

**THE CHALLENGE OF PASTORAL CARE AND COUNSELLING OF
HIV/AIDS AFFECTED FAMILIES IN TEN EVANGELICAL LUTHERAN
CHURCH PARISHES IN THE OSHANA REGION, NAMIBIA**

BY

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DECLARATION


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Date: June 2005

As the candidate's supervisor I have ~~have not~~ approved this thesis for submission.

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DEDICATION

I dedicate this thesis to my late father Sakaria-Mwaala Niishinda, who worked all the time without rest, supported me morally and financially from Primary School up to the time of writing my thesis. "*Tate, lala nombili*", father rest in peace.

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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CAA	Catholic AIDS Action
ELCIN	Evangelical Lutheran Church in Namibia
HIV	Human Immunodeficiency Virus
MHSS	Ministry of Health and Social Services
PLWA	People living with AIDS
RCC	Roman Catholic Church
UKZN	University of KwaZulu-Natal
UNAM	University of Namibia

ABSTRACT

The onset and rapid spread of the HIV/AIDS pandemic in Sub-Saharan Africa has challenged and continues to challenge the church in its doctrine as well as its practical ministries. The Evangelical Lutheran Church in Namibia has been no exception. The disease challenges the theological and pastoral disciplines, especially in the area of contextuality. This thesis is developed at the very site of the struggle to care for the infected and affected individuals and families in the ten Evangelical Lutheran Church parishes in the Oshana Region, Namibia. Healing and caring for the sick is the primary mission of this church. Therefore, the quest of this study is to investigate how ELCIN through pastoral care and counselling helps HIV/AIDS infected and affected family members cope with their situation.

The study concentrated mainly on ten ELCIN parishes in the Oshana Region, Namibia. Chapter one is an introduction to the whole thesis. Included is the statement of the problem, the methodology used to collect data and the literature review. Chapter two deals with pastoral care and counselling of HIV/AIDS infected and affected families. The African understanding of health and illness is also considered as well. Chapter three is about the Church and HIV/AIDS in the Oshana Region, Namibia. This chapter investigates the responses of ELCIN's pastors towards HIV/AIDS affected families in the Oshana Region, and how they understand HIV/AIDS biblically. Chapter four deals with the impact of HIV/AIDS on affected families in Oshana Region, Namibia. This chapter discusses how HIV/AIDS affects the family members, nurses, and community ministers and how pastoral care and counselling help the widowers, widows, orphans, caregivers of orphans and nurses to take care of orphans. This is the main chapter of this thesis. Chapter five is about data analysis, recommendations and research findings using the Christian theoretical framework of Mwaura, van Dyk, Msomi, Snidle and Welsh, and Dube. Chapter six is the conclusion of the whole thesis.

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CHAPTER ONE: INTRODUCTION

1. 1 Background and motivation for the research

HIV/AIDS is not only a public health problem, but has also become a social, economic and spiritual problem in Africa (Mwaura 2000: 75-76). Like in any other Sub-Saharan country, Namibia is also highly affected by the HIV/AIDS scourge. Across the country, at least 120,000 children have lost their parents as the result of the HIV/AIDS pandemic in Namibia.¹

The struggle for Namibia's independence during the 1980's contributed to the spread of HIV/AIDS, especially in the Oshana Region. Firstly, during that period many foreign armies were based in the Oshana Region and they mixed with the local people. Secondly, as Whiteside observes, because of Namibia's struggle for independence, many Namibian soldiers lived and trained in countries where the incidence of HIV/AIDS was already high, for example, in the following countries where the liberation movements were hosted: Zambia, Angola, Tanzania and Uganda (1994:240). Furthermore, a significant number of exiles who fled to the above countries became infected; when they returned back home, they passed the virus on to their fellow citizens (Whiteside 1994:240).

The Governor of the Oshana Region, Klemens Kashiupulwa, on the World AIDS Day held in Oshakati on 15 December 1999, emphasised that HIV/AIDS was already becoming a threat to economic development in Namibia as it was killing the country's most productive population: the youth and the middle-aged. They were also leaving behind many orphans.² Dr Nestor Shivute of the Ministry of Health and Social Services (MHSS) says that millions of children who have been orphaned by the pandemic are left behind to struggle not only with their personal losses but also with the stigma and discrimination that often accompanies HIV/AIDS.³ The Church in its holistic ministry has always endeavoured to minister to the human being in totality, that is, physically,

¹ http://un.namibia.de/UN-arch/2004/un_04_05.php: page 5

² <http://www.namibian.com.na/Netstories/December99/crucial.html>: page 1

³ <http://www.namibian.com.na/Netstories/December99/35.html>: page 1

the priest in the care of souls. Like all branches of theology, it can best be understood when it is integrated into the cultures, times, circumstances and concrete situations of a particular people. Pastoral theology is also aimed at making priests fit 'servants of Christ and stewards of the mysteries of God' (1 Cor. 4:1). Priests in the Church of Christ have a duty as pastors to heal, that is, to restore humankind to a state of wholeness (Mwaura 2000:72).

Furthermore, Mwaura argues that pastoral care in the Church should be holistic, attending to all levels of human caring, i.e., physically, morally and spiritually. Good pastoral care does not ignore the physical needs of a person or community. At times good caring has to pay attention to physical comfort, economic necessity and temporal happiness. God is concerned with human happiness, which entails health, material benefits, peace and salvation (Mwaura 2000:85).

Mwaura also argues that pastoral care for the HIV/AIDS affected is important and very much needed, for HIV/AIDS is a disease with moral, psychological, social, economic and political repercussions. It is a highly stigmatised disease and patients with it fear discovery, discrimination, rejection and abandonment. It evokes in the infected and affected feelings of hopelessness, uselessness, guilt, shame, loneliness, pain and fear of losing one's mental and physical faculties during the progression of the infection and, finally, in death (Mwaura 2000:95). This happens also to the HIV/AIDS affected families in Oshana Region.

Emmanuel Lartey states that pastoral counselling should begin where the people are: taking seriously their own theological, sociological and psychological notions and recognizing that there are within these views a wealth of valuable insights, which can enhance the process of counselling (1987: 121). The present researcher understands that in the case of HIV/AIDS, pastoral care and counselling needs to answer the theological, sociological and psychological questions of HIV/AIDS affected families.

materially, spiritually, emotionally and psychologically (Mwaura 2000:73). The social, economic and spiritual effects of HIV/AIDS on our local African communities need to be well researched by Africans themselves. Being a chaplain in Oshakati Hospital in Oshana Region for ten years and having observed the effects of HIV/AIDS on our local communities, the present researcher realised a need for providing pastoral care and counselling to those who are affected by the scourge. The Governor of Oshana Region, Klemens Kashuupulwa, has said that the prevention of HIV/AIDS involves more than the simple provision of anti-retroviral drugs. It needs to go hand in hand with appropriate counselling. This is a serious challenge to the church.

Lutheran pastors are expected to fulfil the following aspects of ministry: preaching of the Word of God, pastoral care and counselling, Christian education and administration. The present researcher has worked in the same circuit for ten years as a Lutheran pastor and has observed that pastoral care and counselling is practised in ten Evangelical Lutheran Church parishes in the Oshana Region. Counselling is an integral part of the Church's responsibility to parishioners. On the other hand, with the information gained as participant observer, the present researcher is not able to speak authoritatively of the quality and depth of such pastoral counselling.

Therefore this research explores whether there is effective pastoral care and counselling for victims of HIV/AIDS in the Oshana Region, which assists them to cope with the social, economic and spiritual crisis of the pandemic. This study also seeks to explore how pastoral care and counselling for the victims of HIV/AIDS, especially those who are in the rural areas in Oshana Region, can be effectively improved and intensified.

1. 2 Preliminary Literature Study

Philomena Njeri Mwaura in an article entitled: "Healing as a Pastoral Concern" in *Pastoral Care in African Christianity: Challenging Essays in Pastoral Theology* edited by Douglas W. Waruta and Hannah W. Kinoti, states that Pastoral Theology can be defined as the branch of theology that discusses the duties, obligations and functions of

Musa Dube, from Southern Africa, says that the Church, as the body of Christ, is a community of healing and compassion. The gospel of Christ and the Church traditions provide adequate frameworks for the Church to serve God's people in the HIV/AIDS era (Dube 2003: 213).

Dube says that HIV/AIDS produces poverty, as the sick cannot work, relatives have to stay at home and nurse the sick, and more money is needed for endless medical services. HIV/AIDS kills millions (Dube 2002: 535). Health expenses prior to death impoverish many parents and spouses, and affected families become poor.

Dube observes that HIV/AIDS leaves behind many powerless and poor widows and orphans, who are often at the mercy of property grabbing relatives. Traditional African culture is not helpful in this regard. Those who have no social or economic power cannot say no to sex or negotiate for safer sex (Dube 2002: 535). Dube highlights the point that women need to be empowered in order to say no to infection. This is the challenge for the Church: to empower women.

The HIV/AIDS scourge has brought a lot of misery to millions of people, especially in Africa, Oshana Region included. If pastoral care and counselling is well provided, it can be a great tool to reduce the negative social, economic and spiritual effects experienced by many HIV/AIDS affected family members. According to Dube, it is possible for the dying to die with hope, love and dignity, if the church takes up the challenge to embody and represent Christ by caring for the sick, the naked, the thirsty, the strangers, the imprisoned, the widowed and the orphaned, and to challenge structural injustice (Dube 2002: 539). The present researcher understands this in the context of what Jesus said: 'I was sick, naked, and thirsty but you did not give me drink' (Matthew 25:43; Snidle and Welsh 2001:1; Viljoen 2003:74). The Church needs to know that God or Jesus Christ is also revealed to the Church if the Church sees God in the face of the sick, the suffering and the poor.

Heather Snidle and Rosalind Welsh observe that the HIV/AIDS epidemic affects all the families in African communities and that Our Lord has called the Church to be people who care for others (2001:1). The present researcher confirms that Christ calls us to be with our brothers and sisters in pain, in fear or confusion.

Alta van Dyk has observed that all religions emphasise that compassion should be expressed by actual physical help and the relief of pain, illness, hunger, poverty and other forms of suffering (2001:320). The present researcher has observed, also, in Oshana Region that poverty has had a severe impact on the spreading of HIV/AIDS and there can be no doubt that it also negatively affects the treatment and care of HIV/AIDS patients. They need healthy food and drugs to help them live longer, but poor families cannot afford to buy such food. Caregivers and volunteers themselves are often also hungry and needy. This makes it very difficult for them to care for others because they are often too weak to tend to their own physical needs.

Alan Whiteside in an article entitled: "AIDS and its impact on the economic, social and political environment," in *Prospects for Progress: Critical Choices for Southern Africa* by Minnie Venter, argues that the impact of HIV/AIDS on the household occurs in three stages: first, the illness; second, the death; and third, the longer-term consequences. As usually it is the breadwinner who is the first person in the family to fall ill, the attack of illness will be the immediate burden and the family income will go down immediately. If the individual is a migrant worker, who is away from home, he may return to his rural roots. Not only will his family be faced with the loss of income, but it will also have to carry the burden of caring for him. When he dies, the funeral will cost money and time (Whiteside 1994:246).

Furthermore, Whiteside says that perhaps the parents who leave suffering orphans behind without a place to stay and food to eat do so because all the money which was there, has already been used in medication and funerals (1994: 246). In the case of Oshana Region, orphans may be taken in by the extended family or family friends, but with the growing

number of HIV/AIDS deaths, families soon reach the limit of the number they can absorb.

C. J. Visagie in a book called *“The Complete Story of HIV and AIDS: a Practical Guide for the Ordinary Sexually Active Person*, states that the consequences of HIV/AIDS on affected families are the draining of family resources; large numbers of orphans and a devastating effect on the economic situation of a family, after the loss of a breadwinner (1999:61).

Furthermore, Visagie argues, “HIV/AIDS creates problems and will have an enormous effect on the personal, economic and family lives of many. It will significantly impact on the cost and provision of health-care and other social services.” Health-care facilities are placed under severe pressure since HIV/AIDS demands frequent and long periods of medical care (1999:61).

Jean Masamba ma Mpolo challenges African theologians to deal with issues of disease, health and healing from an African perspective. The counsellor (pastor) should understand the cultural and social worlds of the person who is seeking help. The person is part of the society. The person’s personality development and behaviour patterns are partly influenced by his/her cultural environment (1985:3, 4).

Vivian Msomi confirms ma Mpolo’s idea by saying that pastoral care and counselling in Africa today needs to deal more seriously with the African concepts of illness and health. African cultural concepts of illness and health are far more social and cultural than biological and should not, therefore, be simply naively replaced with the Western. In the treatment of any psychopathology, the cultural dimension influencing the individual’s perception of himself/herself and the world around him/her should be taken seriously so that sociology and culture, which play a significant role in the development of personality, can also become part of learning and being free (1991:68). It is true that the Church, its pastors and counsellors need to deepen their understanding of the culture, sociology and the environment of the person who is in need.

The review of literature highlights the pastoral calling to heal the society in a holistic manner, which includes pastoral care and counselling of those affected by HIV/AIDS. It further highlights that one of the major areas of pastoral care and counselling in Africa has to do with African concepts of illness and health and the need to adopt a holistic approach, which includes a focus on families. The review of literature has helped the present researcher to realise the need to focus on issues as to how HIV/AIDS has impacted on Namibian families in a specific region of Northern Namibia. These families exist in a specific context and have specific cultural norms. These norms are the focus of the study. The research explores the pastoral intervention of the Lutheran Church in the Oshana Region.

1. 3 Research Problem

1. 3. 1 Main problem

While faced with the serious challenge of HIV/AIDS in the Oshana Region in Namibia, this research will investigate the impact of pastoral care and counselling in relation to HIV/AIDS on the local communities in Oshana Region. The research question is: Does the Evangelical Lutheran Church in Namibia (ELCIN) help those people who are affected by HIV/AIDS within the ten ELCIN parishes in Oshana Region, Namibia? The related question is: How does it offer such help? To narrow and sharpen the focus, the families that will be focused on will be black families in Oshana Region.

1. 3. 2 Sub-problems

A few sub-problems emerge as one faces the task of this research project. This research will investigate the impact of HIV/AIDS on affected families in Oshana Region and how pastoral care and counselling has been applied and should apply to them. In other words, the following could be regarded as sub-problems:

- a. The challenge of the ministry of pastoral care and counselling to widowers, who experience sadness, anger, blaming of others, guilt, fear and discrimination.
- b. The challenge of the ministry of pastoral care and counselling to widows who experience discrimination, hopelessness, helplessness, guilt, shame, loneliness, rejection, depression and stress.
- c. The challenge of the ministry of pastoral care and counselling to orphans who experience homelessness, powerlessness, poverty, anxiousness, fearfulness, rejection, discrimination and abandonment.
- d. The challenge of the ministry of pastoral care and counselling to the caregivers of orphans who are involved in the situation of poverty, poor health, lack of information about HIV/AIDS and lack of knowledge of how to cope in times of these difficulties.
- e. The ministry of pastoral care and counselling to nurses, who experience frustration and burn-out should be an integral part of pastoral care in such a context.

As this is theological research, this research investigates the response of ELCIN towards HIV/AIDS in the Oshana Region, and how the Church understands HIV/AIDS biblically and theologically. Theological reflection will be done by reflecting on the HIV/AIDS experiences of people interviewed.

This research will also investigate whether the identified ELCIN parishes in Oshana Region help patients to live positively in the Church in spite of the pandemic, and how they help the HIV/AIDS affected families to care for persons with HIV/AIDS.

This research also assesses how the identified ELCIN parishes in Oshana Region define pastoral care and counselling and how they apply these to the terminally ill and the bereaved. Furthermore, this research will analyse data and make recommendations, and draw relevant conclusions.

1. 4 Research design and methodology

a. Research design

The study is located in pastoral approaches to issues of HIV/AIDS in the light of the Church's ministry of pastoral care and counselling to those who are affected by HIV/AIDS.

Although a lot of emphasis has been laid on the importance of pastoral care and counselling, in many communities the availability of pastoral care and counselling is limited. Nevertheless it can help in assessing the social, economic and spiritual discomfort caused by the HIV/AIDS pandemic to many people.

This study investigates the practical impact of the Church regarding pastoral care and counselling in a specific situation affected by HIV/AIDS. Further, it looks at the biblical and African dimensions of pastoral care and counselling in the light of the Christian faith. This study is designed to look at the practical intervention impact of ten ELCIN parishes in the Oshana Region, Namibia.

b. Research methodology

In this research the researcher will use literary sources from the works of different scholars, from different countries, on different issues concerning HIV/AIDS affected families and relevant pastoral care and counselling. Other primary and secondary sources will include magazines, articles, newspapers, relevant pamphlets, books, journals, websites and other unpublished sources. Pastors and elders in ten ELCIN parishes, in the Oshana Region, Namibia, will be consulted and information will be collected from them since they are the people who mostly work with HIV/AIDS affected families in parishes. From them it is hoped to find out how they understand HIV/AIDS biblically, and how they practise pastoral care and counselling to HIV/AIDS affected families in their parishes.

Written questionnaires will be used to guide interviews. The researcher will collect information about the impact of HIV/AIDS on affected families specifically from widowers and widows. Questionnaires will elicit information as to what their life has been like after the loss of wife or husband, and how pastoral care and counselling has helped or could have helped in this situation. Furthermore, the researcher will collect information about orphans from nurses who are working in Oshuundika Orphanage, which is situated in Oshakati Hospital in Oshana Region, Namibia. From nurses the present researcher wants to identify the criteria for regarding a person as an orphan in an African context.

Furthermore, the researcher will also collect information from orphans themselves on the impact of HIV/AIDS on orphans and how pastoral care and counselling has helped or could help them to cope. The researcher will collect information about caring from caregivers of orphans. How do they take care of the orphans during this time of the HIV/AIDS pandemic and how does pastoral care and counselling help them to feel better in their situation?

The research engages with qualitative methodological procedure. It consists of interactive interviews with full participation from the informants. This methodology allows the participation of the researcher in the research process. It involves listening to the experience of the responders and analysis of their feelings, rather than relying heavily on statistical analysis. All these interviews and the information collected will be analysed.

1. 5 Theoretical Framework

The onset and rapid spread of the HIV/AIDS pandemic in Sub-Saharan Africa has challenged and continues to challenge the church in its doctrine, as well as its practical ministries. ELCIN has been no exception. The disease challenges the theological and pastoral disciplines, especially in the area of contextuality. This thesis is developed at the very site of the struggle to care for the infected and affected individuals and families in the ten ELCIN parishes in the Oshana Region, Namibia. The present researcher perceives

approaches which are contextual to go beyond seeing the church as that community which should answer questions of the past, but instead as that community which should face seriously modern questions that arise from its context. Such insights inform the theoretical framework of this study. The true test of contextuality is the ability to link up with people's articulations of their own experience and portrayal of their struggle in the midst of the pandemic.

Therefore, the quest of this study is to investigate how ELCIN through pastoral care and counselling helps HIV/AIDS infected and affected family members cope with their situation. Effective pastoral care does not ignore the physical needs of a person or community (Mwaura 2000:85). This thesis deals with pastoral care and counselling which takes seriously the physical needs of people. Illness or any other suffering is not the result of our sins (van Dyk 2001:313). This research will take seriously the African understanding of illness. The observation of the present researcher in Oshana Region, Namibia, is that there are still people who believe that people who suffer from HIV/AIDS are bewitched. From the previous observations it seems appropriate then that the discipline of pastoral care and counselling in Africa today needs to deal more seriously with African concepts of illness and health (Msomi 1991:68). Pastoral care and counselling deals with issues which do not take place in a vacuum, but they need to be in a specific context, hence the importance of contextualization. The Church, as the body of Christ, is a community of healing and compassion (Dube 2003:213). Therefore, this thesis investigates how the Church counsels God's people in the HIV/AIDS era.

1. 6 Limitations

Namibia is divided into thirteen regions for administrative purposes. These regions have replaced the old pre-Independence regions and homelands. Namibia's Administrative Regions are: Caprivi, Erongo, Hardap, Karas, Khomas, Kunene, Ohangwena, Okavango, Omaheke, Omusati, Oshana, Oshikoto and Otjozondjupa. This study will be limited to the Oshana Region, Northern Namibia.

The present researcher was Chaplain of Oshakati Hospital, in Oshana Region, for ten years. Although he is an ELCIN pastor, his ministry was ecumenical and inter-faith. However, for the purpose of this research, the focus will be on ten ELCIN parishes and their parishioners in Oshana Region. The parishes are as follow: Ekamba, Okaku, Olulongo, Ompundja, Ongwediva, Oniimwandi, Onyeka, Oshakati, Oshitowa and Valombola. Again this is prompted by the need to be sharply focussed instead of being too thinly spread out. Pastors and elders in Oshana Region will be consulted, as they are the people who mostly work with HIV/AIDS affected families in parishes.

The present researcher is aware that it may be difficult to discuss matters pertaining to HIV/AIDS with traditional African women because HIV/AIDS is considered a taboo subject due to its sexual mode of transmission. They will have to be approached very carefully with understanding of the hesitancy in their responses. In Oshana Region, many people believe that since HIV/AIDS is transmitted mainly through sex, it is loaded with shamefulness. These assumptions prevent people from talking about it openly.

1. 7 Research ethics

I hereby confirm that my research work will follow the ethics of the University of KwaZulu-Natal (UKZN). This research will be conducted honestly and with integrity. Wherever someone's ideas or quotations are used, the reference will be given. Confidentiality will be respected and considered. The information will be between the researcher and the supervisor.

CHAPTER 2

THE THEORY AND PRACTICE OF PASTORAL CARE AND COUNSELLING OF HIV/AIDS INFECTED AND AFFECTED FAMILIES IN OSHANA REGION, NAMIBIA

Introduction

The main focus of this study is the challenge of pastoral care and counselling in the situation of HIV/AIDS infected and affected families in ten ELCIN parishes in the Oshana Region, Namibia. Theorists' focus on pastoral care and counselling and how it is practised in Oshana Region, Namibia, will be considered in this chapter. This chapter highlights people's experience of suffering in the Oshana Region in the context of the HIV/AIDS pandemic. These experiences include views of and practices of dealing with people affected by HIV/AIDS, and how the affected families and ministers view health and illness. Pastoral care for the sick and dying will be discussed. Furthermore, this chapter will discuss models which ministers in Oshana Region are using as a way of healing during death and grief.

2. 1 What is pastoral care?

When a minister is called by someone who is in spiritual need, the minister must go without delay, says the Constitution of ELCIN (2001:56). This means that ministers or pastors should offer pastoral care. The meaning of the term "pastoral care" is wide and refers to many things. It refers to practical visitation from church to congregation members and the whole of society in need. It also means that ministers should serve people, and serve the spirit in people, as noted by Komonchak (1987:657). Clinebell defines pastoral care as broad, inclusive ministry of mutual healing and growth within a congregation and its community through the life cycle (1984:26). The present researcher agrees with these definitions, because by offering pastoral care to someone, you not only heal the individual, but also his/her family members and the community. This means that

pastoral care is a supportive ministry to people and those close to them who are experiencing HIV/AIDS that characterizes life in this world such as death and bereavement (Hulme 1981:9).

In the Old Testament, the book of Job describes the role of pastoral care as involving condoling and comforting the suffering. Job's friends, sat with him on the ground seven days and seven nights in support, and no one spoke a word to him (Job 2:13). This means that ministers in Oshana Region should know that our ministry of presence is important because the HIV/AIDS affected family members may feel inspired to talk about their suffering. Such a language of lament can help them speak the unspeakable (Stone 1996:147). Ministers in Oshana Region should also know that God who heals is present in us. Lartey states that the God who heals is not the one who is far away (2003:63). Thus, such a God is present all the time and bears all the pain and anguish of the sufferer. This God is also able and willing to help even the HIV/AIDS affected families who get distressed as they see their beloved ones suffering.

Wright argues that to be a healer, is to recognize and understand something of the source of another person's wounds (1982:24). This means that healing is a pastoral function that aims at overcoming some damage or impairment to restore a person to wholeness and lead him/her to advance beyond his/her previous condition. Pastoral care is derived from the Biblical image of the shepherd and is rooted in the love of God for the world, and His ability to care and heal.

2. 2 What is pastoral counselling?

According to Jorge Maldonado, pastoral counselling is a helping and supportive service offered by the church through ordained pastors or trained lay persons to assist people in difficult situations in the process of finding better alternatives and making their own best decisions (1990: vi). The present researcher agrees with Maldonado, because even ELCIN's Constitution acknowledges that pastoral counselling is there to help and to support someone who is in a difficult situation (2001:55). Clinebell defines it as follows:

Pastoral counselling, one dimension of pastoral care, is the utilization of a variety of healing or therapeutic methods to help people handle their problems and crises and, thus, experience healing of their brokenness. Pastoral counselling is a reparative function needed when the growth of people is seriously jeopardized or blocked by crises. People need pastoral care throughout their lives. They may especially need pastoral counselling, however, at times of severe crisis, usually on a short term basis (1984:26).

It is the opinion of the present writer that specialized healers and ministers should provide assistance, guidance and care to families, communities and individuals. One old woman who takes care of an HIV/AIDS patient in Oshakati Hospital in the Oshana Region mentioned that she sought the minister at his office for pastoral counselling on three different days, but could not find him (informant June 10 2004). The present researcher, who is also a minister, experienced many responsibilities of ministers. It might happen that while the old woman was looking for the minister, the minister was busy helping someone else. This shows that HIV/AIDS affected families are in need of effective pastoral counselling in order to cope with their situation.

Masamba ma Mpolo and Kalu say that both pastoral care and counselling are essential parts of the liberating, healing and ministry of the Christian Church (1985:13). Ministers should play the role of intermediary between the HIV/AIDS infected person and affected family members so that whatever relationships might have been broken are restored. For example, the infected may not have assisted family members when they were in good health and so ministers should give counselling, offering suggestions and advice to the HIV/AIDS affected families in order that they forgive each other and restore good relationships. Indeed, ministers in Oshana Region should know that it is their responsibility to renew the relationship which was broken between persons and with God. It is actually stated by the ELCIN's Constitution that pastoral counselling is a minister's task and so ministers must not stand by waiting for people to request a counselling session (2001:57). Their task must be pro-active and include a guidance perspective as well.

The present researcher will now focus on key concepts related to pastoral counselling in the ministry to those affected by HIV/AIDS as presented by the identified authors. The present researcher utilizes these concepts as he reflects on the situation in the Oshana Region.

2. 3 Health

Msoni states that pastoral care and counselling in Africa today needs to deal more seriously with the African concepts of illness and health (1991: 68). Philomena Mwaura defines 'health' as possessing soundness or wholeness (2000:77). It means the absence of disease. She raises other scholars' views about health, such as Maddocks (1981:7) who says that health can never be equated with human wellness and an absence of disease. Health has to do with the totality of creation with the Creator Himself. Furthermore, health is regarded as the divine gift and grace to creation by God who saw everything He created was good and motivated towards wholeness. Health is also defined as a dynamic state of well-being (Louw 1994:8) of the individual and the society: physical, mental, spiritual, economic, political and social well-being; being in harmony with each other, with the natural environment and with God.

Mwaura (2000:78) states that health in traditional African society is conceived as more than physical well-being. It is a state that entails mental, physical, spiritual, social and environmental harmony. It is associated with all that is positively valued in life. It is also a sign of a correct relationship between people and their environment, with one another and with the supernatural world. The present researcher observed that according to African culture one cannot say that one is in a good health while one's neighbour suffers from hunger or disease because 'if one suffers, all suffer together' (Mbiti 1969:106). African society feels healthy when people have a good relationship with each other and with God (Niwagila 2005:50; Louw 1994: 8). To Christians the healing ministry of Jesus Christ is a model of a holistic approach. Jesus Christ healed all forms of sickness, without asking how the person got the illness, thus underlining that health is God's will for all of us. His very name, Saviour, reveals to us that He saves or heals all from sickness,

physically and spiritually, and gives believers peace. The peace (Shalom) of Jesus Christ covers the idea of well-being in the widest sense of the word. This includes prosperity, bodily health, contentedness and good relations between individuals and nations. Pastorally speaking, we are healthy when we have a source of faith enabling us to impart meaning to life (Louw 1994: 10). This means that mature faith behaviour reflects a certain understanding of God which enables a meaningful life. Faith which can help the HIV/AIDS infected and affected to realize that God is the compassionate, the loving and always with the suffering one. The state of “Shalom” comes about when the will of God is being done, when there is harmony of being with the purpose of the Creator.

From this definition, human beings experience wholeness on various levels: in rapport with nature, in bodily health, in expectation of survival after death, in social and psychic integration and in the sphere of human morality and the world of cosmic forces. The human being as a complete entity needs healing (Mwaura 2000:78). It is in view of this that the holistic approach to healing is advocated. Even in Oshana Region, Namibia, when the ministers get the necessary pastoral counselling skills, they will be facilitators of such a holistic approach. The Church should know that any illness or imbalance in the society or the individual or in the cosmological realm generates physical, emotional, spiritual, psychological and other disharmonies.

2. 4 Illness/Sickness

Most Africans, even in Oshana Region, Namibia, regard illness/sickness as a misfortune and as a sign that one has fallen out of balance (Mwaura 2000:78). It is also seen as a social “sanction” (a threatened penalty for disobeying a law or rule) and, therefore, peaceful living with one’s neighbours, observing social norms and living in harmony with one’s environment and with God, spirits and ancestors, is essential to protect oneself and one’s family from disease. Illness is attributed to the breaking of taboos, offending God and/or ancestors, witchcraft, sorcery, evil eye, possession by an evil spirit or a curse from parents or from an offended neighbour. The present researcher understands that as health is the absence of illness, it is also the same that illness is the absence of health, a

change in the normal condition of health. Illness is the condition of weakness where the people cannot help themselves.

In Oshana Region, Namibia, the present researcher observed that a person may be offended by a relative though he/she may not necessarily have done wrong. It is also recognized that illness may arise from natural causes. Mwaura (2000: 79) states that in Hebrew thought disease was regarded as a punishment from God due to sin or disobedience. It is the same in traditional African society, including Oshana, where some of the sick and suffering people and their families interpret their woes as the machination of witchcraft (Louw 1994: 23) and evil spirits. The HIV/AIDS infected and their family members, who interpret woes as caused by witchcraft, usually consult traditional healers. As a result, they end up with financial problems because traditional healers ask for money from them. Ministers must state clearly that up to now 'there is no cure for HIV/AIDS' even though some traditional healers may claim that it is possible to heal this disease (van Dyk 2005: 252, Appendix iv).

According to Mwaura's model of pastoral care and counselling (2000:85-86), the Church in its role as 'Shepherd' of God's flock must address herself to this situation by alleviating suffering and enabling the realization of God's Kingdom. The Church must administer healing that will restore harmony in the lives of individuals, communities and the environment. In Luke 4:18, Jesus declared his mission "to preach the good news to the poor. He has sent me to proclaim freedom to the prisoners and recovery of sight for the blind, to release the oppressed." The pastoral work of the Church is, thus, to be seen in terms of healing, guiding, sustaining and reconciling the people of God.

Alta van Dyk (2001:313) states that the purpose of illness or any suffering is not to punish us for our sins. Even if a person thinks that he/she has sinned, as, for example, in the case of HIV/AIDS, the Christian HIV/AIDS counsellor should rather emphasise forgiveness of sins and reconciliation with God to family members and to other believers.

2. 5 Reconciliation

Rodney Hunter (1990:1047) defines reconciliation as pastoral acts that “call back together” the estranged. It is the establishment of harmony with one’s world, one’s destiny, or oneself. In pastoral theology, it is a function of pastoral care which seeks to re-establish broken relationships with others, including God. This means that reconciliation is a word that is supremely concerned with the healing of relationships. The present writer understands that reconciliation is the activity of God: man is the recipient (Romans 5:10-11). God through Christ has reconciled us to Himself and has in turn given us the ministry of reconciliation that is to one another. God’s supreme act in Jesus Christ was reconciling to Himself all things, whether on earth or in heaven (Wise 1966:2; Eph 2:1b; Col 1:20; 2Cor 5:17-19). Therefore, ministers in Oshana Region, Namibia should know that God entrusted them with the message of reconciliation. Among other things ministers need to practise it through pastoral care and counselling.

Snidle and Welsh (2001:168) state that the HIV/AIDS infected and affected need reconciliation with God, support and consolation. It is through love and caring that people with HIV/AIDS and their families will experience life more fully. Unconditional love and acceptance are basic human needs. In pastoral care and counselling, ministers should listen carefully, because to listen is to heal. It is also important that ministers respond positively and try to be constructive in that particular situation. The present researcher observed that reconciliation with God is very important as guilt is a very destructive emotion, and it can affect a person’s well-being spiritually, emotionally, psychologically, socially and physically. If people with HIV/AIDS are despised and harshly judged the result is estrangement from those who have such an attitude.

Some ministers in Oshana Region, Namibia view HIV/AIDS as a punishment from God for sin and believe those who are infected deserve it (informant 22 June 2004). Snidle and Welsh (2001:173) say that it is important to remember that the pandemic does not give the Church permission to judge or condemn others, but to care for them. Ministers should place emphasis on forgiveness and reconciliation.

2. 6 Confidentiality

Rodney Hunter (1990:210) defines confidentiality as the commitment by both parties not to disclose communication between the parishioner/client and the clergy person to a third party without the expressed consent of the parishioner/client.

Many people in Oshana Region, ministers included, believe that in the HIV/AIDS field, confidentiality is not needed, because HIV/AIDS is a very serious and life-threatening condition (informant 15 June 2004). Keeping the diagnosis secret results in difficulties for the ministers to give effective counselling to the HIV/AIDS infected and affected families. For the HIV/AIDS affected families, it will be difficult for them to seek help/information from outside. Caregivers from outside cannot easily pass on knowledge or health care skills to the family members if the family does not know that the patient has AIDS. As a result it is impossible for the minister to prepare the family for death if the HIV/AIDS diagnosis is a secret. In their model of pastoral care and counselling Snidle and Welsh (2001:158-159) however, argue that people living with HIV/AIDS infection need confidentiality. The decision should always be made by the person concerned. It is important therefore to ask what information they do not want to share with others.

According to van Dyk (2001:214) confidentiality in the counselling context is non-negotiable. A counsellor may under no circumstances disclose the HIV/AIDS status or any other information to anybody without the express permission of the client. If a counsellor feels that it is necessary to disclose a client's HIV/AIDS positive status to a third party, the reasons for the disclosure must be explained to the client. If the client still refuses, the counsellor has to respect this decision.

The present writer agrees with van Dyk, Snidle and Welsh. The Constitution of ELCIN (2001:58) states: "*Omuhakulimwenyo kena okuhololela nande olye osho e shi uda meenghundafana delimatulomwenyo, okuninga puna oshiponga shekanifo lomwenyo* (article 42.4). This means, the counsellor may not disclose information which he/she

received in counselling unless there is something which may cause the death of another person. This is also the idea of the present researcher. However, the Constitution of ELCIN makes it clear that if the counsellor feels that the information he/she gets in counselling may cause death to another person, for example, in the context of HIV/AIDS if someone reveals that he/she is HIV positive but he/she does not want to use a condom, the counsellor has to do his/her best to stop that action. However, confidentiality make things very complicated because even though we know that HIV/AIDS causes death to other partners, confidentiality forces us to respect the client's decision of keeping the diagnosis secret. This is the reason why HIV/AIDS has spread so much in Africa, Oshana Region included.

2. 7 Pastoral care for the sick and dying

Alta van Dyk (2001:87) states that pastoral care and the healing ministry are closely related. The roles of doctor and pastor are complementary. In many instances, the pastor takes over from the doctor, especially in the care of the terminally ill. This section discusses the HIV/AIDS infected and affected family members' feelings, fear and how pastoral care and counselling through Holy Communion can help them in their situation of death and grief.

2. 7. 1 Fear

Hunter (1990:430) defines fear as an innate, involuntary response to danger or threat. In the face of extreme danger an individual may panic or freeze, or become unable to function in an organized manner. Such behaviour is commonly observed in HIV/AIDS infected and affected family members even in Oshana Region, Namibia.

HIV/AIDS infected and affected people have many fears. They are particularly fearful about being isolated, stigmatized and rejected. They fear the uncertainty of the future. For example, one widow from Oshana Region, Namibia who is HIV positive says: *Omusamane gwandje okwa sa koHIV/AIDS nangame mwene ondi yina. Kandishi wo*

nande kutya aamwandje otaa ka silwa oshimpwiyu kulye nge nda si ngula. The English translation is: “my husband died of HIV/AIDS and I am HIV positive. I don’t know who will take care of my children if I die tomorrow” (informant 28 June 2004). HIV/AIDS infected people, especially women, are afraid of dying and are also much concerned about their children. According to van Dyk (2001:262), counsellors must allow their clients to verbalize their fear, anxiety, anger, sorrow, or guilt because this will give counsellors the opportunity to identify possible problem areas that need to be addressed and processed. Mwaura (2000:83) adds that prayer may be used to remind the HIV/AIDS infected and affected family members of the presence and grace of God in every circumstance of life. Ministers must emphasize that nothing will separate us from the love of God (Rom. 8:38-39; Davidson 1975: 22).

The HIV/AIDS infected and affected need time to express their feelings. Snidle and Welsh (2001:165) say that it is, therefore, important to give the infected time and encouragement to express their feelings of pain, anger, grief, sorrow and fear. It is observed that ministers in Oshana Region do not have enough time to sit with the HIV/AIDS infected and affected in their pain and loneliness. Ministers should sit with the HIV/AIDS infected and affected in silence, just to be there for them. For pastoral care is more a function than an activity, more a living relationship than a theory or interpretation, more a matter of being than of doing (Wise 1966:8). It is important that they must touch them and put their hands on the shoulders of the affected. However, the present researcher observed that, we must also be sensitive at times when a person does not want to be touched for some reasons or cannot be touched because of their physical conditions (Isaak 2005: 53, 54, 122, 123). Our willingness to touch must always show our willingness to care and to pray with them.

As people suffer with HIV/AIDS, there are questions and issues which start to permeate their whole existence. Questions like: Is HIV/AIDS a punishment from God for our sins? Why does God allow HIV/AIDS? These questions have been asked in the light of the famous statement of the late Archbishop Bonifatius Haushiku, when he launched Catholic Aids Action in Namibia on the 9th August 1998 and declared that ‘Aids is a

disease, not a sin' (Isaak 2005: 53). The reaction of many Namibian Christians showed how liberating this statement from a Church leader was. Prior to the statement, many HIV/AIDS infected and affected did not feel welcome among the communion of saints. They were afraid to be blemished and be labelled as sinners among the justified. According to van Dyk (2001:312, 2005: 250) a person does not have to feel guilty about contracting the disease and God cannot be blamed for it. Bad things sometimes happen to good people. Ministers should state clearly that a person who is HIV positive is not necessarily a bad person.

Jesus healed the outcasts and the wounded of the world without judging them. Mwaura (2000:96) states that the Church has a duty to call Christians world-wide to treat those suffering with compassion, care and non-judgmental attitude recalling that Jesus healed the outcasts and the wounded of the world without judging them or blaming them for the conditions they were in. This means that ministers should not blame, condemn or judge HIV/AIDS infected people. Ministers should state clearly that Jesus came in this world to save humankind from sinfulness, suffering, sickness and death (Mt 9:35, John 3:16, 10:10). Ministers should highlight that HIV/AIDS is not a punishment from God, but it is an opportunity for the Church to care for the HIV infected and their family members. "The mission of the Church is to minister to people with HIV/AIDS with love, compassion and care" (Isaak 2005: 136). In ELCIN parishes, most ministers use sacraments, especially the Holy Communion, as a spiritual healing to the HIV/AIDS infected and affected.

2. 7. 2 Holy Communion

In Oshana Region, Namibia the HIV/AIDS affected family members who care for terminally ill people should listen very carefully to what the HIV/AIDS infected people demand. Sometimes if they ask for 'water' to drink, the family members interpret it as *omeva matalala*, (literally cool water, the 'water of life') the Holy Communion. They said: *Okwa hala omeva matalala* (Oshiwambo language) literally means "the person wants cool water". This phrase justifies that Holy Communion to the sick person in

Oshana Region is important because it is regarded as a spiritual assistance for the dying, which includes the forgiveness of sins. Holy Communion in the early church was used as a sacrament of healing. In our days Holy Communion also should be used as a sacrament of healing because it is Our Lord's own sacrament (Maddocks 1981:157). The food He gives us in the sacrament is His own divine life in the forms of bread and wine which preserve our bodies and souls in eternal life. The Church as the body of Christ should continue to heal the HIV/AIDS infected and affected family members through its prayers, words, hymns, affirmation, compassion, mercy and forgiveness.

The Holy Communion to a sick person who is about to die is a strengthening of faith and a good farewell. Mwaura (2000:89) justifies the role of the Holy Communion to the sick person that through it the sick person experiences that in all his/her pain and suffering he/she is not left alone, but feels comforted and cared for by the community to which he/she belongs. ELCIN's Constitution mentions that *ovakwaneongalo ava tava nyengwa okuholoka melongelokalunga lOuvalelo Uyapuki omolwoudu, ove na okutukulilwa Ouvalelo Uyapuki pamwe pe lili, komufitaongalo* (2001:60 article 45). This means the parishioners who are unable to attend the Holy Communion service, because of sickness, must be served where they are by ministers. This justifies that Holy Communion, in the Oshana Region, in ELCIN parishes is regarded as the farewell between a sick person who is about to die, their family members and the community.

According to Scherzer (1963:125), when death is approaching many Protestants request Holy Communion. They regard this sacrament as an effective last rite and as an important final preparation for the eternal life. Ministers in Oshana Region, Namibia mentioned also that HIV/AIDS affected family members request the HIV/AIDS infected person to be served with Holy Communion at the last stage (informant 22 June 2004). Having been a chaplain of Oshakati Hospital in Oshana Region for ten years, the present researcher observed that some patients requested to be served with Holy Communion by a minister in their terminal stages. This shows that the administration of Holy Communion by a minister to a sick person is important because it is a spiritual power to the sick and releases the grief of family members. They understand that through Holy Communion the

sick person receives forgiveness of sins. In addition, the Oshana people believe that a sick person who is about to die, gets what they call *onghuta yomondjila*, which in English means 'the food that strengthens them on their final journey'. It is the understanding of Oshana people that when someone dies, he/she will take a journey to somewhere and needs food to strengthen him/her and that food is Holy Communion.

The Communion service for the dying should be brief. According to Scherzer (1963:127) it should be in this way: In the name of the Father, and of the Son, and of the Holy Spirit. Amen. Our blessed Lord has invited us, "Come to me, all who labour and are heavy-laden, and I will give you rest." Our Saviour invites us to come to Him in repentance and faith and assures us of His forgiveness and the blessing of eternal life. The Lord Jesus, the same night in which He was betrayed, took bread; and when He had given thanks, He broke it, and said, "Take, eat, this is my Body which is broken for you; do this in remembrance of me." In the same way, He took the cup, when He had supped, saying, "This cup is the New Testament in My Blood; this do ye, as oft as ye drink it, in remembrance of me".

The patient may be given the sacred elements. The present researcher agrees with this service because sometimes when pastors continue to preach and make a long sermon, they find the patient in the condition where they are no more able to swallow the sacred elements. Ministers should know that it is not possible to know how soon death will approach.

2. 7. 3 Death and dying

It is a biblical view that death is the wages of sin. Hunter (1990: 261) says that biblically all suffering and death is construed as divine punishment for violations of the covenant or the moral order of creation (Gen 2-3). For Paul, death is the wages of sin (Rom. 6:23) and is the last enemy to be destroyed (1Cor 15: 26; Munyika 1997: 47). Human beings are related to each other. As a result, grief is the appropriate response to the loss and separation experienced in death (Psalm 22, 88; Mark 15:34). According to van Dyk

(2001: 309, 317; 2005: 254) death is a natural process and not necessarily the end. It may be the beginning of something new and wonderful. The present writer understands that we all face death and nobody can avoid it. Death is a gateway, a new beginning, and a fulfilment of human life (Snidle and Welsh 2001: 195).

Kübler-Ross (1969:2) states that culturally, death has always been distasteful to humankind. Furthermore, Kübler-Ross says that people go through different stages when they are faced with death (1969:38, 138). These are: denial and isolation, anger, bargaining, depression and acceptance. However, death to us as Christians is not something to be feared, but to be welcomed. Ministers in Oshana Region should state clearly that the resurrection of Jesus Christ from the dead is the basis and paradigm of hope in God's final victory over all evil. Although death tends to be regarded as the wages of sin, ministers must state clearly that death is a natural process and not necessarily the end. However, death causes grief to the bereaved family members who need healing (Mbiti 1969:145).

2. 7. 4 Grief

One of the most difficult times, emotionally, for HIV/AIDS affected family members is when the HIV/AIDS infected person dies. Death evokes a sense of personal loss in HIV/AIDS affected family members. Hunter (1990: 473) states clearly that grief is a process and not a state. It is not a set of symptoms which starts after a loss and then gradually fades away. The present researcher found that ministers in Oshana Region, used to read to the bereaved: "*Inamu nika oluhodhi ongaamboka yaa na etegameno lyomwenyo gwaaluhe*", which means "let not your hearts be troubled" or grieved (John 14: 1). According to Snidle and Welsh's model of pastoral care and counselling (2001: 189) grief is not an illness, but a natural process that must be allowed to run its course, and this takes time. Ministers should allow the bereaved to express their grief verbally and non-verbally. Some may cry and the ministers as counsellors can cry together with the family members and should not feel ashamed of it but must primarily demonstrate empathy. This idea is confirmed by van Dyk (2001: 288). It is important for caregivers to

grieve and to cry without shame. The present author observed that people who have suffered a loss have the right to cry and feel sad about their losses which can even go beyond the funeral.

A funeral affirms the reality and finality of the physical death of the person (Rando 1984: 180). In Oshana Region, a funeral is viewed as a worship service of the community and also as a part of the pastoral care process. It encourage remembering and the sharing of memories, to facilitate the identification and expression of feelings, to bind persons to one another in community, to provide conditions and resources which may assist growth in faith and hope, and to celebrate the life of the deceased before God in the context of appropriate religious meanings and ritual expressions.

It is a sad state of affairs that today children die before their parents. Family members react differently when it comes to times of death. This section looks at how family members react differently and how pastoral care and counseling will help according to the theoretical framework used. In African cultures, Oshana Region included, the death of young people is seen as unnatural (van Dyk 2001: 309, 317) and yet, as argued further by van Dyk, death is natural and a part of our life. Ministers should state clearly to parents who view the death of young people as a curse or punishment because of their immorality that death is natural and a part of our life.

Dube observes that HIV/AIDS leaves behind many powerless and poor widows, widowers and orphans, who are suffering (2002: 535). Orphans in Oshana Region experience a lack of food and clothing, and homelessness. A child who loses one parent or both must go through grief because it is a new experience to an orphan, to live without a father or mother, and to live without a place to stay and nothing to eat. According to van Dyk (2001: 327) families and the community should help the orphans who are left behind. Mwaura (2000: 86) adds that the pastoral work of the Church is to be seen in terms of healing and sustenance. ELCIN parishes in Oshana Region should follow the good example of Roman Catholic Church parishes who offer lunch and supper to the orphans. Surprisingly, even orphans who are members of ELCIN parishes are served by

Roman Catholic Church parishes with food. The Church as the body of Christ is reminded of the need to care for orphans. Biblically, orphans and widows are mentioned as those who should be cared for (Kroeger, Evans and Storkey 1995: 446).

Widowhood causes people to blame themselves or each other. If a wife loses her husband, the family of the deceased usually blames her for the death of her husband. Sometimes one of the families of the deceased inherits the widow with her consent. The research reveals that where this is done, they unite without HIV/AIDS testing. It is also the same with widowers. Ministers in Oshana Region advise widows and widowers to re-marry so that they can get someone who will care for them. Mwaura (2000: 96) says it is the Church's duty to offer counselling to such family members that can alleviate the dangers of spreading the disease and avoid feelings of blaming each other, and those of guilt and hopelessness.

HIV/AIDS has made ministers realize the need of counselling ministry, especially in the present context where they find themselves standing on a daily basis in front of someone who is dying. Nowadays, Saturday has become a day of funerals. As a result ministers are exposed to a variety of painful experiences. This relentless exposure may increase their own anxiety and stress levels if they are not properly debriefed. Eventually, they may suffer from burn-out. According to van Dyk (2000: 310), ministers as counsellors need proper debriefing or counselling. The present researcher observed the need for debriefing and counselling because it alleviates stress and burn-out within ministers. Bishops and deans have the responsibility of giving effective counselling. In the Lutheran tradition bishops have the ministry of pastor *pastorum*: in English terminology, pastor of pastors.

Conclusion

To conclude, pastoral care and counselling is a helping and supportive service offered by the church through ordained pastors to accompany people in difficult situations in the process of finding better alternatives and making their own best decisions. Therefore,

ministers should know that when people are facing death, their presence becomes very important to the individual and to the whole family. Health is the absence of disease, defined also as a sign of a correct relationship between people and their environment, with one another and with God. Healing is the primary mission of ELCIN. Christians cannot discuss healing without having Jesus in mind. It is clear that illness is the enemy of health. Illness is regarded as misfortune, a social sanction, a curse from parents and offended neighbours and also from God as punishment for human sins. However, ministers must state clearly that illness is not the punishment for people's sins. God's supreme act in Jesus is reconciling to Himself all things. Ministers should know that God entrusted in them the message of reconciliation through pastoral care and counselling and the ministry of presence and also through Holy Communion. Through pastoral care and counselling, especially Holy Communion, HIV/AIDS infected people experience that in all their pain and suffering they are not left alone, but feel comforted and cared for by the community to which they belong. These means of grace helps patients to regard death as a natural process.

CHAPTER 3

THE CHURCH AND HIV/AIDS IN THE OSHANA REGION, NAMIBIA

Introduction

This chapter investigates the responses of ELCIN's pastors towards HIV/AIDS affected families in the Oshana Region, and how they understand HIV/AIDS biblically. Theological reflection will be done on the responses of the HIV/AIDS affected people who were interviewed. The chapter will also investigate whether ELCIN's pastors are giving effective pastoral care and counselling to people living with AIDS (PLWA) to live positively in the Church in spite of the pandemic. Caring for persons with HIV/AIDS and terminal illnesses and bereavement will be dealt with. The way people are helped to write their will or testament will be examined as well. The belief in witches needs to be challenged.

3. 1 Pastors and HIV/AIDS ministry in Oshana Region

There are fourteen ELCIN parishes in Oshana Region. They are: Eheke, Euvathano, Oupumako, Uukwiyu, Ekamba, Okaku, Olulongo, Ompundja, Ongwediva, Oniimwandi, Onyeka, Oshakati, Oshitowa and Valombola. Ten of them were visited and pastors and parishioners there were interviewed. Pastors' responses about HIV/AIDS will be revealed and evaluated by the present researcher. There are two dominant views in pastors of Oshana Region about the disease. Eight out of ten understand that HIV/AIDS is a punishment from God for sexual immorality, while two out of ten understand it as a disease like other diseases.

a) HIV/AIDS as a punishment from God for sexual immorality

Some ministers in Oshana Region, Namibia, view HIV/AIDS as a punishment from God for sin and believe that those who are infected deserve it (informant June 22 2004). They argue that HIV/AIDS is spread mainly by sexual contact. Since it is transmitted sexually,

it is always the result of promiscuity. They give texts from the Bible. For example in Genesis 12:17 we read that “the Lord afflicted Pharaoh and his house with great plagues because of Sar’ai (sic), Abram’s wife” (Tshangela 1992:10). In II Samuel 12:14, 15 we read that David’s own son became ill and died because of David’s sin. In Deuteronomy 28: 20-22, 26-28 we read that consumption, fever and inflammation, boils, ulcers, scurvy, itch and madness are curses against those who disobey the commandments and decrees of God (Dietrich and Wood 1990: 270). Furthermore, they argue that in Matthew 5: 27 “adultery” is totally forbidden. They continue to say that Paul in Galatians 6: 7-8 writes that a man reaps what he sows. With these texts as examples some ministers in Oshana Region believe that HIV/AIDS is a punishment from God for sins (informant June 22 2004).

However, this is not the view of the present researcher. It is a challenge to ministers in Oshana Region when Dube (2001:41-42; 2003: 54) argues that to claim that HIV/AIDS is a punishment from God indicates that many pastors have not yet come to terms with the fact that HIV/AIDS is violating the will and reign of God and it is not and cannot be sent by God. The present researcher agrees with Dube because to assume that the HIV/AIDS infected person has done something to deserve the disease is a very harmful belief (Nicolson 1995:26) and this kind of response increases the agony of the infected and affected. Health is God’s will for all people. Health is a God given right for all people and the whole of creation. It is important to remember that the pandemic does not give the Church permission to judge or condemn others, but to care for them. Ministers should place emphasis on forgiveness and reconciliation. Ministers in Oshana Region should know that HIV/AIDS is an illness like other illnesses, an epidemic that violates God’s creation and kingdom and it is not and cannot be sent by God.

Furthermore, Dube (2001:41) argues that the fact that some Christian leaders still say, “Those who are dying of HIV/AIDS are punished by God and paying for their immoral lives”, reflects our theological immaturity. The present writer agrees with Dube because this theological understanding does not explain the children who are born with HIV/AIDS infection. It does not answer the problem of married women who are married

to unfaithful partners. It cannot address the situation of those women and girls who are raped in their homes, on the roads, in the hospitals, in the offices and in their churches. This theological understanding does not take into consideration “the sex workers, who have to choose between dying of hunger and selling sex” (Zulu 2004:169-170). It does not address the question of the loving mothers and the old women in the rural areas, or of the nurses who get infected in the process of caring for the sick. Do these people commit sin as well? Oshana ministers need to change their theological stand point and understand that HIV/AIDS is not a punishment from God.

b) HIV/AIDS is a disease like other diseases and not a punishment

Two ministers out of ten view HIV/AIDS as a disease and not a punishment. These ministers base their view and conviction on John 10:10, where Jesus says: “I came that they may have life”. Jesus Christ came to bring life in all its fullness. Dube (2001:42) argues that God sent Jesus Christ into this world to heal the sick. This shows us that God does not punish us with this disease. HIV/AIDS is not God’s punishment for our sins. God sent Jesus Christ to offer to and to achieve for us that true healing which restores us to wholeness within ourselves, fellowship with each other and communion with Him. Jesus bids us to serve Him by serving PLWA. As we do so, we realize that it is the body of Christ we are taking care of. God does not rejoice in the suffering of one of his creatures. Pastors in Oshana Region should learn how to help and care with love, compassion and empathy for the HIV/AIDS infected and affected.

3. 2 Biblical understanding of HIV/AIDS

The Church, especially in the Oshana Region, Namibia, is the light of the world through its words. If something which causes suffering to the society happens, the community comes to the Church for help. For example, during the struggle for Namibia’s Independence, the community came to the Church hoping that its prayers would change the situation. Much later on Independence was achieved. The role of the Church in a community, especially one that is facing severe suffering, is crucial. Hull notes that the

early Christians defined the Church as the Christian community (1971:118). The Old Testament uses the Hebrew word '*qahal*' which in English means 'congregation', 'the assembly of the Lord', 'people of God' (Deut 23:2; 1Chron 28:8).

Furthermore, Hull argues that the New Testament translates 'Church' from the Greek word '*ecclesia*', which means an assembly of people of God gathering to worship God, a view also held by Richardson (1971:118; Richardson 1950:46; 1983:108). This means that the Church as the people of God is obliged to fulfil its responsibility. The most serious one currently is to take care of people and families affected by HIV/AIDS, through pastoral care and counselling.

Biblically, disobedience of God is the cause of punishment from God (Tshangela 1992:10). HIV/AIDS in Oshana Region, Namibia is one of the diseases which raises many questions which are deeply religious, such as: "Is HIV/AIDS a punishment from God? Where is God in this suffering of HIV/AIDS?"

Konstane Raen (1993:9) reveals that 44% of Christian leaders in Kenya answered 'yes' to the second question, and argues further that since HIV/AIDS is associated with irresponsible sexual conduct, society believes that those affected deserve it. Ministers in Oshana Region, Namibia, also pointed out in interviews that HIV/AIDS was quite unknown in biblical times. They go on to show that some passages in the Bible relate to the spread of dreadful diseases as a punishment from God for sin.

Dietrich and Wood argue that there was "no prophet in the biblical sense that announced this judgment before-hand" (1990:276). Nicolson does not see HIV/AIDS as a punishment but as an opportunity for personal growth in spiritual maturity (1995:26). The Church must clearly state that HIV/AIDS is not sent by God as a punishment for sexual promiscuity.

The Bible, especially Leviticus 13:14, 45, 46, shows that lepers were considered as unclean, but biblically leprosy was not regarded as God's punishment for sins. According

to Buttrick, the Bible never refers to leprosy as a type of sin (1962:113). People living with HIV/AIDS have been called the lepers of our time (Raen 1993:44). Jesus treated lepers as fellow human beings. Therefore, Christians should express the love of Jesus to HIV/AIDS infected and affected people. As a result, ministers in Oshana Region should treat HIV/AIDS affected families with compassion and care, and encourage them to care for their infected ones. In fact, Jesus did not see diseases as God's judgment but as an opportunity so show God's glory and mercy (John 9:1-3; Dietrich and Wood 1990:279).

Raen (1993:13) states that in John 8:3-11 we hear about some religious leaders who brought a woman caught in adultery to Jesus. According to traditional law, she should have been stoned to death. Jesus said to the leaders that the one who had committed no sin may throw the first stone at her. No one could throw a stone at her because all were sinners. After that Jesus said to the woman: "Woman, where are they? Has no one condemned you?" She said, "No one, Lord". And Jesus said, "Neither do I condemn you, go and do not sin again". Jesus did not judge nor condemn, but set the woman free through his nonjudgmental attitude. Ministers in Oshana Region, Namibia, need to adopt this attitude of Christ. They need to further state clearly that Christ is present in people with HIV/AIDS, and shares their suffering (Snidle and Welsh 2001:1). Society needs to follow Jesus' model of forgiveness, serving and caring for the HIV/AIDS infected and affected, and not to condemn them.

3. 3 Theological and pastoral reflection on HIV/AIDS

HIV/AIDS is associated with a great number of ethical issues. Some ministers in Oshana Region said that to mention HIV/AIDS automatically is to speak about sexual matters (informant 22 June 2004) since HIV/AIDS is mostly transmitted through sex. The question that comes to the mind of the present researcher is: How can the Church help to change attitudes to sexual behaviour? A holistic understanding of the human being does not exclude sexuality. Therefore, in the church sexuality and sex ethics should be addressed freely.

Denis states that HIV/AIDS is, in the main, sexually transmitted (2003:66). ELCIN parishes in Oshana Region place emphasis on abstinence and conjugal fidelity and condemn in harsh terms the use of condoms, arguing that it promotes immorality. However, in the fight against HIV/AIDS this does not stop the spread of the disease. Denis argues that the call to abstinence and conjugal fidelity makes sense, but at the same time too much emphasis on abstinence and fidelity is simplistic and narrow-minded (2003:74). The present writer agrees with Denis that conjugal fidelity does not help anymore because of various reasons. For instance, Haddad notes that families are separated because of work and studies, and this can lead to partners having multiple partners (2002:95-96; 2003:151-152). As a result HIV/AIDS is a challenge that needs churches to understand sexuality in all its dimensions: not only as an individual act, which can be right or wrong, but as a reality determined by social, economic and cultural factors.

HIV/AIDS affected families in Oshana Region experience stigma, isolation and discrimination because of the epidemic (Denis 2003:75). For example, many orphans have no one to care for them. Waruta and Kinoti remind us as ministers that pastoral care ought to provide companionship to the lonely and rejected (2000:12). This means that the ministry of presence is very important to the HIV/AIDS affected who experience loneliness and rejection.

3. 4 Living positively with HIV/AIDS in ELCIN, Namibia

We all are affected by HIV/AIDS, as confirmed by John Mbiti. When one suffers, especially in the African context, the individual does not suffer alone, but with the corporate group (1969:106). This means that the infected is not the only one who suffers, as other family members suffer as well. The present writer argues that the HIV/AIDS affected family members need more encouragement to continue to care for the infected. Since some people as in Oshana Region understand HIV/AIDS as a punishment from God, then those living with HIV/AIDS and their loved ones feel marginalized. Gennrich observes that if ministers continue with their attitude of isolation, discrimination and

judgement, it will be difficult for PLWA to continue as their congregational members (2004:56). The Church as the Body of Christ has the responsibility to be non-judgemental and non-discriminatory and to ensure that congregational members affected by HIV/AIDS are cared for kindly, with empathy. This should be done as the deaconic ministry of the Lutheran Church in Namibia. In fact, Dietrich and Wood state clearly that to minister to PLWA, the church needs to understand the needs of the infected and affected (1990:308). Hence, the present author argues that the Church needs to preach the theology of hope, love and dignity to PLWA and that Jesus loves us all with a love without limits.

3. 5. 1 Love without limit

The Church should be a place where agape is expressed openly among Church members. Emmanuel Lartey says that the heart of the 'hiddenness' of pastoral care is love (2003:29). The present researcher asserts that, as Christians, we love because God first loved us (1 John 4:19). Ministers in Oshana Region need to emphasise 'agape', the unconditional self-giving love of God as the source and sustainer of the universe. They should welcome all as Jesus Christ did and show that the love of God is for the whole world. Jesus says: Love one another (John 13:34-35; 1 Thes 9:10; Tshangela 1992:31; Stone 1996:155,158; Holmes 1998:135). We Christians need to show HIV/AIDS affected families that they are welcome and loved, for one way to love God is to love one's neighbour. Raen refers to the story of the Good Samaritan (Luke 10:25-37; 1993:54, 55) and shows that the Good Samaritan stopped and took time to care for the suffering man who had been robbed. Therefore, the ministers in Oshana Region should be inspired by this example to spend their time and money in caring for HIV/AIDS infected and affected family members.

3. 5. 2 Caring for people with HIV/AIDS

Caring for someone with HIV/AIDS is a heavy burden. "It is a heavy burden, to take care of people with HIV/AIDS", says one grandmother (informant June 27 2004) from

Oshana Region. She also says that people with HIV/AIDS constantly need healthy food and good medication, something she could not afford. The present writer also observed this burden when he was working at Oshakati Hospital in Oshana Region, where HIV/AIDS patients ask for something to eat or drink and the family members, especially the old women, have to go and buy it. When they bring it, sometimes the HIV/AIDS person then refuses to eat the food or it can happen that the HIV/AIDS person throws the food away, yet the family members may have spent the last cent in buying that food and drink. Such experiences can discourage the family members who will be taking care of their infected ones. Caring for HIV/AIDS patients requires much patience and understanding.

Jesus emphasises caring for sick people (Raen 1993:56). Jesus says that whenever we are caring for sick people, in our context the HIV/AIDS infected and affected, we will be caring for Him. In Oshana Region, caring for the sick is the old women's responsibility and, due to a lack of knowledge on how to protect themselves from the virus, some old women get the virus from the caring process. Phiri, Haddad and Masenya say that 'traditionally women are care-providers for everyone in the house but, due to lack of knowledge on how to protect themselves from the virus, some African women and girls are being infected with HIV through the process of care giving for AIDS people' (2003:15). This makes it risky and discouraging for the caregivers. As a result, it should now be the responsibility of the church to assist those who take care of the HIV/AIDS infected and affected and to offer ongoing spiritual and practical support (Gennrich 2004:99). In addition, since pastoral care and counselling is entrusted to the church, ministers in Oshana Region should be available for the HIV/AIDS infected and affected families to offer support in their loneliness and pain.

3. 6 Terminal illnesses and bereavement counselling

The Bible states clearly that in those days Hezeki'ah became sick and was at the point of death. And Isaiah the prophet the son of Amoz came to him, and said to him, "Thus says the LORD: Set your house in order; for you shall die, you shall not recover," (Isaiah

38:1). Most people remain completely unprepared for the death of people close to them. Suddenly, when this happens, it causes great feelings of helplessness, anger, guilt and grief. One cannot avoid grief, but one can learn how to live with it. Snidle and Welsh, and many others state that grief is an integral part of normal life (Snidle and Welsh 2001:176; Oates 1976:57; Rando 1984:16). Ward confirms that grief is normal (2001: 251; CPE 2003). The present researcher observed that people facing a life-threatening illness, experience grief because they will depend on others for help and cannot help themselves. Oates (1997:50) states that some lose control of their bodily functions, such as the inability to control their bowels and urine. As a result, they do all these functions while they are in bed and the beddings becomes dirty and needs to be washed thoroughly. At this point the person grieves over his/her healthy past. Ministers in Oshana Region need to inform HIV/AIDS infected and affected families about the cause of the life-threatening illness and developments as the disease worsens, so that they can consult doctors and be prepared. We all face death at some time or other (Snidle and Welsh 2001:176; Hume 1984:227). The HIV/AIDS affected families experience pain, anger, grief and fear. They should be counselled to accept it. Ministers should counsel HIV/AIDS infected and affected and remind them that there is still a purpose to life.

Oates (1997:40) and Stone (1994:138) also mention that the family members suffer from shock, depression and anxiety in much the same way as the terminally ill person does. The present writer underscores that the HIV/AIDS affected family members need help to mobilize their strengths and capacities to deal with the situation. They need acceptance and should be given opportunities to talk things through and someone to accompany them (Seeley and Kajura 1995: 97). Snidle and Welsh (2001:178) argue further that a person who comes to realize he/she is terminally ill may need assistance in preparing for his/her death and preparing how his/her affairs should be sorted out after his/her death. Some people in Oshana Region believe that death can never be prepared for and that it will come by itself. Even when a person is seriously sick, no one can say when that person will die. Perhaps one can use Snidle and Welsh's approach that some people see death as a release from suffering (2001:1). For example, Hezekiah was sick unto death but while sick he was told to set his house in order (Isaiah 38:1). This means that from the Christian

understanding, one should prepare for death and make some arrangements while one is in good health.

People should write their will where they reveal their wishes and keep it in a safe place where it can be found at the time of their death. This is true to the Oshana saying: *'Elaka lyomusi iha li kondwa'* (Ovambo language) which means "don't ignore the deceased's wishes". Ministers should know that it is their responsibility to respect the deceased's wishes where it is possible.

3. 7 The Will

Ward defines the will as a document, drawn up in a legally prescribed way, in which you specify the individuals that you would like to inherit your assets when you die (2000: 28, CPE: 2003). Furthermore, Ward says that although making a will is so important, no one is allowed to make a will on another person's behalf. This is an area in which ministers can also be helpful. They can advise people to take seriously preparations of wills.

Ward says that in order for the will to be valid, the person must be 16 years or older, which Snidle and Welsh (2001:179) call "Testamentary Capacity", and sound in mind, memory and understanding. "The will must be signed by the person who makes it and by two witnesses" (Hubbard 2001: 23). In the case of the hospital, a medical expert could be asked to act as a witness to the will, to show that the person was in "testamentary capacity". Again, ministers should be helpful in this regard. This practice of making a will is foreign to Africa. Usually inheritance was more by tradition than by a written document. So ministers have a teaching and guiding role in this regard.

3. 8 The witches

The bereaved need someone who will answer their questions about the cause of the disease which leads to death. Moila, writing from the perspective of Zulu culture, says that a common belief is that sickness is caused by witches (2000:21). Among the

Ovambo the same belief that death is caused by witchcraft is found. Ministers in Oshana Region should help HIV/AIDS infected and affected people to move away from these ideas. Ministers should make it clear that a person who was born will eventually die (Kalish 1977:1). Even our Lord Jesus Christ died but His resurrection gives hope to the Christians. More importantly, when people are facing death, a ministry of presence is important. Snidle and Welsh say that it is important to stay with people in their pain and fear, both to allow and encourage them to discharge these emotions (2001:181).

Conclusion

Some ministers in Oshana Region, Namibia view HIV/AIDS as a punishment from God for sin. In this thesis a theology of HIV/AIDS is briefly presented. This considers biblical teaching about grace and forgiveness, compassion and solidarity in suffering. The church as the body of Christ has the responsibility to be non-judgmental and non-discriminatory and should ensure that members affected by HIV/AIDS are cared for with love and mercy. Pastoral care and counselling is a helping and supportive service offered by the church through ordained pastors to accompany people in difficult situations in the process of finding better alternatives and making their own best decisions. Therefore, ministers should know that when people are facing death, their presence becomes important to the individual and to the whole family. Lay persons too, if properly trained, have a definite role to play in pastoral care of those people infected with and affected by HIV/AIDS. This is the ministry of all believers (1Peter 2: 9-10). The research shows that Namibia is highly affected by the HIV/AIDS pandemic, especially in the Oshana Region. Therefore, there is a call to intensify pastoral care and counselling to the sick in this area.

CHAPTER 4

THE IMPACT OF HIV/AIDS ON AFFECTED FAMILIES IN OSHANA REGION

Introduction

Africa is affected by the HIV/AIDS pandemic, Namibia included. This chapter will try to look at how Oshana Region people define HIV/AIDS and also how they understand the term 'family' in their African context. Furthermore, it discusses how HIV/AIDS affects the family members, nurses and community. How pastoral care and counselling helps the widowers, widows, orphans, caregivers of orphans and nurses to take care of orphans is also discussed.

4. 1 Definition of HIV and AIDS

There are many definitions of HIV and AIDS. Here the present author limits himself to what he has found helpful for this study. Heather Snidle and Rosalind Welsh define Human Immunodeficiency Virus (HIV) as a virus which can lead to the Acquired Immune Deficiency Syndrome (AIDS) which is a progressive and often fatal disease because it reduces the body's ability to fight certain infections (2001:25). Alta van Dyk confirms this by defining AIDS as a syndrome of opportunistic diseases, infections and certain cancers, each or all of which has the ability to kill the infected person in the final stages of the disease (2001:1). The present researcher confirms all these definitions. Pastoral care and counselling for the affected families during the terminal illnesses up to the final stage of HIV/AIDS needs to be effective. Each stage requires relevant pastoral care and counselling.

4. 2 What is a family?

Stoop (2002:519) wrote from a Western understanding of a family as composed of father, mother and children living together, which is different from the African understanding of family. The African family is always extended and not nuclear as confirmed by Regina Mpingana Shikongo, an African woman, staying in Oshana Region, Namibia. Shikongo acknowledges that a family is made up of persons who are related by blood or marriage.

A family, thus, includes parents and children, as well as other relatives such as grandparents, nephews, nieces, aunts, uncles, "*iitenya, oohemweno nooyinamweno*" (Ovambo language) in English meaning 'in-laws' (informant 1 June 2004). Taking into account this broad definition of family shows that all these people need pastoral care and counselling, for when one of them is infected, then all are affected. It is interesting how Africans include this extended family concept when they report that one of their members is ill. They often say: We are ill in this family.

4.3 The impact of HIV/AIDS on affected families

Snidle and Welsh point out that the HIV/AIDS epidemic impacts on society at various levels (2001:51). At government level the demand for health care becomes huge. Lots of funds have to be allocated for HIV/AIDS. Individual sectors in the economy will also be impacted on. Financial services, mining houses, manufacturing and farming, to mention a few, are also affected. However, the family and community are the hardest hit.

Macklin argues that for infected individuals there are numerous family members and loved ones: partners and spouses, parents and children, siblings and grandparents, friends and caregivers, whose lives are also affected significantly and who also need care and support (1989:5). It is the same situation in Oshana Region, Namibia, where most people have lost their family members because of HIV/AIDS. Eliakim Shaanika, the General Secretary of ELCIN, from Oshana Region, Namibia says that HIV/AIDS has affected each and everyone. Shaanika used an Ovambo proverb to confirm this: "*Kamu na we omwali ta tumbu mukwawo,*" which in English means 'all are affected' (2002:1). The present researcher observed that on Saturdays and other days in a week, the people in Oshana Region in Namibia attend funerals due to HIV/AIDS deaths.

Whiteside and Sunter show global infections in the caption: "No place on earth untouched" (2000:36). This is true, especially in Oshana Region, Namibia, because HIV/AIDS affects everyone (Macklin 1989:9). Dube says that the impact of HIV/AIDS is broader than the health of individuals (2003:79). This is true also, in Oshana Region,

where the present researcher has observed that the infected get sick from opportunistic infections, that they miss their work or lose their work, and their relatives increasingly stay away from work to care for them. Eventually, this affects the family, the work place and the immediate community. The impact of the disease has serious economic implications as well.

4. 4 Ministry of pastoral care and counselling to the affected

The observations made by Dube stating the broader impact of HIV/AIDS than to the individual, point out that HIV/AIDS affects even more acutely the following categories in society: widowers, widows, orphans, caregivers and nurses. In the following pages the author makes this explicit.

4. 4. 1 Widowers

Widowers are men whose wives have died but who have not yet re-married. Mineke Schipper says that husband and wife are meant to live together for life, and only death will separate them (2003:122). Schipper writes from a Christian perspective on the role of marriage. It is true, according to Christians, that husband and wife are supposed to live with each other for life. In Oshana Region, husbands and wives wish to live together for life, but death, especially due to HIV/AIDS does separate them. Metzger and Coogan speaking about widows (and not widowers) say that no priest is allowed to marry a widow unless her husband had been a priest (2001:320; Ezekiel 44:22). Furthermore, Metzger and Coogan say that care for orphans and widows in their distress is a good worship/ service to God (1993:566; James 1:27). This is true because in Oshana Region, Namibia, the term 'widowers' does not exist or, if it does then it is not common. It has come to be used during this period of HIV/AIDS.

In the Bible whenever widows (not widowers) are mentioned, they are associated with orphans, the aliens, the weak, the needy, the poor, and the destitute (Metzger and Coogan 1993:566). Widowers are not in that group because most of them in Oshana Region

practise polygamy secretly. If one wife dies, it does not change the husband's life, because the other wives are still there, and he cannot be called a widower. HIV/AIDS creates widowers in Oshana Region, Namibia. Snidle and Welsh say that many who have lost their partners to HIV/AIDS and become ill themselves are convinced the manner of their death will be identical (2001:173). The present researcher found that after the wife's death, the husband may become ill and his life and feelings change. Men may feel isolated, and this is often compounded by feelings of remorse, grief, guilt, and fear that they too have HIV/AIDS. They may worry about who will look after them if they become ill (Snidle and Welsh 2001:173). In this situation pastoral care and counselling can play an important role if pastors visit and are with them.

4. 4. 2 Widows

Childress and Macquarrie define widows as women whose husbands have died and who have not re-married (1986:661; Deut 25:5ff). Burns and Scott confirm this by defining 'widow' as a female person, a wife of a man now dead (1994:119). This is true, in Oshana Region, Namibia: where a 'widow' is a married woman whose partner has died and who has not re-married. This term is common in Oshana Region. Biblically, widows are mentioned many times in the Old and New Testament. Whenever widows are mentioned, they are associated with sojourners/strangers and the fatherless (Stirling 1941:225). Widows are associated with the weak, the needy, the poor, and the destitute. This is true also in Oshana Region, Namibia, when a husband dies, the widow will be in deep mourning (Schipper 2003:121). In Oshana Region, Namibia, when widows mourn their husbands, they say: *Yayee olweepo lwandje naakwetu/naamwandje* (Oshiwambo mother language of the researcher) which means "Oh needy to me and my children". Widows emphasize the impending poverty for themselves and for their children, since they will find it difficult to maintain themselves and their children. Widows go through pain, fear for the future, anxiety and anger.

When the death of the husband ends a relationship prematurely, it causes grief to the wife. Williams and Sturzl say that grief is the emotional, physical, and spiritual response to loss. The more one loves, the more acute the pain will be at the separation from the

beloved (1992:35). Ministers in Oshana Region, Namibia, as grief counsellors, should know their task is to listen to, abide with, and assure the grieving person that these experiences are normal and with time will abate (Williams and Sturzl 1992:36). Snidle and Welsh say that grief is not an illness, but a natural process that must be allowed to run its due course; and this takes time (2001:189). Ministers in Oshana Region who deal with widows need to assure them that grief is not an illness and that there is no right or wrong way to grieve. The wrong way is to suppress and deny grief. No one can resolve grief for another: only experiencing and working through these emotions can gain resolution (Snidle and Welsh 2001:189).

Phiri states that while wives take care of their sick husbands until they die, they themselves are most unlikely to get quality care when they get sick, due to poverty and gender stereotypes (2003:15). The present researcher observed this in Oshana Region, Namibia, when one widow said: "I and my three children have nothing. All the money we had, we used for my husband's medication. The rest, we used for his funeral. I am HIV positive, and my last born is also HIV positive and sick" (informant 28 June 2004). Snidle and Welsh confirm this by saying that the family may be left with no resources but with medical bills to pay (2001:189). Widows go through much suffering and disappointment. Hulme says that God's empathy with human suffering is a symbol of his caring (1981:117). Ministers in Oshana Region should counsel widows experiencing suffering, pray with them, and help them to identify themselves with Jesus, who suffered, but trusted God, Who can assist in all situations of life.

The Bible reveals to us that Paul, who was instrumental in healing others, was not healed of his own "thorn in the flesh" (Hulme 1981:117) even though he prayed repeatedly for healing. In spite of that, Paul was able to move beyond his disappointment. Although the thorn in the flesh remained, ultimately he learned to live positively with it. Ministers need to remind widows and widowers to learn to live positively with their situation. Ministers need to remind them about Jesus' caring attitude when he said: "My grace is sufficient for you, for my power is made perfect in weakness" (Hulme 1981:117).

Kroeger, Evans and Storkey say that in both the Old and New Testament, widows are mentioned as those who should be cared for (1995:446). The present researcher has observed that ministers in Oshana Region, Namibia, usually take care of widows during the death of their husbands up to the funeral, but after that they stop, believing that their task is over. Ministers need to care for widows even after the funeral because grief does not end with funeral. If widows receive effective pastoral care and counselling from ministers, it will help them to understand that something unpleasant has happened to them, and that it must be accepted. One widow in Oshana Region, Namibia says: *Kapena ompito yimwe kayi shi okutambula shoka Kalunga kandje a ningila ndje. Onda tambula nondi igandja miikaha yaKalunga opo ndi mu longele methimbo lya hupa ko.* The English translation is “there is no other way. I accept what God did for me. Now I put myself in God’s hands and serve him for the rest of my time” (informant 28 June 2004).

The present researcher has observed that widows in Oshana Region serve their God. This is in line with the observation of Kroeger, Evans and Storkey who say that widows are regarded as persons having special opportunities for Christian service (1995:447). This is actually confirmed in Oshana Region through widows who serve in the congregations as elders, counsellors and deacons. Widows are the ones who prepare the altar, take the Holy Communion vessels from the parishes’ offices to Churches during the services and also take them back. Widows are the ones who visit homes, care for the sick, comfort the bereaved, especially new widows, because ministers in Oshana Region believe that only a widow knows the widow’s grief (Schipper 2003:120).

4. 4. 3 Orphans

Whiteside and Sunter define orphans as children who have lost their mothers before reaching the age of 15 (2000:37). The present researcher got the same definition from nurses (informants 10 June 2004) who work in Oshuundika Orphanage that is situated in Oshakati Hospital in Oshana Region, Namibia. Orphans, according to the nurses, are children who lose their mothers from birth up to the age of 15. They view orphans as children who lose their mother, because of the mother to child relationship. The mother is

someone who nurtures the child, and the relationship of mother to child is stronger than that of father to child. Furthermore, nurses say that the Ovambo proverb states that: “*Ino lila onyoko ina sa*” (Ovambo proverb). This means you do not know how to cry until your mother dies. Taking care of her own children is presented as the heart of a mother’s life. A mother’s death is presented as a catastrophe for children at all ages. The loss of the mother seems to be a worse disaster than that of the father especially when the child is still young (Schipper 2003:138). This definition is in contrast with the Bible, because the Bible mentions “full orphans” only once, meaning the fatherless (Childress and Macquarrie 1986:445).

Regina Shikongo, a lecturer at Oshakati University of Namibia (UNAM) Campus in Oshana Region, Namibia, defines orphans in general as children who lose their mothers or fathers or who lose both parents. Shikongo makes it clear that in Oshana Region, Namibia there are two terms for orphans:

- a) *Othigwa*: an orphan who does not have either a mother or a father. In Oshana Region, wherever one mentions the word *othigwa*, one means an orphan who has lost one parent.
- b) *Epongo*: an orphan who has lost both parents, who is motherless and at the same time fatherless. *Epongo* is the one who does not have anyone to claim anything from. *Epongo* is also expressed in traditional songs: *epongo li tumwa lumwe, ondjendi yi tumwa esiku ye yapo*. This means that *epongo* would be sent away from places even on the first day he/she had just arrived in a place for a visit. Normally visitors and guests are respected in Oshana Region, Namibia and are not supposed to be sent or asked to work on their day of arrival. These terms do not mean the same thing when used in other regions. For example, according to Veikko Munyika, the ELCIN General Permanent Secretary, the well known author in Namibia, from Ohangwena Region, Namibia, the word *epongo* means more than orphans. *Epongo* (plural *omapongo*, the unclaimed), could also be used to refer to the weak, the poor, widows, orphans, the sick, the abnormal and the outcasts (1997:199, 383). It is said with regard to these kinds of people: *Onkugo*

yepongo oKalunga he yi tondoka which means, the cry of epongo is responded to by God. God is regarded as a helper in times of danger, need and loneliness.

Whiteside and Sunter state that effectively 'orphaning' begins prior to the death of the parent (2000:80). This is true also in Oshana Region because a child will begin to express needs that the family cannot meet when the parent falls ill and the household income drops. Orphans, who lose parents due to HIV/AIDS, suffer loss and grief like any other orphans. However, their loss is worse because of social exclusion, and sometimes the loss of education and health care.

Children of all ages experience grief. Wright states that grieving occurs even in very young infants (2003:368). The present researcher observed that children are the forgotten grievers in our communities. Children need our help during the death of one who is close to them. Ministers who give pastoral care and counselling to the orphans experience their grief and need to communicate with them, even those who cannot talk. Their being with them, being present is more important than words (Ward 2000: 27). According to Metzger and Coogan, biblically, orphans are aliens, the weak, the needy, the poor and the destitute (1993:566; Deut 24:17; Ps 82:3). Orphans experience too much suffering, poverty and need in Oshana Region. One orphan, who is 10 years old, says: "We are here in our mother's house. My elder brother is 15 years old, while my younger brother is 8 years old. At the moment my elder brother is jailed because he broke into a shop in order to get money for us. We are now here, no one to help us" (informant 15 June 2004).

Whiteside observes that the parents leave orphans behind who suffer because they do not have food to eat (1994:246). In Oshana Region, except for Oshuundika Orphanage which accommodates orphans from birth, there is no other orphanage. The extended families or family's friends are supposed to take responsibility for these orphans. Because of the growing number of people dying from HIV/AIDS, families quickly reach the limit of the number they can absorb. Ministers in Oshana Region, Namibia may help orphans to understand the love of God. Ministers need to remind orphans that God is the one who takes care of them, God is the ultimate redeemer for the orphans. In John 14:18, Jesus

says: "I will not leave you orphaned." Ministers in Oshana Region, needs to tell orphans that Jesus acts as their protector and provider (Metzger and Coogan 2001:222).

Ministers in Oshana Region, Namibia, should know that good pastoral care does not ignore the physical needs of a person (Mwaura 2000:85). The ministers need to take the orphans' situation of lacking food seriously and try to give assistance. Jesus highlights the importance of serving one when one is hungry as a kind of pastoral care. "I was hungry and you gave me food" (Matthew 25:35; Snidle and Welsh 2001:1). This word is a challenge to ministers in Oshana Region in order to give effective pastoral care and counselling to orphans who experience suffering.

4. 4. 4 Caregivers of orphans

Caring for people with HIV/AIDS is one of the greatest challenges facing Oshana Region, Namibia. Although all those infected and affected by HIV/AIDS need to be cared for, this topic is specific to the caring for HIV/AIDS orphans. Who takes care of them?

Daniela Gennrich says that stigma and discrimination is experienced in schools, churches and communities. It is recommended that the term "AIDS Orphans" is not used. Focus should instead be on "vulnerable and orphaned children" (2004:117). The present researcher observed this when he attended the Workshop of Caregivers of Orphans, which was held in Oshana Region, Namibia on 21-25 June 2004. It was stated clearly that it is discrimination to mention "AIDS Orphans," because other orphans are not mentioned like that. Instead, let us only speak about orphans. This was also confirmed by the nurses who work at Oshuundika Orphanage, in Oshana Region. The nurses view children who have lost their mothers as orphans which they are taking care of.

Jane Wilson says that historically women have always been carers (1992:117). Women, especially old women such as grandmothers, are the ones who take care of orphans (Phiri 2003:15). The nurses who care for orphans in Oshuundika Orphanage confirmed that the

old women are the people who visit orphans the most (informant 9 June 2004). Denis states clearly that a single mother, who died from HIV/AIDS, left her three children in the care of a sixty-year-old woman who is not in good health (Denis 2004:34). The present researcher observed the same situation also in Oshana Region, Namibia, where a sixty year old grandmother (informant 27 June 2004) cared for three grandchildren. The worst of it all is that the grandmother is also sick, weak, poor, and one of the orphans is HIV positive and sick. There is no money for medicine or food. This makes it difficult for the grandmother to care for her grandchildren because she is too weak to attend to her own physical needs. Such a situation is mentioned by van Dyk (2001:320). This means that grandmothers themselves are lacking strength and resources.

Traditionally, in Oshana Region, Namibia, orphans are cared for by grandmothers. This shows that grandmothers could take a certain number of orphans, but grandmothers have no resources to do this. Many older women in Oshana Region, Namibia, now have to spend their meagre state pensions, not on themselves, but on the care of their children and grandchildren. The worst of it is that grandmothers do not have any substantial income or resources to take care of their grandchildren (Gennrich 2004:12).

As increasing numbers of parents are dying from HIV/AIDS related illnesses, the number of orphans is also increasing, and child-headed households are rapidly increasing. Phiri states that child-headed homes have increased due to the deaths of parents from HIV/AIDS (2003:15). The present researcher sees the relevance of this statement in Oshana Region, because child-headed households are increasing at a faster rate than before. There are many reasons behind this. Firstly, the extended families which would have traditionally provided support for orphans are overburdened by orphans: they can no longer take care of their orphans.

Secondly, the stigma associated with HIV/AIDS deaths in Oshana Region, Namibia, means that many families do not want to look after HIV/AIDS orphans. A 13 year old girl who dropped out from school to take care of her two brothers and one sister says: "I dropped school, to take care of my brothers and sisters because there is no one to care for

them” (informant 27 June 2004). Phiri also states that: “Young girls drop out of school to take care of their sick parents or siblings” (2003:15). By doing so, orphans lose the opportunity for education and the chance to help themselves in the future. As the children seek food, the girl orphans become vulnerable to abuse in order to get money. As a result, girl orphans end up infected with HIV. Without parental advice the boys who drop out of school become street children and, therefore, there is an increase in crime. Stephanie Shutte says that we need to ask the Department of Education to see that children orphaned by HIV/AIDS are exempt from school fees (2000:33). The present researcher observed the need for this petition even in Oshana Region, because some orphans drop school because they do not have someone to pay for their school fees, uniforms and transport. As other children, orphans need love, shelter, food, clothes and safety; they need our pastoral care and counselling.

Ministers in Oshana Region, Namibia, who give pastoral care and counselling to the caregivers of orphans who experience poverty, isolation, lack of love, lack of information about HIV/AIDS, lack of shelter, food, clothes and safety, need to know these facts about the caregivers of orphans in order to encourage them to continue caring for orphans. Douglas Waruta and Hanna Kinoti state that ‘Where there is no counsel the people fall, but in the multitude of counsellors there is safety’ (2000:1; Prov 11:14). Ministers in Oshana Region need to know that human beings need each other and look for physical, emotional and spiritual support from one another. They must use the biblical language in their counselling. For example, they may remind caregivers of orphans that the Lord is our Shepherd, who takes care of us all. Jesus Christ declares himself the Good Shepherd: someone who cares for us (Psalms 23; John 10:10-11; John 21:15; Waruta and Kinoti 2000:1). Ministers in Oshana Region, as counsellors, need to comfort and encourage the caregivers of orphans by being there with them, by prayer, by reading a Bible verse, or by just extending a loving touch or embrace. This is necessary when ministering to orphans. Our words as ministers can be short, for example: ‘I am here, I am with you, and I care’ (Waruta and Kinoti 2000:1).

4. 4. 5 Nurses

Orphans in Oshana Region, Namibia, are also cared for by nurses, for example in Oshuundika Orphanage. According to Judy Pearsall, a nurse is a person trained to care for the sick, to look after young children and babies (2001:978). Shikongo reveals the roles of a nurse as a person who cares for patients, who is the power for the weak, the ears for the deaf, the eyes for the blind and the friend of the patients (informant June 1 2004). Florence Nightingale viewed patients and nurses as family members (Bailin 1994:33). This is true to the present researcher because there is a strong relationship between nurses and patients which leads to close friendship and becoming as family members. Nurses are also the ones who practise pastoral care and counselling to the patients.

Simon Harrison states that in hospitals the vast majority of pastoral care is not carried out by chaplains but by nursing staff (2001:1). This is clear to the present researcher. Pastoral care can be done by everyone, even in Oshana Region. For example, everyone can show such care by sitting alongside someone when they are anxious or distressed and simply listening without judgment. However, pastoral care for patients and nursing staff is entrusted to ministers.

Ayala Pines and Elliot Aronson state that nurses, who care deeply about their patients, burn-out when the patients die (1988:3). Patients go through great pain and psychological stress. This affects nurses and in most cases develops feelings of helplessness and hopelessness. Sometimes they decide to leave the profession. One nurse in Oshana Region says: "I used to care, but I do not care much any more. Patients are dying every day, and I have no hope. I want to leave this profession and get another job. I am tired of standing before dying people. I am angry with God" (informant 3 June 2004). It is clear to the present researcher that some nurses become angry with God when they lose their patients whom they deeply cared for. It is our job as ministers to listen to their feelings and try to give them hope and courage to continue with their profession. Ministers in Oshana Region who give pastoral care and counselling to the nurses who experience

hopelessness, helplessness and tiredness, need to tell them that God is faithful and will continue giving them strength, support and peace to continue to look after God's people, the needy, the sick and the babies.

Conclusion

The impact of HIV/AIDS is broader than the health of individuals. HIV/AIDS affects not only the infected individual because according to the African understanding of family, it is always extended and not nuclear, which includes parents and children as well as other relatives such as grandparents, nephews, nieces, aunts, uncles, in-laws and all the family members. This means that for the infected individuals there are numerous family members and loved ones: partners and spouses, parents and children, siblings and grandparents, friends and caregivers, whose lives are also affected significantly and who also need care and support. The broader impact of HIV/AIDS in the African context means all are affected for, if one suffers, all suffer together with that person. The research shows that HIV/AIDS hits hardest in the society widowers, widows, orphans, caregivers and nurses. Ministers, especially in Oshana Region, Namibia, need to give these affected ones effective pastoral care and counselling as each situation merits it.

CHAPTER 5

DATA ANALYSIS AND RECOMMENDATIONS

Introduction

According to Lewis-Beck (1995: vii) “data” (plural of “datum”) is a “group of facts.” Facts do not speak for themselves. The task of data analysis is to try to give meaning to the facts. Interviews were done by the use of questionnaires. Respondents were provided with relevant questionnaires for the purpose of interviews. Each interview was recorded in Oshiwambo, and thereafter translated into English for the purpose of this study.

The following people from different places in Oshana Region were interviewed: ten orphans, seven caregivers, five widows, five widowers, ten pastors, three elders, and five nurses. In total forty-five people were interviewed. The structured questionnaires are given in the appendix. Before going into detail of data analysis, some responses from the interviewed will be given.

5. 1 Respondents

5. 1. 1 Orphans

a. On the question of what the lives of orphans have been like after the loss of their parents, all ten orphans answered with one voice: *“Kashi shi oshipu okukala twaana aakuluntu yetu, oshoka ngele twa pumbwa sha, ohatu pula aakuluntu yetu. Ishewe, aakuluntu yetu ohaa tu popile nohaa tu kumagidha. Ngashingeyi katu na we omupopili.”* The English translation is: it is not easy to live without parents, because we are used to asking for our needs from our parents. Our parents protected us from bad things and advised us. Now we do not have any one to look up to.”

b. When orphans were asked whether they have places to stay, they gave different answers. Six out of ten have places to stay, food to eat and they are under the custody of elder sisters, who pay for their school fees, uniforms and transport. Three out of the ten

have places to stay under the care of elderly women who are surviving on a government pension. Although they pay school fees, there are times that they cannot afford to pay. As a result, they do not go to school till they get money to pay and a uniform to wear. One out of the ten has a place to stay under the care of an elder brother who is a thief breaking into houses and shoplifting to get money. At the time of the interview, he was in jail and the younger brothers and sisters ended up without anyone to care for them. When they were asked how they were surviving the orphans answered that the youngest brother goes to the Roman Catholic Church (RCC) where they serve orphans with food under Catholic AIDS Action (CAA), providing lunch and supper. The rest have nothing to eat. The present researcher asked whether it is possible for the orphans to go to their grandmother, in the rural areas, but the orphans answered that there are already seven orphans living with her. Secondly, their grandmother is a drunkard. This means that all ten interviewed orphans showed that they have places to stay, but some have nothing to eat.

c. They were asked whether they are going to school. Nine out of ten answered that they are going to school and they have people to pay for their school fees, uniforms and transport. One out of ten said that he does not have anyone to pay for school fees, uniform and transport.

d. When orphans were asked whether pastors visit them, seven out of ten answered, shaking their heads: *"aasita ihaa tu talele po nande, hela yi ihulile po esiku lyefumbiko. Ina tu mona nande etalelepo lyaza k'Ongerki."* In English this means that there was "no visitation from pastors." They added that the last time they saw pastors was at their places during the funerals of their parents. This shows that no visitations from pastors or elders of the church had taken place. One out of ten got a pastor's visitation in passing from visiting his relatives. Two out of ten had got a pastor's visitation for several Sundays and attended service with other children. In their own words: *Omusita gwetu ohetu talele po. Osoondaha kehe otu na elongelokalunga pamwe naanona ooyakwetu li ikalela.*

e. On the question of what the church can do to make orphans' lives better, ten out of ten answered that *"oothigwa otwa pumbwa omatalelopo nomakumugidho gaasita."* In

English this means that orphans need pastors' visitations to talk to them, to encourage them, to give them hope that things will be fine one day and to reassure them that God is with them.

5. 1. 2 Caregivers

Throughout Oshana Region, HIV/AIDS affects all the community. Some elder orphans become mothers and fathers to their younger brothers and sisters, while others are cared for by extended families and their parents' friends.

a. When caregivers were asked by the present researcher to talk about how they take care of orphans during this era of HIV/AIDS pandemic, five out of seven answered that they have jobs where they can get money to care for their orphans, but still it is not enough, because the "number of orphans is constantly increasing every day." Two out of seven depend on a government pension and it is not enough. They need additional resources to care for their orphans. One added that "*okamaliwa kopenzela hoka hatu mono, oko hatu ikwatha nako okusila aatekulu yetu oshimpwiyu. Uuna tatu si, itapa adhika we oshimaliwa shokulanda oshiketha*" (*nomahodhi taga tondoka momeho gumwe osho a popi*). The English translation is: "our entire little pension we are using to take care of our grandchildren. When we die, we do not have anything, not even money to buy our coffins" (with tears in her eyes).

b. On the question of whether caregivers are able to cope with taking care of orphans, six out of seven said "*oshikulukulu oothigwa nkee dha kala ohadhi silwa oshimpwiyu kaakwanezimo lyawo, unene tuu kooyinakulu.*" The English translation is our responsibility to care for our orphans as grandmothers, we have no option but to care". Furthermore, they added that historically their relatives and extended families cared for orphans. One out of seven found it difficult to care for orphans because children demanded a lot. She said: *Aanona yamwe aadhigu oku ya sila oshimpwiyu, inaa putudhwa nawa oshoka ohaa pula naashoka ngoye mwene ku shi na.* The English

translation is, “some children are not disciplined. They become difficult children who demand more than what you have”.

c. On the question of whether orphans whom they take care of attend schools, seven out of seven say that their orphans attend schools, and their performances are better than other children. When they were asked whether these orphans are known by pastors, five out of seven say that they are not sure whether pastors know them. Since their parents’ deaths, pastors have not visited them. Two out of seven said that orphans are known by pastors who have visited them on several Sundays.

d. When caregivers were asked what the church can do in order to assist them, they said that the church must provide Sunday school for orphans to grow spiritually, and provide a place where they can learn that God is our Father who cares for us all. Furthermore, they added that ELCIN’s parishes must follow the good example of the RCC parishes and serve orphans with lunch and supper.

5. 1. 3 Widowhood

a. When widows and widowers were asked what their lives have been like after the loss of their husbands or wives, ten out of ten said that *okwiikalela okudhigu, kwanyenga enongonongo lya ka kong a omuti lyi idhingileko*. In English this means that it is not easy to be alone. Widowhood is a bad situation for both widows and widowers. They feel lonely and hopeless to face the future.

b. On the question of how they manage to take care of children now that they are alone, seven out of ten said that they have their job. However, it is still “difficult to be alone”, because all the needs of the children are upon them and there is no one to help. Three out of ten are dependent on extended families and have no resources to care for their children. This is a difficult situation, as orphans continue to increase and extended families are no longer coping.

c. On the question of whether widows and widowers have plans to remarry, nine out of ten want to remarry. However, they are worried because of HIV/AIDS. What makes things difficult is that people do not like to go for HIV/AIDS tests. The desire to remarry is the same for men and women but one fact is that women in traditional culture are not allowed to approach men. Secondly, culturally it is a taboo for a widower or widow to remarry without purification through the formal procedure. The body of the widower or widow was washed by the traditional healer a few days after the death and funeral of the spouse. After that ritual the widower or widow was free to begin a new matrimonial life. It is an African belief that if the widower or widow does not go through this formal procedure, the remaining spouse would die. Our Church does not like that kind of rituals (informant 7 June 2004). As a result, widows and widowers end up not getting married. One out of ten does not want to remarry, since his children are still young. In his own words he says: *inandi hala nande okuhokanununa omanga aanona yandje aashona, oshoka omukulukadhi otashi vulika te ya oku ya tidha po*. What this means is that he is scared that if he gets married again, the new wife might ruin his relationship with his children.

d. On the question of whether they had been visited by pastors, four out of ten revealed that they are visited by pastors. "They have meetings every second weekend." They get moral support to live as Christians and to know that there is still a hope for them to remarry. Six out of ten said that after the funerals they did not receive pastoral visitations. In their own words: *omusita otwe mu ihula uuna lwomafumbikwo gaaholike yetu*. What this means is that they are still in their anger, grief, and loneliness with no one to listen to them.

e. When they were asked whether the parishes' programmes accommodate them, eight out of ten said that parishes' programmes accommodate widowhood, because every Sunday there is a special prayer for them during the service. Secondly, the parishes arranged meetings where widows and widowers can attend with other congregation members to encourage one another. However, some widowers are not attending Sunday

services and meetings. As a result, widowers did not get some help. Two out of ten feel that there is no support from the church.

f. On the question of what the church can do to assist them, ten out of ten highlight that *“aakwetu, aasita naa taalelepo aasilwakadhi naaselekadhi momagumbo gawo moka, yo naa pulakene neidhidhimiko omaudhigu gawo.”* This means that, ministers should visit widows and widowers in their homes and listen to their problems.

5. 1. 4 Pastors

a. When pastors were asked how HIV/AIDS affects their congregations, eight out of ten said that *“Kapena we omwali ta tumbu mukwawo”* (Oshiwambo) meaning “all are affected by HIV/AIDS”: family members, community, society and the church. You find one who is infected is related to another, as we understand family in the African context. The church, especially the parishes in Oshana Region, is affected by HIV/AIDS. HIV/AIDS is there because the death rate per day, month and year is higher and it shows. These days it happens that two or more funerals are being conducted daily. There are many who die because of HIV/AIDS. When someone dies, pastors will go there and sit with the family members, sing together, read God’s Word, pray and help them to make funeral arrangements. After funerals they do other activities, such as sitting in the office and visiting sick people in their houses. However, pastors have so many responsibilities due to the increase of death due to HIV/AIDS. Pastors are very few and, as a result, they end up not visiting all the widowers, widows and orphans. Two out of ten pastors said that “It is not easy for the congregation members to come out and say whether they have HIV/AIDS or not”, especially in the rural areas. People are not open to say it freely due to its stigma and discrimination. HIV/AIDS is a sensitive/secret issue in our society; even the hospital does not reveal that people are HIV/AIDS infected.

b. When pastors were asked how they counsel their parishioners with regards to HIV/AIDS, eight out of ten say that HIV/AIDS affected family members are the people who need the most pastoral care and counselling, because, sometimes when the pastors

go to see HIV/AIDS infected people they find them in a critical condition unable to communicate. Some people are sick for a long time, but did not test for HIV/AIDS. There are some patients who keep their status secret and they do not want anyone to know about it. When the family members reveal it to pastors, some HIV/AIDS infected people get very angry. Such people make difficulties for pastors in their work of giving effective counselling. As a result, pastors say that some HIV/AIDS affected family members consult pastors when the patients are very weak and poor in communication. Two out of ten said that some HIV/AIDS affected family members do not believe and that they do not want to hear that their family members are suffering from HIV/AIDS. For example, in one incident, an old woman denied that her son was affected by HIV/AIDS. She claimed that her son was suffering from blood pressure. She cut him and sucked his blood out. As a result, the old woman got HIV/AIDS and died (informant 25 June 2004).

c. On the question of whether pastors experienced specific difficulties in counselling HIV/AIDS affected families, ten out of ten said that *“uudhigu unene ou li mpoka uuna aapambele yomunuuvu gwoHIV/AIDS ya tinda okwiitaala kutya omukwanezimo gwawo oku na HIV/AIDS*. This means that it is a difficult situation when the family members do not believe that their family member is suffering from HIV/AIDS. Such families are hard to give effective counselling to. When pastors were asked what they do in such families they answered that they try to inform them that there are many diseases in our time. They advise them to take their loved ones to the hospital to be tested. When pastors were asked whether they feel that their pastoral care and counselling helped HIV/AIDS affected families, nine out of ten felt that it helped because those who had received pastors' visitations improved in caring for HIV/AIDS infected people with love, care and compassion. Due to pastoral care and counselling, family members of the HIV/AIDS infected found that they accepted the situation and they provided food and drink to the HIV/AIDS infected. The family members got moral support from pastors to take care and be tolerant of the difficult patients who discouraged them with their strong language and behaviour. One out of ten said that the HIV/AIDS affected family members received counselling but the problems they struggle with are mainly about what will happen after the death of the family member. Before the person dies even, family members are

worried about how they are going to feed and accommodate all those who will participate in preparing for the funeral. They think about money, because in our days funerals consume lots of money.

d. When asked what else could be done for HIV/AIDS affected, ten out of ten said that HIV/AIDS affected family members need to be told how to prevent themselves from getting HIV/AIDS. Furthermore, pastors said that the church and the government should negotiate and give only one message to the people. The church gives emphasis to abstinence, while the government highlights the use of condoms. When people were asked to give the church's voice in summary form ten out of ten said: "Abstinence!" According to this view abstinence is the only way to combat HIV/AIDS. Youths must be told to abstain, and learn to be faithful before and after marriage, not be told to use condoms. Furthermore, the pastors said that people are not abstaining and are also not using condoms because if you visit clinics, especially antenatal clinics, you find queues of pregnant women. If you count, you will find that among ten pregnant women, only one is married.

e. On the question of whether the church and government are blaming each other, pastors said that "we do not need to blame each other. We need to understand each other. Abstinence is the voice of God because of God's commandments, while the using of condoms can be seen as the human voice. We need to follow God's voice." They emphasized that the church and the government must compromise and come up with one message to the community.

5. 1. 5 Nurses

a. When nurses were asked the criteria for regarding a person as an orphan in Oshuundika Orphanage, five out of five states that "orphans are children who have lost their mothers." On the question of whether there are also children in Oshuundika Orphanage who have lost their fathers, but whose mothers are still living, they said there were none. Furthermore, they made it clear that "a mother to a child is someone who nurtures, cares

and is responsible for him/her when he/she is young.” Mothers have a stronger relationship with their children than fathers do. The present researcher observed that all nurses who are working at Oshuundika Orphanage are women, while in other wards in the same hospital there are both men and women. The second observation was that women, especially elderly women, are the people who visit the children most. This confirmed what the nurses had said.

b. When nurses were asked about the orphans’ needs, five out of five state that “orphans need love, care and security” because they are children like other children. Orphans need food, drink, clothes, blankets and toys. The present researcher observed that they have toys, but these are not enough because one toy is shared by two or three orphans. They need someone available for them, helping them and changing their nappies. They are also in need of prayers by Church members. The present researcher observed that no one from the Church visited Oshuundika Orphanage during that time.

c. On the question of how nurses communicate with young orphans while they cannot speak, five out of five said that they use the language of children. “Young orphans are using non-verbal communication.” They need someone to accompany them. They need someone to hold them in his or her hands, to give them parental love. The present researcher observed that sometimes orphans were crying when they were alone on their beds, but when they were held by the hands, they stopped crying. This is a sign that they need parental love, to be held, to sit on someone’s lap. Nurses emphasized that men need to be aware that they have an important role in the life of children. Therefore, they need to visit orphans in Oshuundika Orphanage and elsewhere, and if it is not the case, the result will be that after a long time children will be fearful of men.

d. When nurses were asked what the church can do to help orphans during this time of HIV/AIDS pandemic, five out of five said that during the Christmas celebration, children receive gifts from governments, private companies and from some individual members of the community, but they do not receive even a single gift from the Church. The nurses requested the Church to follow the good example and give gifts to the orphans.

5. 2 Critical analysis of data from the different parishes of ELCIN in Oshana Region and findings of the research

This section analyses the data and research findings from the different parishes of ELCIN and the Oshuundika Orphanage that were visited during this study in Oshana Region. Qualitative methods, using narrative and observation, will be used to analyze the data of the research. This analysis of the research will eventually help us to evaluate what these parishes have been doing in HIV/AIDS ministry and at the same time help identify difficulties encountered by these parishes. These findings will also help us to come up with suggestions and recommendations for a way forward in structuring an effective pastoral care and counselling, and caring ministry that will not help only ELCIN's pastors, but the entire Church's involvement in the HIV/AIDS pandemic in Oshana Region.

The present researcher has chosen to conduct research on ELCIN parishes in Oshana Region because he was one of the pastors who worked there for ten years. It was easy to travel to all the identified places in this study and to interview people. All members were eager and willing to be interviewed. The present researcher also chose to conduct research at Oshuundika Orphanage and wanted to find out who the children are who are regarded as orphans, who the people are who take care of these orphans, and who the regular visitors are.

5. 2. 1 Orphans

The research shows that in Oshuundika Orphanage, orphans are regarded as children who have lost their mothers. Nurses state clearly that mothers are those who nurture, care and are responsible for their children, especially when they are young. Mothers have a stronger relationship with children than fathers. The present researcher understands that it was the older traditional understanding that only mothers care for children, but now

things are changing. The time has come where men need to take part in caring for children.

Secondly, young orphans need love, care and security. They need food, drink, clothes, blankets and toys. Miss Namibia, Leefa Shiikwa, also observed this need when she visited the Oshuundika Orphans Centre in Oshakati on Saturday 25 June 2005, where she handed out gifts such as toys, clothes and snacks to the children. Most of them are HIV/AIDS orphans (Appendix ii). Young orphans are also in need of prayers and this is a challenge to ELCIN as a Church and other Church denominations, since orphans who are in Oshuundika Orphanage belong to different Church denominations.

Thirdly, the research revealed that orphans in Oshana Region who were visited during this study showed that it is not easy to live without parents because orphans, when their parents were still alive, used to ask for whatever they were in need of from their parents. The orphans revealed that they had places to stay, but not all had food. There is lack of food in some orphans' houses in Oshana Region. Furthermore, the research shows that in Oshana Region, if the orphans are not in the orphanage, they are under the care of elder sisters and extended families. The present researcher observed that after their parents' deaths, orphans stay in their parents' houses under the care of the elder sisters or brothers. The research shows that some extended families in Oshana Region are no longer coping with this crisis. The present researcher gives emphasis to caring for one another as Africans. Let us hold onto our traditional and Christian culture of caring for one another (1Peter 4:8-10), orphans included. Christians are expected to share with God's people who are in need and to practise hospitality towards them (Rom 12:10-13).

Fourthly, the research shows that some orphans did not receive visitation from pastors. Only three out of ten were visited as compared to seven out of ten who did not receive any visitation from pastors. Pastors are reminded to follow Jesus' model to go around and visit the marginalized, especially orphans.

5. 2. 2 Widowhood

The research revealed that widowhood is regarded in Oshana Region as a bad status in life which causes loneliness and hopelessness. Secondly, the research shows that some widows and widowers want to remarry but there are reasons which hinder them from doing so. People in Oshana Region do not like to go for HIV tests. Thirdly, culturally, women are not allowed to approach men and propose to them, and this delayed remarriage on the side of widows. Some believe that if they get married, the partner will ruin the relationship with their children. The present researcher observed a widower in Oshana Region who stayed alone with his two sons for seven years. When he remarried, the relationship with his children was destroyed. As a result, the children feel abandoned and they feel insecure since their father got married. Widowers and widows need to be reminded if they get married to care for all the family members and try to unite the family rather than divide it.

5. 2. 3 Pastors

From the information we got from pastors, this research revealed that all families in Oshana Region affected by HIV/AIDS were in fact affected economically, socially, spiritually and psychologically. This study shows that when some parishioners died, pastors used to visit and sit with the family members, singing with them, reading God's word, praying with them and helping them to make funeral arrangements. This is a good service from pastors as the Bible mentions that "religion that God our Father accepts as pure and faultless is this: to look after orphans and widows in their distress (affliction) and to keep oneself from being polluted by the world" (James 1:27; Moo 1985:86; 2000:85, 97; Knowling 1922:36; Laws 1980:88, 89). It is also true that ministers have many responsibilities, for example, to conduct the weekly services, administer the sacraments, teach catechism and confirmation class, and officiate at funerals and weddings (Scherzer 1963:121). However, ministers in Oshana Region should know that pastoral calls can be social, evangelistic, educational, counselling, informative, or spiritually supporting, such as a call on the sick and dying. It is also a challenge to pastors

to help families to arrange funerals within a short period of time, to avoid financial problems. The present researcher wants to share with readers his experiences about the expenses of funerals in the following case study.

5. 2. 4 A case study: My fathers' funeral

While the present writer was busy writing this chapter, he received the news that his father had passed away on 8 May 2005 at Okahao, Ongandjera in Omusati Region, Namibia. He went to prepare his father's funeral. The funeral service (Appendix 5) was planned to be held on 14 May 2005 at Oshuulagulwa, Ongandjera in Omusati Region, Namibia.

He counted some (not all) expenses for the funeral from 8 May 2005 to 14 May 2005 as follows: seven chickens, five goats, two lambs and six cattle were slaughtered; 85kg of maize and 25liters of milk were used. Food was eaten by the people who accompanied the family. It was just a few days from 8 May till the 14 May 2005. This is regarded as waste, because every day one bull was slaughtered and it is impossible to finish one bull in a day. Since from the 8 till 12 May there were few people, they could not finish the meat. People coming for the memorial service only started arriving on 13 May 2005. As Thompson (1974:29) mentions "where there is more than enough, more than enough is wasted". An expensive coffin was bought. The widow will stay in need because her resources have all been wasted during the funeral. The present researcher observed that there was a lack of planning. Since anyone from the extended family could just order a bull to be slaughtered and other things such as food and drinks to be given to people, orders were given by individuals without consulting other members of the family. In total R15,300.00 was spent. It is true that a funeral involves major finances.

From this experience the present researcher would like to emphasize that ministers in Oshana Region and elsewhere must help family members to plan properly for funerals within a short period of time, especially when someone has died from HIV/AIDS related diseases, where more money has already been used on medical and health food expenses.

The present researcher finds that this research was broad and had many findings. In summary, while working on this research there were findings which came out as disciplines and challenge to pastoral care and counselling. Pastoral care and counselling of HIV/AIDS affected people faces the challenge of traditional world views, for example, people who believe that HIV/AIDS is the result of witchcraft. This research finds that one can research the link between HIV/AIDS and bewitchment. Furthermore, this research finds widowhood as a despised status in life. One can research HIV/AIDS and widowhood or HIV/AIDS and orphans.

5. 2. 5 Suggestions and recommendations

With the information provided by this study, the present researcher makes the following suggestions and recommendations for an effective pastoral care and counselling ministry for the people living with HIV/AIDS, as well as their family members:

- a) Grandparents, especially grandmothers, need additional resources to enable them to take care of their orphans;
- b) ELCIN should follow the good example of the RCC in taking care of the orphans by serving them with lunch and supper;
- c) ELCIN pastors and laity need to work more effectively to help people, especially HIV/AIDS infected and affected people;
- d) Parents should train and discipline their children to accept guidance from other people, especially relatives, so that they will accept care from others, for example, caregivers, extended families and parents' friends, if their parents die;

e) Pastors should visit widows and widowers in their homes and listen to their problems and grief, because grieving does not end at the funeral. Bereavement counselling should continue after the funeral;

f) Pastors should help family members to arrange funerals within a short period of time after death in order to avoid financial problems;

g) The church and the government must compromise and speak with one voice for the nation, community and society;

h) Men must also take part in caring for children, especially orphans. The commitment of the church to care for those who are infected and affected should encourage men to go and put their hands on the sick people, who need to be touched, lifted, washed, changed, fed and prayed for (Mark 5:21-43).

It is the observation of the present researcher that there are many challenges facing pastoral care and counselling in Africa. Pastors should continue to counsel people as whole human beings, in the Church and community. Given the challenges which they face, as pointed out in this thesis, such pastoral counselling should be contextual and sensitive to cultural beliefs and practices.

Conclusion

According to Oshuundika Orphanage, orphans are children who have lost their mothers because mothers are very important to children for they are those who nurture, care and are responsible for them, especially when they are young. Mothers have a stronger relationship with children than fathers. This research shows that young orphans need parental love, care and security. The research reveals also that widowhood is regarded in Oshana Region as a bad situation in life, which causes loneliness and hopelessness in the life of the surviving one. Therefore, pastors are reminded that "religion that God our Father accepts as pure and faultless is this: to look after orphans and widows in their

distress (affliction) and to keep oneself from being polluted by the world". This study emphasizes that ministers in Oshana Region and elsewhere must help family members to plan properly for funerals within a short period of time after death, especially when someone has died from HIV/AIDS related diseases, where much money already has been used for medical and food expenses.

CHAPTER 6

CONCLUSION

The present researcher has finally reached a point where he should now conclude this study which was not only a challenge to ministers of Oshana Region, but also to himself as well, as a Lutheran pastor. It will be also a challenge to pastors in other regions. The research shows that ministers in Oshana Region have tried their best to counsel the HIV/AIDS affected family members. However, their pastoral care and counselling is not effective, because of those who believe in witches rather than in the reality that there is HIV/AIDS. There is also the challenge to utilize a balanced theological and biblical basis in such a counselling ministry.

Health is the absence of disease, defined also as a sign of a correct relationship between people and their environment, with one another and with God. According to African culture, one cannot say that one is in a good health while one's neighbour suffers from hunger or disease because 'if one suffers all suffer together.' Africans feels healthy when they have a good relationship with each other and with God. To Christians the healing ministry of Jesus Christ is a model of a holistic approach. Christians cannot discuss healing without having Jesus in mind.

It is clear that illness is the enemy of health. Illness is regarded as misfortune, a social sanction, a curse from witches, parents and offended neighbours and also from God as punishment for human sins. However, ministers must state clearly that illness is not a punishment by God for their sins. The research finds that some ministers in Oshana Region, Namibia, view HIV/AIDS as a punishment from God for sin. This is a judgmental attitude but the church as the body of Christ has the responsibility to be non-judgmental and non-discriminatory and ensure that members affected by HIV/AIDS are cared for with love and mercy. Pastoral care and counselling is a helping and supportive service offered by the church through ordained pastors to accompany people in difficult situations in the process of finding better alternatives and making their own best

decisions. Therefore, ministers should know that when people are facing death, their presence becomes important to the individual and to the whole family.

HIV/AIDS affects not only the infected individual because the African understanding of family is always extended and not nuclear, which includes parents and children, as well as other relatives, such as grandparents, nephews, nieces, aunts, uncles, in-laws and all the family members. This means that for the infected individuals there are numerous family members and loved ones: partners and spouses, parents and children, siblings and grandparents, friends and caregivers, whose lives are also affected significantly and who also need care and support. The broader impact of HIV/AIDS on the individual in an African context means all are affected for if one suffers many suffer together with that person. The research shows that HIV/AIDS hits hardest the widowers, widows, orphans, caregivers and nurses. Ministers, especially in Oshana Region, Namibia, need to give them effective pastoral care and counselling by being there and also by responding to whatever their needs are.

The research shows that HIV/AIDS is a challenge to the community, society and to us all to re-evaluate our lives, change our behaviour and consider the meaning of life itself and seek to be compassionate. We, as the church, the people of God, are challenged to protest against judgmental attitudes, undermining of others, perceiving HIV/AIDS as stigma, discriminatory practices and attitudes. Instead, we need to provide practical and spiritual help, as well as consolation, to people living with HIV/AIDS and their family members.

This research shows that young orphans need parental love, care and security. The research also reveals that widowhood is regarded in Oshana Region as a despised status in life, which causes loneliness and hopelessness. Therefore, as the researcher has already mentioned, this is very important, pastors are reminded that “religion that God our Father accepts as pure and faultless is this: to look after orphans and widows in their distress and to keep oneself from being polluted by the world”. The family members should be helped to plan funerals within a short period of time after death, especially when someone has

died of HIV/AIDS related diseases, where much money has already been used on medical and food expenses.

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APPENDICES

This section will have five appendices. Appendix 1 (a) and (b), will contain the questionnaire form in both English and Oshiwambo languages. Appendix 2 will consist of the profile photo of Miss Namibia, Leefa Shiikwa. Appendix 3 Map of parishes in Oshana Region in Namibia. Appendix 4 Traditional Doctors who claimed to heal HIV/AIDS. Appendix 5 A funeral service for Sakaria Mwaala gwaNiishinda.

APPENDIX 1

QUESTIONNAIRE

1. ORPHANS

- a. What has your life been like after the loss of your parents?
- b. Do you have a place to stay?
- c. Are you going to school?
- d. Who pays for your school fees, uniform and transport?
- e. How do you relate to other children?

At:

- home
 - school
 - Church
- f. Do pastors pay you a visit?
 - g. How many times do pastors visit you?
 - h. What do you think the Church can do to make your life better?

OOTHIGWA

- a. Onkalamwenyo yoye, konima sho wa kanitha aakuluntu yoye oya tya ngiini?
- b. Oho zi peni paife?
- c. Oho yi kosikola?
- d. Olye he ku futile iimaliwa yosikola, omizalo dhosikola nomalweendo gwokuya kosikola?
- e. Ekwatathano lyeni naanona ooyakweni, oli li ngiini?
 - pegumbo
 - posikola
 - pOngerki

- f. Oha mu mono tuu etalelepo lyaasita?
- g. Iikando iingapi ye mu talele po?
- h. Oshike to dhiladhila Ongerki tayi vulu okuninga moku pupaleka onkalamwenyo yoye?

2. CAREGIVERS OF ORPHANS

- a. Could you tell me how do you take care of orphans during this time of HIV/AIDS pandemic?
- b. Where do you get the necessary resources as you take care of the orphans?
- c. Are you able to cope with taking care of orphans?
- d. Do orphans you take care of attend school?
- e. Are these orphans known by the pastor/parish?
- f. What do you think the Church can do in order to assist you?

AASILISHIMPWYU YOOTHIGWA

- a. Oto vulu okulombwela ndje nkene ho sile oshisho oothigwa pethimbo ndika lyomukithi gwoHIV/AIDS?
- b. Openi ho mono omakwatho ga pumbiwa mokusila oothigwa oshisho?
- c. Omaupyakadhi geni po wa tsakaneka mokusila oothigwa oshisho?
- d. Oothigwa dhoka ho sile oshimpwiyu oha dhi yi kosikola?
- e. Oothigwa dhika odha tseyika tuu komusita/kegongalo?
- f. Oshike to dhiladhila Ongerki tayi vulu okuninga mokupupaleka onkalo yoye?

3. 1 WIDOWS

- a. What has your life been like after the loss of your husband?
- b. How are you managing to take care of the children now that you are alone?
- c. Do you have resources of income?
- d. How do you relate to other women and men who are still married?
- e. Do you have plans to remarry?
- f. Has a pastor visited you?
- g. Do the parish programs accommodate widows?
- h. What do you think the Church can do in order to assist you?

AASELEKADHI

- a. Onkalamwenyo yoye oyi li ngiini konima sho wa kanitha omusamane gwoye?
- b. Oothigwa oho dhi sile oshisho ngiini sho u li po ongoye awike?
- c. Oho mono iikwatha peni?
- d. Ekwatathano lyeni naanandjokana oli li ngiini?
- e. Ou na omadhiladhilo gokuhokanwa?
- f. Omusita oheku talelepo ngaa?
- g. Oopolohalama dhiiningwanima megongalo odha kwatela mo tuu onkalo yaaselekadhi?
- h. Oshike to dhiladhila Ongerki tayi vulu okuninga monkalo yoye?

4. 2 WIDOWERS

- a. Would you like to reflect on your present experience, having lost your wife?
- b. How are you managing to take care of the children now that you are alone?
- c. Do you have plans to remarry?
- d. How do you relate to other men and women who are still married?
- e. What kind of pastoral care and counselling have you received from your pastor?
- f. What do you think the Church can do in order to assist you?

AASILWAKADHI

- a. Oto vulu okuhokololela ndje onkalo yoye konima sho wa kanitha omukulukadhi?
- b. Oothigwa oho dhi sile oshisho ngiini sho u li po ongoye awike?
- c. Ou na omadhiladhilo gokuhokanununa?
- d. Ekwatathano lyeni naanandjokana oli li ngiini?
- e. Ehungomwenyo lyatya ngiini wa mono komusita gwaandjeni monkalo ndjoka u li?
- f. Oshike to dhiladhila Ongerki tayi vulu okuninga monkalo yoye?

5. PASTORS

- a. Have you counselled the HIV/AIDS affected families in your parish?
For example, when someone died in the family because of an HIV/AIDS related disease?
- b. How do you counsel your parishioners with regards to HIV/AIDS?
- c. Are there any specific difficulties you have experienced in counselling HIV/AIDS affected families?
- d. Do you feel that you have helped them?
- e. What else could be done for them?

AASITA

- a. Aantu mboka ya gumwa komukithi gwoHIV/AIDS, ohamu ya hungu ngiini omwenyo?
- b. Aakwanegongalo yoye oho ya hungu omwenyo ngiini kombinga yomukithi gwoHIV/AIDS?
- c. Omaupyakadhi geni wa koneka mokuhunga omwenyo aakwazimo mboka ya gumwa komukithi gwoHIV/AIDS?
- d. Ou uvite ngaa kutya oho ya kwatha?
- e. Oshike to dhiladhila shi shi ku ningwa po natango?

6. NURSES

- a. In this orphanage what is the criteria for regarding a person as an orphan?
- b. Who are the people who visit the children most?
- c. What are the orphans' needs (physically, emotionally, spiritually and economically)?
- d. While they can't speak how do you communicate with them?
- e. What do you think the Church can do to help orphans during this time of HIV/AIDS pandemic?

AAPANGI

- a. Aantu yeni hamu ithana oothigwa meshala ndika?
- b. Oolye haya talele po aanona mbaka olwindji?
- c. Oothigwa odha pumbwa shike (palutu, pamadhiladhilo nopambepo)?
- d. Uunona mboka kau shi natango okupopya, oho popi ngiini nawo?
- e. Oshike to dhiladhila shi shi ku ningwa kOngerki mokukwathela oothigwa, unene pethimbo ndika lyomukithi gwoHIV/AIDS?



.....
Leefa Shikwa, visited the Oshuundika Orphans Centre in Oshakati on Saturday, where she handed out
toys, clothes and snacks to the children, most of whom are AIDS orphans.

seen here holding two of the youngest children being cared for at the centre, Sam Nabot and Ndamonoghenda
i.

Oswald Shivute

<p>DR JUMA KALLA HERBALIST - HEALER - ASTROLOGER OF PEMBA - MEMBER OF AFRICAN HEALER ASSOCIATION</p>	
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<p>Some of the diseases she can heal are:</p> <ol style="list-style-type: none"> 1. Men's penis which does not function well 2. Cancer 3. Epilepsy, stomach pains 4. Court Cases 5. Bad Luck 6. Unsettled Marriages 7. Ghosts & Demons in your home to be removed 8. People with HIV/AIDS will be treated 9. Pressure 10. Diarrhoea 11. Asthma 12. Body pains/fits 13. Job problems 14. Bring back your lover 15. Enemies 16. Miracles pregnancy 17. Sexual problems both men & women. 18. Help students to pass their exams 19. Vomiting all the time 	<p>CELL - 073 455 4955</p>
<p><i>THE DOCTOR IS CURRENTLY AT: After Hair For Africa Salon Poritt Building, Fraser Lane, Carlyle Arcade, Room No.1 2nd Floor, Behind Hub, Off Timber Street, Pietermaritzburg</i></p>	
<p>WORKING HOURS: Monday : 08.00am - 06.00pm Saturday: 8:00am - 02:00pm Sunday V.I.P.</p>	

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4. Court Cases
5. Bad Luck
6. Unsettled Marriage
7. Ghosts & Demons In-Your Home To Be Moved
8. People With Hiv/aids Will Be Treated
9. Pressure
10. Diarrhea
11. Asthma
12. Body Pains / Fits
13. Unemployed
14. Bring Back Your Lover
15. Miracle Pregnancy
16. Education
17. Vomiting All The Time
18. Bring Back Lost Things
19. Sugar Diabetes
20. Victims Of Witch Craft
21. Promotions - Bosses Favorite
22. Demands Of Debts
23. Enemies
24. Customer Attraction (boost business)

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 Saturday : 08-00 : 04-00
 Sunday By Appointment

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To The Bereaved Family and Friends

I give them eternal life, and they shall never perish, and no one shall snatch them out of my hand.

John 10:28

May you take comfort in knowing that we understand and care

In sympathy

Management and Staff

WELWITSCHIA FAMILY FUNERAL PLAN

FOR TIMES WHEN YOU NEED MORE THAN SYMPATHY
Contact us at Telephone No 284-3111 or any
Branch of Avbob Namibia (Pty) Ltd for more
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**ELANDULATHANO
LYOSHITUTHIFUMBIKO**

SHA

Sakaria Mwaala Gwaniishinda

Esiko: 14-05-2005

Ehala: Pegumbo

Ethimbo: 09h00

* A valwa: 06-08-1920 + A si: 08-05-2005



OTEMA:

**" Aanelago aanambili, oshoka otaa ka
ithanwa aana yaKalunga.**

Matt: 5:9

**Eimbilo: Ombili onda hala Jesus wange
Ehangano: 518**

❖ *Aawiliki yoshituthi: Nicky Angula, na Diana Nathinge*

OSHTUTUHIHUPULUTIO

13 May 2005, 16h00

OSHTOPOLWA SHA: A

1. Egalikano Gwashou, Aunc
2. Ondjokonona: Filemon Niishinda (Tate)
3. Ewi Iyaavalwa: Herodia Mwaala
4. Peha Iyaashiinda: Gwankonga, Hilja Namadhila
5. Peha Iyookuume: Eino Iileka
6. Peha Iyaatekulu:
7. Peha Iyaakwanezimo: Selma Ekandjo
8. Peha Iyaavali x2: Julia Ugala
9. Ompito yeeguluka 3-4 (5min)
10. Ongalo
11. Ehulitho: Gwashou, Aunc

OSHTUTUHIHUPULUTIO

14 May 2005, 07h00

Aawiliki: Israel Shingenge, na Eino Iileka

1. Okuza koshipangelo noku thika pegumbo 07h00
2. Egalikano: Israel Shingenge
3. Ondjokonona: Filemon Niishinda (Tate)
4. Ewi Iyomuselekadhi
5. Ompito yeeguluka 2-3 (5min)
6. Euvitho:
7. Eyambeko Iyomudhimba
8. Omatumwalaka: Diana Nathinge- Timoteus, Laina Shipingana
9. Etalo Iyoshipala nokuya komawendo
10. Ongalo nokuya komaendo

C. KOMAENDO

1. Ekulukitho Iyoshiketha nesiikilo Iyombila
2. Ezaleko Iyombila
3. Omapandulo: Andreas Ambambi
4. Elaleko nuuyamba

Aahumbati yoshiketha: Aavalwa naatekulu.