THE RESPONSE OF SELECTED CHRISTIAN DENOMINATIONS IN THE DURBAN FUNCTIONAL REGION TO HIV/AIDS

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DECLARATION OF ORIGINALITY

I hereby declare that the whole of this dissertation, unless specifically indicated to the contrary in the text, is my original work.

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ABSTRACT

This study investigated selected Christian denominations in the Durban Functional Region's response to HIV/AIDS and the extent of their involvement within the issues of HIV/AIDS. The study also explored how the churches viewed the development of holistic services and hence their involvement with social workers. Seven of the so-called mainline Christian churches participated in the study. Interviews were conducted with the head of each denomination and one other member of clergy from each of the seven denominations.

The study was exploratory in nature. Data was collected using semi-structured interviews with the participants being selected utilising purposive and availability sampling. The literature review comprised theological reflection on what the church's role should be as well as literature exploring the necessity for holistic services in the ambit of HIV/AIDS.

Some of the findings of this research included the lack of knowledge clergy have around HIV/AIDS, the lack of knowledge some clergy have about their denominational policies regarding HIV/AIDS, and the limited response of some congregations to the pandemic. There is also a sense of negativism amongst some clergy about HIV/AIDS. There is no hope of the promise the Christian faith gives.

The recommendations that stemmed from this research are the training of clergy in HIV/AIDS, training of clergy regarding their denomination's policies and offering practical advice on how a church can respond, the need for the dissemination of this information to all role-players so that a holistic service can become a reality, and finally that more extensive research is done into the church and HIV/AIDS.

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INTRODUCTION

Introduction

The severity of the HIV/AIDS pandemic in South Africa and more especially in KwaZulu-Natal, is enormous. This study takes place in the context of an increasing pandemic and in a pandemic where 36.5% of women attending antenatal clinics in KwaZulu-Natal are HIV-positive (National HIV and Syphhilis Sero-prevalence Study in South Africa, 2002). This study also takes place in the context of the Christian Church grappling to respond to this pandemic. The overall mission of the Christian Church is to care, love, and to show the compassion of Christ. It is also duty-bound to respond in times of crisis, of which this pandemic is one.

Context and rationale for the study

The researcher is employed by Diakonia Council of Churches, a faith-based organisation working in the Durban Functional Region (DFR). Diakonia was established in 1976 and amalgamated with the Durban & District Council of Churches in 1994 to constitute the Diakonia Council of Churches. The organisation's purpose is to mobilise Christian churches on the issues of Economic Empowerment, Economic Justice, Democracy in Action, Reconciliation & Peace, and HIV/AIDS. By mobilisation it is meant that churches are empowered around each of the above-mentioned priority issues and they develop responses to them. These responses are either theological, practical, or both. Diakonia Council of Churches works mainly with the traditional churches in the DFR namely ;

- Church of the Province in South Africa
- Coptic Orthodox Church
- Dutch Reformed Church
- Ethiopian Episcopal Church
- Evangelical Lutheran Church in Southern Africa (Natal/Transvaal)

- Evangelical Lutheran Church in Southern Africa
- Greek Orthodox Church
- Methodist Church in Southern Africa
- Presbyterian Church of Africa
- Roman Catholic Church
- Salvation Army
- United Apostolic Church of South Africa
- United Congregational Church of Southern Africa
- Uniting Presbyterian Church in Southern Africa
- Uniting Reformed Church in Southern Africa

The researcher is employed in the HIV/AIDS programme. Within the AIDS Programme, selected geographical communities are worked in over each financial year. Within each of these communities the programme staff work with all the churches, non-governmental organisations, and community-based organisations to establish what is happening in the community around the issue of HIV/AIDS, where duplication of services exists, and what services are not being provided. The programme staff then assists the churches to develop an ecumenical response to the needs within their communities. It has become apparent that there are churches, which are hesitant, unsure, or unwilling to view issues around HIV/AIDS as ones that required their response. There are often two responses that are encountered. There are the "want to get involved but don't know how" response and the "don't want to get involved" response. The researcher therefore decided to explore how different Christian denominations and individual congregations are responding to the HIV/AIDS pandemic. Furthermore, the researcher determined that it would also be of interest to ascertain whether different denominations had policies or mandates on how their churches should be responding to the HIV/AIDS pandemic, whether individual ministers are aware of these and if so, whether they are implementing them.

As a social worker schooled in the eco-systems approach, the researcher is also acutely aware that any response to the HIV/AIDS pandemic must be holistic and must involve a co-ordinated effort by all service providers and people of good will. Churches, together with government and non -governmental organisations, need to work together to meet the challenges of HIV/AIDS. The research also sought to explore how churches and other service providers could work more closely for a better service for people infected and affected by HIV/AIDS.

Finally, this topic was of importance and relevance to the Diakonia Council of Churches. A major evaluation of the organisation's work takes place every four years and is due to take place in April 2004. While an evaluation of the DCC HIV/AIDS programme is not a major purpose of this research, the research aimed to explore clergy's feelings towards and understanding of the Diakonia Council of Churches' AIDS Programme, and to give them the opportunity to suggest ways that we could provide a better service to them in assisting them to take up the issue of HIV/AIDS.

Purpose and objectives of the Study

The purpose of the research study was to explore the responses of selected Christian denominations in the DFR to the issues of HIV/AIDS. Specific objectives were to explore their views in respect of the following:

- Their understanding of HIV/AIDS.
- Their response, both as denominations and congregations, in terms of policy and practice to HIV/AIDS.
- To establish denomination's and congregations' views of the Diakonia Council of Churches AIDS Programme and how it can be of assistance to them.
- To establish their opinions on social workers' involvement or possible involvement with churches.

Value of the Study

A study of this nature has numerous values for practice, policy, and knowledge production. Firstly, by providing insight into the different churches' viewpoints and responses to HIV/AIDS, social workers will gain an understanding of these viewpoints and responses and can link with the church to provide the best possible service to their clients – a true holistic service. By this it is meant that social workers will have the knowledge as to which churches have supportive viewpoints of people living with HIV/AIDS and can therefore refer their clients to these churches for spiritual counselling and advice. This is important as people living with HIV/AIDS often look toward a higher power for assistance and social workers need to ensure that they refer these people to a service that is supportive and not judgemental. Secondly, in terms of practice, social workers and clergy can work together in providing people living with HIV/AIDS with the support and care that they require. Once again, this highlights the need for social workers to know which denominations and congregations are supportive.

Information gained from this study can be utilised to encourage churches to develop their own policies or programmes related to HIV/AIDS.

Thirdly, as shown in the Literature Review there is limited information on the churches response in practice. This study will therefore fill the gaps.

With Diakonia Council of Churches' major organisational evaluation taking place in 2004, information from this study can be used to ascertain the future direction of the AIDS Programme.

Theoretical Framework

Organisational theory provided an overarching theoretical framework in trying to understand how selected Christian denominations in the Durban Functional Region respond to the issue of HIV/AIDS. Churches are communities of believers, but in secular terms they can be viewed as organisations. There are

chains of command (hierarchy), policies, and structures within churches that are similar to that of organisations. It is clear from organisational theory that there are processes of power and conflict, leadership and decision-making, and communication and organisational change. (Hall, 1977). These processes occur within church structures and this could possibly impact on their level of response to HIV/AIDS.

If one explores different denominations it is clear that there are varying chains of command, policies and structure. Within the Catholic, Anglican, and Methodist churches there are presiding bishops (a cardinal in the Catholic church). These bishops do not have congregations of their own. Their responsibilities are overseeing the different congregations within their denomination. These bishops have the power to determine how long clergy stay in different congregations and where they are moved to. They also ensure that the different congregations adhere to the denomination's policies.

Within the Congregational, Presbyterian, Dutch Reformed, and Uniting Reformed churches there are presiding moderators who have their own congregations. As much as they are the overseers of the denomination for their respective "head offices", they have no overt power over the clergy. They are equals. These moderators have no power over the other clergy in terms of whether they fulfil denominational policy.

It is the researcher's belief that these different hierarchical and power relations within denominations influences individual congregation's ability to respond to the HIV/AIDS pandemic, as well as their level of involvement.

Definition of Terms

The researcher is sensitive to the fact that different denominations utilise different terminology. For the purposes of this study the following terms will be used:

- Congregations - congregations, parishes, assemblies

- Congregants – congregants, parishioners, worshippers
- Clergy – ministers, priests, reverends, pastors
- Bishops – moderators, cardinals, bishops

Presentation of Contents

Chapter One introduced the study. It outlined the purpose and objectives of the study and explained the context, the rationale and value of the study as well as the theoretical framework guiding the study. A definition of terms was also provided. . Chapter two will focus on the Literature Review. The methodology used in this study will be discussed in chapter three, the results will discussed in chapter four and finally, chapter five will deal with the conclusions and recommendations of the study.

CHAPTER TWO
LITERATURE REVIEW

Introduction

There is extensive literature on the topic of HIV/AIDS. However there is a dearth of literature when it comes to the role of the church in this pandemic. The majority of the available literature relating to the church and HIV/AIDS explores what the church's response should be with reference to Biblical principles and not how the church is meeting or failing to meet the challenges related to HIV/AIDS issues. Writers do not seem to have explored the level of involvement of churches in HIV/AIDS issues. This review will therefore explore what the church should be doing according to Biblical principle.

The Disease and its Epidemiology

AIDS is the acronym for Acquired Immune Deficiency Syndrome. Acquired because this is a disease which one gets from being infected by a specific agent. Immune, relates to the body's defence mechanism, the immune system, which protects the body against infection by agents such as bacteria and viruses. It is a complex system, orchestrated by a specific white blood cell known as the CD4 cell. Deficiency, refers to a lack or breakdown. Syndrome, is a collection of signs and symptoms which together constitute a disease entity. AIDS can be defined medically as "an illness characterised by the specific opportunistic infections or malignancies, or encephalopathy in a person with immunodeficiency that is not due to other known causes." (ATICC Training Notes, 1996).

AIDS is caused by a specific virus namely the Human (because it can only live in humans) Immunodeficiency (it causes a deficiency or breakdown of the immune system) Virus (HIV). A virus is the smallest and simplest agent which causes infection. (ATICC Training Notes, 1996). HIV is different from other viruses in that it is a retrovirus. This enables the HI-virus to utilise an enzyme called a 'reverse transcriptase' to transform its genetic material from RNA to DNA and therefore

allows it to integrate into the host cell's own genetic material. Once integrated, the virus remains in the body for life. The virus replicates itself destroying the CD4 cells in the process. Once the cell is destroyed the new viruses enter the system and attack new CD4 cells. (Barnett & Whiteside, 2002, p.30).

Since 1981 HIV/AIDS has spread rapidly to every part of the globe, infecting 70 million people and killing 28 million by the end of 2002. According to UNAIDS, worldwide, 42 million people were living with the disease by the end of 2002, the vast majority, 29.4 million, in Sub-Sahara Africa – 4.7 million of those are South Africans.This number is expected to rise between 6 and 7.5 million over the next 10 years – unless major behaviour change occurs that could significantly alter the course of the epidemic. KwaZulu-Natal is the most severely affected province in South Africa with an infection rate of 33.5%. (Departemnt of Health National HIV and Syphhilis Sero-prevalence Study in South Africa, 2001).

If one explores the above statistics, it is obvious that the HIV/AIDS pandemic is one of great magnitude. It is therefore imperative that every sector of society be involved in trying to curb this pandemic. The church has an even greater role.

The Importance of the Church's Involvement

According to Pick (2003) the Christian Church has no other choice than to become involved in the fight against HIV/AIDS. The church's "theological foundations and its articles of faith rooted in the concept of the love of Christ and obedience to God, compel the Church to demonstrate its concern towards those who are the least: in this instance the large number of HIV-infected persons and others trying to cope with the effects of the disease." (p. 14).

"For many of us HIV/AIDS has acted as a spotlight, exposing and revealing many iniquitous conditions in our personal and community lives which until now we have not been willing to confront. The pandemic reveals the tragic consequences of personal actions which directly harm others, and of negligence which opens

persons to additional risk. It exposes any silence and indifference of the churches, challenging them to be better informed, more active and more faithful witnesses to the gospel of reconciliation in their own lives and in their communities." (World Council of Churches, 1997, p.1).

Churches are uniquely placed to become involved in the HIV/AIDS pandemic. However, some churches appear not to be actively involved. The responses of faith-based organisations and churches, in particular, to the HIV/AIDS pandemic have lacked urgency and commitment. Research done by Byamugisha, Steinitz, Williams, and Zondi (2002) found that HIV infection is regarded by the majority of church leaders, and more especially those in Africa, as a consequence of individual sin. Some churches have adopted a moralistic approach and view HIV/AIDS as something rightly deserved for unbiblical behaviour, and therefore requiring people living with HIV/AIDS to repent of their sins. They further stated that "People already infected are exhorted, therefore, to repent of their sins and to pray for healing through faith. HIV prevention is reduced to simplistic emphasis on returning to 'traditional' moral values and standards of sexual behaviour." (p.2). Through the researcher's work, it has become apparent that some churches have been guilty of viewing people living with HIV/AIDS as "innocent" and/or "guilty", and are being more sympathetic and empathic to the perceived "innocent". It is judgmental attitudes like these that have further entrenched the denial and stigma around HIV/AIDS and have alienated the church further in this crisis. "In the church, we're still deciding whether we want to talk about [HIV/AIDS] or not. The day you see the truth and cease to speak is the day you begin to die." (Lauber, 2002, p.1)

According to Nicolson (1995), if churches do not respond to an issue of such importance it would imply that God, Jesus and Christianity are irrelevant in today's society and that they offer no saving grace. It implies that the Christian Church does not serve a God of love. He went on to say that because churches

are so uniquely placed to provide education on all levels and topics, and to co-ordinate and provide assistance, their not responding would be a failure to love.

Jesus Christ came into the midst of human struggle, showing God's love for all human beings. "For God so loved the world that He sent His one and only Son."(John 3:16). God did not love one specific group of people, He loved the world, and He sent His Son to save everyone. To fulfil Christ's mission the church must recognise that "HIV/AIDS brings the lives of many people into crisis and that it is a crisis which churches must face. The very relevance of the churches will be determined by the response." (World Council of Churches, 1997, p.2). If the church is not responding to the HIV/AIDS crisis then it is neglecting its ordained mission to be Christ's hands and feet on earth, and hence is reinforcing society's belief that the church is no longer relevant in the 21st century. "If the yardstick of our faith is unconditional love, particularly love of those whom society regards as outcasts, then our response to [people living with HIV/AIDS] will be a measure of our faith." (MacLaren, 1996, p.6).

I Corinthians 12:12 states that "The Body is a unit, though it is made up of many parts; and though all its parts are many, they form one body. So it is with Christ." The church is viewed as being one body of many parts. Therefore, if one person in the congregation or denomination is infected by HIV/AIDS, then the whole congregation or denomination is infected. The church is therefore infected and affected by HIV/AIDS and its credibility depends on how it responds. The church is required to love: this is a demand, a requirement, not an option.

Recent research by the Africa Strategic Research Corporation (2002) on faith-based organisations' (FBO) responses to HIV/AIDS highlighted that FBOs have basic characteristics which position them well as an indispensable sector in the fight against HIV/AIDS. "They have strong commitment to a spiritual mandate part of which is involvement in social concern, they reach vast constituencies in communities, with long and sustainable experiences in holistic involvement in the

needs of people. They have shared credible identities and dominant positions in the value systems. Their project management style usually emphasises sensitiveness and informal relationships that have a high premium in behaviour change and care-orientated programmes." (p.11). The findings of this research stated that FBOs are involved in the fight against HIV/AIDS doing what they know best, at the pace they can afford and using whatever is at their disposal. This research did not highlight which FBOs are involved in terms of religious affiliation. Therefore it is unclear as to the level of involvement of the Christian church and Christian FBOs.

According to Grundfest Schoepf in ten Brummelhuis & Herdt (1993) "HIV/AIDS prevention requires dialogue on emotionally charged and culturally laden issues of sex and gender, and change in the wider societal contexts that shape these relations." (p. 44). The church has a role to play in addressing issues of culture, discussing sex and sexuality, and most importantly fighting for gender equality. All of these issues are key factors in the HIV/AIDS pandemic and the church is in the perfect position to bring about reform.

Responses of Selected Christian Denominations

Christian doctrine calls for Christians to be compassionate. According to the 1989 Canadian Conference of Catholic Bishops, one defining attribute of Jesus' conduct was "His compassion for the sick and the wounded, and His obvious lack of concern about being contaminated by disease or evil." (MacLaren, 1996, p.7). Jesus touched lepers and shared meals with people who were officially impure to illustrate "how to get beyond the barriers raised by sickness or moral failing to encounter the wounded person and be present to (*sic*) his or her misery." (MacLaren, 1996, p.7). The question then that comes to mind is "whether it conforms to the Gospel – or even to acceptable human behaviour – to ostracise individuals suffering from AIDS?" (MacLaren, 1996, p.7). Jesus was actively involved with the "outcasts" of His time. Jesus did not question how they came to be in the position they were in or how they came to be sick. He did not

judge them. All He did was love them, accept them, and be involved with them. The 1993 Bishops' Conference (Roman Catholic) of the Philippines also highlighted the need for compassion when they stated that the HIV/AIDS situation demands the pastoral care of the Church, as the Church has to continue its mission of Jesus. "In announcing the Good News of salvation, in healing the sick, in forgiving sinners, in being compassionate with the multitude, Jesus showed what the Church must do. God's people must be at the side of those who suffer. Especially for the needy and the suffering of today, the Church must be the Compassion of Jesus." (MacLaren, 1996, p.10). Jesus has shown the way through the manner in which He dealt with lepers, the ostracised and the "untouchables" of His time. Therefore the church must overcome fear and prejudice in its ministry of compassion for the afflicted. An encounter with people infected with HIV/AIDS should be for the church an opportunity to be "Christ's compassionate presence to them as well as to experience His presence in them." (MacLaren, 1996, p.10). Once again the church is challenged to deal with and support the "outcasts" of today's society.

Some churches are showing courage and commitment in manifesting Christ's love to persons infected and affected by HIV/AIDS. Unfortunately other churches have further contributed to the stigmatisation and discrimination. AIDS is still synonymous with sin, either explicitly or by implication. The link between "wrong-doing" and AIDS is what underlies a moralising discourse, which speaks of punishment coming from God and divine retribution. No-where in the Bible is disease synonymous with sin. In John 9 Jesus heals a man who had been born blind. His disciples asked Him who had sinned that he was born blind, he or his parents? Jesus replied that the man's blindness had nothing to do with his own sin or his parents. Similarly it is imperative that AIDS be viewed as a disease, not a punishment from God, and certainly not a sin. According to the World Council of Churches (1997) the "terminology of punishment should be rejected in favour of an understanding of God in omnipresent, constant, loving relationship, no matter how much some of the actions of every one of us may grieve God. ....

The response of Christians and the churches to those affected by HIV/AIDS should rather be one of love and solidarity, expressed both in care and support for those touched directly by the disease, and in efforts to prevent its spread." (p.28-29). Nicolson (1995) was very succinct in his view of HIV/AIDS and God's punishment: "If we see AIDS as God's punishment for promiscuity, we shall fundamentally misunderstand the root causes of AIDS in Africa, and therefore miss the real point about where Christians should be involved." (p.25).

It is only when the church recognises that HIV/AIDS is not confined to those outside of the faith community, that people within their buildings are infected and affected by HIV and AIDS, that it can begin to be effective. The church has always been positioned under the cross of Jesus and it is imperative that it does not run away from this particular aspect of the cross, HIV/AIDS.

The Uniting Reformed Church in Southern Africa (URCSA) has declared itself "A Church Friendly to People Living with AIDS". The church released a statement outlining where it feels it, as a Church should be. The statement concludes with the following declaration: "The URCSA is making this statement, conscious of the fact that the example of Christ's caring and compassionate ministry, calls us to stand, in the midst of the HIV/AIDS pandemic, where he stands: with those living with HIV/AIDS." (http://www.rca.org/mission/). Valiant words but are they being followed?

Most denominations are beginning to realise that they need to respond in some way to this crisis. However, much appears to be lip service.

Government's view of FBOs' Role

According to the Department of Health HIV/AIDS & STD Strategic Plan for South Africa 2000 – 2005, a multi-sectoral approach is the preferred strategy for HIV/AIDS interventions. The South African National AIDS Council (SANAC) is comprised of representatives of Government and Civil Society. Faith-based

organisations are included in this. SANAC is the highest body that advises government on all aspects of HIV/AIDS. Its major functions are to: "(a) advise government on HIV/AIDS/STD policy, (b) advocate for the effective involvement of sectors and organisations in implementing programmes and strategies, (c) monitor the implementation of the Strategic Plan in all sectors of society, (d) create and strengthen partnerships for an expanded national response among all sectors, (e) mobilise resources for the implementation of the AIDS programmes, and (f) recommend appropriate research." (p. 12). If churches are not getting actively involved they are not in a position to fulfil their role on SANAC, or to criticise government's inaction.

The Church and Social Work

Research into HIV/AIDS has often shown the lack of knowledge individuals have about the pandemic, the lack of support structures that people have who are infected and affected, and the extreme stigma, discrimination, and prejudice that people living with HIV/AIDS experience. (Strydom, 2002; Malherbe, 2002; Stine, 1998; Denis, 2003). All of these are issues that the church can address because of its status in society.

Sims & Moss (1991) explored the need for spiritual and pastoral care in the care for people in the terminal stage of AIDS. They stated that it is essential that these components be dealt with as part of a multi-disciplinary team. They felt that it was important that "the multiprofessional team acknowledges that a person facing death has spiritual issues that need to be dealt with, and to make provision for these needs to be met." (p.85). The writers went on to say that it is important that the ministers or spiritual advisers included in the multi-disciplinary team are sympathetic and understanding of the issues. This highlights the importance of this research for the social work profession. Social workers working in the field of HIV/AIDS need to be aware of people's need for spiritual counsel and thus need to be aware of the different denomination's stances in order for them to approach a body/church which is sympathetic, empathic and understanding of the situation.

Saloner (2002) further expounded the need for social workers to work with different professional bodies in all ambits of counselling. She stated that social workers need to share their skills, attitudes, and knowledge (SKAs) with others in order to "better equip lay and professional people to meet the critical needs of many isolated and alienated South Africans." (p.153). Saloner (2002) went on to say that "The process of disseminating basic social work SKAs to a wide-range of lay and professional interventionists is increasingly invaluable in the context of a social and biological disease such as HIV/AIDS." (p.154). It can therefore be postulated that by knowing where churches stand on the issue of HIV/AIDS and imparting social work SKAs to these churches, one can therefore ensure a holistic, non-judgmental service to people living with HIV/AIDS. Saloner (2002) highlights areas where the church would be of value in intervention, and where it would be essential to know what the churches are doing with regards to HIV/AIDS. The above highlights the need for a link between the church and social work.

Russell in Crawford & Fishman (1996) stated that "increasingly, mental health professionals, including psychologists, psychiatrists, and social workers, have been challenged to reorient their treatments to provide sensitive effective interventions to those infected and affected by HIV disease."(p. vii). He goes went on to state that the involvement of these mental health professionals takes many forms from the preparation of being tested, to living with HIV, to preparing people for their own deaths and the deaths of loved ones. This is a perfect arena in which the church and social workers could work together. It is often at times like this that individuals might seek some form of religion or spirituality to help them come to terms with what is happening in their lives. Should the clergy and social workers work together more closely, there is more likelihood that a holistic service to people living with HIV/AIDS will be effected.

Gluhoski in Crawford and Fishman (1996) stated that a significant aspect for a person exploring people's feelings around their illness and impending death is the defining of the spiritual beliefs. She stated that a distinction could be made between spiritual and religious issues with spirituality being defined as "part of the search to answer and understand why events occur and to help find meaning." (p. 72). These questions can be resolved outside of a religious context, however for some people the answers are found in religion. "Religious practices may represent a tangible expression of one's spiritual philosophy." (p. 72). This again highlights the importance of churches and social workers working together, and further emphasises the need for research to assist social workers to know where different churches stand on the issue of HIV/AIDS.

Soto in Crawford and Fishman (1996) reported that some people returning to the church for comfort and support are treated as sinners and implored to beg for forgiveness. He therefore highlighted the importance of initiating a referral to a "culturally and theologically competent pastoral care worker familiar with the population and the dilemma of HIV infection." (p. 154). He went on to say that "In situations where respectful and unconditional support and empathy is offered by clergy, clients seem to flourish." (p. 154). Again this highlights the importance of this research in that social workers need to be aware of the different churches points of view regarding HIV/AIDS before referring people to them for spiritual support.

According to Singhal and Rogers (2003) "HIV/AIDS deals with issues of life and death, care and compassion, and hope and support, which are core spiritual values." (p. 223). The church therefore has a vital role to play. They did, however, highlight that spirituality can "cut both ways" in that "it can act as an asset or as an obstacle." (p. 228). Spirituality being an obstacle is especially evident in the churches that still view HIV/AIDS as a punishment from God for sin. It is therefore vitally important that social workers know how the different

denominations and individual congregations view HIV/AIDS to avoid referring someone to a situation that will be abusive.

Wilson in Lynch, Lloyd, and Fimbres (1993) highlighted the importance that religion plays in families infected and affected by HIV/AIDS. He implored service providers to be "sensitive to the ways in which families express their concerns in religious terms." (p. 95). He went on to say that being open and accepting, especially if the service provider does not share the family's religious views or tradition, is vitally important. Van Dyk (2001) however, noted that "religious organisations and churches will need to speak much more openly about all aspects of HIV/AIDS and facilitate an open and supportive milieu before HIV-infected individuals will trust them sufficiently to handle their spiritual needs." (p.311). This highlights that although religion is important at a time like this, it is vitally important that the church start being more vocal on the issue of HIV/AIDS thus showing their compassion and love for those infected and affected. This once again highlights the need for information on different churches viewpoints in order that social workers make good decisions on whom to work with.

Denis (2003) felt that "HIV/AIDS calls on the churches to understand sexuality in all its dimensions: not only as an individual act, which can be right or wrong, but as a reality determined by social, economic, and cultural factors." (p.75). Once again this illustrates the need for social workers to understand the church's position on HIV/AIDS, thus enabling them to provide a holistic service to people living with HIV/AIDS.

Conclusion

"As Christ identifies with our suffering and enters into it, so the church as the body of Christ is called to enter into the suffering of others, to stand with them against all rejection and despair. This is not an option; it is the church's *vocation*. And because it is the body of *Christ* – who died for all and who enters into the

suffering of all – the church cannot exclude anyone who needs Christ, certainly not those living with HIV/AIDS." (WCC Study Document, 1997, p.44).

The need for the church to be involved in this pandemic has been highlighted throughout the literature review. It is imperative that the church enters into this battle quickly. It is also imperative that social workers learn how different denominations view HIV/AIDS as this will assist them to provide their clients with a meaningful and fulfilling service.

"HIV/AIDS is leading the churches onto the path of conversion." (Denis, 2003, p.75).

The next chapter will deal with the methodology used in the research.

CHAPTER THREE
METHODOLOGY

Introduction

This chapter focuses on the methodology used in this research. It begins by exploring the research design. It then provides an explanation of how the sample was obtained, discusses the interview schedule and data collection method as well as the methods of analysis. Issues of validity and reliability are discussed, as are ethical considerations, and the limitations of the study.

Research Design

The research design was exploratory in nature. Exploratory research was utilised because it provides an "excellent means of breaking new ground and generating exciting insights into the nature of an issue when we know very little about the problem area." (Marlow, 1993, p.24). As indicated in the literature review, research regarding the involvement of churches in the field of HIV/AIDS is very limited. An exploratory research design was therefore appropriate.

Sampling

Nonprobability sampling was employed, utilising the purposive sampling method. Purposive sampling is defined as sampling that "purposively includes in the sample those elements of interest to the researcher." (Marlow, 1993, p.113). This method was ideal for this research in that the researcher could include all the relevant parties.

Diakonia Council of Churches has fifteen (15) member churches affiliated to it at present. While ideally, all 15 denominations should have been included, this was not possible. Convenience and accessibility determined the final choice of research participants. Seven denominations were selected to participate in the research. These were:

- Church of the Province in South Africa (CPSA)

- Dutch Reformed Church (DRC)
- Methodist Church (MCSA)
- Roman Catholic Church RC)
- United Congregational Church (UCCSA)
- Uniting Presbyterian Church (UPCSA)
- Uniting Reformed Church (URCSA).

Eight churches were not included in the research. Two were not invited to participate in the research due to language issues. (Coptic Orthodox and Greek Orthodox). Two were excluded due to the fact that they have only one congregation in the province. One denomination's membership in the Diakonia Council of Churches has temporarily been suspended, and the other three were not selected due to a lack of accessibility.

Key informants from each of these seven denominations were interviewed. Interviews were conducted with the heads of each of these denominations, depending on their availability, in order to gain a denominational perspective. Availability sampling was then used to select one member of clergy from each denomination to ascertain the level of involvement in HIV/AIDS issues of their specific congregation and whether they were aware of and in line with their denomination's perspective. Availability sampling is defined as "including available or convenient elements in the sample" (Marlow, 1993, p.112). Therefore the most available and easily accessible clergy from the seven selected denominations were used in the research. Due to the researcher's work in the field, locating these clergy was easy. Two interviews from each of the seven denominations were therefore completed, fourteen (14) in total.

The Interview Schedule

Data was collected using a semi-structured interview schedule (Appendix A). In striving for content validity which is, according to Struwig and Stead (2001), the extent to which the items in the interview schedule reflected the theoretical

content domain being studied, the researcher enlisted the help of two experts. These were colleagues, who are ordained clergy, and they worked through the questions to ascertain whether they were ambiguous or whether they addressed the issues the researcher wanted to address. No changes were made to the interview schedule.

Questions one to four were designed to ascertain information such as the participants' denomination, their sex, the number of years they had spent in the ministry, and the location of their congregation. The reasons for this were to establish the location of the congregation (rural vs. urban), the length of time in the ministry, the denomination they were from and the gender of the participant. It was then important to gain insight into the ministers' level of understanding regarding HIV/AIDS. Questions five to seven addressed this. Did they know the meaning of the acronym HIV? Did they know the meaning of the acronym AIDS? Did they have an understanding about the disease and what it does to the human body? Did they know how HIV is transmitted? This was important because it is often assumed that everyone, especially educated people, know everything they need to know about HIV/AIDS and the study sought to ascertain if this was the case.

Question eight focused on what individual clergy perceived the Church's role to be in addressing the HIV/AIDS pandemic. This was designed to ascertain whether they were confined or forced by the denomination's perspective to either be involved or not be involved.

Question nine focused on the denomination's stance on different issues in the field of HIV/AIDS. These included counselling, support of existing community projects, involvement in home-based care, involvement in HIV/AIDS education, assistance to orphans, preaching on HIV/AIDS, visiting affected households, and the role of prayer. This was to establish, firstly from the "heads", what the

church's stance is on these issues and then to ascertain whether the other ministers are aware of their denomination's stance.

Question 10 focused on the same HIV/AIDS issues as question nine, but focused on that particular clergy's congregation. This was designed to establish whether the congregation are responding to these issues and if so, are they responding in line with the denomination's stance.

Question 11 focused on how they, as individual clergy, and their congregations felt they had responded to the call to be "Christ's hands and feet on earth". This was designed to determine whether they felt that they had responded to a basic Christian principle that all Christians are required to fulfil.

Question 12 focused on assistance that they as denominations and congregations felt they needed from the Diakonia Council of Churches in order to intervene more fully on the issue. This question was included as the organisation had given the researcher permission to conduct this research with the aim that it would be of benefit to them as well.

Question 13 was used to establish how clergy felt working together with other service providers could provide a holistic service for people in their communities infected or affected by HIV/AIDS. This question helped the researcher establish how social workers and clergy could work together.

Question 14 provided the respondents with the opportunity to add any other comment they wanted on the issue of the church and HIV/AIDS.

Questions allowed for the collection of both quantitative and qualitative data. The advantages of using a semi structured interview schedule were the ability to ask more general questions but also providing the interviewer the freedom to "pursue hunches". (Marlow, 1993, p.70).

Research Process

All interviews were conducted by the researcher using the semi-structured questionnaire. In this way, the data obtained from the interviews can be said to be reliable.

Interviews were conducted in the following way. The researcher made telephonic contact with the selected respondents and explained the purpose of the research. Appointments were then made and the researcher met with the respondents in their offices. Those who could not find time to meet with the researcher either answered the questions during the introductory phone-call or set a time for the researcher to contact them telephonically. The face-to-face interviews averaged from 30 minutes to 1½ hours and were conducted at the offices of the respondents. The telephonic interviews averaged 10 – 15 minutes.

The following table illustrates how the interviews were conducted.

Table One: Description of interview conducted

No:	Denomination	Respondent	Type of interview	Length of interview
A	CPSA	Clergy	Telephonic	10mins
B	DRC	Moderator	Office	1hr 15mins
C	URC	Clergy	Office	1hr
D	Roman Catholic	Cardinal	Office	1hr 30mins
E	DRC	Clergy	Office	1hr 15mins
F	CPSA	Clergy	Office	1hr 10mins
G	UPCSA	Clergy	Office	1hr
H	MCSA	Clergy	Office	1hr 15mins
I	Roman Catholic	Clergy	Office	1hr 25mins
J	UCCSA	Clergy	Office	1hr 10mins
K	MCSA	Bishop	Office	1hr 30mins
L	UPCSA	Moderator	Office	1hr
M	UCCSA	Clergy	Telephonic	12mins
N	URC	Moderator	Telephonic	10mins

The researcher was generally well received by the respondents, though two appeared nervous about discussing the topic. Their acceptance of the researcher stemmed from the fact that clergy in the DFR know her because of her work and because the heads of the denominations serve on the Diakonia Council of Churches' council and are therefore known personally to the researcher.

Office interviews were recorded and later transcribed in detail. Notes were taken during the telephonic interviews and later transcribed.

Analysis

The principles of logical analysis were utilised in the analysis of the data. Logical analysis involves "looking at relationships between variables and concepts." (Marlow, 1993, p.237). Common themes or trends were identified to show similarities between denominations. Differences between the denominations were also highlighted. It was also important to explore the similarities and differences between the congregations from the same denomination. Clergy's knowledge of what HIV and AIDS are, was also explored.

Ethical Considerations

It was imperative for this research that informed consent was gained from both the participants as well as the researcher's place of employment. Informed consent was gained from the respondents by fully explaining the research and its purpose to them before asking if they would be willing to be involved. The researcher wrote a letter to the Diakonia Council of Churches' Leadership Team outlining the research and asking for their permission and support. Informed consent was thus gained from the organisation.

Another crucial element was the assurance of confidentiality and anonymity for the respondents. This was achieved through excluding their names from the

interview schedule, and removing any identifying factors where the result may be embarrassing for the respondent concerned.

Lastly it is imperative that this research be disseminated as widely as possible. This will be done in two ways. Firstly, the findings of the research will be included in the Diakonia Council of Churches' four-yearly evaluation, which will be conducted in 2004. This will be to ensure that the information received during this research influences how the AIDS Programme functions for the next period. Secondly, it is important that the information is made known to social workers working in the field of HIV/AIDS so that they can ascertain which denominations are supportive and willing to assist people living with HIV/AIDS. This could be achieved by making the findings of the research known in a social work journal.

Limitations

HIV/AIDS is still a very sensitive topic for many people. This was experienced in this research. One of the respondents, for example, initially thought the researcher wanted to interview him because she thought he was HIV-positive. The researcher had to explain numerous times before he understood. This type of reticence may have negatively influenced the respondent when responding to the questions.

Another limitation was the unavailability of three of the participants for face-to-face interviews. This was a limitation in that the opportunity to ask more general questions for clarification or understanding was not available due to the time constraints of a telephone call. This delayed the acquisition of research participants, and hence delayed the research.

Further limitations include the fact that the study was restricted to KwaZulu-Natal and more specifically the Durban Functional Region, and that the sample was small. Limited finances and time constraints also restricted the research. In terms of the research design and methodology, the use of availability sampling can also

be viewed as a limitation in that one does not necessarily have a wide range of participants from different communities, races, and genders. One has to make use of the participants who are available and willing to take part. The external validity of the results was therefore compromised and the results cannot be generalised.

Despite these limitations, the research study yielded useful information which is of relevance to those working in the field of HIV/AIDS. The researcher is of the opinion that the results obtained are useful and provide insight into some of the issues faced by churches.

Conclusion

The chosen research design, sampling methods, and data collection tool proved to be very effective for this research. Being an exploratory study enabled the researcher to break new ground. The methods of purposive and availability sampling enabled the researcher to access the relevant respondents for the study. The utilisation of a semi-structured interview schedule facilitated the collection of data that was relevant to the study that may not have been obtained through a structured interview or questionnaire.

The following chapter focuses on the analysis of the results and discussion thereof.

CHAPTER FOUR
RESULTS AND DISCUSSION

Introduction

This chapter focuses on the results of the interviews and discussion of these results.

Profile of respondents

Gender

Of the fourteen respondents interviewed, thirteen were male and one was female. It was expected that the ratio of male to female would be as it is due to the organisational structure of the church. Some of the denominations, namely the CPSA, UPCSA, UCCSA, MCSA, DRC, and URC, allow the ordination of women, however it is not a common practice for many. Others, namely the Catholic Church, are completely against the ordination of women. Due to the fact that only one woman was interviewed, it is not possible to ascertain whether female clergy are more sympathetic and/or empathic to the HIV/AIDS pandemic than male clergy.

Length of time in the ministry

Table 2 – Length of Time in the ministry:

1 - 4 years	5 - 9 years	10 -14 years	20+ years
One	Four	Three	Six

If one explores the above table it is evident that majority of the respondents have been in the ministry for more than twenty years. This probably reflects the numbers of young people entering full-time ministry. If one explores the state of the so-called traditional church at present there are not many young congregants

between the ages of 18 and 30. Years in the ministry did not influence whether the congregation were involved in issues related to HIV/AIDS. There were some clergy who had been in the ministry for more than 20 years who were very involved and some that were not involved at all. The same is evident in the 5 – 9 year category. Therefore when clergy were trained seemed not to have had any influence on their involvement in HIV/AIDS issues.

Position

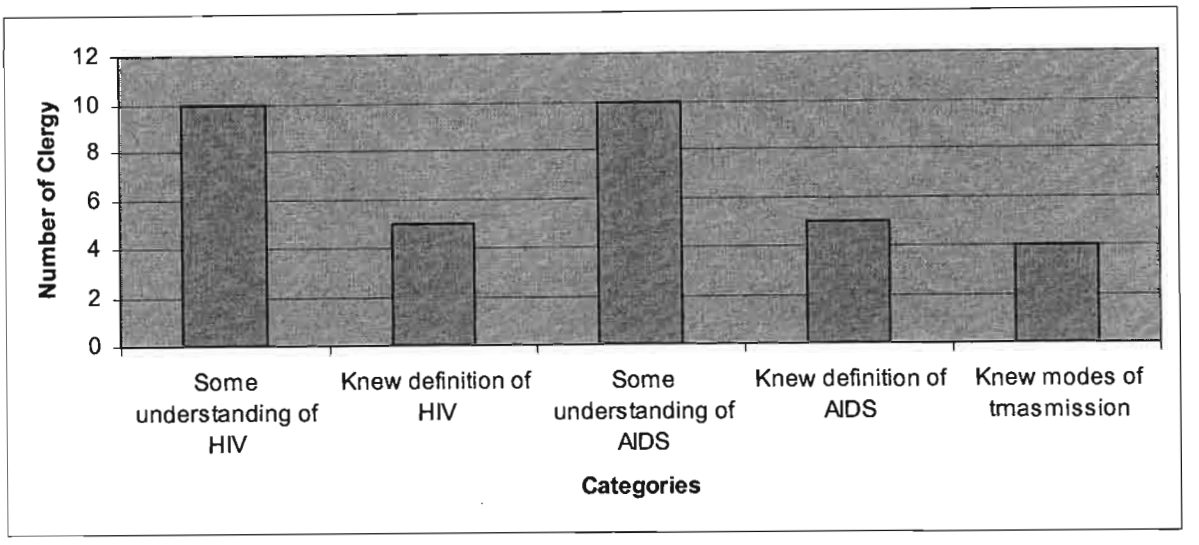
Interviews were conducted with four of the church heads due to the unavailability of the other three. For the three denominations where the head was not available, clergy were selected to take part in the research. Of these four heads, two are in central offices without congregational duties. The other two were both the heads of their respective denominations, but they also had their own congregations which they ran.

Location of ministry

Eight of the respondents with congregations ministered in urban areas and four ministered in rural areas. The response of urban versus rural churches cannot be compared due to the fact that clergy were selected to partake in this research. Any differences are not significant given the small size of the sample.

Clergy's understanding of HIV/AIDS

Figure 1 Clergy's Understanding of HIV/AIDS



As can be seen from the above figure, ten of the respondents had some understanding of HIV with only five of these knowing the correct definition of HIV. The same ten had some understanding of AIDS with only five knowing the correct definition. The answers given by the clergy illustrate that their understanding was limited too.

Only two of the respondents recognised that AIDS is not a single illness, rather that it is a syndrome of illnesses. This was linked to question six which was worded to ascertain whether clergy who claimed to know what AIDS is had a true understanding of the disease. Four of the respondents knew all three modes of transmission namely, unprotected sex, mother-to-child transmission, and contact with contaminated blood. The remaining ten focused mainly on sexual transmission with brief mention to the fact that HIV can also be transmitted through contact with contaminated blood.

Three of the respondents referred to HIV and AIDS as "disastrous" and "a horrible illness" (Respondent A); "urgent" and "depressing" (Respondent H); and

"very devastating" (Respondent J). This highlights the clergy's perceptions of the disease and this could be detrimental to their ministries if this is the perception they exude. Two of the three are doing very limited work in their congregations. Two of the respondents referred to HIV and AIDS as "life-threatening" (Respondent B), and "fatal" (Respondent F). While these terms are true in respect of the illness, they are very negative. One can live for many years with the virus and some of the slogans which are used to overcome such negative attitudes read " Living positively". These respondents did not see the hope, which is expected because of the hope that Christians have in Christ. The researcher feels that these two respondents are not well educated or empowered on the issue of HIV and AIDS and this attitude could be detrimental to their efforts in working with people living with HIV/AIDS.

Understanding of Church's Role

All of the respondents acknowledged that the church has a role to play in the HIV/AIDS pandemic. There were, however, varying responses as to how the church should be responding. Two felt that the church needed to be preaching on the issue of morality. This links with the research done by Byamugisha, Steinitz, Williams, and Zondi (2002) where they found that some churches have adopted a moralistic approach and that "HIV prevention is reduced to simplistic emphasis on returning to 'traditional' moral values and standards of sexual behaviour." (p.2).

Eight stated that it is important that the church be at the forefront of challenging stigma and discrimination and linked with this is the provision of a supportive and compassionate role. This linked with the premise that Christian doctrine calls for Christians to be compassionate and to fighting for the least. However, it became evident that many who believed this, were actually doing nothing solid in the fight against HIV/AIDS.

Below is a table illustrating the other roles identified by the respondents:

Table 3 - Church's Role

Teaching morality/sexual morality
Compassion/supportive roles
Breaking stigma
Providing/looking for resources
Providing counsellors
Support not reject
Non-judgemental attitude
Education, awareness and prevention
Home-based care
Care of orphans and vulnerable children
Providing support structures
Information
Repentance of own complicity through its silence, lack of compassion, ignorance, and support in the spread of the virus
Encourage openness around issues of human sexuality
Care for those infected and affected
Church has always been on the midst of human suffering. HIV/AIDS is no different.
"Prophetic voice" - advocacy

Denominational Stances

Five of the denominations interviewed had policies in place around HIV/AIDS. These denominations are the DRC, URCSA, MCSA, Catholic, and UCCSA. The policies will now be discussed.

The Dutch Reformed Church (DRC) made a declaration in 2002 around the issue of HIV/AIDS. This declaration prompted congregations to be more active in the

fight against HIV/AIDS. Through this all projects and ministries that are HIV/AIDS related are supported by the DRC and they encourage their congregations to do the same. This information was given by one of the respondents from the DRC.

The Uniting Reformed Church (URCSA) made the following declaration: "The URCSA is making this statement, conscious of the fact that the example of Christ's caring and compassionate ministry, calls us to stand, in the midst of the HIV/AIDS pandemic, where he stands: with those living with HIV/AIDS." (http://www.rca.org/mission/). The researcher questioned whether these were valiant words or words of action. In terms of the research and the congregations interviewed, it seems as if they are words of action. This will be explored further when the findings of individual congregations are explored.

The Methodist Church (MCSA) has made many statements on all of the issues outlined in the interview schedule and has suggested ways that different congregations can respond. The most recent statement (from a conference in 2003) focused on the issue of preaching. Ministers are encouraged to start addressing issues of sexuality, gender inequality, and the abuse of women and children from the pulpit. The MCSA specifically took a resolution to challenge from the pulpit the dangers of unprotected sex. This is what the church is saying, but the reality is that many ministers are choosing to preach on what they feel comfortable with. This will be expanded on further when the findings of the individual congregations are explored.

According to the Cardinal, the Catholic Archdiocese of Durban has a mobilisation policy in place to mobilise the Archdiocese, and the individual parishes. Through this policy, individual parishes are encouraged to take up the issue of HIV/AIDS and they are given the necessary skills to do this. Some of this skills training comes from already existing projects within the Archdiocese.

The United Congregational Church (UCCSA), through the Mission Council of the KwaZulu-Natal Region of the UCCSA, focuses on the issues of HIV/AIDS, poverty, and violence. Workshops are conducted to assist their congregations to develop responses.

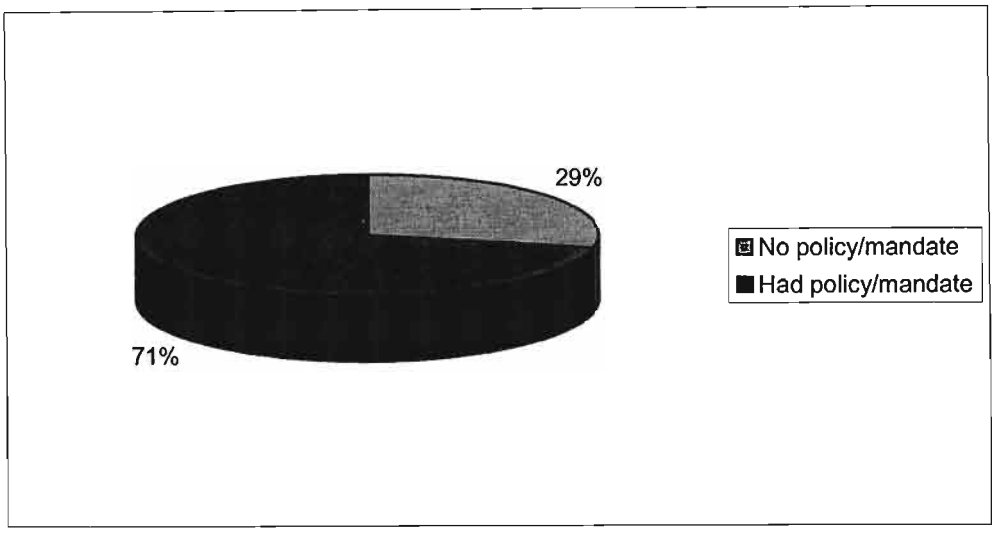
It became apparent, however, during the interviews that not all clergy were aware of the denominational policies. Four of the respondents from the above-mentioned denominations did not know about the denomination's policy. (Note: These clergy are not being identified for ethical reasons in order to not embarrass the persons involved).

Two of the respondent's, namely the UPCSA and the CPSA, noted that their denominations were very pro counselling, the support of existing projects, home-based care, HIV/AIDS education, assistance to HIV/AIDS orphans, preaching on issues of HIV/AIDS, visiting HIV/AIDS infected and affected households, and the role of prayer in principle, but little was being done. There are no policies or suggestions from a denominational level as to how to get involved or even as to why congregations should get involved. The work being done in these denominations is therefore individual congregations' responses with no backing or encouragement from their denomination. This leads to only a few congregations in these denominations being involved in responding to the HIV/AIDS pandemic. As mentioned in the literature review, "the very relevance of the church will be determined by the response." (World Council of Churches, 1997, p.2). These denominations are therefore neglecting their ordained mission to be Christ's hands and feet on earth.

The CPSA ratified its "Five-fold strategy for risk reduction" of HIV/AIDS and launched a R22.5 million HIV/AIDS ministry programme at its 2002 synod. Neither of the clergy interviewed, the head of the denomination was unavailable, knew of these plans. (www.cpsa.co.za). This gap between policy and practice may be related to the organisational structures which one finds in churches. In

hierarchical structures, which many of the main line churches are, information takes time to filter through the various layers.

Figure 2 – Existing Policy/Mandate:



Two of the respondent's denominations, the DRC and the CPSA, had only recently conducted a denominational workshop to explore the issue of HIV/AIDS and the need for the church's involvement. For over 20 years HIV/AIDS has been an issue needing a response and only now are some denominations looking at their need to respond. As Byamugisha, Steinitz, Williams, and Zondi (2002) highlighted, often the response of churches to the HIV/AIDS pandemic has lacked urgency and commitment. This is a perfect example of this. The World Council of Churches (1997) stated that "[HIV/AIDS] exposes any silence and indifference of the churches, challenging them to be better informed, more active and more faithful witnesses to the gospel of reconciliation in their own lives and in their communities." (p.1). It is evident that for some denominations their silence and indifference has been exposed.

Congregational Involvement or Position

This refers to twelve of the respondents as two of the heads do not have individual congregations. Of the denominations that have policies/mandates on

the issue of HIV/AIDS all the individual congregations interviewed are involved in some form of HIV/AIDS work. However, only half are doing work that aligns itself with their denomination's stances. Ten of the clergy interviewed have some form of HIV/AIDS stance for their congregations, however, some of these fit into the clergy's personal agendas. This is evident where the clergy is involved in some form of outreach work on a denominational level and because of this the congregation has got involved in that work. Two of the congregations have no form of HIV/AIDS outreach, so therefore the discussion is on ten congregations.

What became very evident during the interviews is that the congregations that are responding are doing so through some form of "outreach" team. It is not necessarily the response of the entire congregation. Rather, it is a group of people who ensure that outreach work is done. Although majority of church work is done by specifically orchestrated groups, the work is always done with the congregation's knowledge, understanding, and blessing, and they are involved in some way with the work. This is done through prayer, special collections for these ministries, and regular reports to the congregation and leadership of the congregation. These outreach groups, however, were often run without any support of the congregation as an entity.

Eight of these congregations have the clergy's involvement and support in the outreach work. Another two are the clergy's initiatives that small groups of congregants support. These outreach groups often do what they do without the knowledge of the congregation. The congregation know they exist but beyond that their knowledge is limited. Two give the congregation regular input during the services about the work that is being done, who is being supported, and how other congregants can became involved with the group.

Eight of these congregations support existing projects in the community. Only two were involved in the establishment of an ecumenical project in their community which is based at their church. This project provides counselling,

support and care, prevention, prayer, and information on HIV/AIDS. The existing projects that are being supported by the other eight of the congregations are mainly being supported financially. Others are being supported with provisions such as food parcels, medical supplies, and in rare events, with volunteers from the congregation/parish. These volunteers are members of the outreach teams. Other kinds of support include the financial backing for community members who are eager to be involved with a project to be trained. Many different services are being provided by the existing projects that are being supported. The table below illustrates these different services:

Table 4 – Types of services being supported

Respondent	**Type of Service**	**By Whom**
A	1) Counselling 2) Home-based Care 3) Visiting HIV infected households 4) Prayer 5) Preaching	1) Care Team 2) Care Team 3) Care Team 4) Care Team & Healing Ministry Prayer Group 5) Clergy
B	1) Support existing projects 2) Assistance to orphans 3) Preaching 4) Prayer	1) Care Team 2) Care Team 3) Minister 4) Prayer Group
C	Counselling Support of existing projects Home-based care HIV/AIDS education Assistance to orphans Preaching Home visits Prayer	All done by congregation and clergy

D	**Head of Denomination – no congregation**	
E	Support and care Prevention Prayer Education and information Preaching	Congregation and clergy through the project the congregation helped initiate
F	Support of existing projects (Financial) Support of orphans (Financial) Prayer (offered in service) Preaching	Overseen by leadership of congregation Clergy
G	Support of existing initiatives Preaching	Care Team with clergy Clergy
H	Support of existing initiatives Education using people living with HIV/AIDS Preaching	Care Team Clergy
I	Support of existing initiatives Home-based Care Education Support of orphans Preaching	Clergy. Tries to mobilise congregation through his involvement
J	Counselling Support of existing projects Home-based Care Education Support of orphans Regular preaching Visiting HIV/AIDS households Regular prayer	Clergy and congregation involved on all levels. Own project
K	**Head of Denomination – no**	

	congregation	
L	No active involvement	
M	No active involvement	
N	Support of existing projects Home-based care HIV/AIDS education Assistance to orphans Preaching Home visits Prayer	Care team and clergy to an extent.

Therefore if one explores some of the issues raised in the interview schedule, namely counselling, home-based care, assistance to orphans, and visiting homes, eight of the congregations support people who do these things. They are not physically involved themselves. Two of these eight take members of their congregation to visit these projects. Hence one can conclude that congregations are more comfortable supporting existing projects, one of the issues raised on the interview schedule, than they are getting involved "hands on".

With regards to congregations involvement in education, preaching, and prayer all are involved in some way. The majority of this takes place around World AIDS Day (1st December), and all takes place through preaching on Sundays. Three of the congregations provide education on other occasions besides World AIDS Day, again through preaching and three also have posters focusing on HIV/AIDS adorning the sanctuary. These congregations focus on topics beyond HIV/AIDS in that they focus on the rights of women and issues of culture.

Four do not focus on the topic of HIV/AIDS often because their congregants feel that HIV/AIDS does not affect them because of the location of their congregation. This includes the focus on HIV/AIDS during prayers. This came up often with congregations located in so-called "white affluent" areas. The ministers do not

share these views but have to meet the needs of the congregants. People in these congregations are not aware of the extent of the pandemic and that people in their area are infected and affected despite their social standing. These congregants see this as something that happens outside of their community. They went as far as to say that the issue of orphaned children is not an issue for their community. One respondent mentioned that their congregation want to link the issue of HIV/AIDS with one specific racial grouping and therefore do not see it as an issue that affects their community.

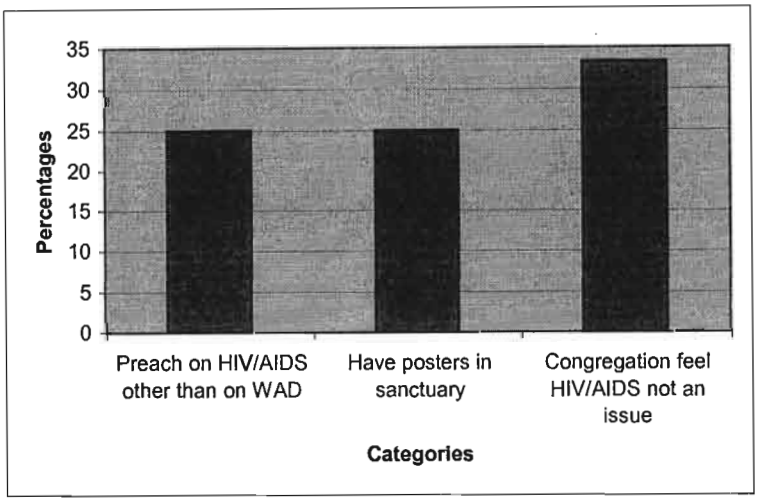
As mentioned in the Literature Review, I Corinthians 12:12 states that "The Body is a unit, though it is made up of many parts; and though all its parts are many, they form one body. So it is with Christ." The church is viewed as being one body of many parts. Therefore, if one person in the congregation or denomination is infected by HIV/AIDS, then the whole congregation or denomination is infected. The church is therefore infected and affected by HIV/AIDS and its credibility depends on how it responds. The church is required to love: this is a demand, a requirement, not an option. It was also mentioned in the Literature Review that it is only when the church recognises that HIV/AIDS is not confined to those outside of the faith community, that people within their buildings are infected and affected by HIV and AIDS, that it can begin to be effective. It could therefore be postulated that congregations who see the issue of HIV/AIDS as being "something out there" are not fulfilling their Christian duty to love, to serve, and to be Christ's "hands and feet".

Respondent K made an interesting observation. He/she stated that many people are still hesitant around the issue of HIV/AIDS and that this cuts across racial backgrounds. There is denial amongst the "white" congregations because they do not want to be involved. There is also denial amongst the "black" congregations but along the lines of "the problem is too big" or "its not as bad as they're saying it is". Due to the fact that the main mode of transmission is through sexual contact, the church often wants to avoid the topic. This links with what

Denis (2000) stated in that "HIV/AIDS is leading the churches onto the path of conversion ..... [it] calls on the churches to understand sexuality in all its dimension: not only as an individual act, which can be right or wrong, but as a reality determined by social, economic, and cultural factors." (p.75).

The extent to which congregations are involved in the issue of HIV/AIDS in terms of theological response is illustrated in Figure 3.

Figure 3 – Extent of Congregation's Involvement



Ways in which Congregations and denominations have responded to the call to be Christ's "hands and feet"

"If the yardstick of our faith is unconditional love, particularly love of those whom society regards as outcasts, then our response to [people living with HIV/AIDS] will be a measure of our faith." (MacLaren, 1996, p.6).

There were many different responses as to how congregations and denominations feel they have responded to the call to be Christ's "hands and feet". These are listed below:

Table 5 – Different Responses to being Christ's hands and feet

Through the work of the care teams → praying for people, counselling etc.
From moving from unawareness to awareness. HIV/AIDS should not be seen as separate from suffering. It is part of "Christ's" suffering
By showing love as Christ would have and supporting those infected and affected by HIV/AIDS
Through the work that is being done, a practical way for the church to follow its call to discipleship can be found
Financial and material support
By bringing the issue of HIV/AIDS into focus
Through all the different kinds of responses as well as through preaching and worship services
By supporting more and more initiatives in the community who are working at the coal face of the epidemic and thus developing/growing our outreach into the community enables us to be Christ's hands and feet
By remembering where our hands and feet are most needed and responding in some way
Many people are not involved, but those that are an example of being Christ's hands and feet
Breaking through barriers of "us" and "them"

Out of these responses, only two were directly involved with people infected and affected by HIV/AIDS. The remaining eight were doing work through others. This can be seen as responding to the pandemic and being Christ's hands and feet, but Christ was with the "outcasts" of His day. "In announcing the Good News of salvation, in healing the sick, in forgiving sinners, in being compassionate with the multitude, Jesus showed what the Church must do. God's people must be at the side of those who suffer. Especially for the needy and the suffering of today, the Church must be the Compassion of Jesus." (MacLaren, 1996, p.10). If these congregations or denominations are merely supporting people who are working

with people infected and affected by HIV/AIDS are they truly with the needy and suffering of today? Are they fulfilling their role of showing Christ's compassion? Churches need to be encouraged more to get involved with people living with HIV/AIDS and the people working with them. As much as these projects need support in order to ensure their sustainability, the church also needs to get involved "hands on". One respondent stated, "ministry of Word and Sacrament to the people of God is a full-time calling. There is no time left to be 'hands and feet'." (Respondent L). The encouragement of churches being "hands on" needs to be explored further.

Ways in which congregations and denominations can be assisted in addressing the HIV/AIDS pandemic

Six of the respondents were happy with the way Diakonia Council of Churches assists congregations and denominations in addressing the HIV/AIDS pandemic. One respondent stated that the facilitation that Diakonia Council of Churches' AIDS Programme provides is vitally important and if it were not for this the project they are involved in would never have existed or would have been delayed by many years. (Respondent E). Others stated the resources, workshops, and exposure visits that Diakonia Council of Churches' AIDS Programme provide and organise are extremely valuable and provide congregations and denominations with valuable information.

The remaining eight respondents had suggestions for the AIDS Programme as well as highlighted needs they have as denominations and congregations. Some of these included:

- Assistance on how to deal with the ignorance and the desire to link HIV/AIDS with one specific race group
- The need for the latest information and ministry resources
- Assistance with the education of clergy
- Assistance with implementing policies and programmes within denominations and congregations

- Assistance in challenging the sexual practices of clergy and laity
- The need for the denomination to be challenged about their involvement, or lack thereof, in the HIV/AIDS pandemic
- Clergy from different denominations need to be brought together to learn from each other and be feed new information

Two of these eight respondents felt that their denomination needed to know more about what Diakonia Council of Churches' AIDS Programme can offer them. It was felt that this would help mobilise local clergy to get involved more in the pandemic if they knew there was a resource available to them. Many clergy are overwhelmed by the pandemic and therefore back away from it. Knowing there is support would encourage them to get involved more.

Strategies needed for a holistic approach

All of the respondents stated that there is a need to work together, that this "can't be done alone". (Respondent H). However, many were unsure as to strategies that could ensure this. The following are some of the statements made by the respondents:

- Need to support existing initiatives. We need to get beyond the thought that only one group can do one sort of thing. If we're going to make a difference we need to work together.
- There needs to be a networking catalyst → Diakonia Council of Churches maybe who can conscientise, strategise, and help a network of all organisations, churches, etc to work together.
- Information is needed on what these service providers provide.
- The Church has been isolated too much from organisations and other churches working on HIV/AIDS issues. There needs to be a structure where churches and organisations can meet and talk about what is being done and how they can support each other. By learning what is happening, we can refer to each other.

- Existing church projects can make use of the social workers who are already in the communities they are working in.
- Need to highlight the need to work together. Churches need to be guided by community organisations as to what is needed and how they can help.
- Exposure and facilitation.
- Support and talk to each other. It cannot be done alone. Spirituality and social issues have to be seen together, they cannot be separated.
- Need to look at the social condition of our people. The fact that HIV/AIDS seems to be rampant in the poor areas says to us that there is a need to address poverty, to assist people to live, to have food, and the issue of ARVs. Also the empowerment of women is an issue that needs to be addressed. This cannot be done alone. Together we need to be talking about it, we need to provide a healthy social condition.

Sims & Moss (1991), Saloner (2002), Russell in Crawford & Fishman (1996), and Glukoski in Crawford & Fishman (1996) all mentioned the need for church and social work to come together in working with people infected and affected by HIV/AIDS, specifically on the issue of counselling. All of these writers acknowledged the value that the church has in this pandemic and the need for clergy's inclusion in the work done with people infected and affected by HIV/AIDS. The respondents of the research are seemingly eager to work together with outside organisations but do not seem to know how to achieve this. A lot of emphasis was put on networking and the role that Diakonia Council of Churches could play in this. This is probably something that needs to be considered during the 2004 organisational evaluation.

Additional Comments

There were many varying additional comments. These provide interesting insight into the feelings and opinions of the clergy and in the tradition of exploratory research suggest avenues for further investigation. Examples of these comments were:

- Clergy are overwhelmed by AIDS. They bury many people and don't have a good enough support system available.
- We need to break the stigma of the pandemic in such a way that it becomes a notifiable situation. We can only help people when we know they need help. People are keeping quiet because they are frightened. By the time we get to them it is too late.
- It is not a curse from God but an opportunity for the church to practise philadelphia and agape.
- I hope that this research helps halt the spread of the virus in some way by stimulating the churches to more rigorous action.
- There is a lot of work that still needs to be done. Need to look at ways and means of really making a difference. That is the challenge. To go beyond being aware to taking action.
- Is HIV one of the biosphere's defensive reactions to the threat which humanity has become to all other forms of life?
- At SACLA *(South African Christian Leadership Assembly)* the President of Uganda's wife spoke about the pandemic in her country. There was clear leadership from all levels and they all had one clear message. There is one way of preventing this and this is what we're committing to do. Maybe as SA we're getting there with the new Cabinet decision *(provision of anti-retroviral drugs)*. We ourselves, as churches, need to be formulating a clear vision of what we want to do and how do we get there. The basis is the sacredness of life. We must do anything to protect human life.
- We're just touching sides!
- Government is frustrating in terms of their policies. The church needs to nag Government to adopt effective policies. Need to be prophetic. Need to challenge Government on all levels.
- I am still stunned that the pandemic exists given the fact that it is almost 100% controllable with behaviour. I am sick to death of HIV/AIDS but will fight against it until there is a cure.

- One is hopeful that those involved will not be discouraged. Many people are dying alone. There is no family support. The pain and hopelessness is too much. I'm praying for a change of heart.

Some clergy are tired because they are so involved in this pandemic. Others are looking outside of the church i.e. Government's policies. All are acknowledging the need to do something but few are actually looking at how they as congregations and denominations can do this.

Conclusion

Churches are seemingly seeing the importance of being involved in the issue of HIV/AIDS, however many do not see their direct role. They are more content to let others do it and support these initiatives in some small way. This has helped appease their guilt and has enabled them to state that they are involved in HIV/AIDS-related work. Where there exists a denominational policy, many congregations, and therefore clergy, are unaware of these and they are therefore not being implemented. It is sad to see that there are still denominations in this time in our country's life that have not formalised any kind of response to the HIV/AIDS issue.

One can only but echo the words of Nicolson (1995) "For the churches not to respond to an issue of such importance would imply that God, Jesus, and Christianity are irrelevant and offer no saving grace. Since the churches are so uniquely placed to educate people and co-ordinate assistance, not to respond would be a failure to love." (p.18)

The next chapter explores the conclusions and recommendations of this research.

CHAPTER FIVE
CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter will explore the findings of this research and discuss the recommendations that have arisen from it.

Summary

Seven denominations were selected from the fifteen member churches of the Diakonia Council of Churches. Where possible, the heads of these denominations were interviewed and then a member of clergy to ascertain whether there is a denominational HIV/AIDS policy, if it is being adhered to by individual congregations, and how involved are individual congregations in the issue of HIV/AIDS. Where the heads of the church were not available, another member of clergy was interviewed. Fourteen interviews were done in total. Due to the unavailability of some clergy, three interviews were done telephonically. The remaining eleven were face-to-face.

Overview of findings

The following findings were made:

Objective One – The clergy's understanding of HIV/AIDS

The results indicate that there is still misunderstanding and lack of knowledge surrounding HIV/AIDS even amongst educated people. The majority of the respondents focused only on the sexual transmission aspect of the virus and not on the other two, namely blood-to-blood and mother-to-child. Another important finding is that nearly half (5) had very negative perceptions of the virus. They did not see any hope, let alone the hope that Christ has to offer those living with HIV/AIDS.

At a time when there has been an over-saturation of education about HIV/AIDS, one would anticipate that people in the helping profession would have a comprehensive understanding of the disease.

Objective Two – Their response, both as denominations and congregations, in terms of policy and practice to HIV/AIDS

It is clear that some denominations have risen to the challenge that HIV/AIDS has brought and have established policies for their congregations to follow. What is evident though is that some clergy within these denominations are not aware of the policies and are therefore not involved in issues related to HIV/AIDS. Also some are aware of the policies but are still not getting involved.

Other denominations have expressed the need in principle to be involved but have taken no steps toward formulating policies for their congregations to follow. What became evident amongst these congregations is that the clergy took it upon themselves to take up the issue of HIV/AIDS and have got their individual congregations involved on some level.

It became apparent that majority of those congregations that are involved are supporting already existing initiatives within their communities rather than start their own initiatives. Only two congregations had started their own initiatives.

In a crisis of such proportion it is astounding that some congregations and denominations still do not feel that HIV/AIDS is an issue that they need to address.

Objective Three – To establish denominations' and congregations' views of the Diakonia Council of Churches' AIDS Programme and how it can be of assistance to them

Over half of the respondents were happy with the way the Diakonia Council of Churches' AIDS Programme is operating. There were some suggestions from the

remaining respondents regarding further ways that the AIDS Programme can assist their denominations. All in all they were happy with the services they received but felt that there were issues that the AIDS Programme needed to tackle. One of the key issues for the researcher was that two of the congregations with a long, if not the longest, association with the Diakonia Council of Churches felt that their denominations needed more information about what the AIDS Programme could offer them.

Many clergy are apprehensive about the HIV/AIDS pandemic. Having more knowledge and knowing that there is an organisation that can support you should encourage them to get more involved. Yet out of those that stated that they were happy with the service, only three are very involved with HIV/AIDS because of Diakonia Council of Churches' intervention.

Objective Four – To establish their opinions on social worker's involvement or possible involvement with churches

All of the respondents acknowledged that there is a need to work together as churches but also with outside organisations to ensure a holistic and sustainable response for their communities. None of them, however, were able to suggest a way of achieving this. a lot of emphasis was placed on networking and the role that Diakonia Council of Churches' AIDS Programme could play in this. Some of the clergy who were very involved with HIV/AIDS issues were aware of existing support services. However, others seemed to have very limited knowledge about resources, including the role of social workers.

Recommendations

From the findings of this research the following recommendations can be made:

Firstly, there is a need for clergy to be properly educated on the intricacies of the HI-virus and the difference between HIV and AIDS. This will not only improve their knowledge of the pandemic but will assist in breaking down the negative

attitudes that exist amongst some clergy around HIV/AIDS. A module on HIV and AIDS needs to be incorporated in the training of clergy that looks at the biological aspects of the virus as well as the theological issues.

Secondly, more education needs to be done with clergy around denominational policies with regards to HIV/AIDS. Some denominations in the research had an existing policy on HIV/AIDS and some of the clergy did not know this. There were also some that knew the policy existed but chose not to implement anything. Therefore the education needs to go beyond the components of the policy and look at practical ways that congregations can become involved. Diakonia Council of Churches' AIDS Programme can play a role in this.

Thirdly, role-players from all sectors need to develop a strategy that can promote the development of a holistic service. It is imperative that the information of this research be disseminated to all churches as well as to social work organisations working on the issue of HIV/AIDS. This is necessary so that those churches with expertise and experience in this area can be catalysts to other churches that are still struggling to address the issue of HIV/AIDS.

Fourthly, Diakonia Council of Churches' AIDS Programme needs to take the suggestions given in this research into their 2004 major organisational evaluation and develop strategies that can help the programme address clergy's needs.

Finally, more extensive research is necessary. This study was only exploratory and a wider survey would provide a more comprehensive overview of the churches responses to HIV/AIDS. In addition, in depth studies into successful church based initiatives would provide the opportunity for these to be replicated on a wider scale. In this way, research could be used as a tool for helping churches to become "Christ's hands and feet" on earth.

Conclusion

This research has explored the response of selected Christian denominations in the Durban Functional Region to the HIV/AIDS pandemic. It has highlighted that some denominations have acknowledged the severity of the pandemic and have thus developed policies around the issue. However, the individual congregations do not always adhere to these and sometimes clergy are not even aware that these policies exist. Other denominations have not yet taken a stand as a denomination on the issue of HIV/AIDS, but individual congregations within these denominations have realised the devastation caused by this pandemic and have developed some form of response.

The church has a vital role to play in this pandemic. Who else can offer hope, love, and support in a time where there is no hope, no love, and no support? The church has been called to be Christ's hands and feet on earth. It therefore needs to respond to a pandemic that is devastating this country.

"I tell you the truth, whatever you did for one of the least of these brothers of mine, you did for me" but "whatever you did not do for one of the least of these, you did not do for me." (Matthew 25:40,45).

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APPENDIX A

INTERVIEW SCHEDULE

1. Denomination: _____

2. Male/Female

3. Years in the ministry:

1-4	5-9	10-14	15-19	20+

4. Location of congregation: _____

5. What is your understanding of HIV? Please elaborate. _____

_____

_____

_____

_____

_____

_____

6. What is your understanding of AIDS as an illness? _____

_____

_____

_____

_____

_____

_____

7. What is your understanding of how HIV/AIDS is transmitted? _____

_____

_____

_____

_____

_____

8. What do you perceive the Church's role as being in addressing the HIV/AIDS pandemic? _____

_____

_____

_____

_____

_____

9. What is your denomination's stance on:

- HIV/AIDS counselling _____

  _____

  _____

- Support of existing HIV/AIDS projects _____

  _____

  _____

- Home-based HIV/AIDS care _____

  _____

  _____

- HIV/AIDS education _____

  _____

  _____

- Assistance to HIV/AIDS orphans _____

  _____

  _____

- Preaching on issues of HIV/AIDS _____

  _____

  _____

- Home visiting to HIV/AIDS households _____

  _____

  _____

- The role of prayer in addressing HIV/AIDS _____

  _____

  _____

10. What is your congregation/parish's position in the HIV/AIDS pandemic in relation to:

- HIV/AIDS counselling _____

  _____

  _____

- Support of existing HIV/AIDS projects _____

  _____

  _____

- Home-based HIV/AIDS care _____

  _____

  _____

- HIV/AIDS education _____

  _____

  _____

- Assistance to HIV/AIDS orphans _____

  _____

  _____

- Preaching on issues of HIV/AIDS _____

  _____

  _____

- Home visiting to HIV/AIDS households _____

  _____

  _____

- The role of prayer in addressing HIV/AIDS _____

  _____

  _____

11. How have you answered the call to be "Christ's hands and feet on earth"? _____

    _____

    _____

    _____

    _____

    _____

12. Do feel your denomination could be assisted in intervening/addressing HIV/AIDS? Please elaborate. _____

    _____

    _____

    _____

    _____

    _____

13. What strategies do you consider to be necessary for your denomination to provide a holistic service by working with other service providers in your community? _____

    _____

    _____

14. Do you wish to make any other comment about the HIV/AIDS pandemic? _____