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'HUMANITY IN CRISIS'

***" HIV / AIDS AND ITS IMPACT ON THE CHURCH AND
COMMUNITY IN SOUTH AFRICA "***

By

JOHN WILLMER POCOCK

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SUPERVISOR: PROFESSOR M.MASANGO

SUMMARY

2

The writing of this thesis is to investigate the role that the church can have with people living with HIV / AIDS. This investigation takes us both into the role of the Evangelical Christian Church as a healing community, and becoming a haven for those who walk alone and suffer quietly because no one cares.

Never before in the history of the world have we faced such a pandemic. It knows no boundaries, leaving a path of death and destruction to all who treat it lightly.

HIV / AIDS has touched every community within the global village. There is not a parliament or doctor that has not pondered this terrible disease. My question through this thesis is the role of the church. Can the church rise to embrace the enormous social need that HIV / AIDS presents. South Africa is a vast land with many race and cultural groupings. Effective therapy and pastoral care I believe transcends all race and cultural barriers. All human beings respond to love and shelter, the very basic of our human needs.

South Africa has the highest rate of infection in the world. It is estimated that we will have over a million orphans to care for soon. Let the church not lag behind, let us set the pace of showing the love and care for all people with HIV / AIDS.

TABLE OF CONTENT

	Page
SUMMARY	2
ABBREVIATIONS	4
ACKNOWLEDGEMENT	5
LIST OF TABLES	6
CHAPTER 1 / (INTRODUCTION)	7
1:1 The topic story	7
1:2 The positioning of my research	10
1:3 Research methodology	13
 CHAPTER 2	 20
2:1 Poverty and HIV / AIDS	20
2:2 HIV / AIDS in South Africa	24
2:3 Ethics associated with HIV / AIDS	34
2:4 Theological perspectives	47
 CHAPTER 3	 63
3:1 A Church culture of Pastoral Care	63
3:1:1 The Church as a Healing Community	66
3:2 Practical model the church can adopt in Pastoral Care to people with HIV / AIDS	74
3:3 A simple model that works. (Home Based Care)	87
 THE WAY FORWARD	 93
CONCLUSION	97
BIBLIOGRAPHY	102

ABBREVIATIONS:

ACTS.....	Aids Centre for Training Service.
AIDS	Acquired Immune Deficiency Syndrome
AOG.....	Assembly of God
ASM	Africa School of Missions
EHI	Emalaheni Aids Initiative
HBC.....	Home Based Care
NGO.....	Non-Governmental Organization.
SA-PPA.....	South African Participatory Poverty Assessment
STD	Sexually Transmitted Disease
UNAIDS.....	United Nations – AIDS
UNICEF.....	United Nations Children’s Fund.
WHO.....	World Health Organization.
WCC	World Council of Churches.

KEY WORDS:

Affected: A term used for the family, friends and other persons associated with someone living with HIV / AIDS.

AIDS: Acquired Immune Deficiency Syndrome.

Palliative care: The care given to terminally ill people.

HIV: Human Immunodeficiency Virus

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Pastor Jeremiah and Elizabeth Zulu whose unfailing love and Christ-like example challenged me to do something tangible towards people who suffer with
HIV / AIDS

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LIST OF TABLES	Page
Table 1: HIV prevalence trends among ANC in South Africa 1990 to 2000	26
Table 1: HIV prevalence trends by province among ANC Attendees in South Africa from 1990 to 2000	26
Table 2: Provincial HIV prevalence from 1998 – 2000	29
Table 2: HIV point prevalence by age group <20 – 49 years.....	29
Table 3: HIV prevalence by age group among ANC attendees in South Africa in 2000	32
Table 4: HIV prevalence by Province in South Africa in 1999	33

CHAPTER 1.

1:1 THE TOPIC STORY

In January 1999 I was ordained into the ministry as the Senior minister at Witbank Christian Assembly. This church forms part of the Assembly of God denomination. The church is a predominantly white, middle class congregation with people involved with coal mining and power generation, which constitute the major industry. After four years I was transferred to Victory Community Church in Benoni, Johannesburg. In my five years of ministry I have never received into fellowship a person living with HIV / AIDS. With my involvement with people living with HIV / AIDS as a student at Bible College in White – River, South Africa I had always expected that it would become commonplace to have a percentage of HIV / AIDS positive people within the church. If HIV / AIDS is the pandemic that it is, where are the countless number of people who suffer silently? It was this curiosity with this disease, especially the plight of people living with it, that started my search and ultimately lead to my ministry with people living with HIV / AIDS.

In 2001, I met Pastor Jeremiah Zulu, a pastor from the informal settlement of Kwaguwa. Kwaguwa is situated on the outskirts of Witbank. I had heard that Pastor Jeremiah was involved with an HIV project from his local church and was canvassing for support.

I went to find all these people supposedly suffering from this mysterious disease . Kwaguwa has an unofficial population of 250 000 people. As I walked from home to home, I was overcome with the magnitude of how many were in the last stages of AIDS. The people we visited were church members of Pastor Jeremiah's church. Story after story of relatives who had returned to their rural homes to die. I had found what I was looking for, only many times worse than I had ever imagined. No longer just articles and reports that cluttered my desk, but something with flesh and bone.

On that day I experienced a very different world. A world where people were broken and confused. Many expressed their fear of being cursed by their ancestral spirits, a common belief amongst the animistic African people. African communities that hold to this belief would reject those that were ailing chasing them out of the villages. In communities that were Christian, I experienced something different, people caring for those that were sick.

I remember on that day looking at the horizon where I knew our church was situated, a distance of not more than ten kilometers. A congregation of wonderful people but people blinded from this different world.

Are we not one body in Christ? How was it that within a short distance from our comfortable homes was another part of the body of Christ, broken and crippled. The tragedy was that we were oblivious to this other member of the body, not connected to feel its pain and suffering.

Pastor Jeremiah's Agape church in Kwaquwa suffered alone. Pastoral shepherding as Gerkins describes it, is to reconcile the body as a corporate whole. The church needs to stand together if we are going to make a difference in helping people with HIV / AIDS.

My walk that day with Pastor Jeremiah changed my life forever. I felt that I had a heart of stone. I needed to cross the bridge, lay my fears down, and become all that Christ had called me to become. I am convinced that many who sit upon comfortable cushioned pews would gladly open their purses and support worthy ministries and Aids projects. Their hearts need to be touched like mine was. They might not trudge through township dust and mud, but with sophisticated digital equipment we have today, we can bring the informal settlement right into the suburban church. I am of the opinion that many people care. They just don't know what to do and how to help. This can truly be the churches greatest hour if only we would follow the example of our Lord and his mandate.

“ The Spirit of the Lord is on me,
because he has anointed me
to preach good news to the poor.
He has sent me to proclaim freedom for the prisoners

and recovery of sight to the blind,
to release the oppressed,
to proclaim the year of the Lord's favour."
(Luke 4:18,19 - NIV)

This is how my topic story was clothed, but the seed that germinated it all was a young girl whose name was Tandi. (This is not her true name to ensure confidentiality to her family).

1:2 THE POSITIONING OF MY RESEARCH

In January of 1996 I bid farewell to a productive life of farming to start my theological training at a small Bible College just outside of White-River. The Bible College was Africa School of Missions, an interdenominational institution majoring in missiology and Pastoral training.

It was in this beautiful sanctuary where my story begins. I met Tandi as a young bubbly teenage girl with such passion for life. Her aunt was a staff member on the college. During the course of my first year, Tandi returned to White-River with pneumonia. After medical consultation, it became known that Tandi was HIV positive. This sent shock waves throughout the college. This would surely defile the sanctified ground of this Holy place. My initial response was that she should leave, but Tandi had no other family, her parents died when she was a child, and her aunt, staff and faculty on the college were her only family.

Yes, God wanted us to love, help and care for her, but not here on this show piece where God was shaping His future spiritual giants to conquer the heathen. My feelings were mixed, I wanted to care and love Tandi, but then I was fearful of my own safety and that of my family. I observed many of my colleagues loving her, hugging her and making her feel accepted regardless of the deadly virus that grew within her. I was good at disguising my fears but it only added to my shame. Tandi died very suddenly. We were told that HIV could linger for years, there would be time tomorrow to reach her and heal my shame. There was no tomorrow for me with Tandi, just a shame that still remained with me up to this day . It was this experience that has made me determined to make a difference with all people that suffer with HIV / AIDS. This experience challenged my philosophy and theology of ministry. It began shaping my caring elements of ministry.

The church needs to be the extension of Christ. Christ reached out to all people. He never differentiated with race or culture. The church needs to reinvent itself and become true to it's call to heal all who are HIV positive.

Consequently, you are no longer foreigners and aliens, but fellow citizens with God's people and members of God's household, built on the foundation of the apostles and prophets, with Christ Jesus himself as the chief cornerstone. In him the whole building is joined together and rises to become a holy temple in the Lord. And in him you too are being built together to become a dwelling in which God lives by his Spirit.
(Ephesians 2: 19-22, NIV)

A great challenge is echoed by Campbell in his book, *Rediscovering pastoral care*. He gives great advise to every Christian who is called to love and care. Most people in congregations feel ill equipped or untrained, yet Campbell highlights a different point of view. He says:

As we seek more deeply for those resources of help and guidance which we have to offer others in pastoral care we find them in a surprising place – in our vulnerability. It is natural for us to suppose that we must help out of our strength. Indeed all professional intervention in the lives of others depend upon a certain strength or superiority. Professional helpers have a particular form of knowledge and skill which they put at the disposal of clients. They claim expertise and on the basis of such become authorized or registered helpers of others. Pastoral care, however, is not correctly understood if it viewed within the framework of professionalism. As I have already argued, pastoral care is a relationship founded upon the integrity of the individual. Such a relationship does not depend primarily upon the acquisition of knowledge or the development of skill. Rather it depends upon the caring attitude towards others which comes from our own experience of pain, fear and loss and our release from their deadening grip. (Campbell, 1981: 37)

Out of my failure and pain, I found the desire and compassion I needed to reach those in our communities that are suffering. Tandi became the vaccine for my healing. Healing of racial indifference, healing of a self centered heart. It is out of the wounds of affliction that the true motives of our heart's are purified.

There is an old English cliché, "No pain, no gain". I seem to be discovering in my journey as a Pastor this simple cliché, not only applies to the hardened athlete striving for excellence, but in the spiritual arena as well.

1:3 RESEARCH METHODOLOGY

Out of my positioning I began a journey of self discovery. My research methodology is based mainly upon Charles Gerkin's work on Pastoral Care. In his book , *'An Introduction to Pastoral Care'* , he highlights the Pastor as shepherd, as mediator, reconciler and moral teacher. After researching this method, I discovered that the church can play a meaningful role as shepherding a flock that is need of love, care and healing. The church becomes a powerful instrument of mediation in matters of HIV / AIDS and therefore reconciliation. It is this healing process that the church brings, that forms the praxis of this thesis.

The enormity of this pandemic challenges the whole church of South Africa to become the healing community that Christ commissioned his church to be.

I have also based and reinforced some of my research methodology from H.J.C. Pieterse and Alister V. Campbell, Hennie Pieterse provides a clear and provoking understanding into the world of poverty in South Africa. I have included a chapter on poverty because although HIV / AIDS knows no boundaries when it comes to race, class or culture, it is the poor and illiterate that suffer the most.

Alastair Campbell provided a slightly different stance to Pastoral Care for us to consider. I do not elaborate much on his methods, but they do challenge one. Prior to attending ASM in 1996, I had never come into contact with people living with HIV. Tandi was my first experience with HIV / AIDS. It was this experience that touched my heart to care for these people. The ministry of Jeremiah and Elizabeth Zulu of Agape Fellowship eliminated any doubts that the church must stand in the forefront of caring for such communities, as well as people infected and affected by HIV / Aids pandemic.

A large percentage of church leaders and churches need to extend the concept of shepherding beyond the fences of their own churches. The concept of shepherding as Gerkins suggests was well understood in primitive society. The modern church finds these concepts as shepherding hard to understand, but the principles are reinforced by the teaching of Jesus Christ. Jesus was the perfect shepherd. He gave us the perfect example that if a sheep wanders off and is in danger, the shepherd leaves the flock in safety and finds the one who is in danger. He picks the lost sheep up in his arms and reunites it back to the safety of the flock.

“ What do you think? If a man owns a hundred sheep, and one of them wanders away, will he not leave the ninety-nine on the hills and go to look for the one that wandered off? And if he finds it, I tell you the truth, he is happier about the one sheep than about the ninety-nine that did not wonder off. In the same way your Father in Heaven is not willing that any of these little ones should be lost.
(Matthew 18:12-14 NIV)

Such is the philosophy of shepherding set and exemplified by Jesus. As he explained in the Parable of the Lost Sheep, so should the church model this concept of care and healing. It is this compassion that will fuel the church to become healing communities.

The lost sheep that are rejected and marginalized because of HIV / AIDS need to be picked up by shepherding churches and brought into healing communities. HIV / AIDS is an incurable disease. When I speak of healing in this context, may it be interpreted in a way that people will be cared for, and through this care dignity and self-worth restored.

The church must embody the model of the shepherd in their pastoral work.

C.V.Gerkin outlines this systematic thought quite wonderfully.

More than any other image, we need to have written on our hearts the image most clearly and powerfully given to us by Jesus, of the pastor as the shepherd of the flock of Christ. Admittedly, this image originated in a time and place in which the shepherd was a common place figure, and we live in a social situation in which shepherding is a scarcely known, even marginalized vocation. Nevertheless, the New Testament depiction of Jesus as the good shepherd who knows his sheep and is known by his sheep (John 10:14) has painted a meaningful, normative portrait of the pastor of God's people. Reflections on the actions and words of Jesus as he related to people at all levels of social life gives us a model sine qua non for pastoral relationships with those immediately within our care and those strangers we meet along the way. (Gerkin, 1922 : 80)

As the church becomes the shepherding influence within a community, Gerkins highlights other factors that the church must touch and be involved with. These important factors are some of the issues he covers in his book , An Introduction to Pastoral Care, New Directions in Pastoral Care. (Gerkin, 1922 : 79)

1. The church community giving care.
2. The church becoming involved with mediation and reconciliation.
3. The church upholding the moral fabric of society
4. The church reaching those in special need.

My objectives of this research is to examine if bridges can be built between rich and poor churches. What I experienced in my work in Kwaquwa was an overwhelming spirit of service and willingness to care for those who were sick from the helpers in the Agape Church. There was a sense of community there that I long to see impacting the suburban churches. A bridge between churches can be interpreted in many ways.

This is not a thesis to summons our Government to the pros and cons of what to do about HIV / AIDS, but rather to encourage church leadership that we should be in the forefront of covering the nakedness of this pandemic. In many cases HIV positive people are too embarrassed to seek love and counsel from their own churches. In some conservative churches, HIV positive people have been removed from fellowship. Just as a hospital is for the sick,

churches are for the broken and suffering people in need of healing and love. Something drastic needs to happen for many churches to come to the realization that they grieve the very heart of God. These churches need to be challenged to their shortcomings. A thesis like this and other such writings need to be made available to motivate and challenge evangelical churches into playing a meaningful role within the greater church community of South Africa.

This church practice is well summarized by HJC Pieterse in the book *Preaching in a context of poverty*. He says:

Present-day practical theologians are largely agreed that their discipline is an action science (Zerfass 1974; Greinacher 1974.....)
The actions studied are performed by all believers in every sphere. They are performed by pastors, preachers, parishioners and Christians outside the church – by everyone who performs any act in the service of the gospel – among individuals, in the congregations and in society. These acts are communicated not just in language but also in deeds (cf Ricoer 1991; Kearney 1996). They are intentional acts aimed at intervening in a situation with a view of transforming it. The transformation at issue happens in accordance with the values of God's Kingdom in the lives of individuals, in the church and in society. It happens through the proclamation of the gospel and through living and acting in accordance with that gospel – with a view to liberation. Practical theology studies these acts in order to improve them against the background of theological theory and the realities of the context and society in which we live and work. (Pieterse, 2001: 9)

Pieterse highlights the process so well. Unless church leadership is in the process of communicating the need for social action, transformation will never

become a reality. When the redemptive community involve themselves with deeds, not only are we communicating the language of love, but in fact healing our own prejudice and injustice of our past.

Within the redemptive community of the church I see the process forward as being threefold;

1. To communicate in such a way that the hearts of congregants are touched. There is a great deal of information out there, we don't just need information, but stories that touch the heart. If a heart is touched, the hand finds it easy to open and to touch the afflicted, poor and needy.

“ Then the righteous will answer him, ‘ Lord, when did we see you hungry and feed you, or thirsty and give you something to drink? When did we see you a stranger and invite you in, or needing clothes and cloth you? When did we see you sick or in prison and go and visit you?’

The King will reply, ‘ I tell you the truth, whatever you did for one of the least of these brothers of mine, you did it for me.’

(Matthew 25:40,41 NIV)

2. To develop a theory for praxis which can help churches to begin small yet highly effective methods of caring for the community of people around their churches within South Africa. In Chapter 3 of this paper, this theory of praxis is discussed as a model that has been developed by Dr. Margie Hardman in White-River, Mpumalanga.

By permission I will discuss this praxis as a model that I believe is functional and highly feasible within the South African context.

3. To discuss and illustrate the effect that poverty has on people suffering with HIV / AIDS. The mortality rate is very high within the poor community. They cannot afford the expensive medication required to help the immune system combat secondary infection.

Poverty also is the main cause for illiteracy in South Africa. A large percentage of rural people are unaware of the dangers of HIV / AIDS simply because they cannot read. They are totally dependant upon hearing from family and friends, this has on many occasions led to their demise.

CHAPTER 2.

2:1 POVERTY AND HIV / AIDS

DIFINITION OF POVERTY

Different disciplines have diverse descriptions of poverty. On the other hand, as Christians, we see and experience the need of others in the community and this has an effect on us. Is it at all possible to define poverty? What criteria do we apply, etc. ?

The United Nations definition of poverty is very helpful: “the denial of opportunities and choices most basic to human development to lead a long, healthy, creative life and to enjoy a decent standard of living, freedom, dignity, self esteem and respect from others.” Within this chapter on poverty, I will bring to the readers attention that within South Africa, poverty has contributed to the spread of this pandemic.

Three approaches will be discussed broadly. The first is the *subsistence* approach. This approach is based on an estimate of the level of income necessary to buy sufficient food to satisfy the average nutritional needs of each adult and child within a family. The cost of this food represents the basic cost of subsistence, which, when added to an allowance for basic clothing, fuel and rent, produces an income figure below which families can be said to be living in poverty (Webster, 1996: 22).

A second approach is called *relative deprivation*. Here, poverty is described as the extent to which socially accepted basic standards of diet, standards of life, facilities for recreation and relaxation are not met. These peoples' resources are so seriously below those commanded by the average individual or family that they are, in effect, excluded from ordinary living patterns, customs and activities.

The third approach, the *participatory approach*, is a totally different approach.

The purpose of such an approach is to provide a more integrated understanding of poverty within the South African context. Poverty is most often understood only in terms of money, or the shortage thereof. It seeks to elicit people's own

experience of poverty. *The South African Participatory Poverty Assessment (SA-PPA)* is such an approach and is of great assistance. The main objectives of the SA-PPA were:

- To explore local conceptions of poverty, vulnerability and relative well-being:
- To explore what the poor themselves regard as the most significant constraints:
- To provide information on dynamic dimensions of poverty and vulnerability, such as survival strategies in times of crisis. Contrary to popular belief, an interesting fact is that 'well-off' meant good housing, using gas or electricity and having a major household appliance such as a television or a fridge. Being wealthy did not mean possessing a BMW or real estate in Constantia or Houghton, but knowing that there is enough food for your children and owning an electric stove on which to cook it.

The essential details of 'poor households were:

- Alienation from the community. The poor were those isolated from the institutions of kinship and community. The elderly, without the care of younger family members, were perceived as 'poor', even if they had a state pension that provided a relatively high income, by local standards. Similarly, young single mothers without the support of older relatives or the father of their children were perceived to be 'poor'.
- Food insecurity. Participants regarded the inability to provide sufficient or good quality food for the family as a result of poverty. Households where children went hungry or were malnourished, were seen as poverty stricken
- Crowded homes. Those who live in overcrowded conditions and in homes in need of maintenance were perceived to be poor. Having too many children was seen as a cause of poverty by westerners, Africans on the other hand like big families, their strong community structure ensure that parents and grandparents are cared for in their old age.
- Usage of basic forms of energy. The poor lack access to safe and efficient sources of energy. In rural communities, the poor, particularly woman, walk long distances to gather firewood. The time required for this constrains their ability to engage in more productive activities. In addition, woman reported that collecting wood and water increases their vulnerability to physical and sexual assault.

- Lack of adequate paid, secure jobs. The poor perceived the lack of employment opportunities, low wages and a lack of job security as major contributing factors to their poverty.
- Fragmentation of the family. Absent fathers or children living apart from their parents characterize poor households. As a strategy for survival, households may be split up into several separate abodes.

Now that we have established the nature and reasons for South African poverty, we must also acknowledge that poverty is widespread. A land with abundant resource and mineral wealth, yet it has one of the world's greatest differences between wealth and poverty. The World Bank classifies South Africa as a country in the upper middle-class group with a per capita income equal to that of countries such as Botswana, Brazil, Malaysia and Mauritius. Yet a large percentage is living in poverty. One of the primary reasons is the inequality in income. Poverty has a major influence towards life expectancy, infant mortality, and adult illiteracy. Rural people in this country cannot read. When literature is distributed about HIV / AIDS prevention, many adults cannot read, are extremely vulnerable to traditional propaganda and become victims.

I want to make reference to the Adult Literacy work being done in Natal.

The AOG in Kwa-Zulu Natal have started many literacy projects in rural areas.

This has proved very successful to those who cannot read and write, and I suggest that rural churches follow this wonderful initiative. Once a person can read and write, then they can think and make important decisions for themselves.

2:2 HIV / AIDS IN SOUTH AFRICA

Recently, a national HIV survey was undertaken by UNAIDS and the W.H.O. It's findings show that Kwazulu-Natal, Mpumalanga and Gauteng are the epicenters for the HIV / AIDS epidemic in South Africa. 16 548 blood samples of pregnant woman, who visited the public health facilities, were tested in October 2000.

Staggering HIV infection rates were revealed in Kwazulu-Natal where 36,2% Of the pregnant woman tested HIV positive. Mpumalanga recorded the sharpest increase at 29,7%. (23,8% in 1999). Nationally, the estimation is that 24, 5% of pregnant woman are HIV positive. Projections, extrapolated from the survey, estimate that 4,7 million people in South Africa are HIV infected. Of these, the majority are woman in their prime, 20-29 years of age.

In 1999 and the early quarter of 2000, another survey was done by UNAIDS and W.H.O. The method that they followed was to calculate the new estimates on the prevalence and incidence of HIV and AIDS deaths, as well as the number of children infected through mother – to – child transmission of HIV.

This survey included men and women aged 15-49, which covers people in their most sexually active years. The results of this survey follow.

Estimated number of adults and children living with HIV / AIDS, end of 1999

These estimates include all people with HIV infected alive at the end of 1999, whether or not they developed symptoms of AIDS:

Adults and children	4 200 000	
Adults (15-49)	4 100 000	Adult rate (%) 19.94
Woman (15-49)	2 300 000	
Children	2 300 000	

Estimated number of deaths due to AIDS

Estimated number of adults and children who die of AIDS during 1999

Deaths in 1999	250 000
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Estimated number of orphans

Estimated number of children (while under the age of 15) who lost their mother or both parents to AIDS and who were alive and under the age of 15 at the end of 1999.

Cumulative orphans	420 000
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National sentinel surveillance surveys of antenatal clinic attendees have been conducted in South Africa since 1990. HIV information is available by province. In Natal, Western, Eastern and Gauteng States where the major urban areas of Johannesburg, Pretoria, Durban and Port Elizabeth are located, HIV prevalence

among tested antenatal clinic attendees increased from less than 1% in 1990 to a median of 19% in 1998. In 1998, HIV prevalence ranged from 5% to 33%. HIV prevalence among antenatal clinic attendees under 20 years of age increased from 2% in 1991 to 20% in 1996. In 1997, 10% of antenatal clinic women under 15 years of age tested HIV positive. Peak HIV infection occurred among antenatal clinic attendees who were 20 to 24 years of age.

HIV prevalence among sex workers tested in Natal increased from 50% in 1997 to 61% in 1998. Information on HIV prevalence among STD clinic patients is available from Johannesburg since 1988. Among male STD clinic patients, HIV prevalence increased from 1% in 1988 to 19% in 1994. Among females, HIV prevalence increased from 2% in 1988 to 25% in 1999.

Mapping the geographical distribution of HIV sentinel sites for different population groups may assist in the interpretation of the national coverage of the HIV surveillance system and explain the differences in levels and trends of prevalence. The UNAIDS and W.H.O. working group on Global HIV / AIDS and STI Surveillance, in collaboration with the UNICEF / WHO Health Map programmer, have produced maps portraying the location and HIV prevalence of HIV sentinel sites in relation to population density, major urban areas and communication routes. Maps illustrate separately the most recent results from HIV sentinel surveillance in pregnant women, and in sub-populations at a higher

risk of HIV infection.

HIV / AIDS is touching every corner of South African society. It knows no boundary, whether it be class, race, language or religion. Latest statistics suggest that whites have the highest % per 1000 , refuting common thought that it's highest % of infection was with rural blacks.

National HIV Survey 2000.

The purpose of this study was to monitor prevalence trends among public antenatal clinic attendees. The findings is to raise public awareness, including church leadership, propelling them to action. I have extrapolated the data into the tables to support this chapter.

SUMMARY OF HIV / AIDS IN SOUTH AFRICA.

Much data has been collected to demonstrate HIV / AIDS in this country. I have used what I feel to be the most consistent and accurate, taking into consideration that it becomes outdated very quickly because of the nature of this virulent pandemic. The trends are what I want to highlight. It's these trends that I want church leaders to take cognizance of, making determined efforts to reach their community, where God has placed them.

- 2000 National HIV infection rate at antenatal clinics: 24,5%
(*Ante-Natal Survey, Department of Health, 2000*)
- Minister of Health, Dr. Manto Tshabalala-Msimang confirmed that from reports taken in April of 2000, that 4,2 million South Africans are already infected with HIV.
- 40% (R44.2 million) of the funding (R109,7 million), allocated by government to fight HIV / AIDS in the 1999 / 2000 financial year was unspent.
- By the year 2010, AIDS will have killed 5,6 million South Africans.
(*US Bureau of the Census, 1990*)
- By the year 2010, 6 million people, and 18% of the workforce, will be infected (*SA Institute of Race Relations, 2000*)
- Only 48% of clinics in KwaZulu-Natal, which has the highest levels of HIV infections in the country offer the test (*SA Health Review, 1998*)
- Impact on life expectancy in 1998 – approximately 14 years
(*US Bureau of the Census, 1999*)
- AIDS will double the child mortality rate by 2010 (*HIV / AIDS and Human Development South Africa, UNDP, 1998.*)
- By the year 2002, there will be 800 000 AIDS orphans in South Africa (*HIV / AIDS and Human Development South Africa, UNDP, 1998.*)

- Anecdotal evidence suggests that patients with HIV – related illnesses occupy approximately half of the acute pediatric and adult medical beds in South Africa (*SA Health Review*).
- There are about 1600 new infections every day. (*SA Yearbook 1999*)
- Given our fertility rate, AIDS will not overcome the momentum of population growth. However, population growth rates are projected to drop by 71% by 2010 as a result of AIDS (*SA institute of Race relations*).
- The biggest impact of AIDS will be on life expectancy. By 2010, life expectancy will be 43 years; 17 years less than it would have been without AIDS (World Health Organization Bulletin, Oct 1999)

Due to the virulent and aggressive nature of HIV / AIDS, by the time this data is published it will be out of date.

2:3 ETHICS ASSOCIATED WITH HIV / AIDS

One is confronted with a tapestry of ethical issues within the encumbrance of this pandemic. To a fundamentalist, maybe the field is narrowed, but to the liberated, post modern society where I find myself and where I have molded my worldview, it is not so cut and dry. HIV / AIDS confronts Christians and non Christians and presents the church with many difficult ethical questions to answer. This thesis is focused on the Christian Church and it's healing ministry. How should the church respond to their own members that are living or affected with HIV / AIDS ? Some relevant questions that church leadership need to ask themselves;

- Can a church actively promote measures to prevent the spread of HIV?
- What church resources should be used to care and help the affected people within the congregation and in the community where the church is placed?
- Does the church have a vision to involve itself with such a project?
- How can conditions favoring the spread of HIV / AIDS be corrected?
- What do churches say about such matters?
- What is the individual responsibility of Christians in this area?
- How can churches and Christians cross the denominational boundary and unite with a common cause to help this great humane need ?

My lack of involvement with Tandi at ASM helped shape my ethical character in how I viewed people living with HIV / AIDS.

Ethical character of the individual and collectively in what we term the church, is shaped by information, fears and prejudice and how we act upon these views. For many, their fears keep them inactive, for others they are motivated by their passionate value to show Christ's love towards their neighbour, to save lives, to work for reconciliation and see justice being done.

I was inactive towards Tandi for two reasons;

- 1) Inward racism.
- 2) Fear.

2:3:1 RACISM IN THE CHURCH

The great problem that we face in South Africa today is indifference towards people of colour. Most deny it until they are confronted with a situation, a situation like I faced with Tandi. I could have continued as a modern day Pharisee, disguising it well but always having indifference in my heart towards other races and cultures that also are becoming members of suburban churches. Prejudice is stamped when we are young, what we see and hear from our parents. The older generations within South African society, black, white, coloured, and Asian find it hard to change their worldview which have been imprinted from years of living under apartheid and discrimination. Whites justify themselves from their perspective, blacks feel justified towards 'affirmative action' having grown up in a country where they were disenfranchised. These are some factors which affect Christian ethics.

I knew I had to change. If Tandi had been a young white girl at ASM, my involvement with her would have been very different. With people of similar race and culture we feel connected, yet with people of different culture and race we have no connection. It is this unconnected value that we hide behind. As Christians, this unconnected value must challenge our conviction and principles.

These are:

- all human beings are created and beloved by God, Christians are called to treat every person as of infinite value.

So God created man in his own image,
in the image of God he created him;
male and female he created them.
(Genesis 1:26 NIV)

- Jesus Christ died to reconcile all to God. Christians are called to work for true reconciliation. This reconciliation must include issues such as injustice and inequality
- All Christians are members of one body. That body being the church of Jesus Christ. This is a foundational principle of New Testament teaching.

In the WCC Study document, Facing Aids they challenge that ethical principles be discussed openly within the church community to help and bring responsible solutions rather than in house fighting and division. This is a time when churches must unite with a common objective to help the greater cause, a community of people that need help, guidance and love.

The document suggests the following by Dr. Kenneth Boyd who is an ethicist and professor at the Institute of Medical Ethics, Department of Medicine, Edinburgh University.

Ethics is the systematic study of moral reasoning in theory and practice. It clarifies questions about right and wrong, but also demonstrates their complexity: most ethical theories, and many moral judgments, are contestable. Some norms, values or principles have found sufficiently wide agreement for codes of professional practice or laws to be based on them,

but no ethical theory or decision – making method yields unequivocal conclusions which convince everybody. Too many different beliefs , philosophies, cultural backgrounds and life experiences influence our views of right and wrong. Nevertheless, meaningful and constructive frameworks developed by ethical reflection over the ages can be used to examine the facts and values in question, leading to a degree of consensus, or at least a mutual understanding of divergent views.
(WCC Facing Aids, 1997 : 52)

My understanding of Christian ethics at the onset of this paper was rather elementary. I would encourage Church leadership involved with HIV / AIDS and its' associated fields to broaden their understanding of the ethical implications that they will face. Ethical guidelines can be grouped into four main principles:

- 1) respect for persons
- 2) beneficence
- 3) non-maleficence
- 4) justice.

The WCC document on Facing Aids lists these four principles:

2:3:2 Principle One: respect for persons

While many would agree that a person cannot or should not be considered as a distinct entity outside of relationships or community, the focus of the term in this principle of the human being capable of exercising a degree of autonomy, however limited. Autonomy is, literally , “self rule” – the capacity to think, to make decisions and to act for oneself. It may be limited by immaturity, by lack of relevant information or by physical constraint. The capacity for autonomy is a matter of degree, and is greater or less in different persons at different times.

Ensuring maximum respect for the autonomy of people who are inarticulate, impaired or constrained may require special skills in listening or enabling, or in the political arena.

To exercise their autonomy, people need access to relevant information on which to base their decisions, as well as a degree of liberty which ensures that they make decisions without undue coercion or manipulation.

2:3:3 Principle Two and Three: beneficence and non-maleficence

Beneficence is literally “doing good”; non-maleficence is “not doing harm”. The first of these principles speaks of the duty to enhance welfare of other people if one is in the position to do so. The second reflects what has been considered the most important moral principle for physicians since the time of Hippocrates: “Above all, do no harm.” Together these two duties require physicians to produce net medical benefit with minimum harm. In order to determine what is in the best interests of a person who is temporarily or permanently unable to express his or her own autonomy, not only medical evidence but also the insights of other carers and friends may have taken into account.

2:3:4 Principle Four: justice

The principle of justice or fairness is more wide-ranging than the previous three, and thus may be appealed to if they are in conflict. While the principles of respect for persons and beneficence are concerned more with individual ethics, justice is more concerned with social ethics, with the treatment of actions within and between communities, societies or nations.

Justice is especially concerned with the distribution of goods, services and resources. *All human beings are presupposed to be of equal worth; and attributes like status, gender, wealth or merit do not justify inequalities.* Not all inequalities are unfair: people have very different needs, and while those with equal needs should be treated equally, those with unequal needs should be treated unequally, that is, differently but within the claims of justice or fairness.

Justice is concerned with formulating criteria for resolving conflicts which arise between people because of widely differing conceptions of what people ‘deserve’ or do not ‘deserve’. These depend not only on a person’s convictions, but also on his or her relative position within the local, national or global community. In the context of HIV / AIDS, justice is related both to questions about the distribution of scarce resources in health care and to the larger issues of poverty and economic constraints as contributing factors to the spread of HIV.
(WCC Facing Aids, 1997: 52)

For Christians, beneficence is a basic duty, but Christian ethics goes beyond the moral rule of beneficence which is required of everyone at all times. Because it comes within the command to “love your neighbour as yourself” (Matt.22:39; Mark12:31; Luke 10:25-28). Values of the Kingdom expressed through the bible encourage that we don’t only do things out of duty but out of love: going also “the second mile” (Matt.5:41).

2:3:5 ETHICS APPLIED TO SOME ISSUES RAISED BY HIV / AIDS

A praxis for decisive decision making within the broader Christian community is needed when it comes to complex ethical issues. Most Pastors need guidance and clear defined boundaries, which will help to unite leadership to map a way forward. There are a number of ethical issues that I would like to address in this paper. I am sure there are more but I will endeavor to cover the most important issues that church leadership will confront when dealing with HIV/AIDS.

2:3:6 DISCRIMINATION

Discrimination against people living with HIV / AIDS occurs in all societies and communities. In my experience of people with HIV / AIDS living in Kwaquwa (Witbank) discrimination was rife. Families rejected their own, churches often expel congregants because of stigmatization. I rejected the cry for acceptance and love from young Tandi, I did not possess the God given revelation that all people are created equal, even though I was in training to be a minister. Racial indifference is part of South African life but that does not justify this practice within the church community. The New Testament calls Christians to be the example (witness) to the world. It needs to start within the church. My experience is that churches in South Africa can truly hold their heads up high. The majority are serious about transformation into the image that glorifies the Kingdom of God and all people are treated as equals.

Discrimination compounds the problem of AIDS prevention. Churches need to inform communities that HIV / AIDS is not an ancestral curse but a disease that can be prevented through moral values. This is especially true within rural communities. Some traditional healers have done considerable harm in misinformation. They have used this to further their own means to the detriment of entire communities. Political correctness wants to avoid confrontation, but if some traditional leaders continue to use HIV / AIDS as a lever to further their own means, I believe then that government must act accordingly.

The struggle in South Africa was fought in order that all people are equal. With this equality, men and woman from all races could receive respect and dignity. The Dutch settlers regarded the indigenous peoples as culturally inferior, heathens, destined by God to be the hewers of wood and the drawers of water for their superior masters.

The settlers prospered; the indigenous peoples and imported slaves suffered. The Christian faith seemed to provide the rationale necessary to justify the situation. As the white settler community pushed into the interior, notably at the time of the Great Trek in 1836, Christianity was used to justify and explain what happened.

Later in history, Christianity became identified by many blacks as being allied with apartheid. In protest against government policy and action in the name of Christianity, a small group of black ministers staged a march in Johannesburg in 1977. They were arrested and charged in the Magistrates Court with breaking the law. The following is the statement they made in court:

The Honourable Minister of Police and Prisons, Mr. Jimmy Kruger has stated that people who do not accept the concept and policy of apartheid can say so without fear of being prosecuted, harassed, and intimidated. It is on the strength of his words and of the truth of the Gospel of Jesus that we stage this protest march as testimony of our non-acceptance of apartheid and its attendant evil efforts. This march registers our total and absolute rejection of the Bantu-stan Apartheid Policy. We want to say that this policy is responsible for a great deal of unhappiness in our country:

Detentions without trial. Banning orders, the unjust enforcement of Bantu Education, mass removals, job reservation, muzzling of the Black Press, a disproportionate and disastrous military budget, etc.....

In the face of these injustices perpetrated by the White Christian Government, we have great difficulty as Ministers of Religion in explaining the Gospel to our Black people.

The White people came here and told us they were bringing a Gospel of brotherhood. But they will neither live in the same areas as us, nor sit in the same coach in a train.

They told us that they believed "you must love your neighbour as yourself", but they will allow us none of the things they wish for themselves, no equal opportunity in work, no say in Government, no free movement.

They told their Gospel was one of sharing, yet they have taken more than three quarters of the whole land for a small minority, and force us to work so that they always gain ten times as much as us.

They told us that Christian life was based on the family, yet there are a million of our men working with them not allowed to have their families where they work, driving our people to sin.

They told us Christianity brought the light of civilized culture, yet they oblige our children to a form of Education that is narrowed and impedes their access to the education and culture of the world.

They told us the grace of Christ made the human person priority No.1, yet in a country full of wealth they leave hundreds of thousands out of work and with no unemployment benefit, their children starving.

They told us it was a gospel of kindness, yet they push us so far from our work that parents are fourteen to sixteen hours away from home and do not see their children awake between Monday and Saturday.

They told us that Christ had broken down all barriers between peoples, yet their Christian Government is forcing us who have worked together for hundred years and more to become separate nations.

They told us “truth would set us free”, yet when we try to speak the truth of this that we see it, our spokesmen are detained or banned, our free associations crushed, quotations of our leaders forbidden.

The result of this is that our voices sound hollow when we preach this Gospel in the Church. We implore the White Christian Government to examine its conscience and heed the voice of the Gospel.

(J.W.de Gruchy, 1979: 179)

The reason I submit this information is to inform and widen many peoples understanding of the history behind discrimination in South Africa. It is deeply rooted, and will take generations of respect and good governance to establish a society in which all races can respect and treat each other as equals. When it comes to people suffering with HIV / AIDS this discrimination can be worse. The church needs to be in the forefront of changing this discrimination and evil, and treat all people as equal, thereby becoming a healing community.

I grew up in Zimbabwe and prior to 1980 the country had a white minority government. Whites were the privileged race, most of whom were descendants from England, Europe and South Africa. With the backing of these great powerful colonial powers, whites felt justified to do almost anything. Blacks had their own hospitals, lived separate to whites in designated areas called townships. They were not permitted to attend ‘white only’ schools. Years of this suppressive treatment produced hatred and resentment. Whites justified themselves that blacks were primitive, and because of their primitive nature were

happy to exist by subsistent means in communal areas. Civilization and western education would spoil them. Whites justified themselves by looking behind them at what happened with indigenous people groups in the Americas and Australia.

Let the discrimination of the past act as a valuable yet painful lesson to future generations. Ethical principles require that no one be discriminated against because of attributes such as race, gender, religion or being affected by a particular disease. The principles of beneficence and non-maleficence are clearly violated in the case of discrimination.

2:3:7 CONFIDENTIALITY

Confidentiality is a very important ethical principal for pastoral counselors, especially Pastors and Ministers that communities hold in high regard. A relationship of mutual trust must be protected by special obligations. We are seeing this more and more with patients with Aids. Where confidentiality and trust is kept, there is a greater opportunity of a positive influence into their lives. This positive influence experienced in Kwaquwa reduced sexual behaviour, thereby reducing the risk of the transmission of HIV infection to others.

There have existed situations however where a spouse refuses to reveal his or her status. This places their partner in a situation of contracting a fatal disease. In this situation, what does the Pastor, Doctor or counselor do? Do they respect the infected partners autonomy or breach confidentiality in order to avoid potentially fatal harm to the partner? People knowing that they are positive, yet continue to be sexually active without disclosing their status to their partners.

My personal view as a Pastor is the sovereignty of life. Life is a gift from God and as Pastors our theology must always be to obey God's Word. "Thou shall not kill" is I believe, an absolute for all humanity to have as an important roadmap in civilized society.

2:3:8 HIV / AIDS & SEX EDUCATION

In some cultural environments, especially in parts of Africa, people refuse to talk about sex, HIV / AIDS and other aspects related to sexually transmitted diseases. People that are conservative fear that open sex education and talk of condoms, at school encourage promiscuous behavior.

Clearly the church has a responsibility towards moral regeneration. In spite of understandable reservations, research has revealed that education about sex, HIV / AIDS and health in general, particularly with children does not result in

increased sexual activity. The responsibility of the church in facilitating sound, well resourced education is thus necessary. There are many well balanced institutions that are prepared to visit church and youth ministries to relate this information. I have seen some excellent drama productions where the message of sound morality is conveyed very effectively.

2:4 THEOLOGICAL PERSPECTIVES

The theological references that touch this subject are very large and could in themselves form the basis for it's own study. I want to address two theological areas that touched my life with my involvement with HIV / AIDS. These are:

1. God's creation an expression of His love.
2. Biblical boundaries of 'Human Sexuality'.

2:4:1 THEOLOGICAL PERSPECTIVES IN RELATION TO GOD'S LOVE

A question that is often raised is," How can a God of love allow this suffering as a result from HIV / AIDS to happen" ? A Theological perspective is given to help readers who are challenged by this question. This is not a new phenomenon, there has always been human suffering and tragedy, it is how we react within tragedy that determines our relationship to God. There are two consequences, it either brings us back to God, or it propels us away.

This general rule can be applied to many areas in life.

God created man and woman in His own image primarily to have a relationship with them. God is a relational God; we see this in the Trinity, in human society as well as in the natural world that God created.

A loving relationship thrives within the confines of freedom. As soon as force or manipulation is applied to any relationship, it dies. This is not by chance, it is God's design. God gives humanity the freedom to love Him or reject Him. Love is expressed through obedience, when we obey God we express our love.

As we express our love in freedom, we can also as humans reject God's love and choose to love and exalt self. This is where sin enters the equation and evil abounds. Every human being is fulfilled when the relational demand is met, in particular with God. In our freedom, of course, it is possible to reject relationship with God and act as if this did not exist. It is equally possible to reject or disrupt relations with other human beings. Such distortion of being in-relationship is sin. Sin outworks itself through selfish actions.

Suffering in the world is a direct result of sin. A person chose to rebel against God and live by his / her own decisions. These choices either result in blessing or curses. Sin has also effected the natural world, disease, national disasters etc. Nature groans for the Day of redemption when Jesus will restore all things. Just as God has chosen not to interfere with the man's freedom, He chooses not to in

step in when natural disasters occur such as floods, earthquakes etc. This theology explains why diseases such as malaria, cholera and HIV / AIDS occur .

My relationship, or lack of it with Tandi, expressed my theology stance at that time. I was so involved with myself that I could not be an expression of God's care and love to another person. Selfishness is the root cause of so much wrong in the world today. The bible portrays a God of love who " so loved the world....." (John 3:16) and beseeches woman and men in their turn to love God and to walk in God's ways. Dr. James Dobson, a Christian psychologist who for years has authored books on marriage, adds that one of the destructive factors that destroy marriages is the lack of respect. A good loving relationship, be it husband or wife or people living in any given community need respect towards others if the relationship is to be positive. Respect acknowledges the differences people have and always renounces domination of one culture or race over the other. A second equally important characteristic is the affection, love or esteem in which each holds the other. Only with love, respect and affirmation will relationships flourish and blossom.

Every human being desires to be in community and therefore belong within a relationship or interconnectedness with other humans. This relationship is expressed first towards God and then towards each other. Jesus expressed an openness towards people of all kinds, without barriers of class or race or gender.

Just as God in love accompanies all creation, so Jesus went among the poor, telling them that they were loved by God.

When people in our congregations live out of a relationship with God and follow Jesus, they open themselves up to others, not just those in the church but outside the church. Churches must not be inward in nature, withdrawing into closed community but embracing all like Jesus demonstrated to all humanity.

Alastair Campbell in my opinion is a great thinker of many of the dilemmas that plague modern society. Not only can he assess but provide very practical steps of remedy. In his book, "Rediscovering Pastoral Care." He entitles a chapter, 'Communal Rediscovery' which helped me to understand my own ministry as well as the ministry of other churches in South Africa. He says:

Just as vital as an individual's rediscovery of pastoral resources within the self is the renewal of the pastoral ministry of the Church as a community of those who care. This communal dimension of rediscovery will be aided by two developments: the revitalization of theology so that it springs once more from situations of real human need encountered in pastoral care; and the recovery of the ancient insight (Micah 6:6-8) that spirituality and the seeking of justice are inevitably intertwined, giving pastoral care a necessary political dimension.

A Revitalized Theology

The rediscovery of pastoral care depends upon the formulation of a common language by which individual Christians can both communicate with each other and explain to the world outside the Church what they are trying to do in their caring acts. Yet there has been a dearth in recent times of the kind of reflection upon praxis which creates a living theology. The emergence of such a theology depends upon an escape from the excessive rationalism and disavowal of the emotions which has characterized traditional theology. In a world of abstract categories the

organized world of emotional and bodily reactions has no place, yet this is the world in which most people encounter their greatest problems. Small wonder that what Churches say seems largely irrelevant to the majority of people in modern times. (Campbell, 1981:108)

A way to such rediscovery seems to lie in the development of a viable 'hermeneutic' of what Anton Boisen called the 'living human documents' of pastoral care. Seward Hiltner's *Preface to Pastoral Theology* was an early attempt to achieve this through the creation of what he called 'inductive theology, but Hiltner lacked a clear methodology for achieving this desirable aim.

The praxis of expressing and touching people with HIV / AIDS is when these people can be lovingly absorbed into the community of the church. This dimension within the South African context will be the greatest challenge that the church has ever faced. Out of this pandemic we face a need of loving and caring for approximately 800 000 orphaned children. The magnitude of this exercise has to touch the heart of every church in this country if we are going to have a meaningful impact. If these innocent little children can be adopted into loving Christian homes, you can imagine the positive impact it will have on the next generation.

There are a number of dimensions that I want to highlight within this community that we call the congregation. Charles Gerkin's methodology clearly defines these dimensions and show how they interconnect within this community.

This methodology is very helpful in dealing with communities affected with HIV / AIDS. He says:

To speak of pastoral care as involving the care of the congregation as a community that expresses its loyalty to the Christian tradition requires that we examine more closely what a congregation is and does. To provide caring leadership of a community of Christians, the Pastor needs not only clear vision of what a congregation should be, but also the capacity to think and act with clarity in relation to the realities of a given congregation. It is useful to think of the life of the congregation as having five dimensions. I will therefore speak of the congregation as:

- (1) a community of language*
- (2) a community of memory*
- (3) a community of inquiry*
- (4) a community of mutual care*
- (5) a community of mission*

(Gerkins, 1922:121)

I will highlight the relevant points that Gerkins seems to stress in order for the church community to be effective.

1) A Community of Language

The Christian church communicates the language of the bible. The bible provides the language through which communication takes place in the church. James Gustafson asserts that for Christians there is a normative way of thinking and speaking meaningfully to one another that is rooted in an appropriation of biblical images and themes. To speak to one another utilizing the imagery of the Bible is to communicate in the native language of the Christian community.

2) *A Community of Memory*

This community concentrate on passing on the Christian tradition. The retelling of Christian stories that where passed from generation to generation.

3) *A Community of Inquiry*

This community centers around the pastoral leader of a Christian community, which engender in persons, both individually and as a community, a mood and habit of inquiry, most particularly inquiry into the ultimate meaning of their actions and the actions of others upon them. To care deeply for persons is to inquire with them, question with them about what the events of their lives mean at the deepest level. A pastor is expected to interpret human situations from a Christian reference point and dispense pastoral care and advice.

4) *A Community of Mutual Care.*

One of the primary reasons for dysfunctional families is when relationships are broken. This was common during the apartheid era when fathers were separated from their families for long periods of time while working in the mines. Mutual care must be offered to all people within the church community. To experience such a community is to overcome loneliness that pervades contemporary culture.

The Dictionary of Pastoral Care and Counseling defines pastoral care of the Congregation as “the ministry of oversight and nurture offered by a religious community to its members, including acts of discipline, support, comfort, and celebration.” (R. Hunter, 1990: 126) To be a member of the Christian community thus means to give and receive a variety of forms of care.

In the post modern world we live in there is a tendency towards alienation rather than drawing people close into community. This alienation effects church life as well as society at large. The role of the pastor or pastoral care giver is to encourage this mutual care within the community. Churches that embrace this role become beacons of hope within any community. Churches can facilitate and lead community projects that promote care and social needs into the wider community. In this regard would the care community become involved in HIV / AIDS .

5) A Community of Mission.

The church is the extension of Jesus Christ into the world. The church is called to have a positive influence into the world. As H. Richard Niebuhr has said of the influence of biblical faith on Christians, the church “*loses its character as Church when it concentrates on itself, worships itself and seeks to make love of the Church the first commandment.*” (Niebuhr, 1922: 127) Gerkins further uses the example and principle from Niebuhr.

People who call themselves the 'redemptive community' are to be faithful to the God of the church and to Christ, who is the head. The ultimate objective of the Christian Community is to increase among all people the love of God and neighbor. What Gerkins points out is that if Christians are to be true to the Christian tradition, they need to extend love and care past the physical walls of their churches, into the grass root people.

Gerkins makes the point that Dieter Hessel's research reinforces his own interpretation of what pastoral care must be. When we study the history of pastoral care, you cannot separate pastoral care and the social ministry of the church.

Since God is radically social, all modes or dimensions of ministry are social in ways that encompass both personal growth and political responsibility. Congregations must develop the modes of ministry with intentionality and competence, so that ministry contributes to social transformation as well as human fulfillment, to health of community and country as well as human fulfillment, to congregational renewal, to local / global action as well as to church growth. (Gerkin, 1992: 128)

2:4:2 THEOLOGICAL PERSPECTIVES IN RELATION TO HUMAN SEXUALITY:

South Africa is not unique in that its population is made up of many different races and cultures. Each race has their own custom and values that are placed on human sexuality, but sexuality plays an integral part in their identity. It

is not the focus of this thesis to bring commonality in view of sexuality, but rather that each race or culture is placed under Christian doctrine when it comes to sexuality.

Christianity has traditionally expressed the understanding that sexuality is a gift of God for both procreation and a wonderful intimacy between husband and wife in marriage. The Bible clearly states that sexual intimacy outside of marriage is sinful in the sight of God. Post modern society that does not embrace the fundamental interpretation of human sexuality in terms of biblical interpretation becomes confused as to the acceptance or rejection of non- heterosexual identity.

Due to the fact that human beings are sexual by nature, and the major cause of the spread of HIV / AIDS virus is through sexual intercourse, this increases vulnerability to this disease. People that have multiple partners are the highest risk such as prostitutes (sex - workers). Sexual activity amongst teenagers in South Africa is at an alarming high rate. It is estimated that seventy percent have engaged in sexual activity before marriage. Of that percentage at least twenty percent had four different partners. The old fashioned way of being a virgin at marriage or at the alter seems archaic, teenage girls are teased and ridiculed if they remain sexually inactive. Our society reels in the middle of a sexual revolution. Young people today under the age of twenty, have a liberal view of

sexuality compared to people born in the fifties and sixties. This sexual revolution is like throwing petrol on a burning fire. The high percentages of young people who are infected with AIDS speaks for itself.

I would like to include an extract from the presentation of John Habgood, Archbishop of York at the WCC conference on HIV / AIDS in 1987, This extract clearly defines for me our human frailty within the context of human sexuality and HIV / AIDS.

The AIDS virus is fragile. For its transmission it depends upon intimate contact. And there is an interesting connection between intimacy and Vulnerability. Every intimate contact makes us vulnerable in all sorts of ways, not only through transmission of infection but also psychologically and in our personal identity. This is why every civilization has in various ways surrounded intimate relationships with rules, with structures, with ceremonies, with taboos. These have, as it were, protected the relationships.

What I see the Aids epidemic as teaching us is that we can no longer treat these intimate relationships lightly. That is where the world has lost its sense that close contact between human beings needs to be within an ordered framework....This, it seems to me, is a moral and theological understanding which can be expressed in ways which are accessible not only to those with Christians commitment but to all those who think seriously about our human nature and our contacts with one another.

(WCC Facing Aids, 1997:31)

History proves that society looks to the church for moral guidance. The church determined for society what was sexually moral and what was sexually immoral. This trend worldwide no longer exists in reality. Post modernism places paramount importance on 'individual human rights.' A person chooses for themselves their own sexual identity and orientation.

However, I strongly believe that we have a golden opportunity within South Africa, to reverse this trend. History records that all great cultures and civilizations cracked when they embraced immoral behavior. Christian faith and churches clearly have an important role in influencing positive moral behavior within communities. Young people are looking for answers that are real. They look for direction from trusted mentors. The church community which I like to refer to as God's 'Redemptive Community', because they are no longer governed and directed by world forces, but submissive to the influence and direction and power of God must become the agent in which can touch a broken world through the pandemic of HIV / AIDS. This subject will be covered in the last chapter of this paper.

2:4:2:1 HOMOSEXUALITY

Theological perspective towards homosexuality is important within the context of this thesis. A large percentage of the gay community are in fact HIV positive. In my experience whilst in the church in Witbank, I was confronted on a number of occasions to counsel such people who wanted to know their status in relation to God and church. To answer questions such as , "Am I condemned to die , does God love homosexual people?"

The great problem with modern society is that we have deviated away from God's order. God created us in His image, male and female. A man leaves his father and mother and becomes one with a woman, who becomes his wife through the sacred union of marriage. (Gen.2:24 NIV)

We have to refer back to a point of reference, a blue print of God's design. For me that is the only way to keep true to the original plan of God for mankind. People have always had the propensity when intoxicated with sin to interpret and justify their wrongful action, their own way. When the percentage grows, they feel automatically justified and begin to proclaim their justification.

The world has looked to modern science and medicine because they no longer look to God. Modern science and medicine have reached no consensus about the causes of homosexual orientation. Among the factors proposed as possible causes are genetic determination, pre-natal hormone levels, disturbances in family relationships (e.g. absentee father, dominant mother)

My I suggest that the cause of homosexuality is none of the above but plain old sin. When the inhabitants of Sodom did great evil in the sight of a Holy God, God sent his angels to bring justice. Genesis 18:20 (NIV). This great evil was sodomy, a practice that God does not condone but condemns. They called to Lot, " Where are the men who came to you tonight? Bring them out to us that we

can have sex with them.” (Gen.19:5,NIV) In that same chapter it says that all the men from every part of the city of Sodom – both young and old – surrounded the house. The reference to gender here is most certainly male. Other biblical texts that reinforce this theology is Paul’s writings:

Therefore God gave them over in the sinful desires of their hearts to sexual impurity for the degrading of their bodies with one another. They exchanged the truth of God for a lie, and worshipped and served created things rather than the Creator – who is forever praised. Amen. Because of this, God gave them over to shameful lusts. Even their women exchanged natural relations for unnatural ones. In the same way the men also abandoned natural relations with women and were inflamed with lust for one another. Men committed indecent acts with other men, and received in themselves the due penalty for their perversion.
(Romans 1:24-27 NIV)

Liberal theologians will argue that my view is too narrow and biblical evidence given to homosexuality is little. The God of the bible is heterosexual, as seen in human kind and in the animal kingdom that God created.

Closing this brief sub-chapter on homosexuality and it’s ties with HIV / AIDS, we need to communicate God’s principles on this human issue and not our own.

God’s reveals himself to us through Holy scripture.

“ Do not lie with a man as one lies with a woman; that is detestable.

“ Do not have sexual relations with an animal and defile yourself with it.

A woman must not present herself to an animal to have sexual relations with it; that is perversion. (Leviticus 18: 22,23 NIV)

2:4:2:2 HUMAN SEXUALITY IN RELATION TO CHILD ABUSE

Child abuse within the context of this thesis is necessary. It is prevalent in South Africa at a high level and the church needs to take a more proactive stance against this violent act against innocent children. In her recommendations contained within the 1988 Cleveland (UK) Inquiry Report on child abuse, Lord Justice Elizabeth Butler-Sloss (1933-) states that 'the child is a person, not an object of concern. '

The Report of the Inquiry into Child Abuse in Cleveland, London, 1988 :245)
In many countries on this continent, a great deal needs to be done against abuse. Children are at risk from unscrupulous individuals, but also from highly sophisticated organizations trading in child pornography, child prostitution, child labour and using children to fight in dirty wars.

In this disturbing scenario, it is vital that the true basis of a child's right to protection is fully grasped and also promoted and acted upon by the Christian Church. The important reminder in the Cleveland report that a child is actually a person must be expanded upon with a full biblical statement that each human being is created by God in his image (Gen. 1:26-27)

Children are the most vulnerable within society and as such children have a special right to protection. They must be seen not just as property to their parents or guardians, but as individuals unique human beings who are themselves responsible to God and who are entrusted to the care of their parents for a time. As such, children must be accorded the dignity which is richly and equally deserved by every human being, created in God's image and likeness.

Jesus words in Matthew 18:5 and the severe warning which follows against harming little children must be echoed by the church. This fundamental right must transcend cultural practices. Parents selling their young daughters as sex workers for economic reasons must be strongly condemned by the church.

The dilemma of how to protect children effectively when they are found to be at risk is a continuing one, particularly as increasing incidences of children being abused by other children or by adults in residential or foster care comes to light. The importance of the church's role in preventative work and in family support cannot be overestimated.

CHAPTER 3.

3:1 CREATING A PASTORAL CULTURE OF CARE.

The HIV / AIDS pandemic presents the church with the greatest opportunity to extend care. As I have already mentioned, this is probably the greatest challenge that the church has had to face on the African continent. The church needs to pick itself up and face this moral and pastoral challenge head on. Church critics have slandered the church, stating that we are as sick as the victim themselves. Little do they know that God's divine principle of sowing and reaping never fails. If we sow the seeds of love and care, we will again reap an abundant harvest, and the church will regain its respect and honour. Care givers within the broader church community can make a positive contribution in their congregations by helping to create an accepting and welcoming attitude to people who are HIV positive. This communicates a message to all that are HIV positive that the church does not judge, stigmatise, or reject anyone. This is so crucial to the overall success of reaching infected people, as well as the affected families.

With my experience in Witbank, I encountered many incidences to stigmatisation. What troubled me was that many church members feared rejection by their own churches. Where the church community needed to accept and love, these affected people felt that they would be judged, rejected, and asked to leave their

church community, causing embarrassment to their own families.

At Africa School of Missions in White-River, I experienced what a caring community can do with a person living with HIV / AIDS. When Tandi revealed her status to the college community, she was received with overwhelming love and acceptance. Caring people surrounded her, prayed with her, washed and cleaned her room daily, reassured her at times when fear seem to overwhelm her. They organised a roster that she would never be left alone especially when she felt scared. It was this example of Christian caring and love that made me realize that I needed to heal my own fear and prejudice, before I could love someone like Tandi.

Tandi died with respect, honour and dignity. The greatest thing that touched my heart was her open confession towards a God of love. She spoke the language of faith, hope and love, the greatest being love, because she had experienced love.

And now these three remain : faith, hope and love.
But the greatest of these is love. (1 Corinthians 13:13 NIV)

How many people suffering with HIV / AIDS feel not only rejected by mankind but through ignorance feel rejected by God. The vacuum for the church care giver to fill is twofold;

1. To provide a safe, loving and caring environment.
2. To bring the person to the truth that God loves them, forgives them and

prepares a place for them in eternity through Jesus Christ.

A positive church culture does not just happen, it is planned, communicated and then implemented by church leadership. This can be at national level within denominations, then filtering down to the local church. Where there is a rich culture, a culture grows. Culture can never grow in a vacuum. A culture of care within the context of the local church is the responsibility of the Pastor. As a care giver he starts the culture of care and love , it will grow as church members take ownership.

Churches need to have a culture of caring. Caring for the afflicted, a culture that extends beyond their walls into the surrounding community, across economic barrier lines, across racial lines that have been created by the political past.

Creating awareness towards the HIV / AIDS community is a great challenge facing national bodies of denominations. National church bodies need to initiate policy, then have the commitment and courage to carry out this policy.

At the Assemblies of God 2001 National Conference, all church leaders were strongly challenged to play a meaningful role in their perspective communities towards people living with HIV / AIDS. As a result many AOG churches heeded the call, and have taken their churches to involve themselves in AIDS projects.

The Assemblies of God have created a culture of caring for people suffering with this disease. Many rural churches are desperate for networking with stronger, resource rich churches within the cities.

If this trend could be extended to other denominations, a greater web of churches providing care would extend throughout South Africa.

3:1:1 THE CHURCH AS A HEALING COMMUNITY

Once a culture of caring is established within the local church, the church begins to operate in the very nature as Christ designed it to be, A HEALING COMMUNITY, the title of this thesis. Can a church that has been described as 'sick', filling it's own coffers, racist and the list could go on and on, become a healing community to all people in this wonderful land ? A good hospital is there to treat the sick, much the same way as a church extends arms of care, acceptance and love to all that need to be healed emotionally, spiritually and physically. The spirit of indifference that has tainted the church is changing. The evangelical landscape is changing. Many churches have clothed themselves with humility and repentance and have expressed the deep desire to become the true body of Christ. Many church leaders see the church in South Africa as a corporate whole. The church united makes up the body of Christ, a communion of one body with many members, each distinct:

But God has so arranged the body, giving the greater honour to the inferior member, that there may be no dissension within the body, but the members may have the same care for one another. If one member suffers, all suffer together with it; if one member is honoured, all rejoice together with it. Now you are the Body of Christ and individually members of it (1 Corinthians 12:24b – 27 NIV)

When the church begins to respond to people living with HIV / AIDS, both caring for them and learning from their suffering, a model of therapy will evolve. People that are suffering need to share their stories and develop a meaningful relationships of trust and love.

Love is a requirement of the New Testament church, not an option, even to our Churches today.

Dear friends, let us love one another, for love comes from God. Everyone who loves has been born of God and knows God. Whoever does not love does not know God, because God is love. This is how God showed his love among us: He sent his one and only Son into the world that we might live through him. This is love: not that we loved God, but that he loved us and sent his Son as an atoning sacrifice for our sins. Dear friends, since God so loved us, we also ought to love one another. No one has ever seen God; but if we love one another, God lives in us and his love is made complete in us. (1 John 4:7-12 NIV)

Love speaks the language of acceptance, care and the willingness to help. Love makes people compassionate to others who struggle and suffer. Life is a gift from God and we never know what tomorrow holds. It is this unknown factor that makes life so fragile. Gerkin has some important quotations that will help us understand this gift of life.

We are most intimately aware of life's fragility in relation to individual and family life. The newspaper tells the story of a happy family of four on vacation with dreams of playing in the sand, sailing and hours of leisure and new experiences. As if out of the blue, a drunken driver hits their car head-on, killing all but the father, who is left alone in a sea of grief and bewilderment to put his life back together. Or we watch as our neighbour, a young woman in her twenties, struggles to make a life for herself while her mother slowly dies of Alzheimer's disease. Then the word comes that she herself has been diagnosed with life-threatening cancer. Such stories as these are numerous in the ministry of any pastor. Such is our awareness of life's fragility. Pastoral care as crisis ministry is by and large what is understood as ministry in life's fragile situations. (Gerkins, 1997: 228)

With the above problems in mind, let us analyze our own country. The South African family is in a state of crisis. The percentage of children being abused or molested by their parents is alarming. These children are at high risk because they crave for acceptance, and love. As a result they place themselves in vulnerable situations. Due to economic reasons both parents opt to work. This again places children at home alone, unsupervised and left to their own wits. This can result in sex, drugs or alcohol abuse. This becomes a conducive environment to the spread of HIV / AIDS. The most important unit in life today for me is the family. If families are healthy and strong, it makes for a strong church community.

Unfortunately the prevalence of HIV / AIDS amongst our youth is very high. For those infected, the church must become a sanctuary, a safe place that they can come. A place where they feel comfortable to share their pain.

A caring church community will be both reactive and proactive in its stance towards people living with HIV / AIDS. By reactive, how we approach and receive a community that come to church with a positive status. By proactive, how this caring church community can do all in it's power to make people aware to the risk and danger of this killer disease .

The reader should be by now aware that the church can do much in being proactive. How the church must react and involve itself will be covered in the next two chapters.

3:1:1:1 A PROACTIVE STANCE

Lets us consider what the church can do in regards to being proactive?

The major cause of transmission is sexual. God created us as sexual beings, both for procreation and enjoyment within the sanctity of marriage. Modern man / woman have chosen to disregard the clear defined boundary set and established by scripture for human sexuality. This section covers two sections:

1. Sex education
2. Sanctity of sex

3:1:2 SEX EDUCATION

God has never put a premium on ignorance, and that includes sex education.

How many have contracted HIV / AIDS through casual sex, not understanding the dire consequences of their actions.

The government schools teach on sex but seem to omit moral safeguards.

This is not only ridiculous, but dangerous! Teaching sex education without moral principles is like pouring petrol on a fire. Research shows that the male experiences his strongest sex drive between the ages of sixteen and twenty-one.

The last thing he needs at that age is exposure to sexually igniting information that will not be used for several years. Moreover, he requires a moral rationale for controlling those drives until he is old enough to accept responsibility for their execution.

These 'sexperts' erroneously assume that education will naturally produce sexual happiness. Such an assumption emanates from the postmodernism / humanistic concept that man is an animal and as such should live like one. This philosophy has promoted promiscuity before and after marriage. Society today is driven by the sex machine. A large percentage of advertising through media has sexual undertones.

Young people in general in South Africa view sexual purity before marriage as archaic and outdated. My two daughters aged seventeen and fifteen confirm this. Teenagers that have no moral restraint through their Christian or religious beliefs are mostly sexually active during their late teen years. Venereal disease and HIV / AIDS has become this nation's greatest health crisis, not to mention the whole abortion issue and the unparalleled anguish and heartache that follows.

Sexual ignorance, however, is not the alternative. Young people need to be instructed that sex is sacred, an experience God has reserved for marriage . This must be the consistent message from Bible study groups, youth and the pulpit of the church. Young people need to be challenged, that what seems popular at school does not make it right. Hence sex viewed the right way will be viewed by many children as unpopular if they are encouraged to wait for marriage. If they transgress God's rules, there is a high price to pay for promiscuity. The biblical truth that the body is the temple of the Holy Spirit is an important truth.

“ Flee from sexual immorality. All other sins a man commits are outside his body, but he who sins sexually sins against his own body. Do you not know that your body is a temple of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore honour God with your body.

(1 Corinthians 6:18 - NIV)

3:1:3 SANCTITY OF SEX

The Bible clearly and repeatedly speaks out against the misuse or abuse of sex, labeling it adultery or fornication. Many people, either innocently or as a means of trying to justify their immorality misinterpret the teaching of the Bible, and make wrongful conclusions about the sanctity of sex.

The Bible clearly defines that sex is given and created by God. All that God gives and creates is good as long as we remain within God's boundary. The only prohibition on sex in the Scriptures relates to extramarital or premarital activity. Without question, the Bible is abundantly clear on that subject, condemning all such conduct.

God would never give us something that would ultimately harm us. He set human drives in motion, not to torture men and women, but to bring them enjoyment and fulfillment.

The Book of Proverbs warns against taking up with 'the strange women' (a prostitute), but by contrast challenges a husband to " rejoice with the wife of your youth." (Proverbs 5:18)

It would be remiss if I failed to point out Proverbs 5:21: “ For the ways of man are before the eyes of the Lord, and he pondered all his goings.” This text includes lovemaking: God sees the intimacy practiced by married partners and approves it. His judgment is reserved only for those who violate His plan and desecrate themselves by engaging in sex outside of marriage. I consider the Bible as the best manual ever written on human behavior. It covers all kinds of interpersonal relationships, including sexual love. Some examples have already been given, but one of the most outstanding scripture passage is:

But because of immoralities, let each man have his own wife, and let each woman have her own husband. Let the husband fulfill his duty to his wife, and likewise also the wife to her husband. The wife does not have authority over her own body, but the husband does; and likewise also the husband does not have authority over his own body, but the wife does. Stop depriving one another, except by agreement for a time that you may devote yourselves to prayer, and come together again lest Satan tempt you because of your lack of self control.

(1 Corinthians 7:2-5 NIV)

In conclusion, sex is to be a sacred rite between a husband and a wife, something that God gave to human beings. Sin has corrupted sex like it does to everything else that God gave us to be beautiful and innocent.

3:2 PRACTICAL MODEL THAT EVOLVED THROUGH A COMMUNITY OF CARE.

In the earlier chapters I described the community at Africa School of Missions which challenged me in the area of caring for people. It was the example of care and love they provided for Tandi that was the catalyst of providing palliative care for people living with HIV / AIDS within the surrounding district of Mosoyi.

During the last stages of Tandi's disease she spent most of her time in the home of Dr. Margie Hardman, the campus doctor . Margie headed up the Primary Health Care program for missionaries going into remote areas, and her husband, Reverend Harry Munnings headed up the Counseling Department.

Within this home setting I believe a model was born. A model that provided both elements of palliative care. These two areas are :

1. The model in providing for Primary Health Care and Support
2. Basic techniques of counseling.

The church, by its very nature as the body of Christ, calls its members to become healing communities. Despite the extent and complexity of the problems raised by HIV / AIDS, the churches can make an effective healing witness towards those affected. The experience of love, acceptance and support within a community where God's love is made manifest, can be a powerful healing force.

The church can be a healing community only if it is a sanctuary, a place where people feel safe. People need a place where they can come and share their pain, knowing they will not be judged but rather received and loved.

Within a church community, people should feel safe to share their stories, they heal as they confess. The church community is also healed as we learn from those that share their pain. From stories, we not only learn about others but also about ourselves. Church culture must embrace a concept of values that communicate responsibility, sexual integrity, healthy relationships, human dignity and mutual respect.

3:2:1 MOSOYI HOME BASED CARE

Dr. Margie Hardman initiated Mosoyi Home Based Care. With her work amongst the community, she discovered the large number of people shut away, suffering in silence. Families became increasingly angry and confused with local hospitals. Their loved ones returning home still sick, only to eventually die. Day after day listening to the groans of pain, bodies too weak to help themselves, beds soiled and so they shut themselves off from the outside world. It was this scenario that touched Dr. Hardman's heart to make a difference.

Mosoyi Home Based care was started out of Africa School of Missions. It was ideal because it provided wonderful training for students who felt that their future ministry would involve people living with HIV / AIDS.

There are always people within every community that care. These care givers were identified and so started the concept of Home-Based Care (HBC). When the initiative first started, members of affected families came forward for training. This became the nucleus that multiplied and grew and has today become a sizable ministry with an annual budget that runs into millions of rand.

Once the care giver was identified, Dr. Hardman began to systematically train them in hygiene, basic health care and treatment. Their response was very encouraging, as was their enthusiasm to gain skills. They worked towards a Home-Based Care certificate, an incentive that communicates worth within a community of largely unskilled people. This course took part on Saturdays, when college facilities were available.

Once they were adequately trained, they were assigned a number of homes with a monitor. The monitors were registered nurses from the local government hospital in Mosoyi. Once HBC workers showed competence and experience they progressed to become monitors, thereby training more HBC workers under them. This was critical due to the magnitude of the pandemic we found in the area.

Each monitor could effectively manage up to 10 HBC workers. One HBC worker would eventually look after ten homes when fully competent, taking into consideration that some homes had extended family living there .

Basic duty of the Mosoyi HBC worker, involved:

- to make sure that the general well being of the person was upheld.
- to help with household chores.
- to provide assistance to the children (meals, clothing, schooling)
- to administer basic palliative care.
- to provide sound counseling
- Christian witness to make sure that they live within an atmosphere of love, respect and dignity.

In the case of the Mosoyi Project, the work with the community was greatly enhanced when an international pharmaceutical company agreed to cover the major portion of the running expenses. There is a great deal of corporate funding available, but accountability is crucial to ensure that the people living with HIV / AIDS are the people that benefit.

HIV / AIDS affect all people. Children in many rural areas have been discovered scratching the earth for food. When asked about their situation, tragic stories of survival and starvation are uncovered. With my mission trips to the Lozzi people in Western Zambia, children in their early teens become the parents of homes.

Initiatives to start homes where Aids orphans can be cared and protected have started. Many churches have started such initiatives, but it needs to be taken to the greater church if eight hundred thousand orphans in South Africa are going to be cared and loved.

In my experience of establishing EHI in Witbank, there is a large amount of corporate funding available to HIV / AIDS ministry, including the establishment of care homes for orphaned children. My fear is that in many cases the proposed projects are not authentic and hold themselves accountable. It is such projects that cause harm and delay the development for this care ministry.

A transparent relationship between donor and recipient is vital to ensure consistency and progress. Why am I mentioning this aspect of the project? Every project that is initiated by churches must be sustainable, it's sustainability must ensure it's continuity. So many church projects flair up and die as quick as they were started. People are broken, affected and loose hope when these care centers close their doors because no research and careful planning was undertaken.

I was very fortunate that whilst I was still a student at Africa School of Missions, I could see and follow the research methodology, strategy and visionary planning of the birth and implementation of Mosoyi Home Based Care. On the one hand you provided adequate palliative care for those with AIDS, then the next area of concern was their children. Do we build orphanages, or do we come up with a model that still provides love, protection and shelter within the home environment. I believe institutional support is a last resort in providing care and shelter. If the extended family could extend themselves and adopt these children, it would be ideal. The local people of Mosoyi's sense of community was overwhelming. Regardless of their economic position, their sense of community within their culture was never questioned. If parents died, the extended family became their parents. Some of these households were in dire need because sometimes there was no bread winner. Some of these households had Grand-parents too old to work, or adults too advanced with HIV that they needed

palliative care. My observations within the Mosoyi community was that a family would automatically adopt the extended children from relatives. It was never questioned, it was the right thing to do within their culture. In many instances this placed additional strain on their own economic well-being, and that of their own biological children. This strain was due mainly to poverty. Such was their sense of community within the extended family that the extended children were never victimized because of increased hardship, but accepted as their own children.

Within this scenario, an HBC project can step in and offer assistance, be it food packs, blankets or assistance to help with schooling.

Another arm of the HBC project is school feeding schemes. In many areas of our country, children come to school hungry. A large community church in Witbank has taken upon itself the responsibility to provide milk and peanut-butter sandwiches at break. The response was overwhelming. If we begin as a church to look for areas to extend pastoral care, we will find many avenues to serve society.

If the home in which the HBC worker was assigned had a baby still suckling, lactose supplement was provided. It was the task of the HBC worker to monitor weight gain, and to ensure all trips to the clinic was undertaken.

The HBC worker becomes multi-skilled, to use a modern term.

Skills not just in basic health care, but also in counseling. This I found to be a crucial aspect for effective care. HBC workers are present in an emotional draining environment all day long, the basic rudiments of Christian counseling is essential.

Within this model that I have used and describe, comes Rev. Harry Munnings, a Senior lecturer in Counseling at ASM. All HBC workers need to be trained in basic counseling skills. Spending so much time in the presence of broken people they need to be trained to meet demanding emotional needs.

Learning to remain objective is very hard within these close relationships that are forged over sometimes long periods of time.

Within this model, care givers must be trained in the area of counseling.

Dr. Gary Sweeten, an authority in the area of counseling, highlights four distinct phases in counseling. These phases are:

1. Seeker comes to a place of self exploration. During this opening phase, the counselor must demonstrate warmth, empathy and respect. This is the trust building phase. The affected person with AIDS is exploring confused or contradictory thoughts and feelings.

2. Seeker comes to a place of self understanding. Counselor must be genuine, add concreteness and self-disclosure. The affected person at this stage will come to the realization that death is imminent.
3. The third area the seeker will come to is the area of decision making. The counselor here must try and make the seeker set goals and make further important decisions regarding their future and the future of loved ones. Build trust and respect between seeker and helper. I will touch on the area of respect, believing it an important area in this regard.
4. The fourth area is accountability and action. The affected person cannot remain in a life of denial. They need to face the consequences of living with HIV / AIDS, how it will impact their lives and what will happen when they die. What to do in order to remain healthy, with reference to nutrition and exercise etc. The counselor must add confrontation and immediacy. In their vulnerability the church places an irreplaceable part. It becomes a safe place, where the affected are not stigmatized or judged, but drawn into the life and stream of the church.

Dr. Sweeten finally suggests says the following:

As believers we see the heart of another human being as the "Holy of Holies," where the Spirit of God resides. Those of us who dare to draw near must, like Moses, take off our shoes, for we are treading on holy ground. The priest did not rush into the Holy of Holies, lest he be struck dead.

Instead, he prepared carefully and slowly to approach God. So must we go slowly into the deep heart of a child of God. Don't rush in and disturb the Spirit. Go gently and bring peace. (Sweeten, 1993: 80)

RESPECT FOR ALL PEOPLE

One of the main virtues I learnt from the Munnings as they cared for young Tandi was their treatment of all people with such respect, love, care and dignity. My belief at the time was that respect is something that is earned. My view was that respect is a reward we need to bestow only upon those whose external accomplishments or successes prove special worthiness. In other words, worth comes from works. Society, in fact, commonly determines a person's respectability based on several factors including conduct, physical appearance, social standing, wealth, political views and religious orthodoxy. Those who don't measure up, for whatever reason, are often shunned, discriminated against and generally excluded from polite society. The school radically challenged me into a shepherding ministry.

Is the church in South Africa, the exception to the rule? In the past the answer would be an emphatic, 'no!' but the church in South Africa is transforming itself.

Many churches across the Christian spectrum are gaining great respect as we fully embrace impartiality towards all people. The full council of God's Word and it's teaching and principles have once again regained it's rightful place of authority in providing divine inspiration and guidance to God's people.

As the Munnings and other HBC workers prepared by the church extend Christian charity, this in itself communicates respect.

Discrimination or partiality is precisely the opposite of biblical respect.

1 Peter 2:17 commands Christians to treat everyone with respect, nobody is excluded. Scripture clearly tells us that God does not show favoritism.

As I have previously indicated, God's assessment of human worth does not depend on anything we do. It has nothing to do with who our parents are what neighbourhood we grew up in, how much of our time or money we give to good causes, how smart we are or how spiritual we are. Like God's love for us, His respect is also unconditional. It can't be earned because it's based on our innate God-given worth as a person rather than our work as a person.

We cannot reach out and effectively counsel people affected with HIV / AIDS if we don't accept and project God's value of respect. I feel this to be paramount in selecting the right team to be HBC workers.

C.S. Lewis was right in describing Christian respect in his essay

'The Weight of Glory'

There are no ordinary people.....It is immortals whom we joke with, work with, marry, snub, and exploit – immortal horrors or everlasting splendors. This does not mean we are to be perpetually solemn. We must play. But our merriment must be of that kind.... which exists between people who have been from the onset taken each other seriously – no flippancy, no superiority, no presumption. And your charity must be real and costly love, with deep feelings for the sins in spite of which we love the sinner – no mere tolerance....which parodies love....Next to the Blessed Sacrament itself, your neighbour is the holiest object presented to your senses.

For the purpose to reinforce this area of respect between all people in South Africa, let me define respect as recognizing and communicating value or unconditional worth.

The medical and psychological communities have also begun to acknowledge the importance of communicating respect. Both Carl Rogers and Robert Carkhuff not only saw respect or unconditional high regard as a basic human need, they also viewed it as an 'essential core condition' of helping.

In fact, many experts confirm what common sense would seem to indicate: Respect is an indispensable foundation for caring relationships. When respect is clearly communicated to people affected and infected with HIV / AIDS , it allows them to feel accepted , loved and they feel secure in sharing their inner thoughts and feelings without fear of being openly or secretly judged. Research has

confirmed the therapeutic value of respect in all kinds of relationships.

- Researcher Frances Klagsburn found that an overwhelming majority of couples married 15 years or longer identify mutual respect as a key factor in the survival and success of their marriages. Her research is echoed by many others who have discovered that respect is crucial to the durability and health of marriages.
- Author Julius Segal suggests that treating our children with the same respect that we would show to adults builds positive self-esteem and enhances discipline. By accepting children for who they are and recognizing their talents along with their developmental limitations, parents will be able to encourage healthy self-responsibility and self-respect.
- According to a study published in the *Personality and Social Psychology Bulletin*, people who have little respect for themselves tend to be more prejudiced. When we judge ourselves harshly without extending grace, we will usually assess racial and social differences negatively as well.

- John Braid writes that developing respectful attitudes and behaviors in employees through systematic training is crucial to the success of today's businesses. In an increasingly competitive commercial environment, companies not addressing respect and customer satisfaction will be left behind.

3:3 A SIMPLE MODEL THAT WORKS (HOME-BASED CARE)

There is no substitute for experience, especially when a model is birthed and over a process of time, modified and changed to suit its particular character. Experience proves that each locality has their own characteristics. These characteristics need to be understood and used to implement policy, if care centers are going to be effective.

Armed with my elementary knowledge towards life in the informal settlements, I set off to meet Jeremiah and Elizabeth Zulu, the Pastor of Agape Christian Church in Kwaquwa, Witbank. They both displayed such a genuine love towards the people of Kwaguwa, many in their congregation in different stages of HIV / AIDS. Out of their love and shepherding instinct, I experienced such grace as we visited affected and infected members in their church. Just as I had experienced at Mosoyi in White-River, they met the challenge that confronted them. The main difference was that the workers in Witbank had no knowledge in Basic Health Care

and counseling. On many occasions this led to great frustration and pain on the part of the helpers as the affected people cried out for help. What they did possess however was desire and determination to help. Based on what I had seen and experienced with the Munnings at Africa School of Missions and their success at Mosoyi Home Based Care, we set out to model the same in Kwaquwa, Witbank.

Due to the importance of training HBC workers, the Munnings in White-River developed the Aids Centre and Training Service, simply called ACTS. Initially ACTS trained the HBC workers for the Mosoyi ministry. The Munnings have recently opened up ACTS to train HBC workers from other regions.

The training consists of Primary Health Care and Counseling.

Each course is three weeks long after which they return to their perspective churches and engage into their own programmes. After each module of three weeks, they go into the field with a monitor to give them further practical guidance. After three modules the HBC worker is competent to work alone.

Careful monitoring and administration is vital to ensure that affected and infected members are cared for at all times. It's essential that refresher courses are held during the course of each year. This is good to keep skills sharp but also an important time for helpers to be debriefed and assess their progress.

What proved a quantum leap forward at Mosoyi was an incentive. This only was possible once corporate funding was received. Each HBC worker received an incentive of R200.00 per month. This incentive was based upon reaching certain targets. A mixture of incentive and goal settings proved a valuable way of increasing productivity. Hence the word incentive, if they received a salary they were no longer considered a volunteer but an employee.

CARE HOMES

This is a new initiative at Mosoyi. With the growing number of orphans without extended family, children have been discovered living in appalling conditions. The Mosoyi Project from ASM, embarked on the construction of Caring Homes within the community. Each home is capable to look after six children with a home mother. The selection of woman that become home mothers is extremely crucial. This is a long term commitment, ending when the child leaves school and finds employment. This is an exciting project for churches to embrace. A good entry point for churches to consider. There are many great woman in our churches who are qualified. Facilities such as a small house are easily obtainable if the project and vision is clearly communicated to the church community in a motivational way. Pastors need the backing of their congregations, this is largely dependant upon the Pastor creating a culture of caring ministry within his church. We not only pastor the local church but we pastor the village, town, city, community and the nation.

3:4 EMALAHENI AIDS INITIATIVE (EHI) - WITBANK.

This project started as a supportive role to help with Agape Children's Home. In my positioning I highlighted my relationship with the Zulu family. Agape Home is a branch of the church of Pastor Jeremiah Zulu, his wife Elizabeth runs and administers the home. The home is only a Day Care Center where children come for the day. Elizabeth gives them two good meals a day, and education up to entrance into primary school.

The number of children attending Agape was sixty, twenty of which were HIV positive, Ten of the children are at different stages of AIDS. In the late afternoon, family will come and collect their children. Through this relationship these people were invited to attend the church, whereby they received Divine guidance and moral regeneration, as well as a shepherding ministry.

Elizabeth could not sustain the cost of the Children's Home, and through my friendship with her husband, she asked for assistance. Our assistance commenced with a food program to the Home and providing general supplies. As our involvement grew, I met with the ladies in the church who were asked to visit the people living with HIV / AIDS. It was these stories that motivated me to request training for them at ACTS in White-River. Training of HBC workers needed financing and hence we decided to register the work as an

NGO called Emalaheni Aids Initiative (EHI). Once registered, we qualified to appeal for Corporate financing. At this stage of the development of EHI, I was transferred to a church in Johannesburg. I have received reports that funding has been made available for the training of 30 HBC workers and the enlistment of Agape Children's Home.

Registration process to become an NGO is long and clumsy. My advice to churches initiating an AIDS project, must make registration a priority in planning and development. A registered NGO also requires accountability, an important criteria with HIV / AIDS projects with donor funding. Once EHI was registered under the auspicious of Witbank Christian Assembly, funding was applied for. I explain the procedure we undertook, not because it was the quickest, but after a great deal of research and advise from Mosoyi, this proved the most successful.

EHI applied to a number of multi nationals that are involved with mining and power generation in the local area for funding. In fact many of the men I counseled with HIV / AIDS were currently employed by these industries.

Two of the six donors have agreed to fund EHI. With my transfer to Johannesburg I handed the project over to Pastor Brian Sephton who is partnering with Agape. The Zulu's are directors of EHI to ensure continuity. I have been informed that HBC workers are currently in the process of training and funding for the Agape Children's Home is good.

Kwaguwa has an estimated population of 300 000. It is transient by nature because many Swaziland and Mozambique nationals use the informal settlement whilst they work in the nearby mines or power stations. Agape with EHI is the only church at present that is really involved with an HIV / AIDS project. The burden is too great for the shoulders of just one church to bear. Other churches need to also take up the challenge of social involvement with HIV / AIDS. I have found through research and experience that many churches feel threatened when asked to work together, it becomes a question of 'sheep stealing.' This became a great hindrance to the work of caring for those who are sick.. How can we as the Christian Church work together in an ecumenical spirit, if we are insecure in our calling to serve the community. We will produce problems that hinders ministry and caring for the sick.

A WAY FORWARD.

Through my research I realized that a new community needs to be developed. A community of church people that begin to serve the social needs of their communities. This not only demonstrates the love of God, but creates authenticity that the church needs in its witness to the world.

The church's orientation must address the situation of people living with HIV / AIDS. Against the background of this thesis, it has become obvious that people living with HIV / AIDS feel a connection to the church. The church because of its position in most villages, towns and cities is the best institution that can reach people with HIV / AIDS. People that are confronted with the issue of life and death, will always consider spiritual matters. With this attentive audience, the church has an opportunity in reaching countless numbers of people with the Gospel of Jesus Christ.

For the suffering people of Kwaquwa, the church needs to rise up to this challenge and ministry. There are hundreds of communities like Kwaquwa around South Africa that needs caring. The way forward for an organization such as EHI is to be instrumental in motivating and drawing other churches into this ministry.

EHI is a partnership between two churches. Middle to upper class church with relatively high income people, and a church from the informal settlement that many of its congregants are poverty stricken. The question is asked in the title, of this thesis, “ How can the church become a healing community to people living with HIV / AIDS ?” . My answer is in the local church. The local church is instrumental in providing social action within the community they are placed. Secondly where churches are strong financially and resource rich, to partner with poorer churches . Poor churches on many occasions want to help but remain inactive because of financial constraints. Partnerships will help to cross the divide of racial prejudice and make many aware of the poverty that exists in the informal sector.

My research led me discover that within rural areas and informal settlements there is a great commitment to the ministry of helping and caring for the sick, but they lack resources. This restrains many who want to serve God’s children. Urban churches are financially strong. My hope is that there would be a conscious effort to help their counterparts in the informal sector.

The Senior Pastor must communicate this vision to the church for its people to become motivated. Involvement will only occur if people support and back the vision of the church to involve itself with the ministry of HIV / AIDS.

The Bible teaches us that where there is no vision people perish because of a lack of knowledge. People who remain ignorant about the peril of playing with HIV / AIDS will certainly die. The church through youth programs must embark on a learning process by teaching schools through exciting media such as drama, music and dance. An ignorant community about the peril of HIV / AIDS will be in grave danger. Safe sex is a lie from the pit of hell, as is a government that hands out free condoms.

Teenagers need to be told the truth from the church. 'Love Life' advocate a twisted moral lifestyle to make everyone happy, but the happiness is short lived when they receive the medical report with red inscription "positive." They were told that condoms were safe, yet they become positive. So who's to blame. Moral regeneration within a post modern society is the function and duty of the church. We must not shrink into the shadows, but face the challenge that confronts us.

The base of supporting churches needs to grow. I do believe when other churches see the benefits and non threatening stance, they will buy into the ministry of caring with all people living with HIV / AIDS.

EHI with its contacts, points of reference, knowledge and leadership, can influence churches to begin to be effective in caring for their own members more effectively. Providing a platform for training through a center like ACTS, help with funding proposals, source cheaper cleaning products and disinfectants. Have a stronger infra-structure to employ qualified medical personal, pool resources to purchase vehicles etc. The wider the base on ground zero the less of a burden on any one church. If we can mobilize the church, have one message on the sanctity of sex, the sanctity of marriage between a man and a woman, be united in one heart and spirit as the church should be, we can achieve great things for the Kingdom of God.

CONCLUSION:

Can the church rise to become a healing community in South Africa to all people suffering with HIV / AIDS? This is a broad stroke of the painters brush but as we look back at South African church history and where the church is today, I believe that the Christian church has an instrumental and vital role to play. God is healing His church in this land, so it may shine in the darkness and bring the light of His love and healing grace to all people.

The evangelicals of the great awakening in the eighteenth century preached from their pulpits that the sovereignty of God placed itself over history. Men such as Jonathan Edwards emphasized God's work of grace in the hearts of men and women , awakening conscience and creating new life in the soul. The Kingdom of God had to be birthed in the heart, before humanity could embrace the social injustice of their surroundings. As the great injustice of slavery was brought into the light, it was the consciousness of God fearing men and women who moved for change.

The slavery of apartheid ended when the evil and darkness was brought into the light. The Christian church did not do enough to expose and speak against apartheid. History guides us where we have erred and not fulfilled the true purposes of God that were sure and certain. Scripture identifies this true purpose

of the church. The Lord himself expressed this purpose when he read from Isaiah 61 and then applied it to himself:

The Spirit of the Lord is upon me
because he has anointed me to preach good news to the poor.
He has sent me to proclaim release to the captives
And recovery of sight to the blind,
to set at liberty those who are oppressed,
to proclaim the acceptable year of the Lord.
(Luke 4:18-19, NIV)

Proclamation of the gospel to people living with HIV / AIDS in South Africa requires witness in deed and word, a true disciple of the Lord Jesus Christ will always ensure that action and word are never separated.

The church can only rise to fulfil the action of ministry if it is healed of its pride, prejudice and racism. We must obey the command of Christ to love our neighbour as our self. Just as young Tandi had healed me of my prejudice and indifference towards people of colour, the church needs to be healed. The church has been called to serve God and the world. Jesus Christ called us to follow His example of being a servant:

Your attitude should be the same as that of Jesus Christ:
Who, being in the very nature of God, did not consider equality
with God something to be grasped, but made himself nothing,
taking the very nature of a servant, being made in human likeness.

And being found in appearance as a man, he humbled himself
and became obedient to death – even death on a cross!

Therefore God exalted him to the highest place
and gave him the name that is above every name,
that in the name of Jesus every knee should bow,

in heaven and on the earth and under the earth,
and every tongue confess that Jesus Christ is Lord,
to the glory of God the Father.

(Philippians 2: 5-11, NIV)

The work of the Holy Spirit is changing the church into what Christ was on the Earth, a servant of God. The church must emulate the ministry of Jesus. As Jesus set out to bring healing and restoration, the commission given to the church, is to follow in the footsteps of Jesus Christ.

God's mission to the world through His church is to spread and witness His love. The Good News expresses his incomprehensible love for broken, sick and poor people, to commission all Christians to rise to the challenge of embracing all people living with HIV / AIDS.

“ For God so loved the world that he gave his one and only Son, that whoever believes in Him shall not perish but have eternal life .” (John 3:16, NIV)

We are called to the ministry of action, I believe that every church in this beautiful country can do something. Some small, others bigger, but we can all make a difference within the scope of this pandemic which affects every community in this nation. The church due to its strategic positioning in every village, town and city, can arise from it's slumber and contribute greatly.

This is our hour! This is a window of opportunity for the Christian Church to gain back its respect and integrity, to cross boundaries and lift broken humanity in its loving arms.

Through my healing I seized the opportunity to connect our church with a church in the informal sector to make a difference. The question pastors need to ask themselves is this. "Do I want to help people?" Jesus would come and lift AIDS sufferers in His loving arms, breath dignity back into their being. Is not the church the true representation of Jesus Christ.

Home-Based Care is a simple, practical model of extended family care and love towards family members that become sick with HIV / AIDS. In many cases the church can help through food, clothing and trained helpers. Where affected people have no family, the church provides institutional support in the form of a caring home where six people can be cared for.

There is not a community in South Africa that does not have a church.

All that is needed is the desire to help. As I have submitted the data of affected areas in South Africa, rural and informal communities are the most in need.

It is within these rural communities that I would like to see partnerships being formed with city churches. Support that can be realized, affected people relieved of their suffering. Palliative care costs. Many city churches would love to connect

and partner with them but they don't know how. The purpose of this thesis is not just to receive a Masters degree in Practical Theology, but to motivate and encourage the diaconal church in this country to reach out and embrace all people living with HIV / AIDS.

Sermons must be preached to make all congregations know of this silent death that waits at our doors. Sermons to inspire and motivate Christians to join hands in caring and helping. The prophetic voice of God's word to challenge people to live just, moral and righteous lives.

Further research could be developed in an educational strategy that will help teenagers. Another process could be developed between black and white churches ministering together, this will begin to address issues of prejudices that people have against each other. Lastly one can research on the issue of sanctity of sex in marriage or before marriage.

This process of learning will finally help people living with HIV / AIDS and through our action and help of God, Africa will be blessed.

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