

THE CONCERNS OF RURAL AND URBAN WOMEN WITH HIV/AIDS IN  
WALVIS BAY AREA: AN EFFECTIVE MODELS OF PASTORAL  
CARE AND COUNSELLING WITH PARTICULAR FOCUS  
ON THE THEORY OF HOWARD CLINEBELL,  
AS DEVELOPED BY DAVID SWITZER.

By

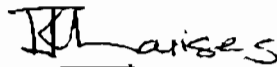
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for Masters in Theology Degree, in the Department  
of Theology, University of Natal, Pietermaritzburg.

## DECLARATION

This thesis, unless specifically indicate to the contrary, is my own original work. It has not been submitted before any degree or examination at any other university.



JULIETH #KHARISES  
DECEMBER 2001

## **DEDICATION**

**I dedicate this work to my beloved sister Ingrid Manale,  
who has also become a victim of this killer disease,  
HIV/AIDS.**

## ACKNOWLEDGEMENTS

The writing of this dissertation would never have reached its final stage of completion without the kind collaboration of countless persons and friends. It is not possible to thank each and everyone by name. Through those few words, I want to express my heartfelt gratitude to those who did not spare their ceaseless encouragement and collaboration all along this research.

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## **ABBREVIATIONS**

<b>AIDS</b>	<b>Acquired Immune Deficiency Syndrome</b>
<b>CCN</b>	<b>Council of Churches in Namibia</b>
<b>CHA</b>	<b>Catholic Health Association</b>
<b>CMRS</b>	<b>Conference of Major Religious Superiors</b>
<b>ELCRN</b>	<b>Evangelical Lutheran Church in the Republic of Namibia</b>
<b>GDP</b>	<b>Gross Domestic Product</b>
<b>HIGCSE</b>	<b>Higher International General Certificate Secondary Education</b>
<b>HIV</b>	<b>Human Immuno-deficiency Virus</b>
<b>IGSE</b>	<b>International General Certificate</b>
<b>NGO's</b>	<b>Non governmental organizations</b>
<b>NDP</b>	<b>Namibian Development Plan</b>
<b>PACSA</b>	<b>Pietermaritzburg Agency for Christian Social Awareness</b>
<b>PWAs</b>	<b>People living with HIV/AIDS</b>
<b>UNDP</b>	<b>United Nation Development Program</b>
<b>UNICEF</b>	<b>United Nation International Children's Emergency Fund</b>
<b>UIM</b>	<b>United in Mission</b>
<b>SWAPO</b>	<b>South West Africa People's Organization</b>

## **ABSTRACT**

This thesis focuses on the concerns of rural and urban women living with HIV/AIDS in the Walvis Bay area. The development of effective pastoral care and counselling models in the study of Walvis Bay women is the approach of this thesis. It is an interpretation, from a women's perspective within the Walvis Bay tradition of their status, role, culture and experiences.

The purpose of my research, is to try to address women's crisis of HIV/AIDS through pastoral care and counselling. It is my hope that the women of Walvis Bay area will regain their dignity, that they will be empowered and the interaction between healing, sustaining, guiding and reconciling models will be implemented as a tool to deal with their crisis.

Although this study focuses on the women in the Walvis Bay area, the questions and sufferings concerning the issue of HIV/AIDS is similar in the rest of Namibia.

The main emphasis of this study is in chapter five and six. Chapter five discuss reconciliation and the dynamics of the process of social reconciliation with the women in Walvis Bay contracted with HIV/AIDS. This includes the uncovering of the truth of HIV/AIDS, the destroying of the narratives of lies and the establishment of the reality of the spread of the epidemic of HIV/AIDS. Chapter six discusses the need for effective models of pastoral care and

counselling for urban and rural women in Walvis Bay. By doing so it will transform relationships in trust, harmony and peace.

## TABLE OF CONTENTS

DECLARATION .....	I
DEDICATION .....	II
ACKNOWLEDGEMENTS .....	III
ABBREVIATIONS .....	IV
ABSTRACT .....	V

### CHAPTER ONE

#### INTRODUCTION

1.1 Aim of investigation .....	1
1.2 Statement of the problem .....	1
1.3 Motivation .....	2
1.4 The method of research .....	3

### CHAPTER TWO

#### HISTORICAL SCOPE

2.1 Introduction .....	4
------------------------	---



<b>2.2 The Namibian background .....</b>	<b>4</b>
<b>2.3 Geographical situation .....</b>	<b>4</b>
<b>2.4 Demography .....</b>	<b>6</b>
<b>2.5 Politics .....</b>	<b>7</b>
<b>2.6 Economy .....</b>	<b>7</b>
<b>2.7 Education .....</b>	<b>9</b>
<b>2.8 Religion in Namibia .....</b>	<b>11</b>
<b>2.9 Conclusion .....</b>	<b>12</b>

## **CHAPTER THREE**

### **WOMEN IN WALVIS BAY AREA AND THE HIV/AIDS PANDEMIC**

<b>3.1 Introduction .....</b>	<b>13</b>
<b>3.2 The Historical Background of Walvis Bay .....</b>	<b>13</b>
<b>3.3 What is HIV/AIDS .....</b>	<b>15</b>
<b>3.4 Education in Walvis Bay and women who contract HIV/AIDS .....</b>	<b>15</b>
<b>3.5 The rights of women in Walvis Bay who have contracted HIV/AIDS .....</b>	<b>18</b>
<b>3.6 Women in Walvis Bay who contracted HIV/AIDS and their health conditions .....</b>	<b>21</b>
<b>i) Reproductive health .....</b>	<b>23</b>
<b>3.7 Cultural issues and HIV/AIDS in Walvis Bay .....</b>	<b>24</b>

<b>3.8 Migration and HIV/AIDS in Walvis</b>	<b>26</b>
i) Why do people migrate to Walvis Bay?	26
ii) Who migrates to Walvis Bay?	26
<b>3.9 Women's employment status and HIV/AIDS in Walvis Bay</b>	<b>27</b>
<b>3.10 Conclusion</b>	<b>28</b>

## **CHAPTER FOUR**

### **THE CHURCH AND HIV/AIDS IN WALVIS BAY**

<b>4.1 Introduction</b>	<b>31</b>
<b>4.2 Evangelical Lutheran Church in the Republic of Namibia (ELCRN)</b>	<b>31</b>
i) The position of women in the church	32
<b>4.3 Biblical understanding and HIV/AIDS</b>	<b>32</b>
<b>4.4 Theological reflection on HIV/AIDS</b>	<b>34</b>
<b>4.5 The moral perspectives of the Church (ELCRN)</b>	<b>36</b>
<b>4.6 Living positively with HIV/AIDS in the Church (ELCRN)</b>	<b>37</b>
i) Love without limits	38
ii) Caring for persons with HIV/AIDS	38
<b>4.7 Conclusion</b>	<b>40</b>

## **CHAPTER FIVE**

### **THE DYNAMICS OF THE PROCESS OF SOCIAL RECONCILIATION WITH THE WOMEN IN WALVIS BAY CONTRACTED WITH HIV/AIDS**

<b>5.1 Introduction .....</b>	<b>42</b>
<b>5.2 Family life .....</b>	<b>42</b>
<b>5.3 Community life .....</b>	<b>43</b>
<b>5.4 The dynamics of the process of social reconciliation in the pandemic of HIV/AIDS .....</b>	<b>45</b>
i) Definition of reconciliation .....	45
ii) Remember the past events	
a) Uncovering the truth of HIV/AIDS .....	46
b) Destroying the narrative of the lies about HIV/AIDS .....	47
c) Establishing the reality of the spreading of the epidemic of HIV/AIDS.....	49
iii) Engaging .....	50
a) Shock .....	51
b) Fear .....	52
c) Depression .....	52
d) Acceptance .....	53
e) Denial .....	54
f) Bargaining .....	54
g) Forgiveness .....	54

<b>5.5 Remedy</b>	56
<b>5.6 A healing relationship</b>	57
i) Reconciling with God	57
ii) Reconciling with yourself	58
iii) Reconciling with family and community members	58
<b>5.7 Conclusion</b>	59

## **CHAPTER SIX**

### **THE NEED FOR EFFECTIVE MODELS OF PASTORAL CARE AND COUNSELLING FOR URBAN AND RURAL WOMEN IN WALVIS BAY**

<b>6.1 Introduction</b>	62
<b>6.2 What is pastoral care?</b>	62
<b>6.3 What is pastoral counselling?</b>	63
<b>6.4 Crisis</b>	64
<b>6.5 The Namibian method of counselling</b>	
i) Why should counselling services be offered to the women of Walvis Bay?	64
ii) What is HIV counselling	65
iii) Who should provide HIV/AIDS counselling?	65
iv) Where do they counsel?	66
v) When should counselling services be offered to Walvis Bay women?	66

## **CHAPTER SEVEN**

### **EVALUATION**

<b>7.1 FINDINGS .....</b>	<b>77</b>
<b>7.2 CONCLUSION .....</b>	<b>79</b>

## **CHAPTER EIGHT**

### **WAY FORWARD**

<b>8.1 Counselling Centre .....</b>	<b>84</b>
<b>8.2 Education</b>	
i) Outreach education .....	85
ii) Mass education .....	85
iii) Condom education .....	86
iv) Information, education and communication .....	87
<b>8.3 Church (ELCRN) prevention .....</b>	<b>88</b>

<b>BIBLIOGRAPHY .....</b>	<b>91</b>
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<b>APPENDICES .....</b>	<b>99</b>
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## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Aim of investigation**

The aim of this investigation is to look at the coping resources of women in urban and rural Walvis Bay, Namibia with Human Immuno-deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS). The research will focus on the impact of HIV/AIDS on these women, as well as the dynamics of the process of social reconciliation. The main focus will be on the lack of empowerment for day to day survival for urban and rural women in Walvis bay, and the need for transformation. The intended focus will offer guidelines to assist them in regaining their dignity, enabling them to meet their challenges, as well as to secure their rights as women. In order to succeed in this study, I will employ and adapt Switzer and Clinebell's ABCD model of Counselling for the urban women of Walvis Bay and the four pillars of pastoral care and counselling of Hunter, Clebsch and Jaekle for the rural women of Walvis Bay.

#### **1.2 Statement of the problem**

The proportion of numbers of women affected by HIV/AIDS in the Republic of Namibia is growing fast. It has also become the leading cause of death for pregnant women in Walvis Bay, of which 29% HIV prevalence was observed in 1999 (Growth Namibia 2000:42). There is a need for HIV/AIDS programmes, that integrate and exercise counselling with people living with HIV/AIDS (PWAs) who are largely being ignored by family members, friends and some community members.

Many urban and rural women in Walvis Bay are in a crisis because of the AIDS pandemic. Their historical background is a large concern in the problem of HIV/AIDS. Rural women are mainly peasant farmers, faced with agricultural work and family responsibilities. Most of them accept themselves as being absolutely subordinate to their husbands, and the husbands exercise total control over the lives of their wives. One of the most dangerous problems is the tradition of allowing men to have more than one sexual partner. Consequently, this contributes to the escalating HIV/AIDS related deaths, as the virus is passed on from one wife to another and to their children.

Urban women are in a better position than rural women since many of them are educated, with secure jobs and good health status because of the wide variety of healthy food and vegetables they enjoy. However, both urban and rural women have been confronted by HIV/AIDS, which inevitably causes destruction and death.

### **1.3 Motivation**

My motivation is to offer education to urban and rural women in Walvis Bay such as: Home based care and prevention, with community counselling; HIV/AIDS management training workshops and seminars or income generating projects skills. The struggle to overcome obstacles such as economic and social deprivation, in the hope that urban and rural women in Walvis Bay can transform themselves, is one aim of this study. There is a need for them to express their feelings about their lives and to learn how to develop new coping skills. Women in the rural areas are forgotten by most institutions such as the government, church and non governmental organizations (NGO's). Lastly, there is the necessity for concrete action by all Namibians to stop the spread of HIV/AIDS and to

make available the present anti-retroviral medication. Since the anti-retroviral therapy is one way of care for the people with HIV infection. This could curb the transmission from the mother to the unborn baby.

#### **1.4 The method of research**

In this research I will present case studies of women who have HIV/AIDS in urban and rural Walvis Bay. I will explore the methods and theoretical perspectives of such authors and theorists as M.R. Cutrufelli, D. Switzer, B. Gawanas, P.J. Isaak, C.V. Gerkin, M. Hay, S. Hishongwa, H.W. Stone, W.A. Clebsch, C.R. Jaekle, P. Randall, C. Allison, and H. Clinebell. These writers have made valuable contributions to my topic, which focuses on transformation and the empowering of urban and rural women.

For an understanding of the current crisis in the urban and rural areas in Walvis Bay, published and unpublished materials, such as papers presented at seminars, newspapers and other relevant pamphlets, will be sources for this study. Five interviews and five workshops with urban and rural women, as well as their relatives and friends, will be arranged to allow for a fuller and richer description of the repercussions of the HIV virus. These descriptions will then be analyzed to see if any patterns emerge. Any findings will be fully incorporated into my dissertation.



## **CHAPTER TWO**

### **HISTORICAL SCOPE**

#### **2.1 Introduction**

In this chapter the context of Namibia and how it contributes to the shaping of the experiences of the women of Namibia will be described. The context comprises of the geography, demography, politics, economy, education and religion of modern Namibia. This chapter also includes some historical facts and features of Namibia. The emphasis however is on how the context affects the women of Namibia.

#### **2.2 The Namibian background**

The name 'Namibia' has a very significant, as well as a historical, meaning. It is derived from the Namib desert in the west of the country. Namibia was previously known as South West Africa. After the independence which the country achieved on the 21st of March 1990, it became the Republic of Namibia (Namibia). We are blessed with many indigenous languages as Subia, Tswana, Herero, Damara/Nama, Oshiwambo, San and Afrikaans. Afrikaans was forced into the Education system as a compulsory language by the former colonial Apartheid system, therefore it is widely spoken. It was only after independence that English became the official language of the Government.

#### **2.3 Geographical situation**

Namibia, formerly known as South West Africa, is a very beautiful, wonderful and vast country of



Most of the land consists of a high plateau with an average altitude of 1,080 meters above sea level. The climate of Namibia is hot and dry, and is the driest in Sub-Sahara Africa. This thesis is researched in Walvis Bay which is situated in the Erongo region.

## **2.4 Demography**

The official census figure for the total population of Namibia is 1.66 million (In Search of Early Childhood Care and Development Indicators 2000:6). Women make up over 50% of the population of Namibia. It is estimated that more than 50% of women have their first child in their teens, with the median age of one group as low as 16.3 years (UNICEF in Webb 1997:119). Having children is seen as a symbol of success in life. Fortunately, some women themselves have seen that frequent pregnancies are a hazard to their lives and hamper their self development in all fields.

Although the base population is low, Namibia has registered a very high and increasing growth rate during the past three decades. The estimated growth rate in 1991 was put at 3.1% per annum (Namibia National Progress Report on the Implementation of Beijing Platform for Action 1999:3). This same report indicates that approximately 52% of rural residents are women (1999:14). This indicates the central role of women in agriculture and shows how they contribute to the nation's economy.

The government acknowledges the constraints and discriminatory practices faced by women, hence agricultural programmes and interventions are targeting women at the community level. To this extent the government, private sector and NGOs have tried to address poverty alleviation by outreach

to communal farmers and training workshops. Several of these interventions have brought gender awareness and economic empowerment to women.

## **2.5 Politics**

For decades Namibia was illegally occupied by colonial powers. After 105 years of intensive colonial and exploitation in all spheres it came to an end, with the help of the United Nations and Namibian resistance, both within Namibia itself and from the exiled liberation movement, South-West Africa People's Organization (SWAPO). Independence was won at great cost to the Namibian people, under the leadership of His Excellency President Sam Nujoma. Walvis Bay, however remained hostage to the South Africa regime until 1994. Yet the port was vital to the Namibian nation to build its economy and provide a better life for its people.

It is important to note that few women are in political positions at national, local and regional levels. Women are outnumbered by men at most levels of government, especially in parliament: the national assembly has 63 male participants and 15 female; out of the total of 26 of the national council, only 2 females are in position; and at local and regional level there are only 158 females while 239 males are in position (Namibia National Progress Report on the Implementation of the Beijing Platform for Action 1999:60-61). This is part of the fruits of the colonial rule in Namibia. It seemed that affirmative action has not helped women much to get political experience.

## **2.6 Economy**

Namibia is one of the developing countries in Africa. Its economy and its development must be seen

in a global context. According to estimates by the World Bank, in 1994 the Gross Domestic Product (GDP) was US\$3,378 million of the Gross National Product per capita of US\$ 1 40.00 (Van Buren 1997:976). As such Namibia ranked 83<sup>rd</sup> out of 175 countries in terms of GDP (Human Development Report 1997:8). This ranking qualified Namibia as a 'middle income country'. However, in terms of human development the gap is bigger. The First Namibian Development Plan (NDP) estimates real growth of 5% for 1996-2000(1995:76). Namibian economic development takes the South African market into consideration as that still accounts for most of the imports and exports to and from Namibia.

The most important sectors of the economy are manufacturing, construction, agriculture, fishing and mining. Namibia is good for the raising of cattle, goats and karakul sheep, and the coast is full of fish and crabs. According to the United Nations Development Program (UNDP) agriculture employs half of the Namibian workforce, but contributes only 6.5% to the total Namibian GDP (1998a:117). This GDP is threatened to fall through the pandemic of AIDS to 5% in the next ten years if HIV/AIDS infection does not reduce (The Namibian News paper 15 December 2000:2).

Namibia is one of the most unequal societies in the world. About 58% of the total Namibian population is economically active and, hence, belongs to the labour force. The statistics below from the Namibia National Progress Report on the Implementation of the Beijing Platform for Action show the proportion of males and females in the labour market (1999:12) and one can see that fewer females than males are in the labour force.

	Urban%	Rural %	Total%
Males	75	65	69
Females	53	48	49
Both	64	56	58

Notwithstanding that, women's role in the economy has been extremely undervalued, because economic studies and policy reviews normally focus on the formal sector rather than the informal sector, in which women are mainly involved. Women have a markedly lower labour force participation rate than men and are more likely to be unemployed. Women who do work are likely to be involved in subsistence work, while most men rely on wages in cash. Moreover, women continue to be under-represented in most working sectors: administrators' and managers' posts are filled by 10.75% females and 89.25% males; farm and forestry workers, fishermen and hunters by 4.91% females and 95.09% males; and general-labourers by 6.94% females and 93.06% males (Namibia National Progress Report on the Implementation of the Beijing Platform for Action 1999:56). The Department of Women's Affairs, in the office of the president, produced a booklet in 1998 called 'National Gender Policy and National Plan of Action on Gender' with strategies which look at all economic policies and programmes to improve the economic position and the imbalance of women. Unfortunately, it has remained a booklet without effect.

## **2.7 Education**

The Bantu Education Act was introduced in Parliament in 1953 by Dr. Hendrik Verwoerd in South Africa. Namibia formerly known as South West Africa was also administered under the same

schools act. In Namibia, Bantu Education was inferior in comparison with white and coloured education. Immediately after independence of Namibia the education policies in the country changed accordingly. The Namibian government introduced the International General Certificate of Secondary Education (IGSE) and Higher International General Certificate of Secondary Education (HIGCSE). HIGCSE is the equivalent of South African Matric or Grade 12. In order to be admitted to a university, pupils should pass 4 subjects on the HIGCSE level. This equals the South African Matriculation exemption. The high school examinations in Namibia are administered by the University of Cambridge in the United Kingdom.

Namibia, implementing the tenets of Education for All, adopted four goals: access, equity, quality and democracy. However, the Namibia Human Development report states the following on education and health:

In terms of educational attainment and access to health care, the emerging picture of extreme rural deprivation is repeated. Although 66% of the country is literate, (using four years of schooling as a proxy for permanent literacy) only 58% of those in rural areas can read. Rural dwellers who do attend school have to take time away from tending livestock to attend poorly equipped schools where the majority of teachers are unqualified or under-qualified. Only 35% of households in rural areas live within one hour's walk to a health facility (1997:26).

The overall enrolment in schools has increased considerably from 1994 to 1998. Statistics show that there are more females than males who were enrolled at the different levels for the entire period of 1994 to 1998 (see appendix 1). Others are benefitting from adult literacy programmes, especially

in rural areas. Notwithstanding the above statistics, the illiteracy rates are slightly higher for women (20%) than they are for men (17%), (Namibia National Progress Report on the Implementation of the Beijing Platform for Action 1999:66). Meanwhile, the Namibian constitution, article 20, says that all persons have a right to education. The government has made great strides in giving girls more equal access to primary and secondary education. However, it is not enough, since discrimination against girls in education is still a problem.

## **2.8 Religion in Namibia**

Religion plays a critical role in the lives of most Namibians. After independence the Namibian government encouraged freedom of worship. Even before the advent of colonialism, religious leaders played a pivotal role in the day-to-day lives of the Namibians. Christianity, (80% to 90%) dominates in Namibia with many religious groups such as Lutherans(50%), Protestants, Catholics etc. (<http://www.cia.gov/cia/publications/factbook/geos/wa.html>). At least one day of the week these congregants are praying in many churches.

The Namibian nation is a child of ecumenism, both politically and religiously. Throughout the years of the liberation struggle to gain independence, Namibians looked to and found solidarity from the ecumenical movements such as the Council of Churches in Namibia (CCN). According to Küng, for the first time in world history, it is impossible today for any religion to exist in splendid isolation and ignore others (1976:89). Now, to have a Muslim, Buddhist, Hindu or traditional African believer as one's neighbour, or to have other religious buildings next to Christian churches is not unusual. We are aware of differences between people with respect to religion. The Church is a religious



institution, but must be on guard to denounce unrighteousness, to remind the state of its mission to maintain law and order and to act when everyone else is passive.

## **2.9 Conclusion**

In conclusion women play very important roles in the society and the church. Women often do not have the same status as men in their communities just because they are women. Some women of Namibia are subjected to an undisguised exercise of patriarchal power. Patriarchy is the privilege of most males in most societies. The man is seen as the head of the family and the woman's place is in the home. It seems like most of the time men lead and women follow. The uphill task facing Namibia, in common with other predominantly traditional societies, is how to change cultural attitudes that treat women as "second class citizens".

Furthermore, women contribute to the nation's economy through paid employment, and through the unpaid work that they do in the home and in the community. However, women suffer from poverty more than men because they do not have equal economic power and opportunities. The situation of most women is exacerbated and dehumanized by the fact that after the day's wage earning they are expected to bear the sole responsibility for domestic work at night. Therefore, there is an urgent need to revisit the historical scope of Namibia, in particular Walvis Bay, since these shortcomings expose women to HIV/AIDS.

## **CHAPTER THREE**

### **WOMEN IN WALVIS BAY AREA AND THE HIV/AIDS PANDEMIC**

#### **3.1 Introduction**

There is much effort being made in Namibia with regard to HIV/AIDS but little effort is being made about women living with HIV/AIDS in Walvis Bay. This pandemic continues to bring concerns in the area of education, the rights of women, health, migration and employment. Few answers have been offered in response to these concerns. Hence, it remains a challenge for the women of Walvis Bay. We will describe a brief historical background of Walvis Bay, then define what HIV/AIDS is and, finally, try to deal with these above mentioned concerns in this chapter.

#### **3.2 The Historical Background of Walvis Bay**

Walvis Bay is situated in the western part of Namibia. Walvis Bay (see appendix 2) is the only deep-water port on Namibia's 700-mile Atlantic coastline (Hopwood 1990:1). It has a very low rainfall as the result of the Namib Desert, the sands of which mingle with the beach sands of the Atlantic, so much so that the soil is not fruitful and there is no natural vegetation. The Walvis Bay Municipality estimates the population at some 55,000 (1997:1). The original inhabitants of Walvis Bay are difficult to trace, due to the large influx of people after its re-incorporation into Namibia in 1994. However, it seems that a major part of population growth can be ascribed to immigration. This means that the immigrants and the migrant labour force are more than the original population of Walvis Bay.

The community in Walvis Bay is divided in classic apartheid style. Blacks are confined to the township of Kuisebmond, 'coloureds' to Narraville, while whites live near the centre of town. Rural Walvis Bay is occupied by remnants of an ancient indigenous culture who are still living in the valley of the Kuiseb River. According to the Human Rights Report these people are the Nama-speaking Hurinin and !Naranin tribes:

The Topnaars are some 650 surviving members of the Nama-speaking Hurinin and !Naranin tribes. They originally inhabited large parts of coastal Namibia, but are now squeezed on a small portion of land in the Kuiseb River valley near the port of Walvis Bay (1997:36).

Presumably the Topnaars were given this name by other Nama speakers. They are also known as !Naranin, or the !Nara people. The indigenous group of Topnaars depends on the gathering of !nara fruits and livestock herding as their traditional means of subsistence.

Walvis Bay, a modern clean and fast growing town, is the major port of Namibia with an important fishing industry (Namibian Trade Directory 1993/1994:6). After the re-incorporation of Walvis Bay into Namibia in 1994, it grew strongly with regards to economic and population growth. The present mayor of Walvis Bay, Theresia Samaria links this growing process with the development of the fishing industry. "Due to reduced fishing, there has been a decline in the economy and a shrinking of employment possibilities. However, after the re-incorporation of Walvis Bay the fishing industry has recovered and the population growth has increased (interview no.4)". Most of the urban women are employed by the fish companies, where they pack and sort fish for export.

### 3.3 What is HIV/AIDS?

What is HIV? HIV is the Human Immunodeficiency Virus. It is a very small germ called a virus. HIV makes the body weak and less able to fight sickness. People with HIV in their body go on to become sick with AIDS. HIV can only be known through a special blood test, which detects the specific antibodies against the virus, that cause AIDS. This virus specifically attacks the white blood cells of the body, which is responsible for helping the body to fight against diseases. Once these white blood cells are destroyed, all other infections can easily enter the body and as a result the body's defence system will become low and the person can easily become sick. (HIV/AIDS Home Based Care Handbook 2001:2). What then is AIDS? According to Alan Whiteside and Clem Sunter AIDS is a shortened name from Acquired Immunodeficiency Syndrome:

The 'A' stands for Acquired. This means that the virus is not spread through casual or inadvertent contact like flu or chickenpox. In order to be infected, a person has to do something (or have something done to them) which exposes them to the virus. 'I' and 'D' stand for Immunodeficiency. This virus attacks a person's immune system and makes it less capable of fighting infections. Thus, the immune system becomes deficient. 'S' is for Syndrome. AIDS is not just one disease but it presents itself as a number of diseases that come about as the immune system fails. Hence, it is regarded as a syndrome (2000:1).

It has become one of the most serious diseases facing humankind this century. To date, we have lost many Namibians to the HIV/AIDS disease, our sons and daughters, brothers and sisters, fathers and mothers, and we are still losing them to this very pandemic. However, there is a difference between an HIV infected person and an AIDS patient. An HIV infected person is someone who is carrying the virus that causes AIDS, knowingly or without knowing. An AIDS patient is an HIV infected

person who becomes ill from different diseases.

### **3.4 Education in Walvis Bay and women who contract HIV/AIDS**

According to the housing demand and affordability study of Walvis Bay, the level of education is generally low. "... 17,75% of the Walvis Bay population aged 15 years and older is illiterate. Of the population aged 15 years and older who are not currently attending school, 14,46% can be considered illiterate" (1997:35). Education need not only focus on young people. A person is never too old to learn new things or to change the way they see things. The world is filled with challenges which constantly change. One of these challenges is HIV/AIDS. It is, therefore, important that we remain flexible in our thinking throughout our lives, so that we can meet the challenges of daily living.

The Namibian Constitution, which is supposed to be part of our daily life, states that all persons have a right to education (Article 20:14). The inherited system of 'Bantu education' which was enforced prior to independence deprived Walvis Bay women and men of decent education. However, there were more illiterate women than men at the time of Independence, with the majority of these women living in the rural areas (Namibia National Progress Report on the Implementation of the Beijing Platform for Action 1999:20). As a direct result of a traditional value system which disadvantaged women. This is why women fail to take the AIDS threat seriously: the AIDS threat may be perceived as relatively minor by comparison with other major life problems.

The Topnaar women in particular have not benefitted from the AIDS awareness campaigns, since

the Kuiseb river was never identified as a station for demonstration or distribution of condoms. There is a newly established clinic at Utuseb, it is not currently in use and so these women do not have easy access to condoms. Even those that are aware of a male condom may not be allowed to use it by their husbands or partners. Most of those rural women have never seen or heard of a femidom (workshop no.2, Walvis Bay, December 2000). This indicates that most rural and some urban women of Walvis Bay have not yet developed a strong sense of ownership of the femidom. The newly established Ministry of Women's Affairs and Child Welfare has now taken the lead to introduce the femidom in Namibia. Ms. Hango from this ministry is very serious about with her ministry's responsibility (Sister Namibia 2000:17). Hopefully, they will one day reach out to the Topnaar women.

According to the Department of Health and Social Services, the number of condoms distributed free of charge has grown rapidly over the years of 1998 and 1999. The number of free condoms distributed increased from 8.7 million in 1998 to 14.1 million in 1999 (Epidemiological report on HIV/AIDS 1999:1). However, it is not clear how many were distributed in Walvis Bay and there is little understanding whether many of these "free" condoms are ever actually used. Linking the number of condoms distributed to the number of condoms actually used or disused is a major issue in the battle against HIV/AIDS.

Good quality sex education is needed in order to equip young people, especially women, with the information which they rarely get from their parents or senior family members, except as provided at the time of initiation and which they frequently pick up haphazardly from peers and books, and

which they sometimes augment by high-risk experimentation. This education should go beyond the biological facts to include many aspects of behaviour and ultimately of attitudes and values. It should also promote respect, tolerance and non-discrimination for women living with HIV/AIDS. While the focus is on sex education, young girls who form part of the new generation should not be excluded.

### **3.5 The rights of women in Walvis Bay who have contracted HIV/AIDS**

Women living with HIV/AIDS in Walvis Bay often face discrimination, stigmatization and prejudice that limits their access to services and their rights. According to Amnesty International, Women's rights are human rights and human rights are not only universal, they are also indivisible and interlinked (1995:6). Therefore, urban and rural women in Walvis Bay who are infected with the HIV/AIDS virus have the right to be treated like any other Namibian women. Everyone is entitled to equal consideration and respect. Rosa Namises rightly says:

Human Rights are claims which every individual has upon society by virtue of being human and endowed with reason and conscience. Human Rights are therefore claims which are based upon moral and ethical values. However, human rights will not be served by the government only due to financial and other constraints (1996:1).

An area in which the rights of women with HIV/AIDS living in Walvis Bay is neglected, is confidentiality. Confidentiality in the context of the AIDS pandemic is a concept that is widely misunderstood and is often quite incorrectly interpreted. It appears to conflict with public health

concerns when the minister of Health and Social Services, Libertina Amathila, plans to make HIV/AIDS a notifiable disease (The Namibian News paper 26 April 1999). The government is concerned about the right of the HIV/AIDS person to be respected and protected. What about the rights of those who are at risk? The risk of the whole Namibian nation should be taken into consideration. One way of dealing with this concern is to make people feel safe about going public about their HIV/AIDS status. For that, education, addressing the existing prejudice against people with HIV/AIDS is needed. People should know the people who have HIV/AIDS in order to protect themselves. This was one strong point of argument in the documentation of Marcus, with participants of a conference calling on HIV/AIDS people to be open and unashamed: "I think that people who are infected should volunteer and come out in the open about their illness and explain how dangerous this disease is" (1999:11). It is important to respect and protect all people with all fundamental human rights. Therefore, a trustworthy family member should be informed about the status of the person. This will ensure the teaching and support is at all times confidential. Staff and counsellors for HIV/AIDS patients should be educated regarding the need for confidentiality and privacy. It is crucial to respect and implement the Namibian HIV/AIDS Charter of Rights:

Persons living with HIV/AIDS have the rights to confidentiality and privacy about their health and HIV status. This right endures after death. Information about HIV status may not be disclosed to a third party without the consent of the person living with HIV/AIDS, unless legally required (2000:3).

The need for supporting the development of a strong human rights culture in Walvis Bay becomes evident from the position of women in the Walvis Bay community today. The protection and promotion of human rights are necessary to reduce the vulnerability of women to HIV infection, to



protect the inherent dignity of women, as well as to empower them to respond to the pandemic.

While doing research it was experienced that the basic rights of some women who are HIV positive are violated, as blood tests are performed without consent and counselling. It was argued by some urban women that the government and courts need to take seriously the right of treatment for AIDS for women (workshop no.1, Walvis Bay, December 2000). Because of the laws and customs practiced in Walvis Bay, which are at a stage of denying of women's equal enjoyment of their human rights, women are particularly affected by discrimination that is often directed towards women living with HIV/AIDS (workshop no.1, Walvis Bay, December 2000). It seems that the legal system is hardly implemented and it offers little resource for women to vindicate their rights and, thus, protect themselves from discrimination and suffering at the hand of their families and communities. This happens despite the international law which guarantees the rights of each woman.

It is very easy to fall into the trap of denying women access to women's rights. It is even tempting to restrict women from partaking in these rights, which could be regarded as a criminal act. AIDS in itself is a calamity for an individual, a family and a community. It does not need the inhuman response of aggravating it through stigma, silence, discrimination and shame. Through the establishment of a vigorous women's rights approach stigmatization, silence, discrimination and shame can be overcome. Dignity, fairness, rights of women, equality, justice etc., should not be enforced by the court in Walvis Bay, but by all partners involved in the struggle against HIV/AIDS. We should base our understanding of human rights, which is women's rights, on our moral value, against which we can measure the performance of the government, church (ELCRN) and ourselves.

### **3.6 Women in Walvis Bay who have contracted HIV/AIDS and their health conditions**

Walvis Bay is one of the privileged societies with regard to the health institutions in Namibia. It has three state clinics, two state hospitals and one private hospital. Most of these institutions provide excellent services, except for the Utuseb clinic, which is situated in the rural area and is not working (Interview, Mayor T. Samaria, Walvis Bay, December 2000).

Women must have good health to take part in all aspects of life. Good health means a nutritious meal that will help the body and the immune system grow stronger but it is also more than just a healthy body. It also means emotional and social well-being. Women need equality, development and peace to be truly healthy. The problems that women face in life can lead to poor health. Thus, “in allocating scarce time and resources, most women opt to protect their families, not their health”(Koblinsky, M. et al (ed)1993:17).

Women living with HIV/AIDS should have access to adequate health conditions, affordable treatment and drugs. However, the Namibia National Report to the 4<sup>th</sup> World Conference on Women states that the availability and accessibility of health services to women in Namibia is uneven (1994:19). Most of the urban women in Walvis Bay, tend to cope well and survive longer except those who know their status (interview no.2, - /Gôadis). In relation to rural Namibia, of which the Topnaars community is part, Minister Ithana states the following on the Health of Women:

In rural Namibia, some 40 percent of households are headed by women. These households, according to a Namibian government report, are encountering a “high and rising propensity to [become ill],

and [face chronic] income and basic food shortages due to drought and the depletion of natural resources (1993:17).

Most of the Topnaar women belong to the lowest economic group of the society of Walvis Bay, who have no proper nutrition and who have lost self esteem because they have HIV infection, tuberculosis or both and are unemployed, representing an enormous burden for their families. The !nara plant was the staple diet of the Topnaars, which was protein-rich and highly nutritious. In order to fit the Topnaars to the modern world they changed to western food (<http://www.walvisbaycc.org.na/tourist/topnaars.htm>) which is expensive to obtain, since most of them are unemployed and experience transport problems. Transport from the Kuiseb is a problem for the Topnaars, particularly for pensioners and people needing medical attention (Rossing News, October 1989:15), since the clinic which is built is not functioning. Although we realize the importance of helping these rural women to regain their self esteem, this service requires a well established infrastructure. The Church, NGO's and the government are blessed with well established infrastructures which need to be used properly so that women in Walvis Bay can regain their self esteem, dignity and respect. This can be done through job creation, such as self help income generating projects.

The rural women are among the most marginalized in Walvis Bay having little education, hence a low level of literacy and poor health status. The poor health situation is recognizable in the problem of basic needs, like nutrition. The health of the Topnaar women is often negatively affected by the collection of wood and use of it in the house, which causes air pollution within their houses. Even water can be a problem since the digging of water from the river bed is not so easy to reach with the hand dug well. This burden of providing water for family needs falls to women and girls. The writer

now looks at the particular concerns of the women in Walvis Bay.

*i) Reproductive health*

Reproductive health means that women and men are able to have a safe and satisfying sex life and the freedom to decide for themselves when to have sex and when to bear children, so that both women and men can enjoy the right to safe, affordable and effective family planning. Although the culture requires women to have more children, it is very dangerous to the health condition of the women of Walvis Bay. It damages physical and mental health and makes it difficult for them to work outside their home. Therefore, they also have a right to health care services for safe child-bearing and safe motherhood.

Most of the time the ability to a safe and satisfying sex life, and the freedom to decide for themselves when to have sex and when to bear children is not a reality. It does not happen this way for most women in Walvis Bay. Some of them can only dream of it or wish to let it be a reality for their children or grand children. Discrimination against urban and rural women affects their reproductive health. Socio-economic conditions can force girls and young women into early and unwanted marriages, pregnancies and infection with HIV/AIDS and other sexually transmitted diseases (Webb 1997:119). As previously indicated in this chapter unemployment is one of the forces that turns women to prostitution, which is having a negative impact on girls who start sexual activity at a young age and may lack information about sex and family planning. Girls and women of Walvis Bay should be educated to respect themselves and HIV/AIDS, and to understand their bodies and their sexual feelings. Boys and men should be taught to respect girls and women and to share

responsibility for decisions about sex and pregnancy in the context of HIV/AIDS (Namibian HIV/AIDS Charter of Rights 2000:6).

Furthermore, in the context of urban women in Walvis Bay, there is debate and concern about reproductive rights, AIDS and the right to have children. The question women are concerned with is: "Does a woman who is HIV positive have the right to begin or maintain a pregnancy?" According to some, all women who test HIV positive should be sterilized or, if they are already pregnant, be made to have an abortion (workshop no.1, Walvis Bay, December 2000). Sterilization seems to be one solution to those opposed to abortion. This is in spite of the fact that not all babies born to HIV antibody positive women are infected. Therefore, urban women of Walvis Bay need to be fully informed of the facts about pregnancy and AIDS and supported in the decisions they make about whether to take the HIV tests if they are pregnant, and whether to have an abortion or not.

It is important to try to provide the urban and rural women of Walvis Bay with this information before they become pregnant. Family planning clinics have an important role to play in this respect. Women who decide to continue with the pregnancy, or who have no choice, should be counselled to plan for the care of a potentially infected child, as well as to deal with the emotional aspects of possibly giving birth to an HIV antibody positive baby.

### **3.7 Cultural issues and HIV/AIDS in Walvis Bay**

Across the whole research, the issue of contraception came up time and again. The tradition of large families is ingrained in the value system of some of the old generation of Walvis Bay, which

prohibits the use of contraceptives (Du Toit & Sguazzin 1995:202). Thus, it worsens the socio-economic conditions of already low income women through high fertility rates. Unfortunately, most of the rural women and some of the urban women have few opportunities to protect themselves with contraception, either from the risk of HIV or unwanted pregnancy, because of cultural norms and practices. One of the preventative measures which is currently being advocated is the use of condoms by women in order to protect themselves but it is not welcome in the cultural norms and practices.

In the context of this study, especially among the Topnaar men, the use of condoms are unacceptable. This argument is due to lack of information and secondly power relations between the Topnaar men and women. What has happened to the constitution of Namibia in regards to freedom as it concerns women?(1990:7). As a woman, one needs to make decision about contraception. One needs to make these decisions whether one has HIV or not. If a woman has HIV and she decides to have a baby, she needs to find out as much as she can about HIV and pregnancy. If a woman decides not to have a baby, there are important things to consider, which include pastoral counselling.

On the other hand, in urban Walvis Bay there is also little space and little integration on traditional matters: girls' participation in prevention activities is hindered by certain traditional and cultural practices, which put them at a disadvantage (Namibia National Progress Report on the Implementation of the Beijing Platform for Action 1999:35-36). Deep rooted traditional arguments, such as the place for girls is in the kitchen, are still effective. Deep rooted traditional and cultural norms and practices such as these are not easy to change. However, cultural promotion and development plays an important role in slowing down the spread of HIV/AIDS, as well as renewing

the identity of women in Walvis Bay.

### **3.8 Migration and HIV/AIDS in Walvis Bay**

#### *i) Why do people migrate to Walvis Bay?*

Urban Walvis Bay has a good fish industry: pilchard, white fish, hake and mackerel, which interests people. Walvis Bay offers numerous options for employment, primarily in the fish industry, therefore, many people tend to move to Walvis Bay. It is generally assumed that those who migrate are poor, and not well qualified. People primarily migrate to urban Walvis Bay for economic reasons. However, there are other reasons why people migrate to Walvis Bay. Disasters such as drought and community unrest force people to migrate. Another reason is that people believe that HIV/AIDS is not in Walvis Bay and/or because of HIV/AIDS they believe they can escape to Walvis Bay from where they are living (workshop 2, Walvis Bay, December 2000).

#### *ii) Who migrates to Walvis Bay?*

In most cases it appears that first-time migrants to the city are men. Often, family members or circumstances force them to leave their villages and make the move. The municipality of Walvis Bay states the following in the housing demand and affordability study:

The main sources of migrants to Walvis Bay over the past 10 years were the Omusati, Oshana, Ohangwena and Oshikoto regions. 53,12% of all people who migrated to Walvis Bay over the past 10 years came from these 4 regions of Owamboland. 11,99% of all migrants came from elsewhere in the Erongo region while 10,44% came from outside the borders of Namibia with 6,36% from South Africa, 0,57% from other African States and 1,59 from outside Africa

(1997:45).

For a time, these men maintain their families in the village and send money regularly. Thus, they keep close connections with their families and clans in the village. After a time their families reunite with them (workshop 2, Walvis Bay, December 2000). In the meantime what happens? According to Hatutale, in “Namibians Speak Out on HIV/AIDS”, these men are in contact with other ladies and this is how the disease spreads (1998:14). Once they find their feet, they start looking for a partner to enjoy life or fall in love and sometimes have unprotected sex. This increases the risk of HIV/AIDS in urban Walvis Bay. Many use some of their income to visit commercial sex workers, a population group with typically the highest HIV infection rates in any society.

The nature of the migrant, unsteady work environment tends to lead to multiple partners, depending upon the opportunities. Unsafe sexual practices take place with multiple partners, due to lack of information on HIV/AIDS. Lack of knowledge on safer sex behaviour and prejudices make the women of Walvis Bay more vulnerable towards HIV infection. Even more, the low-income status of some women in Walvis Bay is a contribution to their vulnerability.

### **3.9 Women’s employment status and HIV/AIDS in Walvis Bay**

At independence, Walvis Bay inherited three major human resource problems: unemployment and underemployment and the shortage of skilled human resources (interview, Mayor T. Samaria, Walvis Bay, December 2000). These inherited problems create tremendous relationship difficulties in families and inequality for women. Therefore, these difficulties with HIV/AIDS, are having a



detrimental impact on the economy of Namibia. The port of Walvis Bay contributes to the economy since it is the number one port in Africa (Quayside Talk 2000:3). It provides many job opportunities for the people of Walvis Bay, as well as for the entire Namibia. Hence, Walvis Bay provides employment and has become, also, a breeding ground for the deadly disease HIV/AIDS.

An interesting statistic according to the housing demand and affordability study of the municipality of Walvis Bay shows that the employed rate of these women is up to 44,03% (1997:29). This labour force contributes highly to the economic growth of Walvis Bay but these women suffer from poverty more than men because they do not have equal economic power and opportunities.

### **3.10 Conclusion**

This chapter has identified some of the concerns that women face in Walvis Bay. Some of these problems indicate that the HIV/AIDS situation is not a static one: both AIDS and its wild spreading are changing all the time. There is tremendous loss of life in Walvis Bay due to the HIV/AIDS epidemic and these realities. The concerns arising out of the lack of education of women, of rights of women, of health conditions and as a result of cultural issues, migration and employment in Walvis Bay are enormous. It represents a world-wide problem with broad social-cultural and ethical dimensions and impacts.

Education has identified some of the probable issues and variables impacting on the position of women with regard to HIV in Walvis Bay. There is a recognition of socially constructed sexuality and the impact of gender power relations on the realistic ability of women to protect themselves

against the threat of AIDS, which makes condom education a necessity in Walvis Bay.

The position of women in Walvis Bay can be understood within the traditional family context which silences them. In general, the women of Walvis Bay are disadvantaged by their position in the society. Women still derive their status in the community from their position as wife and mother. The colonial systems in Namibia led to social decline and the disintegration of traditional family structures and practices. Modern division of labour not only altered the position of women within the family and broader society, but also intensified various forms of economic and social inequality. Traditionally most women of Walvis Bay, especially the Topnaar women, have occupied a subordinate role to their partners in the family setting. This position has put them at high risk of HIV, because these women are not empowered to negotiate for safer sex. With increased HIV infection among the Walvis Bay community, there is a great need for the development of female controlled HIV prevention methods such as reproductive health.

HIV/AIDS still claims a lot of lives in Walvis Bay. Many ignore, blame and fear the people living with HIV/AIDS. Some of them are discriminated against and, therefore, feel isolated and some even die in a depressed state stage without help. Options for health care, employment, relationships, career development are greatly restricted. Women who are known to have contracted HIV/AIDS lack proper medical treatment. Even, their personal life in terms of relationships becomes affected, and friends run away and families give no support. Women who contract HIV/AIDS, in most cases in Walvis Bay, are rejected and not given chances to learn development skills, as they are regarded as useless women with a short life span. These women are quickly stigmatized and left to feed or tend

for themselves. Little support is offered from the Church, NGO's or the government, to enable those who are suffering to live a normal life (workshop no.1, Walvis Bay, December 2000 and interview no.1 - Victoria).

## **CHAPTER FOUR**

### **THE CHURCH AND HIV/AIDS IN WALVIS BAY**

#### **4.1 Introduction**

Having described the pandemic of HIV/AIDS in Walvis Bay and the impact on those women, we shall look at the role and position of the Church with regard to HIV/AIDS in Walvis Bay but, in particular, the ELCRN. The focus will be on biblical understanding of HIV/AIDS, theological reflection, moral perspectives and how to live positively in the church.

#### **4.2 Evangelical Lutheran Church in the Republic of Namibia (ELCRN)**

The ELCRN is a multiracial church. Most services are conducted in Afrikaans interchangeable with local indigenous languages, e.g. Ovambo, Nama, Damara and Herero. However, after independence, the synod of the ELCRN proposed English to be introduced as the official language of the church. The ELCRN is the second largest church in Namibia. It has a total membership of 300 000, spread across 52 parishes all over Namibia except for the far north (The Evangelical Lutheran Church in the Republic of Namibia in the 21<sup>st</sup> Century 2000:36). Most of these congregations are declared as poor congregations by the Church Board because of unemployment. The ELCRN members consist of many ethnic groups, but this is not a stumbling block towards the growth of the Church at large. These members are served by 78 ordained pastors of which 15 are women (Documentation on partnership 1998:1).

#### *i) The position of women in the church*

In general, women's roles in the ELCRN are prescribed to them by the dominant male hierarchy and or by traditions. They are most of the time allowed to be involved with the instruction of Sunday schools, pastoring the sick and raising funds for the church. Women invested an enormous effort in leading the people spiritually with prayer sessions. As a result, in 1978 the ELCRN became the first denomination in Namibia to ordain women. Mrs. Emma Mujora and Mrs. Sanna Tjakupi, who were female Theology students, became the first women pastors. Many other women have since been ordained and appointed as directors of Church institutions. Although women have been fully accepted and integrated into the work and life of the Church, all Church board members are male and dominate in decision taking, while women play a serving role.

#### **4.3 Biblical understanding and HIV/AIDS**

The world religions are recognized as a fact in Christendom today, and as a permanent fact. The Christian mission in Walvis Bay which is an institutions of believers is in the hands of ELCRN and other Churches. According to Richardson the church are the people and not a building: "Church in the New Testament translates in Greek *ecclesia*, which always means an assembly of people (1957:46)". Therefore, in this thesis this word "Church" will refer to congregants instead of a building.

Since the beginning of human existence people have tried to understand the reasons for disease and suffering but most of them were and are not understood. AIDS is one of these disease which raises many questions which are deeply religious, such as: "Where is God in this crisis of HIV/AIDS?"

It often brings questions of concern like cleanliness and uncleanness. Looking at the Gospel of Mark one observes that the issue of being clean or unclean was not precisely the same for Mark as it is for us today.

Jesus challenged the understanding of being clean and unclean. He related to Gentiles and was criticized for eating with tax collectors and sinners (Mark 7:24-30 and Mark 2:15-17). The Scriptures are clear about Jesus' gesture before those on the periphery of society, and the Church has a long tradition of presence with and support of these persons.

HIV/AIDS was quite unknown in the biblical times, but we do find passages in the Bible that reflect on the dreadful disease as explained above. The Bible does not normally refer to leprosy as a sin, but as a mystery which only the mind of God could explain (Interpreter's Dictionary of the Bible 1962:113).

Women experience alienation in Walvis Bay as the disease flourishes mainly among women and the poor. They become outsiders from family and friends in the assembly of people, but for God, women are amongst those to whom the Bible calls us to minister. Nicolson supports this reality, that Liberation Theology has taught us that Jesus has a special concern for the poor. Jesus provides us with a very good model for our attitude to people living with AIDS (PWAs), (1995:35). This makes it necessary for the Church (ELCRN) to become an important partner in the fight against HIV/AIDS. If properly supported and co-ordinated, religious based initiatives against HIV/AIDS, can be some of the most effective strategies for the prevention and control of HIV/AIDS in Walvis Bay.

#### **4.4 Theological reflection on HIV/AIDS**

So far, the research paper shows the importance of investigating this dreadful disease more carefully and for the Church to change its attitude towards women living with the virus of HIV/AIDS. The theological question which comes to mind is, "How far is the Church (ELCRN) in its own life or teachings seriously helping women understand and thus to become free?" Is a Church (ELCRN) in which all authority is vested in men, whose image is mostly male, part of the solution or part of the problem of HIV/AIDS? We find part of our answer in what Nicolson says: "The experience of women and the perspectives of women need to be part of the perspective of all of us. Women need to be empowered if AIDS is to be checked" (1996:234).

He argues further that a Christian theology about HIV/AIDS must include a theology of sexuality, a consideration of sexual ethics and also Biblical teaching on compassion, forgiveness and solidarity in suffering. It must embody love and the church must say clearly that HIV/AIDS is not sent by God as a punishment for sexual behaviour, although sinful human actions and attitudes are major contributing factors (1995:19). However, ELCRN must be outspoken about the fact that HIV/AIDS is often a consequence of both or either partners having more than one sexual partner. HIV/AIDS is not a tool of God to punish us. We all are made in the image of God (Genesis 1:26-28). Our bodies are the temples of God (I Corinthians 3:16-17); we should not abuse them. The way we treat our bodies is an indication of how we feel about God. Likewise, we should respect other people's bodies and this will indicate respect for other people and for God.

ELCRN has an opportunity to make manifest the works of God in response to the HIV/AIDS crisis

in the Walvis Bay congregations. It can no longer be argued that the disease of AIDS does not affect ELCRN, since our friends, relatives and neighbours are part of the assembly of God which is the Church. We are all related to each other: what affects one part of the body, affects all parts. So in the HIV/AIDS crisis, all of us are affected by the dreadful disease. The *kairos* - time of the Church has come to offer effective pastoral care and counselling to women contracted with HIV/AIDS. According to Brown *kairos* is a Greek word for "time", a very special kind of time. He further, rightly, expresses that *kairos*, then, is a time of opportunity demanding a response: God offers us a new set of possibilities and we have to accept or decline (1990:3).

Even in the worst situations of life, human beings hope for the best. What is hope and what should these women of Walvis Bay hope for? Hope is a statement of promise. Also the women of Walvis Bay who is facing impending death hopes for a recovery. However, it stands in contradiction to the reality which can at present be experienced with AIDS, since hope leads existing reality towards the promised transformation. The Christian ministry of which ELCRN is part, has the task to restore God's promise to parishioners. The theology of hope stands for ministry. A theology of hope for a world with AIDS will have to be lived concretely, or it will not be credible to those who need it. For the Christian community, the theology of hope is found in the link of the Judeo-Christian tradition and that tradition of hope is to be fulfilled in God's promise - God's coming Kingdom. God is at work, seeking to act when needed (Gerkin 1979:261).

A theology of hope cannot stand alone, even if it is rooted in Jesus. God's grace is more than a promise: it must be experienced in the crisis of AIDS. We live in a time when the future of the



women of Walvis Bay have itself become problematic, while we do not have a cure. Women are living in hope of being rescued by God's grace. The grace of God often does not appear alone. Grace from God and judgment from people often appear together in this crisis of HIV/AIDS. But the grace of God becomes transparent through the events of HIV/AIDS. This indicates the authority of God now and in the future (Gerkin 1979:324). We are dealing with an embracing God. His grace is overwhelming in our daily life. Also to those effected with this killer disease, God's grace is not removed from them.

#### **4.5 The moral perspectives of the Church (ELCRN)**

Morality is an important aspect of Christianity. It shows the image of the Church in the world and the Church has a moral duty to communicate with parishioners. Moral resources of the church can play a key role in shaping positive and life giving behaviours in matters of sexuality, commercial sex-work and other high transmission areas. If the Church has a moral duty to communicate with parishioners, why are Christians who form part of the Church afraid to talk about moral issues? The Church, ELCRN in Walvis Bay, should not be afraid to talk openly about morality. As it is stated by Kirkpatrick:

Our responsibility is to recognise the undeniable fact that morality must not be linked to this viral infection: all diseases in themselves are non-moral. It is crucial that the Church keeps itself well informed of the real fact about AIDS. It has a moral duty to communicate this information as a practical way of demonstrating its concerned care through its natural network of clubs, groups, the laity and its ordained and professed leaders (1988:88).

At the same time, let the Church (ELCRN) not be afraid to talk about safer sex as a moral responsibility, not only towards others but also towards ourselves. Christians think they can talk about morality without talking about condoms. The time has come that the two cannot be separated: we need to put the two together. However, the Church disagrees with the use of condoms. The first thing is abstinence, chastity. No pre-marital sex, people must wait for marriage, according to the teachings of God.

As human beings we are sexual and our primary responsibility is to act out such sexuality with responsibility (Kronqvist 2000:20). Our sexual nature is one of God's gifts (Genesis 1:28) and it is not easily suppressed. In other words, it becomes clear that a narrow moralistic or religious premise for ethical reflection on HIV/AIDS is inadequate (Isaak 1997:85). Since AIDS is primarily a sexually transmitted disease, the nature of sexual relations is obviously vital in any campaign aimed at curbing the spread of the epidemic. Therefore, it is of great need to stress loyalty and faithfulness in sexual relationships, so that AIDS cannot become a factor in a relationship.

#### **4.6 Living positively with HIV/AIDS in the Church(ELCRN)**

All humankind is living with HIV/AIDS nationally and internationally. However, this world-wide crisis is still ignored by some Churches. This reality and practice is a conspiracy of silence and rejection by many Churches in Namibia. It is theologically and morally imperative that all churches respond to the crisis, and that they join in local as well as national planning about how to combat the spread of HIV/AIDS (A Pastoral Document prepared by The CHA of the United States and The CMRS of Men's Institutes of the United States, Inc.1988:71).

The Church (ELCRN) has many resources - physical, financial and spiritual. The most important resources are the congregational members. Thus, the answers to HIV/AIDS depend on people's willingness to give assistance. The ELCRN members have a responsibility to make their institutions and their parishes lovely places where justice and peace reign. The Church has the responsibility not to be judgmental or discriminating but to ensure that congregational members affected by HIV/AIDS are cared for kindly, with love and mercy (A Pastoral Document Prepared by The CHA of the United States and The CMRS of Men's Institutes of the United States, Inc.1988:70).

*i) Love without limits*

One of the most important aspects of living positively with HIV/AIDS in the Church is love: love for one another and a love relationship with God. God gives a new commandment without limitation: "Love one another, as I have loved you" (Matthew 22: 37-38). We are called to embrace HIV/AIDS patients, even those who may have been abandoned by their family, friends or colleagues. God's unconditional love for mankind is not earned or deserved, but given graciously and freely to all of us (Maldonado 1990:4).

*ii) Caring for persons with HIV/AIDS*

PWAs have an ongoing need for intensive medical, psychological, social and spiritual support services. Caring for someone who has AIDS can be very demanding on a physical as well as an emotional level. The risk of infection is sometimes a matter of concern given the nature of the disease (Richardson 1989:144).

Jesus is clear about his caring mission to sick people. The ELCRN has a very long tradition or history of presence and support of sick congregation members. The ELCRN Church constitution is clear on its mission with regards to diaconal work to be done, as stated in Article four (b). “Specific care to senior citizens, sick, crippled, bodily and spiritually disabled congregation members (1997:2)”. As we observe in the ELCRN Church constitution, there is no clear indication of HIV/AIDS people. At the synod of 28 August - 2 September 1999, Bishop P. Diergaardt, the leader of the Church, raised concern about the blindness of the Church to HIV/AIDS in his report as follows:

I sometimes have the feeling that we talk about morality in much too general terms. We are now debating the moral issues related to HIV/AIDS for more than ten years. Instead, I will propose that our Theological Committee should start to reflect and make proposals to the Church Board concerning ways in which the Church will respond to HIV/AIDS (1999:4).

In society and in the Church, women in Walvis Bay make up the majority and they perform home care amongst PWAs. Those women caring for PWAs can quickly have a burn out experience because of the heavy load of care work and little time to do it. Therefore, caring for yourself is part of living positively. Bayley is very much concerned about caring for care givers as the task of the Church. “Identifying and identifying-with carers is an important task for Churches. Carers, too, are part of the flock committed to us and part of the body of Christ” (1996:180). In order to overcome this burden it is wise to create support groups, alternative communities with alternative values, where individuals do not have to struggle alone.

#### **4.7 Conclusion**

Women's commitment to the Church is very high, therefore, they are recognised as the back-bone of the Church. Women are born into the Church and most of them live and die as part of the Church. Yet with all this involvement of women, they remain the least educated and the least trained in important matter such as counselling, theological education, human rights etc. Measures to correct this unbalance demanded for the protection of gender issues in the Church, since the pandemic is spreading so rapidly. While waiting for such measures, life should continue, by living positively with pastoral care and counselling responses.

The ELCRN has failed to be a caring Church with regards to HIV/AIDS women. Therefore, many HIV/AIDS positive women become even worse and sometimes end their lives through committing suicide. Pastors must provide women with resources for support groups in the ministry. There is a great need to establish peer support groups that are prepared to keep confidentiality and be honest about the pain and suffering of women living with AIDS. The involvement of ELCRN in HIV/AIDS biblically, theologically and morally is critical not only for the Church (ELCRN) but also for the whole community of Walvis Bay, since most of its members are either infected or affected.

The women of Walvis Bay who are infected hope to live healthy lives but do not. They hope to be better but will never totally. However, this hope makes them ready to bear the pain of the present. In the midst of pain, because of the promises of God, they can see a future also for the transient, the dying and the dead (Gerkin 1979:320). Unfortunately HIV/AIDS amongst the people of Walvis Bay has caused wounds, suffering, pain, exploitation of human rights, division among family and friends,

stigmatization, and discrimination against those who are infected and affected. It is clear that HIV/AIDS has not come to Walvis Bay as a visitor but to remain. This disorder of human relationships to themselves, God, family and friends needs reconciliation. Therefore, reconciliation to heal these broken relationships becomes a priority.

## **CHAPTER FIVE**

### **THE DYNAMICS OF THE PROCESS OF SOCIAL RECONCILIATION WITH THE WOMEN IN WALVIS BAY CONTRACTED WITH HIV/AIDS**

#### **5.1 Introduction**

The aim of this chapter is to deal with family and community life in Walvis Bay in which all the concerns mentioned in chapter three exist, as well as to deal with the dynamics of the process of social reconciliation with HIV/AIDS affected women living in Walvis Bay. The focus will be on remembrance; to uncover the truth of HIV/AIDS and destroy the narrative of the lie. This study will establish the reality of the spread of the epidemic of HIV/AIDS. Furthermore, we will critically focus on engaging with these women by dealing with their feelings and their status of forgiveness.

#### **5.2 Family life**

What does family life mean in Walvis Bay in the presence of this killer disease HIV/AIDS? HIV raises questions about the construct of “family”, which may comprise parents, grandparents, spouse, children and other relatives, as well as friends. The term “family” no longer refers only to members of a family who live together. Some of the family structure in Walvis Bay is characterized by female heads of households and children living in families where many men have come and gone (interview no.2. - /Gôadis). Sometimes the only wealth of these poor women is their HIV positive children introduced by different men. However, the common family structure in urban Walvis Bay is mixed-race and single-parent families. Most of these urban families adopt a western world view. Another

visible structure is the extended family structure in Walvis Bay, where those who earn little income have to support those without any income. The extended family plays a major role in the functions of nuclear families. Members of an extended family may not belong to the same faith but the sense of belonging brings them together.

Traditionally, the family structure is seen to provide support for people when they are ill. However, because of the stigma and the possible risk of transmission, HIV can have an impact on choice of partners, availability of support, relationships with children and the psychological well-being of the family. Family structures in urban Walvis Bay are changing (interview no. 3 - !Namtago) with AIDS related illness and the death of productive women. Family members are left without support. Due to the nature of confidentiality in HIV/AIDS, especially in the beginning stages of the HIV status, some of the family members are excluded. Traditional coping mechanisms, for example, extended family, are seriously weakened in Walvis Bay area (Du Toit & Sguazzin 1995:19). A more open and supportive family oriented approach might reduce many problems generating from denial and secrecy. Moreover, HIV remains an issue for both the family of origin and affiliation, while the dynamics of family relationships remain, in turn, important to women with HIV. Therefore, it seemed timely to revisit the subject of family and HIV, since the impact of this spreads to the community as a whole.

### **5.3 Community life**

Clearly, if we are to understand this pandemic, the impact goes beyond the individuals or families. This is because we all represent in some form or another a generalized perception and position in the



community. How does one then interpret community life? Community life is somehow a historical reality and an interaction of forces. Women living with HIV/AIDS need nursing care and social support from within their communities. Due to the stigma attached to HIV/AIDS, community volunteers are scared to be in close contact with HIV/AIDS patients. This situation further reduces the life span of people with AIDS because of psychological problems emanating from communities. Therefore, the Walvis Bay community must look at HIV/AIDS as a community issue. In this way they can fight the infection and contribute to the reduction of the effect of the killer disease on family and community. They must be mobilized and be sensitized about HIV/AIDS related issues, through drama groups, workshops or educational programmes. The Walvis Bay community needs to create a conducive environment for programme implementation. For sustainability of the HIV/AIDS programme in the Walvis Bay community there is a need to involve community members and existing local leadership. The community has the capacity to solve the problem at grass-roots level: they only require empowerment, for example, through ownership of the programme from community action.

Community life can provide care and support for community members. Community members can do home visitation in communities as well as establishing income generating projects such as gardening, baking etc. All this can happen in the midst of maintaining ownership of the programme by making a living from it.

## **5.4 The dynamics of the process of social reconciliation in the pandemic of HIV/AIDS**

### *i) Definition of reconciliation*

Reconciliation is understood and defined differently. All have their own understanding of what reconciliation is all about and how it can be practised. To Bronkhorst, reconciliation is a subject which is integral to all major religious and philosophical traditions (1995:38). In the light of family and community life and the scope of HIV/AIDS in Walvis Bay the lives of women are in need of serious healing and reconstruction. Some of them understand reconciliation as meaning to forgive and forget. For others, it means the painful process of confronting their partners or husband with cultural matters in the midst of the pandemic of AIDS (workshop no.2, Walvis Bay, December 2000). It is easy to talk about reconciliation but not so easy to implement it.

Furthermore, he argues that reconciliation is about transforming dehumanizing situations: recovery of the dignity and humanity of the victim, and social reconciliation transpires when a community recovers its dignity and honour (1998:15). From what Hay says, it is impossible to regard reconciliation as separate from the context people are living in. One of the central facts the rural women of Walvis face in the process of reconciliation is that men are mostly the source of AIDS that rends families and communities. These women are often the victims of the HIV/AIDS pandemic, because of their culture and gender issues. They hardly protest against AIDS, as the saying in Afrikaans goes: “Hulle laat God’s water oor God’s akker vloei” meaning that they just let things go, even if they are wrong. In addition to the difficulty of understanding reconciliation in its meaning and its practice, the reconciliation process is a very difficult and long process that starts with the healing of the victims by God’s reconciling grace.

*ii) Remember the past events*

*a) Uncovering the truth of HIV/AIDS*

Everything that has happened to us during our whole life-time is indelibly recorded in our minds. In fact recording includes not only the experiences themselves, but also the feelings, good or bad, desirable or undesirable, which accompanied those experiences. In remembering past events, one is forced to uncover the truth in the process of reconciliation. The Topnaar women are faced with many obstacles in their control of AIDS, for example; isolation, poverty, culture and gender issues. Rural isolation affects access to information about HIV and access to health care services, such as sexually transmitted disease treatment. Rural poverty often is associated with the rapid spread of AIDS after HIV infection.

Namibia's migratory labour system contributes to the movement of HIV infected men and women from the cities to rural areas. Walvis Bay is part of Namibia's migratory labour system through its fish industry. Husbands or partners often get infected during the migratory labour system and return home with the virus. Most of the time women are at home taking responsibility for the entire domestic economic affair. Bad living conditions make the problem worse. Hishongwa reminds us of past events, by describing the living conditions of women in the rural areas as follows:

Women have suffered from more than the direct exploitation and repressive nature of the colonial regime. African customs and traditions have changed or adjusted or manipulated to suit the interest of the system. Men were forced to leave their families behind in the 'homelands' while they go to work for and increase the economy of the white exploiters (1983:30).

This system needs to be discouraged by all means. Women need to accompany their partners to prohibit the assumption that women are responsible for bringing HIV/AIDS home. “Women are blamed for bringing HIV and STD infection into a relationship” (PACSA 1999:3). Therefore, to destroy the assumptions, beliefs and the narrative of the lies about HIV/AIDS is very important, since the epidemic of HIV/AIDS is not a dream but a reality.

*b) Destroying the narrative of the lies about HIV/AIDS*

Since many women living in Walvis Bay are uneducated, they communicate with one another mostly through oral traditions that allow story telling or narratives. Most of these stories and narratives are powerful with collective history. De Hay in Singh states that the third world writers in the United States create narratives to destroy the dominant culture in order to uplift the marginalized cultures (1994:26). One important aspect in the process of reconciliation is the establishment of truth. The narrative of truth will restore the identity of women.

Largely, HIV/AIDS information never reaches the rural women. Those who get the information are confused and even do not know how to deal with it. Many family members and community members misunderstand the disease. The exploited sexual abuse lie that engaging in sexual relations with a virgin will cure the infected person needs to be destroyed. The narrative of the truth is stated by Mckerow as follows: “... the virus can be passed from the infected individual to his or her partner” (1996:13). Infection occurs no matter whether the partner is a virgin or not.

Many community members of Walvis Bay believe that one can get HIV through casual contact with

infected people, such as shaking of hands, kissing or touching. There is no risk of HIV infection from everyday contact, either at work or socially. HIV cannot be caught by touching, shaking of hands or kissing. The Topnaar women are most of the time at home. The narrative exists that a faithful rural woman cannot get AIDS and that they are less affected than the urban women living in urban Walvis Bay. Lamond disagrees with this narrative. She says faithful woman can get AIDS from their partner (Positive outlook 1996:18). The narrative of lies in rural and urban Walvis Bay needs to be destroyed by the correct information, that HIV is spread through sex, from infected blood or by mother-to-baby infection. This, again, can happen through story telling and narratives in Walvis Bay.

Furthermore, Schreiter argues that victims of violence and suffering must tell their story over and over again in order to escape the narrative of the lie. Therefore, these women living in Walvis Bay, suffering from AIDS and having become victims of the killer disease HIV/AIDS, must tell their story over and over in order to escape the narrative of the lie. As they recount their own narrative, little by little they begin to construct a new narrative of the truth that can include the experience of suffering and violence (1995:71). Poor people do not have lots of time to wait. It is only that poor people have learnt to be patient and to wait because of their situation. We cannot just relax and apply the “wait and see attitude” while people are dying. We must urgently find a way to listen to their narratives and to deal with this crisis from a woman’s perspective.

Another narrative of the lie is that AIDS is not in rural Walvis Bay but only in urban Walvis Bay. This is because proper research has not yet been done in rural Walvis Bay. Another factor is that

rural people who get sick, come to urban Walvis Bay to get treatment and stay with family or friends, giving residence of stay as urban residence. Most of the time if the person dies, funerals take place in urban Walvis Bay (interview no.3 - !Namtago). Most of the Walvis Bay cemeteries are filling up. This shows the reality of HIV/AIDS. Indeed, AIDS has brought and is continuing to bring grieving processes to rural and urban communities of Walvis Bay. There are, every weekend, funeral services of beloved family members or friends.

Now that we have dealt with the memory and the truth of the women of Walvis Bay, we need to establish the reality of the spreading of the epidemic of AIDS.

*c) Establishing the reality of the spreading of the epidemic of HIV/AIDS*

Establishing the reality of the spreading of the epidemic of HIV/AIDS among the women of Walvis Bay, is a way of acknowledging the truth, while confronting the pain and shame. The pain and shame are that Namibia now finds itself among those countries with the highest prevalence of HIV infection in the world. Its infection rate is the 3<sup>rd</sup> highest in the world behind Botswana and Zimbabwe (Namibians Speak Out on HIV/AIDS 1998:19). The spread of HIV infection has increased dramatically in the last years. Looking through the eyes of the UNDP, more and more cases have been recognized (Namibia Human Development report 1997:34-39).

The epidemic has spread rapidly. Positive HIV tests by the Health directorate shows the trend of HIV positive cases over the years (see appendix 3). The total number of HIV infected Namibians is probably two to three times higher, since the majority of Namibians are not tested. Dr. Uirab, Senior

Medical superintendent of Katutura hospital, establishes the reality of the spreading of the epidemic as follows:

There is no doubt that we have passed the infective stage of the disease: we are now looking at the rapidly growing stage of full-blown AIDS and AIDS related deaths. Anyone who thinks that we have time to lose is playing with fire” (Namibians Speak Out on HIV/AIDS, 1998:5).

While the long-term dimensions of the HIV epidemic cannot be forecast with confidence, available information about the epidemic brings concern about the spread of the epidemic. The spread of the epidemic in Walvis Bay, determined by the number of positive cases reported within the last year, is serious (see appendix 4). As the number of cases grows, so can it be expected that the number of women infected in Walvis Bay will also grow (see appendix 5). If the pattern of the spread of the virus continues, proper engagement is needed. At this stage the process needs the acceptance and the engagement of the whole Walvis Bay community.

### *iii) Engaging*

One way of dealing with the rapid spread of HIV/AIDS in Walvis Bay is to engage with the present situation. Dealing with the present situation of the women in Walvis Bay living with HIV/AIDS is not simply a medical engagement: it involves dealing with its consequences, meaning a psychological engagement. Being healthy does not depend only on one's physical body but it also depends on the psyche. According to Perkel human psyche means:

The human psyche is a complex system that is built upon and the

influenced by internal emotion, cognitive and impulsive element, some of which are conscious and some unconscious (1992:83).

The psyche can also become sick in this process of HIV/AIDS. Therefore, dealing with the present situation in this crisis is not easy, since emotions play a very important role, but the reward of engaging is the sense of enriching life. Women in rural Walvis Bay and women in urban Walvis Bay react differently on learning they have contracted the HIV virus (workshop no 1, Walvis Bay, December 2000). Most women in Walvis Bay are frightened of HIV/AIDS, especially those who know a bit about the disease, while some of them take it for granted. It is natural to have strong feelings or become emotional but there are different consequences in regards to HIV/AIDS such as shock, fear, depression, acceptance, denial, bargaining and forgiveness.

*a) Shock*

In the context of testing for HIV infection, everyone, including those who are tested voluntarily, needs to be counselled first to prepare them for the outcome of the results. It seems that no matter how much preparation is done, natural instinct remains so that it is a shock to learn that one is HIV positive. For example, the Topnaar women feel shocked after being faithful to their husbands or partners. As uneducated, uninformed, victims and as members of a society that supports traditional roles and systems, they do not know what to do. It might be good to be with someone you trust or to build a trust relationship with someone, if going for testing or getting the results of the test.



### *b) Fear*

Fear accompanies HIV infection very often. Not only does the sufferer feel that her/his life is finished but also he/she is scared to talk to anybody about this problem, out of fear of rejection by others, of being stigmatized or abandoned by family and friends. To improve the victimised, infected women's status is, thus, a main objective in rural Walvis Bay. The fear of HIV/AIDS can lead to isolation, loneliness and the feeling of being unloved and unwanted. Unless we acknowledge that God loves us all as we are and that we all have the responsibility to help people, including those who are HIV positive, to discover the real meaning of life, it will be very difficult for us to cope with HIV/AIDS. According to Snidle, "fear is nourished through fear of the unknown, fear of infection or contamination, fear of sexual activity, fear of one's own mortality, fear of being ostracized or treated as a leper" (1997:26).

### *c) Depression*

Herman elaborates on depression:

The dissociative symptoms of the disorder merge with the concentration difficulties of depression. The paralysis of initiative of chronic trauma combines with the apathy and helplessness of depression. The disruption in attachment of chronic trauma reinforces the isolation of depression. The debased self-image of chronic trauma fuels the guilty rumination of depression. And the loss of faith suffered in chronic trauma merges with the hopelessness of depression (1992:94).

Women living in Walvis Bay and affected with AIDS show the same symptoms. It is important to deal with a HIV/AIDS depressed person gradually, since social reconciliation is a working

relationship (Hay 1998:14-15). The women of Walvis Bay should be encouraged to express their feelings which are perfectly natural and understandable, and should be treated with respect. Whiteside understands that depression is not meant to create a state of resignation and helplessness (2000:97), which means if a person does have HIV/AIDS, there is no need to give up. Being in a HIV/AIDS status is the moment to keep busy, visiting family, friends or a health worker. If one has children, it is the moment to think about them, since they still need mothers. All this should not happen out of guilt. The Topnaar women are in a unfortunate position, due to lack of visitation of a health care worker, but at least they have friends and family members.

#### *d) Acceptance*

The feeling of anger sometimes changes from anger to acceptance. Most of the Topnaar women living with HIV/AIDS accept their situation very easily since they are used to their submissive position. This is sometimes not good and even not helpful. So often they became victims by being more silent than ever before, meaning that their acceptance has re-silence them. They never think about themselves, what they can do to make themselves feel better, or what to eat to help them stay healthy. On the contrary, protein food or a good diet is taboo in the life style of the Kuiseb River community.

Since the Kuiseb River is a rural area nutritious food not available. Most of the time their daily meal is !narras. However, a good diet will not destroy the HIV- virus, but healthy eating can help the Topnaar women to live a healthy life as well as feeling better or look better.

#### *e) Denial*

Denial and panic are basic attitudes that individuals and communities go through while facing AIDS. We believe denial operates in many different ways. Many urban Walvis Bay women do not believe that they can contract HIV. The usual reaction is: 'It can't be me, I feel so strong "or" it's not true'. Herman is convinced that denial does not work (1992:1). The stage of denial is one of the common defensive mechanisms a woman goes through after receiving the news that she is HIV positive. Through the denial process, the women who are living with the virus want to keep a distance from the horrible thought of death. This stage is temporary and will in certain instances speed up the process in certain instances for acceptance. The denial stage can lead to a bargaining stage in the crisis of HIV/AIDS.

#### *f) Bargaining*

The stage of bargaining is less known in the community of Walvis Bay but it could be a great help to PWAs, even if it is only for a short period. Most of the time they bargain with God, saying to God: "If God will cure me, I will stop having sex or I will be a good mother to my children". This is, in fact, asking for a second chance. In this stage, their guilt feelings come to the fore front. The need for a trained counsellor or pastor in dealing with this stage is appropriate. While bargaining with God is present, some consultation with traditional healers may also takes place.

#### *g) Forgiveness*

Another painful aspect is forgiveness. It is one of the most difficult parts in the reconciliation process with women rejected by family, friends and community members in Walvis Bay. It is

difficult for them to have a full assurance of forgiveness in these circumstances. What is forgiveness and what makes it so difficult in the reconciliation process? According to North and Enright forgiveness is a cognitive and emotive psychotherapeutic technique to diminish excessive anger in a number of clinical disorders (1998:63). In the process, women decide for themselves and it enables the forgiver to get on with life.

We all know how hard it is to forgive when we have been hurt. Women living in Walvis Bay have been hurt by the epidemic of HIV/AIDS and robbed of their dignity, honour and equal power. However, the consequences of the act make space for forgiveness. They face serious challenges at different stages of the epidemic of HIV/AIDS. Forgiveness is one of the great challenges but it is also risky. The “who to” forgive question here is very important in the process of social reconciliation. According to Brakenhielm there are three distinct answers to this question:

- a) The first basic form of forgiveness is, thus, the forgiveness of individual human beings.  
Individual persons can give their forgiveness to various human beings.
- b) The second basic form of forgiveness is a group forgiveness. It can be directed either to an individual or a group.
- c) The third basic form of forgiveness is divine forgiveness. Whether or not one is a believer, this is a significant concept for Christian faith (1993:2).

The above question serves a good purpose: it prepares the AIDS victim to know the truth. So, we should be able to practise the dynamics of social reconciliation, namely to remember, engage, and

then remedy.

Women do not always undergo the above feelings and emotions all at one time. These feelings and emotions change often. One day they may feel depressed or be in a denial stage, on another day they might not know whether the victim(the one who infected the innocent partner) should be forgiven or not. This is normal but it is very important to regain the feeling of respect, dignity and hope to live. They cannot be truly reconciled to God, to themselves and to the community, unless they deal with their feelings.

HIV/AIDS has serious problems even in the social reconciliation process. It seems to be problematic dealing with these feelings and their consequences, but it might be possible to reduce the spread of the epidemic or prolong their life.

## **5.5 Remedy**

According to the report of the Chilean National Commission on Truth and Reconciliation, volume 2 in Hay the process of social reconciliation is not completed without remedying the past and ensuring that human rights abuses are never repeated, through the creating or changing of structures (1998:133).

Justice is a major remedy of the past. Justice addresses the issue of responsibility and accountability which is important for dignity and honour and for the good of the community. Can there be reconciliation without justice in the context of HIV/AIDS with regards to the women of Walvis Bay?

Some of them argue that they need revenge, if they are infected. Others do not reach this stage or argument: they are at the stage of just accepting everything, even reconciliation, without justice being done. They will hardly argue to bring victims (husbands and partners ) to reparation. This brings a discontinuation in the process of social reconciliation. Remedy is not just the task of the individual but of the community. Justice in rural areas has failed, since the consequences of bringing victims reparation is violence and oppression.

A further dynamic of social reconciliation in Walvis Bay is addressing economic justice for all members of the community. Several factors account for the need for economic justice for HIV/AIDS infected women.

## **5.6 A healing relationship**

Having all this information, as well as the understanding of a dysfunctional community, points us to the underlying problem that causes all the division and hurt to ourselves, our families and in communities. The question is: "How do we reconcile with God, and with ourselves and how does the community, in a way, give a lasting solution to the crisis?"

### *i) Reconciling with God*

A very deep rooted remedy is to reconcile with God. From a Christian perspective, HIV/AIDS suffering in the world cannot and should not be directly linked to God's will. It is in God that the women of Walvis Bay rediscover and regain all they have surrendered in order to be united with him. It is through rituals like prayers, sacraments, sermons etc. that we discover ourselves in God.

Prayer is a journey in which, if God wills, that we take only one step. Life is not in our hands, even not in our control, therefore, it is sometimes very difficult for AIDS sufferers to reconcile with God, especially those who experience HIV/AIDS as a punishment from God. This must be at the very heart of their spirituality.

*ii) Reconciling with yourself*

The will to live is one of the strongest medicines for women living with HIV/AIDS. If women have the will to live, their bodies can respond in remarkable ways. A strong will to live means that your body becomes stronger. If women are determined, they can even fight HIV/AIDS with their minds. Being healthy does not depend only on your physical body. Your mind and emotions play an important role in the reconciliation process with yourself. Your mind can make you sick. However, if your mind can make you sick, it can also make you well again.

Reconciling with yourself can mean learning to love yourself, to know that you are a worthwhile person. Carrick confirms this by saying: "Loving ourselves does not mean preparing ourselves, which is misguided self-love, but having respect for and having confidence in ourselves" (1993:75). Therefore, think of how important you are to yourself and if you can cope with what seems to be the biggest obstacle of your life, aim at goals like: "I will break the silence of the epidemic" or "I will get information and empower myself about HIV/AIDS."

*iii) Reconciling with family and community members*

The family and community members with whom one lives have a serious impact on one's life, and

so it is in Walvis Bay. The way we relate to people in community life and the way they relate to us is very important in everybody's daily life. No one can live in isolation by her or himself. By nature we are social beings and can only realize who we are by contact and engagement with other people. The Walvis Bay community has failed to cope with sufferers of AIDS. Community members who have been discovered to be HIV positive, have been rejected, abandoned or stigmatized by other community members, as they are considered unclean. Therefore, reconciliation within the Walvis Bay community would be wise.

The epidemic of HIV/AIDS has broken good relationships in families and communities. Divisions are noticeable, which are mostly caused by the hurts of the epidemic. Women are robbed of their dignity, honour and humanity. It is not only the women who suffer but it is the whole community. Finley says, "as long as one suffers, you suffer, too"(1978:64). The family of people living with AIDS as well as the community suffers and is in need of much attention and reconciliation. Women affected by the virus are totally rejected, stigmatized and abandoned by their family or community. In some cases those who are affected choose to separate themselves from their family or community. This made it more and more unable for families and communities to reconcile.

## **5.7 Conclusion**

In conclusion, women of Walvis Bay are deprived of many things and are more vulnerable than men to the HIV/AIDS virus. Women's primary need is to have access to the power to define their own HIV/AIDS related needs and to be able to participate in making the health and social service system more responsive to their needs (Ostrow 1990:110). Urban and rural women of Walvis Bay need to



be combined with a radical and aggressive re-education process to give them confidence, to encourage their transformation, to empower them, to help them demand their rights and to re-educate men. This integration is possible through a network which allows women to learn from other women locally, regionally, nationally as well as internationally. This will contribute to a healthy community, nation and a healthy world.

Another essential point is the involvement of the family and the community as a whole. People who live in the community as families and friends are interlinked. These people are blessed with skills and cannot work in isolation. They depend on collective action to support each other. Therefore, the negative attitude of family or community members against those infected with HIV/AIDS affects and blocks all the efforts that might be planned to reduce the rapid spread of the disease.

Healing can mean the bringing about of a state of physical or spiritual health. Theologically, the Scripture recognizes a close link between physical and spiritual health, with healing often being seen as an image of salvation in Christ. God is regarded as the author of healing (Exodus 15:26; Luke 5:15). Healing is the process of curing and making whole. According to Taylor “health relates to the whole personality and whatever affects people’s well-being, and ‘sickness’ is not limited to physical injury or illness, but includes emotional and social factors as well” (1983:200).

Social reconciliation is not just a task to be achieved: it becomes a calling from oppressors to repentance and to service for the whole community of Walvis Bay. Only by discussion, not by forgetting the past, may one attain reconciliation. This process never finds an end, because it is an

ongoing process. When all are supposed to be involved at the end of it, we shall all surely jointly be able to dance our new ritual dance of joy and freedom, when all are able to survive by earning a living. This will be the true meaning of social reconciliation, when women have regained their dignity and when they have economic freedom.

## **CHAPTER SIX**

### **THE NEED FOR EFFECTIVE MODELS OF PASTORAL CARE AND COUNSELLING FOR URBAN AND RURAL WOMEN IN WALVIS BAY**

#### **6.1 Introduction**

Before we look at effective models of pastoral care and counselling for urban and rural women in Walvis Bay, it is appropriate to look at the definition of pastoral care and counselling. Thereafter, we will deal with counselling as an integral part of caring for someone infected or affected by HIV/AIDS. Then, the different types of HIV/AIDS counselling will be described, such as preventive counselling, primary preventive counselling, secondary preventive counselling, pre-test counselling, post-test counselling, supportive counselling and ongoing counselling.

#### **6.2 What is pastoral care?**

The meaning of the term “pastoral care” is very broad and the term has been employed in several ways: one is a practical out-reach through the power of the Holy spirit to congregation members and the whole of society in need. In the context of the Church’s ministry it suggests that this is one of the tasks a pastor is called for. Dicks defines pastoral care as: “Pastoral care is as old as religion. It means a ministry to individuals. In its traditional sense it means shepherding of souls, or cure of souls” (1949:vii). Clinebell defines pastoral care as broad, inclusive ministry of mutual healing and growth within a congregation and its community, through the life cycle (1984:24). Hunter further indicates that pastoral care derives from the Biblical image the of shepherd and refers to the

solicitous concern expressed within a religious community for persons in trouble and distress (1990:836). This concern is rooted in the love God has for the world. The Biblical thrust of pastoral care is reflected in prophetic care, shepherd's care, priestly care and healing.

### **6.3 What is pastoral counselling?**

"Pastoral counselling" is a term which is more popular than "pastoral care" these days, but it is limited in its scope and should not be used interchangeably with pastoral care, which is the all-inclusive term. According to Campbell, counselling enables people to help themselves as stated:

Pastoral counselling is that activity which seeks to help others towards constructive change in any or all aspects of life within caring relationship that has agreed boundaries. Counselling means enabling others to help themselves (1981:22).

It responds to people's pain, suffering, agony or problems and enables them to deal with it themselves within a conversation. However, it is unlike a family conversation or a conversation between friends or lovers. Many people assume that pastoral counselling refers to any conversation a pastor and parishioner may have about death or faith.

The use of the term "pastoral care" is very rare in the vocabulary and practice of the ELCRN. The term commonly used is "pastoral counselling" but it is also not prominent. This clearly indicates that pastors of the ELCRN have become counsellors who sit and wait for a knock on the door. This further shows a serious lack of training of pastors in this specific field. There is no need for counselling unless there is a crisis. The women of Walvis Bay are in a crisis which profoundly

challenges the Church (ELCRN).

#### **6.4 Crisis**

Stone emphasizes that a crisis is not a sign of mental illness, but a normal human reaction to an emotionally hazardous or risky situation (1976:22). However, a crisis can be seen as an opportunity to make decisions, which can lead to repentance, transformation and renewal. In a crisis situation a person becomes dangerous to himself or herself or to others. It is important to note that at times an entire family may experience a crisis together. Even when the crisis is focused sharply on an individual family member, there is often a need to do something for the other family members, who are strongly affected, although not directly involved in the crisis itself (Kennedy 1990:12). In the case where the women of Walvis Bay experience a crisis due to HIV/AIDS, then their husbands, children, families and the entire society are in crisis.

Therefore, crisis intervention and counselling becomes a great necessity for those in crisis, which is, in this case, the women of Walvis Bay. According to Switzer, the primary goal of crisis counselling can be stated very simply as follows: "it is the quickest possible relief of the internal and external symptoms of crisis and a return to that particular person's usual level of functioning" (1986:45). Thus, the aim of crisis counselling is to help persons experiencing a crisis to regain at least their previous stage of functioning, in order to grow.

#### **6.5 The Namibian method of counselling**

*i) Why should counselling services be offered to the women of Walvis Bay?*

Counselling is important, because a diagnosis of HIV infection can create enormous psychological pressures and anxieties, that can worsen illnesses and even evoke fear or misunderstandings. In the absence of a cure, information about prevention and transmission is a crucial part of counselling.

Counselling services should be offered to:

- \*correct misinformation and mis-education.
- \*reduce the risk of HIV-transmission to un-infected community members.
- \*provide psychological and emotional support to those infected and affected.
- \*promote social support.

*ii) What is HIV counselling?*

HIV Counselling is a new concept in Namibia, which came into being with the HIV/AIDS pandemic. Some people mix up counselling with health education. Counselling does not replace health education. According to the definition of the World Health Organisation, HIV/AIDS counselling is defined as a confidential dialogue between a client and a counsellor, with the aim of helping the client to cope with the problem and take personal decisions related to the problem (1995:3).

*iii) Who should provide HIV/AIDS counselling?*

In Walvis Bay, in addition to doctors, nurses, psychologists, psychotherapists, social workers, teachers, and religious workers, counselling can be provided by anyone who has been specially trained in HIV/AIDS counselling.

*iv) Where do they counsel?*

They can counsel anywhere but the place must be:

- \*Quiet, where interruptions can be avoided.

- \*Comfortable, such as the beach.

- \*Private, where no one else can overhear.

*v) When should counselling services be offered to Walvis Bay women?*

- \*When women come to clinics for testing, diagnosis or ongoing treatment.

- \*When women come requesting support and help.

- \*When a woman with HIV is in hospital.

- \*When women seek information about HIV testing.

- \*When women are considering finding out about their HIV test results.

## **6.6 Different types of HIV/AIDS Counselling**

*i) Preventive counselling*

Counselling is directed towards prevention of HIV-infection. Preventive counselling might mean to anticipate or to act in order to discourage that which one does not want to happen. There are many steps involved in preventive counselling, such as assisting the women to understand the risks associated with their behaviour or discussion of relationships between women's lifestyles and their self image. Preventive counselling aims at helping women to understand and change risky behaviour before they are infected and at supporting those who are infected or affected by the HIV/AIDS virus. It should be accessible to everybody, regardless of social background, religion and culture. There

is primary or secondary preventive counselling (HIV/AIDS Home Based Care Handbook 2000:5).

*a) Primary preventive counselling*

Primary preventive counselling relates to counselling of those at risk of HIV infection who are, at the time of counselling, unaware of their HIV status. Primary preventive counselling is, therefore, directed at everyone. It can be offered to any individual at risk: it should not be limited to commercial sex workers, truck drivers, etc.(HIV/AIDS Home Based Care Handbook 2000:5).

*b) Secondary preventive counselling*

This is counselling of a person who is known to be HIV- infected. Information on transmission, safer sex, and use of condoms is of important in secondary preventive counselling. Before secondary preventive counselling is given, pre- and post test counselling is conducted (HIV/AIDS Home Base Care Handbook 2000:6).

*ii) Pre-test counselling*

Pre-test counselling can be defined as the counselling offered to a person before they have an HIV antibody test. In the context of testing for HIV infection, everyone including those who are tested voluntarily, needs to be counselled first. Such counselling sessions are mostly be given by health professionals. Bayley puts considerable emphasis on the provision of counselling and the need for those providing it to possess the necessary counselling skills (1996:48-50). Compassionate care begins when persons seek HIV testing, either voluntarily, because they believe they are at risk, or at the request of a medical professional, because AIDS is suspected as the cause of illness (A



Pastoral Documentation prepared by The Catholic Health Association (CHA) of the United States and The Conference of Major Religious Superiors (CMRS) of Men's Institutes of the United States, Inc. 1988:20).

Appropriate pre-test counselling should include a discussion about HIV/AIDS, its transmission, signs, symptoms, prevention, as well as the meaning of a positive HIV test or a negative HIV test. During the discussion, women need to be encouraged positively whatever the result may be. Confidentiality is a very important aspect but not easy to maintain. Therefore, it should enjoy first priority. Pre-test counselling can be repeated many times, until the client decides to have the blood test being done. Women often find it difficult to have an HIV/AIDS test (interview no.3 - /Namtago). The counsellor must alleviate their fears by positive affirmation. Counselling does not end with pre-test counselling but it goes a step further with post-test counselling (Bor, Miller and Goldman 1992:64). However, it is essential to give the pre-test counselling process sufficient time so that women feel comfortable to proceed for testing. Effective counselling help women make informed decisions, weighing up the benefits and disadvantages for them of the test and not deciding for them. Counsellors are not allowed to make decisions for HIV/AIDS clients.

### *iii) Post-test counselling*

Post-test counselling should be available to assist the individual in coping with the result and in formulating a support plan (Tjibeba 1997:52). HIV testing is an extremely serious issue, with important and far reaching implications. The type of counselling given will depend on the test result of the individual - positive, negative or indeterminate (when the test is not clearly either positive or

negative). An HIV - positive result can change the life of a woman in its totality. According to the documentation prepared by The CHA of the United States and the CMRS of Men's Institutes of the United States, women who are tested HIV positive should also be counselled and encouraged to inform their physicians, and sexual partners, as well as others who may be treating them (1988:20). This must be seen as a respectful and trustworthy action. If the test is positive, counselling will start with informing the individual of the result and may gradually progress into ongoing counselling until the individual has accepted and made plans to meet the challenges of living with HIV/AIDS.

*iv) Supportive counselling*

Supportive counselling is a continuous process of psycho-social support to a person infected with HIV or a person with AIDS or their families and close contacts. It deals with inner feelings, the need to avoid re-infection, discussion about pregnancy and its implications and management options for female clients. The aim of this counselling is to empower women with HIV and to maintain control over their lives and to develop healthy coping skills.

*v) Ongoing counselling*

Ongoing counselling support can provide an opportunity for women to plan how to cope with future problems that might arise. Women might be coping on a day to day basis. However, they might have several issues that may become problems in the future. An example of this might be planning for the future of their children. Often, making such plans can help the mothers feel more in control of their lives. It aims at helping women to accept their status and to develop and maintain a positive attitude.

#### *vi) Terminal and bereavement counselling*

Bereavement counselling is the counselling offered to HIV/AIDS clients in the last days of their HIV-infection. This kind of counselling is offered to address the grief clients go through in the course of being HIV- infected and also to empower them to prepare for death with a positive mind or attitude. It is also offered to the immediate family members of the infected person because at this time they are also going through a similar loss reaction or grief.

### **6.7 Models of effective pastoral care and counselling**

Given all that we have read in the previous chapters about the types of HIV/AIDS counselling, it remains important to examine models of counselling that do address the situation of such deserted, deprived, dehumanised women. The models are the brief pastoral counselling model of Stone, the ABCD model of Clinebell and Switzer and the four pillars of pastoral care and counselling model according to Hunter, Clebsch and Jaekle. What will be done now is to explain these models and later in the appendix, by way of case studies, show how they apply to the study of these women of Walvis Bay.

#### *i) Brief pastoral counselling model*

What is brief pastoral counselling? Brief pastoral counselling is a brief session of talking which should be regarded as potentially the last one; it is supportive in nature, it encourages individuals and get individuals back on track (Journal of Pastoral Care, Spring 1999:57). It is not a series of newly developed counselling method. As a model it focuses on key issues, develops a plan for change, and helps counselees take concrete actions (Journal of Pastoral Care, Spring 1999:44). This article by

Stone in the symposium of the Journal of Pastoral Care indicate what people want from counselling:

Most people who come to us for help are interested in resolving a difficulty in their life and then moving on as quickly as possible. They are not looking for a journey of self-discovery. They seek to resolve a specific problem “rather than general personality ‘overhauls’ as assumed in the past” (1999:57).

This is a clear indication of what people want in this time. Times are changing the way pastoral care and counselling is being done in the old generation. The long term, traditional practiced is no more effective. Pastors in congregational ministry are busy people with many duties to perform. Congregants also do not have time to wait, they too are very busy with their own in-house business. Brief pastoral counselling seems to accommodate all two partners (the pastor and the congregant) in practical life. However, in the process of the spreading of this killer disease, HIV/AIDS in Walvis Bay area is there still space for long-term counselling too (workshop no. 2, Walvis Bay, December, 2000) but more effective will be brief pastoral counselling.

#### *ii) The ABCD Method of counselling*

Switzer proposed another crisis intervention method which seems to be more appropriate in making people aware of their strength to cope during crisis. This is the ABCD model which is developed and confirmed by Clinebell and Switzer. This model of counselling aims at assisting a person to regain hope and action. For them this method consists of doing four things:

In the ABCD methods of counselling there are three(*original*)

components:(A)Achieve contact with the person; (B)Boil down the problem to its essential;(C)Cope actively with the problem; (D)Develop an ongoing action plan. It should be noted at the beginning that this method does not necessarily imply a progression from A to B to C to D; two or three steps can and frequently do occur at the same time (1974:32).

The fourth point (D), is not considered to be part of the 'three component model,' since it was added by Clinebell to Switzer's original model at a later stage.

*(A) Achieving contact with a person*

This is the first step in the process and method of crisis counselling. The counsellor must establish a trustful and caring relationship. This can only happen if the client is heartily welcomed and relaxed.

Sometimes it is necessary to have physical contact with the client by holding the hand to ease the tension which might be disturbing the client. Another way of achieving contact might be through eye contact to trace different behaviour which may tell how the client feels, as sometimes the client will be unable to talk due to crying. It is through all these skills that the counsellor will judge how intense the hurt is.

The critical question is, how is this done? Switzer suggests by responsive listening, showing of interest and concern, as well as expressions of warmth and eliciting of emotional expression (1974:80). In other words, the counsellor should create an empathetic and compassionate relationship with a person in crisis.

### *(B) Boiling down the problem*

The second step is to identify the presenting problem and the precipitating event. In this stage the counsellor helps the person consider all possible ways to cope with the problem. At this stage, Clinebell emphasizes the major roles of the counsellor are responding and focusing. He say, “The response of the counsellor will be in three areas: non-verbal behaviour, feelings and meaning (1984:38)”. Relevant open-ended questions should be asked to stimulate the process. Consequently much needed information will be provided. The problem can be boiled down into many parts. However, this stage may be implemented while attitudes like empathy, accepting or caring will enjoy priority. It is the duty of the counsellor to help the client to sort out feelings and prioritize them. The client must be made to focus on one major feeling and find the cause (Clinebell 1984:77). In other words, the client must choose one part of the problem to start with.

### *(C) Coping actively with the problem*

Coping is where the first two stages of A: Achieving contact with a client, and B:boiling down the problem, are evaluated and changes are made. Decision and action, doing something about one’s situation, it is the goal of the whole procedure. Normally, people in crisis isolate themselves, as suffering tends to cause people to withdraw from society. At this stage, the counsellor has to encourage the client to make plans to approach the problem she/he focused on from the second stage. The client may be reluctant to establish an action plan, so the counsellor has to motivate her/him to start with small things but to make sure to follow them seriously. This involves the person in crisis being part and parcel of the plan of action to be taken.

For instance, the client might feel less depressed and more hopeful, which may lead to self-esteem. The client has to be encouraged to set goals, and also to brainstorm alternatives from which the appropriate goals can be selected to achieve new priorities. If sometimes the client is unable to set a goal, the counsellor must offer the alternatives. Like in the second stage, the client must be made to feel that, whenever he/she is blocked in growth, the counsellor is always available for help (Switzer 1974:42-47).

*(D) Develop an ongoing action plan*

Finally, the counsellor has to encourage the client to follow up the process of counselling. She/he must enable the client to make plans and take steps toward change, however small (Clinebell 1966:207).

The counsellor must help the client to develop more skills to work on the problem she/he is dealing with, since the client cannot be healed of the crisis and even potential growth in one day is impossible. There should be follow up, either by phone or by making a friendly visit but really it is to show her/his caring and interest in the client's growth. The counsellor has to encourage the client to join a growth group of people who have suffered the same crisis. Such a group may become a support system for its members.

*iii) The four pillars of pastoral care and counselling method*

Pastoral counselling can never be done in isolation. It is usually precipitated out of an ongoing relationship between pastor and parishioner. Such a task takes place within the context of the church

in the process of healing human brokenness. It consists of four pillars which are leading and guiding, healing and restoring, nurturing and sustaining and reconciliation with a shepherding perspective (Clebsch and Jaekle 1964:4):

-Leading and guiding. This aspect is used frequently in the Old Testament (Ps. 23:4) and New Testament (Mt. 18:12) to shepherding. Relating from the Biblical understanding of shepherding, it clearly shows the character of a pastor as pastoral care giver. Therefore, shepherding can be regarded as pastoral care because this engages all the aspects of the ministry of pastoral care. The church tradition has equated the flock with the congregation and the shepherd with the pastor.

-Nurturing and sustaining. This is a pillar of strength to the people, providing rest and nourishment. Nurturing and sustaining does not only help the sick person, but also those who take care of the infected person.

-Healing and restoring. This pillar is the tenderness towards wounded people. Healing and restoring is the process of curing and making whole. Healing and restoring can mean the bringing about of a state of psychological, physical and spiritual health (Hunter 1990:828-829).

-Reconciliation: The ministry of pastoral care and counselling consists also of the reconciling of troubled persons whose troubles arise in the context of ultimate meanings and concerns (Clebsch and Jaekle 1964:4).

## **6.8 Conclusion**

In conclusion, counselling can be seen as one of the components of pastoral care, hence the definition of pastoral care and pastoral counselling is defined as all-inclusive. Furthermore, having



described what HIV/AIDS counselling is in Namibia and the different types of HIV/AIDS counselling, a gap of implementation of these type of counselling can be seen to exist in Namibia. Therefore, there is still much work to be done in the area of HIV/AIDS counselling for women in Walvis Bay. Most women of Walvis Bay do not know what counselling is and, therefore, are not being tested. Most of them are not yet ready for disclosure of their status for fear of stigmatization and rejection. By so doing, the Walvis Bay community will be going back to square one: they can as well decide to set up a camp where all infected people will be locked up. On the contrary, effective counselling has several positive impacts which will help women to make informal decisions, including whether they allow relatives and partners to be informed when tested positive for HIV/AIDS.

Effective pastoral care and counselling will bring transformation and it will also empower women. It will transform relationships in trust, harmony and peace. Through this the Church (ELCRN) can reinforce the view that God is the creator of all humankind. It also forces the church leaders, co-workers of the church and parishioners to a deeper understanding of the practical demands of mutual care such as helping with laundry or assisting in turning the patient from one bed-ridden side to another, rather than waiting for nurses to come to work. Presenting this redeeming and caring aspect of counselling can have a liberating effect in Walvis Bay.

## **CHAPTER SEVEN**

### **EVALUATION**

#### **7.1 FINDINGS**

Having seen how the gathered data was analyzed, let us evaluate the whole research by looking into the findings we experienced during the research. The background information of Namibia was given in order to enlighten the readers as to the kind of women living in Walvis Bay. We also considered the issues if one has to counsel the women of Walvis Bay.

It is not a secret that the women of Walvis Bay infected with the virus of HIV/AIDS suffer various crises in this pandemic. What irritates them mostly is how they will inform their husbands or partners about their status, which will cause suffering. Obviously, no one likes suffering if there is a way out.

So, these women decide to leave their places and search for greener pastures. They are, most of the time, misused by their partners or husbands. Unfortunately some who are trying to run away fall straight into the fire, meaning they are victims of the HIV virus and other serious diseases.

In the light of the literature, many women are not aware of all the different kinds of HIV/AIDS counselling methods, therefore they prefer pastoral care and counselling which Pruyser stresses as follows: “clients seek among other things, religious counsel” (1968:47). Mpolo too, recognizes this issue for he says,

Pastoral counselling does not basically differ from other psychotherapeutic interactions. Its main difference lies in terms of the setting in which it takes place, the Biblical and spiritual resources called upon whenever necessary in order to help the individual or the family members seeking the intervention of the counsellor for health and wholeness (1985:13).

Counselling is linked to the religious and cultural background of the women. A helping hand should be extended to them both socially and economically to defeat the stigma and discrimination associated with HIV/AIDS.

There is evidence that if one suffers in the family or community all suffer. Spiritually it is also difficult for body and mind to work peacefully. Whatever form of counselling is chosen, it should be done for peace of mind. It is advisable that the women of Walvis Bay in the HIV/AIDS pandemic should seek out counselling from those who are trained.

During the research, discovery was made that alcohol is widely used to enhance the enjoyment of sexual behaviour and as an excuse for engaging in behaviour that violates social norms.

With regards to access, most of the women of Walvis Bay were so enthusiastic that they escorted me to other places in the Erongo region to interview other women and to organize workshops for them. Some other women were not willing to share in depth unless they knew me and the purpose for gaining information. They expressed fear, especially of their husband or partners, in case the information given and their names would be disclosed.

Practical constraints were also not absent, such as little written information of the Topnaar community. I rely mostly on oral sources in regards to them. This made the data collection period limited by time.

## **7.2 CONCLUSION**

In conclusion there is still a lot of stigma associated with the disease of HIV/AIDS in Walvis Bay. Therefore, the need to educate women and to counsel them about living positively with HIV/AIDS is enormous. The women of Walvis Bay should participate fully in educational and counselling programmes to achieve the goal of improving the inequality of life and to reduce their suffering.

Since education is the foundation upon which the community of Walvis Bay is built, a valid question arises. What can HIV/AIDS do to education in Walvis Bay? HIV/AIDS has the potential to affect the supply of education because of the reduced productivity of sick educators (mothers), of whom most at education institutions are of the female sex and, at home, are mothers. The aim of the killer disease, HIV/AIDS education is to empower citizens especially to speak frankly, clearly, and specifically about sex and related issues. There is a saying in my culture: "To educate a woman means to educate the nation". Hishongwa agrees with this statement: "A woman was seen and regarded as a mother of the family, clan and nation" (1983:15). Furthermore, education has the extraordinary ability to forestall tragedy and to help women to begin again after being touched by tragedy. Education shows that there is hope. The response from the workshops held in Walvis Bay during December 2000 is that there is hope and that it lies in education.

HIV/AIDS education programmes can assist the women of Walvis Bay in exploring what they want from sex and relationships, as well as attempting to make them feel more confident about asserting their needs within the limitation of their social and economic situation. Many women in Walvis Bay are at risk of HIV infection due to lack of social and economic power to protect themselves from infection. Consequently, it will be necessary to develop resources and to introduce new social policies so that individual behaviour change can be sustained.

Another essential fact is that the awareness campaign against the spread of the disease was first welcomed by the women. Since then they have become part of the fight against HIV/AIDS up until today. Men were not actively involved and did not have up-to-date information. The involvement of men in the crisis is very rare and they are very reluctant to gain information about the disease. A great need to educate men arises, as this crisis can never be overcome in isolation by women alone. The time has come that men should be involved in HIV/AIDS related matters. Therefore, this writer agrees with President Sam Nujoma in his foreword speech in the National strategic plan documentation on HIV/AIDS in the Republic of Namibia:

Each and every Namibian has to actively contribute to the fight against the HIV/AIDS challenge. Every Namibian has to protect himself/herself and others from the virus. The time for action is now. We should leave no stone unturned in the fight against the HIV/AIDS threat. I am confident that by working together as a nation we can make marked progress in these efforts (1999-2004:2).

We can only win against HIV/AIDS if we join hands to save the people of Walvis Bay. Therefore, HIV/AIDS education of men is a high priority at this moment. Each one of us has a role to play in

the following educational approach no matter how small the contribution might be.

In the light of the HIV/AIDS pandemic, the impact on women living in Walvis Bay, on their human right to life, health and freedom from gender discrimination, requires the church, NGO's and the government to take steps to address the causes of women's vulnerability to HIV/AIDS. These institutions together with the whole community should intensify efforts to disseminate information to increase public awareness of the risk of HIV infection and AIDS, especially in women. Active programmes, such as equal protection with regard partner notification and reporting of HIV/AIDS status, counselling and testing should give special attention to the rights and needs of women. Some women are aware of their rights in a partnership and ensure that they enjoy their rights without depending on the Church (ELCRN), government and NGO's, who often use finance as an excuse for not assisting women.

Furthermore, cultural norms and practices have a very important role to play in either controlling the spread of HIV or increasing the spread of the virus. For positive and effective cultural reforms and other social changes there is a need to bring the cultural heads on board. Above all, the involvement and participation of those that are affected by the problems, in this case of the urban and the rural women of Walvis Bay, is very cost effective. Cultural factors are becoming increasingly apparent barriers to prevention efforts. Cultural beliefs in Walvis Bay are articulated through myths. Therefore, cultural matters need research in order to best disseminate HIV/AIDS prevention information and, hopefully, initiate a safer health community.

However, not everything in tradition and culture is bad and wrong: there are also good and valuable factors in any tradition or culture, such as girls' preparation for womanhood in the Topnaar community. Culturally, it is an initiation ceremony and this is the time that young girls are taught and initiated into the process of being a woman. This could be used as an avenue in which safer sex could be discussed, especially as the issue of sex is taboo in this community. This traditional ceremony could be used as a major channel of safer sex education and not only can we use it to teach safer sex, but also knowledge of AIDS and the importance of making decisions with regards to safer sex. This is a model of integrating the old and young generation in the pandemic of HIV/AIDS. It is also a matter of clinging to the old way of doing things, as well as opening a space for a new way of doing things.

In doing all these things, ELCRN in Walvis Bay is at an advantage. It is the largest, most stable church and the most extensively dispersed institution in Walvis Bay. ELCRN is respected within the community of Walvis Bay and has existing resources, structures and systems upon which to build. ELCRN can support and implement small scale HIV/AIDS initiatives. It can undertake these actions in a very cost-effective manner, due to its ability to leverage volunteer and other resources with minimal effort. Up till now, resources and expertise have been largely neglected and it has not been considered part of the solution in the fight against HIV/AIDS. Religious leaders and institutions have a powerful voice in the community. They are able to encourage greater focus on belief, to value change efforts and to promote policy-making that includes the whole family or community.

Lastly, it is heartbreaking to take note of the fact that the women of Walvis Bay are again amongst the struggling group suppressed and neglected by the Church. Therefore, the congregations of the ELCRN in Walvis Bay must rethink and reshape their pastoral care and counselling resources to be more effective and compassionate in the HIV/AIDS crisis. The time has come for the Church to extend God's grace to women. His forgiveness offered in our relationship to our Creator and to each other. It is clear that every pastor and parishioner has the responsibility to gain knowledge and skills about AIDS and to live out the Gospel. Consequently, Christians cannot stand idly by while other humanitarian agencies move forward.



## **CHAPTER EIGHT**

### **WAY FORWARD**

The findings of this study have enlightened me to make the following recommendations as a way forward:

#### **8.1 Counselling centre**

It is important to create a conducive environment where the women of Walvis Bay can share their experiences, feelings, doubts, belief and difficulties with HIV/AIDS and alcohol abuse prevention. Consequently, Walvis Bay needs a women's centre, which can offer counselling services. The centre must provide information on sexuality, HIV/AIDS, income generating projects and general information on women's issues. This centre can serve as a referral centre if help cannot be provided.

Since there is a growing trend among parents and clergy to be aware of the pandemic of HIV/AIDS, one could request that intending couples get tested for HIV before marriage. Pre-marital counselling and testing at the centre will help couples make informed marriage decisions and adopt risk reduction strategies.

Network and capacity building through existing structures like the Church (ELCRN), NGO's such as the Red Cross and the government, can lead to an effective use of resources. It is easier to reach

an extensive area like the Kuiseb River through the existing community network system. Networking facilitates the establishment of partnership with other organizations that seek to operate on a local or an international level.

## **8.2 Education**

### *i) Outreach education*

A small group of voluntary women can go out into the Topnaar community to educate other women and the whole community about the danger of HIV/AIDS. Door to door visitation seems to be working well in this community. The package of this outreach education covers songs, drama, caring and coping models. This matter of concern is supported by Mr. Tjiueza Tjombumbi, speaker for marginalised groups at the National Dialogue on the Culture of Peace (Report on the National Dialogue on the Culture of Peace 2000:21).

### *ii) Mass education*

Most urban women are aware of HIV/AIDS but they do not practise what they know. They are reluctantly confronted by the wide spreading of the killer disease HIV/AIDS. Mass education could be one method of implementation in urban Walvis Bay. This could ensure the participation of most community members. In this regard M. J. Kelly rightly argues for a process:

Involving young people in programme design and delivery, with a firm focus on promoting peer education; involving community members, especially local and religious leaders, parents and youths, with standing among their peers, in content specification and delivery; using participatory methods and experiential learning

techniques; providing more of a challenge to the idealism of young people (including “making abstinence cool”); developing a learning climate that firmly and frequently re-affirms the principles of respect, responsibility and rights (1999:5).

It might be essential and effective to reduce HIV/AIDS by mobilizing women to come for counselling and testing. The use of video cassettes and films can also lead to behavioural change since the technical facilities of television are available in urban Walvis Bay. The gap in knowledge about HIV/AIDS can lead to stigma but we believe that a change is possible, after provision of necessary basic skills, loving care and empathy.

### *iii) Condom education*

In educating Namibians about condoms the national social marketing programme pamphlet says male condoms are made of 100% latex, are bio-degradable, and are according to them, comfortable and easy to use. On the other hand, the counselling news describes the female condom (femidom) as follows: “It is a soft, loose sheath or ‘bag’ which fits into the vagina. It has a soft ring at each end. The ring at the closed end goes in the vagina to keep the condom in place. The ring on the open end covers the area around the vagina” (1999:14). Fortunately, it is stronger than the male one.

There is an apparent distinction between condoms as contraception and condoms as a means of preventing HIV infection.

Education about condoms is very important, as condoms are available in Walvis Bay. In order for an individual woman to use a condom, she should have knowledge of how and when to use it. Only then will she be in a position to make an informed choice. It is vital to use all the possible ways to

inform people about the necessity of condoms. For example, the Namib Times newspaper was part of the national condom awareness day in Walvis Bay on the 22 September 2000 (September 2000:8). This very important day included demonstrations and the distribution of male condoms but not of the femidoms. This form of giving condoms for no charge helps a little in urban Walvis Bay, since some of the urban women of Walvis Bay challenge their sexual partners to use condoms. The necessity of condom use should always be strongly encouraged and condoms should by all means be available to all. This includes foreign fishermen who are reluctant to use condoms (Mohammed 1999:36-37), because they prefer flesh to flesh sexual intercourse.

*iv) Information, education and communication*

Media such as radio and television have great power to influence public attitudes and practices about HIV/AIDS. The negative and degrading images of women as carriers of HIV and those who promote HIV/AIDS must be changed. Magazines and newspapers generally are the next most common sources of gaining knowledge on HIV/AIDS. In this battlefield of HIV/AIDS journalists can use their power of the pen to bring greater awareness of HIV/AIDS to the women of Walvis Bay and the whole of the Namibian nation, which can lead to the development of a agenda for combating the disease. Unfortunately, the media has not been used as effectively as it should be. HIV/AIDS information has emerged in fragmented, often conflicting news headlines over the years. It is interesting to observe that so much attention is focused on women in mass media campaigns. From many of the posters and advertisements that have been produced, it seems that women are expected to take responsibility for protecting themselves and protecting men.

It is good to have so much focus on women to reinforce the role and responsibility of women but where are the men? It seems that men are very reluctant to learn about the HIV/AIDS crisis. However, it is not right to give such a burden to women, while knowing the stumbling blocks such as cultural issues. To give women the sole responsibility is unreasonable, taking into consideration the ignorance and lack of power of most women and the ignorance of tradition about sex and the use of a condom (Lees in Bury1992:105). Media campaigns can be a cornerstone of AIDS education in Walvis Bay. Printed material for HIV/AIDS is very limited and if it is available, it tends to be in English, which most of the people do not understand. Therefore, it is important to use all the local languages people talk. Information, education and communication can positively contribute to curbing the pandemic of HIV/AIDS in Walvis Bay.

### **8.3 Church (ELCRN) prevention**

Promotion of abstinence and delay of the onset of sexual relationships, particularly among the women, is a very important aspect of HIV/AIDS prevention as it is 100% safe. The women are presently experiencing growth of the epidemic in Namibia, because of traditional oppression, as well as subordination to husbands and partners. Therefore, the church should encourage mutual faithfulness in partnerships, especially marriage. Research shows that most women who are infected have never slept with anyone besides their one partner; therefore, the church (ELCRN) must encourage men to become faithful, so as to protect themselves and their spouses. ELCRN should also encourage use of condoms (female and male) where abstinence and mutual fidelity is not possible. The condom is a life saving measure in this AIDS era.

ELCRN should become involved with local human rights, labour, and policy issues related to HIV/AIDS in Walvis Bay. The history of apartheid in Namibia has clearly shown the role of the church in protecting people's Human Rights. ELCRN should continue this process and be a pressure group for the affected and the infected. With its massive human resources it can educate congregation members, as well as community members, about their rights and explain policies to them. A lot of people visit the church in Walvis Bay, which makes it easy to mobilise them.

Another crucial aspect is funding, collecting and managing of donations. ELCRN has collected and donated funds to various charities and care groups. The HIV/AIDS pandemic in Walvis Bay has left many women desperate and the church will be needed to help these women. ELCRN can start a home based care programme and hospice in Walvis Bay and sustain it, since it seems to be the most successful way of care and support for infected and affected women in Walvis Bay.

Another way forward is to provide conferences and workshops on HIV/AIDS for leadership (pastors) of the Church, both clerical and lay, at different levels within the Church hierarchy - to make an effective contribution to all, to empower them to reach out to their parishioners. A trained full time chaplain should be assigned to the hospitals, to become acquainted as far as possible with all the staff and patients, to enable PWA's to build a good, trusting and working relationship.

The last and the most important concern in this dissertation is counselling. Counselling is a very important component in the ELCRN constitution, therefore, counselling couples before and during marriage ceremonies is of vital importance. Most people in Namibia get married in the church,

which means they are supposed to undergo marriage counselling before they take their vows. Being a marriage counsellor goes much deeper than the marriage fee which the pastor as marriage counsellor receives. This is an opportune moment for ELCRN to talk about HIV/AIDS, fidelity and good parenthood etc. Couples need to be told how to respect one another and how to create an environment of trust, respect and understanding. They also should be taught how to bring up their children in such away as to protect them from teenage pregnancy and sexually transmitted diseases, including HIV.

Research contributes to effective pastoral care and counselling of the women in Walvis Bay contracted with HIV/AIDS. Concluding arguments reached are not totally conclusive in this field of study but it is worth mentioning that effective pastoral care and counselling of women contracted with HIV/AIDS cannot remain static. It must move and change with the time. Therefore, more research needs to be done in order to assess my findings and further developments in this study.

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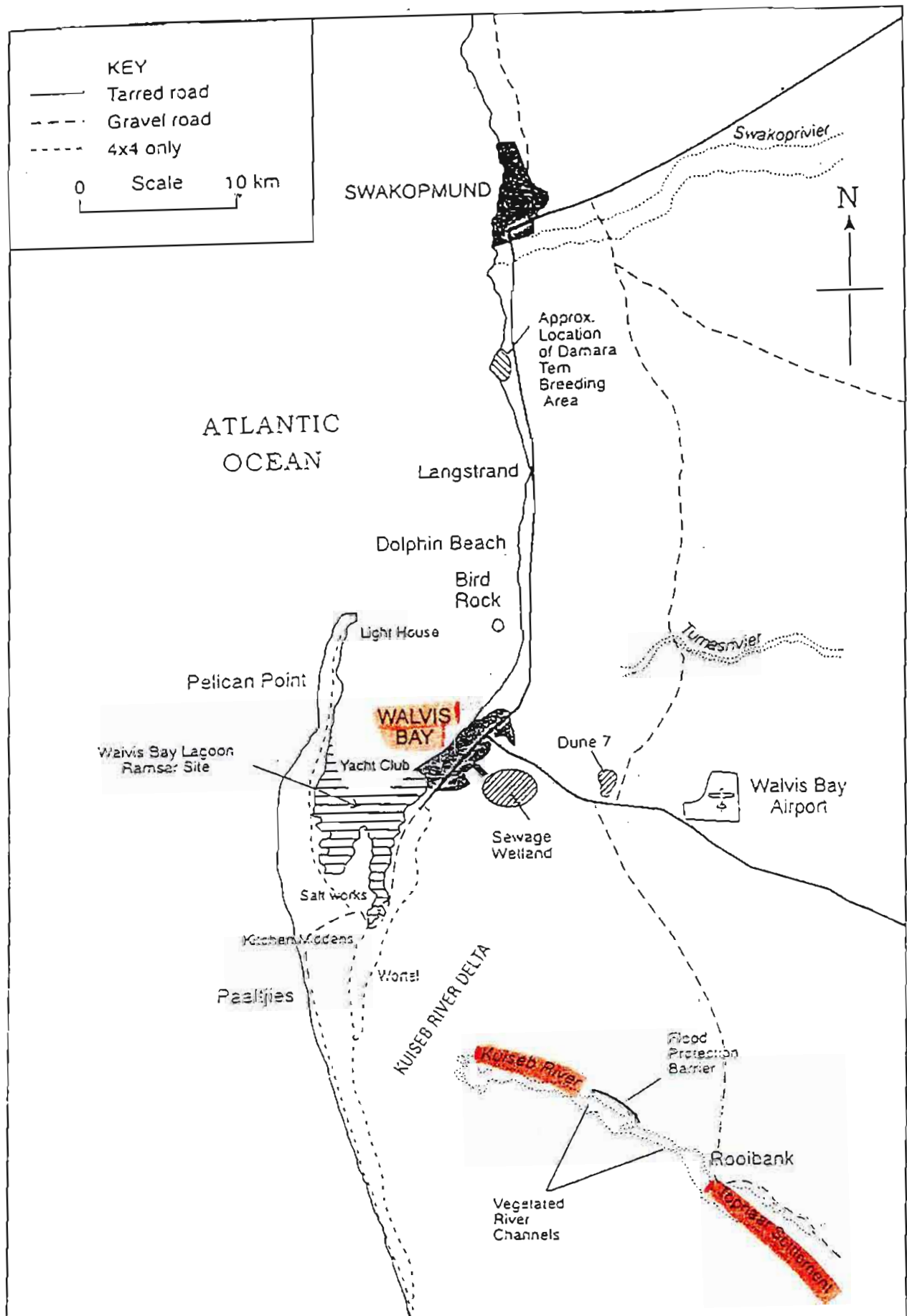
<http://www.walvisbaycc.org.na/tourist/topnaars.htm>

### Enrolment in the Different School Phases: 1994 to 1998

School Phase		Year				
		1994	1995	1996	1997	1998
Overall Total	All learners	474 343	472 228	478 534	490 388	497 418
	Males	232 683	232 551	235 714	241 493	245 636
	Females	241 660	239 677	242 820	248 895	251 782
Total Primary	All learners	366 666	367 249	372 249	379 891	385 938
	Males	183 343	184 022	186 428	189 786	192 692
	Females	183 323	183 227	185 828	190 105	193 246
Lower primary	All learners	254 821	249 645	244 238	240 892	236 923
	Males	130 071	127 672	125 131	123 116	120 791
	Females	124 750	121 973	119 107	117 776	116 032
Upper Primary	All learners	111 845	117 604	128 081	138 999	149 115
	Males	53 272	56 350	61 297	66 670	71 901
	Females	58 573	61 254	66 721	72 329	77 214
Total Secondary	All learners	101 772	103 149	104 480	108 749	109 686
	Males	46 264	47 508	48 277	50 678	51 891
	Females	55 508	55 641	56 203	58 071	57 795
Junior Secondary	All learners	77 842	80 290	80 353	83 093	85 206
	Males	34 557	36 073	36 553	38 130	39 682
	Females	43 285	44 218	43 800	44 963	45 524
Senior Secondary	All Learners	23 930	22 859	24 127	25 656	24 480
	Males	11 707	11 436	11 724	12 548	12 209
	Females	12 223	11 423	12 403	13 108	12 271
*Other grades	All learners	5 905	1 830	1 798	1 748	1 794
	Males	3 076	1 021	1 009	1 029	1 053
	Females	2 829	809	789	719	741

Source: Ministry of Basic Education and Culture





FURTHER BIOPHYSICAL FEATURES OF THE WALVIS BAY AREA  
(AFTER BURGER ET AL. 1996)

## HIV/AIDS in Namibia

Infections, hospitalisations and deaths from 1986 to June 2000

	86-'92	1993	1994	1995	1996	1997	1998	1999	2000	Total
<b>Positive HIV Test by Health Directorate</b>										
Northwest				2243	3322	4045	4779	5918	2627	
Northwest				872	985	997	958	785	368	
Central				985	1567	1651	1938	2024	1039	
South				416	907	1076	1309	1739	854	
Windhoek				3241	3795	3839	3716	4400	2299	
<b>Total</b>	<b>4045</b>	<b>2517</b>	<b>4126</b>	<b>7757</b>	<b>10576</b>	<b>11608</b>	<b>12701</b>	<b>14866</b>	<b>7187</b>	<b>75383</b>
<b>Hospitalisation by Health Directorate</b>										
Northwest	156	140	215	782	1402	1842	2725	3948		11210
Northwest	157	153	108	545	423	634	724	614		3358
Central	28	31	46	101	155	340	459	594		1754
South	72	31	83	56	135	212	333	410		1332
Windhoek				342	505	880	914	1312		3953
<b>Total</b>	<b>413</b>	<b>355</b>	<b>452</b>	<b>1826</b>	<b>2620</b>	<b>3908</b>	<b>5155</b>	<b>6878</b>		
<b>Deaths by Health Directorate</b>										
Northwest	52	43	108	258	563	828	1175	1652		4679
Northwest	17	25	76	200	251	243	365	319		1496
Central	8	12	12	41	51	110	198	241		673
South	9	12	11	31	95	106	152	192		673
Windhoek				98	165	252	289	419		1223
<b>Total</b>	<b>86</b>	<b>92</b>	<b>207</b>	<b>628</b>	<b>1125</b>	<b>1539</b>	<b>2179</b>	<b>2823</b>		<b>8679</b>

### Infection in Blood Donors

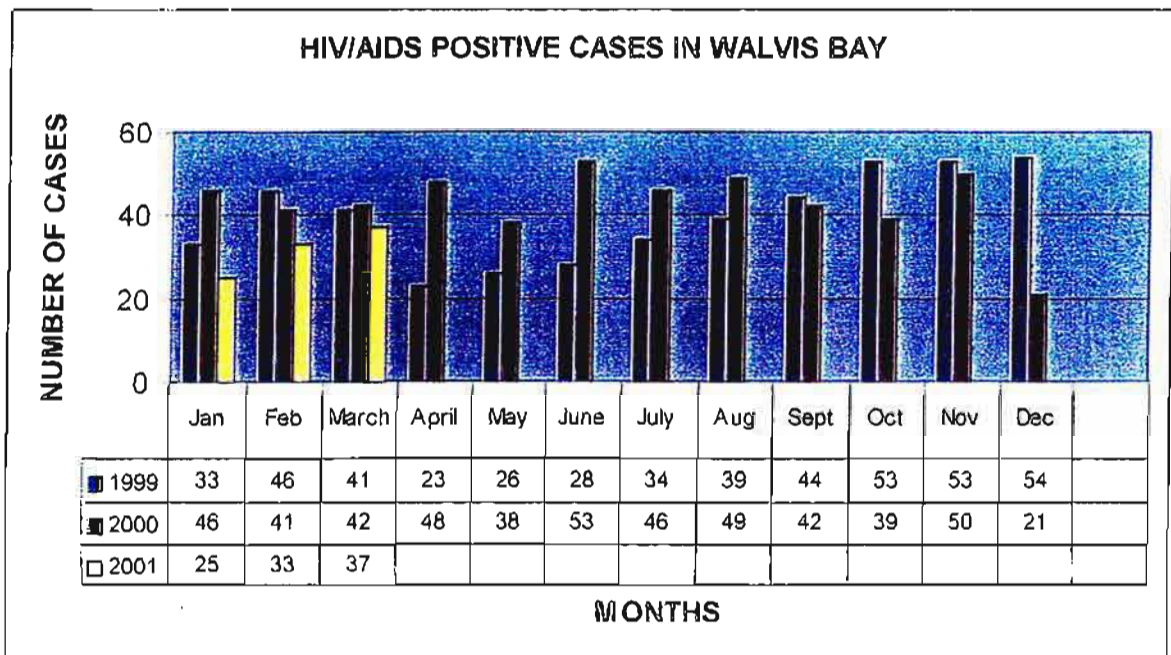
Percentage of HIV positive donors      0.6%   0.9%   0.9%   1.3%   1.6%   1.7%   1.6%   0.9%

### Infection in Pregnant Women

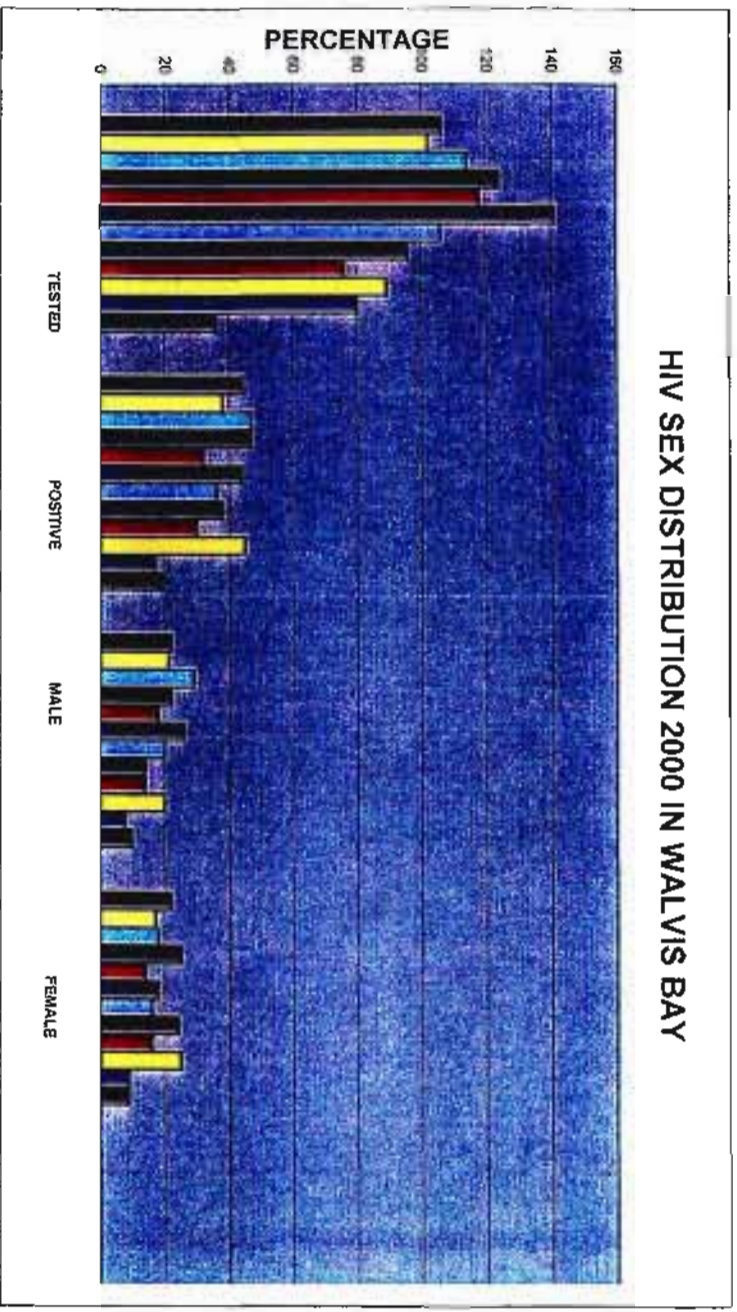
Oshakati	4%	14%	22%	34%
Walvisbay				29%
Katima Mulilo	14%	25%	24%	26%
Windhoek	4%	7%	16%	23%
Onandjokwe		8%	17%	21%
Engela		7%	18%	17%
Otjiwarongo	2%	9%		16%
Andara		2%	11%	17%
Swakopmund	3%	7%	17%	15%
Rundu		8%	8%	18%
Nankudu				14%
Nyangana		6%	5%	7%
Gobabis	1%			10%
Keetmanshoop	3%	8%		9%
Opuwo	3%	1%	4%	7%
<b>Namibia</b>	<b>4.2%</b>	<b>8.4%</b>	<b>15.4%</b>	<b>17.4%</b>

Windhoek Specialised Services included in South Health Directorate up to 1994

**Source: Ministry of Health and Social Services**



Source: Ministry of Health and Social Services



Source: Ministry of Health and Social Services

## APPENDIX 6

### QUESTIONNAIRE

(Interviews were done in Afrikaans and Damara Nama but translated into English for the purpose of this thesis)

#### A. Questions for HIV/AIDS positive women of Walvis Bay to evoke their stories.

1. Explain how you felt before and after you had the HIV/AIDS blood test?

*Before the blood test I was very much relaxed, but after the test I started getting worried and nervous.*

*I am married and I am afraid to tell my husband and children.*

2. Did you have any counselling before or after being diagnosed HIV/AIDS positive?

*I did not receive any counselling before or after I was diagnosed HIV positive.*

3. Are you accepted in the community while having AIDS?

*Being HIV/AIDS positive is very hard in the community, because the rejection and stigma you get from people is very high: even your own relatives, chase you away, thinking that you will infect them also.*

4. Have you ever seen a female condom and, if yes have you used it?

*I have never seen a female condom.*

5. How do you enjoy sex after being diagnosed HIV positive?

*After I was diagnosed HIV positive this had a very big influence on my sex life. When I think of enjoying sex, I think at the same time about my history, about how I have been infected. I do not enjoy sex anymore. I even avoid having sex with my husband.*

**B. Questions to relatives of HIV/AIDS positive women in Walvis Bay to evoke their stories.**

1. How do you financially manage to support your mother?

*This is a matter of concern since we all struggle for survival. My mother was the only breadwinner in the house but she was fired from work. As a result, we strongly suffer financially. Sometimes I ask the pastor to assist with food. Currently she receives no medical treatment, since medical care cost are very high.*

2. Did you have any training as care giver?

*No! There is a lack of training for care givers. Only very few people are trained, but they don't share the information.*

3. Do you attend any support group meetings?

*No. I am not aware of any support group meetings, therefore, I do not attend any meeting.*

4. Is there a counselling centre in the Walvis Bay Community?

*No, but a multipurpose centre is in the process of being built which will have counselling rooms.*

5. Do you think that AIDS is a punishment or a curse from God?

*No, AIDS is neither a punishment from God, nor a curse. Jesus Christ came to free us from bondage. He suffered and died for us, He redeemed us. As a result, He promised His children not to punish and curse them again.*

**C. Questions to the ELCRN pastors in Walvis Bay to evoke their stories.**

1. Are you concerned about the AIDS epidemic?

*I am very concerned about the AIDS epidemic. The increasing number of new infections in Namibia from year to year, as well as the experiences of funerals often AIDS related, every weekend, makes*

*me worried and very concerned.*

2. What is the stand point of the Church about the use of condoms?

*The principle of the ELCRN is to abstain from sex before marriage and to be faithful and honest towards your partner. ELCRN is not against the use of condoms, but we do not preach it yet from the pulpit. In counselling sessions I do encourage women to use condoms in order to protect themselves.*

3. What significant role does the ELCRN play in AIDS related matters in Walvis Bay?

*Not much has been done, but the ELCRN is trying to get involved in AIDS related programmes.*

4. Is sex a taboo issue according to your culture? Do you teach or preach about sex in your congregation?

*In Walvis Bay sex matters are a taboo issue, but slowly change and openness is coming. There is often no talk between the generations (e.g. parents to kids) about sexuality. We pastors do not preach openly about sex but we create a platform where we teach about sex through youth meetings, confirmation classes and workshops.*

5. Do you have any training in counselling? How often do you receive training as a counsellor?

Who trains the counsellors? How often are counsellors trained?

*Counselling is a part of the training at Paulinum, ELCRN institution for pastoral training, but there is not any specific counselling later on offered for pastors in the ministry, yet.*

## **Appendix 7**

### **CASE STUDY NUMBER ONE (Pseudo name - Victoria)**

We are given a series of problems that the women of Walvis Bay experience in the pandemic of HIV/AIDS. In order to see how the ABCD method of counselling is applied, let us take the case study of Victoria, a highly educated 30 year old employed woman. This occurred during my field work in urban Walvis Bay during December, 2000.

Victoria is a married woman, lived in urban Walvis Bay, who is HIV positive, with three sons and three daughters. Her husband is a 35 year old fisherman, who was due to come home from three months fishing, normally with a big fat salary cheque. Both she and her husband, Luke, come from devout Christian families. For two years they were happily married and remained faithful to each other. However, much later when Victoria was expecting their sixth child, Luke began to see other women and he was treated several times for sexually transmitted diseases. Soon after delivery of the baby, both the baby and Victoria became ill.

Victoria and the baby were very sick for several months. Her family would have nothing to do with her because of their embarrassment that this had actually happened in a Christian family. Luke continued seeing different girl friends and refused to use a condom at any time.

We will now apply Switzer's ABCD model to this case study:

#### ***A. Achieving contact with the client***

Victoria was made comfortable by being informed that the conversation was confidential. After



greetings, the counsellor did not sit too far from the client, but far enough to observe the non-verbal cues of Victoria's feelings. The counsellor then listened very carefully to what Victoria spoke at her own pace. She was not pushed faster or further than she wanted. At times did Victoria lose eye contact. At one stage, Victoria kept quiet in the middle of her explanation, blinked and supported her cheek with her right hand and said, "I cannot stop him, but I am really afraid that I will lose my husband or I will die". Victoria was made to feel she was heard and understood because the counsellor responded, using words to describe the contents and feelings of what had been described by Victoria. Victoria was made aware of her strength to cope with the crisis.

### ***B. Boiling down the problem***

In boiling down the problem, the counsellor's focus was on non-verbal behaviour, as well as on Victoria's feelings which she expressed during counselling. Since, Victoria was confused, it was the counsellor's duty to help her prioritize points of crisis and the feelings so that she could deal with one feeling at a time. Victoria, through her behaviour, manifested a cluster of feelings such as hurt, discomfort, anxiety, fear, depression etc. She was afraid that she was going to lose her husband and afraid she would die. She sensed that she was going to practise unsafe sex and yet would have to be subservient to her husband. Without being judgmental, the counsellor encouraged Victoria to brainstorm alternatives that could be used as solutions. That was helpful, because Victoria was made to choose one she thought could be appropriate to start with in dealing with, being afraid of losing her husband or afraid of dying.

### ***C. Coping actively with the problem***

Victoria realized that she had been hiding away from the people who could have helped her. This

then postulates what Kübler-Ross discovered, that people in crisis sometimes isolate themselves from those who can assist them (1969:240). Again it might be difficult for Victoria as a woman to ask for counselling and she may be ashamed about what family and friends may say. Since the counsellor showed care, trust and openness about her feelings, she agreed to set some goals such as respecting her own life, to continue confront Luke about safer sex. Thus Victoria began to realize that she could cope with her situation. Since confrontation is an invitation to change and to grow.

#### ***D. Develop an ongoing action plan***

Furthermore, the counsellor agreed with Victoria about the importance of friends and family but suggested a support group. Victoria knew of the diaconical group that could be helpful in her case. The second group is the women's prayer group in the congregation. The third one is the newly launched HIV/AIDS centre of the ELCRN but she is afraid of stigmatization if family and friends see her going there.

## **Appendix 8**

### **CASE STUDY NUMBER TWO (Pseudo name - /Gôadis)**

In order to observe the difference in situation we looked at the model of the four pillars of pastoral care and counselling in rural Walvis Bay.

/Gôadis is a 45 year old traditional woman, who was born in the Kuiseb River and who has lived in this rural area her entire life. Her husband left her when she was pregnant and ill. A few months later, /Gôadis gave birth to an HIV infected boy. "My husband was afraid", /Gôadis explains, "He knew he was infected too, but that didn't stop him from running away to another woman". /Gôadis had ten children since her husband refused to allow her to use contraceptives. Her little boy died after a few months. She lives with her parents, where her husband also used to stay. Her husband never earns his own salary. Occasionally, he joins the other Topnaars going to the narrafield in order to harvest narras and later sells it in urban Walvis Bay. /Gôadis's mother complains that it is hard to find enough food for the family now "before, we used to eat chicken or meat, vegetables or rice - now it's only pap (maize meal) and narras".

/Gôadis is very ill, and needs around the clock care by her mother, her two sisters and her own elder daughters. They, thus, have less time for income earning activities. The problem is exacerbated by the fact they do not have electricity or piped water. Taking care of their basic needs is highly time-consuming. /Gôadis's father is an elderly pensioner and brings N\$200-00 home per month as a pensioner. The household spent more than N\$ 5000-00 on the child's funeral. Funerals are very expensive: guests come from all over the country and the family has to be fed. Rituals went on for days which involved financial constraints. When the pastor !Naruses came back for the last visit to

/Gôadis, she was very depressed and refused to see anyone, including the home-based care team.

She is now very, very ill, suffering from both TB and constant diarrhoea. Schooling has become a big problem for her children - school fees have not been paid for the whole year and for the young ones uniforms are problem to purchase. Two girls have been taken out of school, and the other two older girls frequently stay at home to help with cooking and nursing. The boys remain the privileged ones by remaining in school.

### ***Leading and guiding pillar***

Perez suggests that the guiding pillar is an interactive process co-joining the counsellee who needs assistance and the counsellor who is trained and educated to give this assistance, the goal of which is to help the counsellee to deal more effectively with himself or herself and the reality of his or her environment (1965:26). As counsellor, pastor !Naruses knocked at the door of the Hoëbeb family with a smile. However, she remembered the purpose of the visit is to come alongside them in their situation in a positive and helpful way. Pastor !Naruses was welcomed by the mother of /Gôadis and offered a chair in transit to the room of /Gôadis. Before reaching the offered chair the pastor greeted warmly and asked about everybody in the extended family (father, mother, uncles, aunts, cousins, grannies, children-in-law etc.). The pastor showed more interest by asking about the farm, goats, narras, horses and about the community in general. The answers from the mother were loud and full of confidence but in responding to the questions about /Gôadis she responded softly and not even clear. This incidentally, gave pastor !Naruses some hints as to what problems to raise even before /Gôadis talked about them.

### *Nurturing and sustaining*

In the room of /Gôadis, the pastor offered a cup of soup to her, which he had brought along from the soup kitchen of the Church. Meanwhile, she created a conducive climate of trust and acceptance for /Gôadis. Confidently, /Gôadis was met with a smile and contact was made by greeting with a hug and a close sitting next to her bed. The long time ago established relationship between /Gôadis and the pastor actively brought about pastoral care and counselling, so they continued talking for an hour, the pastor sitting near to the bed in such a position that they could see each other face to face, while questions were asked such as: "Why did my husband leave me while he had control over my life? Why was I (/Gôadis) so dumb, being so submissive and giving birth to ten children? Why should we women always suffer? Where is God in my suffering etc.?" Throughout the interaction the matter of concern was for her daughters and other Topnaar women. The wish to talk was clear but the space for pastor !Naruses to respond was absent, as /Gôadis did not allow the pastor to respond to most of the questions.

During the interaction the pastor advised /Gôadis as to how to deal with the disease of HIV/AIDS. She also reminded /Gôadis that others were going through similar dilemmas and asked to put her in touch with others in the Church community. This was a way of reminding /Gôadis of the resource of the Church. This means that the pastor was willing to listen and to help continuously, and that she was unconditionally and un-judgmentally positive with regards to the women. The hours talk was ended with a scripture reading and songs on request of /Gôadis. This means that the pastor is a source of strength, by feeding with the Word of God.

### ***Healing and restoring***

The HIV/AIDS crisis and the environment of /Gôadis encourages a sense of devil's superiority and their own inferiority, which requires healing and restoration. Furthermore, the HIV/AIDS crisis causes a broken relationship, for it separates /Gôadis and her husband, that which God put together. It deprives /Gôadis from her dignity, rights and of the opportunity to develop fellowship and the kind of relationships which do not encourage unprotected sex or unwanted pregnancy.

This indicates that healing involves change, a change which brings about the emergence of empowerment, which also involves liberation. This means freeing the Topnaar women from the oppressive structures of bondage. /Gôadis has challenged the pastor to provide a context in which transformation can take place and in which all parties involved (daughters, mothers, Church, community members, headmen etc.) involve can participate. This healing of women's brokenness can be understood apart from the process of liberation. It is a theology which seeks to restore and to heal the brokenness of /Gôadis.

### ***Reconciliation***

It is difficult to measure, assess and implement reconciliation in the case of rural women with regards to AIDS unless the pandemic is not unfold which means unless the pandemic is talk about. How painful it might be. In the case of /Gôadis it seemed a bit easy, it seemed that she was reconciled with herself at times and with God and with her family. It is in rituals such as prayer, sermons, songs etc that we discover ourselves in God. However, in the case of /Gôadis's husband, who chose to separate from her, it is difficult to reconcile. The true effects from his side will only become apparent as the pandemic unfolds from his side.