevent HIV infection and strategically mobilize volunteer teams, equipping them with needed skills to deal with PLWHA. Further, the church can also participate in the care for home-based patients, demanding church leaders to effectively support PLWHA.

6.2.11 Equipping the community to solve their own problems

Local pastors may need to be sensitive when they teach their members skills to deal with HIV and AIDS. As primary agents for church and community change, they need to know

how people are responding to HIV and AIDS and to devise ways of dealing with such challenges. This can begin by organizing church and community members to identify, discuss and solve problems. In this cooperation, participants can go deeper to find root causes of HIV infection as well as possible collective solutions to these causes. Through collective processes, people are awakened and empowered to indentify solutions they can use to solve problems. Thus church and community members can begin to openly discuss a HIV and AIDS, and to chart a way forward for younger generations.

Further, two pastors claimed that church leaders need to provide training for their church and community members on how to practically deal with HIV and AIDS prevention at the community level. At these training, sessions strategic planning, leadership and management should be addressed. In this way the community is empowered to plan, lead and manage programs. Essentially, the church should organize trainings to suit the needs and situations of members. To do so, the training should be participatory, learner-centred, experiential and contextualized. Thus to reiterate, local pastors need to be adequately trained in various aspects of leadership to address HIV and AIDS issues in their communities and to carry out their responsibilities effectively.

6.3 The impact of Christianity on HIV and AIDS infected an affected people

The Bible is a heterogeneous and ambiguous book. Its diversity spans over 1600 years, with over 40 authors.   Furthermore, it comprises people of different groups on three continents and was written in over three official languages. With this diversity on which their teaching and preaching is based, pastors find it difficult to speak with one voice. For instance, some scriptures make seem to imply that vengeance by infected and affected people is acceptable. In Deuteronomy 19:21, it states, "eye for an eye, tooth for a tooth", and in Exodus 21:25, "burn for burn, wound for wound and bruise for bruise". So PLWHA may apply such scriptures negatively, continuing to spread the disease. Further, Old Testament texts seem to condone polygamy, for example Solomon had seven hundred wives and three hundred concubines (1 Kings 11:1-3). This encourages some churches to allow their members to marry several wives, and this in turns increases the opportunity for enclosure infection where

some unfaithful members, either the man or one of the wives may bring the disease into the marriage thereby leading to the infection of all the wives and the husband. This is also true for those in less committed multiple partnerships. Thus the Bible may not always be an easy to use to condemn norms and values that increase the spread of HIV and AIDS.

Further, antinomies in the Deuteronomistic theology of blessing and curse (Deuteronomy 27:1 and 30:20) also do not help much. Some church leaders base their HIV and AIDS theology on blessings and punishments, where the infected are therefore being punished by God for their sins and thus are regarded as immoral. God, they argue, blesses and protects righteous people. This theology condemns non-Christian and Christian PLWHA as being cursed because their hearts are turned away from God; thus God is punishing them for their immorality. In this, God is not viewed a compassionate father who forgives and feels for his children but a harsh father who judges like a judge, and punishes sinners.

From this background, some church leaders observe HIV and AIDS as a punishment from God for sin, and they believe those infected deserve it. Based on the above arguments and because HIV and AIDS is mainly spread by sex, infection is always seen as a result of promiscuity. Bible scriptures such as Genesis 12:17, which starts that "God afflicted Pharaoh and his house with great plagues because of the sin he committed with Sarah, Abraham's wife"; and 2 Samuel 12:14-15, which starts that David's own son became sick and died because of David's sin, are also not helpful in fighting stigma. Continuing with this theology, adultery in Matthew 5:27, is totally forbidden by God, and those who suffer from sexual disease are indicated to be reaping what they sowed through committing sexual sins (Galatians 6:7-8).With these views, some pastors teach that HIV and AIDS is a punishment from God, which harms rather than heals PLWHA.

Conversely, the servant of God Job is presented as a righteous man, blessed abundantly with riches and a large family. The Devil tempts him to test his faithfulness to God, and he loose everything he had. In this theology, Job learns how to deal with suffering. In this instance, this theology can be adopted to reveal that God allows righteous people to suffer, to test their faithfulness. In this way, being HIV and AIDS positive does not mean God is punishing you

for your immoral life. Job could be used as a type of faithful PLWHA. In this way PLWHA need to endure suffering as righteous servants and not sinners.

In fact, to claim that HIV and AIDS is a punishment from God for sin indicates that many pastors have not yet come to terms with the fact that the pandemic violates the will and reign of God; and it is not, and cannot be sent by God (Dube 2001:41-42). Many HIV and AIDS infected persons are upright and innocent, and to condemn every person living with HIV and AIDS is harmful theology. It is a kind of theological response that increases the agony of PLWHA. Such church leaders therefore may need to re-examine the theology of Job if they can be effective in HIV and AIDS prevention. This can also apply within and outside the church setting. HIV and AIDS does not permit the church to judge PLWHA, but to care for them, placing emphasis on forgiveness and reconciliation.

Further, from the theology of Job, Dube (2001:41) argues that for some church leaders to say "those who are dying of HIV and AIDS are punished by God and paying for their immoral lives" reflects both the lack of deep theology as well as weak social analysis. This is an immature theology because Job shows us that even righteous people suffer. In this theology, we cannot explain the place of children born with HIV infection. Further, there is no answer for faithful partners who got infected through their unfaithful spouse, especially for married couples. Further, there is no theological explanation for women and girls who are raped during war time, in their houses, on the road, in hospitals, in their offices, and in churches. Also it does not address the loving mothers and old women in rural areas or nurses who get infected in the process of caring for the sick, midwives assisting mothers at delivery and people involved in car accidents. Do these people commit sin as well? Rather, church leaders need to reconstruct their theology to understand that HIV and AIDS is a disease like any other disease and that it is not a punishment from God.

One parallel for HIV and AIDS from biblical times is leprosy, as disease in Leviticus 13:13-14, one of the deadliest diseases in ancient times. In the Bible, lepers were considered unclean, but the disease was not regarded as God's punishment for sin. Yes, disease was associated with sin, but not all the time. Buttrick (1962:113) pointed out that the Bible is

never seen referring leprosy as a type of sin. PLWHA therefore, lepers of our time must be treated with love and kindness because Jesus treated lepers in this way. In this, the church is challenged to express the love of Jesus to PLWHA.

Finally, the Jesus ethic of love states, 'love your neighbour as you love yourself', which exhorts Christians to love others as they love themselves. If we truly love ourselves, we can know how we must love others, and we do to them as we would like them to do to us.

6.4 Limitations

The researcher was cautious in interpreting the data because of limited scope and methodology. This study embodies a small number of leaders and focuses on a small portion of church leaders' in turns of their role in preventing HIV and AIDS in the Sweetwaters community. Moreover, church leadership is a continually and swiftly developing component of the role of churches to social issues. However, a number of insights guiding church leaders on HIV and AIDS within and outside the church could still be given. This study though, could not generalize on church leaders' responsibility, but made several general features on the responsibility of leaders in regard to HIV and AIDS intervention specifically.

In line with expectations of the community regarding church leaders' roles, spirituality and pastoral practice were the centre piece of transformation in turns of teaching reality guiding on newly emphasize spiritual factors; and in developing new practical social. Using participative and situational approaches to HIV interventions facilitated the required transformation. Most remarkably lacking in the church contribution to HIV intervention is leadership vision-building and lack of church membership participation. Pastors from both wings, mainline, indigenous and the Pentecostal claimed that leadership roles on HIV and AIDS were affected by the rise in social problems, and the inability of educators to go beyond their church doctrines and teachings when conveying prevention messages.

6.5 Conclusion

In this study, exploration on the role of church leaders in HIV and AIDS intervention in the Sweetwaters has been presented. Indications are that any effective response by church leaders on HIV and AIDS intervention within and outside churches should be motivated by strong commitment by skilled and talented leadership. Prevention efforts that involve the infected and affected are effective, but should ideally begin at an early stage of the pandemic problem. Efforts towards deterrence in HIV management and mitigation form a cornerstone of HIV and AIDS intervention programs but a broad approach is needed as the disease impacts on and is impacted by a wide range of socio-economic and cultural issues. As one pastor argued in the study, the church's agendas should be all-inclusive, participative, all-encompassing and inter-disciplinary. Despite this knowledge there was wide acknowledgement among church leaders, theology experts and preachers, on the lack of strategic planning to meet these needs. Lack of strategic planning for instance, impedes, or stalls practical interventions. It is caused by inadequate attention given to the issue by church leaders and lack of knowledge on how to establish strategic plans. In addition a lack of knowledge on the disease itself is problematic. HIV and AIDS cannot be managed therefore without considering and understanding for example the gender and socio-economic factors determining people's vulnerability. This calls for leadership enhancement in adequately responding to complexities presented by the pandemic in the church and beyond.

Further, church management requires influencing individual as well as group behaviour by effective interaction and use of socially cohesive strategies to curb the spread of the disease. Church leadership thus also requires training and skills in their regard.

Both the institution of church and individuals within the church, especially church leaders, thus require some degree of transformation to able to tackle the pandemic. As one pastor claimed, few pastors in the Sweetwaters community have received the extensive theological training required to prepare them to take up even only their day-to-day pastoral roles. Pastors

without training hold onto positions gained during their formative years, or their rise through the church ranks.

In view of the devastating effects of HIV and AIDS this study hoped to reduce the rates of infection on the one hand, and to increase awareness and positive intervention on the other. Elements central to attain this objective were the perception of church leaders' roles in HIV interventions, as well as the skills required to undertake such intervention. Thus leadership and supervision play an effective role in establishing programs for HIV and AIDS prevention. This goes beyond data distribution and handing out of leaflets to congregations and the community. These programs can provide church leaders with the vigour to engage society on information sharing and to open up debates. If the programs are well organized and managed, church leaders are likely to be equipped with vital information important for HIV and AIDS prevention and for reinforcing existing prevention strategies. In all, church leadership plays a central role in carrying out the programs as well as informing church and community leaders on how to successfully manage HIV and AIDS programs.

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Appendix A -Interview Questions

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- How long have you been in church leadership?---

- How prevalent and problematic is HIV and AIDS in your church and the community?

- What is your role as church leader in HIV and AIDS prevention?--------------------------
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- How do the church leaders tackle the problem of HIV and AIDS? What resources do they use to embark on a bold action and take informed decisions?-------------------------
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- What are your actual leadership challenges raised by managing HIVand AIDS issues in your church and the community? ---
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- What is your churches' approach and strategy for managing HIVand AIDS? ------------
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- In the light of the current HIV and AIDS epidemic, what are some of the challenges
  you face as a church leader?--

- What accomplishments have you achieved thus far as a church leader in your teaching
  about HIV and AIDS in your community? --

- How do you cope with such challenges? --

- Do you work closely with the community in trying to combat HIV and AIDS?
  Explain.---

- How can church leaders become more involved in HIV and AIDS activities? -----------
  ----

- Does the church give you the support you need to make you an effective leader in fighting HIV and AIDS? Explain.---

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- What development programs does the church organize to educate their church members about HIV and AIDS?--

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- As a church leader does your church have strategies for the leadership and management of HIV and AIDS issues in your communities? If yes, how effective are they? --

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- What further leadership role should church leaders play in their communities in HIV and AIDS prevention effects and why

- **Appendix B-Focus group discussion questions with church leaders**

- What is your experience of news responsibilities in dealing with HIV and AIDS within and outside the church?

- What are your actual leadership challenges raised by HIV and AIDS issues in your church and the community?

- As a church leader does your church have strategies for the leadership and prevention of HIV and AIDS issues in your within the church and the community?

- What further leadership role should church leaders play in their communities in HIV/AIDS prevention efforts and why