

THE ROLE OF ISALAH SHEMBE'S NAZARITE CHURCH FOCUSING ON THE
HEALING AND CARING MINISTRY TO PEOPLE LIVING WITH HIV/AIDS AND
THEIR FAMILIES IN GREATER PIETERMARITZBURG AREA IN KWAZULU-
NATAL.

BY

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DECLARATION.

I Thilivhali Nathaniel Madima, a candidate for the degree of Master of Theology, in the School of Theology, University of Natal (Pietermaritzburg), hereby declare that except for the quotations specifically indicated in this dissertation, and such help as I have acknowledged, this is wholly my own original work and has not been submitted at any institution for the fulfillment of any other degree.

Thilivhali Nathaniel Madima.



September 2003.

As the candidate's supervisor I have/have not approved this dissertation for submission.

M.P. Moila.



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DEDICATION.

I dedicated this dissertation to the late Mushavhi Prof. M.E.R. Mathivha Seremane, for his mentorship during all the years of my academic endeavours in the School of Theology, University of Natal, Pietermaritzburg. This is the fruit of his work..

"Vata Zvakanaka Museremane, Muremba wa chikomu cha Chiramba, Muzungu a no ku bva Sena". Shalom !!.

List of Abbreviations.

A. I. C's – African Independent Churches.

AIDS– Acquired Immune Deficiency Syndrome.

A .T. R.– African traditional religion

C.M.C.– Christian Medical Commission.

D.N.A– De-oxyribonucleic Acid.

E L C.S.A.— Evangelical Lutheran Church in Southern Africa.

H I.V.---- Human Immuno-deficiency Virus.

I. P.C.C.---- Inter-Pentecostal Christian Church.

K. Z. N.-- Kwazulu-Natal.

N .A P. W.A.– National Association of People living with AIDS.

N.G. O 's- Non-governmental Organizations.

P A.C.S.A.— Pietermaritzburg Association of Crime in South Africa.

P.W.A.— People living with AIDS.

R.N.A.— Ribonucleic Acid.

T E.E.C.– Theological Extension Education College.

U.N.A.I.D S– United Nations for Acquired Immune Deficiency Syndrome.

W .C. C.-----World Council of Churches.

Abstract

The special focus of the thesis is the ministry of healing and caring during the present HIV/AIDS pandemic in Kwazulu-Natal. Hence the purpose of this thesis is to investigate Isaiah Shembe's Nazareth Church's healing and caring ministry to people living with HIV/AIDS and the affected members of their families in greater Pietermaritzburg area in Kwazulu-Natal.

Healing and caring for the sick is the primary mission of this church.

It is therefore important to investigate this church's healing and caring ministry to HIV/AIDS patients. This is important especially because it is generally believed that this disease is incurable.

Does this church really heal or just care for these patients?

In general this Church utilizes the healing and caring methods of both Jesus and African healing systems. Hence this study is a theological reflection on the effectiveness of the healing method that combines Jesus and African healing systems with special reference to HIV/AIDS. The study is therefore inspired by the assumption that the congregants of Shembe's Nazareth Church play an important role in fighting this killer disease in greater Pietermaritzburg area. Further the study reflected on both the successes and failures of this Church's ministry. The healing and caring ministry of *iBandla lamaNazaretha* makes a substantial contribution to the war against HIV/AIDS by the church and society. This exercise will hopefully help us to learn more as we strive to be relevant and true to the gospel even now in the time of HIV/AIDS.

Chapter One.

Introduction

This research is inspired by my experiences as a theological student in greater Pietermaritzburg area in Kwazulu-Natal in the Republic of South Africa. This area like many areas in Kwazulu-Natal is predominantly urban and has also a high level of HIV infections.

This situation has serious implications not only for the development of Kwazulu-Natal in terms of economy and politics, but it has other far-reaching consequences. Because of HIV/AIDS, people are ill today physically and mentally and this affect them spiritually also. This is the reason why people turn to the African Independent churches like Shembe's Nazareth Baptist Church. When you ask them why they are refraining from their churches, the reason they give is that they are doing so because they are in need of healing. This shows how fundamental healing is on the lives of human beings.

The study aims first at providing a clear understanding of Shembe's Nazareth Church as a manifestation of African Christianity, and secondly at giving an informed account of the contribution which Shembe's Nazareth Church is offering to people living with HIV/AIDS and affected members of their families in greater Pietermaritzburg area in Kwazulu-Natal.

It should therefore be borne in mind of the reader that this study is not meant to be an evaluation of work done prior to this research, but as a modest contribution of the researcher on the debate about the healing and caring ministry of people living with HIV/AIDS currently going on in Shembe's Nazareth Church today.

In view of the above, I have found it necessary to pursue this study on the healing and caring ministry to people living with HIV/AIDS focusing on Shembe's Nazareth Baptist Church.

The reasons for doing this research are as follows:

Firstly, its geographical position was easily accessible to me as a researcher and a student of University of Natal, Pietermaritzburg. Secondly, most of the members of this Church were eager and willing to be interviewed on HIV/AIDS which they regarded as a new disease in Africa.

Furthermore the other reason for doing this research on Shembe's Nazareth Church is that its healing and caring ministry is derived firstly from the Biblical aspects of healing as described in both the Old and New Testaments, i.e. exorcism, prayer, the laying of hands on the sick, e.t.c.

Shembe's healing and caring ministry is also founded on central aspects of the Zulu cultural and religious backgrounds.

In other words, the particular contribution of Shembe's Nazareth Church to the debate about the ministry to people living with AIDS is their ability to use the word of God and African methods of healing to effect a healing on the sick as well as the affected members of their families. These practices which are the cornerstone of the healing ministry form an integral part of the religious beliefs among Shembe's Nazareth Church congregants and are typical in their services as I witnessed them in congregations which I visited in greater Pietermaritzburg area (i.e. in Imbali, Sobantu and others).

If statistics are anything to go by, there is no doubt that the worst is to come unless something is done to unrest the alarming spread of this dreaded disease(Goncalves 2001:5). By the end of 1999, UNAIDS estimated that 34, 4 million people; adult and children were living with HIV/AIDS. Of these 24,5 were living in South Sahara Africa, with 90% living in South Africa. Again a quarter of these were living in the province of Kwazulu-Natal with Pietermaritzburg as the capital city. Greater Pietermaritzburg even though an urban area has a greater percentage of people infected with the HIV virus. One reason for this is that it is one of those areas where prostitution has grown to an alarming proportion thus contributing to this high rate of infections.

In order to combat the HIV/AIDS pandemic, society needs to undergo a paradigm shift on human sexuality and other factors (Ncube 2002:1). By other factors here, I mean socio-economic, political and cultural factors like the migrant labour system, cultural myths and taboos about HIV/AIDS. That is these attitudes, values, customs, and mores that are constructive are to be valued and those that are destructive are to be problematized with a specific purpose of engaging in a fruitful dialogue. On the other hand an African version of medicines and healing methods are to be profiled so that they can contribute in the fight against HIV/AIDS. Consequently a number of issues on AIDS prevention can be countered if there would be a radical change in the lifestyles of people irrespective of their cultural or religious backgrounds.

The focus of this study will be on looking at healing of those people living with HIV/AIDS and their family members in greater Pietermaritzburg area in Kwazulu-Natal within the perspective of Shembe's Nazareth Baptist Church. It was interesting to note that while Shembe as the leader of

the Nazareth Church was exposed to the Western philosophy and yet he subscribed to African philosophy in his approach to his ministry. He did that in order to be relevant to his context and thereby met the needs of the people he served. In other words, the point here is that within Shembe's Nazareth Church there is an example of how the African church should work to meet the needs of African Christians in a holistic and relevant manner.

The topic purported to address the issue of HIV/AIDS in the urban part of greater Pietermaritzburg area in Kwazulu-Natal. However in field work I did not limit myself to greater Pietermaritzburg only, and that was because of a technical reason. I also extend myself to interview respondents from the north coast of Kwadukuza and Maphumulo, and in the south coast (Umlazi), because some of the respondents did not return my questionnaires. The study was mainly informed by literary sources, i.e. published and unpublished works on the topic. In field work I conducted structured interviews on the subject with different congregants of Shembe's Nazareth Church in greater Pietermaritzburg area covering Imbali, Edendale, Sobantu, Slangspruit, Northdale, Oribi, Maphumulo and Kwadukuza.

A questionnaire consisting of ten questions was given to at least sixteen congregants. Since men are the only preachers in Shembe's Nazareth Church, six women, two youths and eight men from different ages and educational backgrounds were interviewed. Due to the fact that among the respondents, there were those who could not read English, the questionnaire form was in both English and Zulu languages.

My concern here was to find out from these respondents their level of knowledge about the devastation caused by the HIV virus and the kind of contributions that their congregations have done in order to combat the HIV/AIDS pandemic in greater Pietermaritzburg area.

The theoretical approach from Stuart Bate's *Inculturation and Healing*, which starts from the experience or current praxis of the community of faith and returned to the praxis in order to propose the next step forward was the one emphasized in this study. We adopted this method for our purpose as we tried to understand the healing and caring ministry of people living with HIV/AIDS as well as members of their families in Shembe's Nazareth Church.

Ncube(2002)'s emphasis was on the role of pastoral theology. He insisted that the pastoral action of the church formed the locus of a theological process. The role of pastoral theology was not merely to apply conclusions of a dogmatic theology to particular situations, but rather to develop the theology which leads to pastoral action based on a "situated praxis". Since the issue of caring and healing is also a pastoral one, it served us well to take heed of Ncube 's observations as we approached our subject of study. This as adopted by Bate (1993) was the one approach which I followed when I made an analysis of the findings of the research.

Since this was a theological research, I had to read a lot on the subject. Before reading some of the relevant works that purported to this study, I had earlier on written an Extended Essay at Umphumulo Lutheran Theological Seminary entitled :“ The History and origin of Isaiah Shembe' s Nazareth Church at Maphumulo area”.

By reading literary sources this enriched me with tools that attempted to explain how Shembe's lay preachers and other members live their faith within their cultural understanding and trying to relate them with the present HIV/AIDS pandemic in Kwazulu-Natal.

The literature that was very much important to us in this research was that of Bate's *Inculturation and Healing*(1993), which helped us to understand the contexts and world views which shaped healing from a socio-cultural and psychological point of views. MacNutt's *Power to Heal and Healing*(1997), guided us through a careful and intellectual discussion of someone who is a member of a Renewal Movement like Modise of the Inter-Pentecostal Christian Church (I.P.C.C.). Siegfried Jwara (1998), separately showed in his study the need for the mainline churches to address the African traditional world view by bringing in relevant programmes that are effective in healing and caring ministry for the people living with HIV/AIDS .

Oosthuizen 's *Afro-Religion and Healing in Southern Africa*; Daneel's *Zionism and Faith Healing in Rhodesia*; Kiernan's *Production and Management of Therapeutic Power in Zulu city*(1990); Hexham's *amanaZaretha of eKuphakameni*; all these works helped us to have a vigorous discussion on the activities of the African Independent Churches like that of Shembe. All of these materials discussed the necessary aspects of the ministry of Isaiah Shembe's Nazareth Church and his profile.

Focusing on disease and healing in time of HIV/AIDS would be like trying to count sand in the Indian Ocean. Thus to avoid the impossible, we limited this study to the issue of healing and caring of HIV/AIDS sufferers and the affected members of their families from the understanding of Shembe's Nazareth Church in greater Pietermaritzburg in the province of Kwazulu-Natal. Therefore the study reflected on the following issues:

- . an overview of the HIV/AIDS pandemic in the province of Kwazulu-Natal.
- . The church's response to the HIV/AIDS pandemic in Kwazulu-Natal.
- . Spiritual support for the people living with HIV/AIDS as well as members of their families in greater Pietermaritzburg area of Kwazulu-Natal.
- . The relevance of theology of healing and the methods of healing in Shembe's Nazareth Church to people living with HIV/AIDS and the affected members of their families in greater Pietermaritzburg in Kwazulu-Natal. The limitation of this study is that it only focused on healing especially for those people living with HIV/AIDS and their family members since members of Shembe's Nazareth Church believed that healing was one of Christ's mission on earth. I am saying so because they understood Christ as a Saviour who healed people from their sicknesses and diseases as reflected in His ministry on earth.

The reader will realize that the chapters of this study are informed by both the literary sources and interviews. Thus in line with the objectives of this research, the topic was explored under six chapters. Chapter one introduced the topic as well as outlining the methods that were used in collecting and analyzing the data. The chapter that followed gave a general overview of the HIV/AIDS pandemic as well as shaping the church's response in Kwazulu-Natal. Chapter three covered the theology of healing and the HIV/AIDS pandemic.

In chapter four we addressed the history and the origin of the theory and the praxis of the healing and caring ministry of people living with HIV/AIDS in Shembe's Nazareth Church. Chapter five was devoted to a comparative study of the contribution of Isaiah Shembe's Nazareth Church on the healing and caring ministry of people living with HIV/AIDS in greater Pietermaritzburg area. This was done by means of a presentation of the interviews conducted in this region. Chapter six, consisted of the findings of the research, recommendations and suggestions for the future, and culminated in a conclusion of the whole paper.

The conclusion attempted to suggest a plan of action for those who are members of Shembe's Nazareth Church in Kwazulu-Natal. In this manner their responses can be one of the learning processes for dealing with those infected and affected with HIV/AIDS. Our discussion as it developed from chapter to chapter hopefully brought out some of these essential values relevant to a healing and caring ministry to be worked within Shembe's Nazareth Church in times of HIV/AIDS. Hopefully this would not benefit Shembe's Nazareth church only but also inspire the oneness of the whole church of Christ as it engages itself in a trans-denominational mission to share the gospel in a more vibrant manner which of course included people living with HIV/AIDS and those family members affected by it without betraying the basic ethos of the gospel. In the following chapter we are going to give an overview of the HIV/AIDS pandemic in the province of Kwazulu-Natal.

CHAPTER TWO : AN OVERVIEW OF THE HIV/AIDS PANDEMIC IN KWAZULU-NATAL.

2. 1. Introduction.

The HIV/AIDS epidemic has spread more rapidly in Africa than it has in other continents. Several factors have contributed significantly to this rapid spread of HIV/AIDS especially in the province of Kwazulu-Natal. Time and space will not allow us to elaborate much on this, as it is not the subject of this study. Therefore this chapter gives an overview of the HIV/AIDS epidemiology in South Africa. Having this in mind, it will continue by paying attention on shaping the church's response to the HIV/AIDS pandemic in Kwazulu-Natal.

2. 2. An overview of the HIV/AIDS epidemiology in South Africa.

2. 2.1. The origin of HIV/AIDS.

AIDS (Acquired Immune Deficiency Syndrome) was first described in 1981 in U.S.A. among homosexual men (Youle, Wade and Farthing, 1998). Homosexual men practice anal sex that makes it easy for the tissues to break during sex. This makes it easy for the HIV virus to be transmitted to the next person. Examination of serological specimen has proved positive among drug addicts throughout the 70 's. According to Beers and Roberts (1999), a 16 year-old boy in the west of U.S.A. who died in 1959 has been shown to have been HIV positive. These authors further emphasize that medical records from Belgian Congo in 1930 describes the "slim disease" so characteristics of AIDS.

According to (Muller 1987), the agent responsible for AIDS is a retrovirus called the Human Immunodeficiency Virus (H.I.V). This means that it belongs to a family of viruses that have a unique ability to make D.N.A. the blueprint for the replication out of R.N.A. Because this family works the opposite way i.e. backwards, they are called the retroviruses. This implies that they build off new viruses from the surfaces of the cell to infect other cells and are responsible for progressive reduction of the immune system resulting in AIDS. I am also of the opinion that without any doubt this process affects the normal functioning of the cell. According to Beers and Roberts (1989), the existence of HIV 1 and 2 has been confirmed. This implies that HIV is thought of as a Lentivirus which means that it is slow to replicate and reproduce pathological effects which is why an infected person may continue to live asymptomatic for years until the emergence of AIDS (Sinkoyi 2000 : 4).

2.2.2. Modes of transmission.

In Africa, HIV is predominantly acquired through heterosexual contact, mother -to-child transmission and through blood contact. In most countries however over 80% of infections are through unprotected heterosexual contact (Goncalves 2001:7). Although particles have been found in saliva, there is no evidence that suggests that it is transmitted through it, and therefore there is no evidence that indicate that kissing can transmit it.

Van Dyk (1993) adds to this explication by emphasizing that the HIV virus is passed primarily through penetrative unprotected sex (without a condom). He further suggests that the HIV virus can also be transmitted by other means too, which includes exposure to contaminated blood and

intravenous drug usage (Sinkoyi 2000 : 4). Furthermore people sharing syringes and needles to inject drugs run a high risk of being infected with the virus. The HIV virus is easily transmitted when needles are shared because drug users inject drugs directly into the blood stream. Against this background therefore it becomes a moral responsibility of people who engaged in high sexual activities not to donate blood. In actual fact they need not even send blood for screening because such would be a worthless exercise.

2.2. 3. What does it mean to be HIV positive ?

A positive HIV anti-body test means that the individual has been infected with the HIV virus for life and thus can be a carrier of that virus for life and infect other people. But this anti-body does not give a clear indication of the stage of infection nor the time it takes for one to develop full-blown AIDS. According to (Abrahamse 2000), the HIV infection has three stages. The first stage is asymptomatic in which a person infected with the virus develops anti-bodies and thus becomes a carrier of the virus but still displays no visible symptoms. This is the stage in which the virus lies dormant in the body, but still can be transmitted to someone else. It should be noted that an HIV positive person can remain healthy for a period of 10 years displaying no visible symptoms and capable of performing his or her daily activities, leading a full and productive life (Mudau 2001 : 7).

The second stage of infection commences when a person infected with the virus begins to show visible symptoms like persistent diarrhoea and loss of more than 10% of the body' weight.

These symptoms may constantly be present and not lethal or fatal, but it is when the patient enters the third stage he or she is said to have full-blown AIDS. And as the virus progresses the immune system may deteriorate increasingly and more persistent untreatable opportunistic conditions like skin cancer, pneumonia, tuberculosis and et cetera develops. The AIDS patient is usually thin as a result of persistent diarrhoea that may last for weeks or even months. On the other hand thrush in the mouth may even become so painful that the patient is no longer able to eat. The AIDS patient is also exhausted and this can result in multiple infections such as herpes and tuberculosis (Abrahamse 2000).

It should again be borne in mind that being diagnosed as HIV positive patient does not necessarily mean that it is a death sentence to that person. But instead it means that the person's immune system has been attacked by the HIV virus which weakens the anti-bodies and render them less effective in fighting against infections like cancer, tuberculosis and e.t.c, and later will lead into a stage of deterioration and death (Denis 2001:3).

But even if a person is infected with the HIV, one can still lead a healthy life for many years by doing the following:

- a .Taking care of his or her health i.e. eating a healthy and balanced nutrition, enough rest, good exercises and taking the prescribed medications and etc.
- b. Practicing safe sex by using a condom when having sex.
- c. Getting the necessary support from the people around him or her.
- d. Maintaining a positive attitude about life by setting goals for oneself, believing in oneself and looking at the positive side of things about life as well as knowing one's strengths and weaknesses (Denis 2001:3).

2.3. The impact of the HIV infection on the patient.

To be informed that one has acquired a life-threatening condition, i.e. HIV positive can be a devastating blow for the person concerned. For that person such bad news may seem almost incomprehensible at first, and for many it is only after some time has passed that the full realization may be faced (Abrahamse 2000). Such an experience may leave the individual with long-term effects psychologically, socially, emotionally, economically and to a larger extent spiritually. In the following section I will emphasize much on the spiritual effects of the HIV infection on the patient.

2.3.3. Spiritual effects of the HIV infection on the patient.

The person with HIV/AIDS experience loss; alienation; a feeling of rejection and being a burden to the others. Those who are supposed to give and offer care and support often withdraw from the scene and it remains for the visiting carer, the pastoral counsellor or the chaplain to find the ways to accompany this person (Ward 2000 : 27). The dilemma we are facing now is the matter concerning the professionalization of pastoral counselling. Van Aarkel still prefers to make a distinction between mutual care, counselling and pastoral therapy. He defines pastoral counselling as follows:

“ Pastoral counselling is the caring function of ministry which uses insights and principles from theology and behavioral sciences for a structured and informed caring dialogue with people and social systems where such people or systems are in a problem situations , the intention being to realize salvation and growth” (1999 : 110)

But in the words of Patton (1993), “pastoral care and counselling in our present crisis is not itself a profession, but a function performed on by the person whose profession is ministry “(1993: 78, 216). The reality is that the HIV /AIDS patients are stigmatised, isolated, rejected, discriminated and et.c. This affects the person living with AIDS since they consider themselves already judged and condemned to hell (Ward 2000 :28). In the case of counselling and caring for people living with HIV/AIDS, the pastoral counsellor faces the challenges of articulating the reality in terms of the benevolence of the author of the reality, God. Together as the church we must make a difference. In most cases when numbers are counted , it is ordinary men and women in the home who are taking responsibility for the burden of caring of the people living with HIV/AIDS. Together we as the church must enable the laity to take up the responsibility into active ministry in order to release some energy now and concentrate at the top and diffuse it to the rest of the community.

2. 4. People’s perceptions on HIV/ AIDS.

In this section I shall attempt to look at the following subheadings as far as the people’s perception on HIV/AIDS are concerned. In the first place I will try to bring in here some of the general myths of HIV/AIDS. Secondly I will look at the general perceptions of the people living with HIV/AIDS as well as members of their families in greater Pietermaritzburg area in Kwazulu-Natal.

2.4.1. People's myths about HIV/AIDS.

Concerning the facts relating to the people's myths on HIV/AIDS, I will try to examine four current myths that surround HIV/AIDS as elaborated by Bate's *Sermon of the Good News in the World of AIDS*. It should be borne in mind that each of these myths implies bad news for the person living with HIV/AIDS and those who are members of his or her families.

My task here would be to examine them in terms of Christian and African narrative in order to see if they might bring good news for the people living with HIV/AIDS. The four current myths are as follows:

The myth of margin; social disgrace; evil and that of incurability. Bate (2001 : 2) firstly argues that in most first world countries HIV/AIDS is understood as something that happens to those people who are living in the margins of society. This refers to those people who are marginalized.

For an example Black people get HIV/AIDS because of their perverse and marginalized sexual behaviour. In this regard homosexuals are also singled out as twisted and dangerous people (Ibid p.3). The implication of this for the Christian in caring for the people living with HIV/AIDS is the very essence of the ministry of love. To expand on this point concerning the stigmatization and the non-judgemental attitude towards the HIV/AIDS towards people living with HIV/AIDS, I would like to employ the words of Rev. Olsen (1995:10) where he says:

“ HIV/AIDS is a behaviour related disease .It is not true that everybody is at risk. Only those who live dangerously are likely to contract the HIV virus”.

Nicolson (1995) supports the notion that most adults who contracted HIV/AIDS in South Africa catch it during unprotected sexual intercourse. To strengthen this point I will quote part of his "Sermon on AIDS". This is an extracted part of his sermon:

"Dudu is a middle-aged woman of 45 years. She lives together with her husband, Paul in Nongoma, in the rural part of Zululand. They have been married for eight years. Because there are not enough jobs for all the people in Kwazulu-Natal, Paul found himself a job somewhere in the mines of Johannesburg. Because of the long-distance and loneliness, Paul found himself a town woman, Thandile.

They were staying together in Alexander hostel. Dudu knows very well about AIDS, and is very much worried about Paul's long absence.

Since Paul has been in Johannesburg for a long time now, it was obvious to Dudu that Paul was seeing other women. Sometimes Paul visited some shebeens in town. There Paul would get drunk and even sleep with some of the prostitutes. After some time Paul felt homesick and decided to go home. When Paul came home, Dudu wanted to refuse to have sex with him. But in terms of the Zulu customs of marriage she could not do this in any way. After three months when Paul had gone back to Johannesburg, Dudu felt pregnant. Since she was worried about AIDS she went to the doctor for an HIV blood test. After two weeks the blood test came back. Dudu was devastated when she received the bad news that she is HIV positive. She also informs Paul of her HIV status. The news was also heartbreaking to Paul. He felt guilty and started to drink too much.

He felt that he had betrayed Dudu, his wife who trusted her so much. The worse was still to come since he did not infect Dudu alone, but even the child to be born will be the carrier of the HIV virus. He felt that there was nothing to live for, since there was no longer any future for him and Dudu. The only thing that he thought of was the untimely and premature death that will come to him, his wife Dudu, and the innocent child to be born. The little time that Paul had for fun was spent on drinking alcohol in the shebeen. Did Paul take care of his wife and the unborn child? The answer to this question is no. Paul is one example of those who lived dangerously”

Secondly is the myth of sin and evil that comes from various religious cultures. While within the Christian culture, sexual perversion is seen against God, in the African traditional religion it is seen as endangering life by destroying relationships in the community including relationships with the ancestors. AIDS is thus interpreted as God’s punishment for those who refuse to follow Christian sexual moral behaviour (Bate 2001 :3). A group of secondary school students interviewed at Mpholweni mission school in Natal believed that AIDS was God’s punishment for those people who are sexually immoral (Webb 1977 : 176).

The third myth is that of social disgrace. Such a myth communicates to the sick people that AIDS is a shameful thing to be sick and to die of. The World Council of Churches study noted that people living with HIV/AIDS face isolation and discrimination in virtually all

societies and cultures (W.C. C . 1977 : 69). According to Bate (2001: 4), when asked this question from a number of different locations in Southern Africa : “What do you think should happen to the people living with HIV/AIDS?”. The response to this question could be classified into three groups, namely “ kill; isolate; and care”(Webb 1997: 70). 14% of the respondents believed that the people living with HIV/AIDS should be killed, and 55% believed that they should be isolated; while 22% thought that they should be cared for (Ibid, p.5). The good news about this myth of social disgrace is that in the gospels, those experiencing social disgrace because of HIV/AIDS should be welcomed just as Jesus welcomed the ostracized and focused his ministry to them. Jesus’s reputation in his own time was that he was the one who kept company and ate with tax collectors and sinners (Luke 5:29).

The fourth myth is that of incurability of AIDS. This myth communicates to those who are afflicted with HIV/AIDS that it is an incurable disease. Such a myth unfortunately informs a number of behaviour among those who find the truth in it. The most common conviction is that of becoming HIV positive imply a death-sentence (Ward 2000: 26). This can serve as a recipe for anger, irresponsibility and so forth. But to other people this myth empowers them with the search for a cure. The good news about this myth is that healing of sickness is understood in terms of this sense, which I believed was the centre of Jesus’s ministry. In this regard the healing ministry of a Christian should include the following: prayer; counselling; affirmation; forgiveness of sins; and the sharing of love.

In these and many ways Christians are called to heal both the HIV positive as well as the other respective members of their families (Ward 2000 :29).

2. 5. Shaping the church's response to the HIV/AIDS pandemic in Kwazulu-Natal.

HIV/AIDS seems to bring the worse out in both Christians and non-Christians (Munro 1994: 2). Unfortunately our society always reacts with stigmatization, fear, blame, and rejection when it comes to HIV/AIDS (Van Dyk 1993: 3). Because we often liked to have explanations for various happenings and circumstances, it is perhaps understandable to appropriate the blame in such a way that will make ourselves feel better. Jesus Christ also faced the same situation in His days when He met a man who was born blind. In fact His disciples asked Him:” Rabbi, who sinned, the child or his parents to be born blind?”. Today we may even rephrase the same question to read something like: “Rabbi, who sinned, this child or his parents for him to be borne HIV positive or contracted the HIV virus?” Today we as the church may not all of us be HIV positive or have AIDS ourselves, but if our attitude as the church is that of blame and judgementalism, in this sense we are spiritually sick and in need of healing of Jesus (1 John 9 : 1-4). My impression when I was doing this research was that almost all the churches have now learnt to take a positive and supportive, non-judgemental attitude towards the people living with HIV/AIDS.

I was delighted when I was recently asked to attend the provincial workshop on the issue of HIV/AIDS organized by the Assemblies of God. Leaders of different indigenous Independent and

Pentecostal churches have become more easily visible involved in making statements about HIV/AIDS. To them HIV/AIDS ministry is no longer the preservation of what might be regarded as more liberal denominations.

Surprisingly however, some of these churches continue to take a negative attitude towards sex workers, pre-marital sex, and the use of condoms which differ from the secular AIDS agencies. Such will in turn make it difficult for the secular and religious AIDS agencies to work hand in hand. People in the church are as fragile as people anywhere else. It is very much disturbing to hear from some of our people living with HIV/AIDS telling us about the time when other Christians have cold-shouldered them and that is a sad thing to hear. Actually from my experience as a Christian I have found out it is right within the church of Christ where discrimination of HIV positive people become clearly visible. For an example, it becomes very difficult in the church for congregants to feel free to use the cup with the person who is HIV positive during the time when people are receiving the Holy Communion. It should be noted that here I am relating my experience as a member of one of the mainline churches. But surprisingly enough these churches (i.e. mainline churches), do perhaps talk about HIV/AIDS and issue national statements or public pamphlets. Their demands seemingly are to achieve sobriety and sexual faithfulness among their members.

In doing so, they are not in essence providing the real practical network of the support for their members living with HIV/AIDS. But if they were doing more than that like starting up community education in their churches in places of employment and arranging support groups for those people who are living with HIV/AIDS, they would become good examples of grassroots Christian community that other churches may envy (Radikobo 2001: 23).

These are practical things that are part of our lives that we as the church can do. The church cannot sit back and put up the responsibility onto the shoulders of the clergy, medical staff, and the government leaders of the day. Alternatively the church could arrange support groups and training days in our churches offering counselling skills for the home-based care for HIV/AIDS sufferers. In this way we as the church become part of volunteers who relieve the care givers when they need a break from the heavy burden of a continual care of the person living with AIDS.

2. 6. Conclusion.

We have seen in the introductory section how statistics have shown how serious the HIV/AIDS epidemic has become a threat even to the Body of Christ, i.e. the church. It is also very true that HIV/AIDS is an incurable disease. But while scientists continue to battle to come up with the vaccine for HIV/AIDS, we as the church has a mandate entrusted upon our calling .Our concern as the church is based on the fact that the church is regarded as a healing community in the midst of pain and suffering regardless of what nature it might be .In the next chapter we are going to deal in depth with the theology of healing and HIV/AIDS.

CHAPTER THREE : THE THEOLOGY OF HEALING AND HIV /AIDS.

3 .1. Introduction.

Healing concern the whole of the human being and not just one aspect of it whether this be the body, the mind, or spirit. This means that it is not satisfactory to attempt to make the meaning of healing by adding adjectives to it, and speak of “faith -healing; spiritual healing, miraculous healing, charismatic healing and so forth (Wilkisons 1998: 4). In this section I shall deal with the theology of healing and HIV/AIDS. Therefore this section will cover the following important concepts of the theology of healing:

(i)Developing the theology of healing; (ii) the healing ministry in the Old Testament;(iii) healing ministry in the ancient world;(iv) the healing ministry of Jesus; (v) healing ministry in the history of the church; (vi) healing ministry in the African Independent Churches in times of HIV /AIDS.

3 .2. Developing a theology of healing.

If we were to assess intelligently and critically the healing ministry described in the New Testament and followed in the early church, these events must be seen in relation to the world in which they occurred (Kelsey 1993: 26). Bate (1995), is of the opinion that when we try to develop a theology of healing we should be able to grapple with the following issues:

Firstly, one should be able to develop an adequate biblical foundation for the healing ministry.

Secondly, we should be able to examine the historical development of the healing ministry in the church as it emerges in our own context today.

Today our context in order to be relevant in our healing ministry should also be able to address the HIV/AIDS pandemic. In the third instance, we should be able to examine the historical development of the ministry in the church and the theological responses to it throughout history.

3. 2. 1. Healing in the Old Testament .

In the Old Testament, God Himself is the Healer. This is made clear in Exodus 15: 26; where God Himself told the people of Israel the He is the Lord who heals them “(Chiloane 2001: 15).

Deuteronomy 32: 39; prettily well summarizes this basic attitude of most of the Old Testament :”It is I who deal with death and life; when I have struck it is I who heal and none can deliver from my hand”. There were two theological perspectives on healing in the Old Testament (Bate 1995:162). The first one indicates that the omnipotent God (Yahweh) is the author of life and death, sickness and health. (Kelsey in Bate 1995 :33- 34). According to this strand, the Old Testament prohibits all kinds of healing which involve charms and magic. Such included sacrificing one’s children divination, soothsaying, sorcery, spirit mediums, wizard and others (Deut 18 : 10-14).

Even though such acts and practices were abominable and abhorable before the eyes of the Lord, people and even kings resorted to these practices even when they were in trouble.

Again it should be born in mind that the Bible is not totally against these practices. It is only divinations that seek the knowledge and power from human beings than God which were considered as offences to God (Chiloane 2001 : 16). Kelsey (1973), also detects the existence of

a second different perspective of healing in the Old Testament. According to this strand, the whole question of evil and sickness is basically good and acceptable because it comes from God. It is interesting to note once more that even some members of the Nazareth Church of Shembe subscribe to this approach with regard to healing. Some of the people I interviewed believed that AIDS comes from God since God can be the origin or the cause of sickness. From the preceding, it can be seen that although God Himself is the Healer in the Old Testament, He also provides healing through agents. It is from this perspective wherein God uses people like Shembe as His agents of healing the sick and afflicted.

3. 2. 2. The healing ministry in the ancient world.

The early Greeks and Romans found ways to seek religious and physical healing as the Hebrews did (Kelsey 1973: 36). But there were several healing cults including the well-developed cult of Asklepios that reached many people. Formal Western medical study undoubtedly had its beginnings in the great Hippocratic school of ancient Greece (Ibid, p.37). In the Greek and Roman world some believed that all diseases and sicknesses were the creation of evil demons. Throughout the literature of ancient Greece and Rome, we find the idea that people were suffering because of the displeasure from the gods (Kelsey 1973: 38). Like Yahweh the same gods who bring disaster could sometimes turn about and bring healing. But instead of adhering only to the practices of Asklepios, a dicotomy of the mind and body known as Gnosticism became one of the important current Greek thought which later influenced their perception of healing.

Out of this came a theory of the origin of human beings, which held that they had been made when the mind and soul somehow became trapped in the greater body. Ultimately in Gnosticism, a point of view emerged in which healing of the body was clearly seen as unimportant. Later the church responded both positively and negatively to these healing traditions of Asklepios and Gnosticism. The only negative response was concerned with the theological orthodoxy and maintaining the pastoral control over Christian practices. Since Gnostic teachings put low the valuation of the body, it denied the idea of incarnation and ministry ; death and resurrection of Jesus (Kelsey 1995 : 39).

3. 2. 3. Healing in the Jewish culture of the first century

As in the Old Testament, in the Jewish culture of the first century God was potrayed by the Rabbis in the Mishnah as the Healer. This is clear in Sanhedrin 10: which states: "*I will put more of the diseases upon the Egyptians ; for I am the Lord your healer* ". Apart from this belief, the Jews of the first century associated healing with forgiveness. The reason for this was that they saw sickness and sin as closely related. Because of this association, sickness was a result of punishment and therefore healing had to be preceded by the forgiveness of sins. In order to bring about healing different medicines were employed for different problems. For an example, for an ear ache a locust egg was used, while a jackal's tooth was used to cure sleeplessness while honey was used to cure sores (Ibid p.21). But again such means of healing should not give us an impression that physicians played no role in healing. Even though physicians were rejected because of their practical failures, they played a role in the health of the people.

People who were sick and afflicted with all kinds of diseases and ailments consulted them for medical assistance since they regarded them as messengers of God. Apart from being God's messengers, physicians were also seen as God's creation, the tool that God uses to heal people like when he uses prophets like Isaiah Shembe. Since secular and religious practices of healing were closely tied together, it seems clear that both were discouraged among the Jewish culture of the first century (Kelsey 1995 :31). Those who practiced medical healing were also versed in divination and probably had relations with other gods and were condemned as interpreters of foreign gods. It is also shocking to note that in the context of the Jews of the first century sickness was itself seen as a "direct curse" from Yahweh. Against this background it is hardly difficult to imagine that any means of secular form of healing would be encouraged. In fact not until the book of Ecclesiasticus probably written a century after Chronicles (about 190.B.C.), there is no mention of physicians as healers (Ibid p. 33). People were counselled when sick, to cleanse them from sins, offered incense as a gift of fine colour, as it was always with the case of sickness. Those who are members of Shembe's Church today still persist with the belief that if one get sickness or illness, it is a sign that he or she is unclean and thus a purification ritual should be done by the lay preachers so that the person might be cleansed from that disease.

3 . 2. 3. The healing ministry of Jesus.

With regard to the New Testament, the healing ministry was considered one of the relevant pre-occupations of Jesus Christ throughout His ministry (Mt 8 : 1-13 ; 14-17; 28-32; 15 :29- 31; et cetera. As revealed in His ministry, Jesus had the power of God to heal all kinds of illnesses

(Matt 9 : 35). In this regard we find that in every place where Jesus went, He functioned as a healer (Kelsey 1995 : 43). Forty one distinct instances of physical and mental healing are recorded in the four gospels, but this by no means represent the total (Ibid p. 44). The New Testament does not mention any use of the medical plants, but other elements were regarded as a means of healing (Mulemfo 1993 : 63). Jesus Christ also used saliva, water and soil (Jn 9 : 6), as curative elements of healing in His ministry. These natural elements were empowered by Jesus Christ and they become useful for the purpose of healing. It is very interesting to note that even in Shembe's Nazareth Church, water and soil are still being used as elements of healing even today. Further more today God still work through His prophets like Isaiah Shembe or other apostles in healing all kinds of diseases and afflictions. From the preceding, one can thus see it clearly that it has been always God's intention and responsibility to care for the health of His people. It is therefore from this Biblical background or foundation of Jesus's ministry that members of Shembe's Nazareth Church derive their beliefs in healing as one of the central elements in their ministries as far as the scourge of HIV/AIDS is concerned.

3. 2. 4. The healing ministry in the history of the church.

In the preceding, we have seen how the Jews in the first century; in the Old Testament; in the ancient world employed different means of healing. We have also seen how Jesus Christ carried out his healing ministry .In this section I shall look at the healing ministry in the history of the church focusing first on healing after the Edict of Milan and healing after the Reformation period up to the present.

3. 2. 4. 1. Healing before the Reformation period.

Chiloane(2001 :22), is of the opinion that the healing ministry did not end with the early church. It continued even in the medieval period. After the Edict of Milan, though large number of the nominal Christians were entering the new religion of the Empire, the ministry continued and some church fathers like Iraeneus , Origen, Cyprian, Clement of Alexandria, Lactantius, Chrystostom, Basil and Gregory of Nyassa and Augustine all developed a theology of healing(Bate 1995 : 164-165). Amongst these Iraneus described and affirms a healing ministry in which all kinds of bodily infirmity as well as different diseases had been cured (Iraeneus as cited in Bate 1995:165) The understanding of healing in this context was that it is a natural activity of Christians as they express creative power of God, given to them as members of Christ (Kelsey 1973: 150). Gregory the Great, Clement of Alexandria and Lactantious affirmed the healing as an essential aspect of the church. For Gregory “healing is a manifestation of the way Deity is mingled with humanity and affirmations of the incarnation. Healing is a gift of divine life to the natural becomes the main door through which a knowledge of God reaches men” (Ibid p. 174).

In the Scriptures the healing miracles are central to people’s faith and open their eyes to knowledge that resurrection is a possibility. In this way Chrystostom also emphasizes that healing comes only through God’s power. He did affirm the value of prayer for healing (Bate 1995:165). Augustine in his early writings made it clearer that Christians are not to look for continuance of the healing gift (Kelsey 1973 : 184). According to these writings an ongoing experience of many healings in his own diocese of Hippo sometimes before his own eyes caused

him to change his mind and affirm that miracles were still taking place in his time in the name of Christ. But it is interesting to note that with the emergence of the AIDS epidemic and difficulties encountered in defeating it a more sober attitude has arisen. Still many of us are hopeful that all such diseases can be brought under control by physical means. Unfortunately this medical view conceptualized many centuries ago, is not changing when it comes to the issue of HIV/AIDS today.

3. 2. 4. 2. Healing after the Reformation period up to the present.

In this section I shall concentrate on two of the most important reformers, i.e. Luther and Calvin focusing on their views on healing and how they influenced the healing ministry of the church at present especially in Shembe's Nazareth Baptist Church. Chiloane (2001:24), is of the opinion that although Luther believed in the healing ministry, it is not very clear if he acknowledged that healing can be provided through the above agents. From the beginning it seems as if Luther saw healing as irrelevant for the contemporary church. Luther's argument on this was that "great miracles like healing were given at the beginning simply so that the church people could do greater works than these by teaching , converting and saving men spiritually (Ibid, p. 26). John Calvin also maintained the same view. In his own words Calvin put it like this:" *The days of miracles are part of the past-----*", *and the real gift of the Holy Spirit for now that the apostle have preached the word and have given their writings and nothing more than what they have written remains to be revealed, and no special revelation or miracle is necessary* "(Pelikan 1961:367). Later on Luther changed his view on this and went to an extent

of writing instructions on a healing ministry based on the letter of James. Such instructions were written as a response to the request for an advice on mental illness. Luther's instruction for the healing service was that the pastor should go to the patient. In other words, Luther here was trying to bring in the concept of counseling technique as it is practiced in today's ministry. Unfortunately in a church like that of Shembe, this is a foreign concept in terms of healing since only less than 10 % of the members are educated. But in his instructions Luther also suggested that the pastor should lay his hands upon the sick person and pray with the words of prayer prescribed. (Ibid, p.25)

The second aspect of the healing ministry was that not only the pastor was responsible for this healing ministry, both the pastor and the laity were responsible. This does not come as a surprise to me since in the Nazareth Church of Shembe it is the lay preachers whom the church has instituted to perform the laying of hands and praying for the sick and those afflicted. But in *IBandla lama Nazaretha* they emphasize that those people involved in the healing services should have faith, otherwise they shall lay hands on the sick and they will never get healed. Despite writing the instructions for a healing ministry, Luther also showed a concern for the sick. He himself took care of the sick people rather than turning them over the institution of care (Reus 1965: 990). Today members of the mainline churches like the Evangelical Lutheran Church in Southern Africa turn to traditional healers and seek healing from some of the African Independent churches like Shembe's Nazareth Baptist Church even though their churches do not approve the use of African methods of healing. They are doing so solely because they want healing and to move out of the influence of missionary preaching that consulting traditional healers is idolatrous and sinful.

They are doing so solely because they want healing and to move out of the influence of missionary preaching that consulting traditional healers is idolatrous and sinful. At this time when members of these churches are faced with the plight of HIV/AIDS, the situation seems to be worse.

3. 2. 4. Healing in the African medical system.

3. 2. 4.1. Definition of healing.

In the African context, healing means *“taking away from a person a disturbance in life which acts as a deprivation of self-fulfilment and which is considered unwanted parasite. In this way it takes the unexpected results to release someone from a stumbling block to human fulfilment which may be taken in a physical, emotional, social or spiritual sense. So to heal in this context means to heal the whole person”* (Milingo 1985 : 84). In this section we are going to look at the African world-view of health, sickness and healing.

3. 8. 1. African concept of sickness and health.

It seems that most Africans who are Christians do believe in the effectiveness of traditional methods of healing even for HIV/AIDS. The purpose of the restoration of the fullness of life to a person by re-establishing harmony and place in the cosmic -human order is understood in the African culture as healing (Mbiti 1975:164-165). In the following paragraphs we shall illustrate the concepts central to the traditional Zulu understanding of sickness and health.

a. Zulu concept of health and sickness.

According to (Jwara 1998:12), it is widely believed among the Zulu people that a person cannot just get sick out of the blue without any external force unless it has to do with the ordinary breakdown of the body or has to do with the misfortune or old-age. In this section, the Zulu world view of sickness and health has to be understood in the light of the following categories according to Harriet Ngubane “*Isifo*”(sickness) or “*izifo*”, and others.

“*Isifo*” is a generic term, which refers to all forms of sicknesses. It refers not only to all forms of illness, but also various forms of misfortunes and diseases(Ngubane 1977:22).

(i). “Umkhuhlane”

This is a bodily sickness that is due to the ordinary breakdown of the body and is not attributed to external forces. It is cured by natural medicines (*imiti*) which are effective in themselves and whose use are not ritualized (Ngubane 1971: 22-23).

(ii) “Izifo zabantu”.

These are sicknesses which manifest themselves in a person as a result of the upsetting of the natural harmony of the person in his own environment. In the latter cases it is very important to understand that a person can never be understood in isolation from his or her environment. In the Zulu context a person exists and “lives”, i.e, “*unempilo*”(he or she has life , which means that he is well). The opposite of sickness in the Zulu language is life.

When a person is well or “healthy”, then in Zulu he or she is said to be alive “*unempilo*”. Thus sickness is seen fundamentally as a removal of life. In this context one may say that the person who is afflicted with HIV/AIDS is seen as fundamentally removed from life. In this case healing become a necessity which is fundamental to the restoration of life.

(iii) “Umeqo”.

The Zulu believed that a wizard or a witch (*umthakhathi*) can put poisonous medicine (*umuti*) across the path where a person to whom this medicine is directed and thus contract a disease called “*umeqo*”. When the body is poisoned by this medicine, the victim would then have his or her feet swollen (Jwara 1998: 131). It is very strange to acknowledge that among Africans, there are some people who still believe that one contracts HIV/AIDS through this kind of witchcraft.

(iv.) “Amashwa” (misfortunes).

According to (Jwara 1998: 14), “amashwa” has different ways. In the first place “*amashwa* “ cannot be attributed to sickness or bewitchment. This can simply be a bad coincidental happening e. g. if one parked his car in town and forgot to lock it and thieves stole it. This does not mean that such a happening was due to bewitchment (Ibid p.15). The other meaning of “*amashwa*” (misfortune) has to do with one’s bad relationship with his ancestors.

This means that ancestors are turning their back on the person due to the fact that he or she had stopped venerating them. When an African person (Zulu), notices that he is experiencing some misfortunes, he would quickly go to “*Isangoma*”, “diviner” or “*umthandazi*” (faith healer) for

consultation (Bate 1995 :118). A healthy person one who has life “(onempilo)” is naturally in harmony with his own family members, his clan and “amadlozi “ in Zulu. For the purpose of the person who is sick suffering from “amashwa, “, healing is restored through the process called “ukuzilungisa”(Jwara 1998: 16). Such a ritual which has very little or nothing to do with the Western concept of therapy is used as a means of healing to those people with HIV and AIDS.

3. 2. 5. Healing in the African Independent churches.

3 2. 5. 1. An overview.

The healing ministry of the African Independent churches has been mentioned frequently, and this section is devoted to the subject. According to Bate(1995 : 153), the theological reflections and appraisals on the African Independent churches have revolved around the question of adaptation of Christianity to Africa and indigenisation. I would like to employ the words of (Sundkler 1949 : 55), when he commented in this regard :

“ that theologically the African Independent churches are now a syncretistic movement of Black people with healing, speaking in tongues, purification rites ,and taboos as the main expression of faith”.

In other words he was implying that the Zionist or messianic-type of church is identified by its healing. He also strengthened his point further by saying that “ the healing activities of these churches are not an end in themselves, but a means to “*evangelization* “ (Sundkler 1961:233). Makhubu (1988: 77), adds by saying that the methods which the African Independent churches uses in their healing attracts people.

It is true therefore that sick people need to be touched and this was the model by which Jesus carried His healing ministry.(Makhubu ,1988), further acknowledges this notion by saying that “the laying of hands on the sick person conveys a message of love, hope, and being wanted or supported.” (: 78). Sundkler (1961), goes further by maintaining that in fact the Zionist or messianic church like that of Shembe, is not a church, but an”institute of healing”. In his own words he put it as follows:

“The Zionist way of healing also points to a common factor shared by traditional Zulu views on illness and healing and the Biblical interpretation.Through divining and prayer they procure the religious sanctions without which a Zulu does not really believe that healing can be secured. The appeal from the Zionist message undoubtedly comes from their insistence that both the practice of medicine and religious experience spring from a common root “(Sundkler 1961 :237).

In his early work, Oosthuizen (1989 :88-89), says that in the African culture, healing and well-being are linked together with prosperity and having a good life here-and-now on earth. He notes further when he says that:” healing is often linked to a pre-requisite confession of sin since sickness is associated with sin in the African mind (Ibid p. 90). Thus in this regard healing occurs through the spirit who posses the sick and who drives out any demons that may be present. However Oosthuizen (1968) maintains that the healing power is not recognized as being from Jesus, but rather from the spirit (“*umoya*”), which could either be Holy Spirit or the ancestors (“*amandlozi*”).

M.L. Daneel, also affirms the theological value of the healing ministry of the AICs which he studied in Zimbabwe (1971; 1974; 1983a; 1983b). He draws the following conclusions from people 's experiences of healing in the African Independent churches:

Firstly he acknowledges that the Western medicines has failed to effect a cure for a disease like HIV/AIDS. Secondly he found out that a strong sense of belonging and security is experienced in the AICs. Thirdly prayer plays a central role in the healing process. In the fourth instance, "coercion" to be part of the church, so that healing may be more effective seems to play a role. Lastly he also found out that healers and diviners in these churches are held in awe and respect. (Daneel 1983: 29-30). These are some of the factors that make the healing ministry of the African Independent Churches popular since they meet the needs of the man in the street.

3. 2. 6. 2. A typical healing service in Shembe's Nazareth Baptist Church.

Experience of several "healing services" in some Zionist and messianic-type churches has shown us that while most people have some form of healing or another, there are some commonalities within the services and at the same time there are a lot of differences also. But what I am interested in here is to bring in a typical setting of the "all -night " healing service within *iBandla lamaNazaretha* . According to (Kiernan 1990 : 76), the pattern of this service is as follows:

Firstly the leader of the congregation, usually "*umfundisi*" (minister) or a lay preacher gives an introductory greeting by welcoming the people especially the visitors and culminate by explaining the work to be done. This will then be followed by a prayer. After prayer there is

singing of a hymn usually Hymn 173 which begins like :

“ 1 . *Give way that we may enter.*

that we may serve Jehova.

We had been imprisoned.

The gates are now opened.

2. *Give the way that he may enter.*

Oh here is the Zulu nation.

The progeny of Dingane.

and Senzangakhona.”

Immediately when the singing of the hymn ends, the leader (*Umfundisi*), who is usually a male will bless *iBandla* (congregation of saints), by shouting out :” *Inkosi inibusise*” (Blessed be in the name of the Lord)(Hexham and Oosthuizen 1989 : xxxiii). After this a text will be read and followed by time devoted for preaching and thereafter the healing activities follow. The service described below which is an example of a typical healing service which I attended followed this pattern .It took place at Nothweni, in the north coast of Kwazulu-Natal during December 1998. About fifteen people gathered on the homestead (*umuzi*), of the minister (*Umfundisi*) of the church of Shembe. Since 9.30. p .m., there has been singing which was at some stages interrupted by some spotaneous prayers by the people who were present. At about 10.30.p.m., the minister (*Umfundisi*), stood up to greet and welcome the guests. He was the one who was leading the service although the bishop who is known as “ *Umongameli*” is also present. He also took part

charge of prayer and read the text and later preach on it. Those women who are of the highest status (“*abakhokheli*”), were seated next to the bishop very close to the altar. At around 2.30.a.m, the minister(‘*Umfundisi*’), introduces the change of the keys which lead into the “healing service”. As one of the songs comes to an end, he stood up and raised his hands and asked for mats (*amacansi*), to be brought forward and laid before him. He announced to the people that they were now going to heal the sick. Almost immediately, most young and old people came forward and knelt before the mats. Among them, a woman of about 26 years, who can hardly stand by herself is supported by two elderly women of this church, is also in the front.

Even though I never got any confirmation from the medical doctor, I could easily see for myself that by the way she was so thin and weak to do anything by herself, she was having AIDS. The minister (“*Umfundisi*”), moved to her and laid his hands on her praying in a loud voice that the Lord (*Nkulukulu*), may heal her. As the prayer got much louder and emotional, it later developed into an ejaculatory style. I saw the woman who was being prayed for spinning around as “*Umfundisi*” continued to pray for her. He was now slapping on her shoulders, back, and arms and the base of the head. I became anxious and asked him why he was doing like that and he told me that he was trying to free the young woman from “*imimoya emibi*” (evil spirits) which might be present in her body. This is the process which he describes as “*ukwelula amathambo*” (to stretch out the bones of a person. The healing process was quite a long one and as it progressed it became chaotic with different healers healing different kinds of diseases and affirmities.

About ten people went through the healing process, which is always accompanied by singing, drumming and the clapping of hands created a frenetic and charged atmosphere within the room. It lasted for almost two hours.

3. 3. Conclusion.

The section above has shown that there are both similarities and differences between the agents and methods of healing in the above-mentioned periods. In the Old Testament and the ancient world, as well as in the Jewish culture of the first century, God was seen as the only Healer and all healing methods mixed with charms and magic were prohibited. In the period before the Reformation, the emphasis was still on the idea that healing only comes from God.(Chiloane 2001 :27). Church reformers like Martin Luther and John Calvin, maintained that illness can be counter-acted by the power of Christ thorough the prayer of faith which may also involve the laying of hands on the sick person. Such kind of practice is still practiced in the healing service of Shembe' s Nazareth Church. While the mainline churches accept that healing is effected through prayer to God, and the use of human agents like the medical personnel, in the African context, healing which is holistic in its approach is effected by agents like *isangoma* and diviners and herbalists and through the use of animal sacrifices and symbols like blood. This shows us how important the concept of sickness and health is to the lives of humanity. In the next chapter, we shall devote much of our time looking at the history and origin of the theory and praxis of the healing and caring ministry in Shembe's Nazareth Baptist Church of Shembe and how it is related to the HIV/AIDS pandemic in Kwazulu-Natal.

CHAPTER FOUR : HISTORY AND ORIGIN OF THE THEORY AND PRAXIS OF THE HEALING AND CARING MINISTRY IN SHEMBE'S NAZARETH CHURCH.

4. 1. Introduction.

My task in this chapter is to look at the history and origin of the praxis of the healing and caring ministry in Shembe's Nazareth Baptist Church and how Isaiah Shembe founded the Nazareth Baptist Church or *iBandla lamaNazaretha* . I have found it necessary to look first at the history of Shembe and *iBandla lamaNazaretha*. Having this in mind I have found it important again to look at the implications of healing and caring and the influence of Zulu religious system, as well as the elements of healing that are used in Shembe's Nazareth Church, culminating by giving the reflections of these elements in times of HIV and AIDS.

4. 2. The healing and caring ministry in Shembe 's Nazareth Church.

4 . 2. 1 . History of Isaiah Shembe and iBandla lamaNazaretha.

The Church of Nazareth, also known as *iBandla lamanaZaretha* in Zulu, was founded by Isaiah Shembe in 1911 (Hexham and Oosthuizen 1994 : xxvi). Isaiah Shembe was born around 1867 near the white town of Harrismith, in the Orange Free State into the family of an illiterate farm labourer who had great respect of the culture and traditions of his ancestors, the Zulu people. It is said that when Isaiah Shembe died he left behind one of the most influential churches from the missionary churches and white control in no way dependent on them or financial support (Ibid , p. xxvii). Isaiah Shembe firmly believed that he received his calling directly from "Jehovah". Shembe continued to have unusual dreams and visions. He also continued with the habit of praying at all times (Hexham and Oosthuizen 1994 : 10-12).

According to tradition, Isaiah Shembe heard a "Voice in the thunderstorm" which told him to "cease from immorality". At the same time Shembe was burned by lightning, but he obeyed the voice which told him not to have the lightning burns healed by medicine because Jehovah said he should be healed by His Word alone. Isaiah Shembe founded *iBandla lamaNazaretha* in 1911, and did so because he was fully convinced that Christians had failed to obey God's law as laid down in the Hebrew Bible.

In 1913, Shembe selected a mountain in Southern Natal as the "holy mountain" or Sinai of his church and founded the "holy city of eKuphakameni" in 1914. Both these places were to be the sites of pilgrimage and annual rejoicing. Despite the missionary zeal, Shembe also had a deep concern for the restoration of the dignity of the Zulu person and the independence of the Zulu nation which suffered greatly when they resisted the invasion of their country firstly by the Boers and later by the British.

Thus one may say it openly that the aim of Shembe was to restore his people to their previous glory, and this he believed could be done on the basis of God's presence among the Zulu people in the same way as God had revealed His presence to ancient Israel (Ibid, xxviii).

4.2.2. Implications of healing and caring in Shembe's Nazareth Church.

The" caring spirit "concept stems from the African culture and custom.(Makhubu 1988 : 65). In the Zulu caring system a disease is an indication of unhealthy individuals or communal life. If the person is sick, the whole kinship is sick (Moila 2000 : 21). He further emphasizes this notion by saying that it is a matter of mental and spiritual pain of the whole group to which a sick person belongs. In this way, the kinship system is basically a caring institution. This implies that for a person living with AIDS (P.W.A.), it also affects all the members of his or her kinship. It should again be borne in mind that in the African context when one talks about a family, it always refers to one type of family. It is from within this context that the word "family" is being used throughout this paper. The caring spirit is also supported by the Old Testament. In the Bible orphans and widows are protected and looked after (Acts 2 :42-44). Members of Shembe's Nazareth Church do not separate the needs of the body and the soul. They minister to the whole person in this system of caring. Both the Zulu and the biblical systems of caring are of utmost importance if we are serious about caring for the people infected with HIV and AIDS within the African context (Moila 2000 :22). It is interesting to find that both the Zulu and biblical stories of caring and healing express a holistic approach to humanity. In both systems the patients need to show trust and confidence which certainly brings healing regardless of the drugs and other treatments that were given (Ibid p.22).

4.2.4. Influence of the Zulu religious system on the Nazareth church 's ministry of healing.

The religion of Isaiah Shembe is conservative and non-revolutionary. Not only are the Biblical and traditional metaphysical forces venerated in *iBandla lamaNazaretha*, but the whole culture of

Zulu people with what it signifies has resulted in a dynamism which gives the process of some kind of a messianic form (Hexham and Oosthuizen 1994 : xxxvii)

In this section I shall look at the Zulu cultural and religious system which according to my understanding forms the basis of approach of healing in Shembe's Nazareth Church. Having this in mind, the following concepts will be explored: (i.)ancestorship; (ii) Supreme Being;(iii) kingship; (iv) healer and mediatorship.

(i).Ancestorship.

The English and Zulu Dictionary by Doke Malcolm Sikakane define the word "ancestor"(*idlozi*) as the meaning of the spirit; souls; departed spirit or a guardian"(Sikakane 1988: 10). According to (Lwandle 1996: 2), it would appear that the separation between God and human beings was a great loss for human beings. They lost their original state of being with God. Instead God (the Supreme Being), put the ancestors (*amadlozi*) to act on His behalf. It should be borne in mind that in terms of the Zulu culture , only ancestors who had earthly authority in the family , clan or tribe are believed to have heavenly authority. Oosthuizen and Hexham (1994), continue by saying that the very name of the king or chief is holy. Within *iBandla lamaNazaretha* names are also used to praise Isaiah Shembe 's time, especially because no barrier existed between this world and the next, the living and the dead constituted one community which was the very basis of uZulu and whose god was "eZulwini", in heaven. It is against this background that when the amaNazaretha confess their faith in the holy congregation of their saints(Hymn 73 :1), they have in mind the living and the dead, ancestors or those who have passed on (Lwandle 1996 :3). He goes further by saying that ancestors in terms of the Zulu religious system are regarded as possessing great powers

in such a way that they are able to heal the sick and those afflicted with disease like HIV and AIDS. Rev. Lwandle supports this notion by citing a case in the early 90's of a young lady and a member of *iBandla lamaNazaretha* at Maphumulo who became blind. The diagnosis of the medical doctors indicated that a level of sugar in the blood was very high and thus was the cause of blindness. However when she consulted a local diviner her diagnosis indicated that the ancestors were demonstrating their anger because the family had neglected them. The patient was advised to have a goat slaughtered and that a senior member of the family should scold the ancestors for their negligence and tell them that their meal is prepared. All the instructions were followed to the latter, and later the young lady recovered. The incident cited in the preceding could be perceived as a reflection of the Zulu belief that really ancestors are regarded as influencing healing within Shembe's Nazareth Baptist Church. In other words in Shembe's Nazareth Church the role of ancestors in terms of healing is assimilated to that of Jesus Christ which is recorded as part of His healing ministry in the New Testament. Even now in the time of HIV/AIDS , this belief is still very strong within *iBandla lamaNazaretha* that no one contract the HIV virus unless it is a curse from the "*amadlozi*" (ancestors) because either he or she or the members of the family has stopped honoring the ancestors .In this way healing in the case of a person who is HIV positive or living with AIDS is always perceived that it can only be done by appeasing the ancestors , then the person will be cleansed of the virus or this disease .

(ii).Kingship.

According to (Hexham and Oosthuizen 1994: xxxviii), kingship as an office among the Zulu is institutionalized .

This implies that the king or chief in the Zulu society forms an important link with the other spheres of continued existence. In other words the king is a divine symbol of the Zulu people 's well being. Again it should be remembered that sickness (unwellness) is always regarded as an enemy to the society. The king as a protector of his people links the nation with the supernatural forces especially the royal ancestors and performs the rituals for healing in accordance with the African traditional methods of healing rather than in the other sense (Ibid p.xxxix). It is very striking to note that the position of Shembe among the amaNazaretha follows this symbolic pattern. As the Zulu king was the great medicine man of the Zulu nation, so too is Isaiah Shembe regarded as both the metaphysical center of his followers and a great medicine man. This is the reason why Shembe is regarded as the only one who is in control of the faith-healing activities in his church even today.

(iii). Supreme Being.

Being Africans, the Zulu people believed in God ("*uNkulunkulu*) or *uMvelinqangi*" who is commonly believed to be the Supreme Being, transcendent and Creator. (Maniaga 1993: 12). He is the source of life that is experienced in community. The concept of God is experienced by directly stating that God created all the things through Him in the name of Creator through addressing Him in prayer as the Creator or Maker (Nyamiti 1987 : 1). In his hymnal Shembe is said to have used the word "*uMvelinqangi*" only once. Oosthuizen and Hexham 1994: xiii). Tradition says that Shembe used it in the context of the amaNazaretha 's purification rites and the human beings re-creation. In the Old Testament purification rites were performed by priests in

order to purify or cleanse a person from evil spirits , calamities, diseases and all sorts of misfortunes. In doing so Shembe also adapts this Biblical aspect in order to restore health to those people who have lost it through the influence of super-natural powers. Again the main idea behind all this is to illustrate and emphasize that Shembe as a God of *iBandla lamaNazaretha* bears all the magical powers in order to bring life and blessings to his followers.

(iv). Healer and mediatorship.

As already stated in the preceding, the general belief among the Zulu people is that God (*uNkulunkulu*) is in contact with His people through the ancestors and vice-versa. In this regard the representative of the community especially the *inyangas* or chiefs also had the privilege to enter into direct contact with the ancestors for the purpose of securing the well-being of the living community. In this way representatives like Shembe in his Church of Nazareth serves as mediators between the living and the deceased people. Shembe 's role in the *iBandla lamaNazaretha* today is to plead with God for his church members concerning matters such as illness or death among His people. In the Old Testament we read about God Himself being the only Healer. This is made strongly in Exodus 15: 26, where God Himself told the people of Israel that "I am the Lord, who heals you". In this way Shembe also is perceived as an ancestor who mediates on behalf of his followers pleading to God to heal all diseases including AIDS . Through His prophets like Isaiah Shembe, God is the source of all kinds of healing. He is thus the source of medical plants. Some members of the Nazareth Church of Shembe are still clinging to this traditional (Zulu) understanding of healing also believes that God (*uNkulunkulu*) can also be

the origin of disease. This is the idea which also support since some of the members whom I have interviewed believed that HIV/AIDS comes from God (Nomathemba in the interview).

4. 2. 4. Elements used for healing in Shembe's Nazareth Baptist Church.

It should be noted from the onset, that the elements that are used for healing in Shembe's Nazareth church or iBandla lamaNazaretha, symbolically unite the sick person to God.

They are also a remainder of the process of healing and the strengthening of faith in Christ and that of the faith-healer (Makhubu 1988 : 77). In the following section we shall now look at the elements which are used for healing in Shembe's Nazareth Baptist Church.

(i). Water.

Water is the main element used in healing. The reason for this is that for all *amaNazaretha* life depends on and exists because of water (Ibid, p .78). Such is done in a very special way; i.e, water is drawn from a fresh spring and taken to a faith healer for prayers and blessings. Water is mainly used for ceremonial cleansing by sprinkling it around the home and by bathing the defiled after death or a misfortune. When we read Leveticus 14 on the cure of skin disease, we find water being used for either healing or cleansing. Nowadays people with HIV and AIDS are discriminated and isolated like those who were suffering from leprosy in the Bible (2 Kings 7). If it is discovered that a member of the Nazareth Church has got AIDS, he or she will be taken to the faith-healer ("*umthandazi*"), so that he can be cleansed by using sea-water. The main idea behind this cleansing is not to bring a real cure from the disease, but it is believed that a person

contracts the HIV virus because of misfortune caused by “*isinyama*”. Within *iBandla lamaNazaretha* sea-water is regarded as of great value in the healing process (Makhubu 1988: 79)

(ii). Ash.

Ash is another main element used in the healing process. It is believed that it is clean and pure because all impurities have been consumed by fire. Ash is mixed with water in a small or large quantity for drinking and for baths.

This is done solely to keep out or cleanse the place or the person of evil spirits. Therefore the main purpose for using ash is for exorcism, a practice that we hear Jesus Christ performing in the Bible. Unfortunately in the case of people affected with HIV and AIDS this can be a useless exercise as the spread of HIV has got nothing to do with one being possessed by the evil spirits.

(iii). Salt.

Salt is a natural laxative element. Like ash is also used with water . It is mainly used as a emetic, especially if “*idliso*” (a poison has been eaten) (Makhubu 1988:80). In addition to this, salt is also used for sprinkling purpose around the house to keep away witches and neutralizes medicines already placed by the enemy.

(iv). Girdles and Sashes.

Wollen girdles are worn for various reasons. In most cases they are part of a uniform of identifying a particular church. They are usually worn around the waist, neck, ankle and even the

arms. The other reason why they are worn is that they have been prophesied as protective element against evil spirits and illnesses.

(v). Laying of hands.

Makhubu (1998) is of the opinion that the laying on of hands and placing them on the spot where there is pain, is also done in this church. But it is very important to remember that all the elements of healing mentioned above are not used alone, but are accompanied by God to heal the sick.

During my stay in the province of Kwazulu– Natal, I have personally witnessed twice when I visited Shembe’s Nazareth Church at Maphumulo, people who are HIV positive being summoned in front and hands were laid on them, but unfortunately they were never healed of the disease. But the main idea behind all these practices is that members of *iBandla lamaNazaretha* firmly believed that prayer is also effective in bringing some kind of healing to those afflicted , troubled and sick.

4 .4. 5. Reflections of these elements of healing in time of HIV /AIDS.

Oosthuizen et al eds (1989), suggests that it is helpful to consider Zionist healing as defensive approach to treating illness (Wilhams 1982 : 152). He further says that once power have been conferred through ritual act, e.g. prayer and laying of hands on the sick or afflicted one , such power are believed to have protective and preventative function and are employed in the manner of weapons. (Kiernan 1990: 13,14). Among the amaNazaretha weaponry which is used to ward of mystical attacks resides in clothing, staves and flags. Again Zionist uniforms play an important

role as a life-giving and life-enhancing objects. In this context they are meant to confer spiritual powers on the wearer. The prophet, inspired by “*umoya*“, plays a leading role in discovery of the suitable combinations of colour to be used for the entire purpose of healing. In this manner, the prophet may even recommend that a patient wear a permanent item of dress as a protection and deterrent against further illness. Oosthuizen et al eds (1989) further agree with the notion that even the outside appearance of a person can be subjected to the dictates of “*umoya*”.

Africans practice what might also be termed the strengthening ritual (*ukubethela*), i.e, to fortify. Thus most of the Zionist homesteads and houses are often distinguished by means of flags (Kiernan 1979 :19, 20). Members of the amaNazaretha inscribed on the door of their houses the following words:” *Dumisani uJehovah Amen*“, meaning “give praise to Jehovah”. These are the words found in their liturgy. It should always be born in mind that Zionist healing takes place in the context of the community that is experienced in the service. As part of the opening service, there is the “*ukuhlambuluka*”, literally meaning to clean or to clear. It is here where each particular participant openly declares his physical and spiritual affairs. It is again here where even confessions are made and where ill health is declared openly. Even those members who have got that courage can even disclose their HIV positive status there. The effect of the “*ukuhlambuluka*”, exercise is to create a sense of trust and dependence and to anticipate in a positive manner the unfailing spirit of the support of the congregation. Mutual trust and community in Zion find further expression in the formation of the healing circle (Kiernan 1990:17, 18). In the circle the Zionists achieve a degree of equality. Those who are sick and afflicted kneel inside the circle. At the very same time those who have the power and the gift to pray or the sick step into the

into the circle and pray for the sick. In addition to that, the singing, hand clapping, and dance are expressions of mutual support and a desire to see “life” restored to those who are sick(Ibid, p. 20). Preaching and healing are always seen as the one ritual event which provides a frame work within which “ *umoya*” can act. Thus “umoya” which is basis to Zionist healing is not a personal gift. Instead it is a collective working upon the individuals under the direction “*umoya*”, and the leadership of the prophet (Kiernan 1976 a: 1348).

4. 6. Conclusion.

In summing one may agree with Kiernan(1990), when he says that the Zionist congregations of *iBandla lamaNazaretha* mobilizes communal fervor for the purpose of fighting against ill-health and all that threatens life. To add to that we have also seen how elements which are used for healing as reflected in the afore going, influence the healing and caring ministry within *iBandla lamaNazaretha* even today in the times of HIV/AIDS. Against this background, one comes to a conclusion that Shembe’s Nazareth Church ‘s real attraction for its members and growth are derived from the original and creative attempts to relate the gospel in a meaningful and innermost needs of the African people especially healing which I believe is indeed a very crucial aspect in the life of humanity. The chapter that follows is devoted to give a comparative study of the contribution of Shembe’s Nazareth Baptist Church ‘s healing and caring ministry of people living with HIV/ AIDS through the presentation of the interviews conducted in this study.

CHAPTER FIVE : PRESENTATION OF THE INTERVIEWS.

5 .1. Introduction.

Interviews were done by the use of questionnaires. Respondents were provided with relevant questionnaires for the purpose of interviews. Each interview was recorded in Zulu, and there after translated into English. It was discovered in the beginning of interviews that the majority of the Nazareth congregations do not have ministers but are led by lay preachers. Against this background therefore two lay preachers were also interviewed. 16 people were interviewed. The structured questionnaire and consent form are given in the appendix.

5. 2. Respondents.

The contacts of those who were interviewed at different places were following people:

- Rev. Lwandle, a male aged 50, a minister of the Evangelical Lutheran Church at Kwadukuza. Rev. Lwandle has done research studies about the healing ministry in Shembe's Nazareth Church in the north coast of Kwazulu-Natal.
- Lindiwe, a female aged 31, and a member of iBandla lamaNazaretha in Imbali.
- Phindile, a female aged 28, and a member of iBandla lamaNazaretha in Imbali.
- Khayelihle, a male aged 40, and a lay preacher of the Nazareth Church at Sobantu.
- Skumbuzo, a male aged 34 and a member of iBandla lamaNazaretha in Edendale.
- Nonhlanhla , a young female aged 24, and a member of iBandla lamaNazaretha in Slangspruit.

- Ntuli, a male aged 38, and a lay preacher in the Nazareth Church of Shembe at Hlabisa.
- Nomathemba , a grandmother aged 65, and a member of iBandla lamaNazaretha in Slangspruit.
- Mholi, a young male aged 22 and a member of the Bride of Christ Church in Umlazi, south of Durban.
- Zama , a middle aged female of 40 years, and a member of iBandla lama Nazaretha at Impendle, 30 km east of Pietermaritzburg.
- Bongeka, a young female aged 23, and a member of the Nazareth Church at Maphumulo.
- Sanele , a female aged 35 and a member of the Nazareth Baptist Church in Oribi.
- Zondi , a male aged 36 and a member of Nazareth Baptist Church in Edendale.
- Siphamandla, a male aged 48, a HIV positive patient living in Slangspruit, outside Pietermaritzburg.
- Rebecca, a female aged 43, a member of the Nazareth Baptist Church in Northdale.
- Phumzile, a female aged 30 and a member of the Nazareth Church in Northdale.

5. 3. Reflection on the interviews.

There is a wealth of information about HIV/AIDS in South Africa. Printed media like magazines and newspapers and pamphlets are to be found in shops, clinics and community centers. The only problem that seems to be current now is that not all of them are translated into indigenous languages which in fact decrease its readership.

Phindile, whose age is around 28, has been a member of iBandla lamaNazaretha for more than 8 years. She stays in Imbali, an urban township fifteen minutes away from the city of

Pietermaritzburg. When asked if she can remember when first did she heard about HIV

“(*ingculazi*)” in Kwazulu-Natal, she replied that rumors had been rife in the funeral service of a friend she attended in Imbali in May 1996 that the deceased died of AIDS.

At first she did not want to claim any knowledge about the epidemic, but now she had gathered a

lot of information about HIV/AIDS. When asked if the disease came from God, Phindile said no.

She was of the opinion that God who created people could not have made them to suffer through diseases like AIDS. Like most typical members of amaNazaretha she put the blame for AIDS on

the witches (*abantu abagangayo*). When asked again if she find out that a member of her family is HIV positive and how will she and the family respond to that, she replied that the person will have to be sent to a special centre to be given home-based care for the people living with HIV /AIDS.

When I asked her why, she responded saying that in terms of the Zulu culture if one contracts the HIV virus, he or she has to be removed totally from the society since it is believed that he will bring “*isinyama*”, misfortune to the whole kinship or nation.

Lindiwe, aged 30, a well-educated female and a member of iBandla lamaNazaretha for 12 years resides in Imbali. When asked about the source of HIV/AIDS pandemic in Kwazulu-Natal she

replied that “*ingculazi*” (HIV) was said to be in her area from the cities and she believed is caused by unprotected sexual relations between men and women. She explained that

somehow the sexual morals of women were loose in the cities and townships. She further

reiterated that even among “*abakhokheli*”, prayer women in her congregation sexual morals has deteriorated hence this high level of HIV/AIDS pandemic in Kwazulu-Natal. Lindiwe also

blames the loose morals on “*ukuhlela*” (contraceptives) that had given them the opportunity to

sleep around with no fear of pregnancy. In her own words she even said: "What we women fail to realize is that such kind of disease cannot be controlled by pills".

Ntuli, who estimates his age to be around 37, lives in Hlabisa a rural area at the heart of Zululand. Although he had been to the school for not very long, he could speak English and even read the old Zulu Bible without any difficulty. Before he became a lay preacher in *iBandla lamaNazaretha*, he worked in Johannesburg as a security guard in a hotel. When asked if he knows anything about AIDS, Ntuli explained that it was impossible to talk casually about sex and AIDS in Shembe's church. He responded by saying that in the Nazareth Baptist Church matters pertaining to sex are discussed in separate groups. Men and boys sit together on the 23rd of each month for counseling sessions and discussions on sex. On the other hand married women and their young daughters do the same on the 14th and with virgins on the 25th.

He went further by illustrating the impossibility of discussing HIV/AIDS in a mixed -gender audience and related an incident when Nkosasana Zuma, the then Minister of Health who was rebuked when she was about to speak about HIV/AIDS in Ebuhleni , Durban ,July 2000.

Ntuli made it clear when responding to the interview questionnaire that AIDS was not a problem to his church and that no one dies of AIDS in Shembe 's Nazareth Church. He added that his church had no problem with AIDS since their leader Shembe healed it. "In fact Shembe heals diseases. He is the Lord just like Jesus".

Rev. Lwandle aged 50, is a minister of the Evangelical Lutheran Church in Southern Africa, South-Eastern Diocese. In the past six years he has done research studies on the

healing and caring ministry within Shembe's Nazareth Church in the northern coast of Kwazulu-Natal. When asked about the existence of AIDS, he replied that '*ingculazi*' is not a new disease to the African people (Zulus), but it has existed thousands of years ago and it was called the "slim disease". He further commented that he is only baffled by the rate or high level of its incidence at the moment. When asked what does he thinks causes AIDS, "*Umfundisi*" said that he blame the dreaded disease on the decline of moral sexual standards especially among the women and youth. He also put the blame on what he called "*amajazi*"(condoms), which he cannot remember knowing any member of Shembe's Nazareth Church using them since they still regard them as a taboo. So to him HIV/AIDS is a behavior-related disease not caused by other things which some people think like the witches (*abantu abagangayo*).

When asked about the relationships between the Zulu cultural myths and those myths that surrounds HIV and AIDS, he said that is very difficult to answer that question since the life within the Zulu community hangs on the influence of culture. But he acknowledged that because of this attitude in Shembe's church, if a member is found to be HIV positive it is obvious that he or she will be discriminated against and referred to those who are gifted in using African traditional methods of healing.

Bongeka, a young female aged 18, and a member of iBandla lamanaZaretha at Maphumulo, was very eager and willing to give me the information about HIV /AIDS. When asked about the source or cause of HIV/AIDS ("*ingculazi*") in Kwazulu-Natal, she replied that she put the blame of this epidemic on the demon of sexual immorality.

Despite this, she adds by saying that the other cause of this disease is the attitude of ignorance especially among the young people also. Although she lives at Maphumulo, a rural area with very little infrastructure, she confirmed that at the moment she herself has gathered a lot of information about HIV/AIDS, and she is using it to teach youth of her age. When asked on what does she think about the involvement of her church (congregation), on the present HIV/AIDS crisis in Kwazulu-Natal. Bongeka replied that as long as her church (Shembe) still regards it as a taboo to discuss sexual matters openly, "*ingculazi*" will continue to be a problem especially among the young people. She confirmed that she believe that some of her friends whom they buried two or three years ago died of AIDS although people kept on taking about rumours as if AIDS does not exist at all. When asked on what advice would she give to a family member who is HIV positive, she replied that she will encourage him or her to seek counseling from "*Umfundisi*".

Somehow a week after, I met Nonhlanhla, a young female aged 24, and also a member of *iBadla lamaNazaretha* in Slangspruit outside the city of Pietermaritzburg. As a tertiary student, studying at Technikon Natal, she was very keen to respond to my questionnaire. When asked if she found out that a member of her family or congregation (Shembe), is HIV positive or living with AIDS and how will she respond to that, she said that it is not going to be shocking to her since she is part of the HIV/AIDS community counseling project in Slangspruit. She further indicated that with the skills that she has acquired until now she will handle the emotional feelings of the patient at first and later refer the person to a professional like an AIDS counselor attached to a hospital or clinic or even a pastor. If the patient is a member of the church she would advice him or her to

to encourage and disclose his or her status to all the members of the family. When asked further about the relationship of her church (Shembe) with other members of the community especially those who are living with HIV/AIDS, she replied that the main problem is that only less than 10% of members of her church are literate (can read and write English). Obviously because of this situation, it stands without doubt that most members of her church are not having good relationships with other members of the community especially those living with HIV and AIDS. When asked for the last time, what could she encourage to a person living with HIV and AIDS to do for healing from, she replied that she cannot advise him or her to seek healing since she believes that at this moment AIDS is an incurable disease. Instead she would encourage that person to continue to seek help from 'Umfundisi' or a lay preacher in order to reinforce his or her spiritual life.

Ms. Nombemba, a grandmother and also a member of *iBandla lamaNazaretha* lives in Slangspruit. She estimates her age to be around 66 years. She never had any little or formal education at all, and she said that she cannot read and write English or Zulu. When I met her for the interview she told me that she was eager to answer some questions only if I arrange for a person (Zulu speaker) to ask the questions for her and interpret in Zulu. She told me that she was returning from a funeral of a young girl on the previous Saturday at Imbali. Before I asked her anything further she said to me "Never has it happened that so many people died young, *"ngoba nezingane ngokukhulu"*. I looked at her and saw that she was in a lamentable condition, and as I was moving

closer to her, she shed a tear and said that she thought AIDS comes from God. I then asked her if she is a Christian, and she told me that she has been a member of *iBandla la maNazaretha* for the past 30 years. But in all these years she has never experienced something so cruel and terrible like AIDS (*ingculazi*).

Zama, a woman aged 40, and a member of *iBandla lamaNazaretha* at Impendle, is an AIDS worker (field worker and a counsellor). She is attached to Bethan House at Project Gateway, a community project catering for people living with HIV/AIDS in Pietermaritzburg. She has been working there for the past five years. When I met her for the purpose of answering the questionnaire, she seemed very eager to be prepared to help me. When I asked her if she knew how HIV/AIDS was transmitted she responded that it depends on one's sexual behavior. She continued to say that when one is in the same room with someone who is HIV positive, one has always to try by all means to be careful since AIDS is a sexually transmitted disease. She further told me that the first time she knew about HIV/AIDS was in 1994 by the time she was working for Highway Hospice in Durban. On the question if ever it happened to her that one of her family members became HIV positive, she replied that really it happened to her in 1996. She further said that she thanked God ("*ngiyabonga uNkulunkulu wethu*"), since by that time she already knew about this disease because she has just completed her three months training in HIV/AIDS education and counseling. At the very same time she had already started to use those skills to teach "*izingane*" the young people about the dangers of HIV/AIDS in her church (Shembe).

About whether she can encourage a person living with HIV/AIDS to seek healing or a cure for AIDS, her response was that since at present HIV/AIDS is an incurable disease she would encourage the person with AIDS to give his or her life to God, since in God there is some kind of a spiritual cure. When asked about the position of her Church (Shembe), on the question of the use of condoms, her response was that according to her knowledge condoms are still regarded as a taboo in the Nazareth Church. In other words, she was implying that most elders in her church are encouraging the young people to practice 100% abstinence. But on her side as an AIDS worker she does not have any problem in people who cannot abstain from sex to use condoms even if they are not 100% safe. On the question of being asked to make suggestions on behalf of her congregation for a healing and caring ministry of people living with HIV and AIDS, her answer was that she has been doing it some other time since that is part of her work. Her first priority will be to advise the people living with HIV and AIDS to seek help from those centers that have been established for the home-based care like the one which is presently working for now here in Pietermaritzburg.

Siphamandla, a male aged 48, who has been living with AIDS, resides in Slangspruit, a ghetto-like township twenty minutes from the city of Pietermaritzburg. When I asked him when does he think he had about the disease called AIDS for the first time, his answer was that since he could not read and write he did not know about HIV/AIDS for a long time. But he remembers some years ago when he used to hear people in the township talking about "*ingculazi*", which he thought was "*isifo*", a disease that only affects the youth who do not comply with the Zulu customs of not practicing pre-marital sex. He further told me that it was only after the death of his wife at the

beginning of last year (2002), when he felt terribly sick and went to the hospital.

After some days he was visited by one of the counselors from the local hospital to give some comfort since he was informed that his wife died of AIDS and he himself was HIV positive.

About how he responded when he was informed about his HIV positive status, he replied that it became obvious that some of his family members and neighbors were gossiping about him since he had lost weight and had become so thin. Siphamandla continued by saying that he used to be a member of the Nazareth Baptist Church of Shembe, but he felt uncomfortable at the way other members were looking at him and stopped attending the services. On what advice he can give to the other person who like him is living with HIV/AIDS, he responded by saying that for him being a Zulu who is not that educated, he still believe that (*'ingculazi'*), AIDS is not a sexually transmitted disease for older people, but it is caused by (*'izifo zabantu'*), a disease caused by other people. In other words what he was implying was that he believes he has got AIDS because he had been bewitched .So his advice is that for the other person who is living with AIDS to go and seek healing from the traditional healer.

On the relationship between him and other members of the family, after his HIV positive diagnosis, he told me that the way members of his family are isolating him,he wished if he was already dead. In his own words, he said :"*Angithandi ukukhuluma ngakhulu ngendaba lena ngoba angisenayo nempilo la emhlabeni*", literally meaning I do not want to talk about this matter since I no longer have life in this world .When I further asked him for the last time on the question of condoms "*amajazi*", he responded that is something that is regarded as a taboo in terms of the Zulu culture. He commented further by showing some kind of a sense of humor and laughing.

He asked me that:” *Ndoda, umuntu angageza kanjani efakile ijazi nga phezu kwakhe*”? meaning man how can a person take a bath wearing something like a rainsuit? He then shook my hand and started to walk away from me saying that those are the things that we never talked about either in Shembe’s Church or in the homesteads of most Zulus.

Sanele aged 37, a female from Scottsville and a member of the Nazareth Church of Shembe in Edendale. She is well educated and working in Pietermaritzburg. She is one of those respondents who was very quick in answering my questionnaire on HIV/AIDS. When asked about when did she first hear about HIV/AIDS in Kwazulu-Natal, she responded by saying all she could remember was that somewhere around 1994, she used to hear people gossiping and talking about “*ingculazi*”. Later she would again hear it frequently at the funerals that “*ubani nobani ushonile because of HIV/AIDS*” meaning that so and so died of AIDS. According to her memory “*ingculaza*” begin to be the language of the township after 1994. She said that it was only after 1995, when she started to read about HIV/AIDS and came to know that it is a sexually transmitted disease. She further commented on this that she don’t remember any member of her church (Shembe), talking anything about HIV and AIDS. She confessed to me that she was very disturbed by the attitude of her church when it comes to sexual matters.

About the question that if she has ever come closer a person who is HIV positive or living with AIDS, her answer was no. But in case that was to happen with a family member she would be prepared to help the person by buying good food in order to supplement his depleting immune system. She interjected by saying that things like utensils and others they will share them together. Pertaining to the issue of advising a person who is HIV positive to seek healing,

Sanele replied by saying that as a devoted child of God, she knows that AIDS is an incurable disease at the moment, she will advise the person to devote his or her life to God since her belief is that with God everything is possible. She added by saying that she always hear even women at her church remarking in a mockery way saying that “*ziyaphela izingane ngengculazi*”, meaning that HIV/AIDS is killing all the young people, but there is nothing they are doing to help the community. My last question was on the use of condoms which she acknowledged that they are called “*amajazi*” in Zulu. Sanele told me that being a child of God (“*umzalwane*”), she is encouraging the young people to abstain from pre-marital sex until they are married. In other words they will help themselves to be free from HIV and AIDS and would become leaders of tomorrow and help to counsel and cure for the less fortunate ones who are already living with the HIV and AIDS.

5. 4. Conclusion.

The object of conducting these interviews was to examine the level of knowledge about HIV/AIDS in Shembe’s Nazareth Baptist Church in greater Pietermaritzburg area of Kwazulu-Natal and the impact of this knowledge or lack of it on sexual behavioral change among the people as well as trying to structure a frame of reference which can help in developing an effective healing and caring ministry. I chose to interview members of this Church because I found out that both the lay preachers and other members were eager and willing to be interviewed. I will now make an analysis of the findings of this research in the following chapter.

CHAPTER SIX : ANALYSIS OF THE RESEARCH FINDINGS.

6 1. Introduction.

This chapter analyses the research findings from the different congregations of Shembe's Nazareth Baptist Church that were visited during the study in greater Pietermaritzburg area. This analysis of the research will eventually help us to evaluate what this congregations have been doing in AIDS ministry and at the same time help identify obstacles encountered by these congregations. These findings will also help us to come with suggestions and recommendations for a way forward in structuring an effective healing and caring ministry that will not help only Shembe's Church, but the entire church's involvement in the HIV/AIDS pandemic in Kwazulu-Natal.

6 2. Findings of the research.

Before I deal in depth with the findings of this study as well as proposing some suggestions and recommendations for the future, let me start by outlining why I have chosen to research Shembe's Nazareth Baptist Church. I chose the Nazareth Church of Shembe or *iBandla lamaNazaretha* solely because of the following two reasons:

Firstly all the members I met were so eager and willing to be interviewed. Secondly this church (Shembe), was accessible to the researcher since it is situated in the province of Kwazulu-Natal. The researcher being a student at University of Natal, Pietermaritzburg, was able to travel to all the referred places in this study to interview people with no or little difficulty.

From the research it came out clearly that HIV/AIDS affects the whole spheres of human life. It affects us economically, socially, spiritually, and psychologically. The issue of HIV/AIDS in South Africa particularly in Kwazulu-Natal leaves the church with a challenge to think more about the issue of healing and caring ministry within the Nazareth Baptist Church can do to help manage the AIDS epidemic. The study has discovered a lot concerning the issues surrounding HIV/AIDS and the healing and caring ministry in Shembe's Nazareth Church and the Zulu concept of health and sickness. The study also revealed some of the challenges that face the congregants of *iBandla lamaNazaretha* concerning a healing and caring ministry of those people living with HIV/AIDS and members of their extended families.

Some of the findings of this research were as follows:

Firstly is the challenge to be involved in a three-fold ministry that includes aspects i. e. preaching, healing and casting out demons. Secondly there is also the challenge to those people who are members of Shembe 's Nazareth Church to continue to employ and even improve some of African methods of healing and to consider reconciling these methods and practices that were used for: (i) healing in the ancient world; (ii) Old Testament; Jewish culture of the 1st century; (iii) before and after the Reformation; (iv) in the New Testament and ;(v) in the ministry of Jesus.

What was very interesting to note was that some aspects and elements of healing like the laying of hands, and the use of water, salt and soil which are still practiced today in Shembe' s Church originated from the healing and caring ministry of the early church and that of Jesus Christ.

Although it came out clearly from this study that there are some "imports" of European

Christianity also in the healing ministry of Shembe's Church today, the main thrust of their religious beliefs which pertains to the healing and caring within this church is an African traditional conceptualization of the Biblical contents. In this process assimilation of basic world view and life experience of the members of the church took place in a way which makes it an African Christian faith meaningful to all the members of this church even those who are sick and afflicted with HIV/AIDS as well as the members of their families.

The third challenge which came out of this research was that members of Shembe's Nazareth Church should be involved in a holistic approach of healing and caring even when it comes to ministering to the needs of those living with HIV and AIDS in their respective communities. It should be remembered that from the onset of this study, healing in the African context was defined as healing the whole person. In an effort to illustrate these elements and influential concepts of the Zulu religious and cultural systems were brought in the discussion to strengthen the inter-connectedness of the Zulu culture and the practical healing and caring ministry in Shembe's Nazareth Church. The fourth finding of the research was that right from the beginning of evangelization of the Zulus, missionary work had always condemned the Zulu customs including traditional methods of healing. It also came out clearly that some of the people interviewed still think that their customs are inferior as compared to Christianity, which they always assimilate with the Western civilization. Although among those who are members of Shembe's church mostly believed that HIV/AIDS is caused by "*isifo sa bantu*", others still

dismissed it and uphold the concept of Western medicine as the only form of healing which of course is influenced by Christianity. What also became clear during this research was that there still seems to be a gap between Western approach of healing and caring as opposed to the traditional form of healing of the people living with HIV and AIDS .At the same time it was impressing to find out from the research that most of those who practiced some form of traditional healing were baptized and firm believers in Shembe's Church also.

In other words what I found out was that when it comes to the issue of healing even in times of HIV/AIDS, most of Shembites (members of Shembe's church), combine very well Jesus and African healing and caring systems But this does not necessarily mean that they lead double lives. Again according to the outcome of this research, it became clear that for the Zulus, healing is not only part and parcel of religion but of the whole life. This is the reason why from the onset of this study up to the end it focused on the concept of healing and caring ministry from a holistic approach. My findings about the healing ministry in Shembe's Church indicated that the most common means of healing includes elements like water, salt, ash, girdles and sashes, prayer in a form of the laying of hands, as well as the use of the Word of God. They got this influence from the ministry of the early church, the healing ministry of Jesus and the healing ministry of Martin Luther up to the present. I personally do of course agree with the idea that these methods of healing do help people find meaningful experiences of their life situations even when we are

faced with HIV and AIDS today. While it is true that these practices serve mainly to bring hope to an AIDS patient, they do not of course bring forth any form of physical cure to the sufferer, let alone spiritual healing. Another point which the research found out was that some of the respondents felt that when it comes to making suggestions and recommendations of an effective healing and caring ministry, it was not their church (Shembe)'s responsibility but they put this responsibility on the health authorities when it comes to the issue of HIV/AIDS. This however seemed to me to differ with the doctrinal teaching of the Nazareth church that is expressed in their hymn book as well as Shembe's sermons and testimonies. The teaching is that the concept of salvation which is perceived as holistic caters for all the aspects of human existence without any distinction. Such imply that the Nazareth church has a contribution to make towards the theology of healing by challenging the Western theology that tends to over-emphasize the salvation of the soul.

6.3. Suggestions and recommendations.

In the light of this study, I therefore make the following suggestions and recommendations for an effective healing and caring ministry for the people living with HIV and AIDS as well as their members of their families.

Firstly it would thus be advisable for the members of Shembe's Church that if they had not at this time started to work together with medical doctors initiate a dialogue between them and the church concerning the issue of healing of HIV/AIDS. Secondly what those who are in charge of

healing in Shembe's Nazareth Church had to do is to mingle the methods which Jesus, his disciples, the apostles in the early church employed and some African methods but at the same time not so much depending on the Western concept of healing. Such will make the healing and caring ministry of the people living with HIV and AIDS more effective because caring in the African context concerns the whole society which views sickness as an enemy.

This dialogue will enable them to consider the way these agents practice their healing and then examine what is compatible with the gospel and what can be used for the purpose of healing irrespective of whether they have Biblical foundations or not.

Secondly it would be worthwhile for members of *iBandla lamaNazaretha* to continue holding special services where people who are healed through the church can testify about healing. This was supported by some respondents who affirmed that those who are unemployed, can't fall pregnant, facing troubles, misfortunes, and afflicted with diseases like HIV and AIDS go to Shembe's Church and other AICs. As some other women who were respondents have indicated in this study, members of *iBandla lamaNazaretha* should have special days for prayers for the healing services for those who are living with HIV/AIDS. In these services they should also remember even those who died because of HIV/AIDS and those presently living with it and members of their families. This will serve as an important means for strengthening the people's faith in this time when the HIV/AIDS epidemic stands as a great test of humanity. For women in Shembe's Church (*bakhokheli*), I recommend that they be made familiar with some home-based training although most of them have no formal education at all. This would enable them to help those living with HIV and AIDS within the church and in their families.

In doing that they also will become part of the AIDS network in their respective communities.

6. 4. Conclusion.

I have finally reached a point where I should now conclude this study which was so challenging to me. Finally in attempting to evaluate the Nazareth Baptist Church of Shembe in the light of the research done in this dissertation, one can conclude that the Nazareth Church of Shembe should be recognized and acknowledged as an authentic expression of African Christianity. The Nazareth Church of Shembe should be taken seriously as a church which has succeeded in creating alternative structures for the existence of the church not only in terms of the conceptualization of the Biblical truths, but also in terms of meaningful life experiences which of course do include those living with HIV and AIDS and their family members.

In this manner HIV/AIDS can be viewed as a challenge and opportunity for society. It offers not only the church , but all of us to re-evaluate our lives and to consider the meaning of life itself and challenges and compassion . We as the church we are challenged to protest against discriminatory policies and practices and attitudes to provide practical and spiritual help and consolation to people living with HIV and AIDS and the members of their families.

APPENDICES.

This section will have four appendices. Appendix 1(a) and (b), will contain the questionnaire form in both English and Zulu languages. Appendix 2 will be the consent form that was given to the respondents during the interview sessions. Appendix 3 will be the schedule of interview form. Appendix 4 will consist of the profile photo of Isaiah Shembe, the founder of the Nazareth Baptist Church.

Appendix 1(a).

Questionnaire form.

1. Do you know anything about HIV /AIDS and how it is transmitted at this time?
2. When did you first hear about HIV /AIDS in Kwazulu-Natal?
3. If you find out that a member of your family is HIV positive or living with AIDS, how will you respond?
4. And how would that HIV positive diagnosis of the member affect inter-personal relationships with other family members and other fellow Christians in your community?
5. Since some of the general myths about HIV/ AIDS are supported by Zulu cultural myths about this disease, what would be your message as a Christian to this person living with HIV /AIDS ?
6. As a Christian who is also a member of the African community, what would you recommend to a person living with HIV/AIDS to do in order to reinforce his or her spiritual life?
7. Would you as a Christian encourage a person living with Aids to seek healing from the traditional healer/diviner or from a counselor, pastor or a medical doctor?
8. Since health workers had all along preached the gospel of using condoms as a means of promoting safe sex, what is your position as a Christian on the use of condoms in view of the prevailing HIV /AIDS pandemic in Kwazulu-Natal?
9. Since health workers have all along preached the gospel of using condoms as a means of promoting safe sex, what is the position of your local congregation on the use of condoms in view of the prevailing HIV/AIDS pandemic in Kwazulu-Natal?
10. If you were asked to make suggestions for your local congregation on HIV/AIDS 's healing and caring ministry what would be your first priorities?

Appendix 1(b)

Zulu translations.

1. Unalo yini ulwazi ngesifo se HIV/AIDS (ingculazi), nokuthi sithathelwana kanjani kulesisikhathi asanamuhla ?
2. Wezwa nini okokuqala ngqa ngesifo se HIV/AIDS lapha kulesisifundazwe sakwa Kwazulu-Nata.?
3. Uma ungase uzwe ukuthi omunye womndeni wakho unegciwane le HIV noma nesifo se AIDS ungenzenjani?
4. Uma kungathiwa omunye wemndeni wakho uneHIV kungenza mehluko muni ebedlelwaneni nabanye bomndeni kanye namakholwa ephakhathini wangakini?
5. Njengoba ezinye zezinkolelo ngesifo se HIV/AIDS zisekelwa zinkolelo zama siko esiZulu ngalesifo, kungaba yini ongakusho wena njenge kholwa kumuntu o, phethwe yilesi sifo?
6. Njengekholwa eliyinxenye yomphakhathi wabansundu (amaAfrika) ungamluleka uthi akenzeni umuntu ogula nge HIV/AIDS, kuze aqinise impilo yakhe yoko mphefumulo?
7. Wena njengomKristu ungamkhuthaza yini umuntu ogula nge AIDS ukuba ayofuna usizo ezinyangeni noma ezingomeni, noma aye kumeluleki (counsellor), noma kumfundisi, noma kudokotela wezemithi?
8. Njengoba abafundisi ngezempilo ephakhathi beshumayela ivangeli lokusebenzisa amakhondomu njengendlela yocansi oluphephile, wena njengomKristu uthini umbono wakho ngokusetshenziswa kwama khondomu njengoba unalo bubane lwalesi sifo seHIV/AIDS lapha Kwazulu-Natal?
9. Njengoba izisebenzi zezempilo zishumayela ivangeli lokusetshenziswa kwama khondomu njengendlela yocansi oluphephile, ibandla lakho lapho ukhonza limi kuphi ezifundisweni zalo ngokusebenzisa amakhondomu ngalesisikhathi salolu bubane lewsifo seHIV/AIDS lapha Kwazulu-Natal?
10. Uma kungathiwa beka iziphakamiso zakhe ebandleni lakho ngesifo se HIV/AIDS nokunakelwa kwabaguliswa yilesisifo, yini ongakuphakhamsa ukuba kuhambe phambili ?

Appendix 2

Consent Form.

Participant' s age----- Date of Birth-----.

In a study of the healing and caring ministry of people with HIV/AIDS.

1. I hereby authorize Thilivhali Nathaniel Madima, a candidate for the degree of Master of Theology, in the School of Theology, Faculty of Human and Management Sciences, University of Natal, Pietermaritzburg, to gather information concerning any experiences of living with HIV/AIDS or a family member living with the virus.

I have freely and voluntarily consented to participate in this study with no coercion, psychological or otherwise, to elicit my participation. My participation will involve answering interview questions and giving background information whenever is necessary.

2. There are no physical or psychological risks involved in any of this work. I have been assured that I am free to refuse to discuss any matter that cause me discomfort or that I experience as an invasion of my privacy.

3. I may terminate my participation in this study at any time.

4. I understand the statement submitted to me by the investigator, as to how confidentiality will be maintained.

Participant's signature.

Date.

Appendix 3

Interviews schedule.

<u>Name.</u>	<u>Place .</u>	<u>Date</u>	<u>Sex.</u>	<u>Capacity.</u>
1 .Phindile	Imbali	5/ 1/2003.	Female.	Church member.
2. Skumbuzo	Edendale	10/ 2/2003	Male.	Church member.
3. Lindiwe	Imbali	7/02/ 2003.	Female.	Church member.
4. Khayelihle	Sobantu	30/1/ 2003.	Male.	Lay preacher.
5. Mholi	Umlazi.	16/12 2002	Male.	Church member.
6. Nonhlanhla	Sobantu.	15/2 2003.	Female.	Church member.
7. Ntuli	Hlabisa	2/12 /2003.	Male.	Lay preacher.
8.Lwandle.	Kwadukuza	26/2/2003.	Male.	Reverend.
9.Bongeka	Maphumulo	30/11/ 2002.	Female	Church member
10.Nomathemba	Slangspruit.	10/ 11/2002.	Female.	Church member.
11.Sanele	Scottsville	12/ 2/ 2003.	Female	Church member.
12.Zama	Impendle	11/2 / 2003.	Female	Church member.
13. Zondi	Edendale	17/ 2/ 2003	Male.	Church member.
14.Siphamandla	Slangspruit	7 /12 /2002.	Male.	HIV positive patient
15. Rebecca	Northdale	21/2/2003.	Female.	Church member.
16.Phumzile	Northdale	22/ 2/2003.	Female	Church member.



Isaiah Shembe

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