FAITH-BASED ORGANISATIONS' RESPONSE TO HIV/AIDS: A PILOT STUDY ON A CESA CHURCH

BY

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DECLARATION

I hereby declare that this short dissertation is a product of my own work, unless otherwise indicated in the text. All sources that I have used or quoted have been duly acknowledged. This short dissertation has not been submitted to any other University for any degree or examination purposes.

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ABSTRACT

"Despite recent advances in its public policies to address HIV and AIDS, South Africa continues to have the largest HIV epidemic of any country in the world" (Keikelame, Murphy, Ringheim,and Woldehanna, 2010). The most productive sectors in the South African population continue to be undermined by the HIV/AIDS epidemic. Historically the Church has been an institution significantly involved in the lives of people in various ways especially in the caring for people. In South Africa, a number of people identify themselves as belonging to a faith-based organisation. This means that churches in South Africa are in a position to make a positive influence when it comes to addressing issues around HIV/AIDS. The aim of this study was to describe how leaders of a specific church perceive their roles in addressing social challenges within the church community and also to explore how they are responding to the HIV/AIDS crisis. Semi-structured interviews were conducted with nine church leaders from a CESA church located in a suburb south of the eThekwini municipality. An interview guide containing open-ended questions was used. The findings of the study revealed that there is a wide range of social concerns that congregational members face and attempt to deal with; however the topic of HIV/AIDS is one that the leaders do not appear to give much attention.

It was apparent from the statements that some of the church leaders felt that HIV/AIDS was a result of 'brokenness' in the world and possible judgment from God. These findings highlight the need for this FBO to play a more active role in the lives of the people they serve by being knowledgeable about challenges that the congregation experience and by equipping themselves with accurate information about HIV/AIDS and the necessary skills to support their members.

LIST OF ACRONYMS

AIDS - Acquired Immune Deficiency Syndrome

FBO - Faith-Based Organisation

HIV- Human Immunodeficiency Virus

KZN - KwaZulu-Natal

NSP - National HIV/AIDS Strategic Plan

PLWHA - People Living With HIV/AIDS

RSA - Republic of South Africa

SANAC - South African National AIDS Council

STI - Sexually transmitted infection.

TAP - Township AIDS project

TB - Tuberculosis

UNIAIDS - United Nations Programme on HIV/ Acquired Immune Deficiency Syndrome

UNICEF - United Nations International Children's Emergency Fund

WHO - World Health Organisation

CHAPTER ONE: INTRODUCTION

1.1 Introduction

This chapter provides an overview of the research area from which the research topic is drawn. The aim of this particular study is to investigate how the church, through its leaders, has responded to HIV/AIDS particularly with regards to the congregation they serve.

1.2 Background: HIV/AIDS pandemic

HIV/AIDS represents one of the major challenges confronting the world. "This epidemic has posed a global health issue for four decades and continues to affect people from all walks of life" (UNAIDS, 2010). Africa has been affected greatly by HIV/AIDS; the steady rise of the disease has become a problem that is affecting people from all walks of life. This virus has been perpetuating even though so much has been done in attempts to deal and control it (Gilman, 2000).

Of the countries in the world, South Africa has the highest prevalence of HIV/AIDS. In a study done by the Human Science Research Council (HSRC) (2012) the results showed that the proportion of South Africans infected with HIV has increased from 10.6% in 2008, to 12.2% in 2012 (Shisana, Rehle, Simbayi, Zuma, Jooste, Labadarios & Onoya 2009). In this, the National HIV Prevalence, Incidence and Behaviour Survey, it was also reported that the number of those infected increased by 1.2 million when compared with results from 2008 putting the total number of HIV infected at 6.4 million in South Africa. In South Africa, the province of KwaZulu-Natal is considered to have the highest prevalence of HIV. People living in townships within this province are mostly affected with HIV/AIDS and the number of infections is increasing (Township

Aids Project (TAP), 2012). Project Gateway (2014) found that in KZN almost 25% of all South African children under the age of 15 have lost at least one parent to AIDS. Contributing factors such as false beliefs about HIV/AIDS have also influenced the increase in HIV prevalence in the townships due to limited awareness programmes and lack of teaching about HIV/AIDS (TAP, 2012). At the same time, it should be noted that there have been some educational efforts made by projects and programmes that focus on treatment and spreading awareness about HIV/AIDS in townships but the impact of the disease remains severe (Tanser, Bärnighausen, Grapsa, Zaidi, and Newell 2013).

HIV/AIDS impacts communities in a number of ways, challenging notions of the social order. Some of the ways in which communities are impacted by HIV is seen in the increasing number of child-headed households which has also resulted in children dropping out of school. Furthermore grandparents have had to bear the burden of raising their grandchildren and rely on their pensions to do so (TAP, 2014). In addition to the government initiatives aimed at handling the HIV/AIDS crisis, greater effort is needed in order to encourage partnership between faith-based organisations (FBOs) and agencies within public health, in order for progress to be made towards the goal of widespread access towards HIV/AIDS prevention, treatment, care and support (WHO, 2014). There is a need for FBOs to respond in ways that will hopefully bring about a change in attitudes regarding HIV/AIDS. FBOs need to serve as organisations of strength for those affected and infected by the virus. Studies focusing on FBOs' efforts across several countries have found that care and support activities are considered to be traditional strengths for FBOs (Keikelame, et al, 2010).

1.3 HIV/AIDS interventions:

1.3.1 Initiatives from Department of Health (DOH)

As the prevalence of HIV increases, so does the need to care for those living with HIV increase. In South Africa, it is often the poorest communities that are mostly affected. The epidemic continues to grow, presenting more challenges and new opportunities as the world looks to the future (Ogango, 2013). The author further describes how the epidemic has evolved to become one of the greatest burdens on national health of most countries in the developing world and has placed a massive burden on a troubled health sector in South Africa.

The acknowledgment of HIV/AIDS as a social concern has resulted in a range of responses particularly from the DOH. A key finding of the 2012 survey by the HSRC stated that there had been an increase in the number of people receiving antiretroviral (ARV) treatment by mid-2012. The ARV treatment coverage in the country has seen over 2 million people receiving medication and has had a positive impact on the survival rate of people that are HIV positive.

The Department of Health has focused on a number of programmes in order to decrease the rate of infection. These include promotion of condom use (both male and female), "voluntary testing and counselling for HIV and STIs, voluntary medical male circumcision and programmes for preventing mother-to-child transmission and keeping mothers alive. In 2013, close to 7 out of 10 pregnant women living with HIV – 970 000 women – received antiretroviral" (ARVs) (WHO, 2014, p. 72).

Although commendable stances have been taken by DOH in combating HIV/AIDS in South Africa, there is still a need for more work to be done when it comes to HIV/AIDS education and awareness in South Africa.

1.3.2 The role of Non-Governmental Organisations (NGOs)

NGOs in South Africa have played an important part in addressing the HIV/AIDS crisis in South Africa especially in the townships (Myeza, 2008) through raising awareness about the disease. There have been campaigns and efforts from different organisation including the following that have been established to fight against the HIV crisis:

- Red Cross Society has concentrated on HIV/AIDS support, care and awareness efforts in Khayelitsha and Nyanga (Cape Town) through educational programmes particularly in schools and home based care programmes (Levy, Miksad and Fein, 2005)
- The Township AIDS Project (TAP) was founded by medical professionals in 1989 so as to educate and give factual information about HIV and AIDS to underprivileged people in South Africa's township (Township AIDS Project (TAP), 2012)
- LoveLife is a well-known HIV prevention campaign in South Africa that concentrates particularly on the youth. The focus of the programme is to integrate HIV prevention messages into their everyday lives. It was developed (in 1999) with the objective of reducing HIV, sexually transmitted infections and teenage pregnancy amongst the youth in South Africans. The project operates in youth centres that provide sexual health facilities, telephone lines, clinic as well as an outreach and mobile services that travel to remote rural areas to reach young people who are not in the educational system (Myeza, 2008).

Different NGOs have had positive influences and have saved many lives but the prevailing rates of HIV found across South Africa suggests a need for a holist approach that will cater for people's lives-spiritually, physically and emotionally.

1.3.3 The role of Faith-Based Organisations (FBOs)

The extent of the HIV pandemic – especially in a country like South Africa has prompted a call for greater engagement of all organisations and institutions, including FBOs (Keikelame, et al., 2014). Faith in God plays an important role in the lives of people worldwide. According to Ogango, "most people in the world identify themselves as members of one faith community or another and such faith communities are very significant in influencing people's behaviours and attitudes, especially in bringing about hope" (2013, p.5). However, in the trying times of HIV/AIDS, some FBOs have been accused of being a "sleeping watchdog", a "paper umbrella in the rain"; they have been accused of blocking attempts by secular organisations towards HIV preventions, and they have been accused of harsh judgments on people living with HIV/AIDS (PLWHA) (Chitando 2007, p. 21).

FBOs have proven in the past to contribute positively to people's wellness, focusing on the spiritual, physical and emotional aspects of human beings (Shatte and Reivich, 2002). The HIV/AIDS crisis is one that calls for urgent attention in order to reduce new infections and also to contribute to people's wellness by supporting those that are infected and affected. FBOs are ideally positioned in South Africa to address the HIV/AIDS crisis. For instance, they attract large crowds, meet frequently, and have been active in health and education sectors (Happonen, Jarvinen & Virtaned, 2009). Religious organisations are also significant at a social level - as a source of influence on people's way of thinking and behaviours. They consequently have a significant role in providing care and support for people living with HIV/AIDS (Watt, Maman, Jacobson, Laiser & John, 2009).

Research that has focused on the role of religion in people's lives (Regnerus & Salinas, 2007) documents a link between how people shape their identity and understanding of their realities and their religious beliefs. FBOs have an influence in the lives of many people, according to the authors, when religious leaders speak out about HIV/AIDS in a responsible manner, they have the ability to make an impact on HIV/AIDS prevention at a community level. Ogango (2013) highlights that, while some will argue that religious groups are primarily concerned with giving people spiritual services FBOs have also expressed their concern with the physical well-being of communities. FBOs are involved with people in all aspects of their lives and according to Brown (2011), they have been the one common place for people to turn to in times of need.

Kark, Shemi, Friedlander, Martin, Manor & Blondheim (2006) state that spiritual affiliation and church attendance are linked to improved physical and psychological health. This has been found across numerous religions and populations in different parts of the world. "Various explanations for this relationship exist, including the positive effect of social networks and social support provided by fellow members, and the role of prayer, beliefs, and religious practices in psychological well-being" (Oman & Reed, 1998)

"An HIV diagnosis may in fact strengthen religious convictions, as people look for solace and meaning when dealing with difficult life transitions" (Kelly, 2003, p.59). Leaders in the church or in any FBO are people of influence; meaning that religious leaders have the potential to play a vital role in challenging societies' beliefs, attitudes, and behavior related to HIV/AIDS. Faith-based organisations (FBOs) are an integral part of society and people's lives. Religious institutions contribute in shaping people's identities and ways of living. According to Breda and Wissen (2012)

it is for this reason that religion cannot be neglected in the fight against HIV/AIDS. Religion has so much influence and the leaders have the ability to bring about positive change when it comes to HIV.

1.3.4 Role of the Church in responding to HIV/AIDS

Historically, the church has been greatly involved in the lives of people in various ways-especially in the caring for people. "The missionaries who cared for social outcasts illustrated the church legacy of compassion in Africa" (Chitando, 2007, p. 9). Mane (2006) states that, churches must become a reliable source of information to members about sex and sexuality. This knowledge is required to understand HIV and it serves to educate congregation members, in addition the church has the potential to become an institution that is proactively participating in the fight and in the prevention of HIV. According to Van Klinken (2011). The inclination to reduce HIV and AIDS to the issue of personal morality has in many ways prevented the church from being the welcoming and caring community it is meant to be. Ogango (2013) points out that, the stance taken by some churches on taboo subjects has done little to alleviate the issue.

The primary challenge has been the stigma attached to an HIV diagnosis. Stigma and judgment create barriers to support networks for people infected/affected by HIV (Genrich and Braithwaite, 2005). It has become evident that a disease that is mostly transmitted through sexual activities creates division and confusion. It is pivotal to remember that "while the church definitely needs to hold on to basic truths, the era of HIV calls for a fresh understanding of these truths" (Chitando, 2007, p. 30).

There are churches that acknowledge the need to respond to the HIV crisis: At a general conference of the Seventh Day Adventist church (in America 2014) the following statement was issued addressing the consequences of the HIV/AIDS: "The church recognizes its Christian responsibility to respond to the global AIDS crisis and its devastating effect on humanity and wishes to respond in multiple ways which include extending the teaching and healing ministry of Christ, developing and managing AIDS education programs using the resource HIV/AIDS guide, modeling a lifestyle that upholds Christian values, advocating premarital HIV testing for both potential partners as part of the church-based preparation for marriage" (Adventist Year Book, 2014 p. 7)

The Ecumenical HIV and AIDS Initiative in Africa (EHAIA) of the World Council of Churches is also an organisation that has sought to care for the people infected with HIV/AIDS or at risk. Rev. Godson Lawson, vice chairperson in the Methodist church in Togo states that "to help vulnerable people, the church has initiatives offering protection, access to care and treatment, and counseling. This is a new area for the churches, but an important one, due to the rigid cultural mindset in our societies," (World Council of Churches, 2014).

Church leaders and those associated with faith-based organisations have the challenging task of speaking out truthfully and taking initiatives to reduce the spread of HIV/AIDS. Church leaders, as trustworthy and esteemed members of the society, are respected; their actions set an example for church members. The authority of the leaders affords them the chance to make a positive difference in reducing the rate at which HIV/AIDS is spreading. Messages on HIV/AIDS when communicated by church leaders are significant in challenging the beliefs and the behavioural patterns of their congregation about the epidemic (UNICEF, UNAIDS & WHO 2003).

The church is unquestionably an important presence in the spiritual, communal and economic lives of people. In Africa, the church is purposefully placed to make a difference in the context of HIV/AIDS. Chitando (2007) suggests that only when the church in Africa becomes fully educated in HIV, will the effects of the epidemic be significantly reduced. There has been great debate about the role of church with regards to how it has responded to the crisis of HIV/AIDS. 'Church' has the potential to be a driving force in offering services to the community for positive change. The suffering borne by individuals, families and communities call for intensified cooperation by every sector of society, including the church, to slow down and prevent the spread of HIV (UNAIDS, 2006).

1. 4 Rationale for the study

There are many different religions and some of them have been celebrating their faith, telling their stories and teaching their principles for thousands of years. Lugira (2009) acknowledges that religion is an important part of millions of people's lives across the Africa. In South Africa, the existing faith-based organisations have significant role to play in the decision making of its people. Brown (2009) argues that, not only are most South Africans religious, indeed Christian, but there are multiple faith-based organisations, many of which have significant social power. This makes the faith-based sector potentially one of the most powerful components of civil society in South Africa.

The motivation behind the study is an interest in understanding how a faith-based institution like the church takes care and supports its congregation, particularly with regards to the HIV/AIDS epidemic. The church is one organisation that has been associated with giving hope and support for people within the organisation. Churches around the world have been active in social matters

in order to bring about positive change. The researcher seeks to understand how this organisation has understood the HIV crisis and actions taken to be of influence to those infected or affected within the congregation they serve. South African churches are in a position to make a positive influence in the lives of many, especially to those that are marginalized as a result of HIV/AIDS. Since religion in South Africa plays a pivotal role in the lives of people, the need for further research that investigates the role of religion in the lives of South Africans is therefore imperative.

1.5 Problem statement and objectives

According to Ogango (2013), in some cases the church being an influential organisation has hindered the process of actively and positively addressing the crisis. There is very little evidence to show how the potential of FBOs have been or can still be tapped in preventing the epidemic (Keikelame, Murphy, Ringheim & Woldehanna (2014). It is for this reason that the study explores the role that this particular FBO plays in its response to HIV/AIDS. This research study will assess the responses from a select group of church leaders (belonging to a CESA church located in a suburb south of the eThekwini municipality) to the HIV/AIDS crisis. The aim of the study is to explore how the church leaders of a CESA church have responded to social phenomena affecting their church community, with specific reference to the HIV/AIDS crisis.

The objectives are:

- To understand the CESA church leaders' knowledge and awareness of social phenomena affecting their church community
- To describe leaders' perceptions of their roles in addressing social challenges with specific reference to HIV/AIDS within the church community
- To find out what their responses are to the HIV/AIDS crisis.

Key Research Questions

1.5.1 What is the church leaders' understanding of their roles in church?

1.5.2 What, in their view, are the social challenges affecting the church?

1.5.3 What is their response to these social challenges?

1.5.3 What is their knowledge of HIV/AIDS?

1.5.4 What is their response to the epidemic?

Summary

The HI virus has had devastating consequences globally but particularly in Sub-Saharan South Africa. The effects of HIV has demanded that action towards curbing and dealing with the virus be tackled by different institutions. In South Africa various organisations have taken the role of addressing the issues around HIV. However, institutions like FBOs are identified as needing to play more of an active role in the addressing of HIV related issues. It should be noted that a number of people in South Africa identify themselves as belonging to a FBO, and especially in times of adversity, people tend to turn to their spiritual beliefs for comfort (Hlongwane & Mkhize, 2007). This means that in South Africa FBOs are in a position to make a positive influence when it comes to addressing issues around HIV/AIDS. The study aims to investigate how the church, through its leaders, has responded to the crisis of HIV/AIDS particularly with regards to congregational members in which they serve.

Outline of the study

The dissertation is presented in five chapters

1. Introduction
2. Literature review
3. Method
4. Results and discussion of evidence
5. Summary and Conclusion

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

According to Webster and Watson (2002), a literature review is the process of reading, analysing, evaluating and summarizing academic materials about a chosen topic. This review is an evaluative report of studies found in the literature related to the particular area of study.

The review covers studies which will hopefully contribute to an improved understanding of FBOs response to HIV/AIDS. Current research shows the need for greater involvement from faith-based organisations in responding to HIV/AIDS. The theoretical framework (Church Family-based system approach) will be discussed as it advocates for faith-based organisations to have a "family metaphor as a responsive approach" (Magezi, 2005). According to this framework, the church needs to have a hands-on approach in caring and supporting those infected/affected by HIV/AIDS particularly those within the church family.

2.2 Definition of Faith-Based Organisations (FBOs)

There is no single acknowledged or recognized definition of a faith-based organisation. According to Ogango (2013) different authors have given a number of definitions. In most cases the term is broadly used to include any religious group or organisations influenced by faith. It can be an organisation that is non-profit run and initiated by religiously motivated incorporators. Casale, Nixon, Flicker, Rubincam & Jenney, (2010) states that

"FBO is used as an umbrella term to incorporate a multiplicity of entities connected to a faith community. The diversity among these organisations is likely one reason why an examination of their role in addressing HIV epidemic has been neglected for so long" (p. 136).

For the purposes of this study, the researcher defines faith-based organisations as Christian church institutions. A particular institution will be researched for its role in addressing HIV/AIDS: the focus is on a select sample of CESA churches located in a suburban, south of the eThekwini municipality

2.3 Review of research

2.3.1 HIV/AIDS as a social challenge

HIV/AIDS has become a health and social concern that cannot be swept under the carpet or ignored. As pointed out in the previous chapter, South Africa (SA) is greatly affected by HIV/AIDS and the persistent growth of the virus has become a problem affecting people from all walks of life. Empirical evidence on HIV/AIDS reveals that the spread of the virus in South Africa is perpetuated by a number of different issues. Keikelame et al. (2014) point out that

The epidemic is aggravated by circumstantial factors including poor public health facilities, poverty, gender-based violence, high unemployment and lack of basic services such as housing, electricity and water for many citizens.

It is important to note that HIV/AIDS does not only have physiological effects, but also major psychological effects. Watstein and Chandler, (1998) argued that

"The psychological or internal challenges a person with HIV/AIDS faces vary from individual to individual. Each HIV/AIDS situation is as unique as the people involved. There are individuals who might face catastrophic changes not only in their personal and job relationships, but in their physical bodies and in their self-images and self-esteem."

HIV positive people experience the diagnosis of their HIV+ status on different levels with some feeling victimized as a result of their status. Research that focuses on positive responses from different communities towards HIV+ people has the potential to have influence people's physical and emotional wellbeing. This type of research is vital, particular as stigma related to HIV is still an issue and can have devastating effects for those diagnosed with HIV/AIDS.

In SA, stigma and rejection related to supposed HIV diagnosis causes many people to postpone or refuse HIV testing (AIDS foundation in SA, 2011). Von Donk (2006) acknowledged stigma and discrimination, along with gender inequality as the primary factors contributing to HIV risk and susceptibility in most countries. Stigma and judgment create several obstacles to voluntary testing and management, care and support networks for individuals infected and affected by HIV/AIDS. Awareness and educational programs from different NGOs and departments in South Africa have been made available, but it seems there is still much work to be done in combating HIV/AIDS.

The topic of HIV/AIDS is one that has been researched widely in a number of disciplines. Medical research has attempted to treat, prevent or to cure HIV, studies about the nature of HIV as an infectious disease has been researched and the effect of HIV and AIDS on the lives of people has been widely investigated (Levy, 2009). When it comes to people's emotional well-being and societal aspects of HIV/AIDS, studies that focused on HIV/AIDS and FBOs have highlighted how religious and spiritual practices can have positive benefits on one's health and emotional well-

being. These studies have also identified a need for greater involvement from these organisations in order to bring about positive change. Faith-based communities have been identified as being ideally located to respond to the challenges of the epidemic and to provide movements that reach communities and family life

In a study conducted by Keikelame et al. (2010) which looked at the perception of HIV/AIDS leaders regarding FBOs' influence on HIV/AIDS stigma in SA, it was revealed that while some action to address stigma was being taken by FBOs, at the same time they also contributed to stigma and discrimination through associating HIV/AIDS with sin and issues of sexuality and morality. The study used in-depth interviews with 34 senior level key participants who act as decision-makers in the response to HIV and AIDS in South Africa. This six-country international study was aimed at examining perceptions of how FBOs have contributed to a decrease in HIV risk, susceptibility and related impacts. The findings that arose from their research pointed out that there is a need for more involvement from all institutions including FBOs in responding to the HIV/AIDS crisis. The authors acknowledged that FBOs are known to play a vital role in giving care and supporting those affected by HIV and AIDS, but evidence in regard to their actions in the context of dealing with stigma is limited. Skinner and Mfecane, (2004) point out that stigma often hinders and weakens efforts directed at HIV and AIDS prevention, treatment and care by creating fear and stigmatising behaviour, particularly among those who are most in need of these services. The problem of HIV stigma and discrimination is not only a reality in SA. Research from other countries where HIV is a problem have observed similar findings regarding stigma related to HIV/AIDS from FBOs

Genrich and Brathwaite (2005), in a study on responses of religious groups to HIV and AIDS as a sexually transmitted infection in Trinidad and Tobago (T&T) conducted in-depth interviews with 11 religious representatives from 10 Christian, Hindu and Muslim denominations.

This study found that the HIV/AIDS epidemic in the Caribbean region is driven by stigma and discrimination. The findings from the study revealed that, religious leaders and representatives expressed a level of acceptance of HIV/AIDS and upheld compassion for PWHA; at the same time some statements from the participants suggested that HIV/AIDS stigma is still prevalent in Trinidad's religious organisations. In these instances HIV/AIDS was associated with an immoral lifestyle and/or homosexuality. The authors also pointed that there is a possibility of fear when it comes to testing perhaps as a result of the stigmatisation of HIV throughout T&T society. According to the authors T&T is a spiritually-aware society in which religious leaders are greatly esteemed, have good relations with the community at large and maintain significant roles in policy making. Genrich and Brathwaite (2005) point out how these leaders are in a position to use their influence to endorse HIV/AIDS awareness, fight stigma and discrimination in society and facilitate healing for people living with HIV/AIDS in the country.

Ucheaga and Hartwig (2009), in their study of religious leaders' response to AIDS in Nigeria, reported that the country currently ranks number three worldwide in total numbers of people infected (with HIV). The study reviewed HIV policies gathered from the national church and mosque offices. 48 key informants from 10 churches and two mosques were interviewed. The authors mentioned that in a country where the population identifies as either Muslim or Christian, the role of religious institutions cannot be overlooked in the fight against HIV/AIDS. The findings of the study revealed differences in messages between mainstream and Pentecostals Christians and

Muslims. The findings of the study indicated that religious institutions are already playing a role in HIV prevention but their responses are not consistent. Pentecostal churches tended to have more messages of punishment and disapproval for people infected with HIV while urban churches/mosques tended to have more HIV resources and programmes for those infected. Ucheaga and Hartwig (2009) recommended that "public health organisation and policy-makers need to be aware of the denominational difference as they engage with religious institutions and leaders in HIV prevention and care" In another study conducted in Nigeria, Smith (2004) found that the leading religious discourse describe HIV or AIDS as an epidemic brought by God and that religious beliefs provide a justification for those in danger and those who are not. These kinds of beliefs can lead to an undermining of risk. HIV/AIDS related stigma is progressively being considered as one of the crucial drivers of the epidemic. In the South African context, the church perpetuates HIV/AIDS related stigma and this is usually seen through moralistic attitudes (Campell, 2011).

The studies above highlight a need for FBOs to play a more active and consistent role in the fight against HIV/AIDS. HIV/AIDS is usually seen as an issue needing medical response, however the need for psychological and spiritual interventions has also been acknowledged. Institutions such as FBOs in South Africa can play a key role in determining people's perception regarding HIV/AIDS.

2.3.2 FBO responses to HIV/AIDS

Faith based organisations play a critical and influential role in the lives of many people throughout the world. "Christian faith communities exert a powerful influence in the communities where they

operate and have credibility in the society, which is perhaps one of their major assets" (Eriksson, 2011, p.16). The church has the potential to make a positive influence in the fight against HIV. Ogango **(**2013) points out that some churches and church organisation have presented a keen interest in educating people regarding HIV, while some have shown a weakened response. From the beginning of the HIV crisis, a number of churches and church organisations have been active in educational programmes to prevent HIV/AIDS and to provide support. For instance, Project Gateway in Pietermaritzburg which is situated in the province of KwaZulu-Natal is one of a few church based, non-governmental organisations that partners up with national, international people and agencies that assist in providing care and support to the most needy. This is one of a few FBOs that is openly working to bring about hope, care for those affected and infected. (Project Gate, 2014). The Church of England in South Africa (CESA) has also made it part of their church mandate to be an influential institution in the fight against HIV/AIDS. In the CESA handbook of procedures (2011), an HIV/AIDS policy document was included. The document makes it clear that the epidemic is a problem affecting everyone, "whether personally living with the virus or caring for those in our families and communities. We (the church) recognise that many have been left destitute as a result of AIDS; in particular we recognise the plight of Orphans and Vulnerable children and the role that we as a church should play in alleviating their suffering and enabling their integration into society" (p. 65). The handbook points to the importance of training their staff on HIV/AIDS in order to care for the congregational members and their communities at large. The recognition of HIV/AIDS as a problem affecting society is evident from the document and the acknowledgment by leadership of the church highlights the importance of FBOs involvement in the fight.

Kowalewski (1990) highlights that people who are part of faith-based organisations have associated belonging to these institutions as part of what keeps them going. In an article on "a critical historical analysis of the South African Catholic Church's HIV/AIDS response", Joshua (2010) states that the influx of Christian missionaries in South Africa in the 19th century, resulted in the increase of missionary hospitals. This further resulted in the health sector initially being dominated by privately owned Christian organisations. In the article, Joshua further argues that whilst some religious individuals and institutions are unwilling to approach the question of HIV/AIDS, a few others, such as the Catholic Church, have built themselves up in knowledge and skills needed to make a difference. In his article, Joshua describes two studies; an oral and a literature study. The literature study entailed data collection from different sources (archives, Catholic magazines and any published articles in order to record activities and statements regarding HIV/AIDS that occurred in the Catholic Church. The oral study entailed interviewing Catholic dioceses in KwaZulu-Natal. The article reported that "The Catholic Church in Africa is estimated to have 158 million Catholics in Africa alone" (Boyce, et al 2007). The Catholic Church has given much required care to a significantly large number of HIV patients in very unlikely locations. Joshua further notes that Catholic care and treatment activities have had a positive impact on SA's public health policies. On the other hand, the involvement of the Catholic Church in responding to HIV/AIDS has led to much controversy.

"Catholic leaders insist that the problem (of HIV/AIDS) is promiscuity, and that the prevention message therefore must be one of morality and adherence to abstinent living. NGOs, AIDS activists, and some of the more liberal Catholic leaders argue that human beings will continue to practice their sexuality regardless of religious condemnation, and that condom use must be encouraged in order to save lives" (Joshua, 2010, p.440).

There have been debates around the use of contraception, particularly condom use within the Catholic faith. In an article about the Catholic faith, Noonan (2012) stated that

"HIV/AIDS is causing devastation throughout Africa, with consequences that are physical (debilitating illnesses and mortalities), social (widespread stigmatization, isolation and overflow of patients, the struggle to care for AIDS orphans), and emotional (coping with the loss of family members or one's own infection, disloyalty from one's sexual partner, etc. Many African Catholics look to their Church for direction and support, and the unflinching order of abstinence (and in turn, the condemnation of condoms) does nothing to help.

From the above statements it is still evident that the debate around HIV/AIDS is one that brings about challenges for churches mostly because of the sexual connotation of the disease which serves to further complicate responses by FBOs. Chitando (2010) argues that the HIV and AIDS epidemic raises problematic theological questions in the areas of creation, human behaviour, the nature of sin and death, Christian hope for eternal life and the role of the church as body of Christ. Moreover the reality of HIV/AIDS raises issues, such as sexuality and mortality, which stir and challenge people in a personal manner. The issue of "how to deal with HIV/AIDS and sexual health rights is a complex issue everywhere in the world, involving all areas of life and therefore morality" (Benatar, 2004). Religious organisations and leaders have often encouraged a moralistic view of abstinence and exclusive relationships as a way to prevent the spread of HI virus, fighting against NGOs that encourage safe sexual practices while claiming not to approve any particular sexual morality.

In a case study by Hartwig, Kissoioki and Hartwig (2006), 15 male and female Tanzanian church leaders participated in a workshop to evaluate their HIV health promoting activities after a series

of HIV/AIDS and reproductive health training sessions. The study revealed levels of ambiguity from the church institution when it comes to responding to HIV. The authors state that multiple literature reviews of FBOs in HIV/AIDS care and prevention "documented how religious institutions have played both a supportive and mitigating role but also contributed to the problem of stigma" (p32). It is clear to see that churches are ideally placed to deal with HIV/AIDS, that they can promote compassion, acceptance and care for those in need; they are well located within communities and have an understanding of local needs; churches have long histories of delivering health care and other social services in underprivileged and underdeveloped areas.

At the same time churches have been involved in disapproving or rejecting PLWHA, Chitando and Chirongoma (2013) state that negative sanctions such as forcing HIV-positive staff and church members out of churches, convincing them to acknowledge and admit the 'sins' that led to their infection, and leading congregations in special prayers for HIV-positive congregational members who may be facing condemnation for their status. One of the major concerns when it comes to FBOs responding to HIV/AIDS has been of disgrace and judgment.

The reality for a lot of churches today is that stigma continues to hamper the churches efforts to deal with the issue of HIV/AIDS. Chitando (2007) also makes the point that, some churches draw a connection between HIV/AIDS, condom use and immorality in a way that risks undermining HIV prevention efforts by proposing that only non-Christians are at risk, with church members less likely to be at risk of being infected with HIV. "Church members distance themselves from the 'immoral people' that HIV prevention messages target" Lagarde et al.(2000, p.45), in a cross-sectional study of a rural area in central Senegal, conducted questionnaire-based interviews with 858 adults and the general population aged 15-59. Four religious leaders were interviewed. The

findings of the study highlight the need to strengthen the involvement of religious leaders in HIV and STD prevention at the local level.

Church leaders find themselves in "dis-ease/un-ease" as to how to communicate issues related to sex and sexuality openly. The tendency to reduce HIV/AIDS to issues of personal morality has in many ways inhibited the church from being the warm and loving family it is meant to be (Chitando, 2007, p. 20). The topic of sex and sexuality has held back numerous churches from responding to this predicament. Some churches (including CESA) have attempted to deal with the problem of sexuality and preventive measures by indicating the importance of teaching church staff and congregational members about suitable lifestyles, specifically with reference to abstinence and fidelity, in the context of the Christian faith. CESA in their church Handbook of Procedures have this to say about their stance on prevention (2011) "With regard to the promotion of condom use, CESA will promote the appropriate use of condoms where abstinence has not been chosen and human life must be protected" (p. 63). This stance by CESA is commendable but as mentioned above, a number of churches struggle with balancing caring for their church members and having to openly communicating sex and issues related to sexuality in a manner that is not condemning.

In a study by Ansari and Gaestel (2010), Senegal is described as a 'model country' in the battle against HIV/AIDS because of the low HIV occurrence in the population and the concerted efforts of prevention since the start of the epidemic. Despite these accomplishments, stigma and prejudice continue to be a reality for people living with HIV and AIDS as the transmission of HIV remains linked to immoral behaviour and lifestyle. The views held by some religious leaders emphasize labeling and promotion of social disintegration. Hasnain (2005) in Ansari & Gaestel (2010) argue that the necessary environment for safe disclosure of people's status might not be supported by the

current social, cultural and religious frames found in Muslim communities and that HIV-related stigma may be more distinct in such cultures. The authors acknowledge that Christian and Muslim leaders may have played a vital role in Senegal's success in sustaining a low prevalence but there is a need for more work to be done in order to challenge the attitude and beliefs that facilitate HIV-related stigma and discrimination.

The church can be seen as a crucial player in HIV care and prevention. Keikelame et al. (2010) point out that FBOs have been reported to be involved with communities at the grassroots level, providing HIV/AIDS-related services such as education on prevention, care, support and treatment to a large number of communities. Joshua (2010) stated that "that the church became an asset, an agency as well as a liability in the community's search for health within the context of the HIV epidemic" (p. 39).

2.4 Central Theoretical Framework - Church family-based systems approach

Richardson's (1996) church family-based systems approach is used in this study to show how the church can be a suitable institution to play an active role in dealing with the HIV/AIDS epidemic. This approach points out that one of the "keys to functioning in a healthy manner as a church is for the leaders to look at the church as a system rather than as a collection of isolated people" (pg.26), that is as a family. He states that "people can only be understood fully within the context of their relationships and highlights that congregational members are affected by each other's behaviour as no one lives or acts in isolation" Richardson (1996) points out that in the systems model there is a recognition of the intricate interconnections between people in the church. The family systems approach stresses the need for a balance of "individual responsibility and community awareness, concern, and connection" (p. 27).

Smit (2003) says that the church needs to see and respond to the suffering people. Magezi (2007) adds that Christianity should not be a sterile objectivism, a transcended dimension that dismisses the realities and suffering of being human. It should understand the Christian truth in terms of human experience in the world (p. 79)

The challenge for the church is to translate God's word in relation to people in a practical manner; this is where the family metaphor can be used as a 'responsive paradigm'. According to Tanye (2010), the idea of church as a family of God is a New Testament concept, which is deeply rooted in the familial conception of strong relationship cohesion of the then Mediterranean world in which the Jesus movement started. The church should be experienced as a family of God; this is an idea with deep biblical roots originating from Jesus Christ and entrenched in the cultural setting of the time. Tanye (2010) adds that, Paul (an apostle of Jesus) in the Bible also uses images of the body to highlight the fact that all Christians belong to one another in Christ and should live in unity (p. 164). Paul sees the church as a family when he instructs Timothy to act as though all the church members were part of a larger family. (1 Tim 3: 14).

Magezi (2005) further states that the Bible uses a wide range of images to define what the church is like. Some of the metaphors or images that can be identified in scripture are church as family, kingdom of God and body of Christ (1 Cor 12:12-27). The author highlights that church members can effectively live as members of God's kingdom by embodying the family metaphor. The church metaphor is based on imageries of the church as a family and the expectation is that the church leaders will respond to social realities in a practical manner in order to make sure that the congregation is looked after. These metaphors appear to help in appreciating the privilege that God has given His followers in including them into the family. The fact that the church is likened

to a family should increase the love, care and fellowship within the church and all its members, also this should increase the ability speak openly about issues and to support church members in need (Louw, 1998).

The family metaphor hinges on the assumption that, "for the church to be a practical and effective conduit of God's love and compassion to the HIV/AIDS infected people, it should translate the gospel to real life situations" (Magezi, 2005, p. 14). The transformation of the gospel to people's life experiences can be possible through the mutual care from the people in church. In the church, each member functions in relation to each other member in that system. "We develop our identity as church members and leaders in relation to the identity of others in the church" (Richardson, 1939, p. 29)

Nessan and Craige (2007) point out that the church needs to become a place where word and action come together, i.e. the mutual care and service within the fellowship of the body of Christ needs to be evident.

According to Magezi (2007) the family imagery plays a key role in understanding the church and what is stands for. The principle attitudes and actions in God's family are reflected in John's Gospel (in the Bible) by words like love, knowledge, service, obedience, friendship and honour. The author further adds that these attitudes and actions must characterize the family of God in our day. When it comes to HIV/AIDS, the church should be able to apply the family metaphor in order to care for each other in different ways and according to needs: giving of information (knowledge building), caring and ultimately pointing believers to the hope they have in Christ. HIV should not be a disease that is outside the reality of churches in Africa, churches need to find a way to increase knowledge and offer initiatives for fellow believers without judgment. There are many

people who look for meaning and comfort from the church but on the other hand, there has been minimal attention given to people suffering from HIV/AIDS from church and the leadership (Chemorion, 2009).

HIV/AIDS infection affects different aspects of a person's life. Those with HIV/AIDS often experience emotional reactions such as stress, rage, anguish, helplessness, depression to name but a few. People infected/affected need all the support and care they can get; studies have shown that those infected/affected do well when they are able to find spiritual support or belong to FBOs (Jones, 2011). In the South African context especially in the province of KwaZulu-Natal, HIV/AIDS is a reality affecting millions of people. This topic is one that cannot be disregarded, there are many people within the province that are in need of hope and support as a result of the detrimental effects of the disease.

Churches are institutions that are known for supporting people and a place where believers can build each other up in the knowledge of Christ and his love, it is an organisation that allows people to find refuge in God and in each other. Brown (2011) points out that the church is meant to look out for each other (members within the church), love others, and support the poor and needy.

According to Mane (2006), churches can be and in some cases already are powerful actors in the field of HIV prevention. Churches can and must become the trusted foundation for information to their members about sex and sexuality. This knowledge is required in order to understand HIV and preventative measures (WHO, 2014). In addition the church can become an institution that is able to proactively deal with and the prevention of HIV as a family. Jones (2011) recognizes that we live in a society where we are constantly bombarded by sex, ravaged by unplanned pregnancies and widespread sexual abuse and dysfunction but religion has failed to put sexuality in a useful

context. Happonen et al (2009) suggest that when there is knowledge, understanding, a positive disposition, and skills related to HIV and AIDS, it should lead to a favourable response. The church family-based approach highlights that when church leaders are able to view the church as a family and respond to the social realities facing the church, there is bound to be a positive change toward HIV and other social challenges experienced by people in the church. This has the potential to create not only support for those infected/affected but to create a healthier church family

Summary

The present study explores responses to HIV/AIDS in a select sample of CESA churches through the 'church as a family metaphor 'approach. HIV/AIDS is not only a heath concern but a social distress affecting people from all walks of life. This is a disease that cannot be overlooked especially with rates of infection being unstable in Sub-Saharan Africa. Research indicates that stigma around the disease has led to judgment and lack of awareness amongst other things and this in turn has created obstacles in the support given to those infected and affected. Faith-based organisations like the Christian faith have been institutions known for giving support and looking after those in need.

The research reviewed indicates that faith based organisations have the potential to be influential in the fight against HIV/AIDS since people associate belonging to these institution as part of what keeps them going. When Christian communities view church as family and respond to social realities, they have the potential to raise awareness and provide care for those infected and affected.

CHAPTER THREE: METHODOLOGY

This chapter focuses on the qualitative research approach used in the study. The qualitative approach aims at enriching our understanding of human experience (Bernard, 2006). It is flexible and allows for greater freedom of the interaction between the researcher and the study participants (Cresswell, 2009). The research process, sample, instruments and procedures used are described in the following pages.

The aim of this particular study is to explore faith-based leaders' responses to HIV/AIDS, with special attention to a CESA church located in a suburb south of the eThekwini municipality.

3.1 Research Approach

Qualitative methods allow the researcher to get a better understanding of the phenomena that is being researched by probing into participants' experiences and understanding. According to Snape and Spencer (2003), qualitative research is an approach concerned with understanding the meaning that people give to phenomena within their social setting. The authors mention a number of key elements which distinguish the qualitative approach: it is based on a small scale sample, uses interactive data collection methods, for example, interviews; it allows new issues and concepts to be explored and provides a deeper understanding of the social world.

Grounded theory has been chosen as the specific approach for this particular research study. According to Creswell (2009), grounded theory is "a qualitative strategy of inquiry in which the researcher derives a general, abstract theory of process, action, or interaction grounded in the views of participants in a study" (p. 40). The study as mentioned above, aims at gaining an understanding of the church leaders' responses to HIV/AIDS. This will happen through interviewing the participants on knowledge relating to HIV/AIDS and then obtaining accounts of their responses to the issue. Charmaz (2014) further states that, grounded theory approaches comprise of systematic,

yet flexible guidelines for collecting and analysing data to construct theories "grounded" in the data themselves.

3.2 Sampling strategy

Theoretical sampling is an essential part of the grounded theorizing introduced by Glaser and Strauss in 1967. Theoretical sampling strategy was used in the selection of the participants. According to Charmaz (2014), the term theoretical sampling involves "seeking pertinent data to develop your emerging theory' (p. 96). This procedure allows the researcher to decide on the type of data to be collected and where to find the data in order to develop a theory as it arises. It requires the researcher to collect data and start the process of analyzing simultaneously.

3.2.1 Sample selection

The researcher targeted participants who were best placed to provide the relevant information regarding the subject matter, that is, people in a role of leadership from the churche.

The initial criteria for this study:

- People holding a role of leadership in the church
    - The participants had to be recognized members of the particular church.
    - They also needed to be assigned to a particular leadership role in the church

It is important to note that people who hold a role of leadership are not merely congregational members but are people who inform activities and make decisions regarding the running of the Church.

The researcher's interest in Faith-based leaders' responses to HIV/AIDS with a focus on CESA churches led to a conversation with the particular church located South of eThekwini municipality. An email and a formal letter were sent to the head pastor of the church requesting permission to conduct research (see Appendix D). The researcher visited the head pastor to discuss the research interest in HIV/AIDS, particularly leaders' responses on the subject. A meeting was held with leaders of the church and again the purpose of and the need for the research was explained to them. The meeting was fruitful and permission was granted, the head priest accepted the request to conduct the study with the church leaders and also with the student ministry division (branch) of the church. A request was made by the head priest before data collection was underway to be kept up to date with the results and for the researcher to be part of a team that introduce talks to the church congregation about the topic of HIV/AIDS

3.2.2 Description of the sample

The church involved in the study had two divisions, the one was the main mother church that oversees all activities of the church and the second is the student ministry of the church (the daughter church). This is a standalone ministry although it is still part of the mother church. Participants comprised of leaders from both divisions of the church.

The church leaders in this study were representative of the church demographics. Nine out of twelve participants were successfully interviewed for this study. The backgrounds of the leaders vary from working to middle class backgrounds. Table 1 gives an overview of the participants who were part of the study.

Table 1: Demographics of participants enrolled

Number enrolled: 9 participants

Church Affiliation,	Distribution by Gender	Age range	Level of education	Home language
Mother church: 3 Student Ministry: 6	Female: 5 Male: 4	21-30: 5 31-40: 4	Some level of tertiary: 1 Completed tertiary: 6 Post Graduate study: 2	IsiZulu: 3 English: 4 Sesotho: 1 Swahili:1

The leaders that participated in the study had voluntarily made a decision to be part of the study. The participants comprised of 5 black and 4 white South Africans. There was no requirement from the researcher with regards to the racial demographics, and the availability of the leaders also determined who was interviewed for the study. It is important to note that the leaders' roles are not fixed to a particular division of the church: some of the participants mentioned roles that required them to serve in the student ministry as well as in the mother church. Of the 6 participants affiliated to the student ministry, 4 mentioned having roles that required them to serve in the mother church as well**.**

Most of the participants interviewed fell between the age group of 21-30 year and 31-40 year age group with one participant in the 41-50 year age group. In the youngest group there were 3

participants, 2 female and 1 male. In the 31-40 year age group, there were 2 males and 2 females. There was one male participant in the 41-50 year age group. Of the nine participants, six had completed their tertiary education. The academic accomplishments of the participants indicate a group of leaders of qualified individuals.

3.2.3 Sample involvement in CESA

The involvement that is referred to is the involvement of the leaders in a church leadership role. For some of the leaders, the roles had changed over the years but still they have maintained some sort of leadership role. Of the nine participants, 3 had served for a period between 1-2 years. A further three have served for a period between 3-5 years. The rest of the participants have served between 6-9 years in the church. It should be noted that two of the leaders interviewed had moved to a different division of the church although still serving under the same denomination. These participants have since moved to Kenya and are actively involved as leaders (pastor and children's worker).

3.3 Data Collection

There are a number of tools available to researchers within qualitative investigations, for example interviews, focus groups/group discussions, observation methods). For purposes of this study an in-depth semi-structured interviews were used.

3.3.1 Semi-structured interviews

Friesen (2010) states that in-depth interviews are most suitable for situations in which you want to ask open-ended questions that elicit the depth of information from relatively few people. Duffy, Ferguson and Watson (2002) highlights that in semi-structured interviewing, the researcher requires focused information and asks specific questions to gain it, and the researcher opens the discussion, listens and uses prompts to guide the participant.

The use of semi-structured interviewing allows the researcher to be flexible in her approach and according to Rose (1994) semi-structured interviewing allows the interviewer to pursue topics of specific significance that relate to the research question. The author further states that this method (semi-structured interviewing) allows for exploration and clarification of responses made by the participant as well as letting the interviewer use prior knowledge during the interview process.
An interview guide, which is essential in semi-structured interviewing, was used to guide the interview process. Charmaz (2014, p. 56) acknowledges that in grounded theory, the interviewer develops and uses an 'interview guide.' An interview guide is a list of questions and or topics that need to be covered during the conversation, typically in a particular order. The author further states that the interviewer follows the guide, but is also able to follow topical courses in the conversation that may stray from the guide when he or she feels this is fitting.

For this particular study, the researcher set out to understand the leaders' beliefs and experiences of social issues affecting the church with special attention on the topic of HIV/AIDS in a country that is highly affected by the pandemic. The interview guide was developed according to the guidelines described by Miles & Huberman (2013), the interview guide consisted of four key areas of inquiry, mainly the leaders' involvement in the church and how long they had served in the

church. The leaders were also asked about the involvement of church leadership in the congregational members lives, particularly focusing on social concerns that people in the church experience. The leaders were questioned about HIV/AIDS as a social concern and their views regarding the topic. The last area of inquiry was around ways in which the church has responded to HIV/AIDS and possible recommendations around responding to HIV/AIDS on a congregational level. (Interview guide can be found Appendix B)

3.3.2 Informal discussions

Apart from the formal interviewing that took place between the researcher and leaders of the church, informal interviewing was used. This means that the researcher was able to elicit further information about the phenomena in question in conversation with the leaders after the formal interview took place. The conversation was informal and the participants generally reflected on areas of questioning that they found interesting or challenging. This information was later recalled and kept as field notes.

3.3.3 The fieldwork process

The interviewees decided on the day, time and the venue that was suitable for them. This allowed the participants to be comfortable in their own setting. Of the nine participants, four asked to be interviewed at the church building, three at the Howard College campus and two asked to be interviewed at their homes. Interviewing in grounded theory generally focuses on social processes or activities: they ask about what happens and how people interact. Following procedures of grounded theory, semi-structured interviews were conducted. Grounded theory studies begin with open questions and the researcher takes the stance of knowing little about the meanings that drive

the actions of the participants. This approach maintains open-mindedness in the early phases of the field research (Sbaraini 2011). Accordingly the researcher asked questions that helped her understand the perceived roles of church leaders better. The researcher further asked questions that were open ended, and emphasis was on social concerns and responses thereof. The head pastor encouraged the leaders to be part of the study but the researcher reminded the participants before each interview of their voluntary participation in the study.

Each participant was interviewed once and the interviews varied from 30 to about 60 minutes. Participants were given an option to choose the language they wanted to be interviewed in and all the participants felt comfortable to be interviewed in English. Participants signed the informed consent before the interviews started and the study was explained to them. Permission for recording was requested from participants and all nine agreed, the participants also signed consent to be recorded (Appendix C). Confidentiality was emphasized to the participants and that their identity was to remain anonymous. The participants were also encouraged not to answer questions they felt uncomfortable with and were told they could choose to withdraw from the study if and when they felt the need.

The sample that was chosen was from a church located South of the eThekwini municipality. Nine participants were interviewed.

The first three participants were interviewed in February. A further three participants were interviewed in the month of April and the last three interviewed at the end of May. The period in which data collection was a result of the difficulty experienced in finding a common time for the leaders and researcher.

- **Note-taking**

After each interview the researcher wrote down key issues observed or discussion that happened after the formal interview. One of the important points made by the leader in charge, was that the researcher needs to return to the church to assist in finding ways of tackling the matter of HIV/AIDS and ways of talking about the silent killer. The request extended to engaging with the other leaders within the church on ways of dealing with social issues experienced by congregational members when it comes to issues of HIV/AIDS.

- **Interview dynamics**

It should be noted that the researcher had had prior contact with most of the leaders who were interviewed. Also, the researcher has been a member of the community that is being researched. Since the researcher was someone familiar to the leaders, it was easy to create rapport with them. At the same time the researcher was conscious throughout the process of data collection that it was difficult to draw boundaries around one's roles as a researcher and the private relationship with the interviewees. Nevertheless the participants were eager to share their experiences about their leadership roles and experiences in taking care of fellow church members

The topic HIV/AIDS and responses to the virus is a sensitive one but some of the leaders were able to easily engage with the questions asked. Dwyer and Buckle, (2009) explain that insider researchers are usually able to engage their participants more easily and use their shared experiences to gather a richer set of data. The insider position allows the researcher to gain entry

into the community that might not otherwise have been accessible to a researcher who did not share those characteristics in common. At the same time the role of outsider (as a researcher) brought with it challenges in that some leaders were suspicious and defensive with their responses.

Charmaz (2014) mentions how one's status appears to gatekeepers and prospective research participants and how this influences the effectiveness in finding suitable people and conducting the interviews. Some of the participants verbalized feelings of anxiousness before the interview and that they were worried about being exposed for not having enough knowledge on the topic of HIV/AIDS. This matter was resolved by explaining the informed consent, confidentiality and anonymity was guaranteed. Also the researcher emphasized that the research is not meant to 'paint' the leaders in a bad light but to explore their views on some of the social realities that people in their congregation might be experiencing or are having to deal with.

Although the questions were made available in both IsiZulu and English, all the participants requested the interviews to be conducted in English. The interviews were all recorded and material transcribed.

3.4 Ethical Considerations

An ethical clearance form was filled by the researcher and submitted with the proposal of the study to the ethics committee of Higher Degree at the University of KwaZulu-Natal. The researcher had to familiarize and sign an undertaking to comply with the University's "Code of Conduct for Research". Once approval was granted, the researcher proceeded to collect data

The informed consent highlights the rights of the participant and the nature of the research study. Singleton and Wadsworth (2006) clarifies that the right to privacy is the individual's right to choose when, where, to whom and to what degree the respondents attitudes, beliefs and behaviors will be revealed. In this research, participants were guaranteed that pseudonyms would be used and that confidentiality is assured. Participants were also told that all information produced would only be used for the purpose of the study and that the only people who would have access to the data will be the researcher and the supervisor.

3.5 Data Analysis

To make sense of the data collected, the grounded theory approach was used to analysis the data. According to Mills, Bonner and Francis (2006) Grounded theory is a commonly used qualitative research methodology; this method seeks to inductively distil issues of importance for specific groups of people, constructing meaning about those issues through analysis and the modeling of theory.

It should be noted that in grounded theory data collection and analysis happens concurrently from the beginning of the study. This strategy of constant comparison involves taking one piece of data (one interview, one statement, one theme) and comparing it with all others that may be similar or different in order to develop conceptualizations of the possible relations between various pieces of data. Continuous comparison analysis is well suited to grounded theory because this design is specifically used to study those human phenomena for which the researcher assumes that central social processes explain something of human behaviour and experience. The constant comparative

analysis described data above, guided the analysis of the data collected in this study until core concepts were saturated (Glaser and Strauss, 2009).

The analysis process in grounded theory has different levels, according to Pidgeon and Henwood (1997), who mention the difficulties experienced by researchers starting out on qualitative research for the first time or for undergraduate/postgraduate where time and resources present particular challenges. Taxonomy development, local theoretical reflection and fully-fledge grounded theory are typical project goals which might be attained through grounded theory. The researcher focused on local theoretical reflection as a research goal in order to allow for resolution and write up in a short time frame (Pidgeon and Henwood, 1997, p. 266)

The initial stage is the coding of transcribed data, and this process happens straight after collection of data. Coding begins the emergent process of analysing data in grounded theory. As Pidgeon and Henwood, (1997) explain, "the coding proceeds not only will the list of concepts expand, but also concepts will begin to recur in subsequent paragraphs or transcripts"

A code is a way of organizing data in terms of its subject matter (Dick, 2000). After the interviews, data that was recorded was transcribed by the researcher. The transcriptions were printed and read. The first set of data was read, codes were developed from what the data which had relevance to the topic being studied. The second transcript was coded with the first set of interview in mind (Dick, 2000). The rest of the interviews were coded with the emergent codes in mind, recording new codes that were of relevance. During the process of coding, there were some general codes that were identified and some more specific.

The codes were then compared to form categories. In the discussion the different categories that came up during data analysis will be discussed. There were eventually two categories that had high

frequency of mention which other categories could be merged with (Dick, 2000). These categories were eventually linked to form one.

After coding, during the middle stage of analysis, the focus concentrated on central categories and using their definition to suggest new interpretation and sample of data needed to explore implication (Pidgeon and Henwood, 1997). The process of coding can be interrupted at any point by the collection of more data if required. Later stages of analysis are also likely to involve attempts to incorporate the emerging categories by creating links between them. Glaser and Strauss (2009) suggest that activities such as refining the indexing system, memo writing and category integration can provide useful resources for taking the analytic process forward. The researcher focused on local reflection in analysing data, according to Pidgeon and Henwood (1997) the goal for this type of analysis would be to attempt theoretical comparison between the emerging analysis and existing theoretical accounts of the problem domain. The authors mention that such theoretical comparison is important during the later stages of analysis to enrich the analysis and also to provide the researcher with at least some distance from the research material.

- **Memoing**

This is the process of making notes about hypothesis that the researcher has about a category or property, about relations between categories (Dick, 2000). Glaser (2009) makes a point that

as ideas occurs whilst working with and emergent categories one needs to constantly be writing memos as they will capture the different aspects of the theory which has developed from the data

- **Sorting**

This process occurs when all the categories have been saturated, meaning that from the data sets that the researcher has collected, there is no new information that can be abstracted.

Summary

This chapter highlights the process by which data was collected and analysed. Grounded theory was chosen as the specific approach for this particular research study. The aim of this particular study was to explore faith-based leaders' responses to HIV/AIDS, with special attention to a select sample of CESA churches located in a suburb south of the eThekwini municipality.

In the selection of participants, theoretical sampling strategy was used. The researcher targeted participants who were best placed to provide the relevant information regarding the subject matter, that is, people in a role of leadership from the churches specifically from CESA church. The researcher received ethical clearance from the Ethics Committee of the Higher Degree Office at the University of KwaZulu-Natal before proceeding with the study. During data collection interview guide which is essential in semi-structured interviewing was used to guide the interview process. Participants were given informed consent before interviewing to ensure voluntary participation of the participants. The analysis process involved using grounded theory analysis, specifically focusing on local theoretical reflection as a research goal.

CHAPTER FOUR: RESULTS AND DISCUSSION

4.1 Introduction

This chapter contains the study's findings on the experience of Church leaders in responding to HIV/AIDS crisis. A profile of the participants is followed by a presentation of the main research findings of the study.

The purpose of the study was to understand how a faith-based organisation has responded to HIV/AIDS, with special attention on a CESA church located south of the eThekwini municipality. The motivation behind the study was an interest in understanding how an institution like a church takes care of its congregation, especially with regards to the HIV/AIDS epidemic. The study was qualitative in nature and nine participants were interviewed. The participants were all church leaders from the mother church. All the participants had voluntarily decided to be part of the study. After receiving ethical clearance from the Higher Degrees Committee of the University, the researcher began the process of data collection. Permission to carry out the interviews was sought through the pastor in charge of the church, who was also part of the interview process. Semi-structured interviewing was chosen as it gave the researcher direction in terms of areas that she wanted to explore.

- **The aim of the study was to** explore how the church leaders of a CESA church have responded to social phenomena affecting their church community, with specific reference to the HIV/AIDS crisis.

This chapter will also discuss the findings and provide an overall conclusion to the study. Wherever appropriate, direct quotations from the interviews are presented. The comments of the participant have not been edited.

4.2 Research findings

4.2.1 Profile of Participants

Pseudonyms have been used in the description of each of the participants**.**

John is a 35 year old English speaking (South African) male who is married with two children. He lives in Durban with his family. He is currently employed as a pastor of the church and has been working in the church for over 8 years. He mentioned that he converted at the age of 22 when he realized who Christ was and then realigned his values with that of Christ. John has studied and holds a degree in theology. He mentioned that his main aim is to share the grace of God and show others the love of Christ, as a professional but also in his every-day life.

Jane is 35 year old English speaking female. She is currently single and does not have any children. Jane has been in South Africa serving in the church for over 7 years. Jane completed her studies in the field of science and while at university had worked with students. She reported that her desire is to encourage and be encouraged by other Christians and wants people that she interacts with (mostly students on campus) to know Christ as savior and Lord.

Leigh is a 34 English speaking female. She is currently working with students at one of the universities in KwaZulu-Natal as a student worker. Leigh is married and her husband is also in ministry; they currently do not have children. Leigh has been in South Africa for less than a year and has reported to be adjusting to some of the changes and the diversity of South African cultures.

She also mentioned that the challenges with regards to understanding of Christianity are different to what she is used to back home. Leigh reported that she worked in a university setting before she studied her theology degree.

Ntabi is a 22 year old Sesotho speaking female. She is single and does not have any children. Ntabi was a congregational member of the student ministry while studying towards her post-graduate degree and at the beginning of 2014 was given an opportunity to be part of the church's leadership team. She is currently responsible for children's ministry at the church and is also part of the student ministry that happens on one of the university campuses. Ntabi has been in Durban for the past four years but still goes home during the holidays to be with her family. Ntabi spoke of her role in the church as one that she is settling into and that she does not perceive herself as a leader within the church although she holds a role of leadership and has responsibilities that are over and above that of congregational members.

Ambata is a 44 year old male whose mother tongue is Swahili but is also able to articulate himself in English. He is married to a South African and they have one child. Ambata has a post-graduate degree in theology and is currently completing his PhD through a college that is affiliated to the church. Ambata and his wife have since moved as an opportunity for work in a different town has availed itself. Ambata is a pastor by profession and has a passion for sharing God's word and helping Christians live out the grace he has found in Christ. Ambata mentioned that his deepest desire is to see the people he is leading grow more like Christ. He wants to walk with his congregation, share his life with them and ultimately live out Christianity

Themba is 29 year old Zulu speaking male. Themba is single and does not have any children. Themba changed degrees whilst in university for financial reasons. He was awarded an

opportunity to study theology and currently holds a degree in theology. After his degree he got an offer to work at the church and is currently employed as a full time leader within the church. He works with the students and is also part of the mother church. Themba has been part of the church since 2009. Themba acknowledges the part that God plays in his life and mentioned that his desire both professionally and personally is to preach the word of God and help people apply it to their daily lives.

Luke is 32 year old English speaking male; he is married and does not have children. Luke is currently living in Durban with his wife. He serves the church by working mainly with students at the local universities. Luke has been involved in the church for a number of years. While studying towards his degree, he was involved with the church as an apprentice. He then went to a theology college for four years, and currently works as a student pastor. He mentioned that his aims are to see Christians encouraged and built up in their knowledge of Jesus and for people to see the need to hear about who Jesus is. Luke expressed his interest in training student Christians that he works with to eventually become leaders in their own churches back home as he sees the need for trained leadership in the church.

Ayanda is a 27 year old, Zulu speaking woman who is single and does not have any children. Ayanda is currently a full time worker at the church and her leadership role is that of a children's worker. She started her apprenticeship in 2008 and formally became part of the team in 2012. Ayanda mentioned that she has a passion for teaching and her role has afforded her the opportunity to teach the word of God to children in schools and also Sunday school at the church. She also mentioned that the title of leadership is one that she struggles with as she is better able to engage with her staff on the same level. Ayanda defined her role in the church as one of servant and that God has placed her to serve His people.

Thandeka is a 35 year old Zulu speaking female, she is married to Ambata and they have one child. Thandeka initially studied accounting but did not complete. She stated that when she received Christ as her Lord and savior she became involved in the church and unofficially as a leader. In 2005 she did her apprenticeship at the church and worked as a student minister. She then decided to study theology and has completed her degree.

4.2.2 Leaders' responses

The findings relate to the research questions that guided the study. This section focuses on the findings of the study in relation to the research question: faith-based organisations responses to HIV/AIDS in a select sample of CESA churches.

The discussion of findings is presented according to themes that were derived from the research questions:

- What are the church leaders understanding of their roles in church?
- How do church leaders see their role in addressing social concern affecting the church, with special reference to HIV/AIDS?
- What role does this specific church play in responding to the HIV epidemic?

The categories are discussed independently:

4.2.2.1 Servant-hearted leadership

The spirit of servant-hearted leadership is a theme that often came up during the interviews; the church leaders explained their roles in the church as not one of mere leadership but adopting

servant –hearted leadership, modeling on the teachings of 'Jesus' who did not only lead but also served his disciples and the people he encountered.

A number of the participants stated that a leader is quite important in the church as it is God who ordains leadership. The participants noted that a leader is someone who is able to take initiatives and lead God's people accordingly. The descriptions of leadership from the participants were mostly biblical in nature. According to most of the participants this means understanding who Jesus is and what leadership is according to scriptures. The participants made it clear that it was important to "be like Christ" as they are tasked with leading Gods' people:

"*So I think people need leaders, I think God has, I think God has ordained leadership, Um I think we are made that way, we, I think God created us to be led, um He created us to be led by Him I think the scriptures are quite clear about that somebody um is somebody who stands up and is courageous enough to lead, to draw people along um in in a direction that is and in the terms of the church (siren in the background) that is in line with Gods will"(John)*

Leigh and Luke shared similar opinions about leaders as John: That it is God who ordains leaders and they should lead according to God's word.

"Well its um um to me my role is clearly one of a servant, so um um, I think Jesus said very clearly …Jesus himself was a servant of all. So He showed, His His ultimate way of showing His leadership was his, um servant hood, that he was willing to die for his people."(Themba)

"As a leader, my aims would be to see Christians encouraged and built up in their knowledge of Jesus and to, um see the need for people to hear about who Jesus" (Ambata)

The participants spoke of following the examples of Christ's service and importance was placed on proclaiming the word of God to people. In terms of leadership in the church, according to a paper by the Christian Reformed Church on 'Sustaining Pastoral Excellence' (2005), the Bible teaches many things about the nature and quality of Christian leadership. Perhaps the most profound insight comes from the life of Christ himself and Christ's clear teaching regarding servant leadership. The CESA handbook of procedures (2011) is an important document, especially as the participants are from the CESA church, this document highlights what leadership should look like. According to the handbook: "the first is that, before anyone is placed in any position of leadership, especially any teaching position such as Sunday School teacher or Home Group or Small Group leader, he must be a member of the Church. This presumes that he has made a personal commitment to the Lord Jesus Christ as Saviour. It also presumes that he has subscribed to the Constitutions of both the local Church and C.E.S.A handbook of procedures" (p. 15). Although the leaders did not refer to the handbook, they were clear about them being believers of Christ and also about being appointed to lead.

Leadership according to these participants is defined by being Christ-like and is described as a process of walking with someone (congregation member) in order to teach them about God.

"I meet up with uhm, people from the church, one to one, basically going through uhm the Bible with them, going through life with them 'cause life happens, so struggles, positives, uhm Christians uhm.. uhm of the Bible, of life what is happening or where. What is hard- is happening in their lives and I also share mine also cause it's a two-way street." (Ambata).

There were two other leaders (Themba, Thandeka) who also feel that leadership is about sharing one's life with the church members, and highlighted the importance of a reciprocal relationship and the ability for a leader to initiate the process of love and care

Being a leader according to the participants is a responsibility that requires them to be Christ-like and share their lives with fellow Christians as they help church members become more like Christ. The practicality of leading, which the participants spoke of, borders on Tanye's (2010) theory of church as a family and ethnocentrism in Sub-Saharan Africa. Tanye explains that the church needs to view itself as a family, and be able to live as those part of God's family. The leaders view their roles as both preaching the word of God but also being involved in the lives of congregational members. The church as a family metaphor points to the fact that the church is like a family and that the translation of the gospel to people's lived experiences can be made possible through the mutual care of the church. According to the participants, part of their roles is being involved in the lives of the congregational members.

4.2.2.2 Social challenges in the church

As leaders in the church, the participants were asked about social concerns experienced by their congregation and their role in addressing the concerns. Two categories were identified

- Pressing social challenges
- Manner of handling social challenges

There is a vast range of issues facing churches in South Africa and FBOs in general. Leaders in these organisations usually have awareness on problems that their members encounter. Miller (2006) acknowledges that, pastors (and church leaders) deal with many issues as they lead their congregations. Some issues are relatively minor, whereas, others can be crippling to the life of the church. The following quotes reveal what most of the participants explain as pressing challenges the church is facing.

"The big issue and this would be a primary issue for our church and every other church in this country is faithfulness to the word of God" (John)

"I would say its multiplicity of religions that's facing, its one the things that facing the church and the and the understanding of what that means to the people… there are lots of different religions in the world, one of which is Christianity and because of the pluralism, ah what, what Christianity is…emphasizes or its um (pause) we are always trying to bring people back to is the fact that. the relativism in that is basically, is people basically are saying no, there is no one way, there are many ways, it's fine for me to be a Hindu, Buddhist, whatever…to practice my African religion or to be nominal Christians, that is a big problem"(Themba)

According to most of the participants, the biggest problem facing the church is the inability for people to trust God and to remain faithful to His word. The participants mentioned that in the general sense, people tend to acknowledge different religious beliefs and move away from Jesus as God. The leaders also mentioned other challenges that they see in the church such as racial issues, family breakdowns, financial problems, sickness etc. but these social challenges were spoken of as being secondary.

"uhm (pause) ya I guess with the church that we're at we have - the- like such a range of people uhm so economically people are different, uhm racially - people are different, socially - people are different uhm so I guess one of the challenges would be may that but people can look to God to see them through these…" (Ntabi)

"there are a lot of struggles, um within families and um I would say from, ok I have experienced some of it, I know exactly what they are but I would assume its bigger than what I know, um so like broken families, husband is not ah, being a proper husband (laughs), abandoning the wife

and kids and stuff like that or marriages are not working as well and people are considering divorce and they know they shouldn't because they are Christians" (Themba)

"The main thing is an understanding how we can live in this world trusting Him. One of the main needs is the word of God. Many people might think they know things but what we really need is the word of God so that we would change our thinking, we would change our hearts and we need Gods spirit in us" (John)

Participants were clear on the pressing social issues that they collectively felt needed attention, is the leaders felt that people in the church need to be pointed to God and his word constantly. The participants revealed knowledge of social issues that they see in the church but these were seen as secondary. Some participants were able to openly mention challenges such as finances, race and so on but that the focus of the church is to point people to God's grace in their lives. Van Reken and Vander Meulen, (1998) in an essay on 'The Churches role in social justice', points out the distinction between the church as an institution and the church as an organism. The author states that "the church as an institution is formal organization that sets out to accomplish a specific purpose" (p. 168). The leaders in this particular church are clear about their primary goal, which is teaching God's word. Van Reken and Vander Meulen (1998), go on to say that the primary work of the institutional church is not to promote social justice; it is to warn people of divine justice. Its primary business is not to call society to be more righteous but to tell persons of the righteousness of God in Jesus Christ.

Louw (1998) argues differently by stating that Christianity should not exclude the realities of being human. It should interpret and comprehend the Christian truth in terms of human realities in the world; the church is to interpret God in relation to the people in a practical manner. These authors

(Van Reken, Vander Meulen,1998 and Louw, 1998) point out the different views on the role of Christian leaders and the challenges that leaders in the church have to contend with. Louw (1998) makes a statement that the church needs to be aware of challenges that the congregation is facing and be able to respond in practical ways to those realities.

According to the CESA handbook the primary aim of the church (leaders) is to provide preaching and teaching of God's word, the leadership is responsible for evangelistic work among the congregation and unreached people. According to the manual, Christ calls upon us (the church/leaders) to reach out in compassion to each other and to our communities. The manual does not necessary address social issues and the stance of the church, however the recognition of HIV/AIDS as a social problem points to the leaderships acknowledgement of challenges faced by congregation members and the community at large. The role of leaders is clear (teaching Gods word) and there is a responsibility on the leaders to address concerns of their members and adopt ways of responding to those challenges as evident in the stance taken by the church to deal with HIV/AIDS.

4.2.2.3 Responses to social challenges by church leadership

There were different responses from the participants in terms of dealing with people's social challenges. Some of the leaders expressed concern in terms of having to deal with what they viewed as secondary issues affecting the church. These leaders were clear that their roles are not about social justice but about pointing people to God.

"Most people actually impose the staff with social justice, all sorts of things like that…um which is not the task of the staff, the staff are primarily to to to feed Gods people the word of God and to help people to translate that into their daily lives"(John)

"…we also need to be clear (laughs), the leaders main aim is to focus on God's word. Our aim is to make sure that people are hearing about Jesus, that they realize that there is a new life to be had in Him, everything else is not a big issue"(Ntabi)

"umm its hard…we love by um sharing Gods word and sharing our lives with our members,(long pause) Jesus talks of giving people hope from his word and also to live out Christianity. I can't tell you of God's love when you are hungry, um um, James in the bible speaks of balance" (Ambata)

On the church's role in social issues Coertze (2005) states that the church has a vital role to play in addressing issues that are experienced by members within the church and that these problems should not be left to the government and similar institutions to deal with. The church leaders need to work hard at meeting the needs of those it serves. Concentration on the spiritual side alone does not do justice to the members in church.

In this study the participants stated that while leaders in the church acknowledge problems that the members face but the aim is on the word of God. Some of the participants mentioned that the responsibilities of social justice are imposed on them as leaders but that this is not their primary aim. The leaders agreed that the main aim of church leaders is to proclaim God's word and help the congregation apply that to their everyday lives. Ogango (2013) highlights that, while some will argue that religious groups are primarily concerned with giving people spiritual services FBOs have also expressed their concern with the physical well-being of communities. FBOs are usually involved with people in all aspects of their lives. The aforementioned author also points out that the church needs to take a practical stance in the lives of its members. Pointing people to God has to be experienced practically as well and sometimes this will mean supporting and caring for the

needs of the people. A few of the participants felt that a balance was needed in order to care for their people as well as be able to deal with social issues in the church. Ways of going about the matter were not easily defined

4.2.2.4 Responses to HIV/AIDS as a social concern in the church

The participants were asked about HIV/AIDS as a social concern, the categories identified:

- Views and knowledge of HIV
- Stigma related to HIV/AIDS as a social issue
- Responses to HIV/AIDS by the leaders

The participants were honest in their responses about what they understood regarding HIV/AIDS and the knowledge that they had.

"HIV a disease of the immune system, um, it doesn't necessarily kill people, I think it's the secondary…, from what I understand its its it's the secondary infections that kill, um but of course they wouldn't kill if the virus was not there." (John)

It was interesting to see how some of the participants, (especially the non-South Africans) spoke of the crisis as outsiders and not people directly exposed or affected by it.

"As I know that it is very concentrated down here in South Africa and I have seen the effects of it more than I have heard it talked about. I have seen the effects of peoples family members die, I remember that time I was here in 2005. The guys I was visiting said people go to funerals more than weddings every other weekend funerals. So it really has impacted people's lives" (Jane)

"I know that here in South Africa it is a bigger problem than in other places. There are more people infected so, and there is more poverty that results in the spread of the HIV then…in other places…" (Leigh)

The leaders did not comment much on their level of knowledge pertaining to HIV/AIDS but instead spoke about how HIV is a problem in society and their opinions on why it is a problem. The participants had different views and beliefs about the spread and the stigma around HIV/AIDS. Some of the comments bordered on attitude of stigma towards HIV/AIDS.

"So AIDS just doesn't spread on its own, its its people who spread AIDS, HIV. Um and we have to acknowledge that…so because we reject God, because we reject His ways, He handed us over. Romans 1 says He has handed us over over, to the brokenness of this world. Um so HIV is a direct um consequence of the sin of man, eh you know, there is no other way to look at it" (John)

"our church has been generally a middle income suburban church, and so the HIV factors is much less, I think it is, I have read this this, the stats seem to say this, that in the middle income of course its less prevalent than in the lower income as a church leader I have very definite opinions on on, not opinions, very different um um definite stance on what scripture say on HIV, um and what it's doing to the world" (John)

"I think it's a really complex thing because (slight pause) uhm of the way they arose, it uh historically has a lot of I guess a moral judgment attached to not only uh, it's spread but also where it came from, uhm and yet the way that it is aaaaah aah the way that it is passed on, it can be aah contracted by lots of people who don't fall into any kind of aaaah ah (laughs) mo… morally ambiguous category, they just…so i think it's complex because uhm yeah just because of, I guess all these different factors coming in"(Leigh)

Some of the views expressed by the leaders illustrate how the topic of HIV/AIDS is still a complex one to consider especially in a religious setting. The participants seem to talk about HIV/AIDS as an issue of morals and judgement rather that a crisis that needs a solution. According to Ansari and Gaestel (2010), stigma and prejudice continue to be a reality for people living with HIV and AIDS as the transmission of HIV remains linked to immoral behaviour and lifestyle. Chitando (2007) also makes the point that, some churches draw a link between HIV/AIDS, immorality in a way that risks undermining the crisis of HIV.

Some of the leaders felt that HIV is a result of disobedience and God handing people over to their sinful desires while others expressed that they do not pay much attention to the topic. Having to talk about HIV/AIDS as a social issue was not easy for some of the leaders and some participants were uneasy about the questions related to HIV and the churches response. Parker and Birdsall (2005) argue that the association of HIV infection with immoral behaviour and the failure to openly discuss the causes underpinning HIV transmission – particularly differentials of power – have contributed to stigmatisation and discrimination of PLWHA within the church. Lala's (2007) study which examined Religiously-Based Anti-Stigma Messages in Three South African Faith-Based Organizations, noted how religion feeds into the problem of stigma. The author further states that the involvement of religious leaders ranged from influencing attitudes and promoting or discouraging certain behaviours. Religiously-based stigma was rooted in ideologies pertaining to sexuality, lust, sin, and justice.

It is interesting to see the way these participants made sense of HIV/AIDS. Leaders rarely spoke of the knowledge they had about the virus but pointed out how the virus is a 'judgment from God' or a result of 'brokenness in the world'. HIV/AIDS is a topic that brings about challenges for

churches mostly because of the sexual association of the disease. Keikelame et al. (2010) also found that while FBOs were perceived as taking some action to address stigma in South Africa, they were also seen as contributing to HIV/AIDS-discrimination through confounding issues of sexuality and morality and also through associating HIV and AIDS with sin. Some of the leaders did not feel the need to respond as they had not felt that HIV/AIDS is a problem in their church

In the trying times of HIV/AIDS, FBOs have been accused of being "a sleeping watchdog, a paper umbrella in the rain; they have been accused of blocking attempts by secular organisations towards HIV preventions, and they have been accused of harsh judgements on people living with HIV/AIDS based in some cases on misinterpretation of the scripture" (Chitando 2007, p.21). This seems to be the case for this particular church. The participants spoke a lot about the stigma that is attached to the diagnosis of HIV. The stigma was expressed in two ways, the history of HIV and some spoke of the sexual-ness of the disease. One of the comments made by the leaders of the church, which was very important about his position when it comes to HIV, was:

"So of course, you know as a church leader I'm confused..(pause), about HIV…you you can be quiet sure that a lot of people are confused. So leaders say there mustn't be a stigma and yet it still hidden, its still kept in the background so you know, I don't see that people hide that they have cancer. um you know for instance , um because I know, I know the stats generally speaking, I can be sure there is a number of people in my congregation who have it and yet no-body has ever told"(John)

Casale et al. (2010) highlights the dilemma that many FBO leaders face. The challenge is how to address the issues about sexual behaviour, condom use and sex outside marriage. Although these

leaders did not articulate these concerns as issues, undertones of morality and HIV/AIDS were evident. To address HIV/AIDS as a problem in the church would mean having to tackle issues around sexuality. Chitando (2007) points out that, it is pivotal to remember that "while the church definitely needs to hold on to basic truths, the era of HIV calls for a fresh understanding of these truths"

The topic of HIV/AIDS is one that the leadership had not spoken about or actively looked into. Some of leaders were not sure how to respond, they acknowledged HIV/AIDS as a problem worth responding to but did not know how to go about tackling the matter. The participants instead recommended ways in which the church could start responding to HIV/AIDS

"um my questions would be around how to respond? Like there are preemptive things like we can talk about Gods view of sexuality, maybe that will change, maybe it might help a portion of people; I mean decisions in terms of their sexuality. I haven't had time to think about this enough, so it would be teaching about things like sexuality; genuine care and concern for those are HIV" (Luke)

Yea the prevalence is such that it would be (big pause), unforgivable not to really think around it, so one is either infected or affected as they say, so it's such a huge thing in the church, I know it is but there is silence, we should make a difference (Thandeka)

"It is, it is really a relevant issue because, you know, it's prevalent here, like yooo, in KZN uhm ya there's, there's uhm- you-you-you find that in every family there are touched by it and so it would be unwise not to talk about it or not to- not to be involved uhm uhm in what people are going through"(Ayanda)

As can be seen from the above statements, the participants recognise the need to respond as they acknowledge the consequence of HIV/AIDS in South Africa but they struggle with how to go

about responding to the issue of HIV. It seems like the participants as leaders are in need of exposure to the challenges faced by their congregation members when it comes to HIV/AIDS and seem to require formal input which would assist them in playing a positive role in responding.

Religious leaders are people of influence and are esteemed in their organisations (Genrich & Brathwaite, 2010). The leaders have the potential to address the HIV/AIDS pandemic in such a way that members in the church are supported and the stigma around is HIV dispelled. The participants are mindful about the stigma that is attached to HIV but at the same time acknowledge that they can make a difference as this is a prevalent problem. In an article by Krakauer and Newbery (2007) 'on Churches' responses to HIV/AIDS in two South African communities' they found that there was a level of awareness among church leaders and that the churches in the study were used as health resources by their members yet AIDS programs were not run by the particular churches. The authors acknowledge the complexities in directing meaningful dialogue with churches when it comes to issues related to HIV/AIDS. The participants acknowledged the need to pay more attention to the people's needs regarding HIV/AIDS and the importance to educate themselves on the issues of the congregation and way of responding HIV/AIDS.

Mane (2006) highlights that, churches need to become the trusted source of information to members about human sexuality. Such knowledge is required to understand HIV and how to prevent HIV. This kind of knowledge can serve to educate congregational members and in addition, the church becomes an institution that is proactively participating in the fight and in the prevention of HIV. Chitando (2007) points out that "The tendency to reduce HIV and AIDS to the issue of personal morality has in many ways prevented the church from being the welcoming and loving community it is meant to be" (p.27)

The participants in the study had a range of opinions regarding the topic of HIV/AIDS and their roles as church leaders. The leaders were clear in that the primary role of the church is the teaching of God's word. This means that participants share their lives with the congregation so that people remain faithful to the word of God. The role of the leader would be to teach from scripture and constantly in prayer. From the statement regarding responses to social challenges, it was clear to see that the reason given for not being able to tend directly to people's social problems was linked to the fact that social issues are mainly a result of brokenness in the world and people rejecting or moving away from the word of God.

A few of the leaders, however, did speak about the different social issues that they are faced with in the church and how certain ministries within the church have been started, in order to try and deal with the issues relevant to the congregational members. The biggest social challenge has been that of HIV/AIDS. The participants are aware of the magnitude of HIV/AIDS and the many lives that have been lost as a result of AIDS related illness. The participants do acknowledge the relevance of addressing the topic of HIV/AIDS in the church but have not been able to do anything about the issue currently. There seem to be clear stances about the beliefs of the participants regarding the HIV/AIDS. The way in which HIV is mostly contracted appears to determine the leaders' lack of response to the disease. This in turn deprives those infected and affected from receiving the care and support in the church, as matters related to HIV/AIDS are silenced. Genrich and Brathwaite (2005) feel that leaders in the church have failed to meet the present day needs and concerns of the congregation and agree that stigma and discrimination creates barriers to treatment, care and support networks for people living with and affected by HIV/AIDS.

HIV/AIDS continues to be one of the biggest challenges confronting the world. South Africa has the highest prevalence of HIV/AIDS even though awareness programmes and teachings directed

at reducing the rate of infection have been implemented by different groups/department in South Africa. Evidence points to the need for all organisations of influence to play a role in the fight against HIV/AIDS (Campell, 2011). According to Joshua (2010), faith-based organizations have been identified as needing to respond in ways that will bring about a change in attitudes regarding HIV/AIDS, they also need to serve as organisations of strength for those affected and infected by the virus. Studies of FBOs efforts across multiple countries (Casale et al, 2010 and Hartwig et al, (2006) have found that care and support activities are considered traditional strengths for FBOs. There seems to be an urgent need for leadership training and development if the church is to be an effective vehicle for change.

Summary

This chapter focused on findings of the study regarding the experience of Church leaders in responding to HIV/AIDS crisis. The motivation behind the study was an interest in understanding how a church as an organisation takes care of its congregation, especially with regards to the HIV/AIDS epidemic. The aim of the study was to explore how the church leaders of a CESA church have responded to social phenomena affecting their church community, specifically with reference to the HIV/AIDS crisis.

The findings related to the research questions that guided the study and findings were presented according to themes that were derived from the research questions. The spirit of servant-hearted leadership is a theme that often came up during the interviews; the idea that church leaders were not just leaders but servants –modeling on the teachings of 'Jesus' who did not only lead but also served his disciples and the people he encountered. The second theme was that of social challenges experienced by the churches in South Africa and FBOs in general. The participants shared their

views on general social issues and how their role within the church addressing these issues which are experience by the congregation they serve. The theme of HIV as a social issue was also raised. HIV/AIDS was acknowledged as a social issue that affects people worldwide. The topic how this particular church and its leaders have responded to the issue of HIV/AIDS revealed ambiguous views. The CESA handbook (which is a guideline for CESA church leaders on how to address different topics and procedures in place for the running of the church) has addressed the topic of HIV/AIDS and ways in which church leaders are to respond to the issue of HIV/AIDS within the church. It was interesting to note that none of the leaders made reference to the official handbook. The stance taken by the particular leaders shows a disconnect between what is stated within the CESA handbook on addressing the HIV/AIDS pandemic and their own beliefs and responses. This further shows the complexity of HIV/AIDS amongst church leaders and the church as an organisation.

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The purpose of this chapter is to provide a summary of the study: the problem, purpose and research questions and the main findings. The second part of this chapter will focus on the limitations of the study and the recommendations will serve as guidelines for future research in this specific area of HIV/AIDS and responses from the church.

5.2 Summary of the study

The aim of the study was to explore HIV/AIDS responses from a Faith-based organisation with specific attention to a select CESA church. The first question that the researcher set out to explore was the church leaders understanding of their roles in the church. Based on the findings, the participants were clear about their roles. The role played by the leaders was seen as important as it meant that they had to imitate Jesus in their lives and as crucial to the manner in which they related to their congregational members. The participants mentioned that their biggest priority is to teach the word of Jesus according to the scriptures and this meant that the leaders were trained and built up in the knowledge of Jesus.

The researcher also set out to explore how these church leaders see their roles in addressing social concern affecting the church, with special reference to HIV/AIDS. The findings revealed different leaders hold different approaches in way HIV/AIDS needs to be acknowledged. What was common in the responses was the primary role of the leaders, which is to proclaim Jesus. Most of the leaders felt that all other issues presented to them were secondary. Some leaders did not want to commit to addressing social issues as they explained that the church is not an institution for dealing with social issues but bringing people closer to God. Some of leaders expressed that there

was unfair pressure on leadership to try and solve people's social challenges. There were also leaders who spoke about finding a balance and expressed that part of leadership is to incorporate teaching of Jesus with practical steps to addressing social issues. As one of the leaders put it: "It's hard to talk about Jesus to someone who is hungry". The different approaches indicate a need for the participants to communicate how they as a church are to tackle social issues with the same voice. The last question was what role does the church play in responding to the HIV epidemic that is destructively affecting communities in Sub-Saharan Africa. The participants revealed awareness that South Africa is greatly affected by the epidemic; they spoke of having factual knowledge about HIV/AIDS but lacked understanding of how people are affected. This also meant that they did not give much thought on ways of responding to HIV and hence no response to HIV/AIDS has been taken by this particular church. There was no mention of talks/sermons addressing HIV/AIDS by the leaders, no awareness programmes or of support given. The leaders also revealed that congregation members have not disclosed their status and as a result the topic has not been one of relevance in their context. There were some participants who felt that there is a need for the church to be an environment that allows for people to receive support and care especially as this is in line with the teaching of Jesus. It seems like there is a disconnection between the leaders' role as they see it (that of teaching about Gods love and imitating Christ) and how the leaders have responded to the crisis of HIV/AIDS. Research about HIV and religion (Hlongwana & Mkhize, 2007) mentioned how the church can be a place of solace for a person diagnosed with HIV as the environment is meant to reassure people living with HIV that God's love sees beyond the disease. One participant mentions that if leaders discriminate against HIV positive people, it means that they have not understood God's love. They have not understood that Jesus came for

the sinners and not the righteous. This again highlights the paradox of leader's role in the face of HIV/AIDS.

A major finding of this study is the inconsistency of church leaders' perceived role in the face of HIV/AIDS. Some of the participants acknowledged that HIV/AIDS is a problem that the church and its leaders should be responding to but at the same no action has been taken by the leaders to address the problem. The manual which guides the roles and responsibilities of CESA leaders provides ways in which the church aims to respond to some of the social issues, of which HIV/AIDS is one. However the participants did not reference the handbook in terms of their response to HIV/AIDS. This means that their views of how to respond to the pandemic have not been in line with the manual. This might be the reason why there is limited response to HIV/AIDS. The researcher was able to gain some insight into the situation of a FBO's response to HIV/AIDS in a select sample of CESA Church, in spite of several difficulties encountered. The researcher not only learned valuable information about herself and the social issues experienced by members in the congregation but also the response dynamics from the church leaders (and about the role of the church in responding to HIV/AIDS). The researcher has respect for the opinions of the participants and the church as a whole

5.3 Limitations

Although the researcher was able to address issues that came up during the study process and managed to gain some insight, the researcher believes that there were limitations of the study that need to be mentioned.

- The sample was chosen from only one church. Although there are two divisions within the church and also various CESA Churches, the opinions reflect those of one church. A sample including more churches should have been considered.

- The handbook was not referred to during the interview process as the researcher learnt about the material after interviews were conducted

- The researcher did not receive funding for the project which meant the some of the research activities such as spending enough time with the participants, going to the participants for interviewing presented a challenge

- The leaders were initially reluctant in being individually interviewed. An aspect of consideration is the possibility of gathering participants for a focus group as they may have been better able to discuss ideas and opinions.

- The church leaders were initially reluctant to talk about how they have responded to HIV/AIDS and this delayed data collection

5.4 Benefits of the study

- In spite of the difficulties, the research study was essentially positive. There were several requests for the researcher to initiate a programme/teaching centered around the topic of HIV/AIDS

5. 5 Recommendations for future research

- More research in this area is necessary. While the study created a platform for dialogue with the leaders about the topic of responding to HIV/AIDS in a country that is highly affected by the virus, a larger scale study is needed in order to effect change from the church community
- A specific study focusing on actual ways that the church could address the HIV/AIDS crisis is important. The leaders mentioned that responding to social issues was secondary but dependent on available resources. Further study could focus on understanding the different ways of responding and then examining the resources needed for a response
- The study revealed that church leaders from this particular church need to be better informed about church policies and procedures developed for leaders

- More church community involvement and creation of dialogue around sexuality education and its introduction in the church is needed.

5.6 Conclusion

The situation of HIV/AIDS continues to call for a fresh resolve by the churches to address the situation directly. This must be done in a spirit of humility, knowing that we do not fully understand the scope and significance of the HIV/AIDS pandemic. It requires openness to new information, discussion of sensitive issues and readiness to learn from the experience of others, as we seek a more adequate response to the challenges posed by HIV/AIDS today (Breda, 2012). In order for the church to grow as a family and in the love of God, there needs to clear and tangible

ways that the church leaders respond to the needs of the congregation. The aim of the church needs to be fulfilled, the leaders need to teach about God and help the congregation in knowing God. The leaders also need to be responsive to the needs of the people they serve. There need to be practical ways that the leadership can communicate God's love in accordance with their religious beliefs.

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APPENDIX A: DEMOGRAPHIC DATA OF PARTICIPANTS

FAITH-BASED ORGANISATION'S RESPONSE TO HIV/AIDS: A PILOT STUDY ON A CESA CHURCH

Please tick the block most applicable to you.

AGE

Age category options to

16-20, ☐
21-30, ☐
31-40, ☐
41-50, ☐
51-60, ☐
60 plus ☐

GENDER

Male ☐
Female ☐

HIGHEST EDUCATIONAL LEVEL

Some high school ☐
Grade eight or less ☐
Completed high school ☐
Some level of tertiary study ☐
Completed tertiary studying ☐

EMPLOYMENT STATUS

Self-employed ☐
Employed ☐
Unemployed ☐

Which of the following languages are spoken at home (language most used)?

Zulu ☐
English ☐
Xhosa ☐
Afrikaans ☐
Other ☐ _____

What is your title in the church? _____

How long have you been involved in this church? _____

Appendix B - : INTERVIEW GUIDE

The interview will cover the following aspects

<u>Background information – leaders' roles and responsibilities</u> in the church

The respondent's involvement in this particular church

Could you please describe how you became involved in this church?

The respondent's general description of the role of a leader in the church, moving on to his/her specific role.

For example: How do you see the role of a leader in the church?

Your understanding of the role of a leader generally (Appropriate probes will be used to explore pertinent issues).

What is your role as leader in the church you serve?

<u>Leader's perception of the role of the church in addressing social concerns</u>

What are some of the urgent social issues you think are prevalent in society/communities today?

Does the church involve itself in such issues and how?

Do people in the church community approach leaders to discuss sensitive/personal matters?

For example: have you had people disclosure information that is sensitive to you and how have you responded to it

- **(If HIV/AIDS is not mentioned in the above questions, then…)What are your thoughts around the topic of HIV/AIDS?**
- **Is the issue of HIV/AIDS addressed in your church? The following will be explored Perceived levels of knowledge and awareness among church leaders**
- **Have you had people who have disclosed their HIV+ status**
- **How do you think the church should respond to HIV/AIDS? (Does the church have a role to play in this regard? Probes will be used depending on response)**

- **Do you feel leaders in this church have relevant knowledge about taking care of its members (counselling skills, being approachable, being able to refer to relevant people for different issues presented by community members)**

  Details of initiatives undertaken or planned (or reasons for non-action)

APPENDIX C: PERMISSION FOR AUDIO RECORDING

The researcher conducting the study requests to record the interview for purposes of the study and also for reference while continuing with this study. The recording will only be done with permission from the participant. If you do grant permission to be recorded, you have the right to change your mind about being recorded at any time.

I hereby grant permission for the interview to be recorded ☐

I do not grant permission for recording ☐

In the event that permission is not granted, the researcher will need to make written notes for the documentation of the interview

_____

Signature of participant

Discipline of Psychology
School of Applied Human Sciences
Howard College Campus
UKZN
Glenwood
4041

APPENDIX D

FAITH-BASED ORGANISATION'S RESPONSE TO HIV/AIDS: A PILOT STUDY ON A CESA CHURCH

Seeking permission to conduct research with leaders from the church for a Master's degree dissertation

Thank you for your interest in my research project, my name is Sphindile Machanyangwa. I am currently enrolled for a counselling Master's degree in Social Sciences Program at the University of Kwa-Zulu Natal (Howard College) and I am currently conducting research within the programme. My area of interest is Faith-based leaders' responses to HIV/AIDS in a select sample of CESA churches

The purpose of this project is to find out about the levels of awareness and responses to HIV/AIDS within the church family of CESA. Information for this research will be collected through interviews and anonymity is guaranteed.

I am looking at working with full time leaders from both Christ Church Glenwood and from The Bible Talks for this study. I am asking for your assistance to identify participants who fit the criteria and to get permission to further interview the leaders of the both churches.

I would also like to request to use the churches premises for my research data collection. I understand the procedures involved in booking a venue and securing the premises and materials at the church.

Yours sincerely,

Sphindile Machanyangwa Mrs. Cynthia Patel

Masters student Supervisor

School of Applied Human Sciences (Psychology)

Postal Address: Durban 4041, South Africa

Telephone: +27 (0)31 260 2391 **Facsimile:** + (0)31 260 2700 **Email**: naickerc@ukzn.ac.za
We**bsite**: www.ukzn.ac.za

APPENDIX E: CONSENT FORM

Faith-based organisation's response to HIV/AIDS: a pilot study on a Cesa church

Researcher Name:	**Sphindile Machanyangwa**
Address:	**17 Carrington Gardens, 99 Pitcairn Road**
	Glenmore, Durban
Phone:	**031 260 3542**
Email:	**sphindilet@gmail.com**

Supervisor Name:	**Cynthia Patel (MA)**
Address:	**Howard College, University of Kwa Zulu-Natal, Durban**
Phone:	**031 260 7619**
Email:	**Patelc@ukzn.ac.za**

My name is Sphindile Machanyangwa. I am currently enrolled for a Master's degree in Social Sciences Program at the University of KwaZulu-Natal (Howard College) and I am currently conducting research within the programme. My area of interest is Leaders' levels of awareness and responses to HIV/AIDS.

Thank you for agreeing to take part in this study. This form outlines the purposes of the study and informs you on how you will be involved as well as your rights as a participant.

The purpose of this project is to find out about the levels of awareness and responses to HIV/AIDS within Durban South suburban churches, particularly from the perspective of church leaders. Information for this research will be collected through interviews and anonymity is guaranteed.

The interviews will be semi-structured; this means that the questions will be open-ended questions, where you, as the participant, can freely give your answer with no restrictions. Please note that the interview will be recorded, if you do not wish to be recorded you will not be recorded, however, I will take notes.

I will use the information from this study to write a report where the information you give me will be included.

If you have any complaints or unclear about ethical aspects of the research, also if you wish to report a research related issue/problem, you may contact Ms. Phumelele Ximba at 031 260 3587, **ximbap@ukzn.ac.za**, HSSREC Research Office, University of Kwa Zulu-Natal, Durban

I will guarantee that

Names of persons will not be necessary in this study and a pseudonym will be used in the discussion of responses. Your participation as a leader in this research is voluntary; you have the right to withdraw at any point of the study, for any reason, and without any prejudice. The data collected will be stored safely and only be accessed by the researcher and the supervisor Cynthia Patel. All information will be treated as confidential.

By signing this consent form you will be confirming that you understand that you will receive no remuneration for your participation in this project.

I _____ agree to the above terms

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

01 February 2016

Mrs S Machanyangwa (204508424)
School of Applied Human Sciences - Psychology
Howard College Campus

Dear Mrs Machanyangwa,

Protocol reference number: HSS/1485/013M
New project title: Faith-based organisations' responses to HIV/AIDS: A pilot study on a CESA church

Approval Notification – Amendment Application

This letter serves to notify you that your request for an amendment received on 28 January 2016 has now been approved as follows:

- Change in Title

Any alterations to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form; Title of the Project, Location of the Study must be reviewed and approved through an amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for period of 3 years from the date of initial issue. Thereafter Recertification must be applied for on an annual basis.

Best wishes for the successful completion of your research protocol.

Yours faithfully

.....
Dr Shenuka Singh (Chair)

/ms

cc Supervisor: Cynthia J Patel
cc Academic Leader: Dr Jean Steyn
cc School Admin: Ms Ayanda Ntuli

Humanities & Social Sciences Research Ethics Committee
Dr Shenuka Singh (Chair)
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