

The place and role of prayer for HIV
and AIDS patients
in the
Vaal Triangle churches

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Dedication

Mom, Dad, Thenjiwe, Lungile and S'bongakonke

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Summary

There are many challenges that are facing the world today. One of those challenges is HIV and AIDS. Thousands of people are infected as well as affected by the HIV and AIDS pandemic in the world. In spite of many efforts that have been done to combat the disease, HIV and AIDS is still claiming lives and leave many without their loved ones. The study of the role and place of prayer for HIV and Aids sick patients in the Vaal Triangle churches is a very important research topic, since the results will not only benefit people in the Vaal Triangle only but all people who are affected as well as infected by the disease in other areas.

Churches have been given a command from the Bible to pray for the sick. However there are many misconceptions about praying for the sick especially the HIV and AIDS patients. Some of these misconceptions arise because HIV and AIDS is medically declared as an incurable disease. The effectiveness of prayer on HIV and AIDS to others is therefore questionable. Unfortunately these questions and doubts make many some people doubt the power of prayer and its effectiveness for HIV and AIDS patients.

People who pray for HIV and AIDS sick persons are faced with many questions. Some of them sometimes wonder if God will answer their prayers or whether the person being prayed for will be healed or not. Others think that HIV and AIDS disease is a punishment from God and praying for the infected will be a waste of time. Some even question God's ability to cure this disease. It is because of such questions that many avoid praying for HIV and AIDS patients. Others simply avoid praying for HIV and AIDS patients because it might reflect on them by others as lack of faith.

Jesus prayed for the sick and also told the church to pray and to ask of the Father. He prayed for the sick regardless of their kind of sicknesses and as well as the causes of those sickness. He accepted those who were outcasts of society and prayed for those whose sicknesses were considered a shame in public. The church has to pray for HIV and AIDS infected people. They are not to be controlled to pray by the results of prayer or the kind and the cause of the sickness. And, issues such as whether HIV and AIDS is a punishment from God or not. Just like Jesus, the church should pray for HIV and AIDS sick people without ceasing.

Opsomming

Die wereld word vandag met baie uitdagings gekonfronteer. Een van daardie uitdagings is HIV en VIGS. Duisende mense word deur die pandemie geaffekteer. Ten spyte van talle pogings wat reeds aangewend is om die pandemie te stop, eis HIV/VIGS steeds talle lewens, en laat geliefdes agter. Die rol en plek wat gebed vir HIV/VIGS pasiente speel in die kerke van die Vaal Driehoek, is 'n baie belangrike onderwerp, omdat die resultate nie slegs die Vaal Driehoek gemeenskap raak nie, maar ook ander areas met dieselfde problem.

Kerke het opdrag uit die Bybel ontvang om vir siek mense te bid. Daar is egter baie wanopvattinge oor gebede vir siek mense, en veral HIV en VIGS pasiente. Sommige van die wanopvattinge het ontstaan omdat HIV en VIGS medies verklaar is as 'n ongeneeslike siekte. Die effektiwiteit van gebed vir HIV en VIGS pasiente is daarom twyfelagtig. Ongelukkig het hierdie vrae en bedenkinge die krag en doeltreffendheid van gebed vir HIV en VIGS by sommige mense laat ontstaan.

Mense wat vir HIV en VIGS pasiente bid word gekonfronteer met baie vrae. Die vraag is of God hul gebede sal beantwoord en of die persoon gesond sal word. Daar is mense wat dink dat HIV/VIGS 'n straf van God is, en dat hul gebede 'n mors van tyd is. Sommige bevraagteken selfs God se vermoë om die siekte te genees. Daarom vermy baie mense dit om vir HIV en VIGS pasiente te bid. Ander vermy gebed vir HIV/VIGS pasiente omdat dit 'n gebrek aan geloof kan reflekteer.

Jesus het vir siek mense gebid en leer ons in die Bybel om ook te bid tot die Vader. Hy het vir die siekes gebid ongeag die siekte of oorsake van daardie siektes. Hy het die uitgeworpenes aanvaar en steeds gebid vir daardie siektes wat as 'n skande beskou is in die openbare oog. Dit is die kerk se plig om vir HIV en VIGS pasiente te bid, en moet nie beheer word deur die resultate van gebed of die oorsaak van die siekte nie, en of dit 'n straf van God is al dan nie. Net soos Jesus, moet die kerk aanhou bid.

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ABBREVIATION AND TERMS IN THIS DISSERTATION

LAW	: Creational law, i.e. the order of God's wisdom in the entire world. It also includes positive law, i.e. the way in which creational norms are positivized in specific ways in the state, church, family and marriage, art and industry.
HIV	: Human Immunodeficiency Virus
AIDS	: Acquired Immuno-Deficiency Syndrome
HIV POSITIVE	: Indicates an HIV infected. A "positive" test result means HIV antibodies were found in the test sample.
INFECTED	: A term used for a person who has HIV within or her body.
AFFECTED	: A term used for the family, friends and other persons associated with someone living with HIV/AIDS.
IMMUNE SYSTEM	: The body's defence force, a complex system of cells and cell substance, which protect the body from invasion by diseases.
SYNDROME	: A collection of various symptoms, infections, and conditions, which define a particular illness.
CONDOM	: Is a prophylactic device used to prevent fluids and blood from passing between sexual partners.
CD4 COUNT	: This indicates to what extent the HI virus has damaged the immune system.
VIRAL LOAD	: It gives the number of viruses per measured unit of blood

1. ORIENTATION

1.1 BACKGROUND INFORMATION

AIDS is a disease that results from an infection with the human immune-deficiency virus, commonly referred to by its abbreviation, HIV (Van Der Walt, 2003:9). This virulent virus attacks the human immune system and severely damages the human defence mechanism against any disease, by means of weakening its protection. As a result, a person infected with HIV develops AIDS. At this stage, the individual becomes vulnerable to the attack of other diseases and infections as the human defence mechanism; at this time is completely compromised (Togni, 1997: 11).

A person with HIV can function normally, while AIDS can prevent a person from doing so. The natures of people we are concerned with in this study are those who are sick and are no longer able to do certain activities without difficulty. This study does not focus on those who are HIV infected but are still living an active life and able to do activities without difficulty.

There are specific behaviours that have been identified to cause HIV infection and promote its rapid spread among human beings. Togni (1997: 11), states some of those as follows:

- ✓ Firstly, through having unprotected vaginal or anal sexual intercourse with someone who is already HIV positive.
- ✓ Secondly, by sharing injection needles and syringes with someone who is HIV positive.
- ✓ The third and last behaviour is the transmission of the HIV virus from an infected pregnant mother to her unborn child or during breast-feeding.

Most people seem to overemphasize the first above stated behaviour and this exaggeration has led to the stigmatisation of the disease.

However, what make the matter to be worse are the various beliefs that Christians all over the country hold concerning the causes of this syndrome. Generally, a large number of Christians see HIV and AIDS as divine judgement. "Some people see it (HIV/AIDS) as the active retribution of God upon a sinful and immoral humanity, while others view it more as if God was leaving immoral people to the natural consequences of their sinful deeds" (Van der Walt, 2003: 6.)

Myriad complications any person faces immediately after being diagnosed with One must also acknowledge the HIV. Many, for example, often start to question the way they are living. Nevertheless, the most important question that people ponder the most seems to focus on their religious beliefs and their worldview. This is especially true for a person that professes belief in Christianity. This individual probing of beliefs concerning existential issues brings huge challenges to most church leaders like pastors, and others.

Van der Walt (2003: 6), in response to these challenges offers encouragement by stating that, the church and being a Christian are presupposed to be formative of values and norms; and moreover influence lifestyle, it is clear that the church and being a Christian should potentially have a great impact on the fight against the epidemic.

Therefore, prayer must be promoted as a weapon in the fight against HIV/AIDS. Although in some churches, "Post-modern consciousness has discredited a rationalism that scorned prayer as a meaningless

act.” (Webber, 2002:3), this is not the case with all churches. As regarding prayers for the sick, if any medical fact can be considered to stand firm, it is that in certain environments prayer may contribute to, and should be encouraged as a therapeutic measure (Bett, 1949:151).

Jesus’ healings of the sick and diseased were signs of the presence of the Kingdom of God in Him. Jesus acted in the power of the Holy Spirit in His healing ministry. (Acts 10:38) In addition, Jesus left behind the same Holy Spirit’s power so that his disciples may continue with the same healing ministry on earth after His resurrection and ascension to heaven. According to the promises of Christ (Matthew 7:7-11; 10:8; John 16: 23-28) healing in response to prayer is still a reality.

The Disciples of Christ continued to minister to the sick after His ascension. To name a few examples at this point, in Jesus’ name, Peter healed the man lame from birth at the gate called Beautiful (Acts 3:6-7), and Paul healed the cripple in Lystra (Acts 14: 8-10). The apostles were instrumental for many healings; signs and wonders in response to prayer (Acts 4: 23-30; Van Houten, 1994: 16).

1.2 THE PROBLEM STATEMENT

The strong belief of previous Christian generations concerning the efficacy of prayer and faith in dealing with human suffering and life problems seems to have declined. Reliance in confronting difficulties of life lies elsewhere. The majority of people’s confidence is placed on the myriad human and scientific theories, on advanced modern technology, and on the advances made by science. In spite of the huge confidence placed on modern medical advances, thousands of people die from HIV/AIDS almost every day. This disease is still incurable despite the billions of rand that are spent on the research for HIV/AIDS for finding the cure.

The fact that HIV and AIDS is considered medically incurable at this stage present serious challenges. Some of the challenges have to do with whether prayer for HIV and AIDS patients can be meaningful. Church leaders face questions such as: What does a minister do when somebody is infected with HIV and AIDS? Does one pray for the infected? If so what does one pray for in such a case? Is a miraculous healing the only form of an answered prayer when it comes to the HIV and AIDS disease?

This study was motivated by the quest to find answers related to the challenges that the HIV and AIDS pandemic present. The problems that the investigation focuses on can be stated as follows:

- ✓ What are some Biblical cases and principles applicable to the issue of praying for the sick in general and HIV and AIDS patients in particular?
- ✓ What form does prayer for HIV and AIDS patients take within the Vaal Triangle churches and related Christian ministries?
- ✓ What role does prayer for HIV and AIDS sick people play in the Vaal Triangle churches?

Which methods can churches in the Vaal Triangle use in order to encourage prayer for HIV and AIDS sick people?

1.3 PURPOSE STATEMENT OF THE INVESTIGATION

The purpose of this study is fourfold, namely;

- ✓ To ascertain sound biblical concepts concerning prayer for the church's mission for HIV and AIDS sick people.
- ✓ To discover if prayer for HIV and AIDS sick people has a place within the Vaal Triangle churches.
- ✓ To investigate the role of prayer offered for HIV and AIDS sufferers within the Vaal Triangle churches.
- ✓ To highlight the methods that churches in the Vaal Triangle area can use to promote prayer for HIV and AIDS fatalities.

1.4 THE RELEVENCY OF THE STUDY

Though cities are places of good dreams to some people, it is not so for others. For some cities are places of shattered dreams and horrific diseases, where there is neither hope nor reasons to live. As a result, churches in cities are facing serious challenges associated with issues such as poverty, crime, prostitution, unemployment, influx of illegal and legal immigrants, shortage of houses, etc. (Greenway, 2000:68).

According to Maloma (2005:3), despite the fact that Emfuleni Local Municipality forms part of the Gauteng Province, Emfuleni Local Municipality remains one of the poorest municipalities in the province of gold, with grave socio-economic challenges. These serious problems include crime, poverty, unemployment, teenage pregnancies, and many others. These challenges serve as fertile ground for the spread of diseases such as HIV and AIDS. Mendel (2001: 199), pointed this out by stating that, if people don't earn enough money to be in a position to take decisions about their own life, or if some women are powerless, they will have a problem saying 'no' to unsafe sex

Conversely, in spite of all these challenges facing various cities, the church as part of society has tremendous potential to make a positive influence to these challenges and on the course, which HIV and AIDS epidemic is taking. The church has to combat a number of factors that play a role in low levels of her participation in the fight against HIV and AIDS. Van der Walt (2003:4) identified some of the factors to be:

- ✓ Limited knowledge
- ✓ Invisibility of the epidemic
- ✓ HIV and AIDS is the punishment that must run its course
- ✓ Those who are ill have brought it upon themselves; we prefer to help those who suffer innocently
- ✓ We are still recovering from our own wounds, struggling with our own problems
- ✓ Uncertainty of what the congregation can actually do
- ✓ Natural lethargy
- ✓ We experience a hostile attitude when we mention the Biblical answers which we believe in

The relevance of the study lies on the fact that despite the work that has been done on HIV and AIDS within Vaal Triangle churches (Thema, 2002), no study has focused on the position and the role of prayer for HIV and AIDS sufferers within the Vaal Triangle churches.

1.5 METHOD

Since the study involves the gathering and evaluation of data in the Vaal Triangle churches, both qualitative and quantitative research methods have been utilised. Through participation, observation, measurement, and interrogation; all the foregoing methods were utilised to collect primary data. Moreover, relevant books, journals, articles, Internet etc, provided the secondary data.

The information obtained through secondary data influenced the design of both open-ended and close-ended questions, which influenced the formulation of the research questionnaires. The questionnaires are brief questions, which are very easy to complete. Relevant questions asked also ensured validity of the study.

1.5.1 Ethics

To ensure reliability of the information provided, participants were provided with the assurance of confidentiality as well as anonymity of their identity. The purpose of the study was even explained to all participants who contributed opinions freely without being forced or induced in any way, whatsoever.

1.5.2 Sample of churches

The study focuses on churches around the Vaal Triangle. The scope of the study is the Vaal Triangle geographical area.

1.5.3 Assumptions

For the study to be a success, assumptions made are follows:

- ✓ Churches in the Vaal Triangle as our study area have much in common with churches in other parts of South Africa. Accordingly, studies done in other areas of the country may also be helpful in our understanding of the Vaal Triangle churches. Therefore, the results found in this study can also be helpful for other churches outside the Vaal Triangle area.
- ✓ Further, to have guidance in our investigation, the Bible is viewed as the inspired and authoritative Word of God.

I have revealed more details about my research method on my research design.

1.6 PRESENTATION

- Chapter 1: The orientation.
- Chapter 2: Biblical and theological principles for ministries to HIV and AIDS sick people with special reference to prayer.
- Chapter 3: The Vaal Triangle as the context for ministering to HIV and AIDS sick people by prayer.
- Chapter 4: Analysing research through questionnaires; interviewing leaders and members of the Vaal Triangle churches; the results and the conclusion drawn thereof.
- Chapter 5: Recommendations about the place and role of prayer for the HIV and AIDS sick people in the Vaal Triangle churches.

2. SOME BIBLICAL AND THEOLOGICAL PERSPECTIVES FOR MINISTERING TO HIV AND AIDS PATIENTS THROUGH PRAYER

2.1 INTRODUCTION

This chapter seeks to address the first problem statement raised in the previous chapter. Its aim is to highlight some biblical and theological principles relevant for ministering to HIV and AIDS patients through prayer. The chapter seeks to achieve this by:

- Explaining the researcher's point of departure about the Scripture by discussing relevant worldview issues.
- Establishing a biblical perspective on disease by exploring the issue of sickness within the biblical framework of the creation, the fall, the redemption and the consummation.
- Drawing attention to relevant challenging prayer issues associated with HIV and AIDS by describing certain aspects of the HIV and AIDS pandemic. These include: the origin of HIV and AIDS, medical, virological and physiological aspects, the infection and the prevention of the disease, some myths and truths about the disease, its cure; and the stages and phases that the HIV and AIDS patient goes through during the course of the disease.
- Highlighting certain aspects about prayer by surveying some Bible passages and cases that are instructive with reference to prayer for those that are patients of diseases in which pose similar challenges to those of HIV and AIDS.

2.2. BIBLICAL PERSPECTIVE ON DISEASE

2.2.1 Introduction

Before discussing disease within a biblical framework, the researcher articulates her point of departure, by means of a general worldview discussion that aim to sketch her position about the Scripture.

This section also seeks to discover the Biblical perspective of disease. The researcher strives to do this by placing the issue of disease within the Biblical framework of the creation, the fall, the redemption and the consummation.

2.2.2 A worldview

2.2.2.1 *General remarks about world views*

For the sake of our study, Wolters' definition of worldview is used. He defines worldview as "... the comprehensive framework of one's belief about things" (Wolters, 1985:4). He further explains the terms he used in his definition as follows: Firstly, "things" refers to anything about which is possible to have a belief on including "God". Secondly, he uses "beliefs" not just as feelings or opinions but a claim to some kind of knowledge. Thirdly, his use of worldviews has to do with basic beliefs about things that have to do with ultimate questions "matters of general principles." Lastly, he indicates that basic beliefs tend to form a pattern or a framework, what humanists refer to as "system of values." In other words, a person with a certain worldview will tend to show consistency in it.

It must be noted that there are many other thinkers who hold other definitions for a worldview. The Marxists believe that class interests rather than beliefs guide our worldviews. According to Morris (1988: 2), some psychologists look at worldviews as being guided by our emotional life rather than guiding the emotions, while others believe they are conditioned by the substantial motivation coming from our environment. "Sociologists define a worldview as merely a social aspect; it is a study of human society" (Macionis, 1987:4), while some "Theologians are inclined to see only the aspect of faith entailed in a worldview and neglect or ignore its social-economic-political sides." (Van der Walt, 2008:4).

"All these views contain a moment of truth." (Van Der Walt, 2008:5). They simply show us that human behaviour is such a complex issue. "Of course, other factors play a role in this orientation process (psychological or economic self-interest, for example), but these other factors do not eliminate the guiding role of one's worldview; they often exert their influence precisely via our life-perspective." (Wolters, 1985:4).

According to Wolters (1985:4), what is basic to human life is a need for guidance; and that this need may even be more basic than food or sex. "A worldview gives guidance and orientation to human beings." (Wolters, 1985:4). It gives us an outlook on life and functions as a map throughout our lives. Our arguments and opinions are affected by our worldviews; so also are our decisions. These may include decisions like, which career your child must choose, whether to get involved in politics or not and etcetera. "We need guidance because we are inescapably creatures with responsibility who by nature are incapable of holding purely arbitrary opinions or making entirely unprincipled decisions." (Wolters, 1985:4).

"Worldviews can be half unconscious and unarticulated, either way they still functions as a guide to our lives." (Wolters, 1985:4). They point a direction for our lives; giving us a sense of what things should be like, what should be right and what should be wrong. "This role is not affected by the times we fail to act in harmony with our beliefs." (Wolters, 1984:5). In other words, that one has failed to keep the laws of his belief does not mean that his worldview has changed. "This is the fact about our everyday experience that we must all acknowledge. But does it mean that our worldview therefore does not have the guiding role that we are ascribing to it? Not necessarily." (Wolters 1985:5).

Christian worldview must be shaped and tested by the Scripture. "This Scripturally informed world view is sometimes called 'reformational,' after the Protestant Reformation, which discovered afresh the biblical teaching concerning the depth and scope of sin and redemption." (Wolters, 1985:1). It is a transformational view that describes all Christians as having a cultural task of changing their secular world through the Word. "Such scholarship (reformational view) seeks to honour the all-embracing claim of God's Word upon the entire scientific enterprise." (Spykman, 1985:4).

It is also acknowledged that there are diverse Christian worldviews. Van der Walt (1991:40) sums some of these diverse views under four categories. Seen below is figure 2.1 illustrating different Christian views.

- ✓ I = grace against nature
- ✓ II = grace above nature
- ✓ III = grace alongside nature
- ✓ IV = grace transforms nature

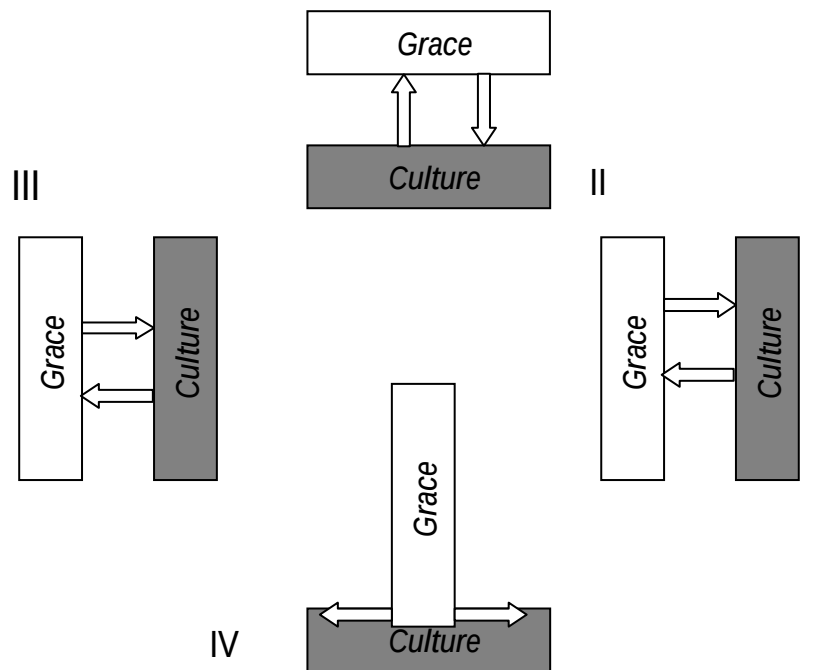


Figure 2.1: Different Christian Worldviews diagram (Van Der Walt, 1991:40)

2.2.2.2. *Gratia contra naturam* (grace against nature)

Van Der Walt (1991:39) maintains that this view was found among the Anabaptists in the sixteenth century, and that it was to some extent also later supported by Karl Barth and Jaques Ellul and by the Pentecostal movement. Christians that operate with this view believe that they have nothing to do with the secular world. “They find an antithesis between creation and redemption, and according to them Christians should reject worldly things such as politics, philosophy and science.” (Van Der Walt, 1991:39).

2.2.2.3. *Gratia supra naturam* (grace above nature)

Van der Walt (1991:40) is of the position that the classical Roman Catholic viewpoint since Thomas Aquinas in the thirteenth century is an example of this view. Christians that operate with this view consider grace as existing above nature but not affecting it, almost like oil in water. “...grace does not reject nature but only perfect it.” (Van Der Walt, 1991:40).

2.2.2.4. *Gratia juxta naturam* (grace along nature)

According to Van Der Walt (1991:40), this is the traditional Lutheran viewpoint. The supporters of this view believe that one can be in the world and have nothing to do with it. In other words, there is no connection between grace and nature even though they may exist along each other. For example, a Christian can be a politician but his faith does not have anything to do with politics. “Redemption is situated alongside nature, both of them being equally valid, but without liaison between them.” (Van Der Walt, 1991:40).

2.2.2.5. *Gratia in naturam* (grace penetrating into nature)

According to Van Der Walt (1991:40), this worldview is reformational. Christians that operate with this position tend to consider grace as being able to reform, which means that grace is able to change or

transform most, if not all, creation. "...like a healing medicine it penetrates into nature and renews and transforms it from inside out." (Van Der Walt, 1991:40).

2.2.2.6. The role and place of Scripture in life

The Scripture must be a guide to all Christian life as a result making a difference between a person who accepts Scripture as God's word and the one who doesn't. However it is still possible to read the Scripture and still not use it as a guide. "What is needed is a comprehensive and integral Christian worldview, firmly rooted in the message of the Bible." (Van Der Walt, 2008:85). Young (1976:12) believes that it is impossible to approach the Scripture with a neutral mind in order to find the truth. He further explains his point as follows "We are either for Christ or against Him, and we either regard the Bible as the Word of God or we do not." (Young, 1976:12.)

In order to explain the relationship between faith and the worldview, figure 2.2 will be used. One direction (see arrows from right to left in diagram below) is from faith to conduct. Many men form a worldview according to his faith and then form the world according to his worldview. It is an image of faith for life. The other reverse direction (see arrows from right to left) is that the conditions of human beings also influence their worldview and finally their faith. The reformational view could be explained using the following 4 squares (number 1-4 from left to right) with arrows connecting them (see diagram). Square (1) and (2) depicts God's revelation; (3) man's faith which is based on it; (3) the Christian worldview which is based on this faith, while square (4) denotes the practice of everyday life which is determined by the worldview. "In this case all arrows between squares point from left to right, for a worldview is the "bridge" between one's faith and ones' lifestyle." (Van Der Walt, 2008:66.)

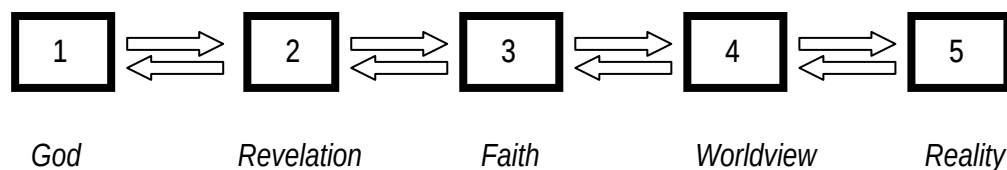


Figure 2.2: A two-way traffic (Van Der Walt, 2008: 66).

The worldview carries a two-way traffic. "The second direction of arrows shows that, the worldview is not the bridge from faith to life general, it is also a medium by which one's faith can either confirms his faith or doubt it and correct it." (Van Der Walt, 2008:66).

Most Christians believe that Scriptures are the very authority of God. Paul pointed to this in his letter to Timothy (II Timothy 3:16) when he wrote "All Scripture is God breathed and is useful for teaching, rebuking, correcting and training in righteousness". This means that the Scriptures have the highest authority over all religious and secular matters, these include, education, media, and public opinions, etcetera.

However, some of the secular sectors purposefully ignore or even reject the authority of Scripture. This is one of the reasons why some Christians are using the authority of Scripture in church, theology and in their private morality only, and not with reference to all aspects of the secular world. "It (Scriptural worldview) also means that Christians must constantly check their worldview beliefs against the Scriptures, because failing that there will be a powerful inclination to appropriate many of our beliefs, even basic ones, from a culture that has been secularising at an accelerating rate for generations." (Wolters, 1985:6).

The challenge of using Scripture in the secular world is not new. Even the Church Fathers Irenaeus and Augustine, and the Reformers Tyndale and Calvin were faced with a similar challenge. Their desire to live

on Scripture and not religion or unexamined traditions was the drive for the Protestant Reformation (Wolters, 1985:1). Towards the twentieth century the works of Dutch leaders such as Abraham Kuyper, Herman Banvinck, Herman Dooyeweerd and, D. H. T. Vollenhoven contributed distinctive ideas towards the reformational worldview. "Their contributions to a more profound and articulate understanding of the biblical worldview have come through theology, philosophy, and other academic disciplines, and especially through cultural and social action arising from a deep desire to be obedient to the scriptures in all areas of life and service." (Wolters, 1985:1).

One of the most important functions of the Scripture is to instruct. Hence our worldview can be made clear with a proper explanation of the Scriptures. Hence Paul says, "Such things were written in the Scripture long ago to teach us. And the Scriptures give us hope and encouragement as we wait patiently for God's promises to be fulfilled" (Rom 15:4). Scripture teaches us about God and His relationship with us.

According to Wolters (1985:7), the scope of Biblical teaching is wider than theology, church and personal morality, it goes through "secular" matters such as politics, education and others. This means that one should be able to use the authority of Scripture in other aspects of life. "Unless such matters (secular) are approached in terms of a world view based squarely on such central scriptural categories as creation, sin, and redemption, our assessment of these supposedly nonreligious dimensions of our lives will likely be dominated instead by one of the competing worldviews of the secularised West." (Wolters, 1985:7).

According to Wolters (1985:10), the reformational worldview is made up of the following primary terms which show its central scope, "reconciled," "created," "fallen," "world," "renews," and "Kingdom of God." In other words all matters including "secular" matters are explained within this framework. In all other Christian worldviews by contrast Wolters (1985:10), further explains, these terms are restricted to an area of one's experience named "religious" or "sacred", and everything that falls outside this limited area is considered "worldly", "profane", "secular" or "natural", which means that everything else besides ones' personal life can be 'ungodly'.

In the reformational worldview, nothing is sacred or secular. Whatever that was created and had fallen, was reconciled back to its original condition through Jesus Christ. In other words, any creation, be it secular or sacred that shows signs of the consequence of the fall was re-created in Jesus Christ. "If we look at this more closely, we can see that this basic affirmation really involves three fundamental dimensions: the original good creation, the perversion of that creation through sin, and the restoration of that sin through Christ." (Wolters, 1985:11).

These set the ground of God's saving plan through Christ. "Through the grateful appropriation by faith of Christ's work, what was forfeited by the fall is restored back to man; his true and intended dignity is recovered, the purpose of life recaptured, the image of God restored, and the way into the paradise of intimate communion with God reopened." (Douglas, 1988:368).

One story that raises arguments between Christians and secular worldview is creation. Many scientists believe that creation was formed by a process of evolution. They believe that the universe was formed from a collection of dust particles long time ago, and that all animals, including fish, birds and human beings evolved from one creature. Christians on the other hand believe that God created all things. "The earth is the Lords and everything in it, the world, and all who live in it" (Psalm 24:1). "It will be seen that the scriptural doctrine of the Fall altogether contradicts the popular modern view of man as a being who, by a slow evolutionary development, has succeeded in rising from primeval fear and groping ignorance of a humble origin to proud heights of religious sensitivity and insight." (Douglas, 1988:368.)

The researcher accordingly seeks to place her discussion of sickness within the Biblical framework of the creation, the fall, the redemption, and the consummation.

2.2.3 Disease in the context of creation

2.2.3.1. *Some remarks about Genesis*

The Book of Genesis is one of the Books found in the Scriptures that teach us about the creation. However, it should be noted that there are different views about the story of creation in Genesis. Some consider it as a myth, others as a cosmogony of ancient Hebrews, or even a document of creation such as that of the Babylonians. This study considers Genesis as part of Holy Scripture. "We are dealing with a book that belongs to the Holy Scriptures; and the statement of the Apostle Paul, 'All scriptures is given by inspiration of God,' or 'All scripture is God-breathed' applies to the book of Genesis just as much as it does to any other part of Gods' Book." (Young, 1976:12).

In Genesis 1, God creates by His Word and also maintains creation by His Word. He established a relationship between Him and the creation. God establishes this relationship by binding Himself to His creation through His word, for example in Genesis 8:22 which is what Jeremiah 33:20 refers to as 'the covenant with heaven and earth'. God the Creator ordered the separate element of creation with response to one another and also with response to Himself. All creation relates to one another and also to God. 'Your laws endure to this day, all things serve You' (Psalm, 119:91). "The universe is neither an emanation from God, nor co-equal with God." (Carson, 1996:202.)

When God created Adam, He made him out of His image, and gave him dominion over His creation (Genesis 1:26). In other words, "Adam was to respond obediently, on behalf of creation, to the rule of God." (Williams, 2005:50). Like every covenant that has to be fulfilled, both parties had to co-operate. In Genesis 1-2, the covenant brings either a blessing or a curse to Adam depending on his response to the Word of God. According to Williams (2005: 51), The Tree of life symbolized the blessings that would come upon man when he followed God's Word and The Tree of Knowledge and Evil symbolized the curse that would come to man if they failed to do according to the Word of God. Therefore, "All people stand before Him either as covenant maker or covenants breakers." (Williams, 2005:51).

Genesis chapter 1 presents God as an active God during creation. (Genesis 1:1) 'God created the heaven and the earth.' According to Young (1976:15), the words "And God said" are repeated before every creating activity and reveal God who has power to create. God created everything in what Young (1976:15), calls 'fiat' and 'fulfilment'. Fiat means 'Let there be'. For example "And God said let there be light." And the 'fulfilment of this fiat is expressed as "and there was". For example, "and there was light." In other words during creating both God's authority and creations' response to His order are important. "The emphasis is not on creation alone. It is on God just as much as on creation....It is God, God the creator who is acting, but the chapter presents this God as the God who acts... " (Young, 1976:17).

2.2.3.2 *The goodness of Creation*

When God created the earth and all its inhabitants He said it was good, 'Then God looked over all that He had made, and He saw that it was good.' (Genesis 1:31). Everything he created satisfied Him, and was good in His sight. In other words God was satisfied about what He had done. David expresses this creation activity in the following words (Psalm 33:9) 'For when He spoke, the world began! It appeared at His command.' "The Creator rests satisfied with the creation, not because the creation is something good that exists apart from God, but because the creation was precisely what God wanted it to be." (Young, 1976: 16).

There were thinkers who denied the goodness of creation during the early church, for example the Gnostics. Paul also warned Timothy against teaching that disregarded God ordained institutions and creation. I Timothy 4: 3-5 'They will say it is wrong to be married and wrong to eat certain foods. But God created food to be eaten with thanks by faithful people who know the truth. Since everything God created is good, we should not reject any of it but receive it with thanks. For we know it is made acceptable by the word of God and prayer.'

God honours His creation and we will be doing injustice to Him if we dishonour what He values so much. "In fact, so positive a view did He take of what He had created that He refused to scrap it when mankind spoiled it, but determined instead, at the cost of His Son's life, to make it new and good again. God does not make junk, and He does not junk what He has made." (Wolters, 1985: 42).

According to Carson (1996:202), God's universal power in creation stimulates one to praise, for example, Psalm 8. This means that the people who lived before the fall made prayers to God which was praising Him for their perfect environment, health, state of mind, living conditions etcetera. Therefore had the fall not occurred; prayers offered to God would have been those of thanks giving and appreciation. "These cities (cities that might have been had the fall not occurred) without sin would have been temple cities, and all the worship and praise would have been to one true God. They would have been theocentric, covenant cities, honouring God by perfect obedience and benefiting the inhabitants in every way." (Greenway & Monsma, 1989:4).

Everything that God had created was perfect; there was nothing bad or lacking in it. This means that man lived in perfect health with no diseases or pain. According to Greenway & Monsma (1989:3), had sin or disharmony not occurred, life would have contributed to human welfare and God's glory. Had Adam and Eve obeyed God then creation could have continued at this perfect state. "As the good creation of God, the cosmos displays order, symmetry, and harmony, rather than chaos, accident, or trial-and-error arrangement." (Williams, 2005:58).

2.2.3.3 The law of Creation

According to Wolters (1985:43), God gave a law to all Creation to maintain freedom and health. He gave a free will to mankind to obey His Law. Disobedience to this law was not going to lead to man's slavery only, but was going to affect the whole creation. "This responsive freedom of the human is also a responsible freedom" (Williams, 2005:50). God's law was a way of governing and maintaining His creation. As long as mankind obeyed His law, creation continued in its perfect, healthy and at a non-lacking state that God created it to be. "The goodness of nature also underscores another point...that subjection to law is not a restriction upon God's creatures, particularly man and women, but rather that it makes possible their free and healthy functioning" (Wolters, 1985:43).

2.2.4 Disease in the context of the fall

2.2.4.1 The Scope of the fall

When Adam and Eve broke God's law, there were severe consequences. According to Wolters (1985:44), the whole of nonhuman world as well as the human race was affected by Adam's failure to observe God's commandment and warning. All creation was affected by sin hence Paul says, 'The whole creation has been groaning as in the pains of childbirth right up to the present time' (Romans 8:22). In other words the result of sin can be seen in all creation.

We see the result of sin all around our societal make-up, cultural activities and human bodies. These include the state that abuses its finances, technology used for pornographic movies, marriage facing a divorce; every creation shows the distortion of God's 'good creation'. The Bible also teaches us that bodily sicknesses are as a result of human sinfulness (for example, I Corinthians 11: 30, 'That is why many of you are weak and sick and some have even died.') "... we must stress that the Bible teaches plainly that Adam and Eve's fall into sin was not just an isolated act of obedience but an event of catastrophic significance for creation as a whole." (Wolters, 1985:44).

According to Wolters (1985:45), sin does not have the power to nullify God's good creation; it just introduced a new dimension to the created order. In other words, God's good creation continues to function even where sin and its consequences can be seen. "The fact that the fall story follows creation narrative in the Book of Genesis strongly suggests that sin is an intruder; that God's creation did and can exist without evil or sin". (Wolters, 1985: 46). For example, an abuse of power by any government official or department does not make any state to function less in terms of other state functions, prostitution does not eliminate the goodness of sex, and an abusive marriage does not remove the fact that marriage is divinely ordained. "... Biblically speaking, sin neither abolishes nor becomes identified with creation. Creation and sin remain distinct, however closely they may be intertwined in our experience." (Wolters, 1985:45).

2.2.4.2 The relation of sin and Creation

According to Williams (2005:64), sin was not part of God's original creation; it came about because of man's response to God. This is the reason why societal structures still exists even where sin abounds, it is because of God's purpose for His creation, which cannot be nullified by sin. God's grace holds creation together, even in the presence of sin. Theologians call this grace 'common grace'. "Through Gods' goodness to all men and women, believers and unbelievers alike, God's faithfulness to creation still bears fruit in humankind's personal, societal, and cultural lives." (Wolters, 1985:50).

When Adam and Eve disobeyed God's law (Genesis 3:6), there were severe consequences of sin. God kept His Word, ' But you must not eat from the tree of knowledge of good and evil, for when you eat of it you will surely die' (Genesis 2:17). Therefore there were a series of curses that God imposed on Adam, Eve and the snake, because of their disobedience (Genesis 3:11-19). After this punishment, the world was a harsh place, a place of hard labour and great perils for all its inhabitants. The world that was perfect suddenly became a place that had suffering, pain, death. "If we miss the biblical emphasis upon the goodness of God's original creation, we will also fail to see the blasphemy of sin for what it truly is: a rebellion against God and His good gifts, a rebellion from the loving word of God, a rebellion that brings discord and fracture into God's creation." (Williams, 2005:65).

The apostle Paul writes in Romans 5:12, 'When Adam sinned, sin entered the world. Adam's sin brought death, so death spread to every one, for everyone sinned.' (This verse will be explained further, later in this section). This vividly shows that sin entered the world through one man and therefore we are also affected by the consequences of Adam and Eve's disobedience. Even when we are born we are already sinners because of the fall. This means that there is nothing that mankind can do to please God and be found righteous before Him (Romans 3:23 'Everyone has sinned; we all fall short of God's glorious standard.'). Neither can he pay the price that can restore him back to the perfect creation that God made him to be during the creation. "This ultimate truth is personal, and so it is held that Genesis three does not teach us about the fall of the first man into sin, as at first sight it might seem to do, but rather it teaches me as an individual that I am alienated from God and need to be reconciled from Him" (Young, 1983:50).

According to Young (1983:60), all mankind is born in such a fallen estate, when mankind sins he does not become a sinner like Adam (resulting to the curse of the earth) but show that he was born a sinner. This

means when mankind sins he simply shows that he is in a fallen estate. The condition of this fallen state is shown by first of all a corrupt heart, which was shown by the shame that Adam and Eve felt after they had fallen into sin (Young, 1976:103). Jeremiah puts it as follows, 'The heart is deceitful above all things and desperately wicked. Who can know it?' (Jeremiah 17:9). Therefore a man's heart needs to be changed and made new. Which can be done by God alone, and not by human effort? *"...the heart has to be changed before there can be any entrance into heaven, and before there can be any reception into the presence of God."* (Young 1976:104).

According to Douglas (1988:368), the meaning of sin is man's rebellion against the authority of God, and pride in his own supposed self-adequacy ('You will be like God'). In other words man was not created on his own authority without accountability, but was responsible to God through His laws. Therefore his rebellion against God's word resulted in great penalty. "The consequences of sin are twofold: first, awareness of guilt and immediate separation from God (they hid themselves)', with whom hitherto there had been unimpaired daily fellowship; and secondly, the sentence of the curse, decreeing toil, sorrow and death for man himself, and in addition inevitably involving the whole of the created order, of which man is the crown." (Douglas, 1988:368).

According to Young (1976:104), the result of sin is not only a corrupt heart but involves guilt before God as well. This is shown when Adam and Eve hid themselves after hearing 'Them the man and His wife heard the sound of God as He was walking in the garden in the cool of the day, and they hid from the Lord God among the trees in the garden.' (Genesis 3:8). They could not stand before God and face Him. Young defines guilt as to be blameworthy and liable for punishment. A person who is guilty cannot pray to God Almighty because he does not have access to Him, His blessings and promises. "A fallen man not only have a corrupt heart, but he is guilty before God and cannot stand before Him." (Young, 1976:104).

"The sin of posterity is not that of mere *reatus* abstracted from the only proper basis of *reatus*, namely sin itself." (Murray, 1959:95). In other words sin of mankind is not only the sin that was transferred sin from Adam, but it also includes the sin of man (the sin that mankind actually goes out to commit by himself). When a person goes out and sins, he is adding to his guilt. Therefore man cannot blame Adam for their sins, though depravity forms part of our sins. "Secondly, it (the involvement of posterity in the first sin of Adam) brings the doctrine of immediate imputation of Adams's into its logical rights because this construction finds in depravity with which posterity is inflicted the direct implicate of solidarity with Adams' sin gravity is itself an ingredient of the solidaric sin." (Murray, 1959:95).

Therefore because of sin, mankind cannot stand before God in confidence and communicate with Him, let alone to ask for His intervention in suffering or have access to His blessings. During the fallen state prayers of mankind do not show confidence in God because of sin. All that man can see is nakedness and a desire to hide himself from God. "Here begins the flight of the fallen man from God; here begins man's attempt to do the impossible; here begins the effort to interpret life and reality apart from the creator." (Young, 1983:75).

Every human being that is born of this world is a slave to the reign of sin and death (Romans 5:17). According to Culberson (2003:7), sicknesses and diseases are as a result of a curse that came with sin. There were no sicknesses and diseases before the fall. In other words sicknesses as a result of the fall into sin continue to affect our bodies as long as we are still on this earth.

However this does not mean that mankind's sin does not have its consequences as people are depraved. All generations also have a responsibility for their sinful situations. As a result of the curse and its consequences, for example diseases, sinful people of the past generations also contributed to the further impact of sin and the fall of the subsequent generations. "There is ample biblical evidence, for example,

that we are 'totally depraved'- that is, that the impact of sin on human beings reaches to every facet of our existence, our will, our bodies, our emotions, our imagination, our reason, our relationships." (Carson, 1996:215).

The Scriptures tell us that God used an Agent during creation, the One that the scripture declares nothing was made without Him, and that all things were made by Him and for Him (John 1:1-3; Colossians 1:15-17). God still uses the very same Agent to put things right again. "The creation account not only insists on the goodness of the initial creation, but sets the stage for what goes wrong- for the development of the plot-line that issues in a redeemer to set it right." (Carson, 1996:202).

2.2.5 Disease in the context of redemption

2.2.5.1 *Salvation as restoration*

Though the fall brought the curse to the creation, God still showed his love for His creation after the fall. His plan was to restore back creation to Himself. To fulfil this plan God sent the mediator Jesus Christ who fulfilled this task by dying on the cross, paying a price for sin. "It (reconciling act) occurred when the Lord died on the cross in Calvary, when He satisfied the justice of God by the shedding of His precious blood. Therefore God the Father has been reconciled to His people, so that He may justly forgive them their sins, and we glory in the substitutionary atonement because of what Christ has done." (Young, 1976:32).

According to Pratt (1987:42), God has acted, is still acting, and will continue to act in saving the world with His power. In other words God's plan was to save mankind from sin and its consequences. Not only that but He also wanted to restore back the relationship he had created with mankind during the creation. In Christ, God gave man access to His throne. His (man's) sin has been paid for, and is no longer guilty or liable for punishment. And therefore man can again stand before God in confidence because of Him and his prayers would have access to God through Him. "When he (mankind) is properly clothed (in Christ) God will look upon him with favour, regarding him as standing in a right relationship with Himself." (Young, 1983:147).

Wolters (1985:56), noted that, almost all words in the Bible that define salvation involve returning to its' original state. To redeem is to "buy back". For instance, when buying back someone's freedom. Reconciliation has a prefix 're-', which means going back to an original state. Renewal is the word Paul uses in Romans 12: 2, when he speaks about the renewal of the mind; it means to "make new again." Regeneration implies the return of life after the entrance of death. All these words show that God refuses to leave His creation into the fallen state. He is working towards bringing creation through Jesus Christ; back to its original state, this is re-creation. "Humankind which has blotched its original mandate and the whole creation along with it, is given another chance in Christ; we are reinstated as God's managers on earth." (Wolters, 1985:58).

Wolters, (1985:58), exclaims that, it should be noted therefore that, salvation is not bringing anything new to creation which was not there before but, it is bringing new life and vitality to what was there all along. Though there may be many things used to achieve salvation, they are not the focus of salvation. The main focus of salvation is to restore creation back to its original position. For example, an institution of marriage should not be shunned by Christians, but should be sanctified. "To put it in the traditional language of theology, grace does not bring a *donum superadditum* to nature, a gift added on top of creation; rather, grace restores nature, making it whole once more." (Wolters, 1985:59).

2.2.5.2 The scope of redemption

According to Wolters (1995:59), all creation was restored back through Christ. The process of redemption, covered as far as the curse was found. Paul writes in Colossians 1:20, 'And through Him (Jesus Christ) God reconciled all things to Himself.' This includes human beings and the creation, all things that were affected by the fall. "The scope of redemption is as great as that of the fall; it embraces creation as a whole; the root cause of all evil on earth- namely, the sin of the human race-is atoned for and overcome in Christ's death and resurrection, and therefore in principle His redemption also removes all sin's effects" (Wolters, 1985:59).

The Bible teaches us that God created the earth through the mediator Christ Jesus, who is the very same promised Messiah who came to redeem creation (John 1:1). This promise is given in Genesis 3:15 and the rest of the redemptive history is the unfolding of that promise (Williams, 2005:13). Even the Old Testament believers looked forward to the coming of the Messiah as their redeemer (John 1:29). When a person is in suffering of any kind, he must be reminded of what Christ has already achieved in His first coming, and that is to pay the price for our sin and to redeem us back to God. "Events in our lives often warrant negative reactions. Yet, when we want to respond to life with negative attitudes, we must ask ourselves if we have overlooked the wonder of what God has already done for us in the first coming of Christ" (Pratt Jr. 1987:72).

It is this knowledge of Christ that gives us access to pray to God, the knowledge that our sins have been paid for. The consciousness of sin that prevented us from coming to God had been taken away (1 John 3:21-22). Jesus is the way the truth and the life (John 14:6). Paul states that we have in heaven an intercessor that offered Himself as a sacrifice and was holy, blameless and unstained by sin (Heb. 7:23-27). And whatever we ask in His name shall be given to us (John 15:7). Therefore prayer is possible through the work of Christ. "Let us thank God that there is deliverance, deliverance both from the power of sin and from the guilt of sin. And that deliverance is found in the obedient work of the Second Adam, who is our Lord Jesus Christ." (Young, 1976:104).

According to Williams (2005:284), when Jesus Christ walked in the streets of Galilee healing all disease and sicknesses (Matthew 4:23), his acts of miracles were among other things a product of His compassion. Since the fall, when we are sick we groan in suffering and pain crying out to God because of sickness and God answers us because of His compassionate nature. This dimension of prayer would not have been there if the fall did not occur. Each clause of healing Williams adds, for example (Matthew 11:5), proclaims the nature of the kingdom of God. "Jesus Christ delivered man from sin, sickness, and Satan's power because He was the grace of God, God's undeserved blessing, sent to restore people to wholeness." (Culbertson, 2003:20.)

2.2.5.3 The Kingdom of God

Since the day of John the Baptist the kingdom of God is forcefully advancing, and the violent are taking it by force (Matthew 11:12). According to Culbertson (2003:6), the kingdom of God is advancing by delivering and healing the sick people, nullifying the work of the devil. Therefore we pray knowing that God is compassionate and is working together with us in our suffering and pain, in order to deliver us and heal our disease. "The kingdom of God is about salvation, the return of health, removing the corruption of sin, and restoring man in the entirety of his existence, including his bodily existence" (Williams, 2005:284).

"Restoration in Christ of creation and the coming of the kingdom of God are one and the same..." (Wolters, 1985:61). The word 'Kingdom' which is normally translated from the Greek word *basileia* originally means "kingship" which can be expressed as "sovereignty," or "dominion." The New Testament shows Jesus Christ as the long awaited Saviour and demonstrating the kingdom of God on earth. "The coming of Christ is the

climax of the whole history of redemption as re-corded in scriptures. The rightful king has established a beach-head in his territory and calls on His subjects to press His claims ever further in creation" (Wolters, 1985:61).

2.2.5.4 Jesus' ministry

Wolters (1985:61) believes that the coming of the kingdom is clearly demonstrated in Jesus' ministry, which means the restoration of creation. This is made clear by Jesus, when He speaks to the Pharisees after casting a demon out of a blind and mute man (Matthew 12: 28) "If I cast out a demon by the Spirit of God, then the kingdom of God has come upon you." In other words that the kingdom had come was evident through bringing down the kingdom of the devil and the establishment of the kingdom of God in a human being, which is the restoration of its original creation. Therefore Christ did not only preach about the long-awaited coming of the kingdom. His miracles were a demonstration of that coming. "Jesus' miracles, therefore, not only attests to the truth of His preaching concerning the coming of the kingdom but actually demonstrate that coming." (Wolters, 1985:61.)

According to Wolters (1985; 61), Jesus' healings were themselves the evidence of His kingship over the power of sickness and Satan. They were a proof of the power of the kingdom of God over the kingdom of the devil. "In connection with our theme of re-creation it is particularly striking that all of Jesus' miracles (with the exception of the cursing of the fig tree) are miracles of restoration to health, restoration to life, restoration to freedom from demonic possession." (Wolters, 1985:61). All these miracles were done to mankind by Christ or in his (human) presence, which was an intervention of the power of God to the fallen condition of mankind in order to restore His creation back to wholeness. "Jesus' miracles provide us with a sample of the meaning of redemption: a freeing of creation from the shackles of sin and evil and a reinstatement of creaturely living as intended by God" (Wolters, 1985:61).

One of the stories in the Bible that demonstrate the coming of the kingdom of God is the story of a woman who was crippled for eighteen years. In delivering this woman (Luke 13:12) Jesus declared "Woman you are set free from your infirmity" and the woman straightened up immediately. This miracle liberated this woman from being bound by satanic forces. The Scripture makes this clear 'This dear woman, of Abraham, has been held in bondage by Satan for eighteen years.' (Luke 13:16). That the healings were a contest with Satan is clear from the link between sickness and possession in many signs and wonders, and from the way Peter summarizes Christ's ministry to Cornelius; 'He went around doing good and healing all who were under the power of the devil' (Acts 10:38). "Every passage in the Bible presents Christ as both the remedy for human fallen ness and as the end point of God's plan of salvation" (Dorani,1996:171).

According to Thielman (2005:177), God has 'already' began fulfilling His promises in Christ, however these fulfilment is 'not yet' complete and awaits His second coming. In Jesus the kingdom of God is already present. Hence He says to the Pharisees when they were asking Him when would the kingdom come, 'You won't be able to say, ' Here it is' or 'Its over there!' For the kingdom of God is already among you (Luke 17: 21).' However Jesus also orders His disciples to pray 'May your kingdom come soon. May your will be done on earth, as it is in heaven (Matthew 6: 10).' which means that the kingdom has come and is still yet to come "Both the "already" and "the not yet" aspects characterize the interlude between Christ's first coming and second coming" (Wolters, 1985:63).

This shows that there are some aspects that were accomplished by the first coming of Christ and others are not yet accomplished. In other words, when praying for the sick, some prayers may possibly be answered immediately and others may not. That prayers were not answered in a manner that we expected does not mean that God did not hear our prayers, or that He is not willing or able to answer us. It does mean that some of our expectations will be fulfilled on His second coming. "Christianity has traditionally

affirmed that with the coming of Jesus the biblical promises about the restoration of creation and God's people have largely been fulfilled but that elements of fulfilment await the future" (Thielman, 2005:177).

2.2.6 Disease in the context of consummation

2.2.6.1 *The expansion or growth of the kingdom of God*

"Biblical theologians often say that the kingdom has been inaugurated but is yet to be consummated, or that the kingdom is both already and not yet." (Williams, 2005:269). This means that, although some of the purpose of the kingdom of God has been achieved, the completion of the work of the kingdom of God is still anticipated. Therefore some of the benefits of the kingdom of God we will enjoy them here on earth, while others after the second coming of Jesus. "Although the kingdom is here in the finished work of Christ, the ministry of the Holy Spirit, and the witness of the church, this presence is partial and mysterious, for the kingdom is yet to be consummated"(Williams, 2005:269).

"The first coming establishes the foothold in creation, while the second coming accomplishes the complete victory of His sovereignty" (Wolters, 1985:61). Jesus continues to make the kingdom come even after His ascension. He has empowered His followers by the Holy Spirit in order to achieve this task. In the parable of Luke 19:11-27 we find clarity on this matter, the servants are called to be loyal in their assigned duties before the noble man returns from receiving the kingdom. According to Wolters, (1985:63), the servants of the already come kingdom are investing on the not-yet- come kingdom. "Concretely, this parable means that in the name of Christ and His kingdom Christians must now employ all their God-given means in opposing the sickness and demonization of creation- and thus restoring creation- in anticipation of its final "regeneration" at the second coming (Matthew 19:28; Wolters, 1985:63).

According to Williams (2005:270), when a person enters the kingdom of God, he is participating in the inaugurated explosion of God's redemptive and transformative power in the world. Hence Paul says, 'I can do all things through Christ who strengthens me (Philippians 4:13.)' Though we are under the explosion of God's power in this world, consummation awaits the divine rule of Christ, His glory. Where 'every knee shall bow... and every tongue confess that Jesus Christ is Lord (Philippians 2:10-11). Not only that but the Scriptures also tells us that 'we shall also reign with Him (II Timothy 2:12.) "The more deeply we experience the end-time kingdom of God, the more we realize what a small beginning has been made in our lives and our world on God's behalf. Thus we long for the consummation of the kingdom" (Williams, 2005:270).

2.2.6.2 *The implication of the resurrection of the body of Christ*

According to Williams (2005:289), the resurrection of the body of Jesus Christ from the tomb raises two important points: Firstly the resurrection serves as a model of our own final redemption in Christ. Paul states in Colossians 1: 18 that Christ was, the first One to be raised from the dead by God. This means that this is a model for everyone who believes in Him. We will also die, and be raised like Him (I John 3:2) 'We shall be like Him, for we shall see Him as He is.' And I Corinthians 15:20 says, 'The first fruits of them that slept (died)'. Secondly, the resurrection of Christ shows us that this earthly body is also moving towards the future destiny, its transformation. In other words all those believing in Christ can look forward to their transformed bodies. "Bodies are not abstract, ethereal entities having nothing to do with physical space" (Williams, 2005:290).

The Scripture teaches us about the embodied hopes, which are the bodily resurrection and the renewal of creation. It points out towards the resurrection of the human body (Job 19: 25; I Corinthians 15) and the renewal of the earth (Matthew 19:28; Acts 3:21; Colossians 1:20; James 1:18). Colossians 1:18 states that Jesus was the firstborn from the dead; while in His resurrection He is also the first fruits of those who have

fallen asleep (I Corinthians. 15:20). We therefore have hope that, our bodies will be transformed to the body that will no longer feel neither pain nor suffering, 'We shall be like Him, for we shall see Him as He is.' (I John 3:2). "In Christ's resurrection we have a picture of God's ultimate future for his people before its arrival"(Williams, 2005:290).

2.2.6.3 *The New Jerusalem*

John in the book of Revelation talks about a New Jerusalem as the holy city that came from God, out of heaven (Revelation 21:1-2). However when the angel shows him the bride, the wife of the Lamb he is also showing him the holy city (Revelation 21:9-10). This means that the New Jerusalem is a place as well as the people, a beautiful bride and the new world. The fact that the holy city has got the gates, foundations and the walls confirms that it is a place (Revelation 21:12-14). This place also has the names of the twelve tribes of Israel and the people of God from all over the place (Revelation 21:12-14). "John is likely conveying the truth that the new creation introduces the new world and a new or consummated people" (Schreiner, 2008:248).

In the attempt to explain the New Jerusalem, John writes in the symbolical form. According to Schreiner (2008:250), the high walls of the city represent safety from all evil influences (Revelation 21:12). No enemy will ever be able to come into the New Jerusalem and disturb the peace in it; hence its gates are never closed. That the nations will see the glory of the Lord and bring their gifts from far is also symbolical (Revelation 21:24). According to Thielman (2005:647), this refers to all humankind in their various national languages throughout God's creation. "... it is John's way of saying that every good gift of the old creation finds its completion and fulfilment in the new creation" (Schreiner, 2008:250).

In the new creation the temple is not physical but it is the Lord God Almighty Himself and the Lamb (Revelation 21:22). According to Schreiner (2008:250), the presence of the Lord and His people represents the temple, and the presence of the Lord and the Lamb represents the conclusion of what God has promised. There will be no sun or the moon since God's glory will illuminate the city (Revelation 21:23). There will be nothing cursed in the city, for the Lords' throne will be there and the Lamb and His servants will worship Him (Revelation 22:3). It will be a place where servants of the Lord, will worship Him forever. "Here people from all nations assemble to give their glory and honour to God because Adam's curse is reversed and all creation has returned to the condition it had before sin distorted its shape" (Thielman, 2005:645).

According to Schreiner (2008:250), the consummation of God will be upon His people and His name will be on their faces. In other words the New Jerusalem will be a place of peace where no evil will exist, nor sin and its consequences. Nothing 'evil will be allowed to enter... but only those whose names are written in the Lamb's book of life (Revelation 21:27).' "Many among the nations have responded to God's merciful overtures with repentance (Revelation 5: 9; 7: 9; 11: 13b; cf. 15:4), and now their participation in the joy of God's presence demonstrates the full triumph of God over the wickedness that formerly ravaged His creation and His people" (Thielman, 2005:647).

According to Williams (2005:284), when the New Jerusalem comes to earth, it will utterly destroy the curse of Adam's sin (Revelation 21). This new does not however refer to the replacement of the Garden of Eden by the New Jerusalem. It will be more than just restoring what was lost in Eden. "In the New Jerusalem, the prophetic expectation of the restoration of God's people and of God's unquestioned sovereignty over all creation is full filled" (Thielman, 2005:648).

According to Williams (2005:284), there will be radical cleansing and purging that will make the creation like new. Which is the same process that occurs to new beings in Christ, the heart is the same but only

renewed. This is the glorious hope that Christians have through the second coming of Christ. "While Christ accomplished much for us in His first coming, we still live before the completion of His saving work. We yearn for the return of Christ because sin still troubles us" (Pratt Jr., 1987:70).

The Adamic curse of sin and death will be put away forever (Romans 5:21). Revelation 21:4 states, 'He (Jesus) will wipe every tear from their eyes, and there will be no more death or sorrow or crying or pain.' Therefore when we pray for healing, and do not get the answer that we expect, we can have hope in knowing that in the coming New Jerusalem, there will be no sting of sin and its corruptive consequences. "In addition John, offers to the suffering among God's people the comforting message that God has limited their affliction and that, although the dragon will assault them, God will protect them from any ultimate, eternal harm" (Thielman, 2005:649).

2.2. 7 Some conclusions

Four different Christian worldviews were briefly discussed. These are: grace against nature, grace above nature, grace alongside nature and grace transforms nature. This study uses '*the grace transforms nature*' Christian worldview. It is a reformational worldview which is able to inform our role in changing creation within the biblical framework of: the creation, the fall, redemption and consummation.

God created the earth and everything in it. He made creation to respond to each other and to Himself. When God created the earth, it was 'good', in perfect condition without any 'bad' and lacking nothing. Prayers that were made before the fallen state of creation were thanksgiving and appreciation for God's perfect health and living conditions.

When God created Adam, He gave him the responsibility and accountability over creation. But Adam disobeyed God, and God kept His word and punished him. Adam's disobedience did not only affect him and those involved, but it also affected the whole creation including future generations. One of the results of sin was sickness.

Sicknesses only came to earth after the fall, and were not a purpose of God for His creation. This is clearly shown when God continuously cares for His creation even after the fall. God made a plan of winning creation back to Him. Jesus Christ was a fulfilment of this plan, by redeeming creation from sin and its consequences. Resurrection was a proof of this victory. Prayer, which is a communication with God, is based on this truth and is only possible through the work of Christ. However Christ's work to redeem creation is incomplete.

We are still in constant pain and discouragement because we live in a sinful world. When Jesus comes again for the second time with the New Jerusalem, He will take away the curse of sin and death away forever. We will then no longer feel any pain or suffering. Some of the prayers made at the fallen state have their basis on this truth, the hope of the second coming of Jesus Christ to complete His redeeming work and the transformation of our bodies. One of the diseases that are a reality, during the period while we still wait for the consummation of redemption, is HIV and AIDS.

2.3 HIV AND AIDS

2.3.1 Introduction

This section seeks to explain the nature of HIV and AIDS. What kind of a disease are HIV and AIDS? Whether it is curable or not? Some of the myths and realities about these diseases. The modes of

transmission. And how it affects the person, socially, physically, emotionally etc.? “Notwithstanding impressive treatment advances, HIV infection and AIDS disease progression have characteristics of both a chronic physical condition and a terminal illness; moreover this illness has profound effects on both physical and mental health” (Remle and Koenig, 2001:195).

2.3.2 The origin of HIV and AIDS

This is a fallen world and some of the diseases are as a result of human moral issues. According to Feinberg and Feinberg (1993:201), AIDS was first discovered in 1981 among five homosexual men who died due to an unusual form of pneumonia. In that year other gay men died due to an extremely rare form of cancer (Kaposi's sarcoma). Though there are other claims of its origin, it is this origin that has resulted in HIV and AIDS to become a morally associated disease. “Because gay men and intravenous drug users were the first populations to enter societal awareness as AIDS sufferers, this disease has never escaped the moral judgements made by some about its origins or its sufferers” (Remle and Koenig, 2001:206).

2.3.3 Some medical facts about HIV and AIDS

For the definition of HIV and AIDS refer to the orientation chapter, section on abbreviation and terms in this dissertation.

2.3.3.1 Terminology associated with the cause of the disease

2.3.3.1.1 Antibodies and the “window period”

In order to determine the presence of HIV infection in a blood sample, pathologists utilize the presence of antibodies. However, antibodies only appear several weeks after the infection. Therefore during this period a person may be infected but will not be revealed during the standard test. This period, which takes three weeks to three months, is called “the window period”. Therefore, when a test is done and the result is negative, it must be repeated again after three months, so as to confirm the result.

2.3.3.1.2 Terms used to measure the disease

CD4 count: This indicates to what extent the HI virus has damaged the immune system. A high CD4 count of 1000 or more indicates that the infected person is in good condition and should be able to function normally. A low count, for example 200 or less shows that the immune system has already been badly damaged.

Viral load: It gives the number of viruses per measured unit of blood. A high viral count indicates that the blood is loaded with the virus. After the window period, the viral load drops, and starts climbing again resulting in a syndrome.

Before 1993, CD4 cell count was used as a measurement of the severity of the disease progression. With the low CD4 cell count reflecting a diminishing capability of the immune system to conquer the disease. “After the 1993 case definition revision, a person could be diagnosed with AIDS if they had a CD4 cell count below 200ML. Subsequently; researchers and clinicians also focused on a significant measure called “viral load”, the amount of HIV RNA in the blood stream” (Remle and Koenig, 2001:196).

With a decreasing CD4 cell count or a high viral load in the body, the patient will start to suffer a great deal physically. He is no longer able to do activities without difficulty. The body becomes vulnerable to opportunistic diseases. Until the person loses total control of his body.

It is important to note that there is a difference between HIV and AIDS. AIDS is an acronym for Acquired Immune Deficiency Syndrome. Du Plessis as quoted by Gifford, (2000:5) and Tabifor, (2002:115), explains each word of the acronym as follows:

- ✓ This disease is acquired because it is not a disease that is inherited. It is caused by a virus (the human immune-deficiency virus) that enters the body from outside.
- ✓ Immunity refers to the body's natural inherent ability to defend itself against infection and disease.
- ✓ Deficiency refers to the fact that the body's immune system has been weakened so that it can no longer defend itself against opportunistic infections.
- ✓ A syndrome is a medical term that refers to a set of or collection of signs and symptoms that occur together and that are characteristic of a particular pathological condition.

According to Van Der Walt (2003:9), once the HI-virus attacks the body, the body becomes vulnerable and cannot resist any other diseases that try to attack it. Diseases that take an advantage to the body's weakening condition are called "*opportunistic diseases*". A few well-known opportunistic diseases are: tuberculosis, a very serious type of pneumonia, oral thrush and certain forms of cancer.

2.3.4 Some virological and physiological aspects

The HI-virus is a retrovirus, which means that it acts and multiplies differently from other viruses. When it penetrates the host cell, it forces its reproductive material (DNA and RNA) to multiply itself. This means more of the HI-virus infected cells are made. The body system's CD4 cells decrease while the HI-virus increases. This process is made possible because the HI-virus is able to hide itself in a manner that the CD4 cells (the immune system) are not able to recognise it as an intruder. "It may be stated with reasonable certainty that no other disease has ever received so much attention from researchers or so much funding for the development of vaccine against it – with very limited success thus far" (Van Der Walt, 2003:10).

2.3.5 Infection

For the specific behaviour that spread HIV and AIDS refer to the background information section of the orientation chapter. Most of the above mentioned modes of transition raise moral issues about HIV and AIDS. Issues like, adultery, homosexuality, sexual immorality, and a curse being passed from parents to children etc. Christianity as a religion affects among many other things persons' morals. The above issues may result in serious damages if not handled properly by any Christian community. "In response to moral stigma and alienation they (infected people) experience from families, friends, and fellow congregation members, many infected gay and bisexual men, for example turned away from the religions of their childhood or from organizationally supported worship in general" (Remle and Koenig, 2001:208).

HIV and AIDS disease gives a perfect example of adding into one's guilt by sinning, if an HIV positive mother passes the virus into her baby. She constantly sees the consequence of her sin in her child, thus adding to her guilt. Or if a person knows that he got the disease by engaging in sexual immorality, a person becomes guilty because of his actions. "Sin involves guilt before God, and when we say that the soul is guilty, we mean that he is blameworthy and liable to punishment" (Young, 1976:104).

2.3.6 Prevention of infection

It is not a surprising factor, that most of the preventative strategies are aimed at human sexual activity. The four main options of prevention are summarised as the ABCD of AIDS prevention:

“Abstain”

Abstain from any sexual activity.

“Be faithful”

Faithfulness to a sexual partner, especially in a marriage or in any sexual relationship.

“Condomise”

This is called a barrier method that is recommended as an alternative to A and B, whereby a condom is used for conducting sexual intercourse.

“Disease Prevention and Control”

Get treatment for sexual transmitted infections (STI's) and opportunistic infections (OI's).

It should be noted that the above-mentioned methods only prevent the infection and do not cure HIV and AIDS. “The study found that HIV and AIDS could be prevented through the continuous use of condoms, faithfulness in marriage and abstinence, but its cure could only come from God after the accomplishment of the purpose for which He allowed the infection. However, some study participants believe that the cure would be discovered through research” (Dolo, 2006:135).

A lot of governmental and non-governmental organisations put their emphasis on option C. This is because it is an accepted norm within such circles that a person is a sexual being and cannot live without sex. It should also be noted that some churches have totally ruled out the use of condoms. This is because these churches believe that as long as a person restricts sex to marriage, there is no need for the use of condoms (Dolo, 2006:122). According to Van Der Walt (2003:10), there are some instances where the use of condom is essential for instance where one marriage partner is infected and the other partner requires protection.

2.3.7 The cure for HIV and AIDS

Medical treatment for HIV and AIDS focuses on prevention and treatment of the opportunistic infections (OI's), and also the treatment that hinders the virus from spreading: antiretroviral (ARV) therapy, or ART. The two major advances in treatment of HIV and AIDS in the last 20 years according to DiPentina et al. (2005:6), are as follows: One is the development of drugs that inhibit the growth the virus, preventing or delaying the onset of AIDS and allowing people living with HIV to remain free of symptoms for a longer period of time. The other is the development of medications that reduces transmission of the virus from an HIV-infected mother to her child. “At present there is still no cure for HIV and AIDS...” (Feinberg and Feinberg, 1993:202).

2.3.8 Myths about HIV and AIDS

Some myths about HIV and AIDS as listed by Cichocki (2009:104), are as follows:

Myth no 1:

I have just been diagnosed with HIV... I am going to die.

The truth:

Being diagnosed of HIV does not mean you are going to die immediately. Current medical treatment allows infected persons to live longer and have healthy lives. An infected person can also add to his life by regularly eating healthy and protecting himself from being re-infected.

Myth no 2:

HIV can be cured.

The truth:

There are many claims of miraculous cures for HIV and AIDS, however the sad truth is, there is no medical cure for HIV and AIDS. Drugs such as anti-retroviral (ARV's) can help a person to live longer but does not destroy the HI-virus in the system.

Myth no 3:

My GP(General Medical Practitioner) can treat my HIV.

The truth:

Cichocki believes that HIV and AIDS is a complex disease therefore, only HIV specialists or doctors who treat HIV patients regularly should treat an infected person.

Myth no 4:

We don't need a condom for oral sex.

The truth:

Oral sex carries as much risk as other sexual activities because there might be a cut inside the mouth that a person is not aware of. Simple things such as brushing ones teeth or eating some kinds of food may cause some of these cuts.

Myth no 5:

I have HIV...I can't have children.

The truth:

In the past this was not encouraged because of the risk of transmitting their infection to their unborn children. However it is now possible to have uninfected children because of HIV medication. It must be noted though that the process still carries risks and therefore an infected person who is considering pregnancy must consult the doctor.

Myth no 6:

People over 50 don't get HIV.

The truth:

Because of its mode of transmission, the age group cannot prevent HIV and AIDS. It is definitely not a young person's disease any person at any age can acquire it.

Myth no 7:

We both have HIV...we don't need a condom.

The truth:

"There are several strains of HIV. In addition, when exposed to medications, HIV changes or mutates over time. If a person is re-infected with a strain of HIV that is different from the strains that are already present, treatment will be much more complicated and might not work." (Cichocki, 2009:104.)

Myth no 8:

HIV is the same as AIDS.

The truth:

HIV is a virus and "full-blown" AIDS is a syndrome (collection of illnesses). The HI-virus damages the immune system and AIDS is the collection of various infections and illnesses that affect the body as a result of the damaged immune system.

The other popular myth about HIV and AIDS, which is not listed here, is that sleeping with a virgin can cure the disease. This is clearly not true, as there is nothing in the human body that can prevent HIV and AIDS infection. These myths show us that HIV and AIDS are viewed as a taboo disease in the community because of its moral issues and that it cannot be cured.

2.3.9 The stages that HIV and AIDS patients go through

2.3.9.1 Denial

This is the first stage that some people go through after receiving the news that they are HIV-positive. During this phase these people suppress their thoughts concerning the disease and deny the infection (Makhathini, 2006:30). They are under shock and may even want to consult another doctor who might provide a different diagnosis from the earlier received. They may even not talk about the disease but simply keep quiet about it and pretend it is not even there. "Denial is also rooted in the cultural tendency of silence and secrecy" (Thema, 2002:52).

2.3.9.2 Anger

This stage occurs when denial is not properly handled and controlled. "It shows itself through reactions of resistance, protest and rebellion" (Thema, 2002:53). It also shows itself by a risk of suicide, adds Thema. This is because, according to Remle and Koenig, HIV and AIDS is often associated with shame and embarrassment. Therefore a patient can feel angry and even blame himself about the infection. A person may become irritable more often and may become angry with everyone around him including God (Makhathini, 2006:31). "Patients who are sick or in pain may be experiencing anger toward themselves for the past behaviours or choices made, especially if they have influenced the development, maintenance, or exacerbation of a medical condition" (Tang and Dong, 2001:299).

2.3.9.3 Isolation

According to Thema (2002:54), patients with chronic illnesses mostly experience this stage. It is characterised by suicidal attacks while others may develop a desire to infect as many people as possible with the HI-virus. These people retreat themselves by going into a quiet and a lonely place. They become

less productive because of physical and emotional weaknesses. "Other people became isolated simply because they become weak and unable to cope with daily demands" (Thema, 2002:54).

Isolation can be intensified by the attitudes of people surrounding them for example, by being judged, despised; and not being accepted as friends any more. Dolo (2006:6), strongly believes that judgement and condemnation only worsen the situation to both the infected and the community at large. These attitudes only lead to high levels of anxiety, depression, or isolation. This result in HIV and AIDS infected persons to live in fear. "Some experiences are based on self-induced fears and expectations, and others involve stigmatising interactions with people who use a judgmental religious framework or show fear of a person with HIV and AIDS" (Remle and Koenig, 2001:206).

2.3.9.4 Bargaining

During this stage a person is not prepared to go through inhuman conditions of HIV and AIDS and therefore bargains for physical health and also bargains with God (Makhathini, 2006:31). This stage may be caused by many factors, for example, fear for physical death and pain associated with it, a person may be afraid of eternal judgement (in the religious or Christian sense). A person may view the disease as a punishment from God. "Some people see HIV and AIDS as the active retribution of God upon a sinful and immoral humanity (almost like a modern flood), while others view it more as if God was leaving immoral people to the natural consequences of their sinful deeds" (Van Der Walt, 2003:6).

To others "The stigma and discrimination associated with HIV and AIDS can create an atmosphere of fear whereby many people become more afraid of the stigma and the discrimination more than the disease itself ...some participants expressed that they did not reveal their HIV-status to many people but only told the few people who were close to them "(DOLO, 2006:99). The stigma and discrimination may lead to an HIV and AIDS patient meditating continuously about death and its consequences. "They (people living with HIV and AIDS) are afraid of life or life itself, and experience great physical pain" (Thema, 2002:55).

2.3.9.5 Depression and acceptance

During the depression stage a person mourns about what has been and what will be such as, a good family, a good job and many others. An infected person becomes traumatized by suspense of what is going to happen when he dies and as a result develops pessimism. According to Makhathini (2006:32), depression can also arise from the limits that are now placed on the social and physical activities of the infected person.

When an infected person has successfully gone through the above-mentioned stages, he comes to terms with the disease and accepts his condition. This is the final stage, which is known as the acceptance stage. The person is now prepared about what may lie ahead. Thema supports this, "In the final stage of acceptance, the wounded person may accept the fact that they are infected with HIV and AIDS and sooner or later they are going to die" (Thema, 20002:56).

As noted above, there are also some moral issues that are associated with the disease. When these moral issues are not dealt with appropriately, they can hinder one's prayer for the disease. The same confusion has also affected the church at large. "HIV-positive individuals may feel alienated from public worship as a result of expressed, or even expected, moral condemnation from others" (Remle and Koenig, 2001:206).

2.3.10 Phases in the course of the disease of an individual

As HI-virus spreads in the body of an infected person, it results in different effects both physically and emotionally. These different phases result in different emotional as well as physical needs. De La Porte (2003:5), in his table (see table2. 1 below) highlights the different emotional experiences of a person with HIV and AIDS, his needs and what spiritual focus can be used in order to meet those needs.

Table 2.1: Phases of HIV and AIDS (De La Porte, 2003 :5).

Phases of HIV and AIDS	Emotional Experience	Need	Spiritual focus	Focus on counselling
1. Diagnoses	Denial, fear, Anxiety.	Security	God's compassion' (trust)	Empathy
2. Symptomatic Phase (health deteriorates-still functioning)	Isolation, Loneliness, grieves loss.	Contact	Belong to sound community acceptance.	Communication and relationships.
	Guilt (internal & external), remorse, anger.	Forgiveness.	Reconciliation (with oneself, others and God).	Recovery.
3. Serious impairment of health (serious impediment of functionality)	Self -rejection, Hopelessness Worthlessness.	Dignity.	Hope and meaning.	A life full of hope and meaning.
4. Terminal phase.	Languish, uncertain, panicky.	Peace and acceptance.	Peace.	Say goodbye.
5. Mourning/ grief	Sad, longing, depression.	Grieves losses.	Acquiescence.	Accept loss and continue with life.

During the diagnosis phase, the patient goes through denial, fear and anxiety. At this phase the infected person is struggling with accepting the diagnosis and needs physical and emotional security. The next phase is the symptomatic phase; the health deteriorates but the body still functions optimally. The infected person separates himself from others; remorse, loneliness and guilt, are symptoms of this phase. The need is for human contact and forgiveness.

Phase 3 results in the serious impairment of health. The patient is no longer able to do most of the physical activities, and therefore experiences self-rejection, hopelessness and worthlessness. He needs dignity. The terminal phase is when the patient is panicking and uncertain about what is going to happen to him. The infected person then needs peace and accepts his fate.

As noted above, HIV and AIDS sick people are faced with big challenges in their lives. Discriminating and rejecting them, can cause serious damage in their lives. The church can play an important role in teaching others to accept and love them. Since the Bible encourages them to love one another.

In such an environment infected people can be able to disclose their status without any fear of discrimination or rejection. "It (such an environment) gives them confidence and courage to deal with their disease as they struggle with all kinds of emotions such as anxiety and fear about their future, anger and guilt about what has happened to them, loneliness and depression as they feel they may be isolated from relatives and friends" (Slattery, 2002: 31).

2.3.11 Some conclusions

Though there are new discoveries about the treatment of HIV and AIDS, there is still no medical cure for HIV and AIDS. Medically discovered drugs can only slow its progress of spreading and make the infected person to live longer. As a result of this, patients spend a lot of finances only to get a better life and not to be cured. It is because of such medical reality that makes some Christians not to see the reason for praying for HIV and AIDS patients. The fact that there is no cure for HIV and AIDS raises doubts about God's ability to cure the disease.

The origin of HIV and AIDS and its mode of transmission are closely associated with the morality of the disease. It is its immoral methods of transmission that has resulted in a lot of stigma, alienation and discrimination of those infected. The infected person goes through different phases and stages that can result in him being angry towards God in seeing himself as not worthy of praying. Also some believers, who are supposed to be praying for the infected person, may also discriminate and judge them.

Among those who are infected, there are some who were only victims of other people's sins and did not do anything immoral themselves. For an example, unborn children only get the disease from their mothers. Therefore both moral and immoral ways of transmitting the disease can increase the guilt of a person as a result hindering his prayers about the disease. We do not read of HIV and AIDS disease in the Bible, however there are some sicknesses in the Bible that can be compared with HIV and AIDS.

2.4 SOME BIBLICAL PASSAGES AND CASES ON PRAYER AND SICKNESSES

2.4.1 Introduction

This section focuses on biblical cases that are similar to HIV and AIDS. The focus will be on diseases that were considered incurable and those treated as immoral. The aim is to discover proper Christian theological understanding of prayer and sicknesses through the use of the Bible. In order to depict biblical and theological perspectives that must motivate Christians to pray for the HIV and AIDS patients.

2.4.2 Prayer

The word prayer can mean many things. Pratt (1987: 1) mentions the few as follows: a child's poem before dinner, passing thoughts directed towards God, or even joyous praises. Other activities such as, painting and musical recital can be referred to as prayer. However, for the sake of this study we are going to look at prayer from the biblical point of view. For the purpose of the study, Pratt's' definition of prayer will be used. Prayer is a believer's communication with God. This definition includes three main elements of prayer, which are: 1. God. 2. The believer. 3. The communication. The three elements are essential in communicating with God, without any of them there will be no prayer. "Without God no one listens; without the believer no one speaks; without communication nothing is said (see fig 2:3)" (Pratt, 1987: 3).

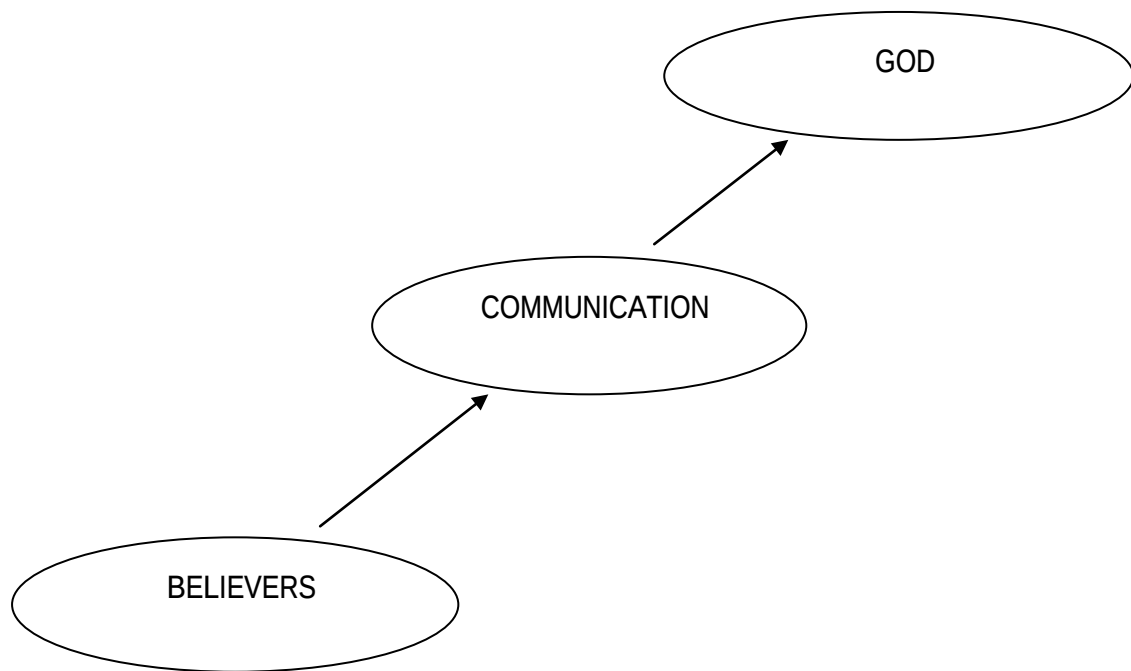


Figure 2.3: The elements of Prayer (Pratt, 1987: 3.)

The three elements are interdependent to each other; neglecting one of them can result in an unfruitful and dull prayer. These elements form the basis of prayer. They determine the kind of prayer one can have. Some prayers can be dull and boring while others are full of passion and expecting the results. "... prayer is one of the greatest blessings God offers, but we also know that it is a source of frustration and guilt" (Pratt, 1987: 1).

2.4.2.1 *The recipient of prayer*

One of the many roles of God, which we learn from the bible, is that He receives our prayers. David confirms this in Psalm 54: 2 when he says 'Hear my prayer, O God; listen to the words of my mouth.' It is this promise that we normally forget, that God receives our prayer. Because of so much evil in the world, we tend to think that God is not interested in our prayers. "All too often Christians take for granted God's promise to hear prayer. We must take care to appreciate this gracious and remarkable gift" (Pratt, 1987: 4).

According to Pratt, (1987: 4), Christian prayers differ according to their perception towards God. This means that, our prayers differ according to our relationship with God and how we consider Him to be. Those who are close to Him consider Him as a close friend and offer casual prayers to Him. Those who consider God as "Thee Sovereign God" offer formal prayers. In other words, it is our awareness of the characteristics of God that shapes our prayers.

In our situation, we call for God's characteristics for help. For example, we call Him to heal our diseases as Exodus 15: 26 explain, "He said, 'If you listen carefully to the voice of the Lord your God and do what is right in His eyes, if you pay an attention to His commands and keep all his decrees, I will not bring on you any of the disease I brought on the Egyptians, for I am the Lord, who heals you. "For our prayers to be filled with life and vitality, we must always strive to deepen our awareness of God in all the ways He is revealed in Scripture" (Pratt, 1987: 5).

2.4.2.2 The source of prayer

Though prayer may involve a human source, it is important to know that it is God who gives us the ability to pray. It was the work of the cross that gave us access and confidence to approach God through prayer. This means that prayer is the work of grace. Even our skill to pray, words, mouth and the desire to pray still comes from Him. "God Himself ultimately gives us the ability to pray, but the human instrument still serves as the creaturely source of communication" (Pratt, 1987: 6).

However, we are still the ones praying towards God, and must be able to express ourselves to Him. David urges God "Hear my prayer, O God; listen to the words of my mouth (Psalm 54: 2)." We must count our words remembering that we are talking to God who is in heaven and we are on earth (Ecclesiastes 5: 2) 'Don't make rash promises, and don't be hasty in bringing matters before God'. "Like the psalmists, we must examine and express ourselves as honest and completely as possible" (Pratt, 1987: 8).

2.4.2.3 The words of communication in prayer

It is true that words can sometimes be limited and may not be able to express what we are feeling. Hence, the bible teaches us that even in such situations; we can gain confidence in knowing that the Holy Spirit intercedes for us. "In the same way, the Spirit helps us in our weakness. We do not know what we ought to pray, but the Spirit himself intercedes for us with groans that words cannot express. And He who searches our hearts knows the mind of the Spirit, because the Spirit intercedes for saints in accordance with God's will" (Romans 8: 26-27).

According to Pratt (1987: 8), though the Spirit intercedes for us, we must still be conscious of our words since they can either hamper or improve our communication with God. There are many patterns that people use to communicate with God. For example, "Adoration, Confession, Thanksgiving, Supplication (ACTS)." Others choose to stick to the pattern of the Lord's prayer (Matthew 6: 9-13; Luke 11: 2-4). However this was only an outline since we find Jesus Himself not following this model in other prayers (John 17: 1-26). This shows that prayers are from the heart and there is no single model for prayer. "... If we learn from the psalmists and other biblical figures and begin to imitate the freedom and creativity of their prayers, then we can expect our communication with God to grow richer and more inspiring by day" (Pratt, 1987: 10).

2.4.3 Some cases of prayer in the Old Testament

2.4.3.1 Introduction

In this section of the study, the researcher seeks to review selected passages and cases from the Bible, in order to learn what they teach us about prayer. The following passages and cases were selected from the Old Testament: Genesis 20: 1-8, Numbers 21: 4-9, I Samuel 1, II Chronicles 6: 22-40 and Psalm 6. In addition, the following were chosen from the New Testament: Mark 9:14-29, Luke 18:1 & 9-14, Acts 4: 24-30 and James 5: 14-16.

There are many different things that the above selected cases and passages teach, but for the sake of the study, the researcher will focus on what they teach about prayer. The following aspects of the selection will be looked at: the genre, historical context, and literary type, its place in the redemptive history and what it teaches us about prayer.

2.4.3.2 *Prayer in Genesis 20:1-8*

This story is found in the book of Genesis, which forms the first book of the five books found in the Pentateuch. Its place in the contents of the book of Genesis is in the Patriarchal History, which is the part between Abraham and Jacob, and his sons, that is Genesis 11: 27 – 50: 26. It comes right after the Primeval Prologue, which is the section between creation and the flood and its aftermath, Genesis 1-11.

During the fall of man in the story of creation, God was separated with both man and His creation. The call of Abraham during the Patriarchal History sets a stage for God's plan to win back mankind to Himself and to redeem creation. "God acts in history to set in motion a series of events that will ultimately heal the breach that sin placed between God and the world." (LaSor et al., 1996: 33).

The patriarchal narratives are historical in nature, and are considered to have been passed from one generation to another through oral and written transmissions. "They stand closest in literally type to historically based narratives" (LaSor et al., 1996: 40).

Church traditions consider the author of the book of Genesis as Moses, though some of the written sections were not written by his hand. According to LaSor et al. (1996: 44), his aim like other Biblical authors was mostly theological. In other words, though the author was writing within his contemporary situation, culture and events, his focus was on the divinely inspired message. "The aims of the Biblical authors are largely theological, so they select events and incidents in keeping with their primary interest in God's actions in bringing about His purpose." (LaSor et al., 1996: 44).

The Patriarchal history begins with the call of Abraham in Genesis 12: 1-3. "This universal promise (Genesis 12: 1-3) provides the word of grace for the disobedience and judgment of the primeval prologue" (LaSor et al., 1996: 47). God did not dismiss the world forever after the fall, but He continued to show His love for His sinful world. He shows this in the Patriarchal history calling Abraham and promising him a course that will be a curse or a blessing to all the communities of the earth. "The choice of Abraham and the unconditional promises of land and nationhood have as their ultimate goal the blessing of all the earth's communities" (LaSor et al., 1996: 47).

The story of Abraham and Abimelech takes place after two moments of celebration for Abraham: The promise for Isaac and the successful intercession for Sodom and Gomorrah. However these victories are in jeopardy when Abraham lies for personal safety (Genesis 20: 1-17). Abraham lied to Abimelech saying that Sarah was his sister. This teaches us that one need not be perfect to be used by God. Abimelech later on sexually desired Sarah, who was Abraham's wife, and to fulfil his desire, he took her for himself. As a result God threatened to kill Abimelech (Genesis 20: 3) for his act. God did not only punish Abimelech but He also closed all the wombs of the women in his dynasty (Genesis 20:18).

God punished Abimelech and all women in his dynasty because he had taken a married woman for himself (Genesis 20: 3). It was this particular sin that brought barrenness to women in his dynasty. In the case of Abimelech, God intervened by ordering him to go to Abraham; who was a prophet and was going to pray for him. Abraham served as a mediator to God through intercession. Because of his relationship with God, Abraham had a peculiar access to God and could communicate with Him on behalf of others. The Bible explains this in James 5:16 as follows, 'Confess your sins to each other and pray for each other so that you may be healed. The earnest prayer of a righteous person has great power and produces results.' Thus a person, who is guilty of sin, needs a mediator to talk to God on his behalf. "Christ, of course, became that representative, intercessor or mediator" (Sheets, 1996: 39).

2.4.3.3 Prayer in Numbers 21: 4-9

The book of Numbers is the fourth book of the Pentateuch and like the rest of the Pentateuch; it was initially thought that Moses was the author of the entire book of Numbers. According to LaSor et al. (1996: 47.), with the rise of historical and literary analysis there is considerable evidence that Numbers has incorporated much historical material. This book like other books of the Pentateuch belongs to the genre of the narratives.

The book is divided into three main sections, which are geographically marked. The first section is when the Israelites were at Sinai (Numbers 1-11), the second section occurs in Kadesh in the wilderness of Paran (Numbers 13-20) and the last section takes place in Moab (Numbers 22-33) and was the preparation of entering the land of Canaan. This passage (Numbers 21: 4-9) is therefore a narrative that is part of incidences that took place in the second section, just when the children of Israel had left Mount Hor, after defeating the Canaanites and were herding towards Moab.

“The purpose of the book of Numbers was to record the period from the encounter with God at Sinai to the preparations in Moab to enter the Promised Land” (LaSor et al., 1996: 47). The Bible makes it clear that, it was because of the Israelites’ disobedience that they had to wander in the wilderness for 40 years. This period was a punishment from God for their lack of faith (Numbers 14: 20-45; Deuteronomy 1: 35).

The book of Leviticus, which is found just before Numbers, shows God’s holiness and sets the conditions for those who were to serve before Him. It highlights the point that no-body could offer any kind of sacrifices or come before God unless he was set apart for such task. The tasks included interceding on behalf of those who have sinned before God. “The priesthood and sacrificial system provided one means of intercession” (LaSor et al., 1996: 109).

One example of what LaSor et al. (1996: 109), refers to as ‘personal intercession’ is found in Numbers 21: 4-9. When the children of Israel complained about food (manna) and water in the wilderness, the Lord sent serpents that bit and killed them. The children of Israel then confessed their sin and asked Moses to pray to God. Though many people had died because of the venomous snakes, God heard Moses’ prayer and ordered him to make a serpent (Numbers 21: 8). He set it upon the post and whosoever looked at it was healed (Numbers 21: 9). This method of healing was to show that it was God’s power and grace, and not the nature or art that brought the cure. “From such experiences, the Israelites gained a strong belief in the power of a righteous person to intercede on behalf of sinners. Such intercession was not reserved to the priestly office, but was part of Moses’ ministry as a prophet (Genesis 20:7; Amos 7: 2-5).

2.4.3.4 Prayer in 1 Samuel 1 (The case of Hannah)

The genre type of the book of Samuel is that of a historical narrative. Tradition maintains that the author is Samuel. This is because of his dominant role in the first 25 chapters; however, like in some other Bible book narratives he might have been responsible for some of the material; and not necessarily for all the details in the book.

According to LaSor et al. (1996: 109), this period of history was faced with changes politically, socially and in religious life. The book is situated right after the book of Judges where there was no king in Israel (Judges 19:1), and everybody did as he saw pleasing. “Israel begins as a loose, flexible coalition of tribes unified by certain ethnic and social ties but even more strongly by common faith in Yahweh.” (LaSor et al., 1996: 109).

I Samuel 1 tell us a story about a woman who was barren named Hannah. In the Old Testament a childless woman was considered a disgrace. Deuteronomy 7: 13, 14 seem to suggest that fertility was often viewed as a reward for those who keep His covenant. Conversely, bareness was treated as God's punishment. However in Israel, childlessness or childbearing was an action of the Lord (I Samuel 1: 19). In other words, God who created man and woman continues to be their Creator. This point should influence the attitudes of those who think that once a person is infected God does not care anymore. HIV and AIDS as a disease is often associated with shame and embarrassment, which results in an infected person perceiving himself as a disgrace or treated as an outcast. Hannah was barren because God was testing her like other women in the bible (Genesis 11: 30; 25: 21; 29: 31; Judges. 13: 2). God had closed her womb (I Samuel 1: 6).

Hannah prayed a silent prayer, which caught Eli's attention (I Samuel 1: 12). It must be noted that Hannah prayed a silent prayer even though the bible shows us that in some instances Israelites prayed out loud prayers no matter what their conditions were. Examples of loud praying were found in words such as "I cry aloud to the Lord" (Psalm 3:4); "Hear my voice, O God" (Psalm 64: 1). Eli's rebuke (I Samuel 13-14) might be an indication of the scarcity of the silent prayer in those days. "Eli's rebuke for what he interpreted to be drunkenness may indicate either the rarity of silent prayer or the frequent drunken excesses of these ceremonies." (LaSor et al., 1996: 169).

When Hannah realised that she could not bear children, she went to the house of the Lord and prayed (I Samuel 1: 10). She made a special plea to the Lord for a son. The Lord of Hosts as used here in 1 Samuel 1: 11 and often in the OT refers to the infinite resources and power, which are at the disposal of God as He works on behalf of His people. Hannah prayed believing in this power of God that He is able to give her a son. God answered her prayers and blessed her with the boy child, who was not only a blessing to her but to Israel at large. The story of Hannah reveals that, God is able to do the impossible, remove disgrace and bring dignity to the afflicted. "Patients who pray can gain a greater measure of acceptance, peace, comfort, strength, knowledge of God's will, or closeness to God." (Tang and Dong, 2001: 298).

The answer to Hannah's prayer resulted in the second prayer found in I Samuel 2: 1-10. The nature of this second prayer was thanksgiving and praise. In this case she prayed a poetic prayer. What catches an eye about this prayer is its pattern. "The prayer shows that the devout Israelites did not necessarily compose their own prayers but use established patterns, which they may have altered to suit their needs" (LaSor et al., 1996: 169).

2.4.3.5 Prayer in 2 Chronicles 6: 22-40

Tradition considers the author of the books of Chronicles to be Ezra. There is a striking similarity between these books and the books of Kings. The books are primarily about the background and rationale of theocracy in Israel. The author of Chronicles seems to be concerned about communicating the good deeds of the kings to his audience. "... Chronicles was written to furnish the pre-exilic religious and historical foundation of the theocracy" (Harrison, 1969: 1169).

God had promised David that He was going to raise one of his descendants to make his kingdom strong and was going to build a temple for Him (II Kings 7: 12-14.) Solomon was the fulfilment of this promise.

After Solomon had built the Temple for the Lord he dedicated it to the Lord through prayer during an occasion on which he also offered burnt offering and sacrifices to the Lord.

Selman (1994: 326), lists some important lessons on prayer from II Chronicles (6/7).

- ✓ Request for continuing fulfilment of the Davidic covenant (II Chronicles 6: 14-17). His request was not only for the covenant to continue but to be confirmed as well (II Chronicles 6: 17). David also made a similar petition (I Chronicles 17: 23-24) and both these prayers shows that God works with people in prayer in order to fulfil His purpose. "We are God's partners" (II Corinthians 6: 1). This means continuous prayers are required in order for God to fulfil His purpose to mankind. "He has always wanted His children to help Him fulfil His purpose." (Munroe, 2002: 34.)
- ✓ Words used in prayer show sincerity and urgency ('supplication' II Chronicles 6: 19, 21, 24, 35, 37, which is a plea for mercy, as NIV in II Chronicles 6: 19; cry, II Chronicles 6: 9; call, II Chronicles 6: 33, RSV).
- ✓ He asks God to open His eyes and to hear (II Chronicles 6: 19, 20, 21, 23, 25, 27, 30, 33, 35, 39, 40). If God hears then Solomon is satisfied knowing that God will deal with his request properly.
- ✓ Prayers are to be rendered in or towards this house/ place (II Chronicles 6: 18, 20, 21, 22, 24, 26, 29, 32, 33, 34, 38, 40) come before God (II Chronicles 6: 19) in His heavenly dwelling (II Chronicles 6: 21, 30, 33, 39). This is possible because of the Name of God in the temple (II Chronicles 6: 20, 34, 38). Praying in the name is a symbol of God's presence and authority as a seal of His covenant towards the temple. This is similar to what the New Testament refers to as praying in the name of Jesus.
- ✓ Prayers can be offered by either individuals (II Chronicles 6: 19, 22) or foreigners (II Chronicles 6: 32-33) and the Israelites (II Chronicles 6: 21, 24, 25, 26, 29, 34, 39). This shows us that God is accessible to anyone who believes and acknowledges Yahweh is my God (II Chronicles 6: 19, 40), as God of Israel (II Chronicles 6: 14), or as having a great name (II Chronicles 6: v. 32).
- ✓ The purpose of most of these prayers is the forgiveness of sins (II Chronicles 6: 21, 25, 27, 30, 39). It should be noted though that, there are other important kinds of prayers such as, adoration, and meditation etcetera.
- ✓ Promise of forgiveness addresses the need of setting the temple in Israel (I Chronicles 5: 25; 9: 1; II Chronicles 23: 14) and in the case of David (I Chronicles 21). This is the need of access to God through prayers.
- ✓ Prayer of intercession is offered for sinners and must be done on the basis of sin-offering, which is Jesus Christ the Lamb of God.
- ✓ The availability of forgiveness of sins in the temple shows that the atonement is available through prayer and sacrifice. "Christ's sin-offering on the cross affirms the fact of forgiveness, but it becomes accessible only as we pray." (Selman, 1994: 328).
- ✓ Situation in which prayer must be offered (II Chronicles 6: 22-40). There are other important situations in which prayers were to be offered, for example, drought, national defeat, war, taking oaths and others. However for the sake of this study we will focus on disasters and diseases (II Chronicles 6: 28: 31) including epidemics and individual illness. The request to forgive assumed sin was the underlying cause of diseases as said in Deuteronomy 28: 21-22. The main problem was disobedience arising from the sinful nature of humans (II Chronicles 6: 30) and the solution was repentance and to walk in God's word (II Chronicles 6: 31). Therefore where sin is the cause of disease, then repentance and godly lifestyle are the basis for an answered prayer. "The OT presents healing as a loving provision of Yahweh's caring nature for His obedient people." (Culbertson, 1999: 7.)

Solomon uses the Pentateuch in his prayer; its' bases is Leviticus 26 and Deuteronomy 28. This shows the depths of the knowledge of the scripture and its relevant usage. It is this usage of scripture that made Young to say "It reveals a profound theology... That such a profound theology is too advanced for Solomon's' day is a view which can only appeal to those who believe in the theory of development of Israel's religion along lines of naturalistic evolution, a position for which there is no supportive evidence" (Young, 1964: 191).

2.4.3.6 *Prayer in Psalm 6*

The book of Psalms belongs to the poetical genre together with the two other books namely: Proverbs and Job. Though it has a beautiful lyrical form it is still the Word of God and is good to teaching. "... Particular Psalms focus on human concerns in relation to God, the intent of the book as the whole is to concentrate on God" (LaSor et al., 1996: 430).

According to Young (1964: 297), the author of the book of Psalms is David and ten other elders: Adam, Melchizedek, Abraham, Moses, Heman and Juduthun, Asaph and the three sons of Korah.

The book of Psalms teaches believers how to pray and worship God. They do so by actually showing how the Israelites prayed and worshiped God. "In Psalter, Israel gathers up her whole history with her Lord and turns it into praise and prayer" (Doriani, 1996:137). Different authors of Psalms express their praises, feeling and cry for God's intervention in their situations. "Primarily, the Psalms centre upon worship and prayer, they demonstrate better than any other biblical genre Israel's God-consciousness" (Osborne, 1991:186).

According to Kidner (1973: 4), the book of Psalms, is divided into five sections namely:

- I. Psalms 1-41
- II. Psalms 42-72
- III. Psalm 73-89
- IV. Psalm 90-106
- V. Psalm 107-150

This study will focus on Psalm 6, which belongs to the first division of the book of Psalms. It is a lament type of a Psalm, in which David cries out his anguish to God.

Psalm 6 is a prayer of a person who was in trouble and alarmed. We find weeping verses in the beginning of the psalm (Psalm 6: 2-7). Immediately after the weeping, is the outburst of faith. At first, David appeals for grace to temper the discipline he deserves (Psalm 6:1). We are not told the course of his ordeal. . "Whether his sense of God's displeasure is the cause (cf. 32: 3) or the effect of his sickness, he is shaken to the depths (troubled...troubled; it is the word used in e.g., Genesis 45:3; Judges 20: 41) and he fears even for his life" (Kidner, 1973: 61).

His tragedy has brought him close to death, shattering his plans, silencing his worship, and seeks to cut him from God and man. Depressed and discouraged, his own efforts could not save him. In these conditions he then speaks faith even though victory had not come he already knew that he was answered (Psalm 6: 8-10). This Psalm gives words to those who have limited vocabulary in their prayers and then brighten them with the insight of victory.

In Psalm 6: 2, David prays to God articulating his body pain and sickness. David is weak and asks God to heal him for his bones are vexed. In Psalm 6: 3, David also prays for his spirit that is vexed. This Psalm encourages us to pray for both physical and spiritual healing. It also shows us of David who is still, the great man of God, who is still subject to human calamities and earnestly asks God for healing. "If anything is to save him it will owe nothing to his own efforts. Such is extremity which God is about to transform" (Wiseman, 1973: 62).

2.4.4 Some cases of prayer in the New Testament

2.4.4.1 *Introduction*

The New Testament also contains many cases and passages about prayer. Those that this section looks at are: Mark 9:14-29, Luke 18:1-8; 9-14, Acts 4: 24-30 and James 5: 14-16.

2.4.4.2 *Mark 9: 14-29*

The genre type of the book of Mark is the Gospel. Tradition maintains that, the author of the book was John Mark. According to Hendricken (1987: 3), he (Mark) was Peter's secretary and wrote this book under his influence.

According to Hendricken (1987: 16), this book was written for the people of Rome so that they could have a summary of Peter's sermon, which he had preached in Rome. However the book was not written to Romans alone but was going to be helpful to everybody (1: 37; 10: 45; 12: 9; 13: 10.)

Mark 9: 14-29 is about a miracle that Christ did right after the Transfiguration. Jesus was at the mountain with the three disciples. Mark's intention was to show that Jesus was truly the Son of God. "... a major Christological purpose of Mark's: Jesus is the suffering Son of God..." (Carson et al., 1992: 106).

Mark records the details of symptoms and the period of suffering associated with the disease of the boy. He also records the father's plea "help my unbelief!" (Mark 9: 24). The significance of placing this story after the transfiguration was to place it as a proof for God's intervention to man's suffering.

Mark 9: 14-29 indicates that the father took his demon possessed son to the disciples to heal him but they could not. When they (Jesus and the three disciples) approached the place where they had left the other disciples, there was an argument between some teachers of the religious law and the disciples. When Jesus arrived, He cast out the demon from the boy, and the boy was cured. Later on the disciples asked how come they were not able to cast the demon out? Jesus replied, "This kind can be cast out only by prayer" (Mark 9: 29).

In the book of Matthew 17: 20, the reason for the demon not to be cast out was 'Because of your (disciples) little faith'. According to Hendricken (1987: 352), the two were both necessary to cast out the demon. What was required was instantaneous and effective prayer, which was the kind of prayer that Jesus had made, before performing a miracle. In other words Jesus was teaching His disciples that demons came in different classes, some were more stubborn than others. For these one must dwell in genuine prayer and a persistent prayer. "Where there is little faith, there is little prayer" (Hendricken, 1987: 351).

This story teaches us that some situations require talking to God and not looking at Him at an occasional glance. This is not a prayer like a spiritual shopping list or that one can do while watching television but an earnest prayer done with expectation. Psalm 123: 2 explains this kind of prayer, as the eyes of slaves look

at the hand of their master, as the eyes of a maid look at the hand of her mistress, so our eyes look at the Lord our God, till He shows us mercy. In other words this prayer does not give up until God shows mercy. "These servants fix their eyes on the Master's hand. Their attention is so intense that they refuse to turn away 'till He shows us mercy'" (Pratt Jr., 1987: 20).

2.4.4.3 Luke 18: 1-8 : The parable of the persistent widow

The genre type of the book of Luke is the gospel. Tradition considers its author to be Luke the Gentile, who also wrote the book of Acts. The audience of the book of Acts was Theophilus and was written to give an accurate account on the birth and the growth of the Christian church.

Luke's purpose was to present Christ as a perfect human and Saviour. His aim was to present an accurate account about the life of Jesus Christ. To fulfil his purpose, Luke used eyewitnesses and reports from the early disciples, and carefully investigated everything before writing this book (Luke 1:1-4).

According to Osborne (1991: 239), Jesus communicated the gospel in methods of wisdom in order to prepare them for the kingdom. Therefore the listener (leaders, crowds and disciples) was invited in Jesus' parables, and would in return respond according to his encounter with the word of God through the parable. "For those who reject the presence of God in Jesus (the leaders of the Jews) the parable becomes a sign of sovereign judgement, further hardening the hearts. For those who are open (the crowds) the parable encounters and draws them to decision. For those who believe (the disciples) the parable teaches them further kingdom truths." (Osborne, 1991: 239).

Among the ten characteristics of the parables, the parable of the persistent widow falls under the listener-relatedness characteristics of the parable. Jesus' intention was to bring forth the response from the listeners. His listeners in this case were the disciples. Jesus' intention was to draw his disciples into an action of a persistent prayer because on His return others might have lost their faith. Therefore the parable became a means through which Jesus could convey His message "The parable is so structured so as to 'interlock' the hearer with the narrators' message" (Osborne, 1991: 242).

In the parable of the persistent widow (Luke 18:1-8), a judge who neither feared God nor cared about people, granted a persistent widow justice because of her constant requests. Though the unjust judge did not fear God, he granted the widow justice because she continuously asked the judge for justice without fail. The unjust judge gave the widow justice because he wanted to get rid of her, but God answers our prayers because of love. "The judge acts selfishly; God acts in behalf of His people" (Kistemaker, 1980: 206).

Therefore, we can be sure that God is able to listen to our case and grant us justice if we pray without fail. In I Thessalonians 3: 10, Paul talks about praying without ceasing. In other words, those who are praying must not lose hope when they do not receive the answer immediately. "By word and example he (Jesus) demonstrates that God's children must pray day and night and not lose heart" (Kistemaker, 1980: 206).

In this parable, Jesus teaches His disciples that God will answer those who persist in prayer even though their answers may be delayed. "A lack of endurance is one of the greatest causes of defeat, especially to prayer" (Sheets, 1996:17). The Psalmist expresses his confidence in God as he waits for the answer; Psalm 38: 15 says, 'I will wait for you, O Lord; you will answer, O Lord my God'. "Many times we can see God's goodness very easily. Other times we must wait a long time to see what holy purpose God had in responding to our prayers as He did" (Pratt Jr., 1987: 117).

2.4.4.4 Luke 18: 9-14 the parable about the prayers of the Pharisee and the tax collector

For the genre type, the author of the book of Luke, the historical context and the interpretation of the parables refer to section 2.4.4.3.

There are ten different characteristics of the parables. The parable of two men how prayed (Luke 18: 9-14) fall under the reversal expectation type of parable.

In this parable, the call to pray according to Jesus' method is uncomfortable and clashes with the human expectation. "Time and again a totally unexpected turn of events startled the hearers and forced them to consider the deeper implications of the parable" (Osborne, 1991:242).

In the parable of the Pharisee and the Tax collector in Luke 18: 9- 14, the Pharisee prayed about himself thanking God that he was not a robber, evildoer, and adulterers or even like the Tax collector who was also in the temple to pray. The Tax collector realized that he was a sinner and prayed for God's mercy. His prayer shows unworthiness and a need for spiritual help. Hence he does not even look up to heaven. On the other hand, the implication of the Pharisee's words was that he did not need grace since he had kept all the laws. He trusted in himself that he was able to keep God's laws by his own might. "His prayer is self centred and is meant to be heard by those surrounding him" (Kistemaker, 1980: 210).

It must be noted that, according to Osborne (1991: 243), in Jesus day the Pharisee's prayer was tolerable to Jews. It was such a shocking turn of events when Jesus justified the tax collector's prayer. "Jesus' original purpose was to unsettle his audience, to reverse their value system and force them to rethink their religious priorities" (Osborne, 1991:243).

Actually the following stories (Luke 18: 15-17, 18-30) talk about the conditions of entering the kingdom and each stresses the human inability. We are therefore comforted in knowing that even if we do not know what to pray for and how to pray, we do not need self-righteousness in order to qualify to call upon Him. Prayer is the work of grace and not self-righteousness. Romans 8: 26-27 states that, in the same way the Spirit helps us in our weaknesses. We do not know what we ought to pray, but the Spirit himself intercedes for us with groans that words cannot express. He intercedes for saints in accordance to God's will.

2.4.4.5 Acts 4: 24-30

The book of Acts and the book of Luke are said to be written by the same author since they are both addressed to the same person, Theophilus. "There can be no reasonable doubt that Acts and Luke are two volumes of the same book" (Tenney, 1985: 232). For more information on the author and the historical context refer to section 2.4.4.3.

According to Tenney (1985:232), their (Luke and Acts) purpose was the same, namely to confirm personal faith and to record the work of God through Christ, both by his personal life and through His church. "He sought, like any historian, to give permanence to extraordinary events and to record the birth of a movement which he sensed would change the course of history, and in which he himself was a privileged participant" (Tenny, 1985: 45).

The background of the prayer found in Acts 4: 24-30, was the healing of the lame man (Acts 3: 1), Peter's sermon (Acts 3: 12-26), and His imprisonment together with John followed by their court case. In response to these threats, the church prayed for boldness to speak the word (Acts 3: 31). Following this speech was the request that the power of God might heal the sick through the name of Christ (Acts 3: 30). Therefore praying for the sick is not a task to be done by those who are in the for-front praying for the sick in public

only, it is the task for all believers. "There remained in church's thinking a close connection between prayer and the Spirit's presence and power (Acts 4: 31)" (Douglas, 1988: 1960).

What is mostly striking is that the church continued to pray for the Gospel to be preached and for God's power to heal the sick and perform miracles signs and wonders through the Apostles, even though they were under persecution. In other words any person who desires to see God 's power healing the sick must earnestly give himself to prayer with a desire for Gods' work to continue for God's glory and for the gospel to be preached. "Their concern was for God's word to go forth and for Christ's name to be glorified- in effect, for the church's witness- while leaving to God their circumstances" (Longman & Garland, 2007: 780).

The book of Acts and references in the Epistles show that this prayer was answered. 'The place they were in shook' and 'they spoke the word of God boldly' Acts 4: 31. This teaches us that healings that were seen in the public ministry of the Apostles were granted through earnest prayers of the church behind the scenes. It also teaches us that, signs and wonders were the results of such prayers. "The story of the church has been an interesting commentary on the fact that, when God's servants have been humble enough to be agents and prayerful enough to pray as did this group in Acts 4, the healing work has been continued- 'signs and wonders' has been done through the name of thy holy servant." (Coggan, 1968: 78.)

2.4.4.6 James 5: 14-16

The genre type of the book of James is that of the letters. Letters took two forms, the personal letters and the tractate letters. The personal letter can be distinguished by their dialectic between authors' powerful spiritual depth and the problems of the individual situations to which he wrote. The tractate letters lack the concluding greeting and sometimes even the opening formula. Their contents address the local situation and even go beyond to those of the church as a whole. "We can divide these into two major categories, the non-literary letter centering upon personal correspondence and the literary epistle or treatise written for a general audience and intended for publication" (Osborne, 1991: 252).

According to Osborne (191: 255), this book was meant to be read again and again to the churches. The book of James belongs to the tractate type of letters. Tradition considers its' author to be James the brother of Jesus.

According to Osborne (191: 258), one point to note about the epistles is that they contain both occasional and supracultural elements. This means that, even though they were meant to be read by the churches again and again, because of different cultures and generations their command may not be useful today. "The extent to which a command is addressed to the particular situation of the readers is the extent to which the surface command does not apply today" (Osborne, 1991: 256).

James starts by introducing his book by discussing trials and faith (James 1: 1-8), and then teaching and the tongue (James 3: 1-4,12). He then moves on to discussing different issues about the church including prayer and healing (James 5: 1-11). "Suffering in some form or other is sure to come, and the sovereign remedy for all suffering is prayer" (Ross, 1964: 97).

In James 5: 14-16 we note that the prayers made for the sick are made by elders, which is a plural form. This means that prayers made for the sick, is the responsibility of the whole church. The bible specifically mentions that, the one who is sick is to call the elders of the church to be prayed for (James 5: 14), who are to anoint him with oil in the name of the Lord. James makes it clear that, it is not the oil that heals but God to whom the prayers are offered in faith (James 5:15). According to Ross (1964: 100), it is the prayer of faith in God that heals, which is faith of both the elder and the sick person.

The book of James contrasts faith with doubt (James 1: 6-7). It further stresses that a person that does not believe but doubts must not expect to receive anything from God. However, we are not to go out looking for the sick just because we feel that we have faith. "It (faith) is a work of grace, not a product of our efforts, be they ever so earnest" (Storms, 1990: 114).

The first thing that we learn here is that a prayer must be offered in faith. The second one is that, although James 5: 14-16 refers to the prayers of elders, it is sensible that praying for the sick is not only considered a "Pastor's duty" or of the elders only because James 5: 13 urges anyone in trouble to pray. Thirdly, if a sick person has committed sins, he must confess them so that he can be healed. It is important to note that it is not all sicknesses that are caused by sin. "Sometimes it is (sin that cause the disease), but not always" (Storms, 1990: 114).

2.4.5 Conclusion

The reformation worldview was used as the biblical perspective of the researcher. Therefore the biblical framework used was that of: the creation, the fall, redemption and consummation. The grace of God which came about because of the work of Jesus Christ on the cross is still able to transform the effects of the fall, such as diseases. Prayer for HIV and AIDS is only possible through the redemptive work of Jesus Christ.

When God created the earth He said it is "good". He created everything in a perfect state, there was no bad in it. After the fall, sin and its consequences entered the earth. One of the consequences of sin was sickness. It was not the will of God for mankind to be sick but sicknesses came as a result of sin. Had sin not entered the world people would have still prayed to God, however their prayers were going to be those of thanksgiving and appreciating God for the perfect health and living conditions.

God's plan after the fall was to restore creation to Himself. He fulfilled this plan through Jesus Christ, for whom the bible tells us that God, created everything through Him and for Him. When Jesus died on the cross, He paid the price for sin and its consequences; restoring creation back to its Creator. Therefore man can now stand before God and communicate with Him without the guilt caused by sin. This means that prayer was made possible through Jesus' victory on the cross.

Jesus did not however, complete His task of destroying sin when He was on earth. Therefore, mankind continues to be affected by sin as long as they are on earth. We continue to experience sicknesses, pain and suffering. However, on His (Jesus) second coming, He will bring with Him the New Jerusalem where there will be no more pain and suffering. He will also transform our bodies to those that no longer feel pain and hurt. Prayers therefore should be made as long as we are on earth where suffering is still a reality. They should continue even when God does not answer us in a manner that we expected to be answered, because we have the hope that when He comes back, all our tears will be wiped away and the pain be removed forever. Therefore prayers for the sick must be made regardless of the results.

HIV and AIDS is the disease that came to earth because of the fall. It can be transferred to another person both morally and immorally. The immoral ways of transferring the disease add to ones guilt. Thus resulting to an infected person not to be able to stand before God and pray. Also, some of those who are supposed to pray for the infected, view it as a punishment from God and simply judge HIV and AIDS patients. Therefore, others may not even want to pray for them.

Since HIV and AIDS is a medically incurable disease. It further poses another challenge to those who want to pray for the infected. As a medically incurable disease, HIV and AIDS raise a number of questions about God's ability to cure the disease. It is because of these questions that some of those who are supposed to

be praying for HIV and AIDS patients have doubts. However many Bible passages encourage believers to pray for the sick trusting in the grace of God through the work of Christ.

Prayers in the OT were pointing forward to Jesus as the mediator and the intercessor between God and man. They show us that for a sinner to be able to stand before God someone must intercede on his behalf. Some of the principles found in the OT teach us the following: We can pray to God with sincerity and plead for mercy from God and the forgiveness of sins through Jesus who became the sin offering. Israelites, Gentiles and individuals can offer prayers to God. Prayers can be done in the situation of diseases and epidemic.

In the Gospels Jesus teaches His disciples how to pray. He does this by living the prayerful lifestyle and by teaching in a straight forward speech as well as in parables. Among the things that Jesus taught about prayer were the following: to pray in faith, to be persistent in prayer, to pray fervently, to live a prayerful life, to pray according to the Word and to pray not in self-righteousness but to pray knowing that it is by grace that we can stand before God.

The book of Acts shows us the results of what the disciples could achieve when praying in a manner that Jesus taught them. Many miracles, signs and wonders followed them. These were the results of prayers done not only by the apostles, but by the believers as well. Their prayers were focusing on Gods' purpose for saving mankind through the Gospel and the miraculous works. The book of James teaches us that those who minister to the sick need to pray for them even though the sick also pray. Praying for the sick is not only the duty of the pastor and the elders; it is the responsibility of everyone in the church. Those who are sick must also have faith in God and can also pray for themselves. They must pray with an expecting mind knowing that the One they are praying to, is gracious in Christ so that they can even confess their sins to Him if necessary.

Those praying must be armed with the knowledge, that some with similar or even worse conditions in the bible were healed through prayer. They must have the right perspective about those who are sick and the will for God for them and their condition. Even those who are sick if they want to pray for themselves, they must have a right perspective about themselves, their condition and Gods' will about their lives. They must communicate their pain to God, freely expressing their feelings and emotions to Him through prayer.

Both those praying for the HIV and AIDS sick people and those sick because of HIV and AIDS, must continue praying even though they do not see any evident results of their prayers. Their prayer must acknowledge Gods' sovereignty and the freedom of answering in a manner that He desires. They can also put their hope on the second coming of Jesus Christ who brings the new heaven and the new earth and the New Jerusalem, where there will be no physical pain and suffering.

3. The Vaal Triangle as a context of ministering to HIV and AIDS sick people through prayer

3.1 INTRODUCTION

This section seeks to demonstrate that the Vaal Triangle is like the rest of South Africa, a place where HIV and AIDS is a reality. The researcher hopes to do this by highlighting the intensity of the epidemic in the area, its effect and its current state in the region. To achieve this objective, the researcher explores Vaal Triangle region by drawing attention to its history, the demographics of the area, population, employment and unemployment rate, poverty, environmental conditions, socio-economic, social and political influences.

The main focus will describe the environment within which HIV and AIDS patients in the region live. The effects of HIV and AIDS in the region, and the role that different institutions, organisations and departments play against the pandemic. With this information, the researcher hopes to highlight the need of prayer for HIV and AIDS sufferers in the Vaal Triangle churches.

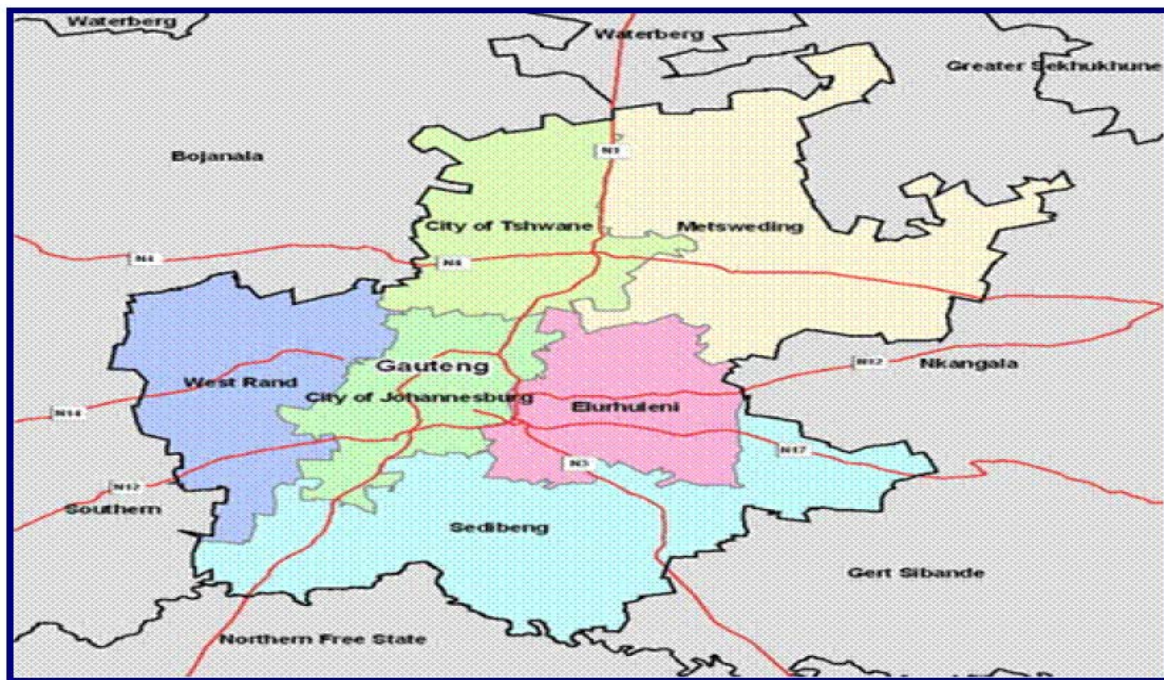
3.2 HISTORICAL AND GENERAL OVERVIEW

The Vaal Triangle region is a beautiful area with a Highveld climate. Vereeniging has a beautiful convergence of three rivers namely, Suikerboschrand, the Klip and the Vaal. In this city the Klip-river and Suikerboschrand-river flow into the Vaal River. The area has established a lot of entertaining places along the riverbank, such as hotels, parks, camping sites, game reserves etcetera. The famous Emerald Casino and The North-West University are also situated along the Vaal River. (Vaal Triangle Info, 2005).

Entertainment and beauty are not the only things that the Vaal River provides. It also is a source of water for the neighbouring towns and townships, these include: Vereeniging, Vanderbijlpark, Sasolburg, Sebokeng, Bophelong, Boipatong, Sharpeville, Evaton, Bonanne and others. Vaal River also provides water for the greater Johannesburg Metropolitan area and Pretoria. This river has also provided employment for many people in industries such as Power Stations and water purification department.

3.3 DERMOGRAPHICS/SEDIBENG DISTRICT DERMACATION

The Sedibeng District Municipality is a Category C municipality found in the Gauteng Province. It is situated in the Southern-most part of the Province, covering the area formally known as the Vaal Triangle region inclusive of Nigel and Heidelberg. It includes the towns of Vereeniging, Vanderbijlpark, Meyerton and Heidelberg as well as the historic townships of Evaton, Sebokeng, Bophelong, Sharpeville and Ratanda, which have a rich political history and heritage. (IDP, 2009/2010: 15).



Map 1: Sedibeng Municipal Boundary

Figure 3.1: Sedibeng District Municipality Demarcation

Source: Municipality Demarcation Board (2007)

The SMD which stands for Sedibeng District Municipality covers the entire southern area of the Gauteng Province, extending along 120 km axis from East to West. The total geographical area of the municipality is 3,894 square kilometres. SMD is made up of three Category B municipalities, namely, Emfuleni, Lesedi and Midvaal, and is surrounded by the following municipalities (See above Figure 3.1).

- ✓ City of Gauteng (Johannesburg) to the North;
- ✓ Ekurhuleni (East Rand) to the North East;
- ✓ Nkangala (Mpumalanga) to the North East;
- ✓ Gert Sibande (Mpumalanga) to the East;
- ✓ Northern Free State (Free State) to the South;
- ✓ Southern District (North West) to the West, and;
- ✓ West Rand to the West.

SDM has a broad road system at both the national and regional level. These include N1, R59 and N3 found in the Eastern side of the District, which pass through the district and connect the Ekurhuleni and the city of Johannesburg Metropolitan. Most of the roads are on the Southern region and going towards Johannesburg. Emfuleni has the highest concentration of roads because of its high population density. Some of these roads are going to service centres, for example, Vereeniging and Vanderbijlpark, others towards Free State as well as Johannesburg (IDP, 2009/2010: 15).

Since Johannesburg is less than an hour's drive from the Vaal Triangle, many people work in Johannesburg. It is such people who use these roads on daily basis for transportation to work, and others use them to access services in the great Johannesburg Metropolitan area.

Taxis are the most popular means of transport for people living in the Vaal. Some other means of transport include buses, trains and private cars. Not only are these minor and major roads used to transport people to their respectable places only, they are also used to transport different kinds of commodities, such as medical services.

There are also minor roads which are found within the Vaal Triangle area. These roads connect Vaal Triangle towns and their townships. They are used by people who travel from townships such as Sebokeng, Boipatong, Bophelong and others, to go to work in places such as Vereeniging and Vanderbijlpark. Some people also use these roads to access services, which are mostly found in towns.

3.4 HISTORY OF THE VAAL TRIANGLE

The Vaal Triangle is traditionally a triangular land formed by the three small cities, Vereeniging, Vanderbijlpark and Sasolburg. The three cities are made up of substantial urban and industrial complex. Meyerton and Heidelberg are also included in the Vaal Triangle because of their closeness to the region. The Vaal River separates Vereeniging and Vanderbijlpark from Sasolburg, forming a boundary between the two provinces of Gauteng and Free State respectively. The Vaal River and the Vaal Dam are a source of attraction for a large number of tourists in the area.

Hasting (2005:1), lists the following important historical events, in the development of the area. The researcher is going to highlight a few that are relevant to the study:

- ✓ 1903: Founding of Vereeniging Brick and Tile Company as affiliates of Vereeniging Estates.
- ✓ 1903: Founding of Rand Water Board.
- ✓ 1911: Union Steel Corporation of South Africa Limited (USKP) comes into being.
- ✓ 1912: The first electrical power station near Vereeniging is launched.
- ✓ 1934: The development of Vaal Dam as a water catchment area.
- ✓ 1942: First phase in development of Sharpeville begins.
- ✓ 1950: Sasol begins with development of Sasolburg.
- ✓ 1953: The black township Boipatong is developed.
- ✓ 1960: The Sharpeville uprising leads to the first actual manifestation of political unrest against Apartheid policy of the National Party government (1948-1949).
- ✓ 1965: Large-scale development of Sebokeng commences.
- ✓ 1966: The Potchefstroom University for Christian Higher education starts presenting part-time classes in Vanderbijlpark.
- ✓ 1969: The Vaal Triangle Technical College, later The Vaal Technikon starts becoming active.
- ✓ 1984: The world-wide drop in the demand for steel products hurts the production of steel in Vaal Triangle. The great iron and steel industries of the Vaal Triangle begins the systematic rationalisation of several thousands of workers.
- ✓ 1984-1986: Wide-ranging unrest, rent boycotts and industrial action begins in the Vaal Triangle, in reaction to the new legislative order (three chamber parliament, excluding African majority.)
- ✓ 1989: Mr. F.W. De Klerk, the local parliamentarians' representative for Vereeniging, becomes the leader of the National Party and State President in South Africa.
- ✓ 1992: Vereeniging clinches city status.
- ✓ 1992: The Boipatong massacre in which a group of Inkatha supporters allegedly attacked people in an ANC squatter camp.
- ✓ 1994: Political negotiations between the government and representatives of formally banned organisations set the stage for the first non-racial democratic elections in South Africa. This led to a new local government.

According to Maloma (2005:76), this chronology does not include the establishment of Evaton and major church institutions such as Wilberforce Teacher Training College in Evaton. The area also has a rich

Christian background of ministries and church leaders such as evangelists who have made their mark both nationally and internationally.

3.5 THE VAAL-TRIANGLE AND THE POLITICS OF SOUTH AFRICA

Though the struggle against apartheid has mostly been associated with Soweto, Vaal Triangle played a major role in the fight against apartheid as well. The area's strikes began as early as 1950's, in Evaton township. According to Thema (2002:62), the bus strike called "Azikwelwa" played an important role in the resistance struggle of the area.

The Sharpeville Massacre in 1960 claimed the lives of sixty nine unarmed people dead and 180 wounded. The resistance movement was against an oppressive law, which forced black people to abide with the pass law. This law required a majority of Black South Africans to carry a Pass Book all times. Many demonstrations against Pass Laws were held throughout the Vaal Triangle. "About 20 000 people converged in the police station in Evaton. Another 4000 came together at Vanderbijlpark and 5000 people also gathered in front of Sharpeville police station" (Thema, 2002:62).

According to Thema (2002: 62), the 1976 unrest which were mostly associated with Soweto, were also evident in the Vaal. The Boipatong and Sebokeng massacres before 1994 made apparent that opposition to apartheid was still intense in the Vaal until the dawn of democracy. The effects of these unrests went a long way to put the Vaal Triangle in the world's attention. The Sharpeville massacre led to a recession which had a bad effect on the South African economy as a whole. "In the belief that South Africa was on the verge of revolution, overseas investors withdrew their capital and money poured out of the country. A limited post Sharpeville recession set in..." (Vaal Triangle Info, 2005).

It is such incidences and apartheid laws that resulted in blacks not to trust whites. This hatred and distrust was to continue even when Mandela became a State President and the Apartheid system was abolished.

According to Hope Sr. (1999:8), distrust of politicians and government systems can also contribute in the spread of HIV and AIDS. When HIV and AIDS became evident in South Africa in the 1980's, some black people did not take the Government warnings about the pandemic seriously. This also happened in the Vaal Triangle. In some Vaal townships and townships in the country AIDS became popular known to be an abbreviation for "Americans Idea to Destroy Sex". There were also rumours that white doctors were injecting black people with HIV and AIDS. "Lacking credibility, some of these governments are unable to convince the citizens to comply fully with programs such as AIDS prevention campaigns, which are clearly in both their individual and collective interests as citizens" (Hope Sr., 1999:8).

During the struggle against Apartheid, prayer played a significant role. There were prayer campaigns for peace in South Africa which took place in different places and events such as rallies and stadiums. The end of Apartheid served as a miraculous breakthrough in the country. "During the eighties and nineties more and more people joined together in fervent prayer to Almighty God that He would make all of us 'instruments of peace' in bringing an end to the great injustice, pain and suffering of our land" (Slattery, 2002: 91).

HIV and AIDS is another struggle that South Africa is faced with. Slattery (2002: 88), quotes Mr Mandela's words concerning the struggle against HIV and AIDS "Our people were committed to the liberation struggle and today we are free. Let us join hands to win the transformation too. We must light as many candles but produce one light."

The pandemic is presenting a big challenge in the country, such as, increase in the number of orphans and vulnerable children, greater poverty, shortage of professional and skilled workers, overloading of health services, grandparents having to look after young children and older children caring for young children.

It leaves people both infected and affected, emotionally wounded, it leaves them with fear and hopelessness as they see their loved ones dying without any help to cure them. They have no control of the situation. They can only hope that one day there will be a cure for the disease; very soon before the pandemic claims a life of their loved ones. As prayer played a significant role for a transition of South Africa against Apartheid "We now pray for another great miracle of transition" (Slattery, 2002: 91).

3.6 INDUSTRIALISATION AND URBANISATION

Water sources and the discovery of coals in the Vaal form the basis of the Vaal Triangle industries. The Randwater Board (now Rand water) came into being in 1903 and has continued to supply healthy drinking tap water for years. "The water produced by Randwater and delivered to 10 million people in Vereeniging, Johannesburg and Pretoria area, has always been of the highest quality." (Vaal Triangle Info, 2005.) Randwater has three plants operating in the Vaal and has attracted people from all over South Africa seeking for employment.

On the other hand coal has been used for much industrial work other than just making fire. Technology has made it possible to manufacture different things from coal such as oil. "In modern times the coal consuming industry has diversified, with coal providing the primary energy source for electricity generation, petrol chemicals and steel production, as well as a host of other industries, from brick making to cement and lime calcining." (Vaal Triangle Info, 2005).

To meet the demand of power increase in the Vaal, many coal power stations were built. According to Vaal Triangle Info (2005), these power stations were built either next to or on coalfields in order to access coals easily. They include Vaal Power Station in 1945, the Taaiboos Power Station in 1954 and the Highveld Power station in 1959. These Power Stations produced concentrated power for industrial work and provided employment for many people who left rural areas and were seeking for employment in urban areas. Lethabo Power Station (Eskom) was built in 1980 and "...holds a distinction for being the only power station in the world capable of burning low grade coal" (Vaal Triangle Info, 2005).

When the government sponsored South African Coal, Oil and Gas Co-operation in September 1950, Sasol (from the name South African Synthetic Oil Limited) was established. In 1955 Sasol produced its first oil from the coal. It is around this discovery that the town Sasolburg was formed and is continuing to grow because of people who get employment in Sasol. It should be noted that, though Sasolburg is in Free State, it is considered a part of the Vaal Triangle and many people who are working in Sasol stay in the Gauteng part of the Vaal Triangle.

Due to steel crises in the industry, the Parliament passed that Act which led to the establishment of ISCOR in 1927. ISCOR has three plants currently running in the Vaal, two in Vereeniging and one in Vanderbijlpark. It is around these two companies, ISCOR and Sasol, that Vaal Triangle also makes its mark in the economy of South Africa. "They (ISCOR and Sasol) elevated Vaal-Triangle to be positioned amongst some of the large employers of labour in South Africa" (Thema, 2002:63).

When the new industry centred on the discovery of gold, coal and other natural resources expanded, there was a massive requirement of labour. Old agricultural methods of living were broken down and new technological methods were introduced. People flocked to urban areas in search for employment and better standards of living. The major movement of people from rural areas to urban areas can be referred to as

migration. "Migration has many complex definitions but can be define as in a South African context as to reflect major social changes like the movement of people from rural to urban areas" (Kok et.al., 2003:8).

"Urbanisation can be defined as the process through which the population of urban areas increases, and is usually expressed relative to the total population"(Kok et al., 2003: 33). Although urbanisation may provide food on the table and better living conditions, it has also contributed many challenges in the societies around world like breaking up of family structures. The Vaal serves as a good example of this. Most men have left their wives at rural areas of the country and engage in extra-marital affairs with women they find in their new living areas-Vaal Triangle. According to Hope Sr. (1999: 39), as a result of limited entertainment outlets and facilities, alcohol and illicit sex pleasure ended becoming a source of pleasures for man in some townships. This makes most participants in illicit sex to be susceptible to HIV and AIDS.

When these men go back home they put their wives who have been living a healthy sexual life at a risk of HIV and AIDS infection. Others only go home once they are seriously sick giving their wives extra burden of taking care of them in poor living conditions. "Among themselves, married women frequently talk about their great fears for themselves and for their children and their sense of hopelessness to avoid getting AIDS from infected husbands" (Slattery, 2002: 75).

Many women, who were left home, experienced difficult financial conditions especially when husbands were gone for long period of time and did not send home any form of material or financial assistance. In order to cope with these living conditions, these women also migrated to urban areas in search for better living conditions as well as for employment. Among these women, some perform sexual favours for men to meet their financial needs as employment is sometimes scarce. "To obtain the basic necessities of life for themselves and the rest of their households, some of these women, including their elder daughters, are forced by circumstances to provide sexual favours to different men in return for emotional, financial, and material support" (Hope Sr, 1999:39).

Urbanisation is not only caused by people searching for employment, some people move to urban areas, like the Vaal Triangle, in order to pursue their higher education. Sedibeng Municipal District has a number of these higher educational facilities namely: North-West University, Vaal University of Technology, Sedibeng Technical College and others. Some of the youth that has left home for better education find themselves in a 'free' environment, away from the control of parents. Unfortunately some start experimenting with sexual relationships with different partners and as a result expose themselves to the risk of being infected with sexually transmitted diseases as well as HIV and AIDS.

3.7 THE IMPACT OF LABOR MIGRATION

"Labour migration – the oscillation of workers between their 'homes' and distant employment opportunities." (Kok et al., 2003:9). According to Stats SA, Gauteng is the largest recipient of people moving in to search for employment opportunities in the whole of South Africa. As part of the Gauteng region the Vaal Triangle area is not an exception to this moving in of people. "Major migration into the (Vaal Triangle) region comes primarily from farm dwellers and poor people from rural areas, who because of all sorts of abuses in the farms, thus migrate to seek better opportunities, especially jobs, better wages, improved amenities, and housing as well as security of tenure." (Sedibeng Integrated Development Plan, 2010:25.)

Another type of people who migrate to the Vaal are students who come to study at Vaal University of Technology, North-West University (Vaal Triangle Campus) and Sedibeng College (has two campuses one in Vereeniging and the other one in Vanderbijlpark). According to Sedibeng Integrated Development Plan, (2010: 25), after successfully completing their studies or dropping out, most of these students do not return to their respective homes but instead look for jobs in the Vaal Triangle area.

Though this kind of migration has positive impact to the regional and provincial economy, it can also have a negative impact, because some students may be carriers of the HI-virus and may spread to the local residents.

According to Hope Sr. (1999:4), there is another type of immigrants to the Vaal region, namely, temporary residents and transient workers for instance soldiers, trades people, and truck drivers. Some people in this group also expose ordinary residents to the risk of HIV and AIDS as well as other infectious diseases. At the same time they may also carry these diseases back to their respective homes most especially if they contract these diseases in the Vaal. This is especially true of truck drivers, who are mostly known for providing transport lifts to prostitutes. "The circulatory nature of most population movements in Africa implies two points, both the destination and the origin areas, are at risk of outbreak because the migrant may transmit the disease" (Hope Sr., 1999:4).

3.8 THE CHANGE OF ROLES

In the early days men had to work and provide for their families, while women stayed at home raising children. This was so serious that it was a norm for girls not to go to school since their role would be to take care of their families in the future. However, the impact of poverty and unemployment has forced women to go out and look for jobs. Some had to play three roles namely: being a mother, a wife and a working woman. Unfortunately the move has also contributed one way to another to the breaking down of families. "The dominant belief is that access by the females to alternatives for sufficiency has given birth to negative attitudes towards the institutions of marriage and family" (Thema, 2002:65).

Some women feel that they have accumulated so much material things and are not financially dependent on men as their mothers used to. Most of these women tend to prefer cohabitation that is, staying-in with partners without getting formally married or lacking any intentions to formally marry. While another group of women have popularised the notion of raising children as single parents. Hence they get into sexual relationships for the sake of just conceiving a child. These women do not heed the Christian's call for ordination of marriage as well as God's intention that children should be raised within this institution of marriage. However modern behaviour has not taken heed of this God's law. "Furthermore, like in any society, cultural norms and values are enforced internally by the family and externally by the dominant culture in society" (Thema, 2002:65).

From this behaviour one can already notice a careless sexual behaviour. People are having sexual relations outside any marriage commitment to each other. If anything goes wrong to these relationships they just call it quits and go to find someone else. And for those who are interested in making children, some do this without caring whether the other partner is married or not. This behaviour has penetrated even the Christian community. Some ladies are taught that marriage is the ultimate goal in Christianity. And when marriage does not come their way they decide to backslide and make children. They are stressed by their 'biological clock which is ticking and finding Mr. Right.' It is such behaviour that contributes to the high level of HIV and AIDS pandemic. "We see this widespread break-down of sexual morality in the increasing divorce rate and in the constantly increasing number of births outside marriage especially among school girls" (Slattery, 2002: 48).

3.9 PARENTAL RESPONSIBILITY

The above paragraphs pointed out that in search for better living conditions, some families end up having both parents working. Some families' parents are working shifts and hardly have time to spend with the family. Others are working until late and comeback tired every day. Some even take their work at home and continue working at home without really paying attention on children. In order to improve their qualification,

some enrol at educational institutions. After work they go and study and even when they are at home they do not have time to concentrate on children. Long meetings, conferences and seminars, also keep them away.

According to Thema (2002: 68), even parents who are working in unqualified types of jobs such as domestic workers and “dakaman” people who mix cement mud for builders, they are also faced with such challenges. Some are kept from work and not allowed to visit their families at home. Others earn too little for them to be able to go home often. This results in children taking care of their siblings, or other family members such as their uncles. Unfortunately this behaviour sets a stage for a lot of sexual abuse on little children, and some even go on for years without being discovered. Hence Slattery (2002: 78), warns parents with the following words “Take your parenting role very seriously for the future well being of your children.”

In these families children are often alone or left with a domestic worker. Such children are exposed to a lot of sexual exploitation such as the one mentioned above and to sexual images from TV that some experiment these things among themselves. “In those families where both parents are employed, parental responsibilities such as controlling the watching of TV by children, giving support and protection to children are neglected, especially in instances where both parents are employed elsewhere and they only come home over weekends” (Thema, 2002:67).

According to Slattery (2002: 48), young people are mostly influenced by their elders and what they continually see in the entertainment media. The media usually portray sex as free and a loose act, which is not against God’s law or morally wrong. As a result, young children learn that sex is for enjoyment “... with no sense of responsibility nor any concern about causing pain or hurt to other people or breaking up marriages or harming innocent children” (Slattery, 2002: 47).

3.10 SOCIOCULTURAL FACTORS

In many South African cultures such as that of the Zulus, polygamous marriages were a tradition. There was nothing wrong for a man to be married to five wives and have many children, in those days with flocks and the land they could afford it. In fact in those days men were honoured for the number of their flocks and the size of their families.

Another tradition which is famous especially among the Xhosas is to marry your brother’s wife when he passes on. They believed that no-one was able to raise children well except for their ‘blood’ relative. “... in order to safeguard the property of the deceased for his children. This also ensures that future children stay within his clan” (Hope Sr.,1999:6).

This tradition is still continuing even in tight economic conditions. Maybe that is why some people do not mind being in a relationship with married people. Because of employment many men have two families one at the place where they are working and the other one in the rural areas. It is mostly such husbands who carry HIV and AIDS from urban areas, and infect their wives in rural areas. Because of lack of information about HIV and AIDS and lack of health facilities these women in turn infect their children (Hope Sr.,1999:6).

Another socio-cultural tradition that puts people at risk for HIV and AIDS is male circumcision. The apparatus used during circumcision are very risky and unless extra precautions are taken, they can transmit HIV and AIDS. This may also be a risk when people consult traditional doctors; they may use the same instruments to treat their patients. However with the spread of information some of them are now informed about HIV and AIDS. The Vaal Triangle area also has traditional doctors and people who still

practices male circumcision. Even though according to (Hope Sr., 1999:6), some urban areas are exposed to HIV and AIDS information and can easily access new equipments than those in rural areas, these practices still have a high risk of transmitting HIV and AIDS.

3.11. DEMOGRAPHIC PROFILE OF SEDIBENG DISTRICT MUNICIPALITY (SDM)

3.11.1 Population

The 2007-2011 IDP estimates that the total population in Sedibeng district is at 843 006 as per NSDP (2006). According to DBSA (2007) projections which are based on Statistics SA census 2001, population figures, the total population of Sedibeng District Municipality is 908 107 people. Statistics SA community Survey 2006, estimated the total population of Sedibeng to be standing at 800 819 (see Table 3.1 below).

Table 3.1: indicating population and total households (CS2007)

MBD Name	Name	Population	Population as % of district	Population as % of Province	No. of Households	Household as% of a district	Household as % of Province
DC42	Sedibeng DM	800 910	100	7.6	241 233	100	7.5
GT421	Emfuleni LM	650 867	80.	6.2	196 480	81.4	8.1
GT422	Midvaal LM	83 445	10.4	0.7	24265	10	0.7
GT423	Lesedi LM	66 507	8.3	0.6	20479	8.4	0.6

Population in the Sedibeng.

(Source Stats SA: 2007 Community Survey)

Emfuleni Local Municipality has the highest population density in the SDM at 80%. Followed by Midvaal Local Municipality and Lesedi Local Municipality was the least at 8.3%. These results were confirmed by a number of the household per District. Emfuleni had the highest number of households followed by Midvaal and lastly Lesedi. According to (IDP 2009/2010) eight out of ten people in SDM reside in Emfuleni area. The township area is made up 27% of the whole Sedibeng area. Lesedi has the biggest geographical space followed by Midvaal.

Table 3.2: indicating population shifts 2001-2007 (CS2007)

MDBName	Name	Total Population 2001	Total Population CS2007	Pop change 2001-2007	% Grow 2001-2007
DC42	Sedibeng DM	796 746	800 819	4073	0.5
GT421	Emfuleni LM	658 417	650 867	-7550	-1.2
GT422	Midvaal LM	64 640	83 445	18805	22.5
GT423	Lesedi LM	73 689	55 507	-7182	-10.8

Distribution of population per municipality and sub area

(Source Stats SA: 2007 Community Survey)

Table 3.2 above show the result of population change from 2001-2007. Midvaal Local Municipality had a highest population growth of 22.5%, over the period of 2001-2007. Both Emfuleni and Lesedi Local Municipalities showed a decrease in their population over the same period, with a minus 1.25 and 10.8% respectively. The total population of Sedibeng showed a slight growth of 0.5% from the year 2001 to 2007. Even when these moves are not numerically dominant they are thought to be of importance in terms of social and economic development (Kok et al., 2003:33).

3.11.2 Gender

According to Statistics SA, the following community survey indicates the total community figures per local municipality (L/M) in Sedibeng district municipality (D/M).

Table 3.3: Gender distribution

Race and Gender		DC42: Sedibeng D/M	GT421: Emfuleni L/M	GT422: Midvaal L/M	GT423: Lesedi L/M
Black	Male	319,837	269,218	26,944	23,666
	Female	336,270	287,309	25,936	23,023
Coloured	Male	2,031	1,212	533	307
	Female	2,379	1,544	563	263
Indian or Asian	Male	6,930	6,667	50	99
	Female	6,930	6,733	50	153
White	Male	61,668	37,351	15,122	9,187
	Female	64,886	40,832	14,254	9,808
Grand Total		800,819	650,857	83,445	66,507

Total population of Sedibeng district and its locals.

(Source Stats SA: 2007 Community Survey)

Statistics SA showed that, there are many Black people in SDM followed by Whites, then Indians or Asian and the least race group in SDM was the coloureds. There were more females than males, among the Blacks, Coloureds and Whites. However this was an exception with Indians/Asians where females proved to be equal to males. It must be noted though that these results differed in local municipalities, both in gender and race (see table 3.3 above).

Most of the black race is concentrated in the township areas such as, Evaton, Sebokeng, Bophelong, Sharpeville, Boipatong, Ratanda and others. This is due to apartheid and its racial divisions. Black people were allocated residences away from towns and important services. Among many things that this system reflected, was the pattern of access to services (IDP, 2005/2006: 8).

3.11.3 Age group

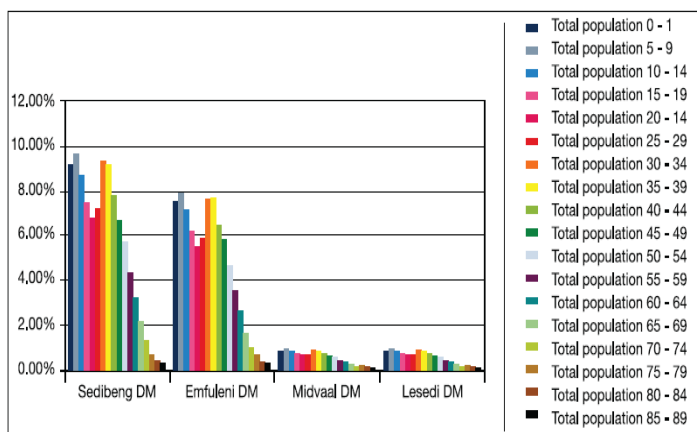


Figure 3.2: Showing Age Distribution in Sedibeng per Local Municipality.

(IDP, 2009/2010: 26).

The above figure 3.2 shows age distribution of the Sedibeng population. The 0-14 category is the largest implying that there will be a number of new employable individuals thus increasing the economy of the District. The second largest is the 30-39 year category, which is relatively low meaning that HIV and AIDS had a major impact to the youth over the past decade. HIV and AIDS did not significantly affect the third largest group 20-29 years (IDP, 2009/2010: 26).

3.11.4 Illiteracy

Though the Department of Education offered A.B.E.T in institutions and there are care givers who are trained to address the literacy rate, there is still 29% of non attendance to schools and other learning facilities in Sedibeng (Sedibeng Integrated Development Plan 2010: 26). This shows us that 29% of people living in Sedibeng either cannot read or write, or they are doing so with great difficulty. This results in limited understanding and access to knowledge. "They have little formal education and limited access to information about AIDS, particularly on various modes of infection and prevention" (Hope Sr., 1999:37).

3.11.5 Employment and unemployment

Table 3.4: Monthly income

	Black	Coloured	Indian & Asian	White
No income	354,347	2,124	6,216	48,452
R0-R400	90,268	332	-	1,761
R401-R800	30,332	136	238	3,101
R801-R1600	79,942	471	906	10,098
R1601-R3200	32,637	236	911	7,893
R3201-R6400	21,707	77	1,323	13,639
R6401-R12800	9,780	366	1,263	13,556
R12801-R25600	3,348	159	748	6,983
R25601-R51200	986	58	210	2,657
R51201-R102400	124	-	163	564

R102401-R204800	193	-	165	379
R204801 or more	139	-	52	432
Response not given	34,791	247	1,504	14,889
Institutions	6,515	191	57	2,143
Grand Total	665,109	4187	12,493	126,547

Monthly income by Population Group for persons (households) DC42: Sedibeng.
(Source: Stats SA, 2007 Community Survey)

In order to be able to analyse these results, the researcher made two other tables using figures from this table (Table 3.4), which are Table 3.5 and Table 3.6. Table 3.5 show the employment and the unemployment rate in percentages per population group, while Table 3.6 shows the earning capacity of the employed in each population group.

Table 3.5: Employment/ unemployment percentages per population group.

	Black	Coloured	Indian & Asian	White
Unemployed	52%	50%	50%	38%
Employed	41%	38%	38%	48%
Others	6%	12%	12%	13%

The results show that Blacks have the highest unemployment level at 52% followed by Coloured and Indians and Asians. Only 41% of Blacks are employed and 38% for both Coloureds and Indians and Asians. Most Whites are employed at 48% and only 38% of them are not employed. Others represent those who did not give a response and the institutions in Table 3.4.

Table 3.6: Earning capacity of the employed per population group.

	BLACK	COLOURED	INDIAN & ASIAN	WHITE
LESS R1600	74%	51%	19%	24%
R1600-R6400	20%	17%	37%	35%
R6400-R12600	4%	20%	21%	22%
ABOVE R12600	2%	12%	22%	18%

The statistics above show that an alarming 74% of Blacks earn less than R1600 per month and only 2% earn above R12 600 per month. Coloureds show almost a similar pattern but only 51% of their population earn less than R1600 per month. Indians & Asians earning capacity is the highest between R1 600 per month and R6 400 per month at 37%. The lowest in this race is 19%, which are those earning less than R1 600 per month. The results for Whites show almost moderation with 35% being the highest with those earning between R1 600 per month and R6 400, the lowest is 18%, which are those who earn above R12 600 per month.

3.11.6 Poverty

According to Mokoena (2000:45), due to the high levels of unemployment and a number of people earning an income that can hardly sustain them, this result in a high rate of poverty in the area. It also means that most people in SDM are not able to cover for their basic needs. There is an undeniable link between unemployment and poverty. Mokoena (2000:45), adds. "Poverty is not just a matter of absolute income; it also implies something about relative income." Maloma (2005:90.) agrees with this interpretation. Poverty is better measured by using the household income per capita. "Those measuring it draw a poverty line, and if the household per capita is below the poverty line, then it is defined as poor." (Maloma, 2005:90).

Van Vuren (2003:90), in his study made the following conclusions about the Emfuleni Municipality Area (EMA) concerning the profile of the poor:

- ✓ A total of 42.8% of all households and 45.3% of the total population in the EMA, are poor.
- ✓ The average household size for the poor constitutes 4.7 persons, as compared 4.3% of the non-poor.
- ✓ Poor households have a smaller percentage fathers than the non-poor households and the poor fall in younger age than the non-poor.
- ✓ The poor have less schooling and qualifications than the non-poor.
- ✓ The poor in most cases had been formally employed in construction, trade, transport and services sector-that is, they are mostly construction workers, taxi drivers and shop assistants.
- ✓ The average household income for the poor is R658 per month, while it is R4 764 per month for the non- poor.
- ✓ The unemployment rate for the poor is 66.8% and the dependency ratio is 6.2.

According to Hope Sr. (1999:3), poverty and poor economic conditions have contributed a lot in the vast spread of HIV and AIDS Africa. Most of the people's behaviour in these places is driven by hungry stomachs and the need to meet their basic requirements. Their living conditions are mostly unhygienic because of poor sanitation and usually access to services is not easy. Some houses are not in good living condition, for example, there are cases where the whole family, parents and children are staying in a shack separated with a sheet and there is absolutely no privacy.

Vaal Triangle area has a number of townships which are living under such conditions. For example, Evaton, which still has improper sanitation, poor water system and housing conditions. Such living conditions are a fertile ground for new HIV and AIDS infections; and they are also improper conditions for taking care of HIV and AIDS patients. "Low levels of education, crowded and unsanitary living conditions, malnutrition, and limited access to basic services, high rates of unemployment and rapid urbanization are all poverty phenomena that are increasingly associated with HIV/AIDS" (Hope Sr. 1999:3).

3.11.7 HIV and AIDS as a cause for poverty in SDM

According to Mokoena (2000:83), one of the causes of poverty in EMA is HIV and AIDS. According to Hope Sr. (1999:13), the HIV pandemic strikes the most productive group and the greatest concern is its effect on productivity, income and economic development. Most employees are constantly absent because of ill health and this results in low productivity. Companies also lose a lot on an individual through training. "Employees are beginning to request predictive models that allow for decisions regarding multi-skilling to avert productivity losses, timeous recruitment and training of new individuals, and timeous replacement of persons infected" (Whiteside, 1998:72).

It must be noted that some companies have changed a lot of their structures in order to accommodate HIV and AIDS infected employees. In other words, more money must be budgeted for HIV and AIDS accommodating projects than to make profits and grow the company. "At the level of the national economy, economic productivity also declines through loss of labour inputs due to illness, early retirement, and death of highly trained and skilled as well as unskilled workers" (Hope Sr, 1999:13).

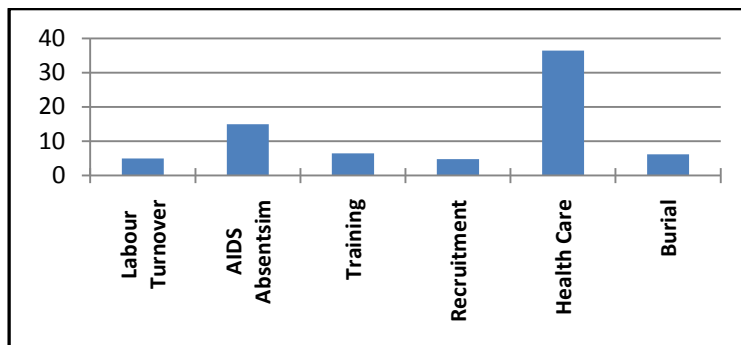


Figure 3.3: Effect of HIV and AIDS in the employment area.

Source: Stats SA, 2006 (Ludidi, 2006: 73.)

The above figure 3.3, illustrates the cost that employers will acquire as a result of the HIV and AIDS pandemic. Absenteeism due to HIV and AIDS incurs the highest costs. Training and recruitment even though they are not directly affected by HIV and AIDS, they are highly dependent on its effects. Companies will also lose a number of productive people. "While employers are faced mainly with economic and social responsibility challenges, employees are faced with a daunting challenge of having to deal with the virus on daily basis" (Ludidi, 2006:73).

In other words HIV and AIDS, paralyses those who are productive, and could add in the economy of the area and make the sick dependent on others. Some HIV and AIDS patients are totally dependent on the Government and other sources for food and medication. Some families even lack money to bury their loved ones who die due to HIV and AIDS related diseases. A person, who could be adding on the welfare of the area, is now depending on it. "HIV and AIDS reduce productivity and increases vulnerability and dependency levels" (Sedibeng, 2006:30).

Another impact for HIV and AIDS in the SDM is the rising number of HIV and AIDS orphans in the area. These orphans have either lost one or both parents due to HIV and AIDS related sicknesses. After the death of their parents these children are either parents on their own, taken by their relatives or by non-relatives or they can go to an institutional care. These arrangements also carry some difficulty such as, who is going to take care of medical bills, children are forced to go out of school, some environments are not conducive for raising children, and of course the dependency on the state.

3.11.8 Poverty as an influence on HIV and AIDS

According to Slattery (2002: 51), poverty can have the following influences on HIV and AIDS pandemic in different areas.

- ✓ Poor people cannot afford a healthy diet and drugs essential for controlling the disease and therefore have a shorter life span as compared to the non-poor.
- ✓ Because of unavailability of anti-retroviral drugs which prevent mother to child transmission there is a high transmission rate of the disease from infected mothers to their babies.
- ✓ In order to buy food for themselves and their children some poor women resort to prostitution.

- ✓ Some poor and uneducated women and girls sometimes find themselves in a defenceless position when men make sexual demands using threats, force or even offering them certain rewards.
- ✓ Because of scarcity of jobs people end up seeking for employment in places far away from their homes which leads to starting new families or engaging in careless sexual behaviour.
- ✓ Poor areas often have shortage of sporting and recreational facilities for young people which contribute in their broken sexual morality.

3.11.9 Crime and poverty

“In the Vaal-Triangle negative consequences and effects of poverty are: high rates of disease, crime, and higher levels of psychological stress” (Thema, 2002:66.) As noted above, a number of families in Sedibeng are poverty stricken. These families struggle to put food on the table; they lack enough money to cover their basic needs and health necessities. Some people solve these problems by turning to crime. Others turn to prostitution or the use of drugs. “Furthermore, some of the social and economic conditions associated with urban living tend to encourage behavioural patterns such as drug abuse and prostitution, which increase the risk of being infected with HIV and AIDS” (Hope Sr., 1999:4).

Some of the children who are born with HIV and AIDS are not told about their status. And some are raised by grandparents who do not know about their status or how to handle it. When these children reach adolescent stage, when their health start to deteriorate and are living by medication, which they were not told what it is for, some become bitter and angry about their status. Some are HIV and AIDS orphans and were not told the cause of their parents’ death. When they grow up, and they find out and they may lose trust on their guardians and start to rebel. And others deal with their anger by turning to crime.

Some people who discovered they have HIV and AIDS, became angry and try to revenge themselves by spreading it as much as they can, that is, by sleeping with their sexual partners and not revealing their status. Some even go to an extent of raping others. “Because of HIV and AIDS, sexual abuse has become a much more serious matter. We can therefore no longer refer to rape simply as an atrocious nonfatal crime” (Hope Sr., 1999: 69).

3.12 HIV AND AIDS

As part of the Gauteng Province, Sedibeng Municipality District contributes to the HIV and AIDS statistics of the Gauteng Province. The area is also affected by any developments that are happening in the Gauteng Province concerning HIV and AIDS. The following Chart shows the position of Gauteng Province among other Provinces in South Africa.

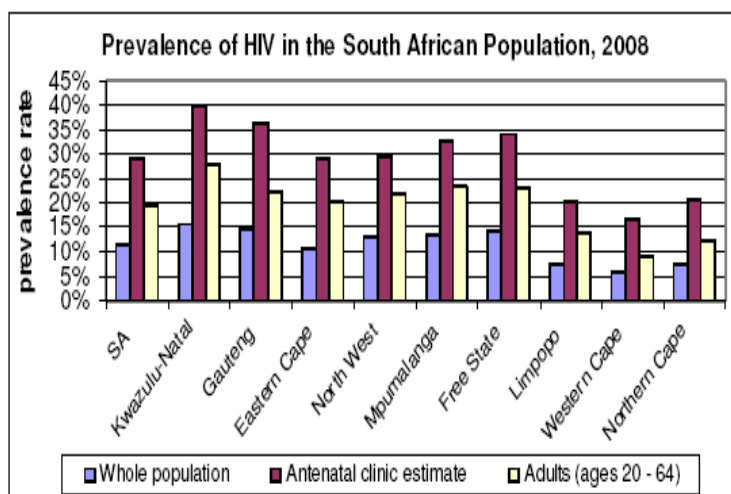


Figure 3.4: Prevalence of HIV in South African Population (Metropolitan 2008: 3).

According to Nicolay (2008:1), South Africa is currently the leading country to be affected by the HIV and AIDS in the whole world. The figure 3.4 shows how different provinces are affected by the pandemic. KZN is the leading province, followed by Gauteng province. The antenatal clinic estimates (newly born child infections) are the highest followed by adults. The area of concern is that according to Thema (2002:60), Gauteng was standing at position four in both the 1998 and 1999 stats. This is disappointing as it shows that, most if not all the means of HIV and AIDS awareness has not been quite successful.

3.12.1 Health care services

According to IDP (2009/2010:44), there are 3 public health Hospitals in Sedibeng District namely, Kopanong Hospital in Vereeniging, Sebokeng Hospital in Sebokeng and Heidelberg Hospital in Heidelberg. In addition to public Hospitals there are four Private Hospitals, 3 of these are located in Emfuleni and 1 in Heidelberg. There are also a number of primary Health clinics in the area, though most of these are clustered in urban and service centres, while rural areas are served with mobile units. Emfuleni has a total number of 27 clinics, 19% of which are able to deliver basic primary health services. There is already a necessity when it comes to treatment for HIV and AIDS.

In Midvaal there are five clinics, two in Meyerton, one in Ratanda, one in De Deur, one in Eikenhof and a satellite clinic in Vaal Marina. In Lesedi there are six clinics clustered in the service centres of Heidelberg/ Ratanda, Devon/ Impumelelo and Vischkuil. "It seems that Midvaal and Lesedi are relatively well catered for in terms of existing health facilities," (IDP 2009/2010:44.)

There is also a range of environmental and social works services offered in all local municipalities. Table 3.7 below illustrates a number of health facilities in the District per municipality and the type of services rendered at the facilities.

Table 3.7: A number of facilities per Local Municipality

Sub-districts	Satellite clinics	Mobile units	Clinics	CHCs	District & Regional Hospital	District Total
Emfuleni	0	3	21	4	2	30
Lesedi	1	3	7	0	1	12
Midvaal	0	3	4	0	0	7
Total	1	9	32	4	3	49

(IDP 2009/2010 page 44)

There are two District and Regional Hospitals in Emfuleni namely Sebokeng and Kopanong, and one in Lesedi.

The poor economic conditions in South Africa imply that different departments are faced with a challenge of sharing limited resources. The Department of Health is no exception. There are fewer Hospitals and clinics per allocated area. This is the case even in the Vaal; and clinics in townships are always full and there is no space for treating HIV and AIDS patients. These conditions also cause stressful working conditions for nurses.

Many of these clinics do not have medication allocated for HIV and AIDS patients. To get proper treatment HIV and AIDS patients have to go to Hospitals. Some of the HIV and AIDS suffers have to travel a long distance in order to get help. Yet some of these people do not even have money for food, let alone for a transport to access better equipped health facilities.

3.12.2 Human resources offering HIV and AIDS services

Availability of Human resources at Primary Health Care (PHC) level is shown in the table 3.8 below

Table 3.8: Health professionals per 100 000 population Sedibeng 2004

Profession	Sedibeng
Professional Nurse	18.3
Enrolled Nurse	3.2
Nursing Assistant	3.7
Doctor	2.1
Pharmacist	0.2

Note this table includes staff from PHC only (Slasha, 2005: 81).

70 lay counsellors were distributed between 20 PHC clinics, and range from one to five counsellors per clinic.

A number of professional nurses had not been trained in key elements of HIV and AIDS (see figure 3.5 below). Only 25% of nurses working in PHC were trained in Voluntary Counselling and Testing (VCT), 19% in PMTCT (Prevention of Mother-to-Child Transmission). The highest number of nurses was those trained in Sexually transmitted disease (STI's).

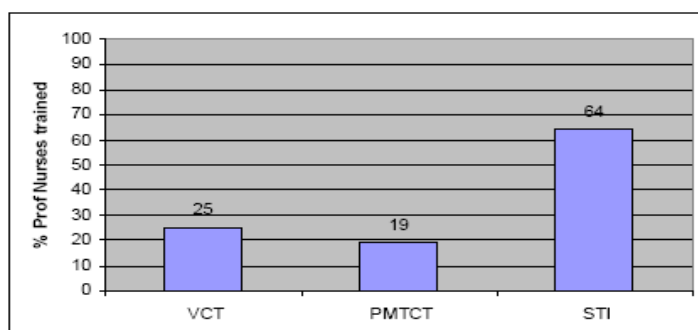


Figure 3.5: Percentage of professional nurses in PHC facilities in HIV and AIDS service provision Sedibeng 2004. (Slasha, 2005: 82.)

3.12.3 Facility bases for HIV and AIDS services

According to figure 3.6 below most PHC facilities provided HIV and AIDS services

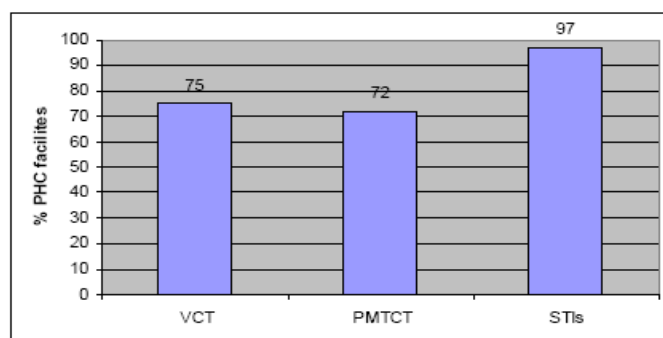


Figure 3.6: Percentage of PHC facilities providing HIV and AIDS services, Sedibeng 2004. (Slasha, 2005: 82.)

3.12. 4 Voluntary counselling and testing

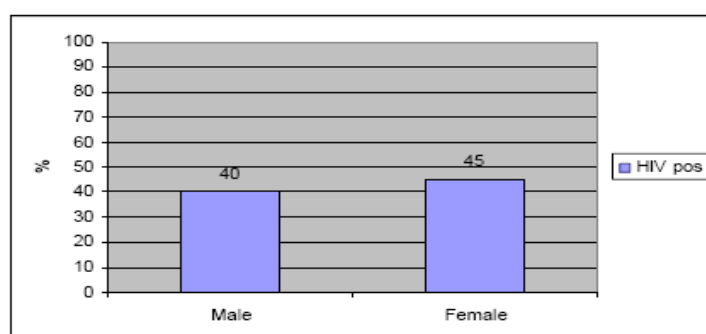


Figure 3.7: Percentage of VCT clients testing HIV positive, Sedibeng 2004. (Slasha, 2005: 83.)

Out of the total of 1 492 of VCT clients only 875 of these had gender illustrating results. Had there been complete reports, the results would have come out differently. 45% of those who tested positive were females and 40% were males (see figure 3.7 above.) The other 5% were the clients who did not give information about their gender.

Most tests were done in Emfuleni sub district and it had the highest number of HIV positive people. Lesedi had the least at 31% (see figure 3.8 below). Tests were done per district. In other words, the results give the number of people who tested positive per district. The total number of these were added together to give the total percentage of people who tested positive in the Sedibeng area.

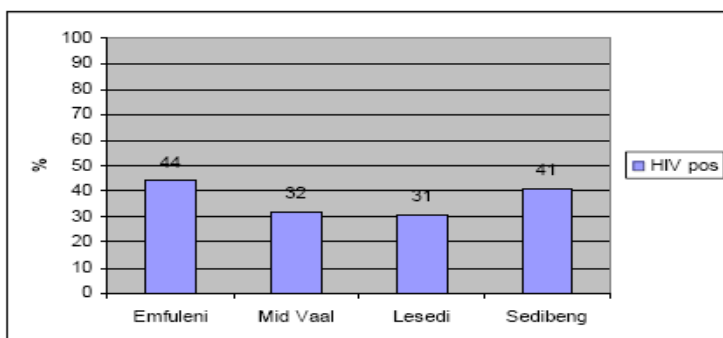


Figure 3.8: HIV positive rate in health facilities by sub district, Sedibeng 2004. (Slasha, 2005: 83.)

3.12.5 Prevention of mother to child transmission

According to Slasha (2005: 84), 3968 women had access to PMTCT services in the primary health care clinics and Maternity Obstetric Units (MOU's) 2003. An average of 81% was tested (see figure 3.8 below). HIV positive rate among tested women was 33% (see figure 3.8 below). According to Slasha (2005: 84), the provincial rate was 30% and 98% of the women who tested were from Emfuleni. Therefore, the rate of HIV positive women among the tested women in the SDM area is higher than the provincial rate. These results confirm the importance of prayer in the area.

Only 35% of the tested mothers receive Nevaporine (NVP) (see figure 3.9 below). The remaining 65% percent do not receive it. This means that most of the pregnant women will infect their children with the HI virus at birth because of lack of treatment.

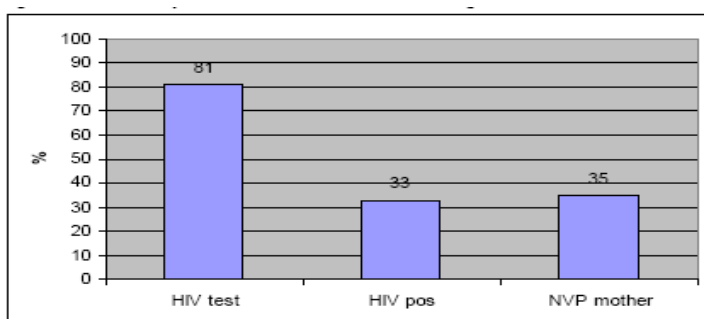


Figure 3.9: PMTCT Uptake in the PHC facilities, Sedibeng 2004. (Slasha, 2005: 85.)

3.12.6 Services provided by civil society

According to Slasha (2005: 86), there are sixty-four NGO's, CBO's and FBO's in SDM. These include 2 hospices and children's home. A total of 646 people worked for these organizations, 42% of these were being paid and 58 % were volunteers. However, according to Slasha (2005: 86), the difficulty of working with volunteers and those who are being paid depending upon the salary, is that they always leave once they find better opportunities. Hence, it is not easy to maintain trained staff.

28% of NGOs' received funding from Department of Health, Sedibeng district, and local government; and others received funding from private donors. These organisations have a their tasks, besides providing HIV and AIDS awareness, also HBC, Care and support to PHLA's, IEC, Palliative care, Childcare, Poverty relief and Community Development. Some of these Non Governmental Organisation's are providing HIV and AIDS services to the community (see figure 3.10 below). Only 47% of HBC provide HIV and AIDS services, followed by Child Care at 14%. Poverty relief and Palliative care are the least at, 8% and 2% respectively.

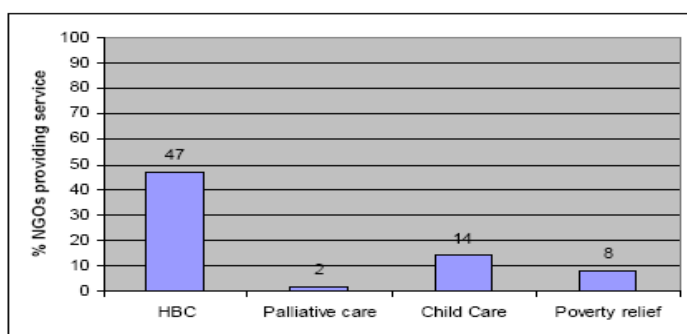


Figure 3.10: Percentage of NGO'S, CBO'S, FBO's providing HIV and AIDS services in the district, Sedibeng 2004. (Slasha, 2005:87)

3.12.7 Education facilities

According to IDP (2009/2010:45), Sedibeng District Municipality believes in education as a tool to enhance growth for humans, which in turn contributes to their capital development in the area and also in changing the distribution of their skills in the area. There are a total of 315 schools in SDM, 206 in Emfuleni, 53 in Midvaal and 56 in Lesedi. There are also formal and informal crèches in the area. Out of 960 children that need support in crèches, the department of Social Development and the Department of Health are assisting 290 of these children with nutrition. We have noted from the above graphs that the antenatal infections are higher than the adults' infections, which means that there are a number of young children who are positive and already at this point we are noting the effect of poverty. Those infected do not even have food to eat; it means that even if they had access to treatment, it would be even more dangerous to take their medication on an empty stomach.

According to Slasha (2005:12), the Department of Education, provided training for teachers in all District Municipalities. This training includes life skills, implementing the program in schools and ongoing evaluating and monitoring of the program. Though there are some schools implementing the program, little is known about its progress at the provincial level. Therefore very little is known about the impact of the program to the youth (Slasha, 2005:12).

There are also tertiary education facilities in the area, the most important are the Vaal Triangle Campus of the North-West University, Vaal University of Technology, and Sedibeng College. On these campuses, there are students who came from all over the world, who came to study. According to Maphalaha, (2001:1)

institutional levels of infection are mostly higher than national average and the potential for infections rates may to rise even further. Maphalaha also explains that, one in four undergraduates, and one out of eight post- graduates University students are positive.

There are also HIV and AIDS programs at the tertiary education facilities in the area. The most important is on the Vaal University of Technology, which started in 2002 which provides treatment for VCT and for STI's services. Two professional nurses, two counsellors, three psychologists and a seasonal doctor are operating on the program. Students who test positive receive counselling from the psychologists and receive treatment for opportunist infections (including Fluconazole if necessary) and immune boosters (including vitamins and fortified mealie meal (E-pap). The institution is in a process of forming support groups for these students (Slasha, 2005:84).

3.12.8 Department of sports, recreation, arts and culture

According to Slasha (2005:88), the Department of Sports, Recreation, Arts and Culture has five directorates namely: Sport, Arts, Recreation, Library and information and Youth. The HIV and AIDS Unit are accountable for organising and implementing HIV and AIDS programs. The program includes a workplace program and awareness-raising program. There are 70 peer educators working for this program, and receive debriefing sessions from the Unit every month. The Unit's targets are learners, and work closely with the Department of Education (Slasha, 2005:88).

3.12.9 Correctional services

SDM has two prisons namely: Leeuhof (Vereeniging) prison in Emfuleni local Municipality has 2000 prisoners and Heidelberg prison in Lesedi has 300 prisoners. Both prisoners have on site clinics with two nurses and a doctor who comes twice a week. HIV services offered include HIV testing using ELISA and treatment for STI's. It is important to note that there are some churches and chaplains who render services in these prisons. Beside the clinics, there are two NGOs' funded by the Interdepartmental Unit to provide HIV and AIDS education to prisoners (Slasha 2005:89).

3.12.10 HIV and AIDS events in SDM

Mosia (2007:53), gives a list of events that are taking place in SDM concerning HIV and AIDS in the region. I selected a few that are relevant to this study:

- ✓ Wellness Days was a day event, which was held where various tests on HIV, lung Function, Tuberculosis (TB), diabetes, and Cholesterol were offered and those who needed treatment were referred to further treatment.
- ✓ Candlelight memorial for People Living With Aids (PLWA's). All infected and affected people in the Non-Governmental Organisations (NGO's), Faith Based Organisations (FBO's), and traditional healers attended one-day rally on May 10, 2006 at Rus-Ter-Vaal School. The event was in memory of Sedibeng District people who died of AIDS and those who are living with HIV and AIDS.
- ✓ All members of the community attended a one day event held on 19 May 2006 at Bophelong Hall for the Emfuleni Local people who died of AIDS and PLWA's.
- ✓ The employees of Emfuleni Local Municipality (ELM) were targeted for one day event on 29 June 2006 in memory of employees of ELM who died and those who are living with AIDS.
- ✓ Child protection and treatment service:

All sectors involved with children's issues attended meeting on monthly basis. There was a preparation for week event held for Child Protection, on 28-May-to 4 June 2006, whereby the report on different activities was written down. All sectors, which were, involved in children's issues, children in the institution, children with disabilities, abused children, and orphans attended. Holiday programs were planned for youth for July and September holidays. Attention was also on transport industry and the community.

The following activities were held during this period: Talks on drugs and substance abuse, teenage pregnancy and HIV and AIDS at schools.

- ✓ The World AIDS Day was observed through door to door campaign against HIV and AIDS, distribution of pamphlets and condoms.
- ✓ A Workers' Day event was organized by Metsi-a-Lekoa Municipality. Employees attended a two days event at which the talk was on HIV and AIDS given by EAP on 29-30 May 2006.

3.13 SDM HIV AND AIDS PLANS FOR 2008-2013

Even with all these programmes in place there is still more help needed. Hence, the SDM noted some key points of delivery and even planned to take care of them (see table 3.9 and 3:10 below). Their implementation period is 2008-2013.

Their point of focus is to be as follows:

Table 3.9: SDM HIV and AIDS plans

STRATEGY	KEY DELIVERABLES
Promote HIV &AIDS Understanding, treatment, Care and support.	Strengthen and support internal HIV and AIDS Work place programmes Facilitating and supporting the functioning of the District AIDS Council chaired by Mayor and support the Local AIDS forums. Implement and monitor a Council approved HIV and AIDS Strategy and Programme of Action. Co-ordinate and Support the implementation of Ward based HIV and AIDS plan including monitoring the funding of community based organisations, community capacity building, and training of community development workers on HIV and AIDS issues in partnership with Gauteng AIDS Unit; Strengthen community based social mobilisation and education initiatives; and Support expansion of Care and Treatment Including ARV sites; and

	Facilitate the development of programmes for Orphans in consultation with Gauteng Social Development Department.
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INTERGRATED DEVELOPMENT PLAN (2008/2009)

Table 3.10: SDM plans in health services

STRATEGY	KEY DELIVERABLES
Promote efficient delivery of primary health care and emergency medical services	Ensure there are improved response time and enhance quality of care by Emergency Medical Services; Ensure high level of oversight role to Ensure adequate provision of services in the content of potential PHC and EMS Provincialisation. Ensure adequate EMS Services in Evaton and Devon.

INTERGRATED DEVELOPMENT PLAN (2008/2009)

3.14 CONCLUSIONS

The Vaal Triangle area is a beautiful area with rich raw material such as water and coal. The discovery of such material resulted in founding of some of the Vaal Triangle towns. These factors contributed a lot to the growth in SDM towns and improved living conditions. This resulted in many people being attracted to the area. In addition, phenomena such as industrialization and Urbanisation, as well as labour migration increased. However, these factors also contributed in the breaking down of marriages and family structures.

People who come to the area seeking for jobs leave their wives at home and start new families or others because of free surroundings engage themselves in casual sex sleeping around with different partners. Women who come seeking for a job and do not find any, find themselves selling their bodies in order to feed themselves and their children. Parents who are working long hours ignore their parental responsibility and children grow up being influenced by other things such as the media. All these factors contribute to broken sexual morality, which contributes to the spread of HIV and AIDS in the area.

The Sedibeng District Municipality is highly affected by the AIDS epidemic. Among the factors that contributed to this situation are poverty and unemployment. Though HIV and AIDS affect everyone, young adults between the age group 26-39 as well as the youth are mostly affected. Even though there are a number of events that SDM has lined up to promote HIV and AIDS awareness in the area, many people are infected. A large number of those who are infected are pregnant women.

Other Departments such as Education, Sports, recreation, arts and culture, Correctional services and others, also play a tremendous role in the fight against HIV and AIDS. SDM has a number of local programs and organisations, which support AIDS activities. These are sponsored by SDM, the government; and others are privately sponsored. The department of health is playing a major role in caring for those who are

infected. However, only few professional nurses are trained on HIV and AIDS services. Their help is still not adequate as some clinics are not equipped with resources and facilities to serve HIV and AIDS patients.

The community of Vaal Triangle area is faces a big challenge of reducing HIV and AIDS pandemic as well as factors contributing to it. The fight against HIV and AIDS in SDM area is not only a problem of the Department of Health. All people who are affected or infected with HIV and AIDS need physical, emotional, as well as spiritual help. Therefore, the church can also play a very big role in caring for those infected and affected in many ways: physically, spiritually as well as by praying for those who are infected.

4. ANALYSIS OF THE RESEARCH DONE THROUGH QUESTIONNAIRES, INTERVIEWING LEADERS AND MEMBERS OF THE VAAL TRIANGLE CHURCHES; THE RESULTS AND THE CONCLUSIONS THEREOF.

4.1 RESEARCH METHODOLOGY

The objectives of this section are as follows: Firstly, to establish whether the church leaders and members are aware of the impact of HIV and AIDS pandemic in the Vaal Triangle. Secondly, to investigate whether there are any prayers done for the HIV and AIDS patients as the remedy for the epidemic in Vaal Triangle. Lastly, to investigate the state of HIV and AIDS as well as of prayer awareness, among members of the church in the region.

To meet the above objectives, the researcher used questionnaires and interviews with probing questions concerning the place and the role of prayer for HIV and AIDS patients in Vaal Triangle churches. Questions were formulated using biblical and theological principles for ministries to HIV and AIDS sick people through prayer which were established in chapter two, and the social status of HIV and AIDS in the Vaal Triangle in chapter three.

According to Cresswell (1988:17), depending upon the type of the research, the researcher may need to explore the topic and get a detailed view of the individuals to be studied concerning the topic. In order to do this a qualitative research method was used to collect data that could not be easily identified using other methods of study (see table 4.1 below). This method gave the researcher a chance to ask questions over and above those which were in questionnaires, in order to get a clear understanding of the participants' view and to emphasize the role of the researcher as an active learner. "Our questions change during the process of research to reflect the increased understanding of the problem" (Cresswell, 1988: 19).

Table: 4.1 Qualitative interview format: link between research questions and the questionnaire (Annexure A).

Research Question	Question numbers as reflected in the questionnaire
Biblical perspective on disease	4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10
HIV and AIDS	5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9, 5.10, 5.11
Biblical cases on prayer and disease	6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 6.7
The role of prayer	7.1, 7.2, 7.3, 7.4, 7.5
The place of prayer	8.1, 8.2, 8.3, 8.4, 8.5, 9, 10, 11

De Vos et al. (2005:74), defines a quantitative study as follows "A quantitative study may therefore be defined as an inquiry into a social or human problem, based on testing a theory composed of variables, measured with numbers and analysed with statistical procedures in order to determine whether the predictive generalisations of the theory hold true." This study combined both the qualitative and quantitative approach.

Questionnaires measuring HIV and AIDS awareness, the place of prayer in churches and biblical cases on prayer and sicknesses were sent to church members. These questionnaires were made up of open and close ended questions which were to be completed by the respondents. The researcher assigned numerical representatives of variables in order to convert it to numerical format.

Table: 4.2 Quantitative survey questionnaire: link between research questions and the questionnaire (Annexure B).

Research Question	Question numbers as reflected in the questionnaire
Biographical information	1.1,1.2,1.3,1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 1.10
Biblical perspective on disease	2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10
HIV and AIDS	3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9, 3.10
Biblical cases on prayer and disease	4.1, 4.2
The role of prayer for HIV and AIDS patients	5.1, 5.2, 5.3, 5.4, 5.5, 5.6
Place of prayer for HIV and AIDS sufferers in church.	6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 7, 8,9

A random sampling method, which represented variable to be measured, was used. Questionnaires were hand delivered and also collected by hand. Facilitators were clearly informed on how to manage the questionnaires and the biographical information confirms this.

4.2 PILOT STUDY

According to De Vos et al. (2005: 208), the pilot study can alert the researcher of the possible unforeseen problems that may take place during the study. Pilot study was done to ten people who had the same characteristics as those of the targeted group, different age groups, level of education and gender, the only difference was the size of the group. The purpose was to eliminate as much problems that may arise in the study as possible. Times to fill in the questionnaires and for interviews were also measured. De Vos et al. (2005: 205), explains the following about the pilot study, "Its function is the exact formulation of the research problem, and the tentative planning of the modus operandi and range of the investigation."

According to De Vos et al. (2005: 205), besides orientating the researcher with the study, the aim of the pilot study is to test the questionnaires if they were rightly measuring the variables they were intended to test. Since the aim of the pilot study is to investigate the effectiveness of the study and improve on it, respondents were allowed to make comments and criticize the questions.

It must be noted that, though piloting is a means of pre-testing the research method, it does not completely remove possible errors but only minimises them. "Although the researcher may plan his investigation very carefully and logically, the practical situation will remain an unknown factor until it is entered" (De Vos et al., 2005: 205).

4.3 ETHICAL ISSUES

Since our research include data collection through interviews and questionnaires, ethical aspects will play an important role in receiving the data. Baker (1988: 76), states the following about ensuring the protection of subjects, " At the heart of the whole issue of social research and infringement of privacy stands the concern for whether the subject has knowingly agreed to the research in which he or she is participating."

Therefore, people were informed about the purpose of the study and of what will happen to their information. The researcher used the introductory letter from the University in order to receive permission and to ensure voluntary participation. Anonymity and confidentiality of the respondents was ensured, and their privacy was guaranteed.

4.4 SAMPLE

A non-probability quota sampling technique was used to select the subjects of study. A selection of the study sample was done within the Vaal Triangle churches as the focus of our study. Each selected church was generally represented in a sample as in the entire population.

The sample will include both male and females; different age groups and education level; black, white and coloured people, employed and unemployed, townships and suburb people as well as the poor and the non-poor. Though the researcher found the method to be suitable for the study, it does not guarantee unbiased results. According to Baker (1988:159), results from quota sampling method can still be biased.

4.5 VALIDITY AND RELIABILITY

4.5.1 Validity

Literature review was done for chapter 2 and the questions were constructed in a manner that they represented its contents. This was done in order to check whether the questions designed did measure what they were meant to or not.

The research method used in this study fully addressed the research questions and objectives that the study intended to answer and achieve. "The validity of a measure depends upon the correspondence between a concept and the empirical indicators that supposedly measure it" (Baker, 1988:119).

4.5.2 Reliability

To ensure that the results were more consistent and dependable, research questions were tested through a colleague and later sent to the study supervisor to assess them. "The researcher should ensure that he approaches a representative number of experts whose experience and opinions he can utilise" (De Vos et al., 2005: 208).

Further ten people were used for piloting before questionnaires could be taken out to pastors, leaders and church members. Data was collected through interviews and the sending of questionnaires within the scope of the study. Questions were made simple and easy to understand and sent to relevant people. "If a question is irrelevant to a respondent, if it is too complicated, or likely to be misinterpreted, such question is likely to produce highly unreliable responses" (Baker 1988: 124).

4.6 RESPONSES

4.6.1 Interviews with pastors and leaders

Fifteen pastors and church leaders were interviewed. The interviews took 45 minutes per person. The researcher used the pastors and leaders questionnaires to interview them and their responses were written down.

4.6.2 Responses from churches

300 questionnaires were distributed to different churches. The researcher also used some of her network for the study. 20 questionnaires were delivered in churches, a further 20 at North West University, 30 at Vaal University of Technology and the other 20 were the researchers' own network. A total of 161 questionnaires were completed and returned. This is 54% of the response and is adequate for analysis and reporting. "A review of published social research literature suggests that a response rate of 50% is considered adequate for analysis and reporting" (Babbie, 2007:262).

4.7 DATA ANALYSIS PROCESS

A sample size of 158 respondents was collected from the churches. To ensure correct management and analysis of data, data was re-written in the spreadsheet in a format of the questionnaires. Each questionnaire was then recorded to the spreadsheet and data was automatically counted by the spreadsheet.

Quantitative questions were structured in variables and a respondent had to select between the options. In order to interpret this data and to convey it into a graphical form, variables were counted and expressed in frequencies. Qualitative responses were also categorized and expressed in a similar format.

4.8 RESULTS FROM INTERVIEWS WITH PASTORS AND LEADERS

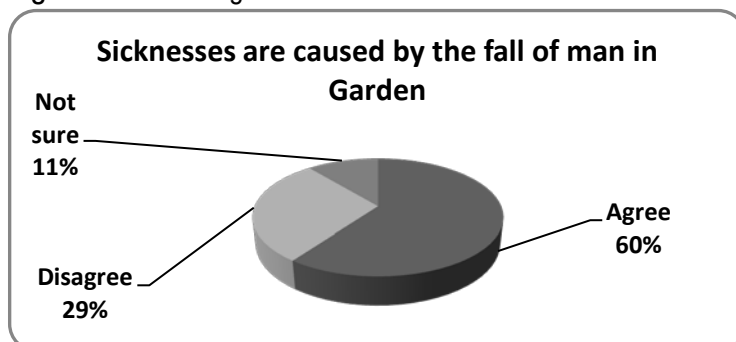
4.8.1 Biblical perspective on disease

4.8.1.2 Sicknesses are caused by the fall of man in the garden.

Purpose: To determine the knowledge of the origin of disease

Results: Results are graphically shown in figure 4.1 below.

Figure 4.1: The origin of disease



Discussion: 60% of the respondents perceive that sicknesses were caused by the fall of man in the Garden of Eden, 29% do not think so and 11% were not sure. The majority of pastors think that there were no sicknesses before the fall of man, meaning that sicknesses only began after the fall of man. Some Pastors views:

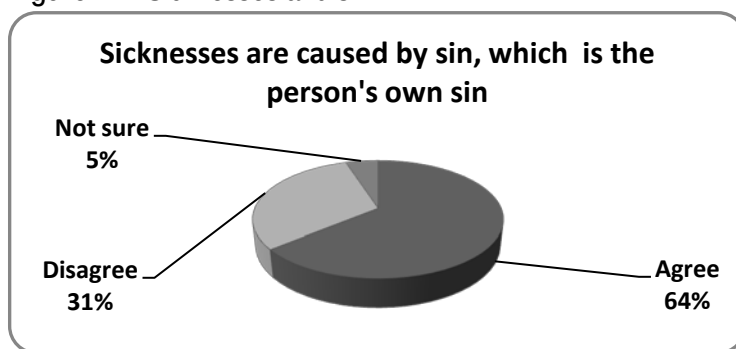
- ✓ We can not blame every sickness to the fall of man in the garden.

4.8.1.2 Every sickness is caused by sin.

Purpose: To determine pastors' perspective on sin and disease

Results: Results are graphically shown in figure 4.2 below.

Figure 4.2: Sicknesses and sin



Discussion: 64% of the respondents believe that every sickness is caused by sin, 31% do not think so and 5% are not sure. Most of the pastors believe that there are many things that can cause sickness except for sin. Therefore most of the pastors think that some infected patients did not do any particular sin to be infected. They believe that infected people need the forgiveness of sin just like anybody else. Hence they can be prayed for just like any other sick person.

Pastors and leaders highlighted the following about sicknesses:

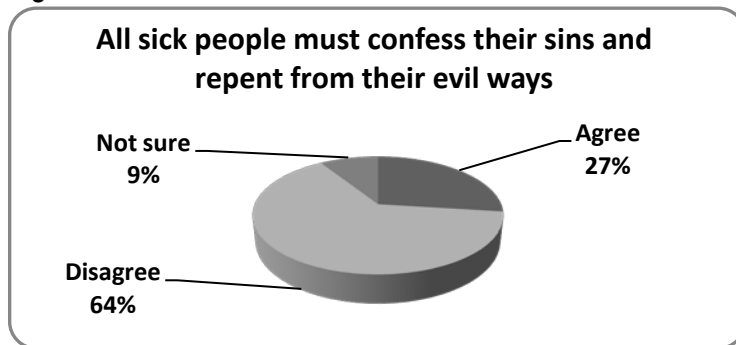
- ✓ Though sin can cause sicknesses, not all sicknesses are caused by sin.
- ✓ Some sicknesses are caused by weather conditions.
- ✓ Some are caused by a persons' own negligence in handling their bodies.
- ✓ Some can be transferred to others through certain mediums.

4.8.1.3 All those who are sick must confess their sin and repent from their evil ways.

Purpose: To determine pastors' perspective on sin and disease

Results: Results are graphically shown in figure 4.3 below.

Figure 4.3: Confession of sins.



Discussion: Only 27% perceive that all those who are sick must repent from their evil ways, 64% do not agree with this statement and 9% were not sure. The majority of pastors do not believe that all those who are sick must repent from their sins. Therefore some of those who are HIV and AIDS do not have to repent, because not all infected people got it from immoral ways. Therefore not all HIV and AIDS patients will have to repent before they are prayed for.

Some Pastor's views:

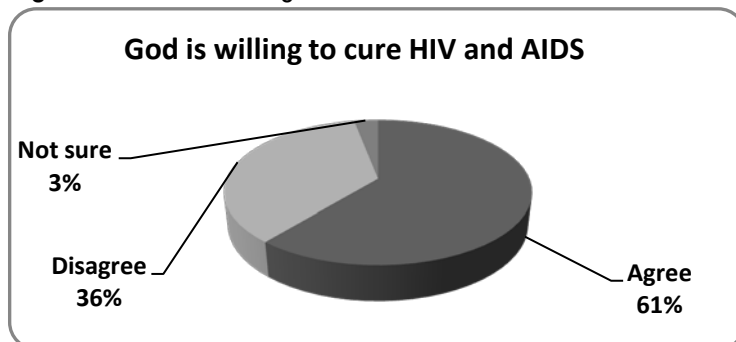
- Those who received HIV and AIDS through immoral ways must repent and God will forgive them of their sin.
- ✓ Those who received HIV and AIDS without doing any immoral things must repent from their sins like any other person.

4.8.1.4 God is willing to cure HIV and AIDS.

Purpose: To determine pastors' perspective on God's willingness to cure HIV and AIDS.

Results: Results are graphically shown in figure 4.4 below.

Figure 4.4: God's willingness to cure HIV and AIDS.



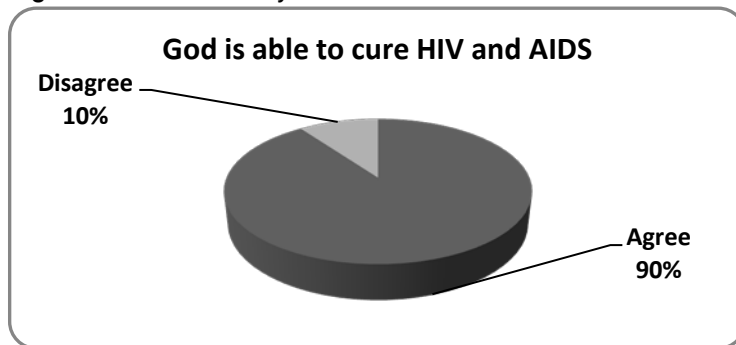
Discussion: 61% of the respondents believe that God is willing to cure HIV and AIDS, 36% do not agree and 3% were not sure. The majority of pastors believe that God is willing to cure HIV and AIDS, and therefore hears and answers prayers offered for HIV and AIDS patients favourably.

4.8.1.5 God is able to cure HIV and AIDS.

Purpose: To determine pastors' perspective on whether God is able to cure HIV and AIDS or not.

Results: Results are graphically shown in figure 4.5 below.

Figure 4.5: God's ability to cure HIV and AIDS.



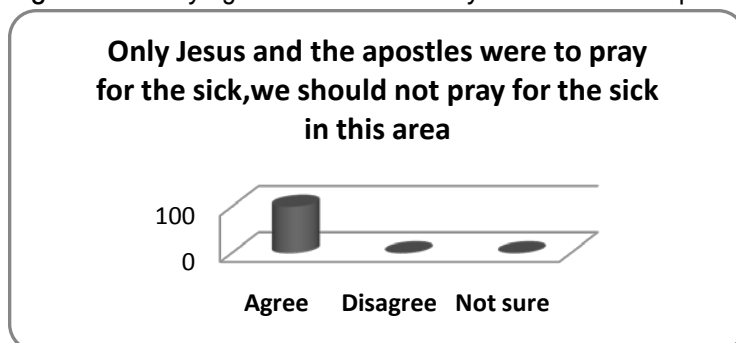
Discussion: 90% of the respondents perceived that God is able to cure HIV and AIDS and only 10% disagreed with this statement. The majority of the respondents believe that God is powerful and can cure HIV and AIDS. Therefore when we pray and ask God to cure HIV and AIDS patients, He is able to do what we ask for.

4.8.1.6 Only Jesus and the apostles were to pray for the sick, we should not pray for the sick in this area.

Purpose: To determine pastors' perspective on praying for the sick in this area.

Results: Results are graphically shown in figure 4.6 below.

Figure 4.6: Praying for the sick was only Jesus' and the apostles' task.



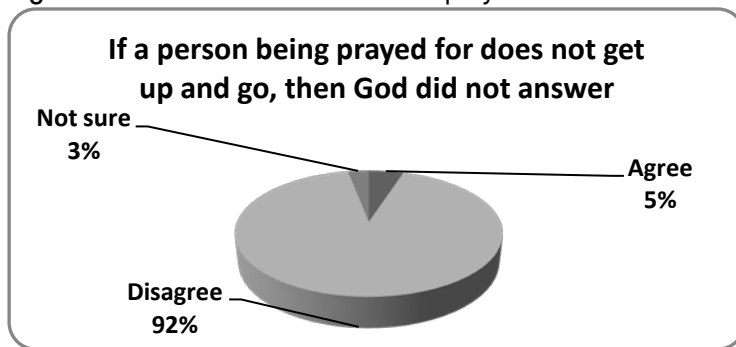
Discussion: 100% of the respondents believe that praying for the sick was not only for Jesus and the apostles but for Christians in the latter days as well. All pastors believe that they are taught by the Bible to pray for the sick.

4.8.1.7 If the person who is being person prayed for does not get up and go, then God did not answer prayer.

Purpose: To determine pastors' perspective on answered prayers for the sick.

Results: Results are graphically shown in figure 4.7 below.

Figure 4.7: The form of an answered prayer.



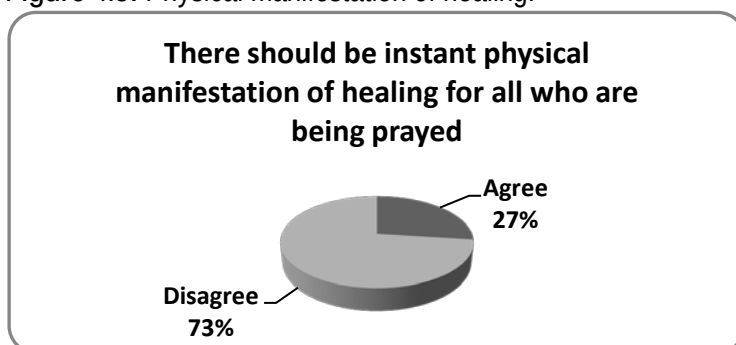
Discussion: 92% of the respondents perceive that God has answered prayer even if the sick person does not get up and go. Only 5% believe that if a man does not get up and go then God did not answer that prayer. The majority of pastors believe that it is still an answered prayer even if a person does not get up and go.

4.8.1.8. All those who are prayed for should be healed instantly, and there must be a visible manifestation of healing.

Purpose: To determine pastors' perspective about physical manifestation of healing after prayer on answered prayers for the sick.

Results: Results are graphically shown in figure 4.8 below.

Figure 4.8: Physical manifestation of healing.



Discussion: Only 27% of the respondents perceive that, there must be an instant visible manifestation of healing after praying for the sick. 73% does not agree with this statement. Most of the pastors do not think that God only answers prayer offered for an HIV and AIDS sick person through an instant physical manifestation only.

Some of the pastors and leaders highlighted the following:

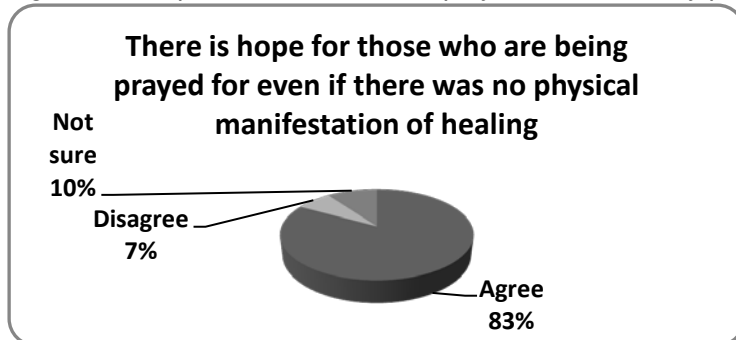
- ✓ An answered prayer can not be measured by an instant physical manifestation.
- ✓ A person is not only a physical body but a spiritual body as well, therefore healing can occur spiritually, mentally, emotionally and in other ways.
- ✓ God is sovereign and answers in a manner that is pleasing to Him, therefore our prayers can not force Him to answer in an instant physical manifestation only.
- ✓ God can allow pain and struggle to fulfil a certain purpose, in our lives.

4.8.1.9 There is no hope for those who have been prayed for if there was no visible manifestation of healing.

Purpose: To determine pastors' perspective on hope for those who were prayed for and received no physical manifestation.

Results: Results are graphically shown in figure 4.9 below.

Figure 4.9: Hope for those who were prayed for without any physical manifestation of healing



Discussion: 83% of the respondents believe that there is hope for those who have been prayed for even if there was no visible manifestation of healing and only 7% believe that there is no other hope for them. 10% were not sure. The majority of leaders believe that there is still hope for those who have been prayed for and there was no visible manifestation. In other words not everyone will be cured physically on this earth but others will die while they are still sick in their bodies. However this does not mean that there is no hope, but that there is still hope even on the other side of the grave. In other words death does not mean that God was not able to cure HIV and AIDS, but serves as a promotion to a place where there will be no more pain and suffering.

Points to ponder from leaders:

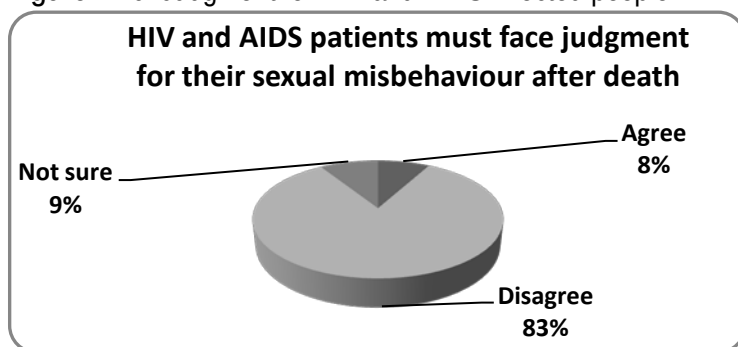
- ✓ Even if there is no physical manifestation of answered prayers, the church must continue to pray and not lose heart.
- ✓ Death does not mean that God did not answer prayers but, it is only a transfer to a place where there are no more physical pains.
- ✓ God also ministers to us through suffering.
- ✓ God is with us through our suffering.

4.8.1.10 Those who have HIV and AIDS are going through a painful death and must face judgement for their sexual misbehaviour after death.

Purpose: To determine pastors' perspective on judgement after death for those who are HIV and AIDS infected.

Results: Results are graphically shown in figure 4.10 below.

Figure 4.10: Judgment for HIV and AIDS infected people.



Discussion: Only 8% of the respondents perceive that those who have HIV and AIDS must face judgement for their sexual misbehaviour after death. 83% of the respondents do not agree with this statement. The remaining 9% are not sure. In other words the majority of leaders are in a position of praying prayers that will bring peace to the infected, courage and a close relationship to God. And when their time comes to pass on, they will do so peacefully without any fear of judgment beyond the grave.

Major points from pastors:

- ✓ God forgives sin if sinners repent, HIV and AIDS patients are no exception.

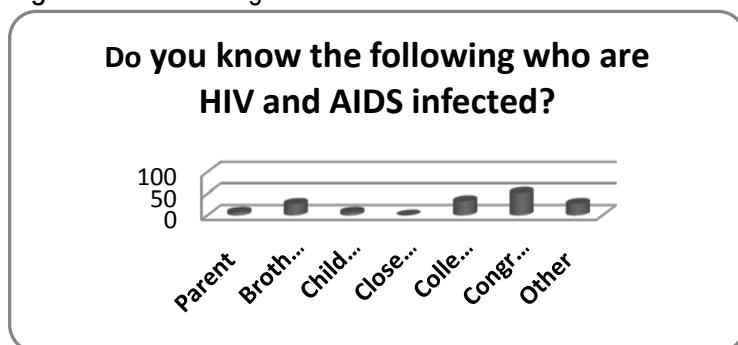
4.8.2 HIV and AIDS

4.8.2.1 Do you know anyone who is HIV and AIDS infected?

Purpose: To determine the impact of HIV and AIDS among pastors and leaders.

Results: Results are graphically shown in figure 4.11 below.

Figure 4.11: Knowing of the HIV and AIDS infected.



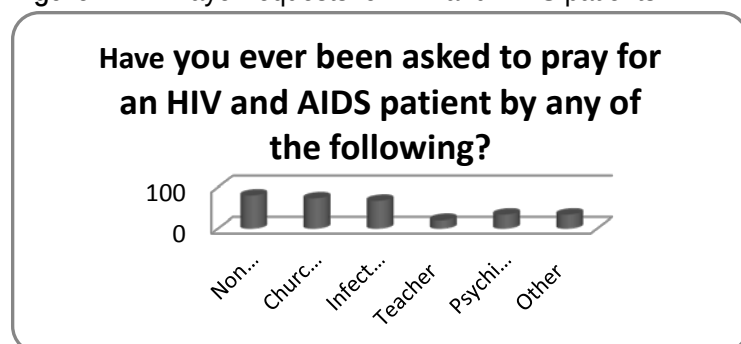
Discussion: The highest number of HIV and AIDS infected people known to pastors or leaders are the members of the church at 52%, followed by colleagues at 33%. Brothers and sisters as well as others were the third highest at 27%. Parents and child or grandchild were the second lowest at 7%. The results show that all pastors and leaders are affected by the HIV and AIDS epidemic in one way or the other. Among the respondents, no pastor was left unaffected. This puts them in a state of offering prayers that are sincere from the heart, since they are also affected. They will pray prayers which they themselves are part of.

4.8.2.2 Have you been asked to pray for an HIV and AIDS sufferer by any of the following people?

Purpose: To investigate if there are any prayers requests for HIV and AIDS sick people.

Results: Results are graphically shown in figure 4.12 below.

Figure 4.12: Prayer requests for HIV and AIDS patients.



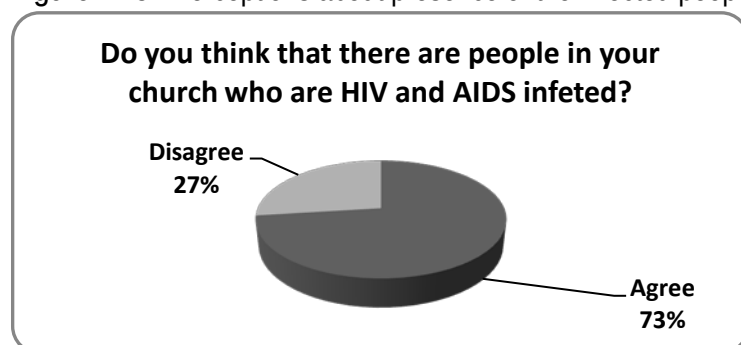
Discussion: 80% of people, who have asked pastors or leaders for HIV and AIDS prayers, belong to the category of people who were not members of the church. These were followed at 73% by the category of members of the church who knew an HIV and AIDS infected person. The third highest was the category of the members of the church who were infected and these made up 67%. The psychiatrist, psychologist or social worker; together with the other category were both 33%. Teachers of HIV and AIDS children were the least at 20%. The results show that, a great number of people who are in need of prayers for HIV and AIDS do not belong to any churches. The high percentages of members who ask for prayers on behalf of the infected, as well as the infected in churches who also ask for prayers, demonstrate the great need for hope, healing and courage for the infected.

4.8.2.3 Do you think there are people who are infected with HIV and AIDS in your church?

Purpose: To determine pastors or leaders perception about the presence of HIV and AIDS infected people in churches.

Results: Results are illustrated below in figure 4.13 below.

Figure 4.13: Perceptions about presence of the infected people in churches.



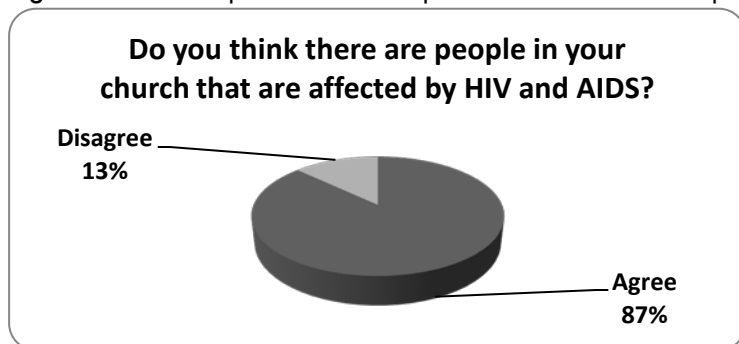
Discussion: 73% of pastors and leaders agree with the statement and 27% disagree. The high number of pastors who think that there are infected people in their churches show the high necessity for prayers offered for HIV and AIDS patients.

4.8.2.4 Do you think that there are people who are affected by HIV and AIDS in your church?

Purpose: To determine pastors or leaders perception about the HIV and AIDS affected people in churches.

Results: Results are graphically shown in figure 4.14 below.

Figure 4.14: Perceptions about the presence of the affected people in church.



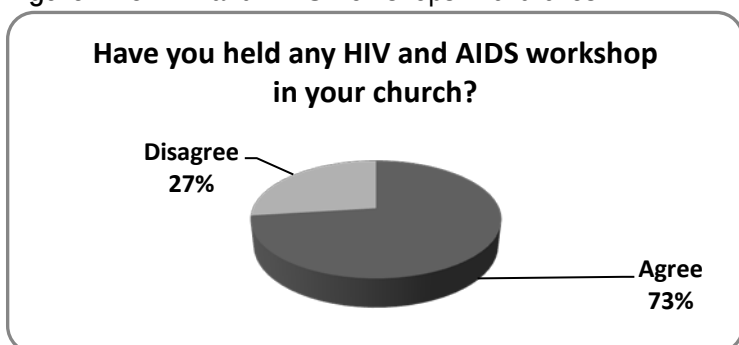
Discussion: 87% of pastor and leaders think that there are people in church who are affected by HIV and AIDS. 13% do not think so. The results show that those who are affected also need prayers and will be most likely willing to pray for the infected since they see the effect of the epidemic first hand.

4.8.2.5 Have you held any HIV and AIDS workshop in your church?

Purpose: To investigate the awareness HIV and AIDS among the churches.

Results: Results are graphically illustrated in figure 4.15 below.

Figure 4.15: HIV and AIDS workshops in churches.



Discussion: 73% of the respondents have held HIV and AIDS workshops in their churches, and 27% have not. The results show that most pastors, leaders and church members are informed about HIV and AIDS and there is no more stigmatization or prejudice against the infected in their churches. The results also show that prayers offered for the infected in such churches will not be affected by such.

Those who have not held HIV and AIDS workshop in their churches gave the following reasons:

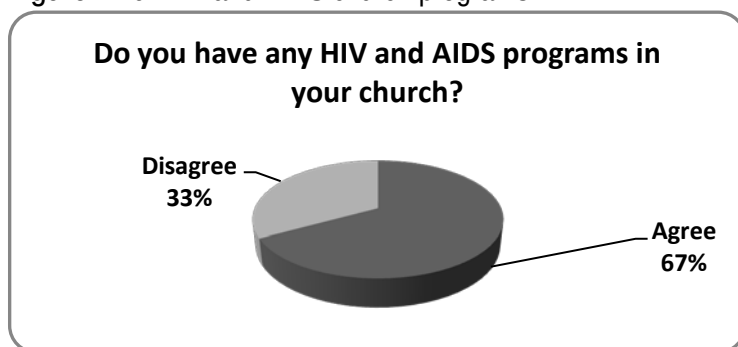
- ✓ They were busy with some projects in the church and HIV and AIDS is in their plans.
- ✓ They never saw the need arising from their church members.
- ✓ The congregation is not prepared for a workshop.

4.8.2.6 Do you have any HIV and AIDS programs in your church?

Purpose: To investigate whether there are any existing HIV and AIDS programs in churches.

Results: Results are illustrated in figure 4.16 below.

Figure 4.16: HIV and AIDS church programs.



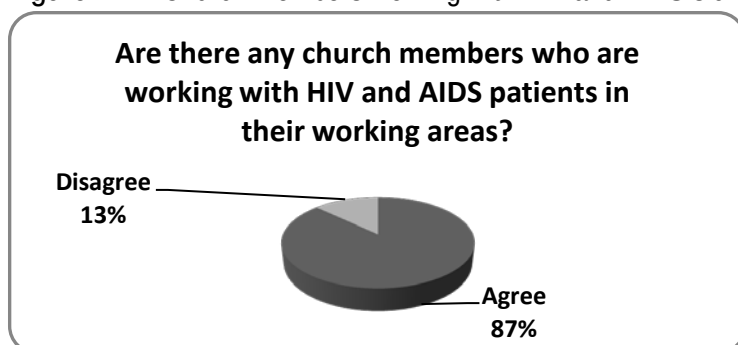
Discussion: 67% of the respondents have HIV and AIDS programs in their churches and 33% do not. Of those who do not 100% think that the church will benefit from such programs. Some of the churches do have programs that offer help for the infected.

4.8.2.7 Are there any of your church members who are working with HIV and AIDS sick people in their work places or organisations?

Purpose: To investigate whether there were people in churches who were working with HIV and AIDS sufferers in their work places.

Results: Results are graphically illustrated in figure 4.17 below.

Figure 4.17: Church members working with HIV and AIDS sick people.



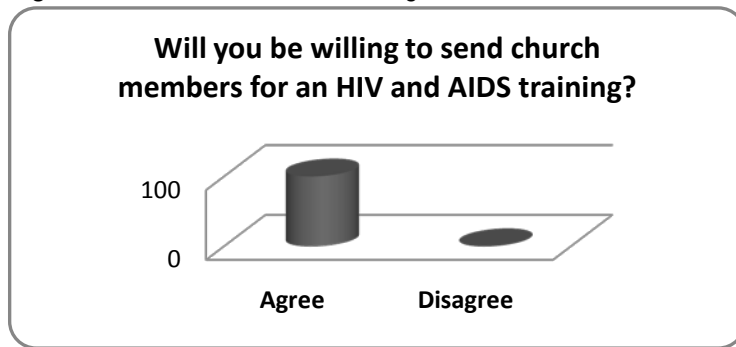
Discussion: 87% of the respondents have people among their church members who are working with HIV and AIDS people in either their work places or in the organisations and 13% do not. Most churches are in a position to start or continue offering help to the infected.

4.8.2.8 Will you be able to send your church members to external courses or workshops on HIV and AIDS education?

Purpose: To determine whether pastors and leaders were willing to send their members for HIV and AIDS training.

Results: Results are shown graphically in figure 4.18 below.

Figure 4.18: HIV and AIDS training.



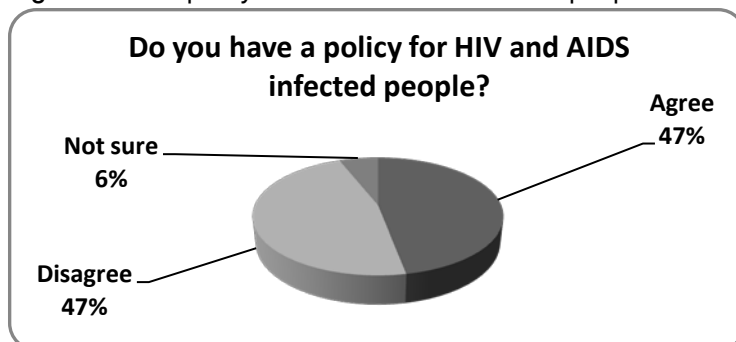
Discussion: 100% of pastors and leaders will be willing to send their church members for HIV and AIDS training including those pastors and leaders who already have HIV and AIDS programs in their churches. All pastors and leaders are keen to pass information about HIV and AIDS pandemic to their church members.

4.8.2.9 Do you have a policy for HIV AND AIDS infected people?

Purpose: To investigate whether churches had a policy for HIV and AIDS infected people.

Results: Results are graphically shown in figure 4.19 below.

Figure 4.19: A policy for HIV and AIDS infected people.



Discussion: Only 47% of the respondents have a policy for HIV and AIDS infected people, the other 47% do not have it and 6% are not sure whether they have it or not. It is not many churches who have guidelines that protect the infected. "The local congregations should begin to look at establishing effective frameworks for their responses to HIV and AIDS, which will ensure a co-ordinated, participatory, transparent and accountable approaches" (Thema, 2002: 115). See Annexure C for the rights of HIV and AIDS infected people.

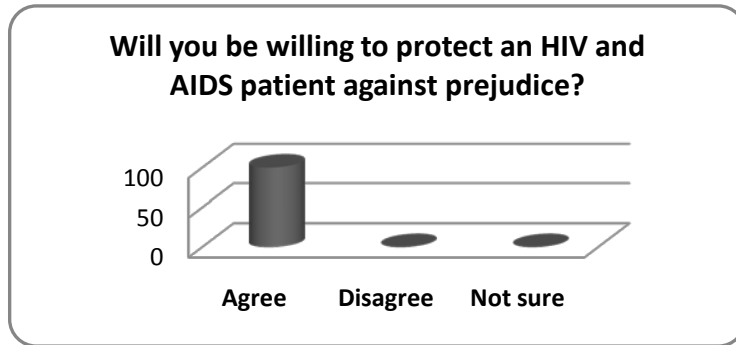
4. 8.3 Pastor's attitude towards the infected

4.8.3.1 As pastor/ leader I will protect an HIV and AIDS infected person against prejudice.

Purpose: To investigate whether pastor will protect the infected against prejudice in their churches.

Results: Results are graphically illustrated in figure 4.20 below.

Figure 4.20: Protection of HIV and AIDS infected patients against prejudice.



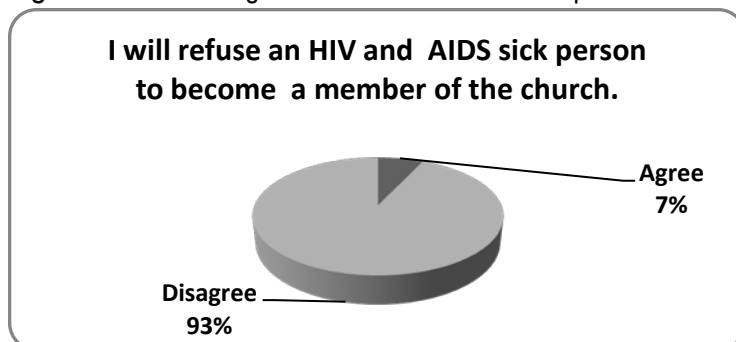
Discussion: 100% of pastors would protect HIV and AIDS infected person against prejudice. All pastors and leaders do not reject or judge the infected because of their status. They are therefore in a position of preaching and teaching about protecting the vulnerable group as well as praying wholesome prayers on their behalf without, any prejudice.

4.8.3.2 As a pastor I will refuse that HIV and AIDS infected person become a member of the church.

Purpose: To investigate whether pastors will allow an infected person to become a member of the church.

Results: Results are graphically illustrated in figure 4.21 below.

Figure 4.21: Allowing an HIV and AIDS infected person to become a member of the church.



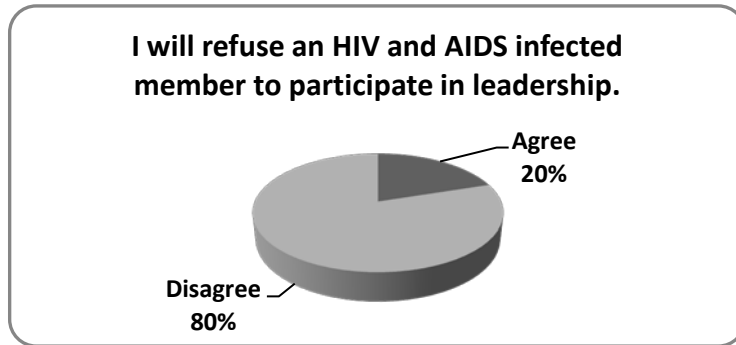
Discussion: Only 7% would refuse to HIV and AIDS sick people to be part of their churches and 93% of pastors and leaders will allow an HIV and AIDS infected person to be part of their congregation. A majority of pastors agree that a church can be a place of refuge for those who are infected, providing security from the hash community. It can also be a place where the infected feel as being part of the believer's family.

4.8.3.3 As a pastor I will allow an HIV and AIDS infected person to be a member, but refuse him to participate.

Purpose: To investigate whether pastor will allow an infected person to be part of the leadership.

Results: Results are graphically illustrated in figure 4.22 below.

Figure 4.22: Participation of HIV and AIDS infected people in leadership.



Discussion: 80% of pastors and leaders will allow an HIV and AIDS infected person to be part of their congregation but refuse them to participate in church and only 20% would not allow them to be church leaders. Though these results show that there is little or no discrimination against the infected in leadership positions, further points highlighted by pastors show that this is still an area of a challenge in other churches. There is a high expectation from pastors because of their position.

The major points highlighted by the pastors:

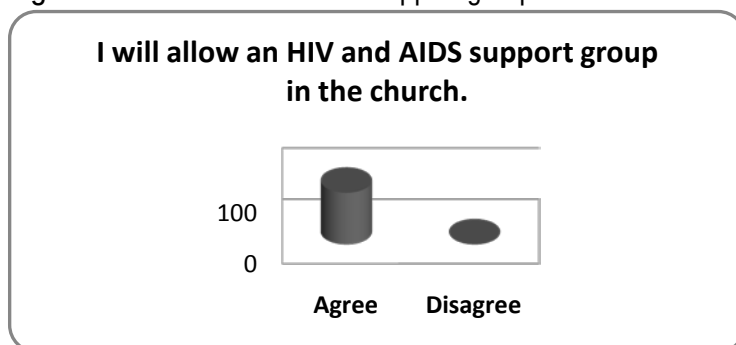
- ✓ They would not personally refuse HIV and AIDS infected persons to participate in the church, but some do so because of orders from their superiors.
- ✓ Some churches pastors still believe that it is not a good example for a leader to be infected and therefore prefer not to allow the infected people to be part of the leadership.

4.8.3.4 As a pastor I will allow an HIV and AIDS support group in church.

Purpose: To investigate whether pastors will allow an HIV and AIDS support group in church.

Results: Results are graphically illustrated in figure 4.23 below.

Figure 4.23: An HIV and AIDS support group.



Discussion: A 100% will run or allow HIV and AIDS support group in church. All interviewed pastors see a need for the support groups which can offer help for the infected including prayers.

Points to note from pastors

- ✓ Some churches already running HIV and AIDS programs in their churches.
- ✓ Some of these projects are run jointly with the Department of Health and some with the SDM

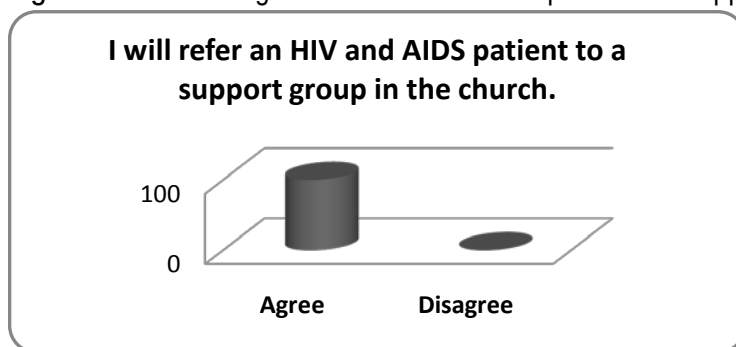
- ✓ These programs offer assistance to the infected not only in their churches but to the community as well.
- ✓ Though these projects might need finance, it is to be noted that their main focus is to help the needy.
- ✓ Some of the infected people have even disclosed their status in these meetings.

4.8.3.5 As a pastor I will refer an HIV and AIDS infected person to a support group in our church.

Purpose: To investigate whether pastors will refer an HIV and AIDS infected person to a support group in the church.

Results: Results are graphically illustrated in figure 4.24 below.

Figure 4.24: Referring HIV and AIDS infected person to a support group in the church.



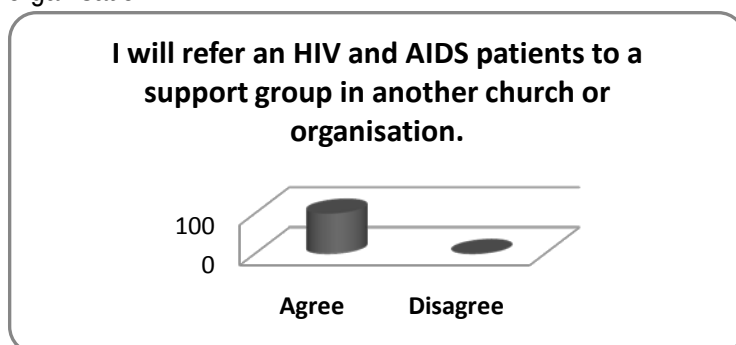
Discussion: 100% of respondents would refer an HIV and AIDS infected person to an HIV and AIDS support group in the church. The majority of pastors agree that taking care of the HIV and AIDS infected patients, should be a shared responsibility in the church. Prayer can also be offered for the sick that are referred to these groups.

4.8.3.6 As a pastor I will refer an HIV and AIDS infected person to a support group in another church or social organisation.

Purpose: To investigate whether pastors will refer an HIV and AIDS infected person to a support group in another church or social organisation.

Results: Results are graphically illustrated in figure 4.25 below.

Figure 4.25: Referring an HIV and AIDS patient to a support group in another church or social organisation.



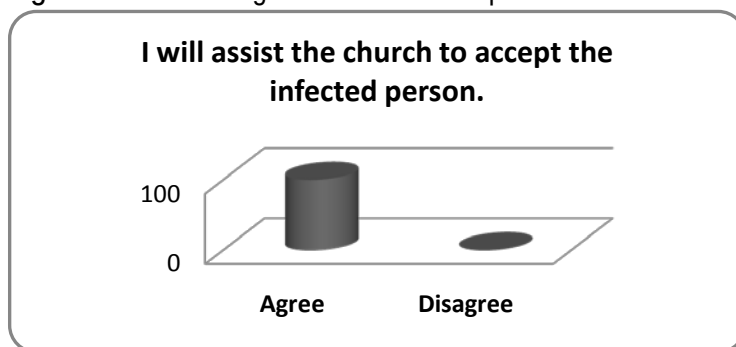
Discussion: 100% of respondents would refer an HIV and AIDS infected person to a support in another church or social organisation. All respondents are willing to refer HIV and AIDS patients to other churches or organisations. Churches must be aware of other HIV and AIDS projects in their vicinity which can offer other sorts of help for the infected. Churches can refer the infected to other churches or organisations with better services. Churches can gain a lot from other HIV and AIDS projects such as to gain more knowledge about HIV and AIDS. They can participate in other community projects such as praying for the infected, and also familiarize themselves with HIV and AIDS progression in their area. The results show that pastors are willing to be exposed to such events.

4.8.3.7 As a pastor I will assist the church to accept the infected person.

Purpose: To investigate whether pastors will assist the church to accept the infected person.

Results: Results are graphically illustrated in figure 4.26 below.

Figure 4.26: Assisting the church to accept the infected.



Discussion: 100% of pastors and leaders would assist the church to accept HIV and AIDS patients. This means that the majority of pastors can teach the church to accept the infected, thus reducing the levels of discrimination and hostility against them. It must also be noted that pastors and leaders have a very influential platform which is the pulpit, where they can address such matters.

4.8.4 Biblical cases on prayer and disease

4.8.4.1 There are passages in the Old Testament that talk about praying for the sick.

Purpose: To investigate pastors and leaders perspective on whether there are any passages in the Old Testament and the New Testament that talk about praying for the sick.

Results: Results are graphically illustrated in figure 4.27 and figure 28 below.

Figure 4.27: Passages in the OT that talk about praying for the sick.

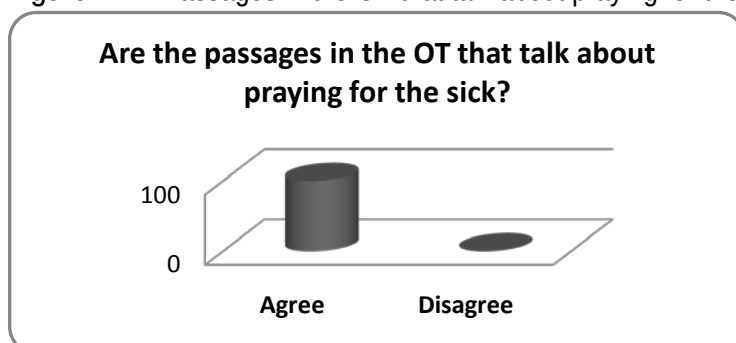
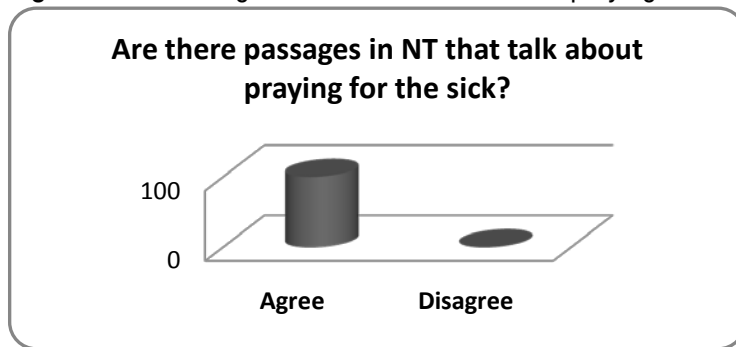


Figure 4.28: Passages in the NT that talk about praying for the sick.



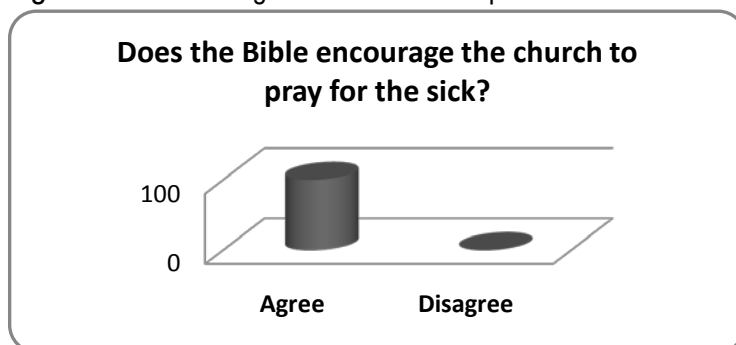
Discussion: 100% of pastors and leaders believe that there are passages in both the OT and the NT that talk about praying for the sick. In other words both the OT and NT teach about praying for the sick.

4.8.4.2 The Bible does encourage today's church to pray for the sick.

Purpose: To investigate pastors' perspective on whether the Bible does encourage today's church to pray for the sick.

Results: Results are graphically illustrated in figure 4.29 below.

Figure 4.29: Assisting the church to accept the infected.



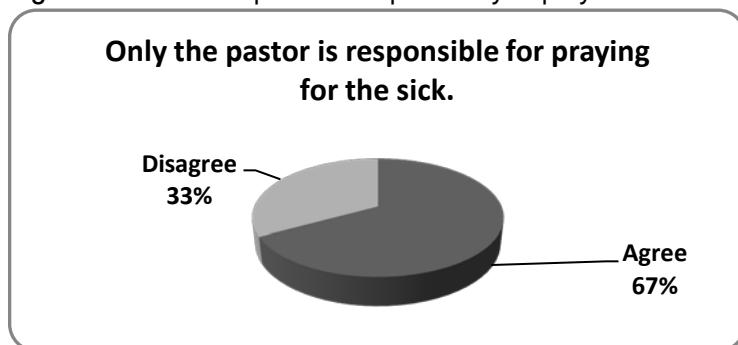
Discussion: 100% believe that the church is encouraged to pray like wise. All the pastors that were interviewed believe that, praying for the sick is the command from the Bible.

4.8.4.3 Only the pastor is responsible for praying for the sick.

Purpose: To investigate pastors' perspective on the responsibility of praying for the sick.

Results: Results are graphically illustrated in figure 4.30 below.

Figure 4.30: It is the pastor's responsibility to pray for the sick.



Discussion: That the responsibility of the praying person only lies with the pastor, 67% disagrees with the statement. The leaders' common feeling is that it is the responsibility of every Christian to pray for the sick.

Some pastors' views

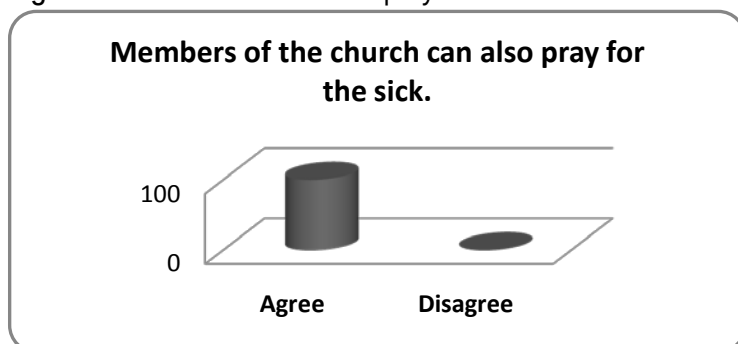
- ✓ Some members should not pray for the sick until they are taught how to pray for them.

4.8.4.4 Other members of the church can also pray for the sick.

Purpose: To investigate pastors' perspective on whether members of the church can also pray for the sick.

Results: Results are graphically illustrated in figure 4.31 below.

Figure 4.31: Members can also pray for the sick.



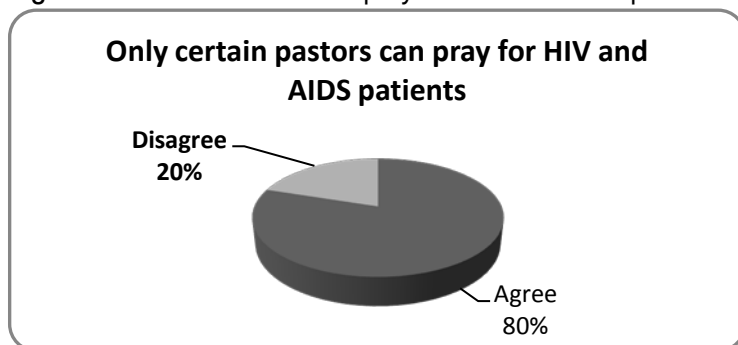
Discussion: 100% of leaders claim that the even ordinary church members can even pray for the sick. Therefore praying for HIV and AIDS patients should be every Christian's task.

4.8.4.5 Only certain pastors can pray for HIV and AIDS patients.

Purpose: To investigate whether only certain pastors can pray for HIV and AIDS patients.

Results: Results are graphically illustrated in figure 4.32 below.

Figure 4.32: Pastors who can pray for HIV and AIDS patients.



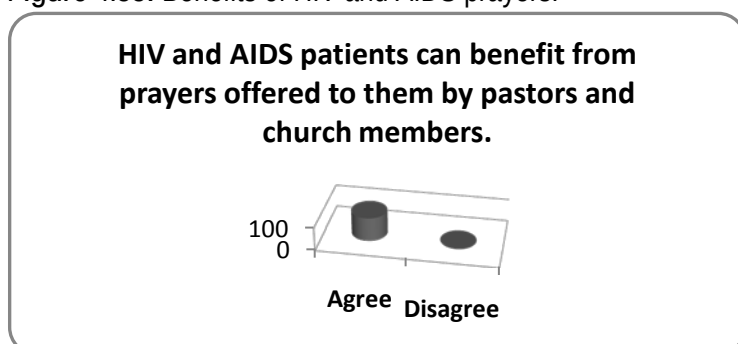
Discussion: 80% feels that it is wrong to think that only certain pastors/leaders should pray for HIV/AIDS patients. In fact the majority of these statistics plainly support the assertion that the responsibility of praying for the infected lies with all Christians. It must be noted that different churches use different organisational structures. Therefore, these results might be affected by the researchers' selection since there were other churches that were not represented in the sample.

4.8.4.6 HIV and AIDS sick people can benefit from prayers offered to them by pastors and their fellow congregants.

Purpose: To investigate pastors' perspective on the benefit of prayers offered for the infected.

Results: Results are graphically illustrated in figure 4.33 below.

Figure 4.33: Benefits of HIV and AIDS prayers.



Discussion: 100% of the interviewed pastors and leaders think that infected people can benefit from prayers offered for them by church leaders as well as members. These results emphasize the need of HIV and AIDS prayers in the church.

4.8.4.7 Do you think you qualify to pray for an HIV and AIDS sick person?

Purpose: To investigate pastors or leaders' perspective on whether they qualify to pray for HIV and ADS patients.

Results: Results are graphically illustrated in figure 4.34 below.

Figure 4.34: Qualifying to pray for HIV and AIDS patients.



Discussion: About 100% of pastors the respondents believe that they qualify to pray for HIV and AIDS sick people. In other words all interviewed pastors believe that they meet the Biblical standards of praying for the sick including HIV and AIDS. It is again important to note that these results might be affected by the researchers' selection, since there are other churches that were not represented in her sample.

Pastors and leaders highlighted the following about qualifying to pray for HIV and AIDS sick people.

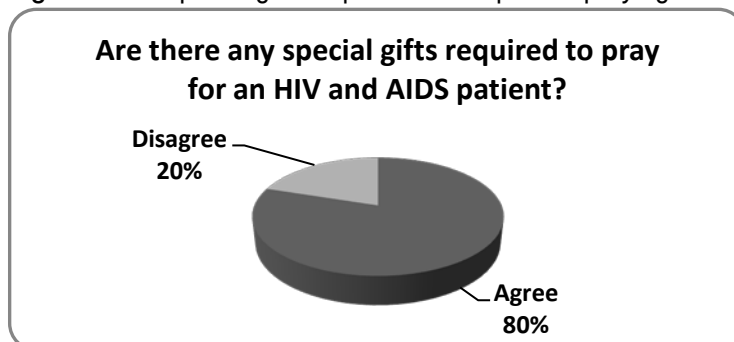
- ✓ Some pastors believe that the word of God instruct them to pray for the sick.
- ✓ Everyone has been qualified to pray.
- ✓ Even though we can pray it is not man but God who heals.

4.8.4.8 Are there any special gifts required from a pastor or leader or any other person to pray for an HIV and AIDS patients in your church?

Purpose: To determine whether there are any special gifts required to pray for HIV and AIDS patients.

Results: Results are graphically shown in figure 4.35 below.

Figure 4.35: Special gifts required from a person praying for an HIV and AIDS patient.



Discussion: Concerning special gifts required to pray for infected, pastors responded as follows. Only 20% think that there are certain gifts that are required to pray for the sick, the other 80% did not support this view. The majority of pastors believe that there are no special gifts required to pray for the sick.

Some of the pastors and leaders' views are as follows:

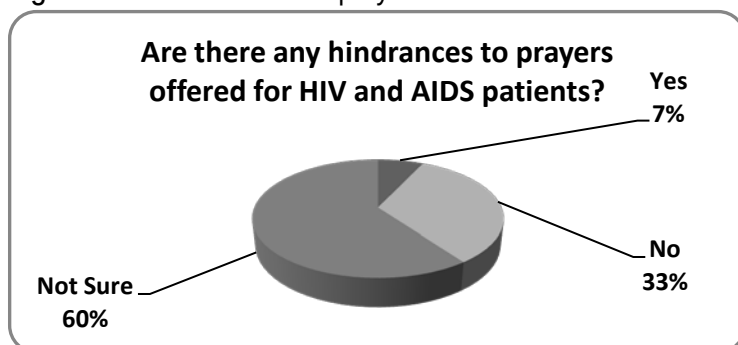
- ✓ Gifts are imparted by the Holy Spirit not specifically for HIV and AIDS, but for any other diseases according to the willingness of the heart.
- ✓ Gifts of healing are required in order to pray for HIV and AIDS sick person.
- ✓ No special gifts are required because every Christian can pray for the sick.

4.8.4.9 What could be the hindrances for prayers offered to HIV and AIDS patients in your church?

Purpose: To determine hindrances of prayers offered for HIV and AIDS sick people.

Results: The results are shown in figure 4.36 below.

Figure 4.36: Hindrances for prayers offered to HIV and AIDS sick people.



Discussion: 60% of pastors and leaders are not sure whether there are any hindrances to prayers offered for the infected or not. 33% believe that there are no hindrances and only 7% think that there are hindrances to HIV and AIDS prayers. Though most pastors were not sure how certain things can affect HIV and AIDS prayers, they did mention a few which they thought were hindrances to such prayers.

Although the percentage was low pastors and leaders highlighted the following views on hindrances to prayers:

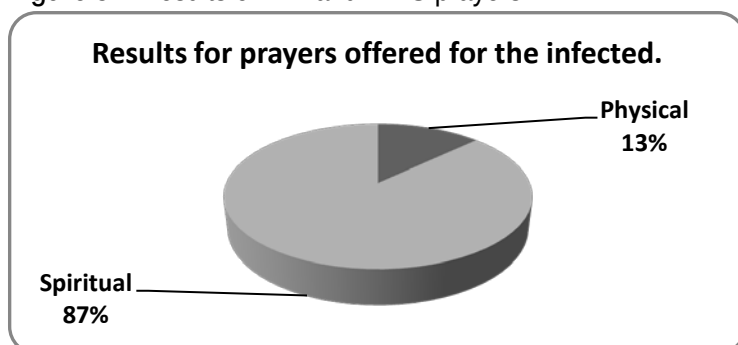
- ✓ Fear and unbelief that a person might not be healed.
- ✓ Lack of faith
- ✓ Stigma, prejudice and discrimination against HIV and AIDS infected people.
- ✓ Unforgiveness and judgement spirit.
- ✓ Not praying in the right manner.
- ✓ Living an ungodly lifestyle.

4.8.4.10 What do you think will be the result of an answered prayer for an HIV and AIDS patient?

Purpose: To investigate the results of prayers offered for HIV and AIDS sick people.

Results: The results are shown in figure 4.37 below.

Figure 37: Results of HIV and AIDS prayers.



Discussion: All pastors believe that the results of prayer will be both physical and spiritual. Though the majority 87% think that the spiritual healing can exist without physical manifestation, 13% strongly believe that there must be a physical manifestation of the result of prayer.

Following are some of the pastors and leaders' highlighted point of view.

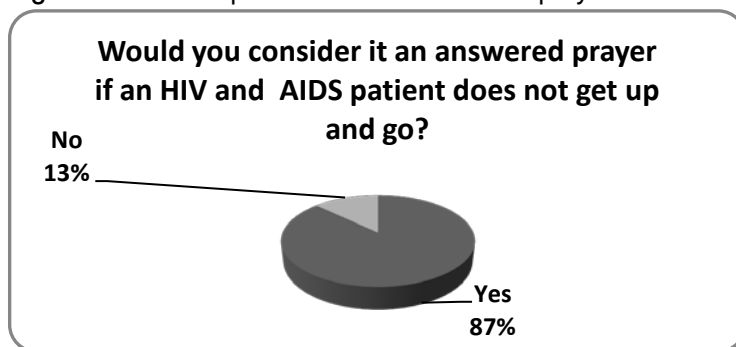
- ✓ Results of healing depend on God.
- ✓ Complete manifestation of healing.
- ✓ Emotional healing such as joy and peace.
- ✓ Removal of guilt
- ✓ Acceptance of the situation
- ✓ Close relationship with God, like by being 'born again'.
- ✓ A quality of life.
- ✓ New hope.

4.8.4.11 Would you consider it an answered prayer if an HIV and AIDS patient does not get up and go?

Purpose: To determine pastor's perceptions about an answered prayer.

Results: Results are graphically illustrated in figure 4.38 below.

Figure 4.38: Perceptions about an answered prayer.



Discussion: 87% of the leaders and pastors would consider it an answered prayer if an HIV and AIDS patient does not get up and go. Only 13% did not agree with this statement. The majority of pastors believe that prayer is answered even if a person does not get up and go.

Some pastors and leaders' views.

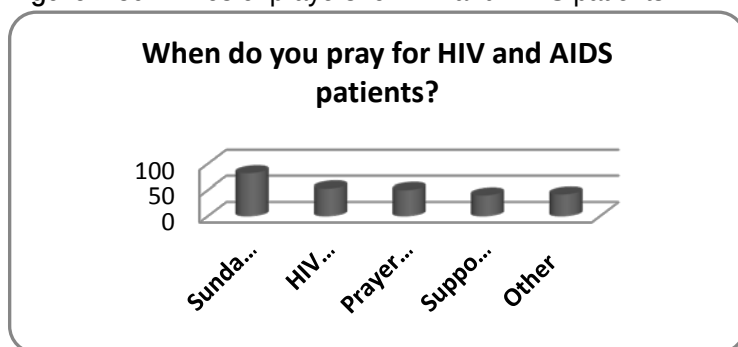
- ✓ Those who said 'yes' believe that only God can determine the method of healing, whether it would be gradual or instant, it is God's domain alone and no man must question that.
- ✓ God always answers prayers in His way and for His purpose.
- ✓ Those who said 'no', state that there must always be physical manifestation after prayer to demonstrate that God's ability to heal the sick.

4.8.4.12 In your church when do you pray for HIV and AIDS patients?

Purpose: To investigate prayer for HIV and AIDS patients in churches.

Results: Results are graphically illustrated in figure 4.39 below.

Figure 4.39: Times of prayers for HIV and AIDS patients.



Discussion: 82% of the respondents pray in their churches for HIV and AIDS patients during a normal Sunday service. 53% pray for them during special services dedicated to HIV and AIDS sick people. Another 50% percent pray during their prayer meetings when praying for HIV and AIDS as a prayer item. Further 40% pray for them during specialized HIV and AIDS support groups, and 42% pray for them in other meetings.

Pastors and leaders highlighted the following:

- ✓ Some pray for HIV and AIDS patients every Sunday.
- ✓ Some have special services for HIV and AIDS once a month.
- ✓ Some mention them in their private prayers.
- ✓ Some people ask for prayers from pastors privately.
- ✓ Some pray for them in whole night prayers.
- ✓ During organised fasting and prayer times.
- ✓ Some make prayer chains with their friends or prayer partners.

93% of the pastor and leaders visit hospitals, hospices and homes to offer prayers for HIV and AIDS patients; only about 7% do not do this. Most churches visit homes, hospices and hospital, and through these prayers some patients who do not go to church can decide to become members of their churches. All because of the message they carry and the impact of their prayers.

Only 20% of churches own any hospice, about 80% do not. 80% of churches do not have an HIV/AIDS orphan's project, minimal percentage of 20% have such projects. The majority of churches do not have HIV and AIDS associated projects. These projects can remind the church of the needs of the infected people and offer the prayers continuously as they serve them through their needs.

4.8.5 Conclusion

The conclusion on this section is based on the most important findings from interviews with pastors and church leaders. They are as follows:

- 4.8.5.1 60% of the pastors and leaders believe that sicknesses were caused by the fall of man in the garden and the major concern is that they could not clearly support this statement through biblical or theological basis. This shows that there is a great need for training about praying for the sick.
- 4.8.5.2 All leaders believe that not all sicknesses are caused by a person's own sin; some sicknesses are caused by other things which are not sinful. Therefore it is not every sick

person who must repent before they are being prayed for. Again only few leaders could support their statement either biblically or theologically.

- 4.8.5.3 Beside the above two concerns, leaders believe that God is willing and able to cure HIV and AIDS through His word. Therefore when they pray for the sick, God hears their prayers and is able to cure their sickness.
- 4.8.5.4 Pastors also stated that, the bible does encourage today's Christians to pray for the sick. Which means that praying for the sick was not only the ministry of Jesus Christ and the apostles since God can still heal sicknesses in answer to prayers of any Christian when He will.
- 4.8.5.5 Pastors and leaders agree with each other about the churches' role to pray for the sick. They strongly believe that it is not only the pastors and church leaders who are to pray for the sick but every Christian's. However those who are to pray for the sick must be taught how to pray for the sick using the Bible. In addition to this statement, most pastors agree that there are special gifts of healing; however these do not limit praying for the sick to the gifted only. They strongly believe that every Christian is qualified by the Holy Scriptures to pray for the sick.
- 4.8.5.6 Church leaders in the Vaal Triangle churches are aware of different methods of HIV and AIDS transmission. They do not agree that those who are infected must face eternal judgment because of their sickness. They believe that those who got the disease through immoral ways should repent, and God will forgive them of their sins as much as He is forgives others.
- 4.8.5.7 The majority of the interviewed leaders are affected by HIV and AIDS. Most have been asked for prayers for HIV and AIDS patients, by different people in the community including the people who are not members of the congregation. Therefore, most of them are aware of the AIDS pandemic in the Vaal Triangle.
- 4.8.5.8 100% of the church leaders will protect the infected person against prejudice and allow them to be members of their churches. Though this may be the case, participation of the infected in leadership positions is still a concern. Some pastors and leaders serve under the superior leaders, and some of these (superior leaders) do not allow HIV and AIDS infected to be part of the church's leadership. It is therefore, clear that there is still prejudice against the infected in churches, even though it is not openly practised. Unfortunately prejudice, was among the things that pastors and leaders mentioned as hindrances to HIV and AIDS prayers. Other hindrances mentioned were stigmatisation and isolation.

4.9 A RESPONSE FROM CHURCH MEMBERS QUESTIONNAIRES

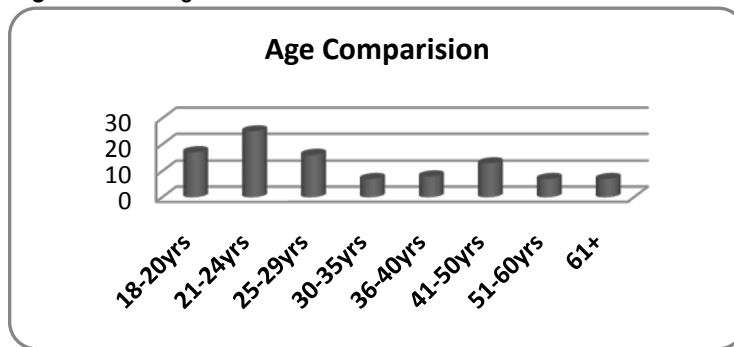
4.9.1 Biographical information

4.9.1.1 Age distribution

Purpose: To determine the age distribution of the church members in the region.

Results: The results are graphically illustrated in figure 4.40 below.

Figure 4.40: Age distribution



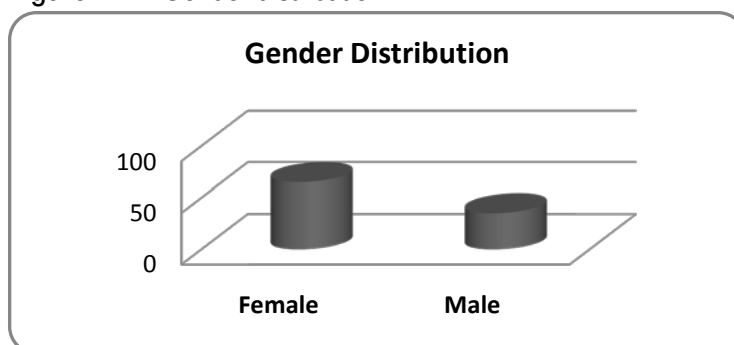
Discussion: The second youngest group of Christians that completed the interview questionnaire were between the ages of 21 to 24 years. This group alone constitute the largest number of respondents at 25 percent, followed by the youngest group of 18-20 years at 17%. The third highest group was the 25-29 year old at 16%. It must be noted that, these results were influenced by the students from NWU as well as Vaal University of Technology who also responded to questionnaires.

4.9.1.2 Gender

Purpose: To determine gender distribution of respondents of Vaal Triangle church members.

Results: The results are graphically illustrated in figure 4.41 below.

Figure 4.41: Gender distribution



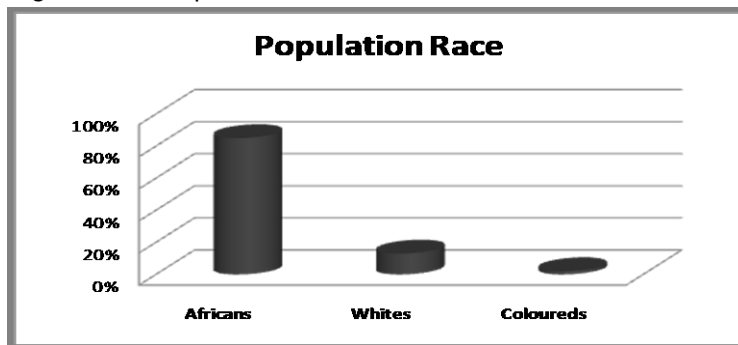
Discussion: There were 103 females who make up 65 percent of the total number of respondents, and 55 males at nearly 35 percent. Though the researcher did make efforts to divide questionnaires among 150 male and 150 females, and also encouraged facilitators to uphold this rule, the results still came out biased. According to Babbie (2007; 185), though the results of quota sampling method must represent those of the total population the sample may be biased even though it was accurately estimated.

4.9.1.3 Ethnic groups

Purpose: To investigate racial participation among Vaal Triangle churches.

Results: Results are shown in figure 4.42 below.

Figure 4.42: Population race



Discussion: African population group had the majority of the church members respondents at 85%, followed by Whites at 13% and Coloureds were the least at 2%. Although these results are in line with the demographics of the area, there are other factors that contributed to this. One of them is the fact that, the researcher focused her study more among the Africans; had the researcher balanced her selection among the races, the results could have been different. “However appropriate to some research purposes, non probability sampling methods cannot guarantee that the sample we observed is the representative of the whole population” (Babbie, 2007: 187.)

4.9.1.4 Residential area

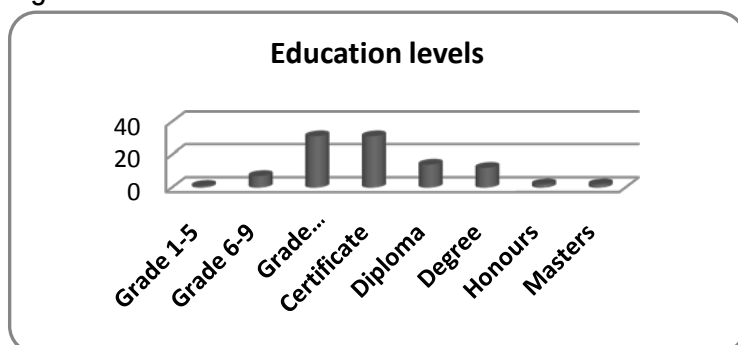
51% of the respondents stay in township areas, followed by those staying in the suburbs at 43%. Only 6% stay outside the Vaal. Majority of the respondents stay in traditionally township areas in the Vaal. Though these results show a similar pattern to that of the demographics, they were affected by NWU and Vaal University students, even though some of them stay in houses.

4.9.1.5 Level of education

Purpose: To determine the level of education among the members of the churches.

Results: Results are graphically presented in figure 4.43 below.

Figure 4.43: Education levels



Discussion: The Grade 1-5 were the least with two respondents at 1%, Grade 6-9 ten people at 7%, Grade 10-12 48 people at 31%, and Grade 12+ Certificate were the highest with forty seven people at 31%; Grade 12 + Diploma twenty two people at 14%; those holding a Degree were eighteen people at 18%; and Honours and Masters were second least at 2% with only three respondents for each category. The total respondents were 153 people. Most respondents proved to be fairly educated to fill in the questionnaires, those that could not were helped by facilitators and others by people who availed themselves. Though questionnaires were pre-tested during piloting stage, the researcher did not include people who had a low

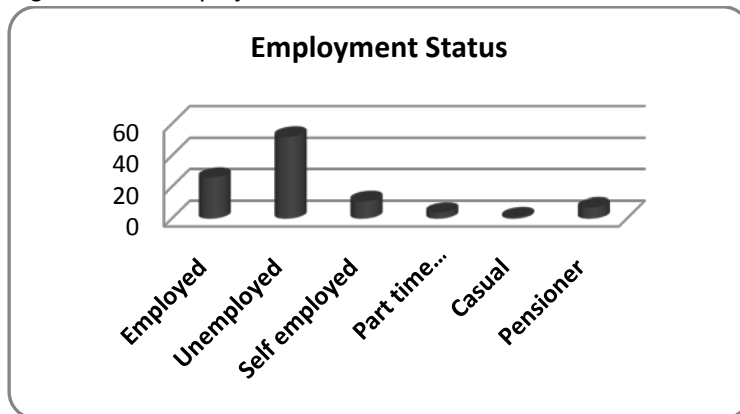
level of education. This is a concern since some questions might have been too difficult to be understood by a person who only studied up until Grade 5 or even less.

4.9.1.6 EMPLOYMENT STATUS

Purpose: To investigate employment state among Vaal Triangle respondents.

Results: Results are graphically shown in figure 4.44 below

Figure 4.44: Employment status.



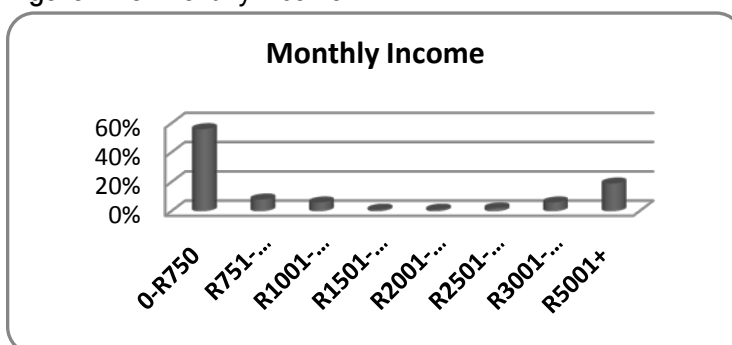
Discussion: The majority of the members are unemployed at 52% followed by the employed group at 26%. The self employed and the pensioners make up 11% and 10% respectively. The least are the casuals at 1%. These details are similar to those represented by the demographics, which show that most people in the Vaal are unemployed.

4.9.1.7 MONTHLY INCOME

Purpose: To determine the monthly income of the church members.

Results: Results are graphically illustrated in figure 4.45 below.

Figure 4.45: Monthly income



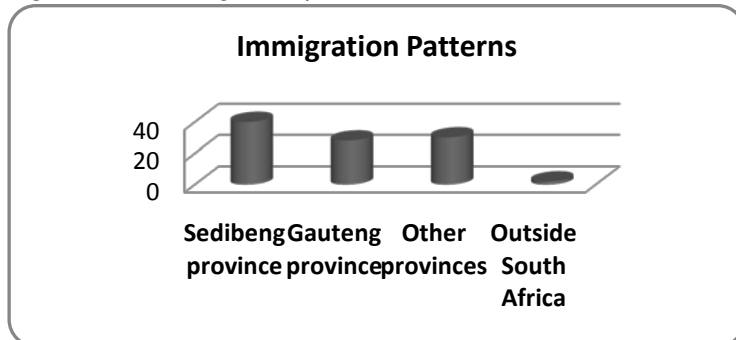
Discussion: 56 % of the respondents earn between R0 to R750 per month, followed by 19 % that earn R 5000 and more per month. R1501-R2000 and R2001- R2500 earners are the least at 1%. These results indicate that the majority of the people in the Vaal are low earners and can afford only basic needs of the household. These results were slightly affected by NWU and Vaal University students.

4.9.1.8 Where did you stay before moving into this municipal area?

Purpose: To determine migration patterns in the area.

Results: Results are graphically shown in figure 1.46 below.

Figure 4.46: Immigration patterns



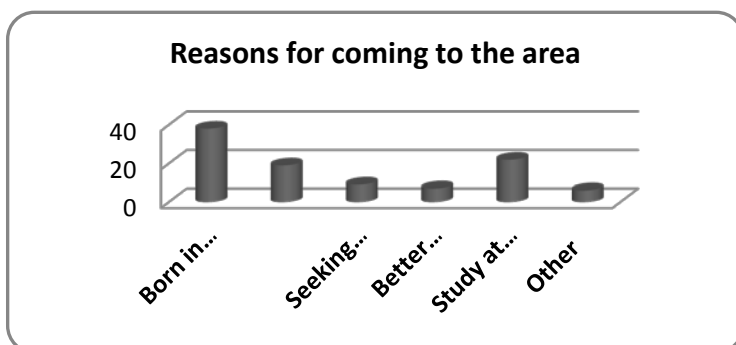
Discussion: Forty percent were born in the Sedibeng area, while 28% stayed in Gauteng Province other than Sedibeng. The other 30 % stayed in other provinces and only 2% were from outside South Africa before settling in Sedibeng.

4.9.1.9 Why did you come to Sedibeng area?

Purpose: To investigate the reason why members settle in the area.

Results: Results are graphically own in figure 4.47below

Figure 4.47: Reasons for coming in the area.



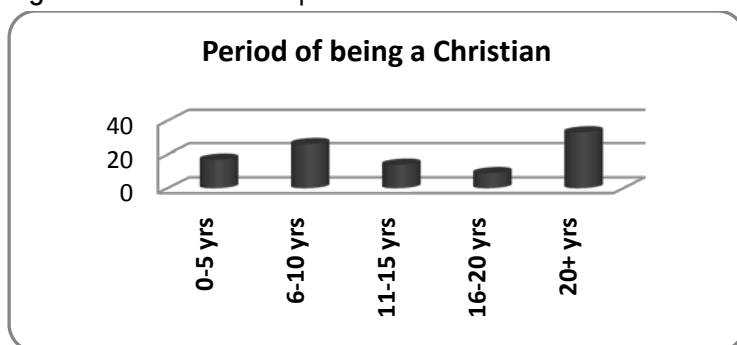
Discussion: 62 people (38%) were born in this area, and 35 people (22%) came to study at a higher academic institution. The other 30 respondents (19%), followed family and relatives to the area. The lowest percentages were those looking for better living standards at 7%, and seeking a job 9%. Besides those who were born in the area, the highest number of the respondents came to study in higher institutions. These results were influenced by students who participated in the study.

4.9.1.10 How long have you been a Christian?

Purpose: To investigate the experience of being a Christian among church members that responded.

Results: Results are shown in figure 4.48 below.

Figure 4.48: Christian experience.



Discussion: The majority of the respondents have been Christians for 20+ years, these make up 33% of the respondents. Followed by the respondents who have 6-10 years experience, at 27%. The least were those who have 16-20 years at 9%. Majority of the respondents were born in Christian families; others became Christians later in their lives.

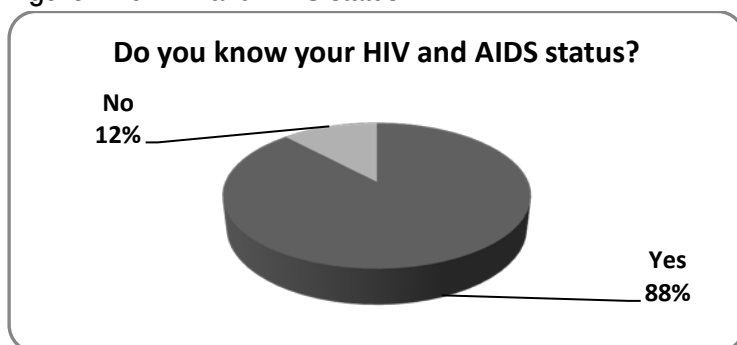
4.9.2 HIV and AIDS

4.9.2.1 Church members' awareness about HIV and AIDS

Purpose: To investigate HIV and AIDS awareness among the church members

Results: Results are shown graphically in figures 4. 49.

Figure 4.49: HIV and AIDS status



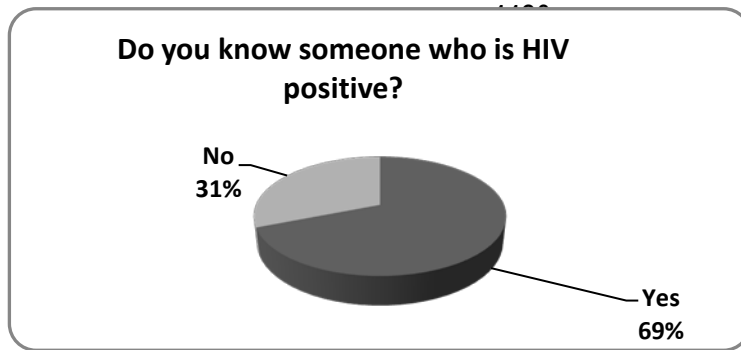
Discussion: 88% of the respondents know their HIV and AIDS status and 12% do not. The majority of the respondents are aware of the HIV and AIDS pandemic and have taken initiative to know their status.

4.9.2.2 Do you know someone who is HIV positive?

Purpose: To investigate awareness among the church members concerning HIV and AIDS pandemic.

Results: Results are shown graphically in figures 4.50 below.

Figure 4.50: Knowledge of someone who is positive



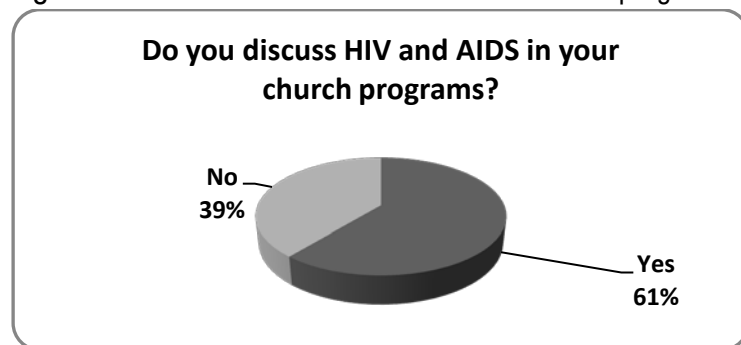
Discussion: 69% know someone who is positive and only 31% do not know them. The results show that, most of the people in churches are aware of the impact of HIV and AIDS in the Vaal and hence the great necessity of prayer.

4.9.2.3 Church members perceptions about church programs.

Purpose: To investigate the church members' perceptions about HIV and AIDS.

Results: Results are shown in Figure 4.51 below.

Figure 4.51 : Discussion of HIV and AIDS in church programs.



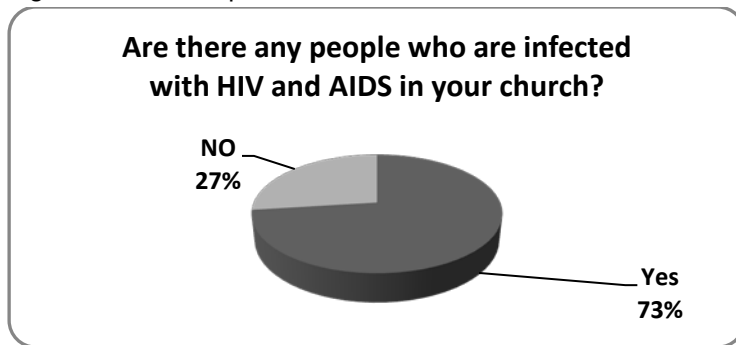
Discussion: 61% of the respondents discuss HIV and AIDS during their Sunday school services, youth gatherings and other church activities. Most churches in the Vaal do discuss HIV and AIDS in their meetings. Churches that do this have a better understanding of the disease and how to treat those who are infected. Such people can also pray better for the infected because they are informed about their needs.

4.9.2.4 Church members perceptions about the infected.

Purpose: Determine members perceptions about presence of the infected in the church.

Results: Results are graphically shown in figure 4.52 below.

Figure 4.52: Perceptions about HIV and AIDS in the church



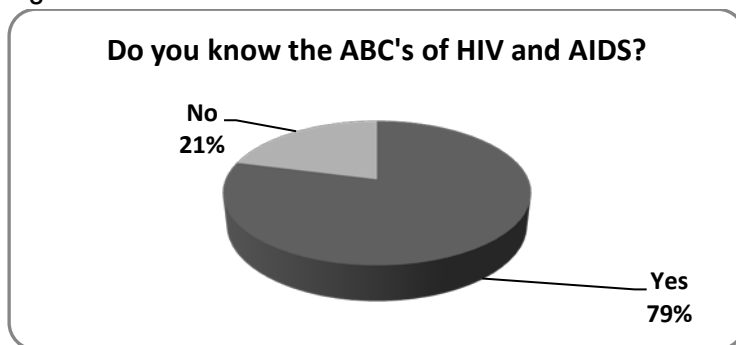
Discussion: 73% think that there are people with HIV and AIDS in their churches, while 27% do not think so. That such high response of members thinks that there are HIV and AIDS infected people in the church, show the great need for prayer in these churches.

4.9.2.5 Do you know the “ABC” of HIV and AIDS?

Purpose: To investigate the churches awareness on HIV and AIDS

Results: Results are graphically shown in figure 4.53 below.

Figure 4.53: The ABC's of HIV and AIDS



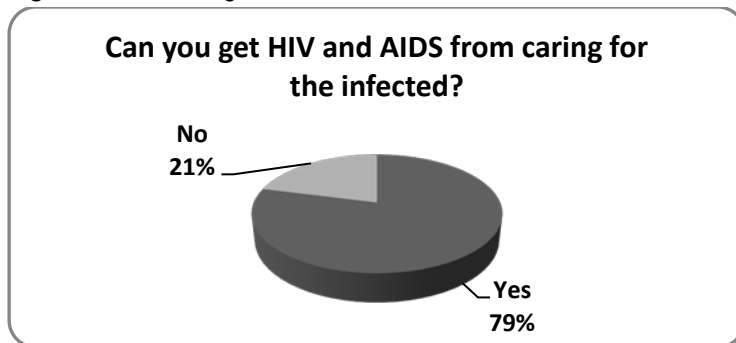
Discussion: 79% of the respondents know the “ABC” of HIV and AIDS, and 21% do not. The majority of people do know how to protect themselves from getting the disease. Such people are able to pray for HIV and AIDS patients without being afraid of being infected.

4.9.2.6 Can you get HIV and AIDS from caring for an infected person?

Purpose: To investigate the churches awareness on HIV and AIDS

Results: Results are graphically shown in figure 4.54 below.

Figure 4.54: Caring for the infected



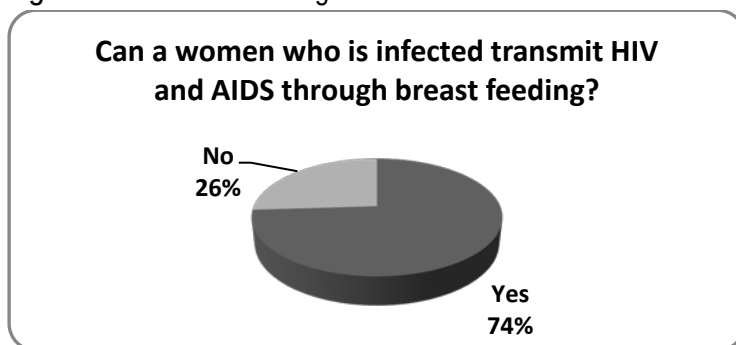
Discussion: 79% do not think that you can get HIV and AIDS from caring for an infected person, 21% do not think so. Majority of respondents are aware of the HIV and AIDS transferring methods and therefore, should be able to pray without discriminating against them.

4.9.2.7 Can a woman who is infected by HIV and AIDS infect her children by breast feeding?

Purpose: To investigate the churches awareness on the transmission of HIV and AIDS through breast feeding.

Results: Results are graphically shown in figure 4.55 below.

Figure 4.55: Breast feeding HIV and AIDS infection.



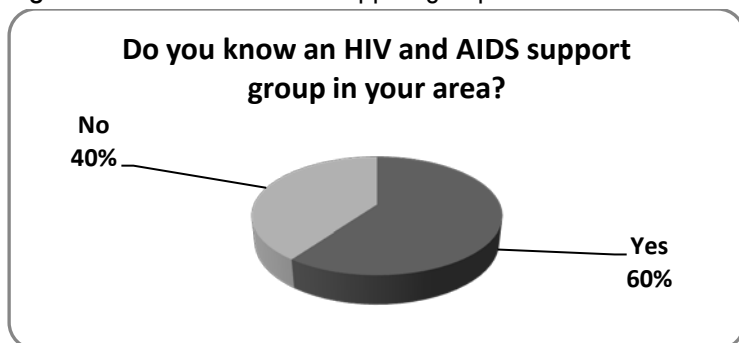
Discussion: Only 26% think that a woman who is infected with HIV and AIDS can infect her child by breast feeding and 74% do not think so. These results show the necessity of continuous training among the churches, since there are new discoveries on the disease. It was previously thought that a mother con not transfer HIV and AIDS through breast feeding, recent studies have shown the opposite. According to (Johan Heys, staff member), there might be small cuts that can be found in the mothers nipple which can put a breast feeding baby at risk, therefore it is advisable for the mother not to breast feed the child if she is HIV positive or have AIDS.

4.9.2.8 Do you know of any HIV and AIDS support group in your area?

Purpose: To investigate the awareness of church members about HIV and AIDS support groups in the area.

Results: Results are graphically shown in figure 4.56 below.

Figure 4.56: HIV and AIDS support groups in the area.



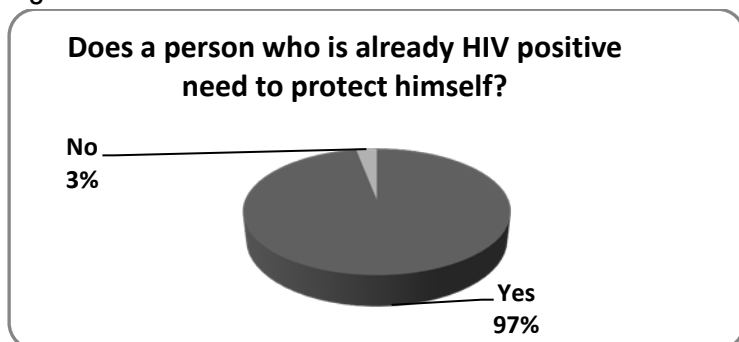
Discussion: 60% know a support group in their areas and 40% do not. A number of church members may be able to know where to get services or information about HIV and AIDS. Such groups open opportunities for churches to participate in organised HIV and AIDS prayer meetings.

4.9.2.9 Does a person who is already HIV and AIDS infected need to protect himself?

Purpose: To investigate the churches awareness on HIV and AIDS

Results: Results are graphically shown in figure 4.57 below.

Figure 4.57: Protection for the infected



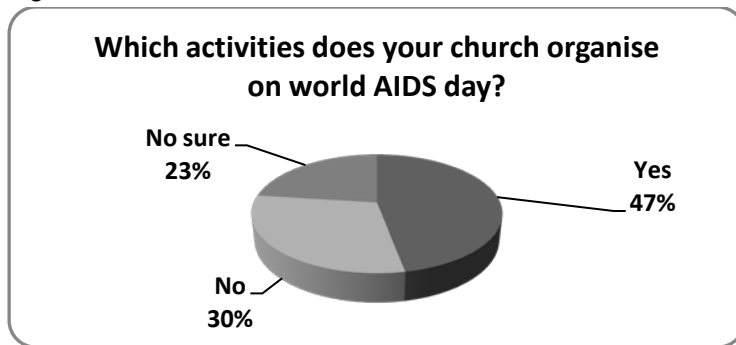
Discussion: 97% of the respondents agreed when asked whether a person who is already positive needed to protect himself or not. Only 3% did not agree with this statement. Most of the respondents would be able to give the advice to the sick on how to conduct themselves after prayer in order to live longer.

4.9.2.10 Which activities does your church organize on the first of December (World AIDS Day)?

Purpose: To investigate church activities on world AIDS Day.

Results: Results are graphically shown in figure 4.58 below.

Figure 4.58: Activities on the 1st of December



Discussion: Only 47% of the respondents have activities in their churches on the 1st of December and 30% do not. Such activities could help the church to show their care for the infected by doing various things.

Some of the church members highlighted the following points

- ✓ Churches can organise various HIV and AIDS activities.
- ✓ Candle lighting to the remembrance of those who had died because of the epidemic
- ✓ Invite experts in the field of HIV and AIDS.
- ✓ Pastors can also be invited to preach and teach about HIV and AIDS.
- ✓ Those infected and have disclosed their status can also teach others on how to live with the HIV and AIDS in the body.

4.9.3 Biblical cases on prayer and disease

4.9.3.1 Are there scriptures in the bible that speaks about praying for the sick?

Purpose: To investigate the knowledge of Scripture concerning praying for the sick.

Results: Results are graphically illustrated in figure 4.59 and figure 4.60 below.

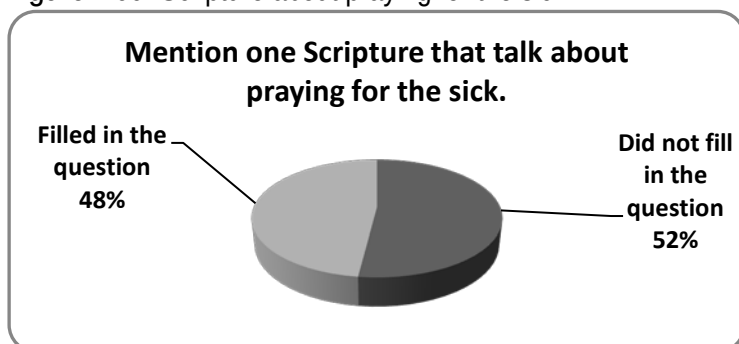
Figure 4. 59: Scriptures in the bible about praying for the sick.



Discussion: 100% of the respondents believe that there are scriptures in the bible that talk about praying for the sick. In other words the respondents know that praying for the sick is taught by the Bible.

Mention one of them?

Figure 4.60: Scripture about praying for the sick?



Discussion: Only 48% of the respondents managed to fill this question 52% did not. It is important to note that even if 100% of the respondents had agreed to the fact that there are scriptures that talk about the sick, less than half of these respondents could mention those scriptures. The results show the importance of teaching about praying for the sick.

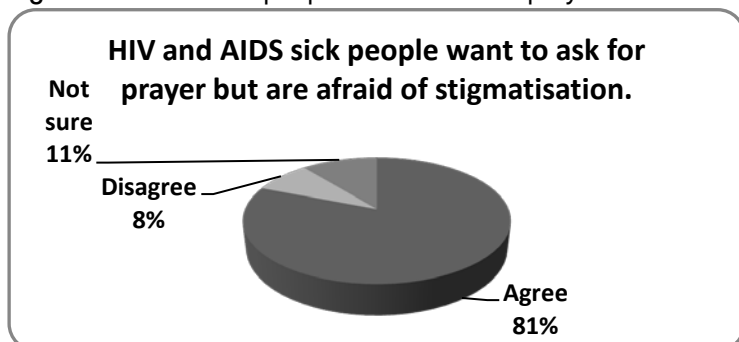
4.9.4. The role of prayer for HIV and AIDS patients

4.9.4.1 HIV sick people want to ask for prayer but are afraid of stigmatisation.

Purpose: To investigate the perceptions of people about whether HIV and AIDS sick people would like to ask for prayers and are afraid of doing so.

Results: Results are graphically illustrated in figure 4.61 below.

Figure 4.61: HIV sick people want to ask for prayers but afraid of stigmatisation.



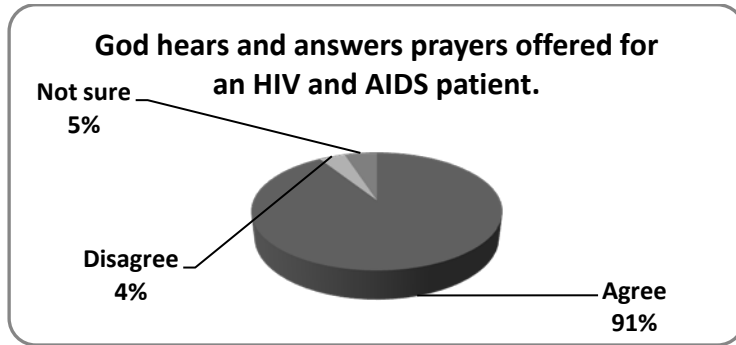
Discussion: 80% of the respondents think that HIV and AIDS sick people want to ask for prayer but are afraid of stigmatization. Only 9% do not agree with this statement. 11% were not sure. A majority of the respondents think that de-stigmatization against the infected can help them to open up and thus ask for prayers without being afraid of stigmatization.

4.9.4.2 God hears and answers a prayer offered for an HIV and AIDS patient.

Purpose: To investigate the perception of people about whether God hears and answers prayers offered for an HIV and AIDS patients or not.

Results: Results are graphically illustrated in figure 4.62 below.

Figure 4.62: God's reception on prayers offered for HIV and AIDS.



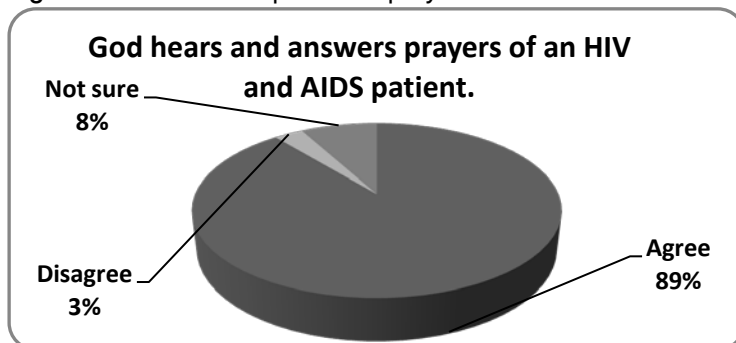
Discussion: 91% of the respondents agree with this statement and 4% disagree with it. Only 5% are not sure. A majority of the respondents believe that God does not close His ears towards prayers offered for the infected because of their condition. He hears and answers them.

4.9.4.3 God hears and answers a prayer of an HIV and AIDS patients.

Purpose: To investigate about whether God does hear and answer prayers offered by HIV and AIDS patients or not.

Results: Results are graphically illustrated in figure 4.63 below.

Figure 4.63: God's response on prayers offered for HIV and AIDS



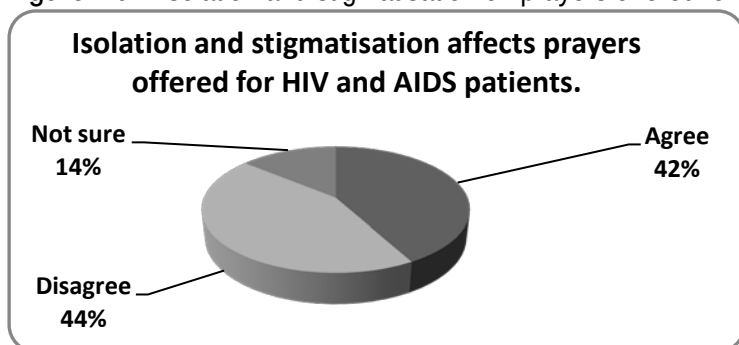
Discussion: 89% of the respondents think that God does hear and answer prayers of HIV and AIDS sick people and 8% do not agree with this statement. Only 3% are not sure. A majority of people believe that God hears and answers a prayer of the infected person. If the person had received HIV and AIDS because of immoral ways, when they ask for forgiveness God forgives them. Their guilt is removed and can not be condemned any more. Therefore they also have access to pray to God because of the work of Jesus Christ on the cross.

4.9.4.4 Isolation and stigmatisation affects prayers offered for HIV and AIDS patients.

Purpose: To investigate whether isolation and stigmatisation affects prayers offered on behalf of HIV and AIDS patients.

Results: Results are graphically illustrated in figure 4.64 below.

Figure 4.64: Isolation and stigmatisation on prayers offered for HIV and AIDS patients.



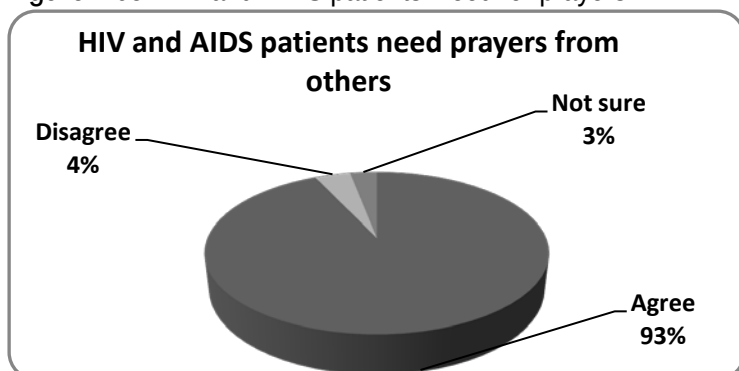
Discussion: 42% of the respondents believe that prayers offered for HIV and AIDS sick people can be affected by isolation and stigmatisation. 44% do not agree with this statement. Only 13% are not sure. That there is such a low number of the respondents who think that stigmatisation and isolation does not affect prayer, show a need for teachings on prayer. The perception which the praying person have about the subject does affect the manner in which he communicates to God about it.

4.9.4.5 HIV and AIDS patients need prayers from others.

Purpose: To determine whether HIV and AIDS patients need prayers or not.

Results: Results are graphically illustrated in figure 4.65 below.

Figure 4.65: HIV and AIDS patients' need for prayers.



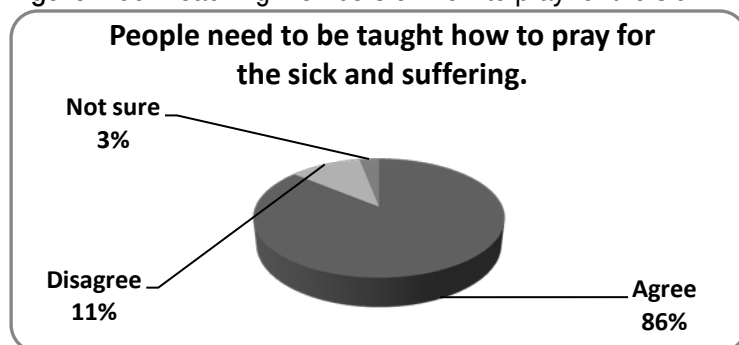
Discussion: 93% of the respondents believe that HIV and AIDS sick people do need prayers and 4% do not agree with this statement. Only 3% are not sure. A majority of the respondents believe that HIV and AIDS patients are in need of prayers.

4.9.4.6 People should be taught how to pray for the sick and suffering.

Purpose: To investigate members' perception about being taught on how to pray for the sick and suffering.

Results: Results are graphically illustrated in figure 4.66 below.

Figure 4.66: Teaching members on how to pray for the sick



Discussion: 86% of the respondents believe that people should be taught on how to pray for the sick and suffering. 11% do not agree with this statement. Only 3% are not sure. The majority of the respondents believe that prayer is the subject that can be taught. Because of lack of knowledge some have nullified the power of prayer and treat with contempt such a great opportunity to communicate to God about our issues.

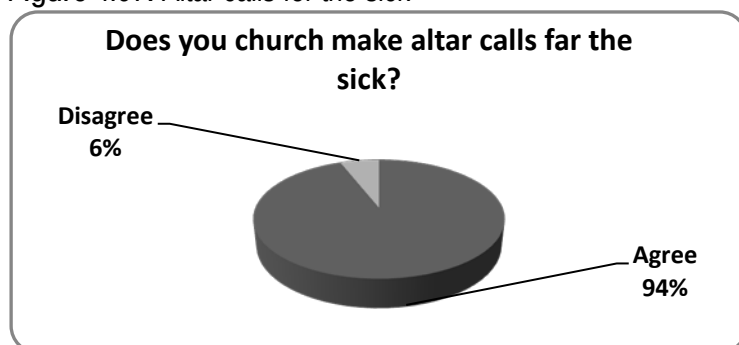
4.9.5 Place of prayer for HIV and AIDS sufferers in church

4.9.5.1 Does your church make altar calls for the sick and pray for them?

Purpose: To investigate whether there are altar calls being made for the sick in churches.

Results: Results are graphically illustrated in figure 4.67 below.

Figure 4.67: Altar calls for the sick



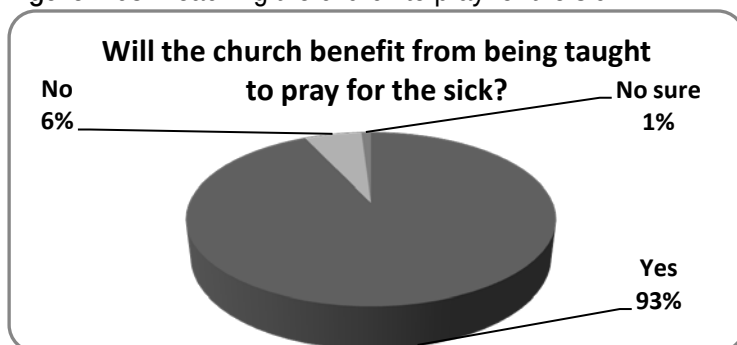
Discussion: 94% of the respondents have altar calls made for the sick in their churches. 5% do not have altar calls for the sick. A number of churches make prayers for the sick during altar calls and these include HIV and AIDS patients. It must be noted that this method of praying may not be a tradition for other churches. Therefore the results may be affected by a higher number of charismatic churches that the researcher used. This means that, these results might have been different if equal number of different churches were surveyed.

4.9.5.2 Do you think the church will benefit from being taught to pray for the sick?

Purpose: To determine whether the church will benefit from being taught to pray for the sick.

Results: Results are graphically illustrated in figure 4.68 below.

Figure 4.68: Teaching the church to pray for the sick.



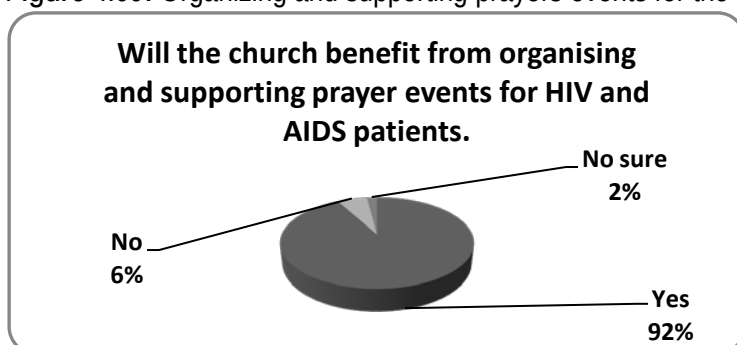
Discussion: 93% of the respondents think that the church will benefit from being taught to pray for the sick and 6% do not agree with this statement. Only 1% is not sure. A vast number of the respondents believe that members of the church could be taught to pray for the sick. This will be beneficial to the church because any member would be able to pray for the sick where ever they are, and in return many infected people could be reached and prayed for.

4.9.5.3 Will the church benefit for organizing and supporting prayer event for HIV and AIDS patients?

Purpose: To investigate whether the church will benefit from organizing and supporting prayer events for HIV and AIDS patients.

Results: Results are graphically illustrated in figure 4.69 below.

Figure 4.69: Organizing and supporting prayers events for the sick.



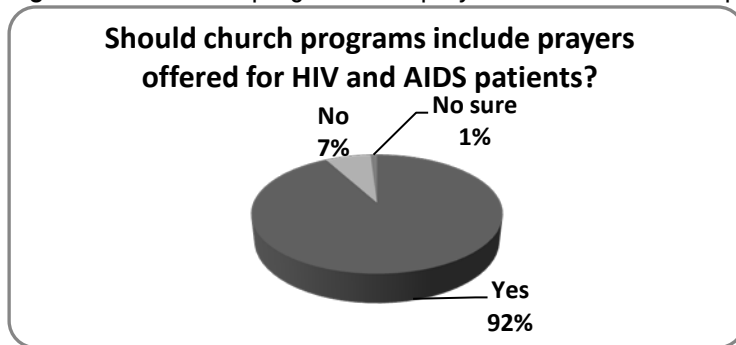
Discussion: 92% of the respondents think that the church can benefit from organizing and supporting prayer events for HIV and AIDS. 6% do not agree with this statement. Only 2% are not sure. Such events can help increase the visibility of the church, the opportunity to preach the gospel in such events and also have many people to join the churches. Such events can also be used as a platform of praying for the infected.

4.9.5.4 Do you think that church programs should include prayers offered for HIV and AIDS patients?

Purpose: To investigate whether church programs should include prayers offered for HIV and AIDS patients.

Results: Results are graphically illustrated in figure 4.70 below.

Figure 4.70: Church programs and prayers for HIV and AIDS patients.



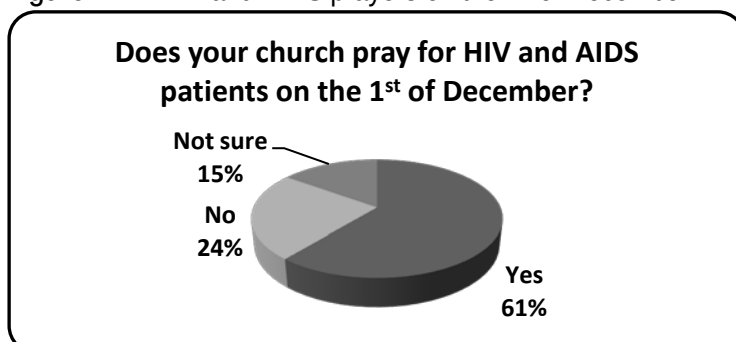
Discussion: The majority of the members 92% support the idea that HIV and AIDS prayers should be included in church programs. 7% do not agree with this statement. Only 1% is not sure. Such programs will show that the church cares for the HIV and AIDS infected and they will feel loved. Also when they know that they are being prayed for, some may even come back and acknowledge answered prayers once they see a difference in their lives.

4.9.5.5 Does your church pray for HIV and AIDS sick people on the 1st of December?

Purpose: To investigate whether the church does pray for the sick on the 1st of December.

Results: Results are graphically illustrated in figure 4.71 below.

Figure 4.71: HIV and AIDS prayers on the 1st of December.



Discussion: 61% of the church members do pray for HIV and AIDS patients in their churches on the 1st of December and 24% do not. 15% are not sure. Churches can use this day as an opportunity to fervently pray for the infected. It can also be a day of thanksgiving to God for the time spent with those who are infected and for answered prayers.

Some church members highlighted the following about world AIDS day.

- ✓ Organize prayer for the infected, can even invite people from other churches or organisations.
- ✓ Those prayed for can also testify about answered prayers.
- ✓ A day spent with other departments and praying not only for healing for the infected but also for the cure to be found.

4.9.6 Conclusion

This conclusion is based on section 4. 9 above. It focuses on the empirical research done among Vaal Triangle church members.

- 4.9.6.1 Most of the people in Vaal Triangle churches young people who are less than 29 years followed by the middle aged group 30-50 years and then the older group. There are more females than

males in the churches. Blacks are the majority of those who were surveyed and blacks accounted for 82% of the respondents, followed by whites at 13% and then the coloureds who make up 5% of the members. The highest level of education for the members is the grade 10-12 and the grade 12 plus certificate at 31%. Followed by the grade 12 plus diploma at 22%. 18% has got a degree. And only 3% of the members have studied up to Honours and masters. These figures are supported by the employment and monthly income statistics. An alarming 52% of the members are unemployed, 27% are employed and 11% are self employed. 50% earn between R0-R2500 a month, 78% of these earn less than R750. Only 19% earn above R5000. Most of the church members originate in the Vaal. Others came to Vaal for many reasons but the most common one was to study at a higher institution, followed by those who followed friends and relatives and thirdly those who were seeking for a job. The majority of members have 20+ years Christian experience meaning some were born in Christian homes followed by those who had 6-10 years experience.

- 4.9.6.2 Most church members in the Vaal are aware of the HIV and AIDS pandemic. 88% do know their status and 69% know someone who is infected. To support this statement 77% think that there are people in church who are infected. These results highlight the great need for prayers in the area.
- 4.9.6.3 61% of them do discuss HIV and AIDS in their church programs. And most are aware of the 'ABC' of HIV and AIDS and its modes of transmission. 74% say that they can not get HIV and AIDS from caring for the infected person. 79% believe that a child can get HIV and AIDS from breast feeding and 93% think that an infected person must protect himself. The area of concern is that 47% are sure that their churches do organise certain activities on 1ST of December (World AIDS Day). 40% do not and 43% are not sure. Most of the church members are aware of HIV and AIDS pandemic and how it transmitted, however the results also show that there is a need for continuous training about the disease as there are in order to update them with new developments and to constantly remind them of the need for prayers for HIV and AIDS patients.
- 4.9.6.4 All members agree that there are scriptures that talk about praying for the sick. However their knowledge of scripture is questionable since only 48% were able to indicate relevant passage of scripture. In other words most people have either forgotten or ignored what the Bible teaches about praying for the sick.
- 4.9.6.5 An alarming 80% think that HIV and AIDS infected people do want to ask for prayers but are afraid of stigmatisation. Therefore there is still some stigma around HIV and AIDS patients which still has to be dealt with. Most believe that HIV and AIDS patients need prayers and that stigmatisation and isolation affects those prayers. To support this statement 86% think that people should be taught to pray for the sick.
- 4.9.6.6 73% of the respondents have held HIV and AIDS workshops in their churches. And 67% are running HIV and AIDS programs in their churches. Though these are healthy figures, there are other churches in which HIV and AIDS pandemic has never been addressed. However all leaders were willing to send their church members for HIV and AIDS training. Therefore there is still a room for improvement on HIV and AIDS awareness and prayers offered on behalf of the infected can make them realize that people care for them and stigmatisation being reduced. Thus creating an environment where the infected can request prayers without being afraid of being stigmatised.
- 4.9.6.7 Most church members visit the sick including HIV and AIDS patients in their homes, hospitals and hospices to offer them prayers. These church members also support HIV and AIDS prayer meetings organized by other churches or organisations.
- 4.9.6.8 Very few churches own a hospice or run homes for HIV and AIDS orphans. All churches have special time for prayer namely: during normal Sunday services, special prayer meetings, altar calls, specialized HIV and AIDS group meetings, special HIV and AIDS service, private prayers, all night prayers etc.

5. RECOMMENDATIONS

5.1 INTRODUCTION

In the previous chapter the researcher focused on the empirical findings in Vaal Triangle churches. In this chapter she aims at suggesting some guidelines to pastors, leaders and any one who is interested about the place and the role of prayer for HIV and AIDS sick people in the Vaal.

5.2 HIV AND AIDS AWARENESS

This section seeks to make recommendations about HIV and AIDS awareness. The researcher aims to do this in terms of the following subheadings: Preaching and teaching on HIV and AIDS, continuous training, workshops and policy making for the infected.

5.2.1 Preaching and teaching on HIV and AIDS

The pulpit is one of the most powerful places of influences. Pastors can preach and teach about HIV and AIDS on normal Sunday services. Through biblical foundation this can help to de-stigmatise and fight against prejudice towards HIV and AIDS patients in churches as well as in the society. This will result in people praying wholesome prayers, without any prejudice.

5.2.2 Continuous training on HIV and AIDS

The church must continuously train leaders about HIV and AIDS who are going to teach church members during their meetings. It is important to train them continuously since there may be new discoveries about the pandemic. Those who have been prayed for and still have the virus in their bodies, need to be taught about how to live a healthy life with the virus in their system. And those praying for the infected will be praying without being afraid of getting infected.

5.2.3 Workshops about HIV and AIDS

HIV and AIDS workshops can be done in churches by inviting those that are specialists in the field to address the meeting. This serves as a good opportunity to ask questions and to stay ahead with new HIV and AIDS information. Those who are infected and affected by HIV and AIDS and have seen the power of prayer can also testify to others about the benefits of prayer.

5.2.4 Policy making for the infected

Church policies about HIV and AIDS infected people must be done by the pastor, the leadership of the church, those who are trained to work with the infected as well as the infected and have disclosed their status. The policy should protect the infected against prejudice or any form of discrimination. (See annexure C for the rights of HIV and AIDS infected people.) Such a policy can protect the infected from prejudice or discrimination in church and also inform them about their rights in life generally.

5.3 PRAYER

This section seeks to make recommendations about praying for the sick. The researcher aims to do this in terms of the following subheadings: Preaching and teaching on prayer, training leaders and training church members about praying for the sick.

5.3.1 Preaching and teaching on prayer

Though prayer is a communication with God, it is a subject that can be taught. Hence the disciples asked Jesus to teach them to pray, 'One day Jesus was praying in a certain place. When he finished, one of His disciples said to him, "Lord teaches us to pray, just as John taught his disciples." (Luke 11: 1).' Therefore it is very important to thoroughly search the scriptures about praying for the sick before ministering to them. The importance of prayer must be taught in churches as well as the results thereof.

5.3.2 Training leaders about praying for the sick

After seeking more information about praying for the sick other leaders can be trained and in turn teach others in their meetings to pray for the sick. These should be faithful people who will be able to convey the message thoroughly. It is important to note that those who are teaching about prayer also should live a prayerful life. Prayer can not only be taught in words but through practicing it practically during prayer services.

5.3.3 Training church members about praying for the sick

Those who are taught can be encouraged to pray for the sick in their different areas of life. They can pray confidently once they are sure of what they are doing and have seen it practiced before them. Such will result in confident prayers and well enlightened people who will know exactly how to pray as well as how to handle the result thereof.

5.4 CHURCH SERVICES AND PROGRAMS

Prayer items for HIV and AIDS must continue to be requested during the following church services, slots or private meetings:

- ✓ During weekly prayer meetings
- ✓ Sunday service altar calls
- ✓ Whole night prayers
- ✓ Prayer items to prayer groups both inside and outside the church, to friends as well as prayer partners.
- ✓ Prayer meetings organized by other churches and organisations
- ✓ Sunday services dedicated to HIV and AIDS
- ✓ During organised fasting and prayers
- ✓ During private prayers

Churches that did not have any of these programs can try any of them and start praying for HIV and AIDS patients regularly during these services. Those who have these services in their churches but did not pray for HIV and AIDS patients can also do so.

5.5 HIV AND AIDS PROGRAMS

Some infected people might not be ready to disclose their status and church programs for HIV and AIDS can ensure privacy as well as private prayers for the infected and the affected.

5.5.1 HIV and AIDS support groups

These support groups should not only offer counselling, material and other form of help, but must also be encouraged to pray for the sick. This group can also help those who are not from their church.

5.5.2 Hospitals, home and hospice visits

The results of the study show that there are some churches that are already doing hospitals, home and hospice visits, these must continue doing so. Those churches which are not can benefit a lot from such visits.

These visits give an opportunity to those who are sick at home, in hospitals and hospices and cannot come to church. People who do these should be trained in the word and in praying for the sick. These visits also make the church visible in the community.

Some of the people visited will die, and through relationships established during these visits, church members might have to attend to their funerals. These funerals can serve as an opportunity to preach the gospel as well as to encourage their family and the friends of the deceased.

5.5.3 HIV and AIDS team

This team can liaise with the church committee on specific events and prayer meetings and items that they want the church to help them with. Not only that, the team can also work with other churches and organisations outside the church concerning their events and prayer meetings for the HIV and AIDS sick people. Such events increase the visibility of the church and open new frontiers of preaching the gospel.

5.5.4 Owning hospices and HIV and AIDS orphan projects

Owning these projects can help the church to grow in realising the needs of the affected as well as the infected. They can help in meeting their needs (the municipality and the Department of health has more information on how to start such projects and as well as access for funding). Such projects also increase the visibility of the church in the community. As the church is participating in the community together with other departments, new frontiers of preaching the gospel are opened.

5.5.5 Monitoring and reviewing HIV and AIDS projects

These projects must be reviewed by pastors, leaders, church committees, HIV and AIDS teams as well as people who are infected and affected to ensure transparency. Outside organisations and departments can be included if involved. The team can also visit and care for other patients beside those sick due to HIV and AIDS.

5.6 THE CHURCH AS A HOME

Some of the infected people have been judged and treated as outcasts by the community. The church can provide a home and a place of belonging to them. It can also give them something to do so that they can feel a sense of self-worth. Therefore the church can meet their needs holistically, through meeting their physical, emotional and spiritual needs.

5.7 SUGGESTIONS FOR FURTHER STUDIES

The researcher suggested the following further studies concerning the role and place of prayer for the HIV and AIDS sick people. Due to the size of the study these issues could not be thoroughly addressed.

- a) How to pray for the sick.
- b) Prayer as a tool for HIV and AIDS pandemic.
- c) HIV and AIDS as a call to return to God through prayer.
- d) The great power of prayer: Issues concerning HIV and AIDS.
- e) Prayers of intercession concerning HIV and AIDS.

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Annexure: A

Questionnaire: Pastors/Leaders

Please complete the questionnaire by answering ALL questions. We guarantee the confidentiality of this questionnaire. The data obtained will only be used in a summarised format for research purposes.

1. Background of organisation

Name of organisation:	
Regular attendance:	
Telephone number:	
Fax number:	
Email:	
Street address:	
Postal Address:	

2. Details of contact person:

Title, Initial and Surname:	
Position:	

3. Personal information

Please mark the appropriate box:

3.1	Your age	18-21 years	21-24 years	25-29 years	30-35 years	
		36-40 years	41-50 years	51-60 years	60+ years	
3.2	Gender	Female	Male			
3.3	Ethnic group	Black	White	Coloured	Indian	Other
3.4	Residential area					
3.5	Qualifications	Grade 1-5	Grade 6-9	Grade 10-12	Grade 12 + Certificate	
		Grade 12 + Diploma	Degree	Honours	Masters +	
3.6	Employment status	Employed	Unemployed	Self employed		
		Part time employed	Casual	Pensioner		
3.7	Monthly income	0 – R750	R750–R1000	R1001-R1500	R1501-R2000	
		R2001-R2500	R2500-R3000	R3001-R5000	R5001+	

3.8	Where did you stay before moving into this municipal area?				
	Sedibeng District	Gauteng Province but not Sedibeng	Other Province	Outside RSA	
3.9	Why did you come to Sedibeng area? (Mark all appropriate)				
	Born in Sedibeng area				
	Followed Family and relative				
	Seeking a job				
	Looking for better living standards				
	To study at a higher institution				
	Other please specify				
3.10	How long have you been a Christian?				
	0-5 years	6-10 years	11-15 years	16-20 years	20+ years

4. Biblical perspective on disease

Indicate the extent to which you agree/disagree with each of the following statements by encircling the corresponding number.

STATEMENT		Strongly agree	Agree	Disagree	Strongly disagree	I'm not sure
4.1	Sicknesses are caused by the fall of man in Garden Eden.	1	2	3	4	5
4.2	Every sickness is caused by sin, which is the sick person's own sin(s).	1	2	3	4	5
4.3	All those who are sick must confess their sins and repent from their evil ways.	1	2	3	4	5
4.4	God is willing to cure every case of HIV/AIDS.	1	2	3	4	5
4.5	God is able to cure HIV/AIDS.	1	2	3	4	5
4.6	Only Jesus and the apostles were to pray for the sick; we should not pray for the sick in this area.	1	2	3	4	5
4.7	If a person who is being prayed for does not stand up and walk, then God did not answer the prayer.	1	2	3	4	5
4.8	All those who are being prayed for should be healed instantly, and there must be a visible manifestation of healing.	1	2	3	4	5
4.9	There is no other hope for those who have been prayed for if there was no visible manifestation of healing.	1	2	3	4	5
4.10	Those who have HIV/AIDS are going through a painful death and must face judgement for their sexual misbehaviour after death.	1	2	3	4	5

5. HIV and AIDS

5.1	Do you know of the following people who are HIV/AIDS infected? (Tick all appropriate)			
	Parent	Brother/ sister	Child/ grandchild	Close friend
	Member of congregation	Other (Please specify)		
5.2	Have you been asked to pray for an HIV/AIDS sufferer by any of the following?			
	Any other person who is not a member of your church			Yes No
	A member of the church who knows an HIV/AIDS sufferer			Yes No
	A member of the church who is HIV/AIDS infected			Yes No
	A teacher for an HIV/AIDS infected child			Yes No
	A psychiatrist, psychologist or social worker			Yes No
	Other (please specify)			Yes No
5.3	Do you think that there are people in your church who are HIV/AIDS infected?			Yes No
5.4	Do you think that there are people in your church who are affected by HIV/AIDS?			Yes No
5.5	Have you held any HIV/AIDS workshop in your church?			Yes No
5.6	If you answered 'No' to 5.5, what prevented you from holding such workshops?			
5.7	Do you have any HIV/AIDS program in your church?			Yes No
5.8	If your answer to question 5.7 is 'No', do you think your congregation will benefit from getting information and training about HIV/AIDS?			Yes No
5.9	Are there any of your church members who are working with HIV/AIDS sick people in their work places or organisations?			Yes No
5.10	Will you be willing to send any of your church members to external courses or workshops on HIV/AIDS education?			Yes No
5.11	Do you have a policy for HIV/AIDS infected people?			Yes No

6. 12 Indicate the extent to which you agree/disagree with each of the following statements by encircling the corresponding number.

STATEMENT		Strongly agree	Agree	Disagree	Strongly disagree	I'm not sure
5.12.1	As pastor/leader, I will protect an HIV/AIDS infected person against prejudice.	1	2	3	4	5
5.12.2	As pastor/leader, I will refuse that HIV/AIDS persons be members of the Church.	1	2	3	4	5
5.12.3	As pastor/leader, I will allow an HIV/AIDS infected person to be a member, but refuse him to participate in a leadership position.	1	2	3	4	5
5.12.4	As pastor/leader, I will run or allow an HIV/AIDS support group in church.	1	2	3	4	5
5.12.5	As pastor/leader, I will refer an HIV/AIDS infected person to a support group in our church.	1	2	3	4	5
5.12.6	As pastor/leader, I will refer an HIV/AIDS infected person to a support group in another church or social organisations.	1	2	3	4	5
5.12.7	As pastor/leader, I will assist the church to accept him.	1	2	3	4	5

7. Biblical cases on prayer and disease

Indicate the extent to which you agree/disagree with each of the following statements by encircling the corresponding number.

STATEMENT		Strongly agree	Agree	Disagree	Strongly disagree	I'm not sure
6.1	There are passages in the OT that talk about praying for the sick.	1	2	3	4	5
6.2	There are passages in the NT that talk about praying for the sick.	1	2	3	4	5
6.3	The Bible does encourage today's church to pray for the sick.	1	2	3	4	5
6.4	Only the pastor/leader is responsible for praying for the sick in the church.	1	2	3	4	5
6.5	Other members of the church can also pray for the sick.	1	2	3	4	5
6.6	Only certain pastors/leaders can pray for HIV/AIDS patients.	1	2	3	4	5
6.7	HIV/AIDS people can benefit from prayers offered to them by pastors/leaders and their fellow congregants.	1	2	3	4	5

7. The role of prayer for the sick

7.1	Do you think you qualify to pray for an HIV/AIDS sick person?
7.2	Are there special gifts required from a pastor/leader or any other person to pray for an HIV/AIDS patient?
7.3	What could be the hindrances for prayers offered to HIV/AIDS patients in your church.
7.4	What do you think will be the result of an answered prayer for an HIV/AIDS patient?
7.5	Would you considered it as an answered prayer if an HIV/AIDS patient does not get up and go?

8. Place of prayer for HIV/AIDS sufferers in church

8.1	Is it necessary to teach about HIV/AIDS subject in youth services, cell groups, Bible study groups, etc.?	
8.2	Do you have people who can teach about praying for sick people in church?	
8.3	Does your church have prayer meetings other than Sunday normal services?	
8.4	Is your church participating in prayer meetings organised by other churches or organisations for HIV/AIDS infected and affected persons?	
8.5	Do you think that members of your church can benefit from specialized prayers offered for HIV/AIDS sick people in your church?	
8.6	In your church, when do you pray for HIV/AIDS patients? Please tick all that apply.	
8.6.1	During a normal service when praying for the sick.	
8.6.2	During a special service dedicated to HIV/AIDS sick people.	
8.6.3	During prayer meetings when raising HIV/AIDS as a prayer item.	
8.6.4	During HIV/AIDS specialized groups in church.	
8.6.5	Other (Please specify)	
9	Do you visit HIV/AIDS patients at home, hospitals, hospices to offer them prayers?	
10	Does your church own a hospice?	
11	Does your church have an HIV/AIDS orphan's project?	

Thank you very much for your co-operation. Your availability is highly appreciated. Data given will be treated as confidential and will only be used in summarised reports.

Annexure: B

Questionnaire: Church members

Please complete the questionnaire by answering ALL questions. We guarantee the confidentiality of this questionnaire. The data obtained will only be used in a summarised format for research purposes.

1. Personal information

Please mark the appropriate box:

1.1	Your age	18-20 years	21-24 years	25-29 years	30-35 years	
		36-40 years	41-50 years	51-60 years	60+ years	
1.2	Gender	Female	Male			
1.3	Ethnic group	African	White	Coloured	Indian	Other
1.4	Residential area					
1.5	Qualifications	Grade 1-5	Grade 6-9	Grade 10-12	Grade 12+ Certificate	
		Grade 12+ Diploma	Degree	Honours	Masters +	
1.6	Employment status	Employed	Unemployed	Self employed		
		Part time employed	Casual	Pensioner		
1.7	Monthly income	0 – R750	R750–R1000	R1001-R1500	R1501-R2000	
		R2001-R2500	R2500-R3000	R3001-R5000	R5001+	
1.8	Where did you stay before moving into this municipal area?					
	Sedibeng District	Gauteng Province but not Sedibeng	Other Province	Outside RSA		
1.9	Why did you come to Sedibeng area? (Mark all appropriate)					
	Born in Sedibeng area					
	Followed Family and relative					
	Seeking a job					
	Looking for better living standards					
	To study at a higher institution					
	Other please specify					
1.10	How long have you been a Christian?					
	0-5 years	6-10 years	11-15 years	16-20 years	20+ years	

2. Biblical perspective on disease

Indicate the extent to which you agree/disagree with each of the following statements by encircling the corresponding number.

STATEMENT		Strongly agree	Agree	Disagree	Strongly disagree	I'm not sure
2.1	Sicknesses are caused by the fall of man in Garden Eden.	1	2	3	4	5
2.2	Every sickness is caused by sin, which is the sick person's own sin(s).	1	2	3	4	5
2.3	All those who are sick must confess their sins and repent from their evil ways.	1	2	3	4	5
2.4	God is willing to cure every case of HIV/AIDS.	1	2	3	4	5
2.5	God is able to cure HIV/AIDS.	1	2	3	4	5
2.6	Only Jesus and the apostles were to pray for the sick; we should not pray for the sick in this area.	1	2	3	4	5
2.7	If a person who is being prayed for does not stand up and walk, then God did not answer the prayer.	1	2	3	4	5
2.8	All those who are being prayed for should be healed instantly, and there must be a visible manifestation of healing.	1	2	3	4	5
2.9	There is no other hope for those who have been prayed for if there was no visible manifestation of healing.	1	2	3	4	5
2.10	Those who have HIV/AIDS are going through a painful death and must face judgement for their sexual misbehaviour after death.	1	2	3	4	5

3. HIV/AIDS

3.1	Do you know your status?	Yes	No
3.2	Do you know someone who is HIV positive?	Yes	No
3.3	Do you discuss HIV/AIDS in Sunday school, youth gatherings and in church?	Yes	No
3.4	Do you think that there are people with HIV/AIDS in church?	Yes	No
3.5	Do you know the "ABC" of HIV/AIDS?	Yes	No
3.6	Can you get AIDS from caring for an infected person?	Yes	No
3.7	Can a woman who is infected by HIV/AIDS infect her children by breast-feeding?	Yes	No
3.8	Do you know of any HIV/AIDS support group in your area?	Yes	No
3.9	Does a person who is already HIV positive need to protect himself?	Yes	No
3.10	Which activities does your church organise on the first of December (World AIDS day)?		

4. Biblical cases on prayer and disease

4.1	Are there any scriptures in the Bible that speaks about praying for the sick?	Yes	No
4.2	Mention one of them		

5. Role of prayer for HIV patients

Indicate the extent to which you agree/disagree with each of the following statements by encircling the corresponding number.

STATEMENT		Strongly agree	Agree	Disagree	Strongly disagree	I'm not sure
5.1	HIV sick people want to ask for prayer but are afraid of stigmatisation.	1	2	3	4	5
5.2	God hears and answers a prayer offered for an HIV/AIDS patient.	1	2	3	4	5
5.3	God hears and answers a prayer of an HIV/AIDS patient.	1	2	3	4	5
5.4	Isolation and stigmatisation affects prayers offered for HIV/AIDS patients.	1	2	3	4	5
5.5	HIV/AIDS patients need prayers from others.	1	2	3	4	5
5.6	People should be taught how to pray for the sick and suffering.	1	2	3	4	5

6. Place of prayer for HIV/AIDS sufferers in church

6.1	Does your church make altar calls for the sick and pray for them?	
6.2	Do you think the church will benefit from being taught to pray for the sick.	
6.3	Will the church benefit from organizing and supporting prayer events for HIV/AIDS patients?	
6.4	Do you think that church programs should include prayers offered for HIV/AIDS patients?	
6.5	Does your church pray for HIV/AIDS sick people on the 1 st of December?	
6.6	In your church, when do you pray for HIV/AIDS patients? Please tick all that apply.	
6.6.1	During a normal service when praying for the sick.	
6.6.2	During a special service dedicated to HIV/AIDS sick people.	
6.6.3	During prayer meetings when raising HIV/AIDS as a prayer item.	
6.6.4	During HIV/AIDS specialized groups in church.	
6.6.5	Other (Please specify)	
7	Do you visit HIV/AIDS patients at home, hospitals, hospices to offer them prayers?	
8	Does your church own a hospice?	
9	Does your church have an HIV/AIDS orphan's project?	

Thank you very much for your co-operation. Your availability is highly appreciated. Data given will be treated as confidential and will only be used in summarised reports.

Annexure: C

Names of pastor's or leaders who have contributed in the study and their churches.

1. Rev. Holloway : Central Methodist Church.
2. Pastor Njuze : Koinonia Bible Church.
3. Priest Bambezela : Our Lady of Fatima.
4. Mrs Wucherpfennig : River of Life Family Church.
5. Pastor Phadi : Fellowship Revival Tabernacle church.
6. Mr Moerane : South African Council of Churches.
7. Rev. D Villiers : Methodist Church if Southern Africa.
8. Pastor Blaai : Full Gospel Church of God, (Orange Farm).
9. Pastor Motaung : Apostolic Faith Mission (Sebokeng).
10. Rev. Thema : Uniting Presbyterian Church in S.A.
11. Pastor Matsaneng : The First Apostolic Church of St. John.
12. Pastor Kweza : Praise Ministries.
13. Rev. Dinkebogile : St. Cyprian' Anglican Church.
14. Pastor Mmolotsane : Apostolic Faith Mission (Tshirela).
15. Priest Noonan : Emmanuel Catholic Parish.

Annexure: D

HIV and AIDS Charter in English

Thursday, 10 March 2005

PREAMBLE

In the light of:

The existing discrimination against persons with AIDS or HIV and their partners, families and care-givers.

The danger that the growth of the epidemic in South Africa will lead to an increase in unfair and irrational treatment of those affected by AIDS and HIV

The desirability of greater awareness and knowledge of AIDS and HIV among all South Africans, and

The need for concerted action by all South Africans to stop the spread of HIV this Charter sets out those basic rights which all citizens enjoy or should enjoy and which should not be denied to persons affected by HIV or AIDS as well as certain duties.

1. LIBERTY, AUTONOMY, SECURITY OF THE PERSON AND FREEDOM OF MOVEMENT

- 1.1 Persons with HIV or AIDS have the same rights to liberty and autonomy, security of the person and to freedom of movement as the rest of the population.
- 1.2 No restriction should be placed on the free movement of persons within and between states on the ground of HIV or AIDS.
- 1.3 Segregation, isolation or quarantine of persons in prisons, schools, hospitals or elsewhere merely on the grounds of AIDS or HIV is unacceptable.
- 1.4 Persons with HIV or AIDS are entitled to autonomy in decisions regarding marriage and child-bearing although counselling about the consequences of their decisions should be provided.

2. CONFIDENTIALITY AND PRIVACY

- 2.1 Persons with HIV or AIDS have the right to confidentiality and privacy concerning their health and HIV status.
- 2.2 Information regarding a person's HIV status must not be disclosed without that person's consent, and, after death, except when required by law, without the consent of his or her family or partner, except in cases of clear threat to and disregard of an identifiable individual's life interests.

3. TESTING

- 3.1 HIV antibody testing must occur with free and informed consent, except in the case of unlinked, anonymous epidemiological screening programmes.
- 3.2 Anonymous and confidential HIV antibody testing with pre- and post-test counselling should be available to all.
- 3.3 Persons who test HIV positive should have access to continuing support and health services.

4. EDUCATION ON AIDS AND HIV

- 4.1 All persons have the right to proper education and full information about HIV and AIDS, as well as the right to full access to and information about prevention methods.
- 4.2 Public education with the specific objective of eliminating discrimination against persons with HIV or AIDS should be provided.

5. EMPLOYMENT

- 5.1 HIV should not be a basis for pre-employment testing or a ground for refusing to employ any person.
- 5.2 HIV or AIDS do not; justify termination of employment or demotion, transfer or discrimination in employment.
- 5.3 The mere fact that an employee is HIV positive or has AIDS does not have to be disclosed to the employer.
- 5.4 There is no warrant for requiring existing employees to undergo testing for HIV.
- 5.4 Information and education on HIV and AIDS, as well as access to counselling and referral, should be provided in the workplace after appropriate consultation with representative employee groups.

6. HEALTH AND SUPPORT SERVICES

- 6.1 Persons with HIV or AIDS have rights to housing, food, social security, medical assistance and welfare equal to all members of our society.
- 6.2 Reasonable accommodation in public services and facilities should be provided for those affected by HIV or AIDS.
- 6.3 The source of a person's infection should not be a ground for discrimination in the provision of health services, facilities or medication.
- 6.4 HIV or AIDS should not provide the basis for discrimination by medical aid funds and services.

7. MEDIA

- 7.1 Persons with HIV or AIDS have the right to fair treatment by the media and to observance of their rights to privacy and confidentiality.
- 7.2 The public has the right to informed and balanced coverage of, and the presentation of information and education on, HIV and AIDS.

8. INSURANCE

Persons with HIV or AIDS and those suspected to be 'at risk' of having HIV or AIDS should be protected from arbitrary discrimination in insurance.

9. GENDER AND SEXUAL PARTNERS

- 9.1 All persons have the right to insist that they or their sexual partners take appropriate precautionary measures to prevent transmission of HIV.
- 9.2 The specially vulnerable position of women in this regard should be recognised and addressed, as should the specially vulnerable position of youth and children.

10. PRISONERS

- 10.1 Prisoners with HIV should enjoy standards of care and treatment equal to those of other prisoners.
- 10.2 Prisoners with AIDS should have access to special care which is equivalent to that enjoyed by other prisoners with serious illness.
- 10.3 Prisoners should have the same access to education, information and preventive measures as the general population.

11. EQUAL PROTECTION OF THE LAW AND ACCESS TO PUBLIC BENEFITS

- 11.1 Persons with AIDS or HIV should have equal access to public benefits and opportunities, and HIV testing should not be required as a precondition for eligibility to such advantages.
- 11.2 Public measures should be adopted to protect people with HIV or AIDS from discrimination in employment, housing, education, child care and custody of the provision of medical, social and welfare services.

12. DUTIES OF PERSONS WITH HIV OR AIDS

Persons with HIV or AIDS have the duty to respect the rights, health and physical integrity of others, and to take appropriate steps to ensure this where necessary.